

DEVELOPING STUDENTS' CLINIC COMPETENCE IN MEDICAL EDUCATION THROUGH THE DISCIPLINE OF DERMATOVENEROLOGY.

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Abstract: *This article is dedicated to the theoretical foundations and practical application of developing students' analytical analysis competence in the process of teaching dermatovenereology. Dermatovenereology, due to its practical and clinical significance, plays an important role in teaching students not only medical knowledge but also in developing analytical thinking. The article analyzes the necessary pedagogical methods for forming analytical analysis competence and the ways of applying them in the educational process.*

Keywords: *dermatovenereology, education, analytical analysis, competence, clinical competence, pedagogical methods, interactive approach, medical education, cognitive processes, medical knowledge, simulation, practical exercises, problem-based situations.*

The effectiveness of medical education depends not only on the acquisition of theoretical knowledge, but also on the development of students' analytical skills. The discipline of dermatovenereology, due to its practical orientation and clinical significance, is an important pedagogical tool aimed at training students in analytical thinking, independent problem solving, and clinical diagnostic skills.

Developing analytical skills is one of the main goals of medical education. Teaching students analytical skills helps them apply their knowledge in practice. Teaching dermatovenereology is one of the best areas to develop this analytical ability, where students can analyze various clinical situations, better understand the symptoms of diseases and their development.

As a result of modern scientific research and innovative technologies, new treatment methods have been developed in this area, and clinical diagnostic capabilities are expanding. Also, effective programs are being implemented to prevent and combat these diseases based on international experience and advanced methods. This makes dermatovenereology one of the priority areas for public health.

As a result of the implementation of state programs for healthcare reform in our country, a fundamentally new system of providing high-tech specialized medical care has been established. Specialized medical centers operate in the republic, including a specialized medical center in the field of dermatology and venereology, equipped with modern equipment and staffed with highly qualified doctors, and dispensaries for skin and venereal diseases, equipped with modern equipment, operate in large cities, regional and district centers.

The development trends of dermatovenereology are associated with the introduction of modern diagnostic and treatment methods, innovative technologies and genetic research. This field focuses not only on the treatment of diseases, but also on the development of

new strategies aimed at their prevention. Dermatovenereology plays an important role in improving the clinical competence of students. Through clinical training, simulation training and modern scientific approaches, students learn to identify complex clinical cases, develop a treatment plan and take preventive measures. These approaches serve to train highly qualified specialists. As is known, the science of dermatology has undergone significant changes over the centuries. From the first descriptions of skin diseases in Egyptian papyri and the writings of Hippocrates to the first treatises on dermatology, important figures and discoveries have provided important information about this medical specialty.

In the 18th century, the study of the etiology, pathogenesis, and clinical manifestations of skin and venereal diseases became very popular, and English, French, and German schools of dermatology emerged .

The founders of the English school of dermatology, William (1757–1812) and Bateman (1778–1821), chose a morphological approach to the study of skin and venereal diseases . The classification of dermatoses proposed by them was based on the morphology of the rashes (spots , nodules, vesicles, etc.). The founder of the French school of dermatology, Alibert (1766–1837), stated that the origin and course of skin rashes and dermatoses are associated with general changes (conditions) of the organism. Alibert wrote a manual for doctors, an atlas, and was the first to use the terms “ dermatoses ” and “ syphilis ” [1] .

One of the major representatives of the British school was Daniel Turner (1667–1740) . He wrote the first book in English on the diagnosis and treatment of skin diseases. In his work *De Morbis Cutaneis*, Turner distinguishes between two types of skin diseases: those that affect the interior of the body but are symptomatic on the surface, and those that are of external origin. Turner also emphasizes the need for prophylaxis against venereal diseases [2] .

Turner's book *Syphilis*, a practical treatise on venereal disease, contains the first definition of the word "condom", which comes from the Latin *condio*, *condo*, meaning "to keep". Turner advocated the need for individual attention to each patient and declared the importance of observing the skin as part of a routine physical examination. Turner can be considered the father of British dermatology.

Daniel Turner was born in London in 1667. His parents were John and Rebecca Turner, and he is reported to have had two older brothers and at least two sisters. At the age of 17, Turner was apprenticed to Charles Bateman and later to Thomas Lichfield, who was a master of the Company of Barbers and Surgeons. As was the custom of the time, Turner had a private London practice in the fashionable quarter of Leicester Square. Patients sometimes appeared at his residence unexpectedly, and even as late as 2 a.m. He proved to be a successful and respected practitioner, although he did not receive the coveted Fellowship of the Royal College of Physicians.[3]

The founder of German dermatology, Hebra (1816–1880), applied the pathoanatomical concept developed by Virchow (1821–1902) to the study of the pathogenesis of skin diseases. Hebra studied the pathological changes in the skin in

occupational dermatoses. His student Kaposi (1837–1902) was the first to describe dermatoses such as pigmented xeroderma, sarcoma, and varicelliform eczema in children [4].

The use of new technologies in dermatology offers a wide range of successful methods for combating the complications of diseases, but they also require a new approach to ethical issues (from professional communication methods to the principles of the doctor-patient relationship). As for the educational system, this means that without intelligent doctors, existing techniques are dead. The issue of not allowing the system to function in a way that may one day become exhausted by its own principles is very important for dermatological education today [5].

Traditional medical education, aimed at the formation of clinical thinking, a systematic view of its etiology and pathogenesis, and a comprehensive understanding of the system of nosological objects, cannot be replaced by the development of innovative technologies [6]. Therefore, when creating a course in dermatovenerology, the student must know a number of building principles of the propaedeutic course (perception, integration, periodicity, the beginning and consistency of cognitive activity, fragmentation, continuity, and professional orientation). They support the student's experience (academic and personal) and guide the formation of basic concepts in his professional competencies [7].

These trends in dermatovenereology are taking this field of medicine to a new level. These advances, on the one hand, optimize the diagnosis and treatment of diseases, but on the other hand, require the training of future doctors to work with new technologies.

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