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SOME SHORTCOMINGS AND SOLUTIONS IN TRADITIONAL AND SIMULATION TEACHING

Anotation: Present at the time medical education traditional teaching method in use legal, organizationa, technical and economic to limitations face is coming That's it with together, clinical situation modeling and imitation make - simulation to training based on modern teaching technologies appear it has been. Simulation training and the patient the bed took teaching modern medical of education addition components is considered Teachers, teachers, education support and technical of employees constant to the composition have has been collective access for interdepartmental simulation center at the institute simulation training organize reach for acceptable is the solution. Of reality different level simulation of means existence them reliable technical provide system and simulation training Methodical supply work output is practical skills standards (simulation modules) and clinical scenarios, methods library Create with merging need

Key words: certification, Simulation, practical skill, treatment, doctor, automation.

Аннотация: Существующая на данный момент в медицинском образовании традиционная методика обучения в использовании правовых, организационных, технических и экономических ограничений сталкивается с рядом ограничений, в сочетании с моделированием клинической ситуации и имитационным моделированием обучения на основе современных технологий обучения. Симуляционное обучение и пациент, которого занимает койка, учтены дополнительные компоненты обучения современному медицинскому

образованию. Учителя, преподаватели, сотрудники поддержки образования и технические сотрудники, постоянные в составе, имеют коллективный доступ к межведомственному симуляционному центру в институте. симуляционное обучение организует доступ к приемлемому уровню. решение. Моделирование реальности разного уровня означает существование их надежное техническое обеспечение системы и симуляционное обучение. Методическое обеспечение. Результатом работы являются стандарты практических навыков (модули моделирования) и клинические сценарии, библиотека методов. Создавать с учетом слияния потребностей.

Ключевые слова: аттестация, моделирование, практический навык, лечение, врач, автоматизация.

Skills are in action knowledge and skill is of action automated joint. Doctor How a lot knowledge and skills movement to do for thinking Demand who does not automated to skills turns, the patient's complicated problems solution to do optimal inspection for program choose or the most reasonable treatment method choose a lot time Demand does not Medical of help quality and to the deadline to be placed of requirements increase, short in term done increased, of doctors preparation according to high level practical skills take over and them of the doctor professional activity in Some clinicians medical education the process save to stand Demand does conservative to be They believe that it is necessary because traditional medicine education the patient with at work practical skill and abilities develops. But "classic", traditional medicine education so much indeed is it good European researchers urgent medical help according to traditional from training after different health storage organizations doctors by urgent and urgent medical help show according to preparation level analysis they did Known as much knowledge as possible of assessment rating score system mostly indicators median to zero equal to being, this heart-lung resuscitation and urgent medical of help another elements necessary has

been in case sure movement to do order that there is no shows. Practical teaching system not only sure practical skills, including medical equipment with to work development did not provide, maybe time restrictions under to the patient care in doing in the team work and actions algorithmization for prepared.

Research results: So that's enough theoretical preparation has, but is practical to skills have didn't happen certified of experts whole layer form started _ Medical practice during to patients straight away manipulation to do to the experience have to be society for both one expert too much for need Such in the circumstances all specialty doctors of preparation important tool simulation training is to develop. Simulators and study of equipment existence to patients harm without delivery each how manipulation and practical skills exercise to do enable will give.

America joint in the states leader simulation centers to the experience based on known in stages knowledge real without patients better will be mastered - students try from sight and error from doing they are not afraid question to give ready will be a teacher through a monologue with communication to do to the dialogue becomes Simulation in the center of lessons democratic environment lectures with interchangeable from classical professors According to medicine institutions departments the work conditions much closer Doctor by received of skills real to the patient successful to be held showing wide scope evidence there is. Above advantages addition, simulation training again one important advantages have This is knowledge and skills objective control to do is a possibility. Har how study device and in the simulator work writing get, analyze to do and evaluation can Not only us theoretical knowledge, maybe of the specialist practical the work also want to compare the quality has been situations simulators, test control is more reliable than systems.

Conclusion: So by doing simulation training traditional the patient went to bed to training opposite no Patient simulator How high technology anyway, it's real the patient replace can't Only simulation from technologies used without received education one bilaterally and defective is a lot edged " patient treatment ". limited

practical skills done increase with replaces, though in detail work developed even though Simulation training and the patient the bed in front teaching modern medical of education addition components is considered So simulation teaching system one flat and efficient performance for the following one series problems solution to do need

- 1. Simulation of teaching all level medical of education valid to the system integration (from the 1st to the 6th course, as well as at the institute done being increased another education programs). Dynamic clinical in scenarios help individual elementary in showing of skills up technology to skills and group harmony skills until skill and of skills complexity level increase with simulation study program step by step build
- 2. Mandatory simulation certification system current to achieve By specialty (discipline). practical skill and qualifications from the attestation transfer stage simulation from technologies mandatory used without done increase need
- 3. Teachers, education and technical of employees constant states has been separately students access possible has been simulation center Create. Simulation teaching from technologies use according to teachers-instructors special preparation
- 4. Various level to reality have simulation of means enough quantity and wide assortment buy get their level of realism increase with simulation of teaching technical tools expand need
- 5. Simulation supply, repair and metrological of provision technical tools each day reliable service show system formation, simulation training for expendable materials, that's it including simulators for caution parts and accessories for financial resources planning.

Books

- Evdokimov, E. A. Simulation training and anesthesiology and reanimation / E. A. Evdokimov, I. N. Pasechnik // Simulyatsionnoe obuchenie v meditsine / pod ed. prof. A. A. Svistunova, sost. M. D. Gorshkov. Moscow: Izd-vo Pervogo MGMU im. I. M. Sechenova, 2013. S. 146.
- Gorshkov, M. D. Classification of simulation equipment / M. D. Gorshkov, A. V. Fedorov // Virtual technology and medicine. 2012. No. 1. S. 21-30.
- Shubina, L. B. Imitatsionnoe buchenie v tsentre non-preryvnogo professionalnogo obrazovaniya v struktur meditsinskogo universiteta / L.
 B. Shubina // Medical education and professional development. 2011.

 No. 3. S. 85-91.