

organization considering their independent learning results, the level of foreign language and ICT knowledge and teachers' professional competencies development as well.

Thus, the innovative basis of higher education pedagogical staff's professional development is enhancement of the content of the courses aimed to forming ICT competences, i.e. competence-based system of professional development, learning foreign languages, continuous independent learning in accordance with types of professional development. In the given process, there are widely implemented modern ICT means such as electronic monitoring system, unique electronic system of teacher's portfolio, and distance learning with the use of on-line and off-line technologies.

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THE SYSTEM OF CONTINUING EDUCATION (PROFESSIONAL DEVELOPMENT) IN HEALTH CARE SECTOR IN UZBEKISTAN

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This paper examines the issues of continuing professional education in health in Uzbekistan. Continuing education is one of the main components of Bologna process and integrated part of development process of modern education system. Uzbekistan can present a number of the best practices in this field.

СИСТЕМА НЕПРЕРЫВНОГО ОБРАЗОВАНИЯ (ПРОФЕССИОНАЛЬНОЙ ПОДГОТОВКИ) В СЕКТОРЕ ЗДРАВООХРАНЕНИЯ В УЗБЕКИСТАНЕ

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Материал подготовлен по вопросам непрерывного профессионального образования или повышения квалификации в здравоохранении в Республике Узбекистан. Непрерывное образование является одним из основных компонентов Болонского процесса и составной частью общего процесса развития современной системы образования. Узбекистан может представить ряд наилучших практик в данной области.

ЎЗБЕКИСТОНДА СОВЛИҚНИ САҚЛАШ СОҲАСИДА УЗЛУКСИЗ ТАЪЛИМ (КАСБИЙ ТАЙЁРГАРЛИК) ТИЗИМИ

Касимова Н.А.

Материал Ўзбекистон Республикасида соғлиқни сақлаш соҳасида узлуксиз касбий таълим ёки малака ошириш масалалари бўйича тайёрланган. Узлуксиз таълим Болония жараёнининг асосий омилларидан бири ва замонавий таълим тизимини ривожлантиришига оид умумий жараённинг таркибий қисми ҳисобланади. Ўзбекистон мазкур соҳадабир қатор энг намунали амалиётларни тақдим этиши мумкин.

The issue of highly-qualified personnel training is crucial for social sector modernization. State Program on Healthcare System Reforms was a main statutory document aimed at planning and forecasting the rates of health care manpower in the country. The starting points for medical education reformation were Public Health Care Act (1996), Education Act, National Programme for Personnel Training and a number of other regulatory documents. Nowadays, the two stages of National Programme for Personnel Training have been implemented. Based on outcome analysis of the first two stages that were launched in 2005, further development, improvement and implementation of accumulated training experience is carried out.

The system of narrow specialists' retraining was launched in 1998, when PHC reforms only began. Annex 1 to the Resolution of Cabinet of Ministers (December 18th, 2009 registration number №319) «Improving the system of health care providers' training and retraining» defined the policy and process of continuous medical education and retraining. It is noted that continuous professional training should be carried out through (i) direct training and updating of specific areas or specialties and (ii)

indirect training that is not necessarily connected with medical specialty, e.g. practical training at the workplace, distance learning, self-directed learning, sharing experience with other experts, workshops, conferences or other professional meetings, computer courses. It is emphasized that any training aimed at developing theoretical knowledge and practical skills as well as improving the quality of medical practice should be based on updated materials, protocols and standards of evidence-based medicine. Finally, the quality indicators play the role of basis for health and nursing care analysis. Quality indicators are designed to measure commitment/adherence to selected key clinical practice guidelines during routine care and provide the basis for quality improvement.¹

Tashkent Institute of Postgraduate Medical Education, as the basic methodical center for medical personnel training and retraining (starting from 1932), develops scientific and methodological foundations, educational documentation, mechanisms of educational process unification in health care facilities that offer professional development and retraining of medical staff. The Institute conducts all forms of retraining and professional development, including primary specialization, additional specialization, clinical residency; direct forms of improvements (general, thematic, short-term courses); indirect forms of professional development, particularly IT and foreign language courses, distance learning.

