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DIAGNOSTIC ANALYSIS OF COMMUNICATIVE COMPETENCE IN THE PROFESSIONAL ACTIVITY OF FUTURE DOCTORS

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The monograph focuses on the development of communicative competence in the preparation of medical students for professional activity, including a modernized mechanism of verbal and nonverbal communication in future doctors, their strategic and methodological competencies, reflection development competencies, indicators of professional competence development, communicative competence, communicative competence. the model of development of communicative competence in preparation of future doctors for professional activity, the purposes, criteria in medical education, the cognitive component structure of communicative competence of medical education students are studied.

This monograph is intended for medical education students and faculty.

Reviewers:

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Introduction

World science today places new demands on the specialist in connection with the formation of communicative competencies. Communicative competence is one of the qualities that helps a person to form throughout his life, allowing a person to understand the reality that surrounds him from all sides. Today, the world has adopted a number of international legal instruments dedicated to the development of medical deontology and its communicative competence. These include the resolution adopted in Germany on the development of a "culture of communication of medical personnel", the "Edinburgh Declaration of the World Federation for Medical Education", and the "International Code of Medical Ethics". The adopted normative documents and decisions provide for the continuous implementation of a system aimed at developing not only the professional competence of doctors in the training of doctors in society today, but also their communicative competence.

Coordination of medical education in the development of medical education in the country with curricula that meet international standards has become the basis for improving the system of medical education. In the context of Uzbekistan, a radical reform of the quality of medical education on the basis of foreign experience, taking into account our national mentality and traditions, is a requirement of the times. In particular, in our country ".... on the basis of the introduction of international standards for assessing the quality of education and training to improve the quality and efficiency of higher education, encourage research and innovation, create effective mechanisms for the implementation of scientific and innovative achievements ...", [5] Improving the quality of training,

creating the necessary conditions for the training of qualified specialists in accordance with international standards, the establishment of close cooperation of each medical educational institution with leading research and educational institutions in the world and the development of communicative skills of medical students increase and radical improvement were identified as key tasks.

The world's leading medical universities are also conducting a number of studies aimed at developing communicative competence in the preparation of future doctors for professional activities. These studies are recognized in the Concept of International Education until 2030, adopted by UNESCO, in international projects and seminars-trainings, conferences, webinars implemented by the World Health Organization. It is also important to improve the training manuals, electronic resources aimed at developing the communicative competence of future doctors.

SCIENTISTS 'VIEWS ON THE DEVELOPMENT OF COMMUNICATIVE COMPETENCE IN PREPARATION FOR PROFESSIONAL ACTIVITY IN THE EDUCATIONAL PROCESS

Today, one of the main goals of modern education is to prepare a person who is fully developed for society and the state, socially adaptable to work, conducting research in their field, bringing new ideas to their professional activities. Hence, a high level of communicative competence is required in the training of comprehensively developed medical staff. Today, the modern problem of improving the quality of communicative competence, in which the specialist is able to apply innovations, new methods in practice, is relevant in the current socio-political, economic and cultural conditions.

The great thinkers of the Near and Middle East - Abu Rayhan Beruni, Abu Ali ibn Sina, Abu Yusuf al-Kindi, Nasir Khusraw, Abu Nasr al-Farabi, Umar Khayyam, Muhammad ibn Musa al-Khwarizmi and many of our scholars in educating the younger generation. paid special attention to the role of the educator, namely the educator's communication with the pupil. The essence, methods, forms, means and principles of communication have been developed by encyclopedic scholars, which have not lost their relevance even today, and have been the basis of many pedagogical ideas. Abu Ali ibn Sina, the father of medicine, said at the time that "the most effective way to treat a patient is a sweet word." [7, 135 p]

Today, the urgent problem of developing the communicative competence of medical professionals is to help young people to find their place in the labor force, to receive quality education, to form interpersonal socio-cultural relations. However, the

most important thing is to create the conditions for the development of the individual to the extent that he fully meets the requirements and to realize his potential. That is why the main task of medical education should be the formation and development of communicative competence, which is an integral part of the professional training of future doctors.

Activity is a form of active attitude of people to the external world, a way of transforming a person in accordance with the purpose, one of the important features of human activity. Only on the basis of activity can the essence of man be manifested, the existence of any social structure of society can be ensured. Depending on the needs of man and society, the forms of activity are categorized as follows: material activity (ensuring one's own security, satisfying basic needs for food, clothing and changing the external nature through the tools of labor), social activity - (social relations, social life) exposure); spiritual activity (activity in science, art, religion, artistic creation and other fields). Types of human activity change, first of all, in the division of labor, the needs of people, the growth of society (National Encyclopedia of Uzbekistan, 2005)

In the process of studying and researching the processes of activity, we approached professional activity as follows:

Professional activity is a person's activity in the field of his / her specialization, organization of needs, interests, subject, motives, ways, means and methods of realization of the goals of professional activity in the process of activity.

The word "communication" is one of the most widely used words in all languages of the world. The word “communication” is derived from the Latin word “communico”, which means “to generalize, to connect, to treat”. In this case, we can assume that the meaning of “I treat” is closest to the content of the concept. The word "communication" has many artificial words, for example, "communicative" - means "capable of communication", "communicative" -

means "enterprising, kind", and "communicative" - means "communicative" [31, p. 272].

Well-known scientists in Uzbekistan have developed a number of scientific directions, which can serve as a theoretical basis for the development of communicative competence of future professionals.

This issue was discussed by a number of Uzbek pedagogues and psychologists (N.A.Muslimov, M.H.Usmonbaeva, D.M.Sayfurov, A.B.Turaev, R.H.Juraev, O.Musurmanova, U.Sh.Begimkulov, A.A.Abdukadirov, NN.Azizkhodjaeva, M.G.Davletshin, M.Ochilov, etc.) are considered from different points of view.

Communication is primarily a method of activity that demonstrates the adaptation of people to interaction [107, p. 539].

Communicative activity can be perceived as a specific exchange, which results in mutual cooperative support and coherence of actions at a specific level of complexity. Communication can also be defined as one of the components of a relationship.

According to E.N Zaretskaya, communicative activity is "a system of coherent actions that occur side by side, each of which can be considered as a specific" step "aimed at solving specific tasks and towards the goal of behavior" [40,287 p]. Based on the concept of the well-known researcher A.N. Leontev [56, 112-113 p], it should be noted that communicative activity consists of specific structural components. Communicative activity is described as follows:

1) the subject of communicative activity in the person;
2) communicative motives - the realization of relationships;
3) tasks of communicative activity - actions to be taken in the process of communication to achieve the goal;
4) the product of communicative activity - the formation of spiritual and material character, which is created as a result of the relationship;

5) the need for a relationship consists in a person's desire to know and to evaluate other people, through and through them - self-knowledge and self-assessment;

6) the actions of communicative activity are a whole process directed to another person, having two main categories of attitude actions - initiative and responsibility;

7) the means of communicative activity, these are the processes of communication through which the relational actions are carried out.

It should also be noted that the above-named researchers distinguish between verbal communication used in human speech and nonverbal communication used in various non-speech signs.

It is well known that speech is the most universal means of communication because the meaning of information is less lost when information is transmitted through speech. It is through speech itself that information can be communicated appropriately: the communicator can unlock this information key during the speech message process. In this case, the clear understanding of the idea expressed by the audience can be determined for the communicator only when the exchange of "communicative roles" takes place.

Speech, as a universal means of communication, can simultaneously serve as a source of information, as well as a way to influence its interlocutor. However, in order to fully describe the process of interaction, it is not enough for us to know only the structure of the communicative act. It is also necessary to carefully analyze the motives of both parties involved, their goals and objectives. To do this, it is necessary to refer to a system of signs (e.g., nonverbal) that is outside of speech, which is included in the communicative relationship [11,376 p]. Furthermore, studies have shown that "words account for about 7% of people's daily speech, sounds and intonations (tones) for 38%, and non-speech interactions for 53%" [91, 538 p].

The term competence (lot: competentia - relevant, relevant, relevant, relevant, appropriate) means knowledge, skills and competencies, experience in a

particular field. According to the definition of linguists, communicative competence is “a system of verbal ethics in various communicative phenomena and situations formed by a person on the basis of knowledge of language and speech culture. This system includes communicative roles (speaker and listener), as well as social roles, speech strategies and tactics, ethics and etiquette, in which a person adopted in this culture interacts with different social groups for different reasons and in different situations. is represented ”(TV Matveeva). Competence also means certain competencies in a particular field. On 18 December 2006, the European Parliament and the Council recommended the following core competencies for continuing education [95, 14 p]:

1. Be able to communicate in their native language
2. Ability to communicate in a foreign language.
3. Mathematical competence and basic competencies in science and technology.
4. Digital competence.
5. Learning to read.
6. Social and civic competence.
7. A sense of entrepreneurship and initiative.
8. Be aware of culture and express it.

The core competencies currently outlined in the Council of Europe Symposium, entitled “Basic Competences for Europe”, are:

Learning: to extract something useful from experience; organize the interaction between their knowledge and organize them; organization (installation) of own personal learning methods; solve problems.

Search: to engage in independent learning; search for different databases; environmental inquiries; expert advice; information retrieval; work with documents and their classification.

Thinking: finding the interrelationship between past and present events; a critical approach to one or another aspect of the development of society; resisting complexity and loss of self-confidence; to take a position in debates and to have a personal point of view; understanding the importance of the political and economic

environment in which you study and work; be able to evaluate health, consumption, fine arts and literary works.

Collaborate: be able to work in a team and collaborate; decision-making - the elimination of misunderstandings and conflicts; to come to terms; development and execution of contracts.

Getting started: participation in the project; take responsibility; join or contribute to a group or community; prove that you are a partner; be able to organize their work; be able to use computational and modeling techniques.

Adaptation: ability to use new information and communication technologies; prove flexibility in the face of rapid change; to be able to find new solutions [95, 15 p].

The Netherlands has an education system aimed at developing the following competencies in students:

- strategic competence aimed at developing future-oriented skills;

- subject competencies related to the knowledge and skills related to the nature of the studied subject; methodological competence consisting of content management skills;

- core structure collaborative skills, acceptance of criticism, feedback; socio-competence, which is a moral-cultural competence.

These include professional relationships, motivation, readiness to achieve results, and learning skills, learning competencies that define the development of reflection.

The Austrian education system has the following core competencies:

- competencies aimed at personal development;

- social and competencies in a particular field of activity.

Competences in a particular field of activity include: “Language and communication”; "Creativity and design"; "Man and Society"; “Health and Movement”; "Nature and technology".

Social competencies include communicativeness, ability to work in a team, conflict resolution, understanding of others, initiative, social responsibility.

In British schools, six core competencies are taken as a basis. They can be conditionally grouped into several groups. Key competencies: communication skills; accounting; information literacy. Wide range of core competencies: ability to work with others; reading and improvement skills; ability to solve various problems and issues [95, 13-16 p].

At the same time, it is necessary to distinguish between the concepts of "competence" and "competence" used in science in a synonymous sense. 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", "competence" by N.Sh.Turdiev, Yu.M.Asadov, S.N.Akbarova, D.Sh.Temirov 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;
- A person's goal-directed emotional willpower [95, 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 appropriate competence by a person means a meaningful attitude to the subject of his activity.

It is also necessary to cite the opinion of A.V. Khutorsky, who distinguishes between the concepts of "competence" and "competence". In it, "competence" is a set of interrelated qualities (knowledge, abilities, skills and abilities, methods of activity) of the person assigned to a particular range of objects and processes, which must be qualitatively and effectively influenced. Competence is understood as the possession of appropriate competence by a person, the coverage of the person's attitude to it and the subject of activity [99, 58 p].

We can see that “competence” is related to certain types of professional activities, as noted in the literature on psychology and pedagogy. According to S.I Ojegov's explanatory dictionary, it means "awareness, knowledge, gaining prestige in a field" [67, p. 234]. Competence, as defined by L. Hell and D. Ziegler, is a kind of "psychosociological quality, a feeling of strength and confidence, a sign of success and usefulness of one's work, which means that a person can act effectively with others" [101, 209 p].

Dr. John Raven, a professor at the University of Edinburgh (Scotland), said that competence is “a specific ability that is necessary to effectively perform specific actions in a particular field and includes narrow specialization knowledge, specific visual skills and abilities, ways of thinking as well as responsibility for actions”. , [77, 6 p]. In general, competence in communication implies the development of an adequate or inadequate orientation in a person - personal psychological ability, the ability of others, the ability to perform the situation and the task.

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

- social responsibility of the future medical worker in the process of communicating with the patient, 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 future doctors' communication skills, which are important in modern social life and professional activity;

- competencies related to the acquisition of new technologies, innovative information systems, the emergence of society;

- competencies that make future physicians realize not only their chosen profession throughout their lives, but also their abilities in personal and social life.

N.A Muslimov and others understand competence as follows: "… effective use of theoretical knowledge in activities, ability to demonstrate a high level of professionalism, skill and talent" [63; 93 p].

According to M.T Akhmedova, "competence" means a person's awareness of a field, the level of knowledge in that field. [17; 34 p].

The explanatory dictionary of the Russian language by S.I Ojegov and N.Yu. Shvedova gives the following definitions: "competence is a range of questions that someone is well aware of; the scope of someone's powers, rights; Competence is to be knowledgeable, informed, reputable in a field"[67; 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 an "hidden", "potential" reserve [42; 34 p]. According to V.N Vvedensky, competence is "a description of a particular person, and competence - a set of specific professional or functional characteristics" [28; 51p]. Well-known American researcher R. Meyers refers to the concept of competence as "demonstrating not only that it corresponds to certain activity categories, but also that ethical tasks are performed in production" [111; 15 p]. As Ravenda points out, competence "is usually independent, consisting of many components, some of which are more cognitive, while others are emotional. These components can replace each other as an integral part of effective behavior"[77; 115 p].

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

- ***communicative;***

- ***interactive;***

- perceptive.

Researcher A.A Bodalyov explains that “communicativeness of communication is the sharing of information between people ..., the interactive aspect of communication is the organization of interaction between individuals, that is, not only the exchange of knowledge and ideas, but also actions ..., perceptual communication The process is to recognize the process of acceptance of each other 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 must be fully focused on the expression of their thoughts, worldviews, ideas of partners, psychological conditions, richness, diversity of tools, adequacy (exactly the same) to find all - perceptual, communicative, interactive aspects "[23; 71 p].

It is also necessary to pay attention to the principle of spiritual-ethical, professional competence, which is the most important aspect of the activity of any specialist in any field. The professional competence of medical staff can consist of a number of specific components. It is also worth noting the communicative competence that ensures the effective conduct of medical activities. Thus, an expert who is competent in any field must also have the appropriate competencies in order to reasonably reason with the effective application of his or her actions in that field. However, we know that professional competence also means individual-psychological education, which includes knowledge, professional experience and psychological training of a specialist. According to Y.E Rahimova, "Professional competence is an integrative characteristic, which reflects the structured knowledge, skills and abilities, as well as personal qualities that allow us to be competitive in market conditions" [79; 36 p]. “The model of graduate training includes not only his professional qualifications defined by the system of knowledge, skills and competencies, but also personality traits and systematically formed universal skills and abilities defined as key competencies in modern international practice” [8; 63 p]. "Professional competence - the acquisition by a

specialist of the knowledge, skills and abilities necessary for the implementation of professional activities and their application in practice at a high level" [63; 4 p].

According to one of the leading researchers AS Kosogova, from a pedagogical point of view "professional competence is a complex individual-psychological structure formed on the basis of integration of experience, theoretical knowledge, practical skills and important personal qualities, which means the readiness of the specialist to perform pedagogical activities responsibly" [51 ; 24 p]. This definition of professional competence indicates its structural structure: competencies that are realized in practice, formed on the basis of relevant personal qualities.

Well-known researcher K.V. Shaposhnikov means professional competence, the readiness and ability of a specialist to make important and effective decisions in the implementation of their activities. It also states that “professional competence is defined as a set of integrated knowledge, skills and experiences, while subjective, which allows a person to effectively design and implement professional activities in collaboration with the surrounding world, can be based on relevant and potential characteristics of the specialist ”[105; 26 p]. In the research of T.M. Sorokina, the professional competence of the teacher is described as "dynamic, procedural aspects of professional training, description of professional growth, justified and professional changes in the activity" [88; 110-111 p]. This idea is also true.

In turn, professional competence is a unique professional-personal characteristic that “reflects the quality of his professional activity and his ability to act independently, adequately and responsibly in constantly changing professional situations, self-esteem and readiness for self-improvement. Professional and pedagogical competence is reflected in the professional activity of the teacher, which allows to describe him as a subject of pedagogical activity "[102; 12 p].

According to our analysis, the professional competence of a health worker is to have their own professional knowledge, skills and abilities, to be able to influence the patient's psyche in the process of communicating with the patient.

Turning to the concept of "communicative competence", according to linguists, it is a system of speech ethics in various communicative events and situations, formed by a person on the basis of knowledge of language and speech culture. This system includes the acquisition of communicative roles (speaker and listener), as well as social roles, speech strategies and tactics, and ethical and ethical rules. According to M.Sh.Ruzmetova, "Communicative competence of speakers of other languages is the readiness of students to use the acquired knowledge, skills and abilities to solve vital, practical and theoretical tasks" [82; 724 p]. Communicative activity as a complex dynamic system has a unique structure, which includes many elements. Communicative competence is manifested as a complex structure and includes the following components:

- ***subjective (non-verbal competence);***

- ***language (speech competence);***

- ***socio-cultural (knowledge and experience in the field of social relations, covers the psychology of communication);***

- **pragmatic** ***(in a particular situation - directly related to the reasons, instructions and goals of communication and speech reception) "[96; 106 p].***

The pedagogical competence of the teacher is reflected in the following: "The culture of pedagogical communication, which forms the basis of the teacher's inherent skills, is manifested in the process of communication with his student body, parents, colleagues and management. In this case, the teacher's communication with the student body is especially important. The educator seeks to communicate with students, to be effective "[64;39 p].

The development of a competency-based approach in modern social and professional conditions may require its harmonization, a number of fundamentally important areas. However, for practice, "for the full development of communicative competence, it is important to limit the types of service-related - practical or role, as well as personal. Usually, the basis for the difference is the psychological distance between the partners, which is "I - you - contact". "It's not just about 'external' information, such as an exemplary service task that needs to be

solved together, but also about the interlocutor's confidence in his own inner world, in which the stranger has the status of a close person, and the relationship is truly credible." [37; 243 p].

Relationship competence can also require a person's willingness and skill to create the connection they need at different psychological distances from the person. But the difficulties themselves may be related to the fact that "the position is based on the phenomenon of inertia - the partner occupies any of them, regardless of the character, nature and specificity of the situation, and implements it everywhere. In general, competence in a relationship depends not so much on the fact that it usually occupies a position as the best, but on their adaptation to the spectrum. Flexibility in the appropriate replacement of psychological situations is one of the important indicators of a competent attitude" [73;38 p].

In general, communicative competence can consist of the following specific integration features:

1. Socio-psychological forecasting is the basis of a communicative situation in which an attitude can be realized.

2. Socio-psychological programming of the communication process, with special emphasis on the specificity of the communicative situation.

3. Implementation of relational processes in the communicative situation with the characteristics of socio-psychological management [57; 224 p].

Communicative competence is "not an innate ability, but an ability formed by a person in the process of acquiring social-communicative experience. Communicative-social experience is manifested primarily in the use of speech in stylistically different variants, including the mechanism of changing attitudes. At the heart of such a change is a change in the relationship between the parties "[48; 61p].

