

## METHODOLOGY FOR THE FORMATION OF CREATIVE ABILITIES OF STUDENTS IN THE TEACHING OF DERMATOVENEROLOGY

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### Annotation

This article provides information that the development of medical education is organized on the basis of world standards for the reform of Medicine, and the establishment of quality education in medical education is of particular importance, at the beginning of the new century, many positive changes in medical education were made in many countries of the world, including Uzbekistan, aimed at improving the quality.

**Keywords:** medical education, interactive game forms, interactive whiteboard, mobile equipment, intellectual potential.

Today, the development of medical education is of particular importance to organize the reform of Medicine on the basis of world standards, as well as to establish quality education in medical education. In the early 21st century, many positive changes in medical education were made in many countries of the world, including Uzbekistan, aimed at improving the quality efficiency of medical education through medical pedagogical principles and methods.

Effective organization of medical education helps to solve a number of problems in medical education, which makes it possible to activate cognitive activity between an educator and a student. The harmonious organization of theory and practice in medical education encourages students to be active at all stages of the educational process. [1]

In the study of dermatovenerology, it is necessary to consider the processes of development of methods of obtaining education, and the use of interactive playful forms in this case increases the effectiveness of Education.

The purpose of the development of interactive games was to determine the characteristics of hos, since this process unites all subjects of the science of dermatovenerology and allows the use of interactive whiteboard instruments, and combines them into a single system (grouping diseases, working with symptoms). It allows such mortars to use mobile equipment in the auditorium and even remotely.

Students use these techniques even outside the audience, helping to assess the effectiveness of their studies, increase motivasia, strengthen the knowledge gained and increase their interest in the science of dermatovenerology.

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<sup>1</sup> Бадаева С. Г., Дашкевич О. В. Способ оценки успешности сотрудников // Справочник по управлению персоналом. 2005. №92. С. 35-40.

### **Methodology**

The development of a specially designed interactive game (Idrik map, Geks, Assessment) in the process of teaching dermatovenerology in the conditions of extracurricular activities of students of the 4th year is carried out by analyzing the didactic and psychological characteristics of non-audit activities of students, and it will be possible to further increase the knowledge of students using mobile and computer technologies.

### **Results**

The activities of students in extracurricular conditions in the process of teaching dermatovenerology, the possibilities and positive role of interactive games were determined. Based on interactive games (perception map, Geks, Assessment) as a tool for developing students' activities in extracurricular conditions in dermatovenerology, further increases their knowledge, learning students to audience classes has changed significantly, grades have been observed to increase in a positive way. At one time, the assessment of student knowledge was facilitated by the faculty. The results obtained showed that students were greatly helped by interactive games (perception map, Geks, Assessment) to make an easy and accurate diagnosis of dermatological diseases.

### **Conclusion**

The results showed that the effectiveness of the game is fully determined by the level to which the state carries out educational goals due to the state higher education standard for CT and information and communication technologies. For students of a higher educational institution, the creation and use of interactive games in training in addition to the audience in the subject of Dermatology should take into account General didactic principles (scientific, existing, systemic, visual, duration, etc.), as well as specific didactic principles. The use of the advantages of an interactive whiteboard - flexibility and interactivity of education, the implementation of computer visualization capabilities, the development of students' intellectual potential further increases students' knowledge. Allows the patient to be diagnosed in a timely manner, to quickly proceed to treatment, which in turn causes the patient to recover in a short time and recover health.

There is no doubt that the practice-oriented approach to teaching any medical science, including dermatology, is the key to effectively teaching students the skills necessary to solve the problems that arise in practice. In this regard, I would like to cite one of the many aphorisms of William Osler, a prominent figure in Canadian, US and UK medicine, known as the scientist who was one of the first to describe platelets and who described a series of syndromes named after him as a prominent representative of applied medicine (Osler's symptom, Wakez-Osler's disease, Osler-Randu's disease. William Osler also played an important role in improving the clinical readiness of students in American Medical Schools. His invaluable experience in this direction embodies the rule that he developed: "to study a disease without a book is to sail an unknown sea, and to read books without a patient is not to swim at all". The most promising strategy for practice - oriented education is situation-based training.