There are two types of training courses provided by medical institutions - nationally program (144 academic hours) designed to help doctors during performance evaluation; and flexible optional program (144 academic hours), when the topics are chosen according to the needs of students.

Since 1998, Uzbekistan has made significant efforts to improve the PHC standards through health care system reforms supported by a long-term World Bank project called «Health». According to «Health 1» and «Health 2» projects, general practice model has been implemented in Uzbekistan PHC system. Approximately 5,500 physicians working in primary care sector have been retrained as family doctors (GPs) using the 10-month training program. During the next several years 1300 (300 rural and 1,000 urban) physicians were retrained. As part of government's strategy on health care reform rationalization, the village first-aid stations (FAS) were closed, while rural medical centers (RMC) and central district hospitals (CDH) (including multi-purpose medical centres) were unified in one structure - district medical associations (DMA). Since 2006, 10 out of 60 municipal out-patient clinics in three pilot districts of Tashkent city (Yakkasaroy, Uchtepa and Yunusobod) are working as family medical centers. Some out-patient clinics will remain multidisciplinary hospitals with a staff of specialists (for transfer).² «Health 3» together with a government support stipulates construction of new RMCs. The old health care facilities will be rebuilt. Government, through its regional health departments will financially support construction and staffing of primary health care facilities located in rural areas. In May, 2013 non-pilot out-patient clinics in Tashkent city have been approved to be reorganized into FMCs.

1. See: Tadjiyeva U.Kh. The training of health care professionals with higher education in Uzbekistan. // New challenges of modern medicine: materials of international scientific conference (Perm city, January 2012). - Perm: Mercury, 2012. - p. 135-137.

2. Statistics on health care facilities, Republic of Uzbekistan, 2000-2010

The Framework on continuing professional education in Health. Order of the Ministry of Public Health № 379 (August 31st, 2006) adopted the Framework on continuing professional education development of PHC specialists.

The Framework is focused on developing methodological basis for continuing professional education of PHC specialists and improving the quality of medical care in RMS and municipal out-patient clinics. Under the auspices of International Development Association (World Bank fund) and Asian Development Bank «the program aimed at staged implementation of continuing professional education of PHC specialists», as well as basic training programs for district specialists, GPs, nurses, midwives, laboratory technicians have been developed and approved. On the basis of Tashkent Institute of Postgraduate Medical Education GP professional development department was organized. In addition, regional and district training centers for continuing professional education of narrow specialists, GPs and general practitioners with secondary education (nurses, midwives, clinical laboratory technicians) were established. As a result CPE program became more flexible and affordable.

Professional education of General Practitioners (GPs). Since 1999, there is a national standardized training course (10 month) for specialists, who work in primary care sector. The training is conducted in specially designated and equipped training centers in each medical school of the country. Thus, every medical school has possibilities and opportunities for close cooperation between GP departments of pre-graduate education and medical educational centers on GP retraining (since 2011 - the courses and GPs training and professional development department within the framework of «Health-2» project), that can significantly affect development and improvement of pre-graduate medical education in the country. Another significant advantage is that medical schools of Uzbekistan are under the jurisdiction of the Ministry of Public Health. Therefore, it is easy to achieve closer cooperation between educational and practical health care sector, especially in the field of compiling and updating curriculum that should take into account and reflect the needs of a health care system.

The *goal of 10-month GP training program* is to prepare a professional general practitioner, who has a proper amount of knowledge, skills and attitudes in six specific current areas that characterize general practice:

- Organization of society-oriented PHC;
- Providing individual care on the basis of patient-oriented approach and his/her interests;
- Tackling medical, psychological and social problems of the patient at PHC level;
- A comprehensive approach in health care services;
- Coordinated medical services for patient and his family members, together with other organizations;
- Unified holistic patient-oriented approach (rather than disease-oriented approach).

- Training goals are achieved in accordance with three fundamental aspects of GP's activity:
- Contextual aspects - use of patient's environment, his family, society and cultural traditions;
- Relationship aspects - demonstration of practical approaches, built on professional medical abilities, values and ethics;
- Scientific aspects - the use of critical and analytical approach towards the medical practice with simultaneous implementation of continuing professional development and quality health care.