It should also be noted that communicative competence includes, of course, the following components - cognitive (cognitive), emotional and behavioral.

According to the researcher V.V.Davidov, "the cognitive component is related to knowing the other person and includes knowing the behavior of the other

person; the emotional component includes emotional compassion and responsiveness, empathy, empathy for others, empathy and the ability to care together, attention to the actions of the interlocutor; the behavioral component includes, first and foremost, the free possession of the verbal and nonverbal means of social behavior ”[35;240 p].

It is possible to apply an active approach in accordance with communicative technology, in which the process of formation of social views, attitudes and evaluation system is primarily interpreted as a special organization and management. According to D. Lewis, all this can be achieved only "by means of three basic means of communicative forms":

1) ***monologue***, where the person who organizes the communicative action - the person as a subject and other subjects - prefers to listen to the participant of the relationship and express his opinion;

2) ***dialogic,*** in which subjects act together and are interactive, mutually proactive;

3) ***polylogically,*** “organizing a multifaceted relationship, it has the character of a specific struggle, usually carried out to achieve a communicative initiative, and is associated with its most effective implementation” [58; 66 p].

Thus, “communicative competence” is the ability to determine the direction of a person's attitude in different situations based on his knowledge and emotional experience; it is the inherent ability of man to act effectively together with those around him, which is achieved through the realization of himself and others, the quality of interpersonal relationships and the social conditions of the living environment, the constant change of psychological conditions. [87;176 p].

Existing interpretations of the concept of “communicative competence” show that this concept is an interdisciplinary set of acquired knowledge. At the same time, the component structure of communicative competence is wide enough and includes "a set of components from linguistic, linguistic, organizational, pragmatic, sociolinguistic, discussion, strategic, educational, thematic, speech, compensatory to sociocultural and social." [30; 53p].

Clarification of the concept of "communicative competence" of future medical staff will help us to understand its essence, its structure, ways to improve it. The communicative competence of future medical staff includes the following actions without a holistic system:

- assessment of the patient's access to the inner world, the state of communicative attitude (perceptual component);

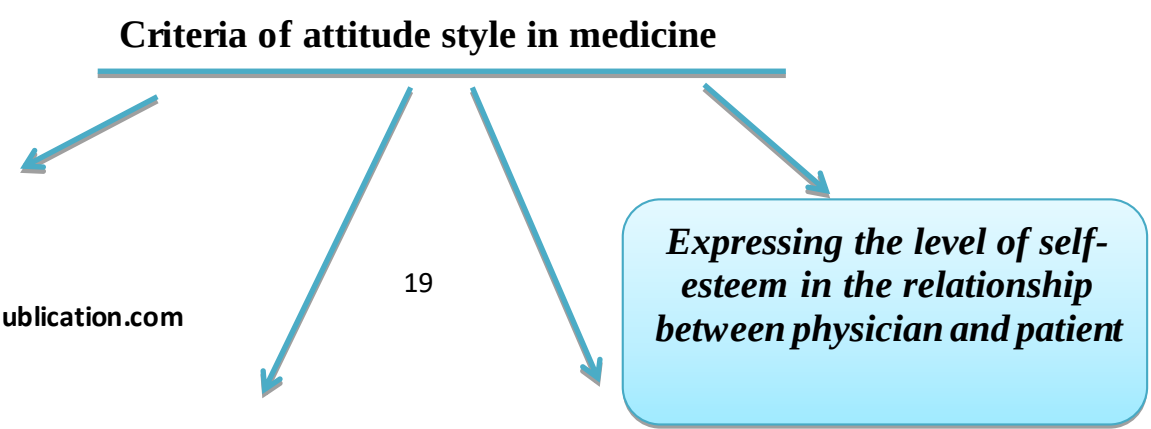
- self-analysis and self-assessment in the process of communicative attitude (reflexive component);

- selection of appropriate means for interpersonal communication;

- managing the process of attitude and regulating human morality and behavior accordingly (ethical component).

According to I.A Zimnyaya, “the component approach allowed us to conclude that it is a systematic, interdisciplinary concept that determines the result-oriented direction of education. It is both personal and action-oriented, that is, practical, pragmatic and humanistic ”[42, 34 p].

Communicative competence can be expressed in the communication style chosen by the educator and in the role roles in the relationship. In doing so, they are provided with the goals of leading interaction and are characterized by stable expressive features as well as communicative actions in the process of the relationship situation. At the same time, there is an unconditionally specific style of communication in the communication process, in which we understand an individual, stable form of any communicative behavior that can be manifested in the context of direct interaction with those around the person. The analysis of psychological and pedagogical research allows us to conclude that the following criteria may be reflected in the method of relationship between doctor and patient (Figure 1.1).



Being an individual approach to each patient

Characteristics of communicative abilities of future medical staff

Taking into account the views of the interlocutor with whom the doctor is interviewing

There are also key parameters related to social environment conditions and attitude situations, psychological conditions - communicative competence and specific factors of its formation in future medical workers. The relationships we explore are divided into:

Section	***Specific features***
1. The need for capacity in the process of medical education.	This section is characterized by speed and distribution of the formed functional systems. They ensure the full implementation of communicative actions, the solution of specific goal-oriented tasks. Personal characteristics play a key role in this, providing important motivational strategies and regulation of attitude tactics.
2. Assess the situation in medical education.	This section is characterized by a wide range of situations and relationship conditions. This is characterized by the need to apply previously mastered communicative methods, tools and attitudes. It would also be appropriate to analyze the social situation, which covers the diversity of the interrelationships of internal and external factors of the environment, which can help to solve tasks related to the socio-personal and psychological development of the individual. The general development of the subjects of the relationship, their functions, and the appropriate conditions, as an integral element of the situation, can create an actual situation for a complete relationship.
3. Process outcomes in medical education.	This section is characterized by a special consideration in the design of the structural form of communicative componentism. In the process of doing this, there may be a certain tendency for some communicative competence to be practically

	identical in its adaptation to certain communicative competence tasks, tasks, and conditions, depending on the level of interdependence. It is necessary to distinguish the external side of exactly the same psychological features that are reflected in the psychological manifestation of the attitude in the implementation of social behavior.
4. Orientation to the interlocutor in medical education.	This section focuses on the individual elements of communicative competence and reflects the specific direction of the subject of knowledge in relation to knowledge and management. Here, the object of action is the communicator himself, and the elements of communicative competence are assessed by the fact that he has special reflexive skills and abilities of self-management, self-assessment. Interlocutor orientation is the understanding of the social abilities, skills, and abilities associated with learning the personality, traits, and qualities of the interlocutor, evaluating his or her behavior, and predicting as much as possible in the communication process.
5. Learning, understanding - management, influence in medical education.	This section outlines the most important components in the overall construction of communicative competence. They perform the tasks of studying the subject of the relationship in the process of thinking-observation with specific emotional states, the study of the subject, its understanding.

In our study, we relied on the formation of communicative competence in medical education students. What is communication? Understood as a process, we also explored that it is the result of the interaction of different elements.

Analyzing the views of domestic and foreign researchers, it can be said that communicative competence is interpreted as a certain amount of professional competence filled with empathic and reflexive abilities. It develops during special training sessions, so communicative competence can be considered as follows:

- a description of the person's achievements in the relationship;

- the sum of abilities, personality traits and acquired competencies;

- compliance of the specified results with certain standards of effective attitude.

Apparently, communicative competence is:

- First, it is a set of human competencies in the field of communication, which are necessary to perform a particular activity;

- Secondly, it is the interpersonal life experience gained by a person in the process of interaction with other people, independent activity in different situations;

- Thirdly, these are the social-personal qualities of a person, which regulate the world, as well as the whole system of self and interaction;

- Fourth, to look at this ability as a feature of the individual, to determine its capabilities in different types of activities and its strict compliance with this type of activity;

- Fifth, it is the readiness of a person to organize his speech in real life situations in accordance with the above components.

It should be noted that the presence of these components is a prerequisite for the successful implementation of productive-professional activities in a particular field.

In the course of the research we found that “communicative competence” includes subdivisions of a number of psychological and pedagogical concepts, primarily the concepts of “ability” and “readiness”.

The concept of "ability" includes the following descriptions:

- these are individual-psychological (personality-related) features of man (anatomo-physiological, regulatory, physical, psychophysiological, etc.), which determine the psychological capabilities of man in different types of activities (M.I. Enikeeva) [76, 324 p]. ;

- Although these characteristics are determined by certain knowledge, skills and abilities that an individual has, the main focus is not on them; they are manifested in agility and thoroughness in mastering certain modes of activity, and these features determine the capabilities of the individual, which is a condition for the successful implementation of this or that productive activity (GM Kodjaspirova, A.Yu. Kodjaspirov) [50, 211 p];

The concept of "readiness" implies "a certain behavior, operational instructions, the mobilization of all psychophysiological and afferent systems that need to be effectively implemented in the future, increasing sensitivity to conditions" [76,74 p].

"Readiness for action is a complex dynamic system that covers the intellectual, emotional, motivational and volitional aspects of the psyche" [76, 55 p].

We see that the concepts of “ability” and “readiness” are closely related and are manifested as separate concepts of competence. But at the same time, “being able” and “being ready” do not mean the same thing in any activity. The concept of "readiness" can limit the individual-psychological scope of personality traits and exclude it from the scope of knowledge, skills and abilities. For example, a person may be technically well-prepared and educated, but incapable of any activity ”[32, 147 p].

Communicative competence cannot be considered the ultimate description of a person’s personality. The acquisition of communicative competence is a step forward from point A to point B, from the actual event of the person to the understanding of what is happening, which are strengthened in the cognitive systems of the human psyche in the form of certain competencies and can help the person communicate with those around him. After all, "the ability to learn in communicative situations increases with the acquisition of cultural, ideological and moral norms and laws of society" [100, 58 p].

A careful study of the nature and structure of communicative competence allows us to distinguish two levels - interdependent and interrelated: the first level should determine the manifestation of communicative competence in the direct relationship itself, that is, in the communicative behavior of man; second, the specific features and orientation of the teacher's professional motivation should reflect the pedagogical-communicative values with his or her special need for attitude.

When all the components are combined during our research, a certain content and essence of communicative competence is revealed, complex interrelated qualities of the human personality are formed. As a result, communicative competence becomes evident as one of the professional characteristics of a future physician. The development of this competence is defined as a task in medical education. Modern stages of development of society, new paradigms in education - all this fills the problem of formation of communicative competence with new content.

FORMATION OF COMMUNICATIVE COMPETENCE OF FUTURE DOCTORS STRUCTURAL PART

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, arrangement and implementation of defined data. It is important for prospective medical professionals to use verbal and nonverbal communication techniques when communicating. But effective communication 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 was analyzed by the researcher L.P. Grimakda: "Another reason why a person is a human being is that he interacts with people like him ... from birth, he is in constant contact with people - the conditions that must be met in the full development of a person help to maintain the mental balance of communication, alleviate conflicts and disputes, relieves stress, increases its place and prestige in social life "[34, 3 p].

The concept of "communication" and "relationship" is so difficult to distinguish that the researcher VM Kurbatov, reflecting on it, gives the following two definitions: "Communication - the process of communication, the relationship of two or more individuals, the transfer of information from one person to another. In the narrower sense, it is the process of sending information from the sender to

the recipient (from the communicator to the recipient). We have the right to agree with this definition [54, 47 p].

"Relationship" is a process of interaction and cooperation between people, in which there is an exchange of activities, information, feelings, abilities, skills, the result of labor "[54, 145 p]. In fact, communication complements each other enough.

Today, everyone is invited to talk about a range of social roles they play almost every day for the rest of their lives. Social roles may not be completely connected to each other, and they do not have to follow each other. Yet, they can coexist at the same time, even in a communicative-domestic situation. Key roles include “roles for all” or behaviors to be demonstrated; “A role for the group,” including a “role for oneself” [15, 186 p], which differs sharply from both the professional and the former.

The formation of communicative competence of future medical staff can be done through the training process, which, of course, includes:

- subjects identified in the learning process, such as the culture of speech and the basics of office work, pedagogy and psychology, professional pedagogy and professional psychology;

- In the process of mastering the disciplines of students emerging professional competencies;

- The role of the development of students' communicative competence in professional activities.

All this represents a unique complex, through which the personality of future medical workers is formed and developed. For it will allow him to master his own ways of further development and perfection. This is reflected in the fact that future health workers will work more effectively as a professional entity in the system "man - society - the world."

The professionalism of future medical staff also depends on its provision with successful professional activities. This is not possible without clear skills, communicative qualities of the individual, which depend on both the activity itself

and the important guidelines in decision-making, professional character and socially appropriate living environment. The communicative skills mentioned here are present in the system of professional skills and play an important role in shaping the communicative competence of future medical staff, which may even be the basis of professional activity. “Communicative abilities can be seen as traits or qualities that ensure the success of an individual’s activities, i.e., individual qualities that distinguish one person from another and are seen in successful activities” [104, 42 p]. It should be noted that the communicative component can be developed especially in terms of the reasons for the interaction of the individual: Material; Social; Professional; Spiritual and moral; Situational-problematic; Personal or personal.

In the development of a person's communicative abilities, “it is necessary to improve through communicative skills, which are the basis for the development of professional activity. The chaotic (spontaneous) development of communicative skills often leads to an authoritarian style of behavior, the emergence of frequent conflict situations, tensions in the relationship between teacher and learner, decreased motivation to learn and learn, mental trauma and moral and spiritual upbringing. leads to irreparable losses, and often to the social behavior of students ”[89, 69 p].

We have considered above the pedagogical analysis of the formation of communicative competence, a process that can also be understood as a complex description of future physicians. It encompasses communicative competencies, psycho-pedagogical competencies, the mental states of a person that are manifested in communication with other people - all of which are manifested in a person’s communicative behavior. It is precisely communicative behavior that encompasses the specific mental competencies required for an attitude. But even so, the leading role here is generally related to communicative values, including the need to communicate, including the one responsible for defining and justifying the physician-patient relationship.

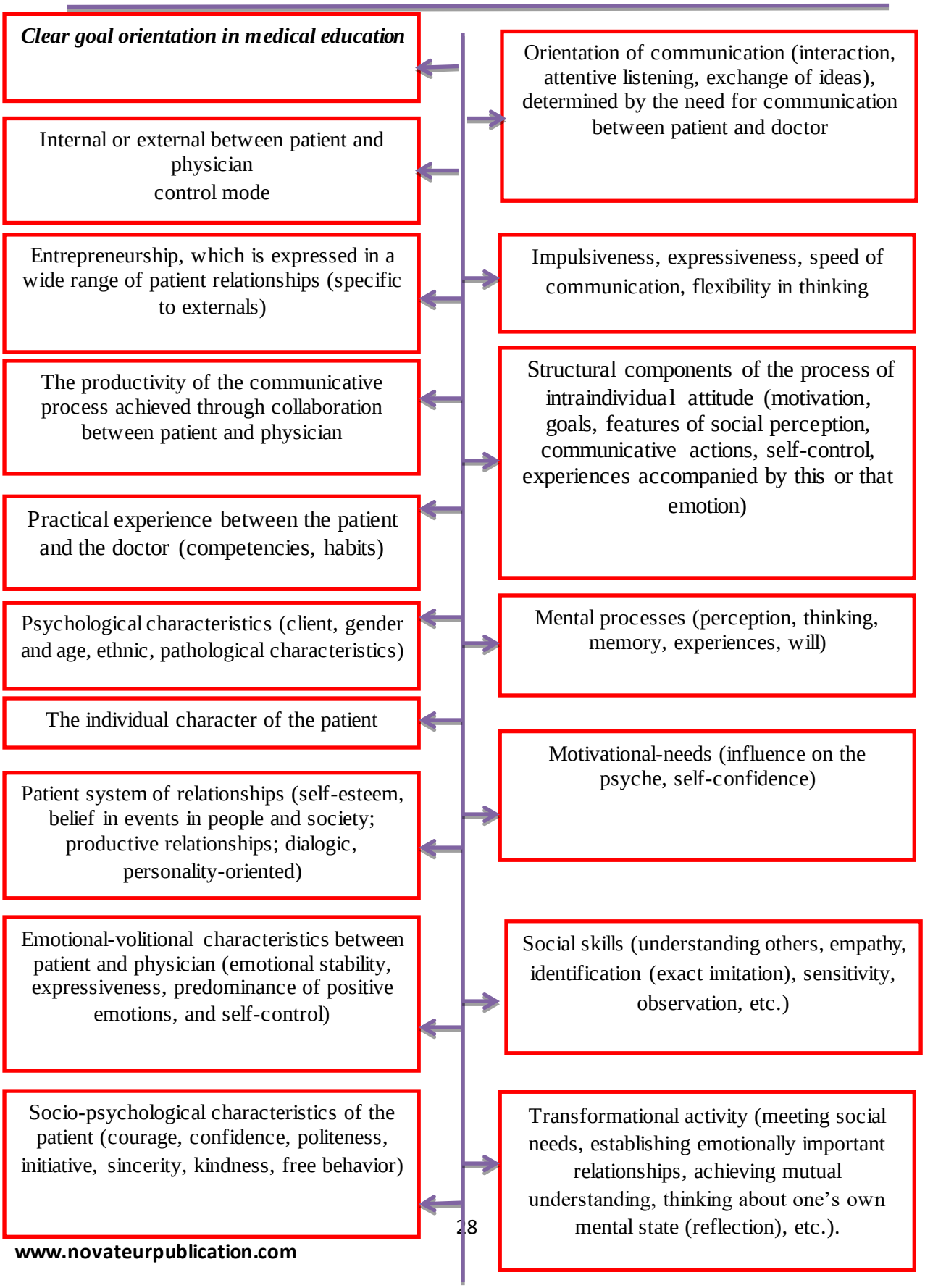
Communicative competence is also considered as a separate system of an individual's internal capabilities, which is necessary for the qualitative and effective organization of communicative actions in certain situations. Perfect acquisition of communicative competence means "readiness to enter the process of attitude in accordance with the real communicative situation" [84,127 p]. It should be noted that the main indicator of the formation of this competence can be the ability to express ideas fluently, coherently and logically. It uses the richness of expression in the language of communication, as well as the ability of partners to understand and respond appropriately to any type of communicative activity in a specific relationship. 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 be seen as a multifunctional condition in human relations, and thus perform educational, pedagogical and ideological tasks.

Mastering the necessary communicative experience for the younger generation is necessary not only in the process of direct communicative communication with other people, but also for the effective organization of professional activities. The communicative situations that everyone needs for themselves can consist of the means necessary to obtain different information: social processes, media, literature in different specialties. Therefore, of course, it is necessary to talk to every prospective physician about integrated communicative competence in professional activities, with some exceptions. Special, specialized training can have a strong impact on this process.

When it comes to communicative competence, it should be noted that it goes through two stages in its development as some kind of dynamic education: the professional and general stages mentioned above, which exist directly at a certain stage of a person’s development, as well as those that can develop from level to level. This "communication" takes place through the chaotic, spontaneous acquisition and learning of the "language". In this case, if we are talking about a profession, then this process is more effective if it is associated with a specially organized study and certain conditions are met "[73, 12 p].

The development of communicative competence of future medical staff can be described on the basis of the following criteria (Figure 1.2).

Criteria for the development of communicative competence of future medical staff



Others can be added to the above descriptions of communicative competence: “socio-psychological prognosis (prediction) of the communicative situation; socio-psychological programming of the relationship process; implementation of socio-psychological management of the communicative situation ”[97, 46 p].

