



## ADVANTAGES AND DISADVANTAGES OF IMMITATION TRAINING

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**Abstract.** The article deals with topical issues of simulation training in the course of training practices of medical University. The task of the educational process at the medical University is to form practical skills of students from the first year with the help of simulation training.

**Key words:** medical education, simulation training, practical skills.

When studying academic disciplines at a university, the priority is the formation of general and professional competencies, the effectiveness of mastering which depends on the cognitive activity of the student himself.

The traditional system of practical training in the field of health care has a number of shortcomings, which are leveled by simulation training [1].

In connection with these changes, the problem of mastering professional skills is of particular importance today. It is necessary that the student participated in educational activities in a motivated manner, using modern teaching technologies, so that educational activities would increase the level of professional skills and competencies [2].

Already from the 1st course, future doctors get acquainted with clinical practice, the psychology of communication with patients. A special role in the professional training of doctors is played by educational and industrial practices, when the student makes the most comprehensive use of all his abilities, his real preparation for independent work. Through practice, they accumulate initial work experience. For a future doctor, detailed mastery of practical work skills is a necessary guarantee of further, successful medical activity. During the educational process of the disciplines of educational practices on the 1st year in the specialty "Medicine" - "Nursing the therapeutic profile", "Pediatrics" - "General care for sick adults and children of the therapeutic profile", 2nd year "Dentistry" - "Fundamentals of clinical care" has to constantly focus on students there, attention is paid to the fact that the acquired general and professional competencies, even in the work of middle and junior honey.





personnel, will be useful in further practical medical activities. Therefore, the introduction of simulation teaching methods is one of the conditions for effective student training in mastering practical skills.

At the Ferghana Medical Institute of Public Health, the process of developing simple practical skills is concentrated in departments equipped with elementary simulators, while the development of complex practical skills and control of their mastery takes place on the basis of a simulation technology center equipped with simulators of a high level of realism with a feedback system and controllers [3].

In preparation for practical activities, it is customary to distinguish between technical and non-technical skills. Technical (manipulation) skills - in terms of labor intensity, all manipulations are divided into simple (basic), medium complexity and high-tech. Basic technical skills - manipulations for patient care (treatment of the oral cavity, washing, feeding, bedding, changing clothes, moving, assistance with natural needs). Interventions of medium complexity - methods for assessing the patient's condition (measuring body temperature, counting the number of heartbeats, respiratory movements), simple physiotherapy procedures (compresses, mustard plasters), non-infectious use of drugs. High-tech interventions - these manipulations are associated with a violation of the integrity of the skin, contact with the mucous membranes of the patient: the introduction of drugs by injection (intradermal, subcutaneous, intramuscular, intravenous injections), infusions and transfusions into peripheral veins. Drainage of hollow organs through natural openings (aspiration of gastric contents and gastric lavage, duodenal sounding, bladder catheterization, all types of enemas). Non-technical skills - a combination of cognitive (gathering information, assessing a situation, making decisions) and social skills (communication, being able to work in a team, etc.)

**Non-technical skills include communication skills, namely:**

the ability to collect information;  
correct assessment of the information received;  
forecasting the development of an event;  
decision-making;  
overview of options;  
risk weighting;  
the ability to convey information and receive it;  
teamwork;  
ability and willingness to assist;  
coordination, distribution of powers;  
leadership;





prioritization; assessment of the time factor;  
stress management, fatigue factor assessment and many others [4].

Namely, non-technical skills - a combination of cognitive and social skills (the ability to communicate, leadership, cooperation, the ability to work in a team, the ability to present one's ideas, solve open social problems, etc.) [5] cause particular difficulty for students.

According to the work program, within the framework of the competency-based approach, educational practice is organized from educational and practical work in the classroom, the development of practical skills on simulators and work in hospital departments.

Based on the topics of the classes, a list of practical skills has been compiled that must be mastered during the training practice, from the simplest (change of bed and underwear, use of a heating pad, setting a wet warming compress) to difficult for first-year students (setting injections and providing emergency pre-hospital care).  
help).

30% of the time is allocated to the theoretical component of the training and practical session, and the development of practical skills in the classroom in the simulation class and therapeutic departments of the hospital takes 70% of the time. Much attention in the educational practice is given to the independence of students in the course of developing practical skills.

Simulation technologies, algorithms and standards, simulators and phantoms, videos of practical skills, which are an obligatory component of the professional training of future medical workers, an important stage in the preparation of students at the Fergana Medical Institute of Public Health, help to develop and acquire skills.

Given that educational practice involves the acquisition of practical skills within the framework of a competency-based approach under the supervision of teachers, some methodological approaches to the development of practical skills and the formation of professional competencies using simulation technologies have been developed from the experience of our work. The organization of work in training and practical classes is based on a scheme of 6 levels: theoretical familiarization, observation of performance, work with algorithms and checklists, complete theoretical understanding, demonstration of the skill by the teacher, independent performance (on simulators) [6].

Practical training is impossible without contact and communication with real patients, but increasingly, patient safety and well-being is a fundamental ethical issue [7]. In 2009, the World Alliance published a guide to patient safety for medical schools, which notes that universities should create a safe and secure educational environment





for teaching clinical skills. One way to achieve this goal is through simulation learning, which allows students to make mistakes in a safe environment [8].