All the aspects mentioned above indicate that national education goals of postgraduate GP retraining were originally designed to achieve compliance with international standards.

GP retraining program stipulates mandatory use of state quality standards, clinical guidelines and protocols developed in conjunction with main experts of Ministry of Public Health and certified GP specialists. These documents were duplicated and put into operation in rural and urban PHC facilities.

10-month program and its assessment are carried out in the course of 43 weeks, according to a nationwide format: 2 blocks of theory teaching (2 weeks) are followed by 2 blocks of practical training (2 weeks). The course uses clinical database of physicians. In general, each curriculum lasts 792 academic hours. The doctors come from all regions of Uzbekistan and are grouped together, including rural, city doctors, and narrow specialists in pediatrics or therapy. Two courses are conducted in turn, so during academic year there are 2 identical curriculums. Tashkent Medical Academy, Tashkent Pediatric Medical Institute, Tashkent Institute of Postgraduate Medical Education and their departments are responsible for family medicine in regional medical school. GP trainers are employed by these institutions.

Student monitoring is carried out through examination at the end of each 2-week module, using MCQs, OSCE (objective structured clinical examinations) as well as oral module testing. In addition, students pass the exams after 6 months and at the end of the 10-month program. The latter one is the final examination of knowledge and skills, OSCE, when a student presents his/her project, as well as a checklist of visits and conducted work. After completing the course, a student (doctor) receives a certificate and is entitled to receive a higher wage as a GP. Trainers review the course program every year, supplement it, remove some topics (DOTS), or add new ones if necessary (monitoring of children's growth). Students fill out evaluation forms. Their feedback is used for subsequent course review.

Under the guidance of trained GP specialists, doctors (students) carry out projects on medical service quality improvement (QI), using national and international quality standards in the field of PHC. Starting from the moment when it was launched, 10-month GP training program was repeatedly updated by introducing new curriculum disciplines (e.g. IMCI, EBM, IC, RUM and others) developed by WHO and other international organizations.

Nevertheless, there is still a need to enhance training programs and GP retraining in important areas of general practice.³ In this regard, «Health Care System Enhancement» project («Health-3»), approved by the President's Resolution (registration number PPN№-1614, September 7th, 2011) stipulates further development and strengthening of CPE system in Uzbekistan. The project is implemented, using the financial cooperation of International development Association (World Bank).

Obligatory refresher training (retraining) for trainers of 10-months course is available in each 3 years and monthly TOT cycles in 3-4 tomes per year. Trainers from different medical institutions regularly visit regions of the country to retrain local trainers during 6-days. However there is a need to focus more on critical thinking incorporated into the training manual and renewed clinical guidelines and protocols used in the learning process. Web-portal of the Ministry of Health has only a few modern clinical protocols.

Association of General Practitioners of the Republic of Uzbekistan was established in 2004 as an independent professional group for GPs. However, later on it became a structural subdivision of Physicians Association that today has its regional branches. Since 2010, a scientific journal «Bulletin of the general practitioner» is published. It discusses the problems of general practice, information on how to improve clinical knowledge and skills, professional training, the methods of planning, management and evaluation of resources and primary care services.

Continuing professional education for nursing staff. CPE system of midlevel medical staff comprises 3 structural levels - national, regional and district, where the training is carried out using advanced educational technologies according to specifics of GP specialty. Head doctors of FMC's and RMC's presume, that understaffing of nurses, including patronage nurses, is not expected in coming years, since a large number of young nurses who have graduated from medical colleges and willing to work are in waiting list. This indicates the problem of employment for young nurses who graduate from medical college.