In our opinion, it is important that the content and depth of communication depends on the level of knowledge of the partners, their awareness of the topic of communication. After all, communicative competence includes the ability to self-regulate emotionally and psychologically, which is characterized by “the ability to react sharply, actively to changes in circumstances, to reconstruct relationships in response to changes in partners’ emotional states ”[36, 53 p].

Today, it requires a qualified staff capable of being competent in all matters related to their professional activities, as well as qualitative changes during the period of study. It is known that the first task of medical education is to develop the professional knowledge of future doctors, which can be widely reflected, especially in the communicative aspects of future activities. Thus, communicative competence is seen as one of the most important characteristics, and the corresponding development of this competence is a separate task of the appropriate formation and development of the personality of future physicians.

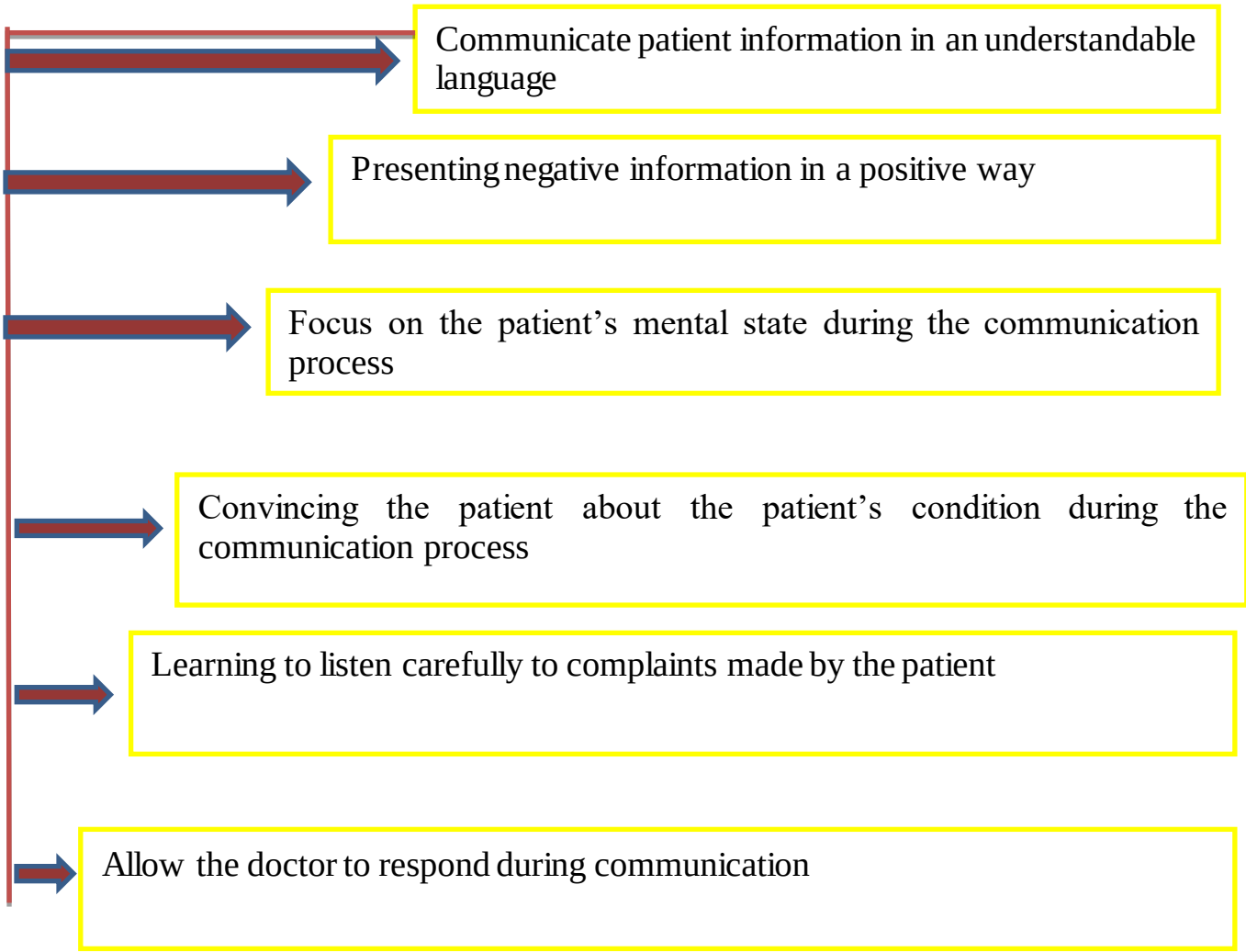
In our study, we explored the following features of communicative competence:

- a set of theoretical competencies, combined with practical competencies that ensure the effective conduct of the training process of future medical staff, when determining the direction in different situations of the relationship;

- a separate system of internal resources of future physicians, who communicate and interact productively with people of different personalities, family members and all citizens.

Communicative competence requires that future physicians have the following competencies. (Fig. 1.3).

Communicative competencies that need to be formed in future physicians



By examining the listed competencies in detail, it is possible to highlight the systemic competencies required for successful communication. These competencies include:

- speech;
- engage in a literate relationship;
- support in the relationship process;
- have their own strategy in the relationship process;
- take into account the situation in the relationship process;
- predicting the outcome of the relationship process;
- re-establish feedback during the conversation;

- capture and support the initiative in initiating communication;

- creating opportunities to achieve the expected result;

- confirmation of the views expressed by the patient;

- to pay attention to the elements of the doctor's diction, facial expressions and the use of pantomime in the process of communication between the patient and the doctor;

- to express one's opinion consistently and fluently;

Thus, in the context of an intensified relationship between patient and physician, it is possible to train a specialist with a high level of communicative competence, better training 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 and properly organize the work with the people around them, future doctors must have ingenuity, resourcefulness, resourcefulness, self-confidence, eloquence. Based on our analysis, we determined the level of communicative competence of future doctors:

High level: attentive to himself, able to control his emotions, knows where to behave;

Intermediate: 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, open-mindedness, freedom is not high, does not change behavior.

However, the communicative competence factors used in the relationship can be formulated as follows:

- necessary competencies in the field of physician and patient psychology;

- competencies required for physicians;

- make adjustments in the development of the necessary guidance that is essential for the physician’s successful relationship with the patient;

- self-assessment of patients, as well as the ability to adequately accept the interactions established between people;

The communicative competence of future medical staff does not arise out of nowhere, as it inevitably has its own process of formation and subsequent development. The basis of its formation is the vast experience accumulated in human relations and appropriate cooperation.

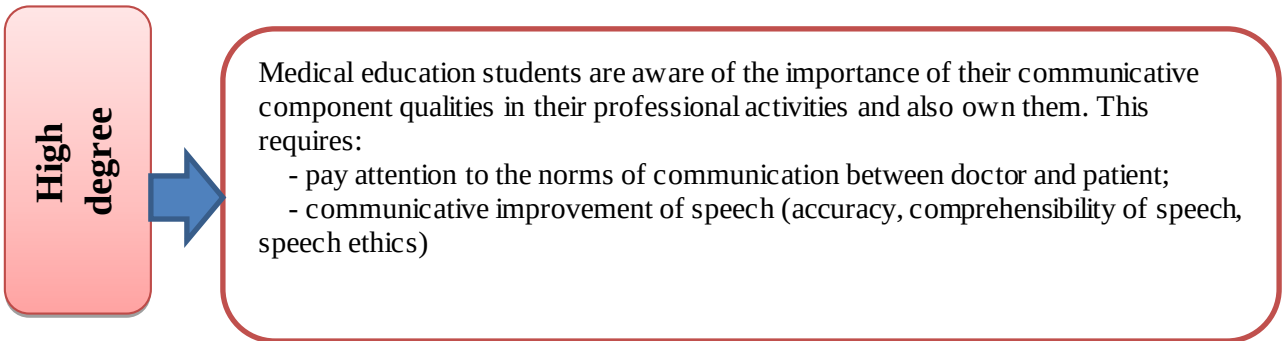
Communicative competence is, first of all, able to express the necessary experience of communication, so such competence is formed and activated in direct interpersonal cooperation and is embodied in various forms of verbal and nonverbal behavior in the process of special training of the future doctor. Consequently, competence develops precisely in the specific dynamics of the educational and developmental living environment.

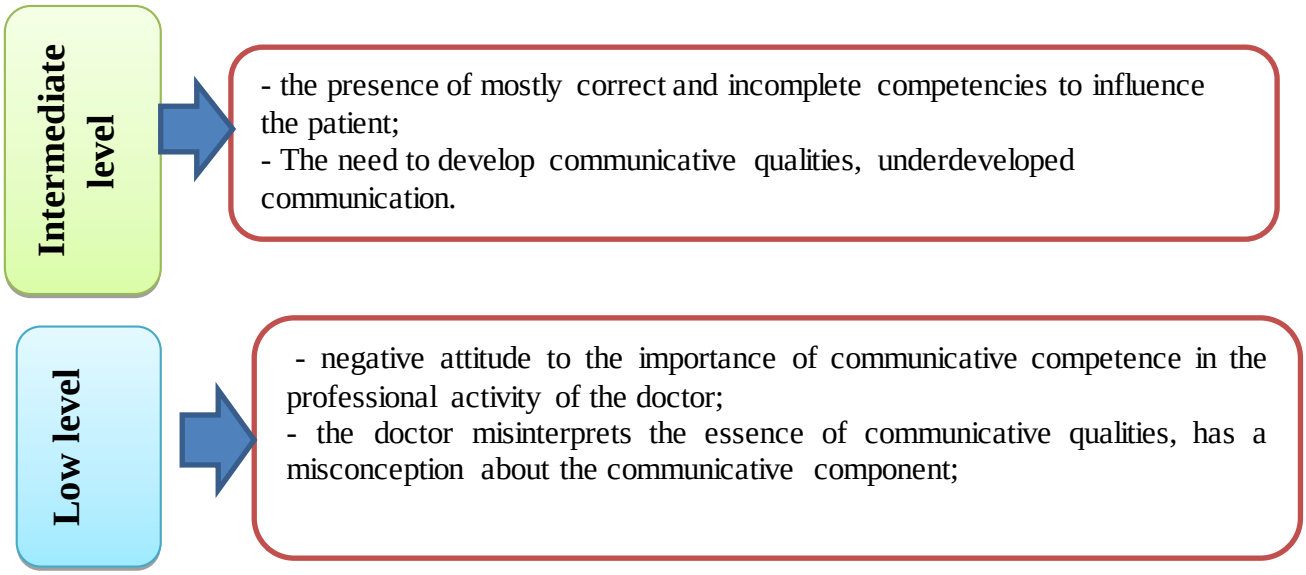
Communicative competence describes the prospective physician as a subject capable of seeing, planning, and implementing his or her professional activities and most effective actions, which are focused on achieving a communicative role rationally and spiritually.

The analysis of some pedagogical literature (Sh.A.Abdullaeva, M.T.Akhmedova, F.S.Ismoilova, A.N.Leontev, N.Sh.Turdiev) covers the determination of the effectiveness of the process of formation and development of communicative competence in future teachers. They explored the criteria for acquiring knowledge in the process of analysis:

- increase student motivation;
- increase students' creative activity;
- qualitative enrichment of the content of the educational process.

Formation of communicative competence of future medical staff





The development of communicative competence of future physicians is a complex and gradual process. This process involves both the organization of communication and the rigid formation of communicative competencies and the full development of communicative ability. Analyzes show that the formation of a certain level of communicative competence leads to an effective outcome. Thus, the process of development of communicative competence can never be considered in complete separation from the formation of communicative competencies and relational processes. At the same time, quality vocational education and training will contribute to the full development of communicative competence of specialists in the future. The process of developing communicative competence includes: communication, communicative ability, communicative skill, and communicative competence.

As we can see, communicative activity is a specific and goal-oriented process. At the same time, one of the pedagogical criteria for the successful organization of communication is the professional interaction of participants in communicative activities, for example, in the educational process. According to GG Chanisheva: “The successful implementation of communicative influence directly depends on the teacher's knowledge of the basic methods and models of communication and their ability to apply them in practice, as they have a psychological effect on the subjects of communication. The style of

communication is defined as the communicative behavior of an individual, manifested in any conditions of interaction, as an individual stable form of behavior ”[102, 104 p]. Based on the research of G. Chanisheva, we analyzed the communicative impact of future doctors and described it as follows:

- the views expressed or opinions expressed by prospective physicians on the problem under discussion should be encouraged and rewarded by practicing supervisors during practice;

- any contradiction, rejection - a possible norm, but it must be justified;

- communication to all participants of the relationship in the communicative process (in the process of analysis and diagnosis of any disease);

- the duty of practitioners is to justify and encourage the activity of the participants in the relationship.

As we move on to the communicative-diagnostic stage, we assume the following specific features:

- perfect diagnosis of the required level of development of future physician competencies;

- achieving internal motivation by prospective physicians to fully understand the various difficulties and contradictions in the performance of communicative functions;

- planning the level of development of its most important competencies in the future in relation. Designed to change the individually controlled communicative abilities of prospective physicians. However, the formation of communicative competencies can be done by prospective physicians both individually and in groups, but this can also lead to specific problems.

It should be noted that professional orientation in the development of communicative competence N.Muslimov, N.Usmonbaeva, D.Sayfurov, A.Turaev's textbook "Fundamentals of pedagogical competence and creativity" [63, 120 p], S.Vasilevsky's "Lecture teaching in high school" [26, 56 p] are reflected in the research, in which the integrated scientific, pedagogical and socio-political groups of the educator are distinguished. These groups provide an opportunity to form the

professional competence of future teachers. Describes the scientific aspects of the teacher as a scientist, allows critical teaching of science, the formation of a scientific worldview. In particular, pedagogical qualities - the implementation of basic didactic principles, helps to ensure the main professional orientation of students; socio-political qualities emphasize the educator as a speaker who narrates the learning material in a vivid, emotional way [26, 24 p]. However, the problems of communicative competence of future doctors have not been studied. We have studied the processes of developing the communicative competence of future doctors during training and internships as follows.

At the same time, a high level of development of communicative competence of future medical staff can be reflected in the following:

- the presence of positive trends in the organization of the educational process and the absence of a reaction to manipulation and neglect, as well as the predominance of dialogical forms of interaction and the overall strategy of promoting education;

- the general level of self-assessment of the legal status (status) of the general satisfaction in the relationship between doctor and patient by prospective physicians;

- in the variability of the communicative methods used and in the exact similarity of the chosen method of teaching, as well as in the doctor-patient relationship in the full situation.

Psycho-pedagogical tendency, which characterizes the emergence and development of communicative competence in medical students integrated with the specialty disciplines, the gradual acquisition of socio-psychological competencies, the transition to the formation of knowledge, as well as their individual socio-perceptual ideals and pedagogical approach. means self-administration

In conclusion, the presence of communicative competence of medical students, not only a competent approach to the delivery of any information, adequate vocabulary, speech culture, but also the ability to communicate in different social situations, as well as in dealing with other people, their own

spiritual and moral it should be noted that they need to have management skills to manage the situation. 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.

PEDAGOGICAL CONDITIONS FOR THE FORMATION OF COMMUNICATIVE COMPETENCE OF FUTURE DOCTORS IN PREPARATION FOR PROFESSIONAL ACTIVITY

Today, the development of professional communicative competence in the organization of modern education allows to increase the effectiveness of the medical education process. This will help medical education students to develop the professional motivation they want to acquire and the interpersonal and intercultural practical competencies of professional communication to provide quality professional communicative competencies. When assessing the process of formation of communicative competence in future physicians, it is necessary to pay attention to the various conditions of education, which contribute to the achievement of high efficiency, especially in education. Humanization of medical students' attitudes as the basis of communicative attitudes include:

- use of modern medical equipment;
- ensuring communicative competence in professional activities;
- to pay attention to the direction of communicative activity of medical students in the teaching of social sciences and humanities;
- encourage self-communicative development of future doctors;
- application of various forms of person-centered constructive technologies of education by activating the components of

communicative competence that develop the educational process in the process of medical education.

We analyze each process. One of the main factors of social education of students is the educational process or learning environment, which forms the pedagogical system. V.A. Levin believes that a system of separate, specific influences and conditions of personality formation in socio-cultural conditions is necessary for the full development of the educational process. At the same time, he emphasizes that the environment itself should not be the same [55, 365 p].

In turn, E.V. Bondarevskaya comments on the educational process - the development under the social influence of students: in her opinion, nature, cities or villages, material and spiritual conditions of life, events in the social environment affect the formation of personality and, in turn, the development of relationships. [24; 37 - 43 p]. According to G.N.Serikov, the peculiarity of the educational process in higher education is that it helps to provide students with information for independent study, and this is reflected in the process of sharing information with others. It shows that such exchanges with data can be made on the basis of the following four criteria [86; 317 p]:

1. Normative-regulatory: This criterion includes a number of laws and legislative acts, which reflect the rights and obligations of all participants in the educational process, their working conditions are strictly defined;

2. Perspective-oriented: The program of education development envisages the work planned for the future;

3. Communicative-information: aimed at the exchange of information and the real world of life, in which the inclusion of specially selected information about the role of man, as well as serves as a unique means of exchange between participants in education;

4. Active-motivating: Orienting students not only to fulfill their responsibilities, but also to develop their knowledge and meet other spiritual needs.

Based on the above analysis, the main tasks of medical education teachers are:

- to help medical students understand themselves by creating their own psychological portraits;

- learn to understand patients and people around them based on their professional activities;

- to influence their spirits and to be understanding;

- to be able to see the stages of development of his future professional activity.

In addition, the social sciences in medical education focus on the development of social competencies in medical education students, such as communicativeness, creativity, reflection, as well as motivation to learn throughout life. The most important element of the relationship culture in students in medical education should be the change in the subject-object relationship between the educator and the students. The educator and his students become separate "subjects of full development of their creative individuality", in which the pedagogical process is, first of all, a process of attitude. Modern authors (H.Abdukarimov, G.G.Chanisheva, B.D.Elkonin, F.R.Yuzlikaev, etc.), expressing their views on the communicative sphere of education and upbringing, express their views on the humanization of the pedagogical process. Here, the dialogue of its participants speaks to the fact that students are supposed to have full equal rights with the educator. At the same time, the formation of interpersonal relationships and the broad effectiveness of the impact of the communicative qualities of students on the development of fluency are considered a necessary condition of pedagogical activity. But the most complex aspect here is the problem of student identity management. In this regard, M.N. Berulava emphasizes the essence of traditional pedagogy, which is still useful in the modern educational process, mockingly says: “The learner is a kind of engineering-technological mechanism that can be controlled by external influences, new technologies, common standards and norms. embodied as [21; 21-22 p].

A.A.Leontev "communicative behavior, behavior means not only the process of speaking, the transmission of information, but also the organization of speech,

which affects the nature of interactions, creating an emotional and psychological environment of teacher-student relations, their methods of work" [56; 41 p], i.e., to create a separate cultural ethical relationship. However, any ethical relationship between teachers and students is characterized by only one important condition, namely - that "the teacher himself must have a humanistic outlook, and more importantly, an" inner "culture and culture of behavior." The humanistic worldview is the foundation of the pedagogical profession, and the moral culture is the most important manifestation of this. Nevertheless, humanistic ideas in pedagogy did not appear only in our time, but they still consist of declarations (nonsense, nonsense) and often due to the lack of a culture of behavior in some educators, authoritarian teaching methods in practice has to be pushed aside ”[92; 46 p].

We can see that the humanistic direction in education, despite the abundance of different forms and methods, is to some extent based on the confidence in the student’s personality, as he or she is capable of self-development and maturity. However, the analysis remains an important issue in the preparation of future doctors for their careers, as well as the degree to which medical educators can provide students with "freedom of learning" by paying attention to students, creating an environment of preparedness for dialogue.

