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КОМПЕТЕНТТҮҮЛҮККӨ БАГЫТТАЛГАН ОКУТУУ МЕТОДУ
(Саткынбай Тентишев атындагы Азиялык медициналык институтунун мисалында)

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КОМПЕТЕНТНОСТНО-ОРИЕНТИРОВАННЫЙ МЕТОД ОБУЧЕНИЯ
(на примере Азиатского медицинского института имени Саткынбай Тентишева)

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COMPETENCE-ORIENTED METHOD OF TEACHING
(on the example of the Asian Medical Institute named after Satkynbai Tentshev)

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Бул макала жалпы билим берүү системасындагы жана өзгөчө медициналык билим берүүдөгү өзгөрүүлөр каралат. Медициналык билим берүү системасы дүйнөдөгү эң ири системалардын бири болуп саналат жана учурда сапаттуу билим берүү боюнча кыйынчылыктарга туш болууда. Медициналык билим ар кандай илимий жетишкендиктерге жана коомдун муктаждыктарына байланыштуу олуттуу өзгөрдү жана өзгөрө берет. Кыргызстанда медициналык билим берүүнүн мурунку системасы предметтик-багытталган жана мөөнөттүү окуу планына негизделген. Бул көйгөйлөрдү чечүү үчүн компетенттүүлүккө негизделген жаңы медициналык билим берүү киргизилди. Билим берүү азыр мугалимдиктен студентке багытталганга өттү. Мугалимдер да окутууга болгон мамилесин жана мамилесин өзгөртүүгө туура келет. Окутуунун салттуу ыкмаларынан таптакыр баш тартпастан, өзгөрүп жаткан окуу планына шайкеш келүү үчүн жаңы методдорду колдонуу керек. Аралаш окутуу, интерактивдүү окутуу ж.б. сыяктуу заманбап ыкмаларды колдонуу жана аларды бор жана доска сыяктуу салттуу окутуу ыкмалары менен айкалыштыруу менен компетенттүү медициналык бүтүрүүчүнү калыптоо максатына жетүүгө болот.

Негизги сөздөр: медициналык билим берүү, окутуунун методдору, аралаш окутуу, интерактивдүү окутуу, компетенция, компетенттүүлүк, мугалим, студент.

Данная статья рассматривает видоизменения в системе образования в целом и медицинского образования в частности. Система медицинского образования является одной из крупнейших в мире, и в настоящее время она сталкивается с проблемами обеспечения качества образования. Медицинское образование значительно изменилось и будет продолжать меняться в связи с различными научными достижениями и потребностями общества. Предыдущая система медицинского образования в Кыргызстане была основана на учебной программе, ориентированной на предмет и рассчитанной по времени. Для решения этих проблем было введено новое медицинское образование, основанное на компетенциях. В настоящее время образование перешло от ориентированного на преподавателя к ориентированному на студента. Преподавателям, также придется столкнуться с проблемой изменения своего отношения и подхода к обучению. Необходимо применять новые методы, чтобы не отставать от изменившейся учебной программы, при этом не стоит полностью отказываться от традиционных методов обучения. Используя современные методы, такие как смешанное обучение, интерактивное обучение и т.д. и объединяя их с традиционными методами обучения, такими как мел и доска, можно достичь цели компетентного выпускника-медика.

Ключевые слова: медицинское образование, методы обучения, смешанное обучение, интерактивное обучение, компетенция, компетентность, преподаватель, студент.

This article examines the changes in the education system in general and medical education in particular. The medical education system is one of the largest in the world and it is currently facing challenges for quality education. Medical education has changed considerably and will continue to do so with the various scientific advances and societal needs. The previous medical education system in Kyrgyzstan was based on a subject-centered and time-based curriculum. The new Competency-based medical education was introduced to tackle these concerns. The education has now transitioned from teacher centered to learner centered. The teachers would also have to face the challenge of altering their attitude and teaching approach. New methods have to be adopted to keep up with the changed curriculum, but traditions should not be abandoned entirely. By embracing the modern methods like the flipped classroom, blended learning, interactive teaching, etc. and incorporating it with the traditional teaching methods i.e., chalk and board, the goal of a competent medical graduate can be achieved.