Together with progressive improvement in patronage nurses' work (measuring of blood pressure, temperature, detection of diarrhoea, teaching the rules of breastfeeding), repeated researches revealed some difficulties. For example, based on a recent quantitative data analysis that was provided in a course of nurses, doctors and public questioning, it can be concluded, that the quality of patronage nurses' services requires considerable improvement.⁴ Basically, problems are connected with nurses' medical experience, including work with pregnant women, women in childbirth and neonatal care, promotion of healthy lifestyles, pre-hospital emergency care, and care for the disabled and the elderly. In addition, gaps in knowledge and skills in special fields, as well as problems in interaction and cooperation between nurses and doctors were also identified. Therefore, it is necessary to provide additional specialized training

3. The serious gaps in the field of public health knowledge, treatment of medical patients with cardiovascular diseases (stenocardia), surgery and rational drug prescription were identified.

4. DatafromHealth-3 project

and certification for nurses who specialize in a certain field of PHC, such as asthma, diabetes, hypertension, antenatal care at the primary care level, and so on.

New technologies are being implemented in Uzbekistan: the nursing process and nursing records. Cards of medical nursing care for the patient and nursing history (the records about medical care that include the list of patient's problems, medical coverage plan and its progress) are developed and put into practice. The nurse determines patient's main problems, makes a diagnosis, i.e. collects objective and subjective data, assesses patients' health status, and draws up medical coverage plan. This helps to organize patient's care and to identify health problems at proper time.

Nurses Association was established in Uzbekistan. Since 1997, «Hamshira» magazine has been published and edited by the Ministry of Public Health.

All of this enables us to significantly change the current state of nursing as part of organizational health care technologies aimed at solving the problems of individual and public health.

Priorities for continuing professional education development. Generally the positive developments in health care manpower training, placement, employment and usage are connected with transition towards international training standards. Nevertheless, despite continuing increase in a number of graduate doctors, the composition and structure of medical personnel is still imbalanced. The major concern is a substantial difference in urban and rural medical service density; non-compliance of medical specialists' training with the needs of practical health care and sector restructuring purposes. Medical and preventive treatment facilities continue to experience a shortage of psychiatrists, radiologists, laboratory doctors and engineers - specialists on medical equipment. The situation indicates the shortcomings in personnel planning, training and placement. It is possible to define a number of sectors/fields need to be analyzed and improved:

- Teaching and learning process indicates the usage of traditional model that model is characterized by insufficient resort to modern teaching methods that are based on analytical and critical approach, individual and group work, focus to practice; lack of computer skills and foreign languages among teachers and students. It creates difficulties for professional development in the field of general practice and development of evidence-based approaches.
- Modern economic and social conditions require optimizing education areas and specialties for training of highly-qualified specialists with focus on innovations and new technologies in professional medical education. In this point there are needs for introduction/renewal of new specialties with inter-disciplinary approach and based on international experience;
- Introduction/renewal of innovative specialties with demand of labour market need further improvement of the state educational standards, upgrading training materials and teaching methodologies in compliance with the international standards

and progress in science and technology;

- Focus on practice in education or applied training; development of new technological forms and methods of training; creation an efficient system of training and continuous re-training of specialists at the basis of modern laboratories;
- It is necessary to increase the market relevance of tertiary graduates and to establish and strengthen the innovation infrastructure that will enhance the quality and encourage creativity and innovation;
- The CPE system should include more effective assessment methods, for example, self-evaluation and practice analysis that are conducted by GPs themselves, as well as analysis of institution where he works. This approach will help to compare individual GP activity with the work of his/her colleagues. Ideally it will be carried out through peer or collegial evaluation conducted by same level specialists. This is the basic approach towards the assessment or «measurement» of medical practice, based on the principles of continuous quality care improvement and professional development of medical personnel. Each individual practitioner should be interested and open towards the analysis of his/her activity as well as use the peer analysis for his/her performance and its outcomes in order to identify possible errors and areas for further improvement. This effective approach must be develop in CPE state system, as it can provide a more objective assessment of both qualitative work of the doctor and his training program
- Due to the nature of general practice, its versatility and multi-directional structure international educational programs of GP training include the sections focused on developing skills in the field of administration and management, leadership, teamwork, and teaching of others (patients, colleagues and students). At first glance, acquisition of the above mentioned skills is stipulated in a 10-month program of GP retraining, particularly in «Public and effective health care» and «Health Management» curriculums. However, the quality of training programs aimed at developing these important and necessary GP skills is insufficient, as they demand a deep revision and updating. If we talk about CPE level, it should be noted that not enough attention is given to the acquisition of these skills either, starting from the moment when CPE system was introduced in general practice.
- Scientific work and research are an important part of any specialty development. Health problems that are treated within the system of primary health care should be explored at primary level as well. Determination of research needs, support of researchers, as well as practical research promotion in the field of general practice is one of the GP training institutes' functions. Scientific and academic development of general practice should be considered from the point of two aspects. The first one is to define a unified system of general practice in such a way as to make it possible to develop a GP training program on its basis. The second aspect is promotion of research in continuous improvement of general practice, public health and medical care quality. The first aspect that reflects the level of GP development in Uzbekistan is evidenced by a number of important documents, such as GP qualification profile,