In conclusion, it should be noted that today the expansion of opportunities for the use of new technologies, new approaches in the preparation of medical students for professional activities can not be done without organizational and pedagogical principles. We will talk about this in the next section. Today, in the context of modernization of medical education, the development of communicative competence in medical education in the educational process is especially relevant. A modern student (including medical education students) cannot act effectively if they have the lowest level of their communicative competence. At the same time, the most important category is the methodology of vocational education, the principles of vocational and pedagogical education.

Today, the choice of the principles of communicative teaching in medical education is the subject of much debate in the field of modern didactics, psychology, teaching methods, as there are also conflicting views on this issue. The term "principle" itself is derived from the Latin word principium, meaning "basis," "first, first." Thus, the principle of teaching is based on the basic principles and laws of education, according to which pedagogical disciplines must function and develop in the system of teaching.

In the process of teaching psychology and pedagogy, speech culture and the basics of office work, we understand the basic principles that can determine the organization of communicative learning in principle, which are reflected in the full understanding of each other by the participants of the educational process. The correct implementation of the principles of the organization of communicative education should ensure the effectiveness of the professional activities organized in the classroom and the interest of medical education students in professional activities. In our opinion, hence the need and importance of medical education educators to know how to organize these principles for themselves, as well as to know the practical application of medical education in teaching.

The principles of organizing communicative education that we are considering are primarily related to the goals and objectives of education; some of which may lose their relevance, others may be improved, and new principles have begun to emerge that reflect the modern demands placed by our society and science on the organization of communicative teaching in the teaching of the social sciences and humanities. The principles of teaching in medical education are also very important for the qualitative definition of the content, forms, methods of organization of communicative teaching.

It is known that teaching of any psychological and pedagogical disciplines is based on a single didactic basis and is carried out in full compliance with the didactic principles developed in the theory of pedagogical education (EG Azimov, B.Adizov, B.A.Golub, Sh.E.Kurbanov, A.N.Shchukin, E.A.Seytkhalilov). But at the same time, the educator must take into account the specifics of medical

education and listen to the specific-methodological principles. In this regard, EG Azimov and A.N. Shchukin expressed their views, noting that "the system of principles of teaching is open, allows the addition of new principles and revision of existing ones" [9;134 p].

The general didactic principles of communicative education in medicine should be focused on the acquisition of the basis of theoretical concepts aimed at the formation of professional competencies, as well as the process of qualified effective and educative education. In our study, we include the following to the basics of these principles. The organization of the principles of communicative relations in the process of medical education is determined by:

- ✓ Professional orientation of communicative competencies in medical education;
- ✓ Existence of the principle of functionality in medicine;
- ✓ The principle of playful organization of scientific processes of communicative education in medicine;
- ✓ Principles of multifunctionality of medical-oriented (professional) exercises;
- ✓ Principles of professional communication in medical education;
- ✓ Principles of interdisciplinary integration in the communicative and methodological training of students in medical education;
- ✓ Principles of application of professional-communicative competencies of students in medical education in educational and extracurricular activities;

In addition, the research shows that the professional orientation of future health workers in communicative education is based on the above principles, which allows to model the most important aspects of professional activity and help future doctors to more successfully acquire professional and communicative competencies. It should be noted that Thus, we try to describe each of the proposed principles.

The first is the professional orientation of communicative competencies in medical education: it is important to note that the principle of professional appropriateness should emerge as a system-building factor in the change of

components of vocational education. According to A.A Rybkina, adherence to it "helps to achieve the goals of higher education in training highly qualified, competitive professionals. This principle allows to change the content of training, its direction, methods and forms, as well as to predict the results of training "[83; 126 p].

In the study conducted by V.S Bezrukova, it can be seen that the rules for the implementation of this principle of professional expediency are as follows:

- make a choice of content, methods, tools and forms of training, taking into account the characteristics of the specialty and assistance in its acquisition;

- formation of important professional qualities of students, facilitating the acquisition of a profession and the performance of professional functions;

- expanding the scope of competencies on professional activity and directing them to the training of professional and socially active specialists;

- use of professional training in the continuous development and formation of the individual [18; 128 p].

The information considered on the orientation to professional activity should determine the principle of expediency, the distinctive features of communicative training of students and be the basis for their future professional activity. Considering the future specializations of medical education students, communicative teaching in medicine is considered to be impossible without goal-oriented and systematic work, the communicative competencies required for a full professional approach. In this case, the specific criteria for data selection should be:

- imagery (expressiveness);

- logical integrity;

- the presence of cultural components.

It should be ensured that the information intended for communicative learning is owned by the participants of the learning process within the set goal

The second is the existence of the principle of functionality in medicine: it should be noted that the principle of functionality is multifaceted and involves the

organization and functional selection of medical education tools. This principle is defined by the researcher P. Starkov and essentially “defines the object of educational activity of teachers and students, as well as the forms and content of this educational activity. This can be described as: mastering what works in the process of oral and written communication, and mastering what works in the process ”[90;104 p].

The third is the principle of playful organization of scientific processes of communicative education in medicine: in the professional-intensive methodology of communicative education can reflect the peculiarities of the system of exercises. Speech competencies formed in non-speech contexts are unstable, which is why communicative teaching of social sciences is the most effective activity. It involves the simultaneous and parallel acquisition of learning materials as well as verbal communicative activities. The polyfunctionality of the exercises allows this approach to be implemented. The system of intensive learning methodology should be implemented with a series of exercises in which the communicative goal of learning is realized in severely interchangeable situations. In this situation, any exercise is monofunctional for students and always multifunctional for the educator. In this method, polyfunctionality must be strictly mandatory. It should be noted that the multifunctionality of educational materials requires:

- from various components of the learning process, such as classroom furniture (table, chair), blackboard, etc. the possibility of comprehensive use of;

- the presence in the study group of multifunctional, ie subjects not defined by a special method, the subjects of which are necessary for use for various purposes in different types of activities of medical education students.

The fourth is the multifunctional principles of medical-oriented (professional) exercise. In the teaching of professional subjects in medical education, students should also take into account the specifics of their future professional activities and influence the choice of teaching materials, the organization of the educational process and exercises in communicative situations. According to E.I Passova, the situation is "a universal form of the learning process,

the method of organizing the means of speech, their presentation, the method of substantiation of speech activity is a condition for the formation of skills and abilities and the development of speech" [68; 59 p]. Is one of the main ones, it shows the need to organize education in natural conditions [68; 223 p].

In addition, situational tasks in demonstration sessions should fully model typical real-life appearances in the relevant field of professional-communicative communication.

The classification of professional-communicative situations should be considered in more detail. For example, EI Passov defines the system of interactions between communications on the basis of his classification and "identifies four types of situations that correspond to intercultural practical communications."

The first - type is social interaction. One component of the relationship may be that people are representatives of different social, occupational, age-divided groups, ethnic, regional, community, and community organizations. Students 'personal characteristics: worldviews, beliefs, ideals, and interests should also be considered.

The second - type is situations of mutual moral relations. Psychological features of communication: emotions, mental experiences, will and client (temperament) characteristics.

The third type is collaborative business relationship situations. Such situations arise in the process of activity: learning, labor, sports, art. Personal factors - motives, goals and conditions of cooperation.

The fourth type is role relationship situations. Such situations are called standardized. Personality traits include knowledge, experience, habits, skills, and competencies "[65; 43 p].

E.G. Azimov and A.N. Shchukin understand that "speech is a special feature of speech, the units of speech are always manifested in the parameters of meaning and time in accordance with the situation, creating a potential context of a certain range" [9; 123 p].

Scientists also mention the situational components, which are meaning, time, and the situation itself.

Thus, all researchers break down the interactions of communicants in their classifications of communicative situations into collaborative activities. However, in our opinion, E.I.Passov provided the most accurate classification of communicative situations that is acceptable for teaching pedagogical disciplines. In doing so, he does not distinguish levels, but of course includes the name of the type of situation, for example - the socio-personal level of the relationship can be represented by the conditions of social interaction.

Fifth **-** the principles of professional-communicative in medical education: it is well known that the process of formation of communication is self-motivation, as well as students in the creative process manifests itself not only by imitating their communicative activity. At the same time, they employ some low-level competencies, i.e., perform certain grounded communicative speech actions.

The process of teaching the social sciences and humanities, which leads to communicative attitudes in medicine, shows that the low level of communicative motivation of medical students is one of the main reasons for their failure. It should also be noted that the composition of oral texts (monologues) by medical students always takes place in a certain socio-cultural space, which is attended by people who do not have a clear need, emotion, social or kinship. Such behavior can be one of the types of human behavior in society. In the study of various aspects of the role organization of student behavior, a proactive approach, with elements of role play, developed in the teaching of social sciences and humanities, takes the lead. According to A.N. Shchukin, "role play is a form of organization of group learning activities in the classroom, aimed at the formation and development of speaking skills and abilities, bringing them as close as possible to the real conditions of communication" [109; 203 p]. Thus, role-playing games help shy, insecure students to speak and thus overcome communicative insecurity. Role-playing also allows students to take into account their age characteristics, serves as an effective

means of creating a reason for a communicative attitude, and helps to implement an proactive approach in profile teaching.

Sixth - the principles of interdisciplinary integration in the communicative and methodological training of students in medical education. It should be noted that the special relevance of the study of specific problems of interdisciplinary interaction is due to the development of communicative and methodological approaches in the system of vocational education. V.N.Maksimova proposes to classify interdisciplinary relations as follows:

- meaningful-informational interdisciplinary relations;
- interdisciplinary philosophical relations;
- ideological connections;
- Interdisciplinary relations [59;160 p].

The interdisciplinary aspect in the formation of professional communication of special integration competencies in medical education students is always relevant, having practical professional-oriented communication is the most important component of constructive communication for future medical staff. Readiness to perform at a professional-functional level will be one of the tools to increase the efficiency of students in the performance of their professional duties.

Seventh - the principles of application of professional and communicative competencies of students in medical education in teaching and extracurricular activities. The unit of inclusion of academic and extracurricular activities implies a variety of forms of activity, intertwined with general educational methods, their strong interconnectedness, interdependence. Because, according to T.A. Ilina, these are "not separate lessons, but more complex structures, which are elements of a single system of communicative development of students" [45; 64 p]. It should be noted that the goal-oriented combination of academic and extracurricular activities in the study of specialty subjects provides an excellent strengthening of competencies in classroom training. Such an approach will certainly help to broaden the professional outlook of students, to give them a fuller picture of the

pedagogical system, to increase their creative experience, to develop their professional skills.

Among the general characteristics of extracurricular activities is that the organization of such activities is based on the formation in students of certain, socially recognized qualities (especially professional) and their motivation to engage in extracurricular activities. In addition, according to V.A. Domansky, extracurricular activities, such as literature, "help to successfully solve the problems of modern education, to form a spiritually rich, well-rounded person" [35; 15 p].

Thus, while partially complementing the definition of the concept of "extracurricular activities", we consider it as a separate system of integrated extracurricular activities of students and teachers in the process of social education aimed at communicative education and creative self-development of the individual. Such an interpretation allows us to emphasize the special importance of medical education students in ensuring their qualified professional training in the formation of communicative competencies in the process of studying extracurricular activities.

ASPECTIONS OF FORMATION OF COMMUNICATIVE COMPETENCE IN THE PROCESS OF TEACHING GENERAL SCIENCES FOR FUTURE DOCTORS

The development of students' communicative competence in medical education is carried out through the teaching of general professional subjects. In the process of teaching general subjects, not only the communicative competence of medical students is developed, but also their moral and aesthetic perceptions. This allows students of medical education to acquire a system of moral criteria and values, to develop in them the spiritual and moral feelings and to form the motives of competent actions. Therefore, in today's modern educational process, the problem of educating a spiritually mature specialist, that is, doctors with high spirituality, is especially relevant. In today's changing processes, medical education students have ample opportunities for communication - especially remotely today

through the Internet or direct communication, as well as professional and personal communication with other cultures.

The application of modern technologies in the educational process in the process of formation of communicative competence in medical education students and enrichment of the content of medical education using modern educational technologies form in students of medical education mutual respect, self-education skills and ability to follow the rules of etiquette.

Attention to the rules of ethics of future medical workers is one of the important signs of the professional activity they want to occupy. The etiquette of the prospective physician is, by its very nature, a defined order of behavior that includes the most important rules of etiquette that govern each person's communicative relationship with others. At the heart of this communicative form of interaction is the desire of people to respect each other and to create a positive attitude towards themselves in the participants of the dialogue. In this case, etiquette is reflected in the behavior and appearance of people and creates norms of vital morality. Many modern scientists (D.Alimova, S.K.Annamuratova, M.Ochilov, E.N.Stepanov) have conducted research on the development of ethics. Supporting the view of A.V. Razin, they believe that "the object of ethics is morality, and the subject is the moral choice of man, the study of the means that determine this choice." [78;7 p]. A. Schweitzer defines ethics as a specific part of human activity: "Ethics is a person's activity aimed at improving his personality" [106; 54 p].

Based on the above research, it should be noted that the development of medical culture of future medical workers, the development of their aesthetic education and spirituality is one of the main factors of medical education. In particular, the ability of future physicians to make decisions based on spirituality will enable them to achieve high performance in their future careers.

Ethical competencies in medical education imply the acquisition of competencies related to human ethical criteria, behavior, behavior modeling, and reflection.

The rules of etiquette are set in educational institutions, so the ethics reflects its special etiquette:

- ✓ by describing ethics in future professionals. That is, to describe the history, principles, criteria, ideals of morality, which are part of the concept of moral culture of society;
- ✓ explanation of ethics - analysis of the essence, structure, mechanism of ethics, its conditional and real available options;
- ✓ moral education - giving people the necessary knowledge about good and evil, enabling them to develop the right life strategies and tactics and self-improvement [60; 6 p].

Thus, ethics offers future physicians behavioral management mechanisms. These include:

- ➢ levels of critical evaluation of a person's behavior, moral qualities that predict his ability to manage;
- ➢ principles - positive behavior as a strategic establishment (command);
- ➢ moral ideals as examples of positive behavior;
- ➢ Ethical criteria as socially accepted requirements.

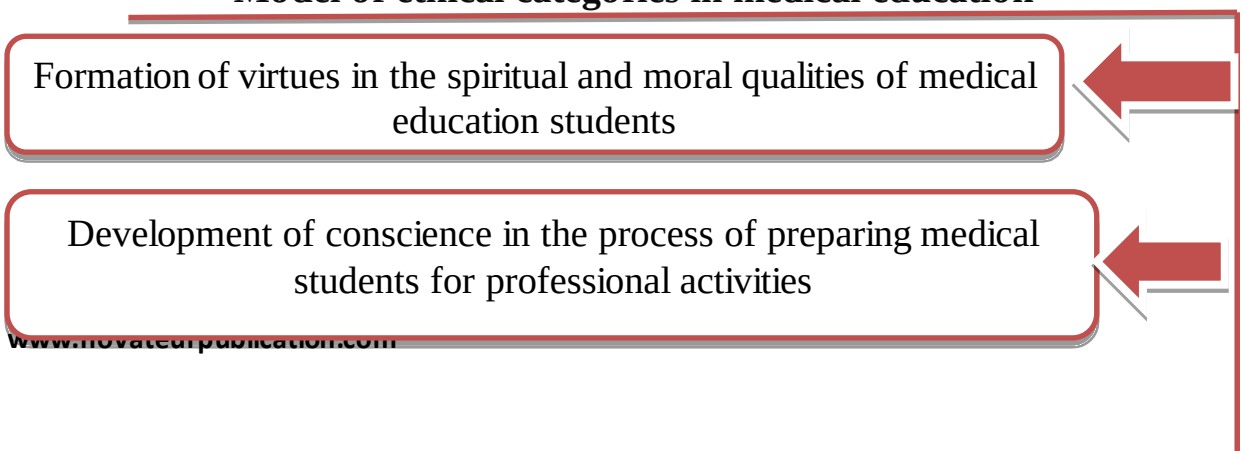
As we can see, the rules of ethics have their own moral foundations.

The peculiarity of moral norms in medical education is that it has the ability to strengthen the spiritual and moral state of our society.

Having a positive attitude based on ethical norms in medical education can demonstrate a person’s moral attitude towards people, everything around them.

As an analysis of our research, we developed a model of specific categories of ethics in medical education. In it, we have identified four groups of ethical values (Figure 2.1).

Model of ethical categories in medical education



In the process of training future physicians, patients should be treated culturally, regardless of race, ethnicity, or cultural characteristics

Concepts that are important for future physicians - duty, free ethical choice, responsibility, justice, human dignity and dignity need to be emphasized. These categories reflect the professional competence of medical education students and should be a priority for them

However, it should also be noted that the observance of the rules of etiquette in future doctors requires the formation of a certain culture and its possession of certain knowledge. In the course of our research, the educational potential of a wide range of rules of etiquette - from the beginning of the formation of the individual to the level of professional training - was considered. In doing so, we asked the question of what else can ensure the formation of full communicative competence in the ethical-educational process, in addition to the individual characteristics of the future doctor.

We will answer this question using a diagram that combines the following components:

- ✓ the process of applying different methods in the process of professional activity;
- ✓ have the characteristics that show the ability of future medical staff to implement their potential and aspirations for successful work;
- ✓ trained in forms of activity to succeed in medical activities;
- ✓ Combining personal qualities with the results of activity-oriented professional training of medical education students.

However, in addition to the competencies that are formed in medical education students, there should be competencies of a behavioral nature. In the process of training future doctors, we must take into account the following:

- ✓ students' dress code in medical education;
- ✓ appropriateness of praise or criticism in the process of communication between doctor and patient (where the time and place of the situation are important);
- ✓ To train future doctors to have rules to follow when discussing or debating in the training process;
- ✓ Situations that require you to greet first and wait for others to greet you.

The rules of etiquette answer the above-mentioned and similar work-related behavioral questions.

In addition, the future doctor should know the specifics of the conversation and its conduct, which is a leading component of communicative activity (talking to the patient):

- ✓ listening to the patient's opinion, listening carefully to what he has to say;
- ✓ to be able to listen to the patient, to look in that direction during the conversation, to smile sincerely at him at the same time, and sometimes to shake his head in the sense of agreeing with his opinion (as a rule);
- ✓ It is important to remain silent when the patient speaks. However, it is important not to let the conversation become his monologue, but to express his views, thereby showing himself as a person who understands the problem under discussion and is interested in the ongoing discussion;
- ✓ avoidance of signs of indifference to the patient in the evidence presented by the doctor during the statement of opinion;
- ✓ Trying to rely on facts that are understandable and proven when the doctor states his or her point of view to the patient.

Thus, the acquired communication experience ensures the development of entrepreneurial ability in future doctors, because a person can acquire the following knowledge through the acquired experience:

- ✓ Who the future doctor should talk to, how, in what context to talk in the context of the topic, what words and speech patterns to use;
- ✓ how to adapt to patient-physician communication processes;

- ✓ Possibility of psychological change during the conversation.

Knowledge of the multifaceted aspects of future physicians is derived precisely from the rules of cultural etiquette, as they incorporate communication experiences throughout the entire medical process. But competence is formed only during repetitive practical activities. However, not enough attention is paid to the process of introducing cultural etiquette into medical education practice. Also, the multifaceted role of etiquette in improving the behavior of future physicians is not always taken into account.