Key words: medical education, teaching methods, blended learning, interactive learning, competence, competency, teacher, student.

The ultimate aim of medical education is to provide society with a knowledgeable and skilled health care professional whose priority is patient care above self-interest and who can develop their skills and expertise throughout their career. The major drawback of medical education is that the faculty members in academic medical colleges are not formally prepared for their roles of doctor as a teacher. It is vital for medical teachers to familiarize themselves with the core concepts of effective teaching practices and information about innovations in medical teaching. Successful medical teaching requires the teachers to be able to address their student's needs and understand the variations in their learning styles and approaches. This can be accomplished by creating an optimal teaching-learning environment by utilizing a diversity of teaching methods and styles. As per country towards an exciting new future of growth and progress, medical education will play a pivotal role in shaping young doctors.

Competency-based teaching methods, on the other hand, are more focused on individual learning needs and objectives. These methods focus on providing students

with the skills and knowledge they need to understand and practice medicine in the real world, rather than simply memorizing facts and figures. Medical schools are now using these methods increasingly in order to ensure that their graduates are well-prepared for the demands of the modern medical system.

Here are some examples of teaching methods used by teachers in AsMI and described by students in our survey.

Chalk and Talk Method: a chalk talk is a monologue presentation usually done with chalk on black board or with markers on a whiteboard. The traditional and the most frequently used method for teaching anatomy of human body is the chalk and board method. Chalkboard aid is inexpensive and is easy to erase and reuse. It also allows the students to keep up with the teacher. The main disadvantage of this method is that to draw accurate diagrams on black board with chalk is not easy and it is more time consuming. Sometimes, a few difficult medical terminologies are not easily conveyed to the students because of pronunciation, spelling problems or poor visibility [4, 3510].

Didactic of Instruction: in which information is passed on directly from student. Teaching is often used for teaching basic subjects in medicine and instructing students. It is characterized by structured lesson plans with specific learning objectives where the teachers use this approach to keep their lessons well organized, to present information to students directly face to face. Students learn from these lectures by taking notes and asking questions. An important aspect of the didactic teaching is consistent learning schedules, which change little from day to day.

As Pedagogy is the act of teaching including demonstration, explanation, observation and hands-on experience. This is a process-oriented technique in which, the teacher demonstrates a concept while the students make observations to learn more about them. Explanation enhances their learning experience. Hands-on learning is a strategy that emphasizes learning things by practicing doing them. It is commonly practiced in medical education during clinical postings and internship [2, 23].

One of the examples of “improved teaching” is E-learning which provides possibilities for devising new educational tools, for learning by interactivity, self-paced study and easy access. E-learning has become a standard teaching approach in recent times in medical education, especially during COVID pandemic. E-learning is more student friendly as it provides easier adaptability and increases flexibility. Online e-learning was a helpful tool for meeting educational needs during the pandemic. Various digital platforms such as Google Classroom, Zoom, Cisco WebEx, Free Conference call, Microsoft Teams and others were used to conduct online classes. Online teaching requires teachers to improve their competency in

three major areas i.e., content knowledge, pedagogy and technology [1, 653].

Blended teaching is method of combining both electronic and face-to-face learning is called as blended learning. This method is an instructional approach that uses digital strategies in tandem with the traditional practices in the classroom. The teacher can draw from a comprehensive toolbox of traditional and digitally enhanced strategies to best meet the needs of their students.

Flipped classroom is students prepare for class by doing pre-work prior, usually with the help of video lecture. Then they come to the class to solve cases, engage in teamwork and do further research. With the pre-work, students watch the video lecture in an environment of their preferred choice keeping with their own pace. They can review the concepts they do not understand as many times as needed. Later, they come to the classroom to learn beyond the basics to develop skills that cannot be taught in a simple didactic lecture [6, 14].