RMC Regulations, Department (course) Regulations on retraining and professional development of GPs, as well as 10-month sample work program on GP training. However, the second aspect that promotes not only scientific research of health problems within GP framework but also the usage of research findings and outcomes in everyday practice is underdeveloped in our country.

- Course upgrading needs to refer to «syndromic» or «symptomatic» approach, rather than use disease-oriented teaching methods and emphasize the «understanding model/structure/system» teaching as a fundamental skill in GP counselling. The main changes in course structure cannot be made, since 95% of themes must comply with the Order # 80. Therefore, only 5% is left for participants or instructors. Another important factor that can affect the effectiveness of GP training, is a fact that a small number of GP trainers, who work with a 10-month program, practice medicine. In addition, while acquiring clinical experience, GP teachers have a unique opportunity to create high quality educational programs that will reflect the country's peculiarities and use examples from their personal experience.
- In contrast to specialists who deal with a patients' transfer (when the main symptoms are identified and preliminary diagnosis is made), GPs should make a decision concerning existing symptoms and signs that cannot indicate an accurate diagnosis or can be unclear / uncertain. Their approach should be holistic and take into account family and social relations of a patient as well. Therefore, GP training should be focused on not only the expertise in clinical signs' interpretation / definition, but on expert explanation of symptoms, modelling / structuring, understanding of psychological and emotional state of a patient and the basis of his / her treatment.

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ПСИХОСОЦИАЛЬНОЕ БЛАГОПОЛУЧИЕ СТУДЕНТОВ КАК ОБЪЕКТ МОНИТОРИНГА В СИСТЕМЕ НЕПРЕРЫВНОГО ОБРАЗОВАНИЯ

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В статье обсуждается проблематика мониторинга системы высшего образования в контексте его непрерывности. Показаны показатели мониторинга качества обучения в системе высшего образования. Раскрывается необходимость проведения мониторинга психосоциального благополучия студентов. В статье анализируются результаты исследований психосоциального благополучия у студентов.

PSYCHOSOCIAL WELL-BEING STUDENTS AS MONITORING OBJECT IN CONTINUING EDUCATION

Karamjan M.Kh., Fajzиеv R.R.

The paper discusses the problems of monitoring of higher education system in the context of its continuity as well as shows the indicators of monitoring of learning quality in the system of higher education. A necessity of monitoring of psychosocial well-being in students is revealed. The research results on students' psychosocial well-being are analyzed in this article.

УЗЛУКСИЗ ТАЪЛИМ ТИЗИМИДА ТАЛАБАЛАРНИНГ ПСИХОСОЦИАЛ БАРДАМЛИГИ МОНИТОРИНГ ОБЪЕКТИ СИФАТИДА

Карамян М.Х., Файзиев Р.Р.

Мақолада олий таълим тизими мониторинги муаммоси унинг узлуксизлиги контекстида муҳокама қилинган. Олий таълим тизимидаги ўқитиш сифати мониторинги кўрсаткичлари кўрсатилган. Талабаларнинг психосоциал бардамлигини ўтказиш зарурати очилган. Мақолада талабаларнинг психосоциал бардамлиги тадқиқотлари натижалари таҳлил этилган.