Under the concept of applying medical etiquette to medical education, we understand the process by which a student acquires the following:

- ✓ first of all, the full manifestation of the moral and ethical attitude towards all patients, begins to master the norms of etiquette, aimed at shaping the culture of relationships;
- ✓ begins to understand the logic and necessity of cultural etiquette;
- ✓ begins to acquire the educational potential of cultural etiquette, as well as the theoretical and practical basis of ethics in the teaching of children and adults.

It should also be borne in mind that future physicians have a great and serious responsibility for their future life activities. This requires a high level of professionalism, communicative competence and, of course, tremendous mental strength in future doctors. It should effectively shape the cultural communication and behavior of patients under the influence of the prospective physician. Such an impact affects everyone around them, and thus become an active participant in the improvement of the medical field in our society. Only in this way is it possible to form a conscious attitude towards the moral and aesthetic values of our society. As a result, such an attitude has an impact, which is manifested in the following:

1. Adherence to the rules of etiquette between the patient and the doctor ensures that communication between patients is built on mutual respect.

2. The importance of introducing ethical rules into vocational medical education, taking into account professional activities.

3. Mastering the rules of etiquette is an important condition for future doctors to carry out communicative activities.

Kindness is closely related to order and proportion, and we think it also has an aesthetic basis. Hence, adherence to certain rules of ethics in medicine requires the formation of behavior in future physicians in accordance with their professional activities. It is this behavior that affects the cultural and aesthetic development of society as a whole by instilling in patients a positive moral and aesthetic experience and the formation of a full sense of emotion and activity in people.

Here we need to quote the words of the researcher NI Kiyashchenko: "The subject of aesthetics is the appearance of the whole being, the whole space and the whole world to man. Man can establish an emotional and imaginary connection with being, the cosmos and the world, especially the vast world of each human being. This is done directly or indirectly, that is, through imagination, ideas, images, and even dreams, in other words, through material and spiritual communication with the world. " The problem of aesthetics reflected in society is the search for a generalized formula of true beauty. Such a formula is mythological in nature and exists in ancient aesthetics, which consists mainly of the emotional-material space [81;125 p].

The general logical definition of beauty, according to A.F. Losev, is summed up in the following criteria: the sphere, 5) derives its highest concentration from a single and holistic individuality "[57;302 p].

"It is aesthetic for a person to communicate creatively and humanely with himself and the world. Aesthetic attitude brings a person to the level of humanity, brings him closer to universal values, and aesthetic feeling rewards him for such an attitude, creative and humanistic aspirations "[80;27 p]. Doing a moral duty gives a person satisfaction, it teaches him to feel noble.

However, the source of its spiritual and aesthetic uplift is various situations. While aesthetics has the ability to "lift" a person with the power of aesthetic satisfaction, morality is achieved through the realization that one is able to perform one's duty. Aesthetics also gives a person considerable freedom, morality is goal-

oriented and requires a spiritual conclusion, the value of aesthetics is embodied in the process of creation itself. It is now recognized that at a new stage of development, the main value of man is not in the knowledge he acquires, but in the existence of a unique character trait embodied in him.

However, acknowledging the unique character traits of each individual, "it should be borne in mind that the result of aesthetic education is always associated with a certain criterion, the image, which is ideally expressed in culture" [75;9 p].

The formation of a scientific-methodological and ethical-aesthetic culture in future doctors in the process of professional training in medical education is the main task of every science teacher in all medical educational institutions today. Because the high level of formation of this culture allows the successful formation and development of communicative competence in professional activities.

In the modern system of training future doctors, their future professional practice should be one of the leading forms in medical education, professional development. In doing so, practice allows them to synthesize the theoretical knowledge they have acquired through experience. In the system of medical education a number of scientific researches devoted to formation of professional qualities, study of ethnopedagogical problems of the doctor are carried out (A.A.Petrov, O.V.Denisov, L.V.Murzagalin, L.V.Bogdanov G.D.Kuldashev, E. Yu.Rakhimova, A.Usmonkhodjaev and others). An analysis of the available research shows that among the various approaches available to the training of future physicians, the following are distinguished: communicative; competent; cultured; sotsiomadaniy.

Qualities that are characteristic of true physicians include, first of all, humane attitude to the patient, responsibility, impartiality, honesty, humility, diligence, culture, cooperation and aspiration to constantly improve their knowledge [53; 223 p].

It should be noted that the main purpose of the internship in the process of medical education should be to strengthen and further deepen the competencies

acquired during the study period during the student period. They must also have the competencies required for the practical activities acquired in the study of the specialty. Thus, it performs interdisciplinary integration tasks such as adapting medical practice to the learning process, teaching, educating, developing, and assisting in the implementation of reflection. We will look at each task in more detail below.

Task ***"Adaptation":*** When medical students get acquainted with different types of educational factors and the organization of work, they begin to: get used to the specific rhythm of the medical education process, interact with students, understand the system of interpersonal relationships in medical education. In this way, future physicians begin to realistically imagine the daily joys and worries of their future careers.

The task of ***"teaching".*** The process of practice consists in the practical application in practice of the theoretical competencies acquired by future physicians.

The process of formation of basic professional competencies in the minds of future doctors begins. This will increase the professional knowledge of the future doctor about his future career.

The task of ***"educator"*** is the formation of a professional culture in future doctors, which includes a specific educational motivation, their professional "I concept" and the method of medical activity.

The ***"developing"*** task is reflected in the development of the specific abilities of future doctors in the process of practice. At the same time, complementary professional competencies are formed in students whose professional abilities are not sufficiently developed. It should be noted that students develop both personally and professionally, that is, they learn to think and act within the framework of their future profession.

The ***"reflexive (diagnostic)"*** task is, in our view, one of the most important tasks. Because due to practical activities, future doctors will be able to assess their emotional and psychological state in the process of communication with other

subjects of professional activity. In doing so, medical education students analyze and evaluate the personal and professional qualities that are important to their future physician, and the prospective physician is able to predict their level of success in practice.

In the process of preparation for the organization of medical practice, it is necessary not only to plan the implementation of the practice plan or program, but also to approach each student of medical education as a future physician. At the same time, it is necessary to identify the strong personal and professional qualities of medical students and, based on this, to develop weak qualities, focusing on goal-orientation and consistency.

Providing a person-centered, complex, comprehensive, continuous and creative training process for students of different levels of professional skills and qualifications is reflected in a significant increase in the quality of professional training in them [72; 272 p]

Also, during medical practice, medical students should determine how well they have chosen the type of professional activity by determining the suitability of their personality traits for their chosen profession.

It is in the process of active, long-term medical practice that it can be determined that there is a significant gap between the activities of prospective medical students and those that have already developed in the student and the necessary special competencies. After that, during the internship, the professional activity of future doctors will be improved on the basis of meaningful materials. At the same time, these materials are fully understood through vital emotional impressions, mental criteria, and observations.

In the process of synthesizing experiences about the social and personal significance of moral criteria, activating the needs of moral values, a sense of self-awareness is formed, which then becomes the basis for students' behavior and programming their future ”[49; 4p].

Specialty practice can also be a real help to students in the formation of methodological reflection in the real educational process, which requires an

assessment of the means and methods of the teacher's own pedagogical activity. This is combined with the processes of developing and making the necessary pedagogical decisions.

The analysis of their activities will help future doctors to understand all the obstacles they face in the process of practical work and to find the right ways to overcome them.

There is a need for an integrated approach to the professional sciences of future doctors, each of which has its own idea and content:

1. Competence approach. This approach will be the basis for future physicians to apply their personal opinions in their professional activities. Through such competencies, the content of the activity and the competencies that should be implemented during the activities of future doctors were demonstrated. Here, personal competence, as well as the concept of personality, reflects not only the process of understanding the material mastered by the student, but also their practical application in real life situations.

2. The activity approach - the main direction of activity is applied to the acquisition of different ways of thinking in accordance with this activity, which occurs with the growth of the ability to understand and creative potential of future doctors. The new rules, forms and methods, as well as the convergence of social, professional and communicative activities of students in the future doctor's activity form the content of this approach. can organize a dialogue with doctors based on the choice of professional activity.

3. Contextual approach. At the same time, the main idea is the sequential modeling of future doctors with the help of methods, forms and tools, which are intended to be mastered during practice, assimilated as a socio-subject content during their professional activity. Three types of interrelated models of teaching are content. It is social, imitative, and semiotic, all of which manifest themselves as a dynamic model of the transition from reading activities to professional activities. The acquisition of competencies by students should be carried out with an

understanding and solution of problems related to the professional activity of future physicians. This provides motivation for the next professional activity.

4. The main idea of a systematic approach is to form a systematic thinking. Its content is the main goal of education - the process of acquiring competencies. The student's mastery of information, ranging from communication competence to professional competencies in his or her work, depends on the way this approach is organized.

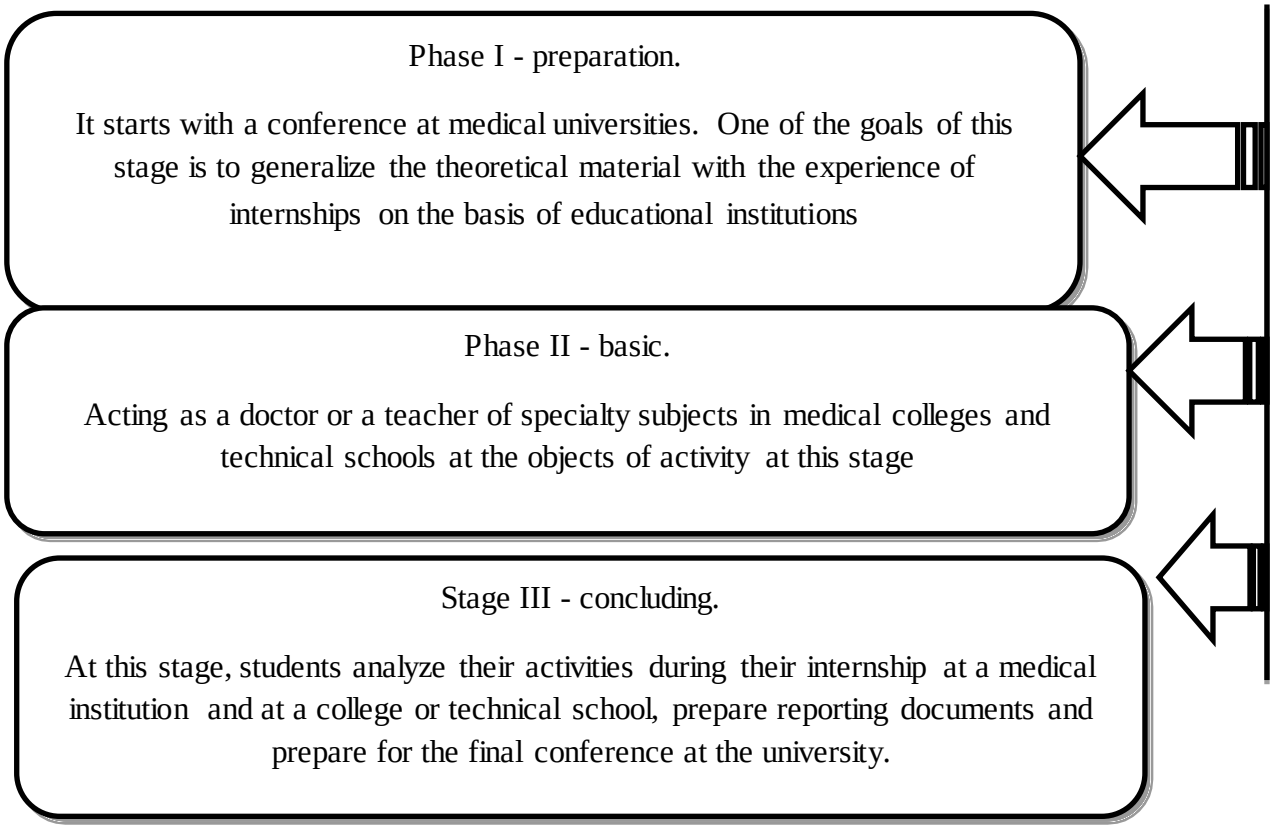
Integrity of medical education is the main tree of professional practice at different stages of education in medical universities: We studied all areas of education in medical higher education institutions, analyzed the internship process on the example of specialization and pedagogical practices of medical pedagogy students.

- winter specialty qualification internship is a post-semester internship of students in which students learn the introduction to the specialty, medical culture, communication between doctor and patient, primary care. At the end of each semester, students complete 36 hours of internships and 72 hours of internships in 4th, 5th and 6th courses, during which students develop professional competence.

In addition, students of medical pedagogy are involved in 72 hours of passive pedagogical practice after completing the 3rd year, the winter semester. During the internship, students get acquainted with the educational process of medical colleges or technical schools, their charters, programs and teaching methods, as well as interact with students of colleges or technical schools, organize educational work. In the 4th, 5th and 6th courses, students undergo active pedagogical practice. Active pedagogical practice requires more responsibility from students, students work independently with students directly during the internship, carry out theoretical and practical training in collaboration. During the internship, the integration of qualification and pedagogical practice in the specialty will be provided. This directly contributes to the development of professional and communicative competence of future doctors.

It should be noted that future physicians should have a good knowledge of the specifics of the medical profession, the form, methods, technology and tools of quality organization of medical education, theoretical and practical knowledge before the start of training. In addition, pedagogical practices in medical education as well as specialty practices may involve three traditional phases (Figure 2.3).

Traditional stages of practice of medical education students



The structure and content of research activities of medical education students in the process of qualification and pedagogical practice consists of the following main components:

- analysis of the relevance of the research;
- definition of the intended purpose and formation of tasks;
- selection of appropriate tools and methods based on the objectives;
- work planning, logical sequence and timing;
- conduct the necessary research;
- formalization of results in accordance with the purpose of the study;
- presenting their own research findings [20; 42-48 p].

The research activity of medical students during the pedagogical practice can be assessed on the basis of the following criteria.

- Analysis of teaching methods in a particular group with teaching methods, techniques and tools and research in the field of the effectiveness of the medical education process in educational activities, the conditions for improving the effectiveness of education;
- Psychological diagnosis of the learning process, identifying what students are studying and individual characteristics. Also to study the interaction and communication of the medical student community;
- Pedagogical diagnosis of training and education of medical students (individually and in groups);
- Research in the field of methods, techniques and tools for assessing student achievement;
- Carrying out research in the field of selection of the purpose and content of education, as well as the content of education by studying the purpose and conditions of medical education

Only pedagogical practice, which is an effective means of preparing medical students for pedagogical activity, is considered to have taken place. At the same time, the graduate naturally wants to become a truly qualified doctor and a teacher in medical education.

According to some researchers (B.Khojaev, N.E.Egamberdieva, O.B.Lobanov), pedagogical and professional practices have shown the following levels of interdisciplinary integration and the formation of professional competencies:

- to study the team of learners and each learner in it, using different methods of learning students;
- formation of pedagogical tasks in different directions (prospective, current, short-term, urgent, etc.); - ўқувчиларнинг турли гуруҳи билан алоқа ўрнатиш;
- make decisions based on the description given to students;

- planning of educational activities (study of work experience, development of individual work plans with students, reliance on different sources of planning, involvement of students in this problem);

- club, museum, sports club, study the purpose of training in the group on certain days [98;228 p].

In addition, “in the organization of the internship, it is necessary to have more control over the student, both by the methodical leader, and by the practitioners. The effectiveness of pedagogical practice often depends on the level of interaction of higher education institutions with the object of practice, the cooperation of methodologists and pedagogical staff, the introduction of scientific achievements and advanced pedagogical practices in their work "[71;49 p].

In developed countries, as well as in the UK, each graduate of a higher education institution is assigned an internship of up to one year from the institution where he / she is employed, during which time the "trainee" is supervised by a specially attached inspector from the Ministry of Science and Education. “He then concludes that it is expedient to involve the trainee in pedagogical activity” [94;102 p].

In conclusion, pedagogical practice plays an important role both in improving the professional skills of future professionals working in medical education, as well as in the full formation of communicative competencies. In the process of pedagogical practice, the theoretical competencies of students in the specialty are expanded, deepened and converged with the pedagogical competencies formed along the way, as well as with their personal professional skills. In particular, pedagogical thinking, its creativity, active life position and independence develop. After all, they have a task to make the most of all the opportunities of educational practice. This is essential to improve the preparation of future medical education professionals for independent work.

CRITERIA AND LEVELS OF COMMUNICATIVE COMPETENCE OF FUTURE DOCTORS

The development of communicative competence in the preparation of future doctors for professional activity is a complex and long-term process that requires cooperation, creative approach, continuity and consistency of educational impact, taking into account the characteristics of future medical-professional activities of students. This depends on the development of the future professional activity of the future doctor and the provision of a number of pedagogical conditions that ensure self-education.

It is known that pedagogical conditions are the result of an optimal environment of purposeful selection, design and application of tools, forms, methods necessary to achieve the goal. Based on the goals and objectives of our research, we understand the appropriateness of the necessary factors and conditions that ensure the effectiveness of the development of communicative competence in the preparation of future doctors for professional activities as a pedagogical condition. Identifying and implementing a set of systematically linked pedagogical conditions will help to develop communicative competence in the professional activities of future doctors.

A student admitted to a medical university must first be motivated by his or her profession: young people today have a strong desire to choose the medical profession, but their level of knowledge and training is not enough to become a good doctor. Every person who spends his life in medicine, in the protection of human health, must have a sense of humanity, sensitivity, kindness and devotion [70; 332 p].

Analysis of the concept of communicative competence by means of various methods helps to determine the essence of this concept in relation to medical students, ie the readiness of future medical students to professional communication, as well as personal qualities such as initiative, reflection and empathic subject. we also understand. Qualities that include the components of communicative competence we study, such as cognitive, emotional, and behavioral, are also identified.

However, it should be noted that the improvement of the process of preparation of medical students in terms of medical education will reveal the need to determine the stage of formation of communicative competence of future medical students and specific criteria for performance. Modern psychological and pedagogical literature (N.N Azizkhodjaeva, R.H Djuraev, U.I Inoyatov, V.P Bespalko, A.A Bodalev, P.Ya. Galperin, N.I Zaguzov, O. Musurmanova, M.Kuranov, A.Kh.Munavarov, S.V.Petrushin, V.A.Slastyonin, N.F.Talizina, N.M.Yakovleva and other scientists) different methods and approaches to determine the effectiveness of the results of the pedagogical process available. However, existing approaches to medical education have not been demonstrated. As a result, many peculiarities of the formation of professional competence of medical education students have been proposed. In modern theory and practice, there are "general requirements for the separation and justification of criteria" that lead to the following conclusions:

- “First, it must reflect the basic laws of personality formation;

- second, to facilitate communication between the components in the problem under study;

- thirdly, quality indicators should be expressed in terms of quantity ”[39; 92 p].

In our study, the criteria for the formation of the communicative component in medical education students are studied as a separate qualitative indicator, the level of which belongs to the selection of these criteria.

In the study, we also support the following definition of criteria: “It is a sign that forms the basis of evaluation; a means of verification, a measure of evaluation ”[39, p. 124]. However, a more detailed definition of the concept of criteria is found in the views of V.I Zagvyazinsky, who understands the criteria as follows: “Criteria is a successful activity, an indicator that summarizes the development of the process. According to him, the pedagogical phenomenon is evaluated ”[38; 7 p].

The most important research for communicative competence is the study of communication (or competence), for example, the so-called "expression" of the human cognitive process, which is its emotional side - "attitude", as well as the behavior that occurs in the process of communication. specific features "[23;116 p], criteria are proposed. Therefore, “communicative competence (or politeness in communication) is a complex process involving cognitive, emotional, and behavioral components” [74; 37 p]. This means that future doctors should not only be ready to perform many professional tasks related to the activity, but also pay special attention to organizational and managerial activities. For example:

- organization of the work of the team of students in medical education;
- mastering the methods of student management in medical education;
- mastering the procedure for the development and adoption of specific aspects of management activities;
- coordination of learners' activities and adherence to training procedures with safety requirements.

