

**O'ZBEKISTON RESPUBLIKASI SOG'LIQNI SAQLASH VAZIRLIGI  
TIBBIYOT XODIMLARINING KASBIY MALAKASINI RIVOJLANTIRISH MARKAZI  
TOSHKENT TIBBIYOT AKADEMIYASI**

**МИНИСТЕРСТВО ЗДРАВООХРАНЕНИЯ РЕСПУБЛИКИ УЗБЕКИСТАН  
ЦЕНТР РАЗВИТИЯ ПРОФЕССИОНАЛЬНОЙ КВАЛИФИКАЦИИ МЕДИЦИНСКИХ  
РАБОТНИКОВ  
ТАШКЕНТСКАЯ МЕДИЦИНСКАЯ АКАДЕМИЯ**



**"O'ZBEKISTONDA BIRLAMCHI TIBBIY-SANITARIYA YORDAMINI RIVOJLANTIRISH  
ISTIQBOLLARI, BUGUNI VA ERTASI"  
V XALQARO ILMIY-AMALIY ANJUMAN**

**ILMIY ISHLAR TOPLAMI**

**СБОРНИК НАУЧНЫХ ТРУДОВ**

**V МЕЖДУНАРОДНОГО НАУЧНО-ПРАКТИЧЕСКОГО ФОРУМА  
«ПЕРСПЕКТИВЫ РАЗВИТИЯ ПЕРВИЧНОЙ МЕДИКО-САНИТАРНОЙ  
ПОМОЩИ В УЗБЕКИСТАНЕ, СЕГОДНЯ И ЗАВТРА»**

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**ISBN**



1. The value of simulation training in the self-training of family doctors

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The classical system of clinical medical education is not able to fully solve the problem of high-quality practical training of a doctor. The main obstacles to this are the lack of continuous feedback between the student and the teacher, the impossibility of practical illustration of the whole variety of clinical situations, as well as moral, ethical and legislative restrictions in the communication of students with the patient. Therefore, the key task of modern secondary, higher and postgraduate medical education is to create conditions for the development of a wide range of competencies and well-established practical skills among students without the risk of harming the patient. This includes developing the ability to make quick decisions and perform flawlessly a range of manipulations or interventions, especially in emergencies.

It is obvious that the training of specialists responsible for the life and health of people in the modern world simply cannot be built without an essential simulation component. A lot of experience has already been accumulated, proving the effectiveness of simulation training.

Nowadays, in the system of postgraduate continuing medical education, simulation training is one of the modern methods, the main purpose of which is to improve the skills of listeners-doctors - to teach knowledge and practical skills in their specialty. The main goal is to be able to independently transfer the theoretical knowledge, usual decisions and tactics of the doctor-listener to full practical activity.

In the 2021-2022 academic year, the Department of Postgraduate Medical Education of the Tashkent Medical Academy trained 476 family doctors working in the primary health care in 10 cycles of general training (144 credits) and 9 thematic training (72 credits). Practical training consisting of 6 academic hours in each type of advanced training was held at the "Department of Simulation Training". As a result, it was found that practitioners have a high interest in this type of study.

The aim of the research: to study the importance of simulation training in the training cycles of family physicians of the system of continuous postgraduate medical education.

**Materials and methods.** The organizational structure of the doctors-listeners who came to the department of advanced training of doctors was studied and the following results were obtained.

Of the 300 listeners, 94 (31.3%) work in urban family clinics (OP) and 206 (68.7%) work in rural family clinics and family doctors. Divided into age groups, 25-30 year olds - 2 (0.67%), 31-40 year olds - 40 (13.3%), 41-50 year olds - 107 (35.7%), 51- 60-year-olds accounted for 113 (37.7%) and 61-70-year-olds for 38 (12.6%). Their work experience in the primary health care sector was as follows: up to 5 years - 7 (2.3%), 6-10 years - 69 (23%), 11-20 years - 102 (34%) and more than 20 years those with work experience - 122 (40.7%).

At the same time, a survey was conducted, consisting of the following questions, specially designed for primary care physicians:

1. Do you have knowledge of the functions of a simulation training system?
2. What methods of simulation reading are you unfamiliar with?
3. What is the advantage of the simulation reading process for you?
4. What is the role of simulation training in the acquisition of practical skills of family



medicine?

5. What types of skills should be used to teach simulator robots?

6. What skills can be developed using the Virtual Patient program?

7. In the process of simulation training, in what specialty do you think it is possible to acquire skills?

8. Are the current hours of simulation training sufficient for postgraduate continuing medical education? If that's not enough, what's your suggestion?

9. What other simulators do you think are needed to acquire skills to use in an SSBB setting?

10. Problems when working with simulators?

**Results obtained and their analysis.** According to the results, the largest number of doctors (37.7%) trained at the Department of Postgraduate Medical Education of the Tashkent Medical Academy is of retirement age (51-60 years - 113), followed by 41-50 years - 107 (35, 7%), and young professionals aged 25-30 years accounted for 0.67%. These figures show that the majority of physicians currently working in the primary health care sector are of retirement age and retirees. At the same time, family physicians aged 61-70 years accounted for 12.6% of the trainees and the highest proportion of those with 20 or more years of work experience (40.7%).

An analysis of a questionnaire conducted among the audience showed the following. "Do you have information on the functions of the simulation training system?" The answer to the question was 100% "No". "What methods of simulation reading are you familiar with?" 100% of listeners showed ECG, pulmonary-cardiac resuscitation, 85% - ophthalmo-otoscopy. "What are the advantages of the simulation reading process for you?" 100% of the listeners answered the question in the sense of updating and improving their knowledge and practical skills. "What is the role of simulation training in the acquisition of practical skills in the family medicine profession?" 80% of physicians to the question set a maximum high score. The next "What specialization skills do you think you have the most opportunities to acquire in the simulation training process?" to the question, the audience unanimously indicated the specialty of "family physician". At the same time, it was noted that the current training hours of simulation training (6 academic hours) are not sufficient in postgraduate continuing medical education, and the volume of these trainings should be increased to at least 18 hours. From the problems you have with working with simulators, mainly computer technology, they have shown a lack of skills in using gadgets.

As a result of the above results and their analysis, it was found that the introduction of continuing postgraduate medical education will ensure a continuous, continuous increase in the professional knowledge, competencies, qualifications and skills of family physicians. The inclusion of simulation teaching methods in the components of their professional development allows students to assess their own knowledge, acquire knowledge and skills individually, increase their personal competencies. This, in turn, will help to improve the quality of medical services provided by family doctors to the population.

#### **Conclusions:**

1. Introduced in the curriculum of simulation training methods for family physicians in the system of postgraduate medical education at the Tashkent Medical Academy;

2. The use of simulation training methods in the training cycles of family physicians in the system of continuing postgraduate medical education will help them to objectively assess their personal competencies;

3. The introduction of simulation teaching methods in the process of professional



development of practicing physicians serves as a motivation to increase their knowledge in this educational institution, increasing the attractiveness of the curriculum;

4. The introduction of simulation training in the training of family doctors is important in maintaining the health of the population, improving the quality of medical services provided in primary health care.

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## **2. Стратегия развития семейной медицины в Узбекистане** **Захидова М.З. Хасанова Д.А.**

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Приоритетными задачами модернизации здравоохранения, является стратегия развития потенциала здоровья молодых семей, которая включает в себя меры, способствующие оптимизации ее повседневной жизнедеятельности и развитию потенциала здоровья семьи. Успешность реализации на практике экономических реформ в здравоохранении напрямую зависит от условий формирования здоровья населения и имеет большую значимость как для каждого