

FORMATION OF COMMUNICATIVE COMPETENCE IN MEDICAL UNIVERSITY

Madaliev S.K., Yernazarova S.T.

S.D. Asfendiyarov Kazakh National Medical University, Almaty, e-mail: saltanat.e @ bk.ru, aigera_140289@mail.ru

In this article reflects the issues of formation of communicative competence of students of medical universities, The main indicators and the essence of the communicative competence of the future doctor, and it was developed model of communicative competence, taking into account the gradual learning throughout the educational process.

Relevance of the problem development of communicative competence of physicians has been recognized in the 70 years of the last century. Currently, communication skills are understood as a phenomenon involving many psychological parameters. Among them – the knowledge of doctors themselves and their patients, ability to perceive and evaluate their colleagues, the capacity for self-regulation, ability to build relationships with people and flexible respond adequately to the difficult clinical situation, possession nonverbal and verbal communication skills, and more [1].

Modern social conditions and social needs reveal the need for a communication culture of a medical student. Taking into account that the most important factor determining the success of treatment is the interaction between doctor and patient, the development of communication skills is especially necessary. Competence in a broad sense is interpreted as a high level of social and practical experience of the subject, the level of training of adequate social and individual forms of activity that allows the person in their abilities and social status successfully and effectively in society. Important part of the doctor is not only his knowledge and skills, especially professional thinking, and personality, ability to communicate with the patient. Therefore the professional competence of doctors includes not only special medical training, human culture, but also social and psychological aspects of his personality, his value orientation, communicative competence [2].

In disclosing the content of the various components of competence allocated: preconditions of competence (skills, talents, knowledge), human activities (work) as a process (the description, structure, characteristics, attributes); performance (fruits of the labor, changes in the objects of activity). Analyzing different definitions of professional competence can be concluded that they are generally reflected the idea that this is one of the main characteristics of the person, the owner of which is able to achieve high professional results [3].

In sociological studies on the analysis of the main features by which patients evaluate the skill level of the doctor notes that all put forward indicator «relating to the patients», the second – «the

results of treatment of patients» and experience, patients' feedback, personal qualities doctor (honesty, diligence, courtesy, etc.). Indicators such as the formation of a doctor (including the depth of specialization) in seventh place among the enumerated grounds. All this indicates not so much about skill, but about the competence of a doctor [4].

Communicative competence of doctor in a special sphere includes understanding and interpretation of technical terms and concepts (example: in a conversation with colleagues, doctors of different specialties, nurses, and people who are not related to medicine), understanding of verbal, formal (example: formulas, graphs) and non-verbal means (facial expressions and gestures in a conversation with the patient), skillful handling of a specially prepared material [5].

The main indicators of the communicative culture of medical worker are in the emotional sphere is empathy (understanding the relationship of interlocutor to understand what he says, and to the most situation of communication, and help the other party in the expression of feelings and desires, message about their own feelings, close observation of non-verbal reactions partner, demonstrate understanding of the other's feelings), in the cognitive sphere – reflection (demonstrated commitment and desire to listen to the interlocutor, checking the accuracy of what he heard, clearing the rational component of hearing; self-correction, encouragement, self-esteem, and evaluation of others), in a behavioral sphere – Interaction (planning upcoming conversation; take the lead in the conversation, the organization holistic contact; giving personal character interaction, settlement of conflicts and the proposal of joint action, discussion, harmonization, clarification and information transfer, ethical representation of interpersonal relationships) [2, 5].

Professional and medical communication is a system (receptions and skills) organic socio-psychological interaction of doctors and patients, the content of which is the exchange of information, the provision of therapeutic effects, socializing with the means of communication.

Communication in the medical sphere is, first, as a means of solving medical problems, and secondly, as a socio-psychological support of patient care, and thirdly, as a way of organizing physician-patient relationship to ensure the success of the treatment process. A doctor in the activity must implement all functions of communication – to act as a source of information and as a person knowing the other person or group of people, and as an organizer of community activities and relationships) [6, 7].

Modern doctor should be able to create and maintain a valid therapeutic and ethical relationship, use effective listening skills, to request and provide information, and work effectively as a member or leader of a team of health. According to the latest ideas, professional competence – it is habitual and judicious use of communication skills, knowledge,

technical skills, clinical thinking, empathy, values, and reflection in daily practice doctor [6].

For the development of communicative competence now developed model of communicative competence of students that seeks to respond to a clear definition of the important components of the communicative competence, based on the goals, objectives and actions, and differentiated approaches to effective teaching of communicative competence through the gradual training of students. For the successful formation of meaningful skills and then evaluating their levels of formation established, the requirements for experience, knowledge and skills necessary to achieve the appropriate result. In connection with this state, the following ways to implement new methods of training: the training of students' communicative competence in stages throughout the process of study at the university, the planning process of the formation of meaningful competencies with their subsequent evaluation of formation, setting levels.

In itself, the development of communicative competence involves learning from entry level to the subsequent base, systems and specialized communicative competence. The methods of assessment of competence at each stage of training. Provides monitoring of the development and evaluation of communicative competence, methods and forms of teaching with each course complicating their level.

Thus, the primary purpose of teaching communicative competence is to improve the training of medical specialization and their compliance with the demands of modern conditions (market) through the creation of an enabling environment at the university for a free and informed choice to train future professional activity, personal learning paths, the direction and the profile of training required qualifications according to personal interests, educational needs and the needs of the labor market. New approaches to the development of communicative competence will improve the effectiveness of the formation of psychological competence of doctors in university teaching.

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SOME ASPECTS OF ANDRAGOGY AND PEDAGOGIC DESIGN IN TRAINING ADULTS

Press I.A.

*Federal State Budget Institution of Higher Professional Education;
National mineral resources university
(Mining university), St. Petersburg,
e-mail: irina1948press@yandex.ru*

The article studies special features of training adults in modern conditions of transiting from applicatory-knowledge paradigm towards practice-directed one. A necessity to create specialized educational recourses that will be addressed to an adult audience (traditional printed and digital materials) is pointed out.

The concept of life-long training has become common throughout the world. Defining parts in realizing this concept belong to education of adults that implies a single complex of processes of formal and informal training that provides for a development of intellectual abilities of a man, improvement of his professional competences and personal qualities [1]. Besides, training activity of adults takes place at the background of their participation in productive, social, household areas of life.

The studied category of students has a number of social-psychological features that require a development of certain pedagogic and technological methods of education, special pedagogic design of constructing training disciplines, forms and methods of controlling training achievements [2]. Special features of an adult audience define different criterions of a tutor's professionalism.

An adult apprehends training information according to special laws, compared to a recent scholar. The former needs a short, informative, and efficient course. He needs to train consciously, follow a course on purpose, clearly realize the necessity and urgency of his work, has a possibility to control the process of his education, work in an accessible and convenient time regime, see results his work at any stage of his course.

According to principles of andragogy, the leading part in an education process belongs to the learning adult. As a formed person, he puts specific goals before himself and seeks their independent achievement. An adult is characterized by such behavior features as independence, responsibility for the made decisions. Finding himself in the position of a learner, he suffers a certain psychological dis-