The above requirements are measurements that are an important basis in determining the criteria for the formation of the level of communicative competence in future physicians.

In turn, based on various studies, we have identified general criteria for communicative competence in future physicians, as well as taken into account that in all processes of professional communication, organizational and managerial decisions are made orally. The third chapter examines the integration criteria and stages used during the experiment, based on the features of the state educational standard, program and curriculum of undergraduate medical education in Uzbekistan. However, we relied on the general criteria and steps given below.

General criteria for the components of communicative competence:

Cognitive: Information-communicative criterion - it involves the acquisition of a system of competence in the exchange of information, as well as the understanding of people in the process of professional communication;

Behavioral: Coordinating-communicative criterion - means the ability to coordinate and manage not only their own behavior, behavior, but also all the people involved in the full organization of joint activities;

Emotional: Criteria for emotional communication is a trait that is determined by a person's particular attitude in the emotional realm and occurs in response to the need for changes in a person's emotional state.

The competency index refers to the formation of communicative competence, the criteria that can be discussed, as well as changes in the development of the student's personality in the process of introducing a diagnostic model with the implementation of medical education conditions.

It is necessary to study in more detail the main indicators of the formation of communicative competence of future doctors.

Cognitive, moral, emotional education is one of the most important aspects of the normative regulation of behavior and consciousness in all areas of his life and work: work, science, daily life, forming the behavioral strategy of the future doctor. Therefore, the definition of educational tasks and content in terms of the professional activity of future doctors is one of the pedagogical conditions that ensure the effective development of their professional competence.

According to research, prospective physicians prefer to communicate with a professor who has developed clear professional qualities and ethical standards, a clearly articulated professional and ethical position, as well as the ability to make the right decisions in a variety of professional and spiritual situations. Students believe that a teacher with a sufficiently high ethical culture and his or her own technique can effectively manage the learning process, interact effectively with students, and be an example of ethical behavior in their future careers.

In determining the specific indicators of the components of communicative competence, we proceeded from the definition in the Russian dictionary of SI Ojegov, N.Yu. Shvedova. It states that "indicators are data that can be used to reflect on the state, growth, and development of something" [66; 312 p].

As an important feature of the indicator of communicative competence, we propose to use the following in medical education in relation to the cognitive component:

- To get acquainted with the concept of "communicative competence of future doctors";

- knowledge of the system of competencies related to the main categories and concepts of communication skills of future physicians, as well as its ability to master, along with the following appearance and tasks:

- communication method, speech method and management method;

- non-verbal means of communication (written, color-image, symbols);

- To get acquainted with the concepts of "social perception, ie the perception and direct reflection of being by the senses" and the structure of business cooperation;

- mastering the innovations in the society, the implementation of its main indicators;

- good knowledge of the psychological and communicative potential of students, as well as the rules of professional communication culture.

The following indicators are considered as a behavioral component attitude:

- formation of communicative competencies, namely, the ability to express one's opinion clearly and intelligibly;

- be able to hear the patient during a conversation with the patient;

- to be able to find a way to resolve a conflict situation.

The following indicators are available as an emotional component approach:

- formation of personal qualities;

- the need and ability to communicate;

- interacting with other people;

- ability to understand people;

- understanding other people’s experiences through the ability to feel within themselves;

- understanding how other people perceive it in the process of communication.

Indicators identified as an integral part of communication allow us to define the level of communicative competence. The modern problem of determining the formation of communicative competence is the most common and it is observed in three stages: high, medium and low. These stages are defined in the following order:

- reproductive (same repetition);
- heuristic (creative-repetition);
- creative [19; 26-27 p].

V.P. Bespalko, in turn, divides into four:

- to know; repetition (algorithmic activity);
- productive activity with complex structure (heuristic activity);
- productive creative activity [22; 41 p].

G.A. Zasobina delves deeper, complementing the generally accepted view, in which he distinguishes his five stages: first knowledge; lower; medium; high; absolute knowledge [41; 111 p].

It is also important to note that the idea adopted by him today is that a future doctor who has acquired a certain level of knowledge according to a certain stage can know and analyze the component of the previous stage.

However, in order to be the stage adopted by him, we will focus on the 3-stage system in which the stages under study are strongly interrelated. In this case, each previous stage, as we assumed before, replaces the next:

1) Low level **-** all competencies in the field of doctor-patient communication skills are superficial, not realized; are unable to competently organize the conversation between the patient and the doctor; it is assumed that the physician's poor mastery of the patient's listening competencies impedes full-fledged productive communication; prospective physicians face serious difficulties in engaging in certain communicative interactions with other people; sometimes prospective physicians are completely indifferent to other people’s concerns;

students have difficulty assessing their own actions in communicative communication situations.

2) Intermediate competence in the field of professional (medical) communication implies that an empirical situation can emerge. This implies a partial generalization: prospective physicians are capable of interviewing patients, but not at an acceptable level; prospective physicians understand other people's behavior only intuitively; prospective physicians will have a less developed effective hearing ability that interferes with productive communicative communication; prospective physicians are able to find more optimal communication methods that lead to the development of communication; prospective physicians can accurately assess their performance, but not in all communication situations.

3) Competences in the process of high-level professional (medical) skill communication implies a deep theoretical character, a certain integrity and system. These are:

- medical students have an interesting, exemplary dialogue with patients;
- has the ability to more successfully understand other people's behavior;
- has effective listening skills that enable productive communication;
- can easily communicate with other people;
- be able to relate while understanding other people's concerns;
- has the ability to adequately evaluate their performance in different situations of communication.

In conclusion, in the process of in-depth analysis of the research literature on the development of professional competence of future medical students in medical education, we have identified the main stages in the formation of communicative competence, objective criteria, indicators and levels of relevance. The spiritual qualities of medical education students in preparation for professional activity were also studied. Medical education has been substantiated as necessary

in accordance with the training requirements of graduates, including prospective physicians.

TECHNOLOGY FOR THE DEVELOPMENT OF COMMUNICATIVE COMPETENCE OF FUTURE DOCTORS ON THE BASIS OF MODERN APPROACHES

The concept of "educational technology" was first introduced by American scientists (first used by psychologist B. Skinner, who interpreted the concept of educational technology as a combination and effective use of the most advanced knowledge of pedagogy and psychology in education) and from the 1940 y to the 50 y represented the use of visual techniques.

The concept of technology has entered the context of education reform in America and Western Europe. B.Blum, D.Kratvol, J.Karroll, J.Block, B.Skinner, P.Ya.Galperin, V.I.Davidov, N.A.Menchinskaya, Z.I.Kalmikova, L.I.Zankov technologies famous Technological approaches to the organization of training VP Bespalko, V. Guzeev, V. Slastenin, M.V. Clarin, B. Likhachev, N.F. Talizina, L.M. Friedman, T.V. Kudryavtsev, A.M. This applies to most psychologists and didactics, such as Matyushkin, M.I. Mahmutov.

An analysis of technological approaches shows that most teaching technologies remain weak. In a number of technologies, the theoretical foundations have been strengthened, and the practical side has not been clarified. As the level of their use expanded over time, the content also changed accordingly. So far, various views and opinions have been substantiated by a number of leading scholars in order to define a single, modern, scientifically based definition of the concept of educational technology.

Although the terms teaching technology, pedagogical technology, development technology, educational technology and educational technology have been used at different times and in different sources, they all have a common goal, which is to continuously develop and increase the effectiveness of pedagogical activities aimed at achieving educational goals. system and project are understood.

The conceptual integration system for the development of communicative competence of future physicians in the educational process of technologies analyzed and improved by us is based on medical education and is based on theoretical and methodological guidelines covering the following criteria:

1) ***Theoretical and methodological approaches:***

- activity;
- functional-anthropological;
- system-diagnostic.

2) Pedagogical-psychological theory and concept:

- theory of formation and development of prospective medical students;
- the theory of interaction and mutual understanding of prospective medical students;
- бўлажак шифокор талабаларнинг моҳир касб эгаси бўлиши назарияси;
- the basic concept, reflecting the essence and legitimacy of communicative tasks and principles in the process of professional activity;
- conceptual rules for the development of communicative abilities of prospective medical students in the process of medical education;
- psychological and organizational-pedagogical conditions for the development of professional competence of future medical students.

The development of professional communicative competence of prospective medical students is explored in accordance with personal values within both life and the pedagogical profession. Their personal communicative foundations, communicative goals and objectives on the way to achieving the expected result are defined. At the same time, in the modern Uzbek education system, which characterizes the process of modern medical education, communicative traditions and values, laws are understood.

By the strategy of developing the communicative competence of future medical students in the modern educational process, we understand a special set of clear, necessary, consistent, consistent and well-founded laws that develop social processes. They are:

- minimizing the contradictions in the professional training of prospective medical students with adequate communicative competence;

- identification of important areas of the modern educational process in the organization of medical education;

- ensuring the achievement of an effective model of development of professional communicative competence, aimed at the formation of prospective medical students, including tools in a modern educational environment;

It should be noted that a number of researchers (E.A.Alisov, T.A.Andronova, M.Kuranov, Yu.N.Mikhaylova, L.S.Podimova, E.A.Shmeleva, F.R.Yuzlikaev), before As we have noted, the "learning environment" means the "product of relationships" of all participants in the learning environment. It should be noted that "the learning environment is one of the forms of relationship between man and the universe. Not only does the learner interact with the learning environment, but he or she can express himself or herself by mastering the culture, establishing social relationships, and engaging in natural materials in the environment of his or her personal life activities. Thus, the learning environment is manifested as a product of the relationships between the subjects "[61;104 p]. The learning environment can also be described as "the influence and conditions of personality formation on a given pattern, as well as an opportunity for the development of the individual in a socially meaningful and subject-oriented process" [110; 28 p].

The following integrating components are distinguished in the educational environment:

- psychodidactic (content, form and methods of activity);

- social component (relationship between subjects);

- processes (providing an environment in which things are located, an opportunity to organize and develop the activities of learners);

- subjects of the environment "[29;107-122 p].

In order to identify the modern educational process, researchers E.A Alisov and L.S Podimova note the following: education. Such an environment reflects the

basic principles of the tasks of modern medical education and their implementation, and forms a single educational process of the educational institution. At the same time, it combines the existing capabilities of all entities and entities interested in quality training of future professionals ”[10;61-62 p].

Why is there a need today to create a theoretical basis for educational technology and put it into practice? First, the traditional teaching system is described as “informative teaching” because it relies on written and oral methods, as the teacher’s activity is evaluated not only as an organizer of the learning process but also as an authoritative source of knowledge. Second, at the evolving stage of scientific and technological progress, the rapid increase in information and the limited time to use it in the teaching process, as well as the requirements of perfect preparation of young people for life require the introduction of new technologies in education.

It is also necessary to introduce innovations in the modern educational process. as a basis for the criteria of preparation for innovative activities ”[108;14 p]. In addition, innovation, which is one of the most relevant characteristics of our time, should be identified as a leading feature of innovative potential in the development of society. After all, "in the modern competitive environment, the struggle is not primarily for the acquisition of resources, material values, but for the ability to innovate" [112; 26 p].

Thus, by summarizing the various directions of the conceptual approach to the concept of "innovation" in the scientific and methodological literature, we can distinguish a list of key characteristics:

Innovation is innovation that has been successfully implemented;

Innovation is a product of human intellectual activity, enriching his creative imagination and ability to discover;

Innovation is characterized by the introduction of a particular product into the general market with the improvement of quality as a result of the systematic development of new consumer properties;

Innovation uses the original results of human intellectual activity;

Innovation ensures the production of quality goods or services in accordance with world standards;

Innovation provides high economic efficiency of production of goods and services;

Innovation ensures the superiority of competitors in terms of technology and intellectual level, thereby making a qualitative "jump" in their development;

Innovation is always the result of a necessary investment based on significant risk.

Based on the above approaches, the model of developing communicative competence in preparing future doctors for professional activity has been improved:

A model for the development of communicative competence in the preparation of future physicians for professional activities

<table>
<tr><td colspan="3">Block of pedagogical goals in medical education</td></tr>
<tr><td>Pedagogical purpose in medical education: development of communicative competence in preparation of future doctors for professional activity</td><td>Objectives: to form an interdisciplinary integration of the development of communicative competence in the preparation of future medical students for professional activities</td><td>Principles: connection with scientific, axiological, specialty and pedagogical practices in medicine, practical, interdisciplinary harmony</td></tr>
<tr><td colspan="3">Career Orientation Block</td></tr>
<tr><td colspan="3">The content of the process of developing communicative competence in preparing future students for professional activities</td></tr>
<tr><td>Curriculum:
Working curriculum:
Pedagogy and Psychology, Vocational Pedagogy, Vocational Psychology, Vocational Education Methodology: Elective Disciplines: Fundamentals of Speech Culture and Business Administration, Introduction to the Specialty, Communicative</td><td>On the basis of plans aimed at developing the communicative competence of future medical students through academic disciplines, elective courses and elective courses</td><td>Pedagogical and psychological approaches to the "doctor-patient" relationship through the integration of future medical students in their specialties and practices in medical colleges and medical colleges</td></tr>
</table>

Competences in the Specialty		
Organizational block		
Forms of development of communicative competence in preparing future medical students for professional activity	Methods of developing communicative competence in preparing future medical students for professional activities	Tools for developing communicative competence in preparing future medical students for professional activities
Monitoring blocks		
General criteria for the components of communicative competence		
Cognitive	Behavioral	Emotional
Levels of development of communicative competence in preparing future medical students for professional activity		
High	Medium	Lower

The specific features of medical education activities determine the following approximate sources of modern education:

1. The existence of a weighty idea that has not been put into practice.

2. The existence of a new practical approach in medical education that has no theoretical basis. However, by creating it, it fills the old style with new meaning, thereby effectively solving it and expanding the scope of application.

3. Existence of practical methods not previously introduced into the medical education process.

4. Pure ideas in medical education, the need for prospective generalization of new or existing effective ideas.

5. Introduction of new ideas into medical education practice.

Based on specific research, we explore a structural conceptual analysis of the communicative competence of prospective medical students that we have developed. It covers the cognitive, praxiological and axiological components and is manifested in the following: The cognitive component structure of the communicative competence of prospective medical students:

- The future doctor has mastered the rules of written communication of the student;
- Methods of construction of communication in which the prospective medical student is carried out: conditions of acquisition of competence

on definition of members, the purpose, the content, a method and means of implementation;

- The prospective doctor can acquire competencies on the rules of dialogue, monologue, polylogy, conversation, debate, in which the student participates;
- Availability of competencies of prospective medical students to set the goals of communicative activities to be implemented
- The future doctor has the competence of the student on the methods of self-control in the process of communicative communication;
- Prospective medical students have acquired competencies on methods of determining the basic conditions of effective communication activities.

Practical component structure of communicative competence of prospective medical students:

- The future doctor is able to analyze the results of communication with the student, justify the need to improve them and independently formulate a clear goal for future communication;
- The future doctor prepares the student to determine the process of communication with the patient, the content, method and means of its implementation, to develop an adequate plan of action and to create a model of communication;
- The prospective medical student has the ability to express their views on the issue under discussion in a clear, literate and logical sequence;
- The prospective doctor knows how to think reasonably and broadly on any topic and prepares others to teach it;
- The prospective medical student is able to obtain the necessary information from various sources (books, newspapers, electronic textbooks, the Internet, etc.);
- The future doctor has the ability to self-monitor and observe for a certain period of time in order to achieve the goals and intermediate results set in accordance with the plan established in the student communication process;
- In preparing the prospective medical student to reflect on the existing communicative activity, analyze the actual communication results obtained, to describe other communicative subjects involved in the achievement of the set goal;

- The future doctor is determined by the ability to identify the conditions that ensure the effective organization of the communication process.

The axiological component structure of the communicative competence of the future teacher:

- The future doctor has the ability to independently formulate important goals of student communication, as well as the ability to develop the necessary action plans;
- The ability of future doctors to self-control in the process of communication, to reflect on its results;
- Prospective medical students have the competence to identify the basic conditions necessary for effective communicative activity;
- Prospective medical students have the competence to skillfully apply the types of competencies, forms and rules of communication in their current activities;
- Prospective medical students have the necessary experience to apply communicative competencies in educational activities.

We can see the presented structure of communicative competencies of prospective medical students as a unifying conceptual framework in the development of educational programs in a number of areas of medical education.

In the analysis of our research, we can see that the studied modern approach and the corresponding educational models effectively master certain current tasks in modern medical education, namely the competencies of the student; formation of practical research competencies that allow medical education students to make professional decisions; conducting independent research in medical education activities for students; increase cognitive activity; to form a positive attitude of the future doctor to the patient; the prospective physician can help students develop creative skills that create a didactic and psychological environment that facilitates their full, successful adaptation to their activities.

NON-TRADITIONAL METHODS OF TEACHING IN MEDICAL EDUCATION, METHODS OF DEVELOPING STUDENTS' CRITICAL AND CREATIVE THINKING

Traditional teaching models. The results of years of research show that traditional teaching remains one of the most effective models of education.

A traditional lesson is a model of education that is designed for a specific period of time, the learning process is more focused on the individual teacher, consisting of the stages of introduction, coverage, reinforcement and completion of the topic.

When the teaching material is new and more complex, the traditional lesson - in many cases - remains the only basic method of the educational process.

It is well known that the teacher is at the center of the traditional educational process. The traditional lesson transition model uses more techniques such as lectures, questions and answers, and practical exercises. For this reason, in these cases, the effectiveness of the traditional lesson is much lower, and students become passive participants in the learning process. Studies show that while maintaining the traditional form of teaching, enriching it with a variety of methods that activate student activity leads to an increase in the level of mastery of students.

To do this, the learning process should be organized rationally, the teacher should constantly stimulate the interest of students in the learning process, divide the learning material into small pieces, discuss their content, discuss, brainstorm, work in small groups, research, role-playing techniques. application, the use of a variety of interesting examples, encouraging students to perform practical exercises independently, the use of different assessment methods, the appropriate and timely use of teaching aids.

Advantages of traditional (teacher at the center of the educational process) methods:

- Having certain skills and clearly known concepts is useful in the study of science.
- The teaching process and the learning environment are highly supervised by the teacher.
- Happiness is used productively.
- It is based on clear scientific and theoretical knowledge.
- High demands are placed on the pedagogical skills of the teacher.

Disadvantages:

- Students remain passive participants.
- Full teacher control does not create motivation for all students.
- Students cannot communicate directly with the teacher.
- Due to the lack of an individual approach and the fact that students have different learning opportunities, the level of mastery across the group may remain low.
- Conditions for initiative, independent learning and decision-making are not created.

Non-traditional teaching technologies are aimed at increasing student activity, establishing cooperation and feedback between teachers and students, the introduction of new modern teaching technologies in the educational process. At the same time, through non-traditional teaching, students are directed from compulsory obedience to conscious responsibility.

In non-traditional education, students learn:

- search for ways to apply theoretical knowledge in practice;
- joint discussion of educational material;
- take the initiative, form, express and justify personal opinions;
- to cooperate, to show their abilities, regardless of individual differences;
- show each other's success, support each other;
- productive work in a small group structured to perform a common task.