Clinical simulation is the use of simulation has a wide variety of usage, from the simple duplication of body parts to complex human interactions depicted by simulated patients replicating various diseases symptoms and physiological parameters. The recent advances have made affordable technologies easily available that permit the replication of such clinical events to permit the engagement of learners in a realistic and meaningful way. This also provides a safety-conscious setting where simulation gives a means of risk-free learning experience in critical or rare scenarios.

Interactive teaching, this is a form of communicative activity in which students are actively involved in the learning process. This method focuses on student’s needs. The teacher’s role here is directed towards achieving the goals of students based on their interests and abilities. The lessons are planned which includes several interactive activities and assignments. The activities include role-plays, imitations, excursions, inviting experts, brain storming, case analysis, etc. In this modern era of increased and improved information technologies, there has been a drastic change in the attitudes of both the teacher and the student in medical education. With the latest change and implementation of Competency Based Curriculum in Medical Education, the educator has to keep up with the pace of changing needs of the learner.

Competence meaning in education is a general statement that describes the desired knowledge, skills, and behaviors of a student graduating from a program (or completing a course). Competencies commonly define the applied skills and knowledge that enable people to successfully perform in professional, educational, and other life contexts [3, 5].

It is important for teachers to be competent in the use of a variety of student-centered instructional strategies as teaching competencies can be developed when teachers

participate in coaching or learning activities in school, they can acquire knowledge and skills. They can also improve their professional skills through classroom research and learn from their peers through collaboration. Teachers can learn when attending learning and assessment meetings. The single most important influence on student learning is the quality of teaching.

Teacher competence and skills can be improved in 4 ways by finding the right tools, knowing your students' traits, recognizing student learning styles, using behavioral awareness in education.

Key competencies in education encompass knowledge, skills, attitudes, and values. Key competencies work together and influence each other and are demonstrated in performance – they require action. Key competencies are complex and changing, so they will look different in different contexts.

Qualities of a good competent doctor include skills in communication, listening, collaboration, adaptability, empathy and patience. Other characteristics of effective teaching include an engaging classroom presence, value in real-world learning, exchange of best practices and a lifelong love of learning [5, 610].

Positive effects of competency-based teaching on student to become good doctors- Competency-based teaching methods can have a positive impact on medical students' ability to become good doctors. These methods give students the opportunity to learn through hands-on activities as well as observing and mentoring from experienced medical professionals. This type of learning encourages students to think critically, build problem-solving skills, and practice clinical skills. Competency-based teaching also promotes a better understanding of patient care, medical ethics, evidence-based medicine, and medical decision-making. By allowing students to practice in a safe and controlled environment, competency-based teaching methods can help students better prepare for the medical profession and become more competent, effective, and successful doctors.

According to research in AsMI, we have created a small survey for students as well as teachers in Google form around 40% are extremely satisfied with the competency-based teaching methods in medical school, 60% said flipped classroom approach to competency-based

teaching is somewhat effective, 60% said simulation-based learning method is highly effective, 40% said competency-based teaching methods is highly enabling medical students to practice in a safe environment, 40% teacher said competency-based teaching methods are very easy to apply in medical school, 40% said medical school faculty are Providing more real-world practice opportunities to prepare students for the demands of the medical profession, 40% said competency-based teaching methods are Somewhat cost-effective, 60% said Not providing enough opportunities for supervised practice and hands-on experience aspect of competency-based teaching methods should be avoided in medical school.

In conclusion, competency-based teaching methods are essential for ensuring that medical school graduates are well-prepared for the demands of the modern medical system. These methods allow students to gain a deeper understanding of the material and can help to better prepare them for the demands of the medical field. Medical schools should continue to explore and use these methods in order to ensure their students are well-equipped for the demands of the modern medical system.

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