Consolidation of professional skills acquired in training practices takes place at summer production practice (SOP) for 1st and 2nd year students, where students work as an assistant to junior medical staff and a ward nurse at various clinical bases in Ferghana, implementing and deepening the acquired theoretical and practical knowledge, and also get the first independent experience of communicating with patients [9].

A survey was conducted among students of the 1st, 2nd and 3rd year of the faculty "General Medicine", "Pediatrics" at the end of the training practice and after the internship "Assistant of junior medical personnel", "Assistant to the ward nurse". After analyzing the questionnaires of 1st year students after completing the training practices, we obtained the following results.

To the question "Are you ready for the upcoming summer internship after completing the internship"? students expressed readiness for 5 points, which amounted to (54.5%), for 4 points - (68.5). The fear of the students was caused by filling out the documentation and adapting to the conditions of an unfamiliar team.

The percentage of mastering practical skills at 5 points was noted by 72.5% of first-year students, at 4 points - 15%, at 3 points - 12.5%, in addition, students expressed fear when communicating with patients "one on one" (35%). (74.5%) students noted their independence in the course of educational practice, (22.6%) noted activity only in the presence of a teacher, and (2.9%) percent declared a lack of interest in classes. Negative moments in the development of simulation skills in the classroom for educational practice, according to teachers, can be considered the emotions of students (biased laughter, lack of communication with the patient, lack of reality of the situation). After passing the production practice after the 1st and 2nd courses, 64% of students noted their readiness for their next practice, 36% expressed uncertainty in practical skills that they performed only in the 1st year during the training practice.

Thus, the lack of consolidation of skills and the time interval leads to their partial loss and self-doubt. After passing the industrial practice, on the question of independence, it was noted that 82.5% of students worked independently after the task, in the presence of medical personnel - 17.5% of students. Which indicates an increase in communication and practical skills during the work experience.

Negative moments during the first-year internship, according to the reviews of the practice leaders, can be considered a partial loss of skill (the theoretical part is performed, and the practical one, only with the prompts of medical workers), uncertainty in their actions, some students have a frivolous attitude to industrial





practice, self-doubt when working in a team and when communicating with medical personnel.

Thus, after analyzing the results of the experience of the last five years, questioning students and reviews of practice leaders, we can draw the following conclusions: work in simulation classes leads to the full development of practical skills, however, consolidation of the results should take place simultaneously with work in a hospital, difficulties in the first courses cause a lack of full knowledge of anatomy and physiology, which leads to a biased assessment of the situation, and therefore causes various emotions (laughter, tears, embarrassment). consolidation of practical skills should take place constantly, using video material of practical skills. Particular attention should be paid to non-technical components of the practical skill, such as communication skills, using non-standard situations in the classroom.

### **Bibliography**

1. Каушанская Л.В., Ширинг А.В., Корнева А.С. Современный подход к профессиональной подготовке врачей хирургического профиля на базе учебно – симуляционного центра Ростовского научно-исследовательского института акушерства и педиатрии // Сборник научных трудов «Вузовская педагогика». – Красноярск, 2016. – С.381- 384.
2. Галактионова М.Ю., Маисеенко Д.А., Таптыгина Е.В. От симулятора – к пациенту: современные подходы к формированию у студентов профессиональных навыков // Сибирское медицинское обозрение. – 2015. – № 2. – С.108-111.
3. Таптыгина, Е. В. Применение симуляционных технологий в образовательном процессе в Красноярском государственном медицинском университете /Е. В. Таптыгина, С. Ю. Никулина // Вузовская педагогика 2016. Современные тенденции развития педагогических технологий в медицинском образовании :материалы конф. / гл. ред. С. Ю. Никулина. – Красно-ярск : КрасГМУ, 2016. – С. 418–420.
4. Щедрина Т. Т. Особенности подготовки студентов медицинского колледжа в условиях применения симуляционного обучения // Проблемы и перспективы развития образования: материалы VIII Междунар. науч. конф. (г. Краснодар, февраль 2016 г.). – Краснодар: Новация, 2016. – С. 232-235.
5. Таптыгина, Е. В. Процесс формирования soft skills в медицинском вузе / Е. В. Таптыгина // Медицинское образование и профессиональное развитие. – 2018. – № 2. – С. 68–75.





6. Рекомендации по внедрению обучения на основе симуляционных технологий в учебный процесс медицинского вуза / Р. С. Досмагамбетова, А. С. Кусаинова, В. П. Риклефс // Медицинское образование и профессиональное развитие. – Москва, 2012. – Т.10, № 4. – С. 80 -83.
7. Будневский А. В., Провоторов В. М., Гречушкина И. В., Семьнина Н. М., Коточигова Т. В. Опыт применения симуляционного курса в обучении интернов и ординаторов на кафедре факультетской терапии ВГМА имени Н. Н. Бурденко [Текст] // Актуальные задачи педагогики: материалы IV Междунар. науч. конф. (г.Чита, октябрь 2013 г.). – Чита: Издательство Молодой ученый, 2013. – С. 122-123.
8. Pratt D. D. Five Perspectives on Teaching in Audit and Higher Education // Melbourne, FL Krieger Publishing Co. – 1998. – № 83. – P. 103.
9. Турчина Ж.Е., Шарова О.Я., Нор О.В., Черемисина А.А., Битковская В.Г. Симуляционное обучение, как современная образовательная технология в практической подготовке студентов младших курсов медицинского вуза // Современные проблемы науки и образования. – 2016. – № 3.