The learning process at the center, the purpose of the lesson and its positive aspects are based on the following principles:

- *increase student motivation to study;*
- *coordinate the speed of the learning process;*
- *support student initiative and responsibility;*
- *increase the number of leaders;*
- *practical learning;*
- *providing two-way feedback;*
- *a person who facilitates the learning process for teacher-students;*
- *Evaluate the learning process.*

Advantages of non-traditional (student at the center of the educational process) teaching methods:

- Lead to better mastery of teaching content.

- Creating conditions for the application of knowledge in practice.

- Offer different types of teaching methods.

- High level of motivation.

- Good memory of the passed material.

- Improving communication skills.

- Positive attitude of students to the learning process.

- Helps to form a student who can think independently.

- Develop critical, logical and creative thinking.

- Development of problem-solving skills.

- Requiring high-tech knowledge and training from the teacher.

Disadvantages:

- It takes a long time.

- Low ability to control students at all times.

- The role of the teacher is low even when studying very complex material.

- Uncertainty in the objective assessment due to the overall assessment of the group, i.e. low assessment of the "strong" students due to the "weak" students in the group or vice versa.

Non-traditional models of teaching can be conditionally divided into 3:

- Collaborative learning model - a method that allows students to learn on the basis of interaction in the group;

- Modeling - a method that involves the creation in the classroom of a concise and simplified view (model) of events and processes occurring in real life and society, in which students are educated on the basis of personal participation and activity;

- research model of learning - a method that allows students to conduct independent research, focused on solving a particular problem.

Interactive learning technologies. The main task of today's educators is to develop in students the skills of free thinking, independent activity, initiative, activism, independent reading and development. It is known that in order to master the material well, it is not enough to just listen and write, but also to actively work on this material, to think, discuss, repeat, perform auxiliary tasks.

In interactive teaching, the teacher fluently moves from one form of interaction between student and teacher during the lesson, depending on the purpose of the topic. required to pass. The learner participates in the lesson not as a "passive" listener, but as an "active" participant. The uniqueness of these methods is that they are realized only through the interaction of educators and students, thinking and working as a team.

Types of interactive activities are carried out in the following forms:

• pedagogue - student

• student - student

• pedagogue - a group of students

• student - group

• group - group

• student - computer

The process of such pedagogical cooperation has its own characteristics, which include:

• directs the student to independent thinking, creative approach and research;

• provides a constant interest and motivation of the student to study in the learning process;

• organizes constant cooperation between the teacher and the student, feedback.

Interactive methods consist of a set of different strategies that develop learners 'critical, logical, and creative thinking skills, based on activating learners' independent learning processes. In these methods, the learning objectives are clearly set for the acquisition of knowledge, the creation of motives and the creation of various conditions that allow the student to master the material.

The purpose of using interactive methods is to organize, accelerate and activate learning activities in different forms, interesting, lively, meaningful, productive. At the same time, the student's independent thinking develops, knowledge increases, strengthens, communication skills improve, personality is formed and the effectiveness of the learning process increases.

When using interactive methods, all mental processes of the individual (intuition, attention, perception, imagination, memory, intellect, thinking, speech, imagination), mental states (feelings, emotions, curiosity, will, inspiration) are actively activated and the student completes the task. , focus on independent research, exploration, expansion and development of thinking to solve the problem. More than 100 interactive methods, technologies and strategies are described in the pedagogical literature. In particular:

"Brainstorming" ("Mental Attack", "Thought Attack")
• "Who is more, who is faster?" / "Blitz-poll"
• "Problem situation"
• "Academic discussion"
• "Debate" / "Debate"
• "Did you know that?" / "Differential diagnostics"
• "Role play"
• "Boomerang" / "Charxpalak"
• "Snowstorm"
• Aquarium
• "Three-stage interview"

- “Black box”
- Syncway
- “Gallery Tour” / “Pinboard”
- “Bee Gala”
- “3x4”
- “Theory and practice”
- “SCORE”
- Chainword
- “Essays”
- “Museums”
- “Interview”
- “Press conference”
- “Intellectual football”
- “Classification table”
- “Resume” / “Elpigich”
- Venn diagram
- Pinboard
- “Cluster” (Networks)
- “Why?”
- “How?”
- “Fish skeleton”
- Insert
- “SWOT analysis”
- “Conceptual table”
- Cascade
- “Pyramid” / “Hierarchy”
- “T-scheme”
- “Assessment”
- “Mind map”
- “Concept Analysis”
- “Project”
- Keys Studio
- Skarabey
- “Rotation”
- “OSKI” (“OSCE”)
- “Blitz game” (sorting)
- “Basic abstract” and b.

Each of these methods, technologies, graphic organizers, and strategies has its own history, objectives, and application characteristics.

Features of methods of work in small groups.

In order to work on these methods, it is necessary to form small groups of 3-5 people, to create a climate of confidence, to eliminate the psychological tension that hinders open discussion, and to set the working time to a maximum of 1-1.5 hours.

The methods or strategies of working in this small group are aimed at expanding the scope of thinking, forgetting the existing limitations a bit, developing the mobility of thinking activities, accelerating learning activities. Their value is to actively work on and reinforce new learning information.

Purpose:

1. Involve students in the learning process, engage them actively, and allow them to learn from each other.

2. Changing student-teacher roles.

Advantages:

1. Allows students to share more of their ideas and thoughts.

2. In small groups, students may say things that are different from what they might say in large groups.

3. Moves the focus from the educator (guide) to the students (active participant).

4. Directs students to feel more responsible for group work, activism, cooperation (healthy competition).

Disadvantages:

- requires a lot of time and convenient additional space;

- one of the students begins to take the lead, if the group does not resist, he can take control, there may be chaos;

- the group may be distracted from the task, deviate from the topic, misunderstand the task or do not follow the instructions clearly;

- There may be no opportunity for individual assessment of students.

When working with small groups, the teacher should follow the following:

- Students should be divided into groups in such a way that students with different levels of mastery, familiarity and closeness to each other can be together, and in some cases it is possible to allow them to unite in groups;

- clearly and clearly describe the purpose of the work, instructions, assignments, make sure that everyone understands it;

- It is necessary to check how accurately students follow the instructions and do not deviate from the task.

Rules of work in small groups.

Possible and obligatory:

• Striving to acquire new knowledge and information

• Clearly define the purpose of the work

• Be in a positive mood

• Adherence to discipline

• Time management

• All members of the group should participate and comment

• Respect and listen to the opinions of others

• Demonstrate responsibility, initiative, activism and creativity

• Pay attention to the quality and quantity of feedback

• Express the idea briefly, clearly and clearly

• Adhere to a culture of questioning

• Collaboration, mutual assistance

Impossible:

• Share an opinion

• Criticism

• Off topic

• Do not allow others to participate

• Repetition of the ideas expressed

• Mutual disrespect

PEDAGOGICAL AND PSYCHOLOGICAL PROPERTIES OF INTERACTIVE METHODS IN MEDICAL EDUCATION

The pedagogical and psychological basis of interactive methods is the theory of constructivism (J. Dewey), the theory of development of the child's intellect (J. Piaget), the theory of the nearest field of development (LS Vygotsky), the theory of

multiplicity of intellect (G. Gardner) and taxonomy of learning objectives (B.Blum), knowledge and use of which is necessary for every teacher to improve their pedagogical skills.

In pedagogy, constructivism has theoretical and practical directions. From the point of view of constructivism, education is considered to be an active process in which knowledge is formed through the activity of thinking and on the basis of personal experience. It focuses on the process of moving towards knowing the truth.

Theory of constructivism. This theory was developed by the American educator John Dewey (1859-1952), and Jean Piaget worked in this direction.

In recent years, constructivism has become popular in pedagogy as a theoretical and practical direction. According to him, education is a process in which knowledge is created through the thinking activities of the student. No one can teach anyone anything, the student has to learn for himself.

Education is an active process in which people create knowledge based on their experience. People don't get ideas ready, they create them. This idea is based on J. Piaget's constructivist theories. According to him, "the child is the architect of his own intellect." In this way, the teacher becomes a leader who helps students learn.

According to J. Dewey's theory, a child's cognitive activity, curiosity, is considered to be absolutely sufficient for his full mental development and education. The learning process should take place primarily as a labor and play activity in which the child's independent learning and independent improvement skills are developed.

The child must learn experience and knowledge by researching a problem-based learning environment, preparing various models, schemes, conducting experiments, finding answers to controversial questions, and looking from the general to the general, that is, by "applying" the inductive method of cognition. This pedagogical concept is called "instrumental pedagogy".

The child has a unique way of spontaneous research and this is the most natural way for him. The child needs to discover the properties and values of things and events for himself in the process of independent research, and the educator can only answer the child's questions, if any.

Knowledge cannot be given to the learner in a ready-made way, everyone constructs their own understanding of the environment throughout their lives. That is why everyone is unique in their worldview and beliefs.

Constructivism represents the process by which a child overcomes the cognitive conflict between his or her own experience, knowledge, and external, unknown reality in learning new knowledge.

A constructivist teacher is not a teacher who teaches, he or she is a consultant to learners 'problem-oriented research activities. is the organizer and coordinator. It creates conditions for students' independent mental activity and fully supports their initiatives. Students, in turn, remain full participants in the learning process and are responsible for the learning process and outcomes together with the teacher.

The teacher uses the terms classify, justify, check, generalize, analyze, predict, evaluate, model, and so on in defining lesson objectives. Such setting of learning goals and learning problems and objectives forms the motivation for students to think more deeply about the course material, to engage them in meaningful discussion, to express their views, opinions and assumptions.

At the end of the twentieth century, in connection with the mass development of active problem-solving and research methods and forms of education aimed at developing students' creative abilities, J. Dewey developed principles and methods of forming critical thinking. These principles are:

- it is necessary to have ambiguity, that is, to be able to convey concepts, theories using words, pictures, mathematical expressions, to be able to clearly express any concept in their own words or symbols;

- be able to condense and generalize information. An effective generalization is like a picture that can be expressed in 10,000 words. Students should be taught to create structures, concept cards, and diagrams that are convenient and cost-effective for them;

- to be able to think abstractly, away from concrete thinking;

- find the general, guiding principles of the desired event.

Theory of child intelligence development. This theory was developed by the Swiss psychologist Jean Piaget (1896-1980).

This theory has been of great importance for understanding the development of children's intellect. According to him, many features of children's thinking were revealed. These are: egocentrism - the inability to pass on to another person's point of view; syncretism - a type of thinking in which there is a tendency to interconnect different events without an adequate internal basis; transduction is a feature of logical thinking, in which there is a transition from private to private, bypassing the general; artifactism - the perception of the universe as artificial, as if created by human hands; animism is to think of the universe as alive, not to feel contradictions.

He developed the theory of the four stages of development of the child's psyche. These are the following steps:

1. Sensomotor stage (from birth to 2 years) - the formation of physical emotions: skin sensations, hunger, pain, noise, light, etc.

2. Pre-activity stage (2 - 7 years) - the child looks at himself through the eyes of others. A positive environment is important in this. A child's positive self-assessment leads to good development, while a low self-esteem leads to the opposite result.

3. The concrete stage of activity (7-11 years) is the stage of comparing facts, drawing objective mental conclusions, gaining the recognition of others and getting rid of childish egocentrism, mastering the existing norms and rules.

4. Formal activity stage (11 - 15 years) - reassessment of life values, personal beliefs, attitudes to values, interactions with new people, hopes, choice of future path, focus and interest in a spiritual hero or field of activity, striving for independent thinking, the phase of intensive, often mixed, sometimes selective collection of information.

At each stage, there are two stages, consisting of the emergence of a constant operation of the same level and the development of its variability. In this case, if the familiar experiences are repeated to the child, it will be easily accepted and will be a permanent operation. If it is a different or new experience, the child will go out of balance to adapt to the new situation and change the content of his knowledge. Thus, the child becomes more and more enriched with the content of adequate knowledge. Therefore, in the educational process, it is necessary to plan activities that are appropriate to the level of development of the student and contribute to his logical, intellectual and personal growth.

The theory of the nearest field of development. This theory was developed by the Russian psychologist Lev Semyonovich Vygotsky (1896-1934).

According to this theory, education should go ahead and follow the development of the child. Development occurs only when the child acquires new skills. But he must master it on the basis of the knowledge he has, not in isolation from real life. This was called the “nearest field of development” and was included in the science of pedagogy and psychology.

L.S Vygotsky described the nearest field of development as "the functions of the process of maturation, which will take place tomorrow, in the present, not as the fruit of development, but as the buds, the flowers, that is, the functions that are just ripening."

The closest developmental area is identified in the process by which a child solves difficult problems relative to his or her age with the help of an adult. For example, for a baby who has learned to crawl, crawling is a skill he has mastered, but standing and walking are skills that are now being learned by him and learned with the help of adults, a skill that is considered the child’s closest developmental area.

In communicating with the student, the expected result is achieved by finding the characters whose field of development is broadest based on his or her interests and gradually replenishing them with new knowledge. Friendship and mutual respect for children are the main conditions.

Theory of intellectual multiplicity. This theory was developed by the American psychologist Howard Gardner (born July 11, 1943).

There are 3 principles of applying the theory of multiplicity of intelligence in education:

1. Education should be based on the development of different types of intelligence, different types of activities, including both group and individual-organizational forms. It is necessary to create opportunities for students to learn in different ways, to study, read and demonstrate their achievements in the way of their choice.

2. Students sometimes need to be involved in the assessment process. At the same time, evaluation criteria and indicators should be clearly, reliably, objectively and adequately developed.

3. Applying this theory in the teaching process requires knowledge, preparation, great strength and creativity from the teacher. In this case, teamwork, even working with the participation of students (students create their own assignments) gives effective results.

This theory revealed that everyone has at least nine types of intelligence, expressed at different levels. They are:

1. Verbal-linguistic intellect **-** can express one's thoughts clearly, vocabulary is good, responsive, reads and writes, loves the type of word-related creativity, is capable of language learning. These are poets, writers, lawyers, politicians, speakers, bloggers, journalists, and so on.

2. Logical-mathematical intellect - likes mathematical-logical problems, puzzles, strategies, has a good understanding of cause-and-effect relationships, laws, thinks abstractly, is capable of natural and exact sciences, is not prone to verbal communication. These are mathematician, physicist, programmer, accountant, technologist, engineer, economist, bank clerk and so on.

3. Visual-spatial intelligence **-** visual-figurative thinking, easy to read diagrams, maps, drawings in relation to the text, loves drawing, design, model construction, artistic creation. These include an artist, sculptor, architect, inventor, archaeologist, geologist, designer, computer programmer or designer, chess player, pilot, astronaut, and so on.

4. Physical (motor) -motor intelligence **-** good coordination of movements, strong tactile memory, works well with objects, objects, quickly masters and

repeats physical-practical movements, is able to learn a profession. These are athletes, dancers, artists, craftsmen and so on.

5. Musical-rhythmic intellect **-** remembers audio, songs and melodies well, can feel and distinguish rhythmes of movement and sound, timbre and tones, has a good voice, is able to play musical instruments. These are composers, musicians, singers, musicians, dancers.

6. Interpersonal (social) intelligence **-** high communicative skills, leadership and diplomatic qualities, career-oriented, loves to work together, quickly perceives the mood of others and knows how to influence, empathic. These include journalists, teachers, psychologists, doctors, social workers, politicians, diplomats, lawyers, and so on.

7. Inner personal intellect - a sense of independence, willpower, real understanding of his good and bad qualities, his feelings, a developed sense of self-worth, disciplined, performs tasks well when no one interferes, self-manages, prefers to work alone, intuition is strong, reflection - the ability to self-assess. These are psychologist, teacher, educator, lawyer, clergyman and so on.

In recent times, interpersonal (social) and internal personal intellects have also been generalizedly referred to as emotional intelligence. Emotional intelligence represents the leading qualities that ensure high efficiency in any profession.

8. Naturalistic (natural science) intellect - is interested in nature, natural phenomena, animals and plants, can well distinguish, understand and classify the features of the environment, demonstrates the ability to do so. These include naturalists, biologists, zoologists, farmers, ecologists, agricultural workers, and so on.

9. Existential intellect - studies theory well, tends to seek answers to deep questions of life, thinks philosophically, is interested in history and religion. This intellect plays an important role in the development of science. These are scholars, theologians, historians, ethnographers, and so on.

In the process of learning, the above 3 types of intelligence, namely verbal-linguistic, logical-mathematical and visual spatial intelligence, can be immediately identified learners, because the traditional form, method and means of teaching are adapted to them. But the rest is determined only in some cases or through special test-questionnaires. Learners can read more easily than others through their superior intelligence type. For this reason, non-traditional teaching technologies offer ways to identify each learner's unique abilities and teach them accordingly. The learning process should be organized in such a way as to enable learners to gain experiences that require the involvement of different types of intelligence.

The timely identified and developed ability in each learner will pave the way for him or her to reach higher heights in life.

Participants of the interactive educational process. Interactive lessons have a unique organizational structure, the types of activities for its organization and conduct are separated and named in the form of separate tasks for each. It is assumed that in the course of a training session, the performer will perform these different tasks at the same time. However, it is also applicable that two or three educators conduct one session together with assistants. The new tasks they will perform as teachers are called:

1. Moderator - (Latin "moderator" - measure, correct) observer, activator, manager, creator of educational content, standardizer, developer of modules.

2. Trainer - a specially trained specialist who develops skills, functional abilities, conducts training, exercises in students.

3. Tutor - (visual "tutor" - teacher) a teacher who works individually with the student, creates individual educational programs, implements and ensures the implementation of educational activities, attached to the student in distance learning.

4. Facilitator - (Latin "fasilis" - light, comfortable, visual "to facilitate") facilitator, guide, facilitator, motivator in the learning process, providing successful group communication.

5. Mentor - (Greek. "Mentor" - the name of the great teacher mentioned in ancient Greek mythology) teacher, tutor, educator, manager (individually and in groups).

6. Coach - a tutor, instructor, trainer, who helps to identify and achieve life and professional goals. Supervisor of practical training, work process and mastery during the internship.

7. Consultant - consultant, explanatory, additional necessary information, assistant.

8. Lecturer - (Latin "lectio" - reading, oral presentation, lecture) speaker, presenter of scientific and theoretical information.

9.Expert - (Latin "expertus" - experienced) observer, analyst, inspector, qualified professional conclusion, recommendation, suggestion and commentator.

10.Innovator - (Lat. "Novatio" - update, visual "innovation" - introduction of innovation) the introduction of various innovations in order to increase the content of education and the effectiveness of the learning process.

11. Communicator - (Latin "communicatio" - information, transmission), interacting, establishing effective relationships, improving interactions.

12. Manager - (visual "manager" - manager) manages the organizational and pedagogical process and educational activities of students, deciding on issues such as planning, organization, motivation and control.

13. Speaker - (visual "speaker" - speaker) leader, active observer, analyst, narrator of opinions and conclusions.

14. Assistant - (Latin "assistant" - assistant) who helps to organize the learning process, prepares for the practical application of the tools prepared for the training, provides assistance to the participants.

15. Technologist - (Greek "techno" - art, skill, skill, "logos" - science, education, concept, idea, meaning) to address issues related to the development of effective training programs based on modern educational technologies and ensuring their quality implementation seeker

16. Methodist - (Greek. "Methodos" - a way of knowing or learning, a method) a specialist in teaching methods, solving various approaches, methodological issues in the development and implementation of methods.

17. Coordinator - (Latin "coordinatio" - mutual coordinator) organizer, developer and implementer of projects and programs, directing the activities of students, coordinating, solving organizational issues.

18. Adviser ("to advise" - to advise, to advise, "adviser" - consultant, teacher) is a consultant, supervisor who provides methodological assistance to students during the course work, graduate work, individual, independent implementation of course projects.

