

Criteria For Developing Communicative Competence Of Students Of Medical Education

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Abstract: This article is devoted to the development of communicative competence of future doctors, including foreign experience in the development of communicative competence of future doctors, the main factors of communicative competence, the use of verbal and nonverbal communication methods, the views of scientists on the development of communicative competence, descriptions of communicative competence criteria, high, medium, low level of communicative competence, socio-psychological forecasting of the communicative situation.

Keywords: communicative competence, verbal, nonverbal, interactive, preceptive, criteria, internal, impulsive, external, expressive.

1. INTRODUCTION

Today, the world has adopted a number of international legal and regulatory documents dedicated to the development of medical deontology and its communicative competence. These include the decision to develop a "culture of communication between medical personnel" in Germany, the Edinburgh Declaration of the World Federation for Medical Education, and the International Code of Medical Ethics. The adopted normative documents and decisions stipulate the continuous implementation of a system aimed at developing not only the professional competence of doctors in the training of doctors in today's society, but also their communicative competence.

2. METHODOLOGY

There is no doubt that the role of communicative competence in preparing future medical professionals for professional activities is important. One of the key factors of communicative competence is the regular collection, analysis and arrangement of identified data. It is important for prospective medical professionals to use verbal and nonverbal communication methods when communicating. Effective communication, however, must in any case imply that people are able to understand each other in interpersonal relationships. However, the idea of the importance of communication for the full formation of a person not only as a person, but also as a subject of activity, As analyzed by the researcher L.P. Grimakda: "Another reason for a person to be human is that he interacts with people like him ... from birth, constant contact with people - the conditions that must be met for the full

development of the person helps to maintain the mental balance of communication, emerging softens conflicts and disputes, relieves stress, increases the prestige of its place in social life”[4, p. 3].

3. LITERATURE REVIEW

At the same time, it should be noted that the concepts of "competence" used in science in a synonymous sense should be distinguished. These concepts are not new to the Uzbek pedagogical school, but it should be noted that they need to be understood differently.

In the descriptions of the concepts of "competence" of Turdiev N.Sh., Asadov Yu.M., Akbarova S.N., Temirov D.Sh. special attention is paid to the following cases:

- practical application of the set of knowledge;
- education, qualities, qualities of the person;
- measure of readiness for practical activities;
- ability to solve problems, to achieve the desired results in practice;
- integrity of knowledge, skills, abilities that ensure the professional activity of the individual;
- a set of active (applied) training, knowledge, experience;
- goal-oriented emotional will power of the person”[11, 8.p].

Thus: "competence" - includes all the interrelated qualities of the person, ie competencies and methods of activity, their dependence on certain categories of objects and processes, indicating that a person has a special need for them for quality and productive activity;

- "**Competence**" is a kind of property, and the possession of the relevant competence by a person includes a meaningful attitude to the subject of his activity.

The concept of "competence" and "competence" are separated by It is also necessary to cite A.V.Khutorsky's opinion, in which "competence" is a set of interrelated qualities (knowledge, abilities, skills and abilities, methods of activity) of a person in relation to a certain range of objects and processes, and has a qualitative and effective effect on them. Competence is defined as the possession of appropriate competence by a person, the coverage of the person's attitude to it and the subject of activity [13, p. 58].

We can see that "competence" is related to certain types of professional activities in the literature on psychology and pedagogy, and S.I. Ojegov's according to explanatory dictionary, it means "awareness, knowledge, gaining prestige in a field" [8, p. 234]. Also, L. Hell and D. Ziegler's according to definition, competence is a kind of "psycho sociological quality, a feeling of strength and confidence, a feeling of success and usefulness of one's work, which means that a person can act effectively with those around him" [14, p. 209].

Dr. John Raven, a professor at the University of Edinburgh (Scotland) mentioned above, said that competence is "specific to the knowledge required to perform specific actions effectively in a specific visual field and includes narrow specialization knowledge, specific visual skills and abilities, ways of thinking as well as responsibility for actions". specific ability acquired”[10, p. 6]. In general, it has been found that competence in communication implies the development of an adequate or inadequate orientation in a person - personal psychological ability, ability of others, ability to perform a situation and task.

Based on the above research, we highlight the characteristics of communicative competence in preparation for professional activity in medical education, which are:

- the social competence of the prospective health worker in the process of communicating with the patient, related to joint decision-making;
- competencies that help future health workers to understand the specific standard of living in shaping the process of activity;
- competencies that determine the ability of future doctors to communicate, which is especially important in modern social life and professional activity;
- innovative information systems, competencies related to the emergence of society, in which the acquisition of new technologies is particularly important;
- competencies that make future physicians realize their abilities, not only in their chosen profession throughout their lives, but also in their personal and social lives.

