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CURRENT ISSUES OF TRAINING IN SURGERY

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Abstract
In this article, based on the experience in teaching surgery, we reflected on the scientific-theoretical and practical-methodological foundations of pedagogical technology, as well as on interactive methods. The theoretical and methodological foundations of pedagogical technology, content, function, elements, their tasks, ways to achieve efficiency in the application of interactive methods in the course of the lesson were highlighted.

Keywords: Higher vocational education, modern medical technologies, training of Surgeons.

Introduction

The development and further improvement of the educational system, which is able to prepare society and everyone to live in a competitive economy, is one of the important and urgent problems, and in order to solve it, a number of documents have been developed and approved in recent years, necessary for the reform of the medical and pharmaceutical education system. The importance and role of continuing medical education in such a situation increases significantly and requires continuous improvement and Development [5, 7]. The effectiveness of Health in Uzbekistan is largely determined by the qualifications of medical personnel. Health needs, first of all, a doctor with effective work skills [1, 2, 3, 4]. Today, the medical community faces such a serious problem as the lack of clinical skills of practitioners [1, 8].

The study of surgery has a centuries-old history. The national surgical training program of Uzbekistan is a great scientist, thinker and teacher, who mainly supported the establishment of surgical clinics. I. Belonging to Pirogov, he focused on the practical training of specialists. N. I. Pirogov wrote:"our doctors, having entered the service, become independent in the patient's bed, are in a very difficult situation, do not bring the expected benefit from them and do not achieve their goals."

N. I. Pirogov's important services in the field of medical education are the opening of hospital clinics for medical course students in 1841. He was the first to justify the need to establish such clinics and formulate the tasks facing them, brilliantly proving the advantages of a practical direction in the teaching of surgery and laying the foundations of three-stage surgery in general, faculty and hospital surgery departments.

This system, which has existed for more than almost a century and a half, has proven its full purpose and high efficiency, thanks to which local schools of surgery have always occupied leading positions in World surgery. The basic principle of teaching surgery in the "patient bed" built by Pirogov was preserved and became the basis of the system of medical education, these

are: "general surgery", "faculty (private) surgery" and "hospital surgery".

All the changes made in the Pirogov clinic, in which a high level of work, both medical and educational work, as well as the personal high qualities of a surgeon, teacher and scientist, made the clinic created by himself among the best in the world.

An experienced teacher should strengthen the attention of students and develop an interest in educational material, and this, in Pirogov's opinion, is the most important for learning success

During the rapid development of Information Technology, mulyaj and virtual methods, the possibility of clinical training in the "hospital" for the development of manual skills is narrowing. And it is in these conditions that, on the one hand, we are not able to form the most important element of education, reducing the formation of motivation for the professional activity of a doctor, and on the other hand, decision-making skills in various specific situations. Academician M. A. It is a mistake not to agree with the opinion of Paltsev that the main disadvantage of training doctors is due to the fact that the acquired knowledge and skills do not correspond to the real needs of practical health care.

The experience of introducing a credit-modular system in medicine does not contradict the surgical teaching ideology of Medicine and can be a unifying factor in creating a single pedagogical space of Europe for surgeons.

Modern medical technologies, on the one hand, increase the chances of diagnosing and treating the patient, and on the other hand, reduce the practical experience of doctors, provoke the emergence of their disconnection and distance the doctor from the patient .

Currently, curricula in medical universities are often aimed at replenishing theoretical knowledge, improving modern instrumental technologies and the ability to conduct a qualified physical examination of the patient, critically understanding the accumulated information and creating a rational treatment plan. All this weakens the patient's contact with the doctor. Currently, there is a trend towards a decrease in the flow of young personnel to the medical field, such as surgery, which requires long and painstaking training and does not always guarantee young specialists a decent material wealth. It is also a concern that the age limit of most district hospital practicing surgeons has reached a critical level, while many peripheral facilities do not have enough experienced surgical physicians.