Students are the object and subject of the interactive learning process, active participants, learners with learning motivation, prone to independent work, reading, research and development.

In summary, interactive learning allows you to solve multiple problems at once. Most importantly, it develops students' communication skills and abilities, helps to establish emotional connections between them, ensures the fulfillment of educational tasks by teaching them to work in a team, to listen to the opinions of their peers.

At the same time, practice shows that the use of interactive methods in the classroom eliminates the physical and mental stress of students, allows them to change the form of activity, to focus on the main issues of the lesson.

CONCLUSION

1.Studying today's important problem in the formation of communicative competence in future doctors, it should be noted that the transition to a multi-level system of medical education is in line with the requirements of modern medicine. The analysis of the research revealed that there is a need to develop mechanisms for the training of future doctors in the existing medical education institution, the

development of communicative competence in the preparation for professional activities in the traditional medical education system. It should be noted that today the training of doctors with modern knowledge is changing rapidly, because the society needs not only a professional doctor, but also a competent specialist who works on the basis of innovative approaches, mastering new methods of treatment. According to this rule, effective training of future doctors in their future professional careers plays an important role in medical education today.

2.The study found that the problem of research and scientific substantiation of interdisciplinary integration processes, processes and conditions of qualification and medical pedagogical practice in the formation of communicative competence of medical education students in their professional training requires current and further (deeper) theoretical understanding. It was confirmed that it is necessary and possible to solve it in terms of systematic, competent and individual-action approaches.

3. The study allowed to define the concepts of "competence", "competence", "communicative competence of medical students", to determine their structure and content. It was found that the communicative competence of a medical education student is a professional quality of medical education students and has a complex structural structure that includes linguistic, socio-psychological and reflexive components.

4.The model of development of communicative competence in preparation of future doctors for professional activity is substantiated, which is based on the block of pedagogical goals, block of professional orientation, organizational block and monitoring blocks in medical education.

5. It is proved that the effectiveness of the development of communicative competence in the studied professional activity:

a) Enrichment of students' communicative experience during the study of the elective course "Dialectics of the development of communicative competence of future doctors";

b) implementation of a set of interdisciplinary integrated professional activities, including the involvement of students in medical education in active communicative activities through the use of interactive methods of medical education.

6.The theoretical basis of educational technologies used in medical education was analyzed.

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APPLICATIONS

Ilova-1

Methods of studying the motivation of professional activity

Guideline: Read the following motives for professional activity and evaluate the most important ones for you on a five-point scale.

	1	**2**	**3**	**4**	**5**
	very insignificant	***insignificant enough***	***it doesn't matter that much***	***significant***	***very important***
1. striving to develop professional activity					
2. The desire to work calmly					
3. Satisfaction with well-done work					
4. Good attitude by colleagues					
5. Understand the social significance of their work					
6. Respect by management					
7. Striving for creative exploration					
8. Striving to implement their ideas					
9. Achieve maximum freedom of professional activity					

STRUCTURE OF COMMUNICATIVE COMPETENCE OF STUDENTS OF MEDICAL EDUCATION IN THE PROCESS OF WORKING IN GROUPS

Tasks focused on group communication in medical education:

1) the interaction of communication with or without partners, its functions. They are done in pairs or in small groups. Assigned tasks can be performed separately. The task can be done gradually in large groups.

Interview. In this method, the common feature of the group is taken into account - it involves a process in which they participate as much as possible to get their opinions, discussions, answers to the questions asked.

Networks of interactive interview technologies:

1. Variable trinity.
2. Carousel (2 rings are formed: inner and outer. The inner ring is made up of students sitting motionless, and the inner part is changed after 30 seconds.)
3. Aquarium (several students demonstrate the situation in a circle, while the rest observe and analyze)
4. Brown movement (movement of students around the audience to gather information on the proposed topic)
5. Decision tree (class is divided into 3-4 groups. Each group discusses the issue and writes their own notes within the "tree" (Whatman sheet), then the groups change places, add their ideas to their neighbors 'trees, and then a general discussion takes place)

Debate game. According to the rules of the discussion game, in the process of communication, students react to what they read, hear, and see as follows: by providing additional information, asking questions, agreeing, or objecting.

2) Tasks related to the "information inequality" of the participants - "information data": the space in the picture (listeners have almost the same pictures, it is determined that some medical situations should be solved using questions without seeing different problems); text spacing (students have the same texts or parts of the same text, where the details present in one student's text are not in the other student's text and the lack of information must be filled in); the gap between knowledge (one student has information that the other does not have and needs to fill it in, fill in the table); the gap between beliefs / opinions (listeners have different beliefs, but you need to develop a common opinion); a thought space (students have different arguments, it is important to collect and compare them).

3) Establish role-based communication, reasoning, critical thinking, teaching to find similarities and differences in disease symptoms, sorting, discovering, interpreting problem-based speech and analyzing cognitive tasks based on interpretation, summarizing, judging, excluding excess to do

4) Organized role communication tasks. Role-based communication develops the process of communicating with the patient through role-playing, with distributed roles and inter-role relationships taking place as a form of communication in medical education. The effectiveness of teaching here is primarily due to the growing interest in the subject. Further development of the learning process in the process of medical education, learning to interact, forces the participants of the game process to be active. In a foreign study devoted to measuring the effectiveness of different teaching methods, it was found that more than 20 per cent of the data was effective during lectures, 75 per cent in debate teaching, and more than 90 per cent in role-playing teaching.

In the game, the human 'I' develops as an individual-social whole. The child's active creative "I" develops in the game. The game is a fantasy, a joy, a pleasure. The role-playing game encourages speech activity, "Why?" answers the questions (motive). Students firmly believe that language can be used as a means of communication. Communication based on creative role requires advanced social skills. Therefore, role-playing games often include elements of social learning (communication exercises). Examples of such functions are:

The formation of communicative competence in medicine is characterized by the presence of the following criteria: the patient's desire to communicate with the doctor, the ability to assess the state of communication, the ability to organize the course of communicative movement, the ability to demonstrate, empathy, reflexive behavior.

The task of the educator is to organize the communication of students in medical education, so that in the process of interaction medical students develop interest in knowledge, special skills and abilities, gain experience of reflection, adequate assessment and self-esteem. It is expedient for the educator to develop the knowledge of medical education students.

Of course, the development of the communicative competence of the future physician will allow him to communicate freely in the field he may possess in the future.

Appendix-3

I recommend that the audience complete a communicative activity test card developed based on an assessment of the communicative process of prospective physicians

This will require 4 or 5 people with psychological knowledge who can communicate as an expert in the audience. Each expert works individually, after which he or she produces an average score. The assessment should be conducted according to the recommended norm and the speaker should justify which actions of the speaker led to certain assessments during the discussion to make a diagnosis to the patient.

If the average grade of the students is 45-49 points, then the future doctor will carry out communication activities with patients through a very intense and active, interactive interaction. Engaging the audience shows that any action can be successful.

If the average grade of the students is 35-44 points - a high score, a friendly, free environment prevails between the patient and the doctor. The physician is free to answer all patients 'questions. Opinions are actively expressed, problem-solving options are offered.

If the student scored 20-34 points, then the communication technique of the future doctor is mastered satisfactorily. His communication activities are free, he communicates easily with patients, but not everyone gets the same attention.

If the student scored 11-19 points, then the communicative activity of the future doctor with patients is formed at a low level. This is explained by the one-sidedness of the effect.

Obstacles encountered in the communication process have a variety of factors that can hinder effective communication. Objective factors such as distance, invisibility, and hearing ability are topics that are analyzed by physicists and engineers. We will look at subjective factors and communication-related situations associated with future communicators.

Appendix-4

TEST MAP OF COMMUNICATIVE ACTIVITY IN MEDICAL EDUCATION

Test form _____

1. Generosity	**7**	**6**	**5**	**4**	**3**	**2**	**1**	angry
2. Curious	**7**	**6**	**5**	**4**	**3**	**2**	**1**	Indifferent
3. Incentive initiative	**7**	**6**	**5**	**4**	**3**	**2**	**1**	Not supporting the initiative
4. Openness (free expression of emotions, no "mask")	**7**	**6**	**5**	**4**	**3**	**2**	**1**	Intimacy (desire to retain a social role, fear of one's own shortcomings, concern for reputation)
5. Active, has the ability to hear the patient	**7**	**6**	**5**	**4**	**3**	**2**	**1**	Passive (cannot control the communication process)
6. Flexibility (easily understands and resolves problems and conflicts)	**7**	**6**	**5**	**4**	**3**	**2**	**1**	Toughness (does not care about the mood of the interlocutor)
7. Communication differentiation (individual approach)	**7**	**6**	**5**	**4**	**3**	**2**	**1**	Lack of differentiation in communication (lack of individual approach)

Appendix-5

MAP OF DEVELOPING COMMUNICATIVE COMPETENCE OF FUTURE DOCTOR

Place of higher education _____

Student's direction _____

F.I.Sh _____

I. ASSIGNMENT OF THE FUTURE DOCTOR'S COMMUNICATION CARD

II. How to map the communicative:

1) adequate assessment of the communicative competence of the future doctor through the formation of basic skills and view as a means of self-assessment;

2) encouragement to increase the level of communicative competence of the future doctor;

3) the basis for the description of the communicative competence of future doctors;

4) take into account the growth and development of the communicative competence of the future doctor;

5) analysis of success factors in the activities of future doctors and further development of the effectiveness of his communicative training;

6) study the exemplary personal qualities of experienced physicians.

II. Parameters and criteria for assessing the communicative competence of the future physician for professional activity

First of all, the ability to communicate is important for future doctors to adapt to their professional activities.

Intervals from 0 to 1 in the eleven-dimensional criterion range are entered empirically and traditionally correspond to “excellent”, “good”, “average”, and “unsatisfactory” grades.

The characteristic of a standard that corresponds to a traditional verbal assessment is taken as the “excellent” number 1 (acceptable level); 0.9-0.6 - corresponds to the traditional "good" oral assessment (acceptable level of skill);

0.5-0.3 - corresponds to the traditional "average" oral assessment; 0.5-0.1 - critical level, ie "very weak"; 0.3-0.1 - unacceptable level; 0 - "unsatisfactory" corresponds to the traditional verbal assessment.

III. LIST OF KEY SKILLS REQUIRED FOR SUCCESSFUL COMMUNICATION WITH YOUNG TEACHER

Basic competencies	Evaluation of future doctors	Self-assessment of future physicians	Average score
1. Ability to develop the interest of future physicians			
2. The ability of prospective physicians to communicate with relatives of patients			
3. Introduce physicians to communicate with patients and their colleagues			
4. Ability to be polite, courteous, compassionate			
5. Ability to accurately assess the capabilities of medical education students			
6. Ability to analyze and manage patient mood			

IV. TAKING INTO ACCOUNT THE FORMATION OF COMMUNICATIVE COMPETENCIES OF FUTURE DOCTORS

IN PRACTICE, IN THE DEVELOPMENT OF COMMUNICATIVE COMPETENCE OF FUTURE DOCTORS IN THE PROCESS OF COMMUNICATING WITH PATIENTS LEARN THE WORK OF EXPERIENCED DOCTORS AND FORGET TO DRAW CONCLUSIONS ABOUT THEIR WORK, SO THEY ARE REQUIRED TO MONITOR THEIR WORK EVERY SIX MONTHS.

DEVELOPMENT OF THE FUTURE DOCTOR'S ACTIVITY WITH NEW KNOWLEDGE, SKILLS AND ABILITIES 20__ - 20__ YEARS.

IN THE FIRST HALF

Supervise professional and creative activities	Feedback, recommendations and ratings

Prospective doctor:

Experienced doctor:

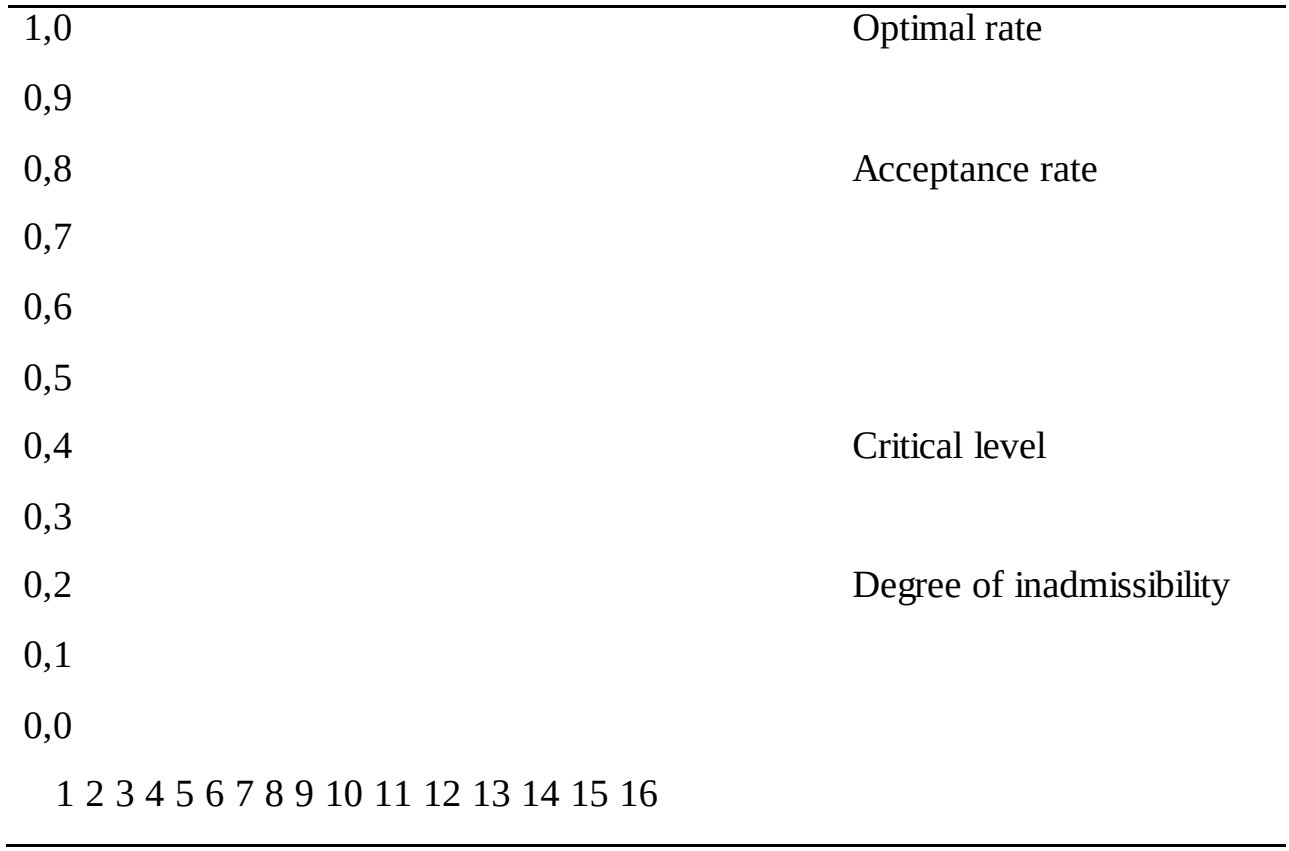
In the second half

Supervise professional and creative activities	Feedback, recommendations and ratings

Prospective doctor:

Experienced doctor:

V. Success Map of Future Physicians ____ years



_____._____._____._____ I - Semi-annual admission rate _____II - Degree of achievement in the first half

The numbers 1,2,3 are indicated by the mastery levels

VI. A rough sketch of the study of the personal qualities of future physicians

1. General information

Last name, first name, patronymic. Date, year of birth. Millati. Health status.

2. Description of the place of study.

Attitude to study and work. What community assignments and how to perform them.

3. Manifestation of individual psychological characteristics.

A. Attitude towards professional activity

What is the attitude to work (diligence, indifference, incompetence) to the chosen profession, to the tasks assigned by teachers (positive, negative)?

1. Are medical education students satisfied with the content of theoretical lessons, practices or not, and if not, why?

2. To what extent are medical students interested in developing their professional activities? Can they improve their professional skills? To what extent can he manage his professional activities?

3. How is the activity of medical education students determined?

4. What factors contribute to the development of professional activity of medical education students?

B. Activity in social activities

Is he interested in social events, understands and evaluates them correctly? How sustainable are these interests?

1. What is the social activity of medical education students?

2. What is their communication culture? How do you feel about permanent, temporary, one-time assignments? Which one do you prefer and why? How to do them? (with curiosity, indifference, reluctance). *What motivates you to get involved in medicine?*

Appendix-6

A model of self-assessment of future physicians

Self-assessment model №	Current achievements of the future doctor	Self-development tasks of the future doctor
1.		
2.		
3.		
…		

Appendix-7

A model of self-study of medical students in the educational process

Stages of learning	Tasks to be performed in the learning process	Notes
1- stage		
2- stage		
3- stage		
4- stage		
5- stage		

Appendix-8

Individual development program for future doctors

Knowledge, skills and personality of future doctors qualities	Acquired professional skills	Future tasks
Specialty knowledge		
Psychological approach		
Professional knowledge		
Didactic skills: cognitive (gnostic) design creative research communication (communicative) organization, consistency (procedural) technical and technological skills		
Possession of organizational		

skills		
Professional and personal qualities of the psyche: Thinking, structure, Flexibility, mobility, Creativity, responsiveness, emotional development, pedagogical reflection		
Self-development goals		
Assignments for self-improvement		

Appendix-9

Professional development scale

№	Qualities of professional competence	Scale indicators									
		10	**9**	**8**	**7**	**6**	**5**	**4**	**3**	**2**	**1**
1. Social competence											
1)	the ability to interact with the patient in social processes, the acquisition of skills										
2)	ability to master professional communication and behavioral techniques										
2. Personal competence											
1)	to achieve continuous professional knowledge growth and professional development										
2)	to be able to realize their inner potential in professional activities										
3. Special competence											
1)	preparation for the organization of										

	professional activities independently										
2)	have the skills to correctly solve the usual professional tasks and realistically evaluate the results of their work										
3)	the ability to consistently acquire new knowledge and skills in their specialty independently and consistently										
4. Technological competence											
1)	the ability to master advanced technologies that enrich professional knowledge, skills and competencies										
2)	have the ability to use modern didactic tools (technical aids, teaching aids)										
5. Extreme competence											
1)	Ability to make rational decisions in emergencies (natural disasters, technological process failure), the right actions										
2)	to make rational decisions in problematic situations (pedagogical conflicts), to have										

	the ability to act correctly										

Аннотация

Монография посвящена развитию коммуникативных компетенций при подготовке студентов-медиков к профессиональной деятельности, включая модернизированный механизм вербального и невербального общения будущих врачей, стратегические компетенции студентов-медиков, методологические компетенции, развитие рефлексии компетенций, профессиональные компетенции в медико-педагогической сфере. практика, динамика, модель развития коммуникативной компетентности при подготовке будущих врачей к профессиональной деятельности изучаются задачи медицинского образования, критерии, структура когнитивных компонентов коммуникативной компетентности студентов медицинского образования.

Эта монография предназначена для студентов и преподавателей медицинских вузов.

The monograph focuses on the development of communicative competence in the preparation of medical students for professional activity, including the modernized mechanism of verbal and nonverbal communication in future doctors, strategic competencies of medical students, methodological competencies, reflection development competencies. dynamics, model of development of communicative competence in preparation of future doctors for professional activity, goals, criteria in medical education, structure of cognitive component of communicative competence of medical education students are studied.

This monograph is intended for medical students and professors.

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