N.A.Muslimov and others understand competence as: "... .. effective use of theoretical knowledge in practice, ability to demonstrate a high level of professionalism, skill and ability" [7; 93 p.].

M.T Akhmedova "Competence" means a person's awareness of any field, the level of knowledge of this field "[1; 34 p.].

S.I. Ojegov and N.Yu. The Swedish Dictionary of the Russian Language contains the following definitions that interest us: "Competence is a range of questions that someone is well aware of; the scope of someone's powers; Competence is to be knowledgeable, informed, reputable in any field "[8; 261 p].

I.A. Zimnyaya defines competence as "life and activity based on knowledge, socio-professional, intellectual and personal experience", which in turn considers "competence" as a "hidden", "potential" reserve that does not come to "apply" [6; 34 p]. V.N. According to Vvedensky, competence is "a description of a person, and competence is a set of specific professional or functional characteristics" [3, 51p]. Well-known American researcher R. By Meyers, the concept of competence refers to "demonstrating not only that it corresponds to certain activity-related categories, but also that ethical tasks are performed in production" [15, 15 p]. U J.. In Raven, competence is "mostly independent, made up of many components, some components are more cognitive, others are emotional, these components can be interchangeable as part of effective behavior" [10; 115 p.].

It should be noted that competence in all types of human relationships can consist of achieving three main levels of achievement of the partners involved, namely:

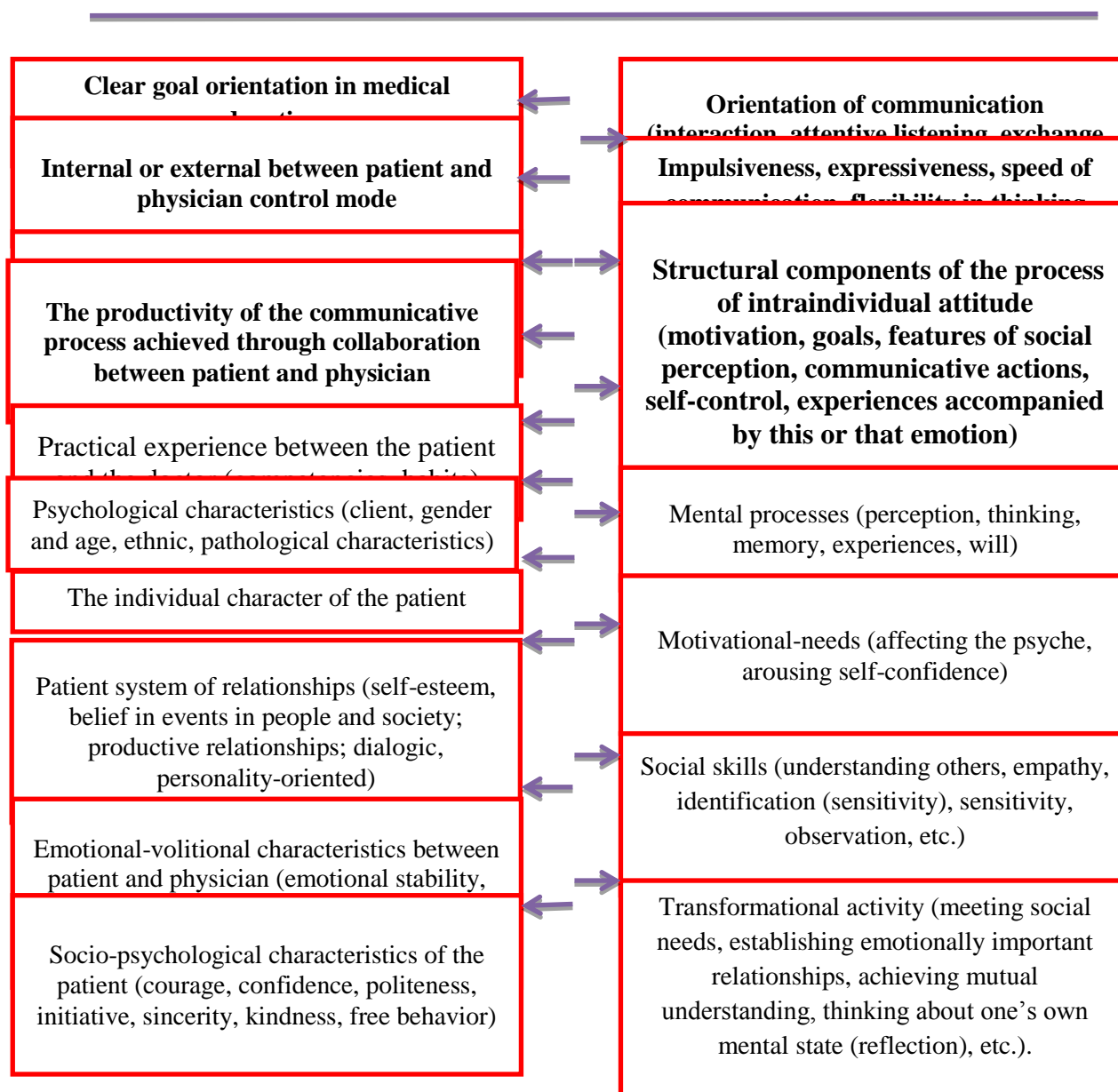
- **communicative;**
- **interactive;**
- **perceptive.**