Over the past decade, in particular, there has been a decrease in the reputation of the doctor and surgeon specialty. The quality of the selection of applicants in the surgical specialty requires a lot, which is due to a certain socio-economic situation, the absence of a decent oplati salary, the irregular life of young specialists, the imperfection of legislative standards for the protection of an applied doctor. Health care is currently adapting to market changes [7]. At this stage, the pre-diploma training of doctors in the surgical profile is minimized. The search for priority technologies for training surgical specialists continues [9]. Unfortunately, the foreseeable preparation of surgery in the subordination has remained in the past. The main expectations for the modern training of Surgeons depend on clinical ordinations and magistracy, providing for a significant increase in the preparation time. The focus of the residency should be on the practical training of Surgeons, the expansion of the size and quality of practical skills. At the same time, working with the patient should become the main thing both in obtaining knowledge and in acquiring practical skills. Regulatory documents in the field of Health (prohibits surgical manipulation for students who do not have a surgeon's certificate (residents, graduate

students)), which reduces the practical training of young specialists.

Created systems of standards and protocols that determine the treatment of patients with a certain diagnosis according to the unified scheme, the standardized approach does not contribute to the formation and development of clinical thinking in young specialists, sometimes contradicting the medical principles established in pre-and post-diploma clinics.

The most important problem of higher medical education is the teaching of medical art, which is the essence of clinical training. However, to date, in the study of clinical subjects, education is given not to educational models, but to information, which reduces the possibility of mastering the technologies of examination and treatment of patients. Even in the regions of our country, urban hospitals centers cannot accommodate a large number of students, so practical classes sometimes have a theoretical nature.

The absence of an independent clinical base of medical universities makes it difficult to fully practical training of personnel. An important problem in the work of surgical departments at clinical bases is the conflicts between the employees of the department and the administrators of medical institutions. One of the reasons for this is the absence of the modern regulation of Uzbekistan on the Clinical Hospital, the lack of the development of the necessary regulatory legal acts that, together with practical health authorities, allow creating conditions for comfortable work. The ideal solution to the problem of clinical bases would be the creation of its own university clinics.

At the same time, practical skills centers have recently been established in medical universities, which allow you to practice basic surgical skills and perform surgical manipulations. Simulation centers equipped with Virtual equipment are also organized and widely used. A training simulation course was introduced to the educational programs. Simulation training technologies allow you to develop practical skills in simulators, master the basic algorithm of actions for various surgical pathologies, work as part of an operational group, which allows you to avoid complications in real clinical practice . Mastering skills in a training simulation course includes several training modules: the simplest, medical and specialized. Skill Acquisition Technology in a simulation course can include a variety of simulation techniques: developing surgical fundamentals in virtual simulators, hybrid systems, training animals, organ tissues using Endo-surgical instruments and equipment, as well as performing surgery in laboratory animals in an experimental training operating room[6].

One of the peculiarities of training young surgical professionals is that the training of surgical skills involves the individual training of manual skills and surgical technologies.

A. V. According to Fedorov and others, the surgeon's modern training should be based on three components: a theoretical course, simulation training and clinical training [6].

In any other specialty, the role of the teacher – teacher is not as significant as in surgery, where the skill of the teacher is given to the student on the principle of "hand-to-hand".

The role of surgeon-teachers with extensive practical experience, respected in the medical environment of specialists, is one of the main reasons why young doctors strive to be like their mentor, to gain popularity and social significance. At the same time, low salaries of professors and teachers, certain difficulties that arise in clinical bases in the realization of their professional potential (the absence of a regulatory document on clinical bases) have recently led to a significant exodus of experienced teachers to practical health and non-governmental

institutions.

There is also aging of the teaching staff. Without a doubt, the most experienced, respected, highly qualified surgical scientists, among other things, who know impeccable surgical techniques, should teach doctors in the cycles of malaccination of self-employed doctors. It is very important that the training is carried out on large bases with highly qualified medical and diagnostic capabilities.

Thus, surgical training should have the maximum practical orientation and be carried out in large multidisciplinary clinics. In order to practice practical skills and improve the manual technique of doctors in the surgical profile, training universities should have simulation training centers and experimental operating rooms. During the periods of professional development, classes with residents, students should be assigned to teachers who have as much practical experience as possible, have the highest category and have a reputation in this area. The selection of candidates for future specialists of the surgical profile should begin with the participation of students, scientific student circles, students on duty in clinics, work in laboratories of experimental operating rooms. Distance learning, like new technology, takes its place in the surgical curriculum over time, but this should be part of the practical component of the training of the surgeon and not surpass the practical lesson.

Thus, the combination of scientific and technical progress and practical, manual technologies used in the training of doctors of surgical specialties should become an urgent task at the current stage of the development of medical education.

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