Researcher A.A. Bodalyov according to, "the communicativeness of communication is the sharing of information between people ..., the interactive side of communication is the organization of interaction between individuals, that is, the exchange of not only knowledge and ideas, but also actions ..., the perceptual side of communication is acceptance of each other the process of doing so as a partner in communication and on this basis to establish a relationship of solidarity. Consequently, it is possible to talk about different types of competence in a relationship. The person should be fully focused on the expression of their thoughts, worldviews, ideas, psychological conditions, the richness, diversity of tools, adequacy (exactly the same) to find all - perceptual, communicative, interactive aspects of their partners "[2; 71 b.].

4. THEORY AND DISCUSSION

The study of the special place of communicative competence in the professional activity of future medical workers allows us to conclude that communicative competence can also be seen as a multifunctional condition in human relations, and thus perform educational, pedagogical and ideological tasks.

The development of communicative competence of future medical staff can be described on the basis of the following criteria.



Others can be added to the above descriptions of communicative competence, namely, "socio-psychological prognosis (prediction) of the communicative situation; socio-

psychological programming of the relationship process; and the implementation of socio-psychological management of the communicative situation ”[12, p. 46].

In our opinion, the content and depth of communication may depend on the level of knowledge of partners, awareness of the topic of communication, because it is known that communicative competence includes the ability to self-regulate, especially emotional-psychological self-regulation. rebuilding the relationship to take into account the changes in mood associated with it ”[5, p. 53]

5. EXPERIMENTAL WORK

Today, future doctors need to be qualified who is able to be competent in all matters related to their professional activities, as well as qualitative changes during the period of study. It is known that the primary task of medical education is to develop the knowledge of future doctors in their specialties, which can be widely reflected, especially in the communicative aspects of future activities. Thus, communicative competence should be considered as one of the most important characteristics, and the corresponding development of this competence is a special task of the appropriate formation and development of the personality of future doctors.

Thus, in an intensified environment of patient-physician relations, a high level of communicative competence can prepare a specialist with a better level of preparation and protection from future physicians. At the same time, the most important aspect of the professional activity of future doctors should be working with people. However, in order to master all forms of communicative communication at a high level and to properly organize work with people around them accordingly, future physicians must have especially ingenuity, resourcefulness, resourcefulness, self-confidence, eloquence. Based on our analysis, we determined the level of communicative competence of future doctors:

High level: self-centered, able to control his emotions, knows where to behave;

Moderate: open-minded in dealing with patients, sincere with others, listens calmly when expressing feelings by patients, does not make patients feel his reaction;

Low level: high impulsivity in dealing with patients is open voluntariness, freedom is not high, walking does not change the behavior;

However, the factors of communicative competence applied in communication can be formulated as follows:

- necessary competencies in the field of physician and patient psychology;
- competencies required for physicians;
- make adjustments to the physician in developing the necessary guidelines that are particularly important for a successful relationship with the patient;
- self-assessment of patients, as well as the ability to adequately accept the interactions established between people;

Once again, referring to the communicative competence of future medical staff, it should be noted that it does not arise out of nowhere, because it inevitably has its own process of formation and further development. But, in essence, it is the basis of its formation, the vast experience it has accumulated in human relations, and the corresponding cooperation.

Communicative competence is, first of all, able to express the necessary experience of communication, so such competence should be formed and activated in direct, interpersonal

human cooperation and embodied in various forms of verbal and nonverbal behavior in the process of special training of the future doctor. Consequently, competence must be improved precisely in the specific dynamics of the educational, nurturing and developing living environment.

6. CONCLUSION

Medical education students have communicative competence, a literate approach to conveying information, sufficient vocabulary, culture of speech, as well as attitudes in different social situations, as well as in the process of dealing with other people, their personal spiritual and moral status. we need to show that they need to have regulatory management skills. Regardless of the professional training of the future doctor, he must first have his own characteristics, qualities, i.e. interests, the prevailing style of communication, values, program, and so on. All this determines the specific nature of his professional activity, which may or may not correspond to other features of the object of pedagogical influence.

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