There is currently no consensus on the best methods of teaching and teaching in clinical settings, but students are more effective at learning interactive practices, including situation-based learning [2]

In class, this method is usually used by teachers when working with small groups and requires special training by the teacher and students [3]. In the Polyclinic, very little time is allocated for interaction between the teacher and the student (usually 4-6 minutes), a minute is allocated to the ATI to discuss the issues of diagnosis, treatment and management of the patient. Therefore, training on an outpatient basis must be particularly flexible in order to be effective. In the international practice of teaching Dermatology, the following three methods of training students on an outpatient basis are considered the most effective (we cite their English names and translation options) [4]:

1. One minute communication method with Mentor or quick (one minute) coaching method (one minute preceptor).

2. A six-step approach to learning (SNAPPS model), the name of which is a mnemonic for remembering six steps (with the first letters of the words in the English name of each step in the clinical teaching process).

Standard way of recognizing and repeating situations ("Aunt Minnie" method). This is a method that teaches you to recognize a situation according to a standard scheme (template model or pattern repetition). All of these methods are used in outpatient Dermatology training in the so-called "Walk-in" format and serve as the basis for examining patients and teaching oral counseling. Such methods, based on the study of the cases of specific patients, will help to make such training more meaningful, which is associated with practical outpatient cases [5]

### **I. One-Minute Coaching**

The one-minute coaching method (later referred to as the OMC method) is a set of widely used behavioral strategies for the teacher to help him learn from practice in a clinical setting based on the study of work [6]

This set of behavioral strategies is commonly referred to as the five microencyclics. These microcircuits are constantly used by the teacher in a short (5 minutes or less) conversation with the student. This model is used in the teaching of many subjects and is highly appreciated by students. It is best to apply it after the student describes the patient's condition (whether he did it in the presence of the patient or not). The five microcontrollers of the OMC method include the following five behavioral recommendations:

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<sup>2</sup> Aluko, A. Teaching & Learning Tips 9: Case-based teaching with Patients / A. Aluko, J. Rana, S. Burgin // Intern. J. Dermatol. – 2018. – Vol. 57, N 7. – P. 858–861.

<sup>3</sup> Hartmann, A. C. Interactive mechanisms for teaching dermatology to medical students / A. C. Hartmann, P. D. Cruz // Arch. Dermatol. – 1998 Jun. – Vol. 134, N 6. – P. 725–728.

<sup>4</sup> Irby M. Teaching and learning in ambulatory care settings: a thematic review of the literature. Acad Med. 1995. Oct;70(10):898-931.

<sup>5</sup> Aluko, A. Teaching & Learning Tips 9: Case-based teaching with Patients / A. Aluko, J. Rana, S. Burgin // Intern. J. Dermatol. – 2018. – Vol. 57, N 7. – P. 858–861.

<sup>6</sup> Student perceptions of the one minute preceptor and traditional preceptor models / A. Teherani [et al.] // Med. Teach. – 2007 May. – Vol. 29, N 4. – P. 323–327.

Ask the student's opinion: ask the students what they think about the most diagnostic and treatment or general management plan for the patient. This practice helps to identify deficiencies in the student's knowledge and therefore understand what to look out for when learning them. Questions aimed at revealing students' perspectives can help them feel involved in the decision-making process [7]

Example. "How would you diagnose a patient with such rashes?" or "what treatment do you prescribe to the patient?"

Always ask the student to base his point of view: to encourage students to think aloud. Ask them to explain why they came to this or that conclusion [8]

Example: "What do you think is this psoriasis?", "How else can you diagnose with these rashes?". Or "what did you suggest that the patient be prescribed methotrexate based on? What other treatments do you offer?"

Teaching basic rules: it is important to teach general principles that can then be applied in new situations. This is more effective than telling a "story" from the practice or discussing extremely specific aspects of the dermatologist's work, since the student will not be able to apply it in practice in the future and remember the letter. The teacher's recommendations are short and should be useful both in the interests of the patient and for the educational needs of the student. This skill does not always have to be applied. This is considered superfluous, in particular, in cases where the student showed himself from a good side in practice and did not find flaws in knowledge. Example: "if psoriasis is suspected, always have your nails checked, as they can show the signs necessary for an accurate diagnosis" or "methotrexate treats psoriasis and psoriatic arthritis well, unlike accitretin, it does not have any effect on the treatment of joint diseases.

Strengthen the steps performed correctly: identify the actions performed correctly by the student and explain why they are useful. Task annotations such as "excellent work", "well done" are not constructive, since they do not indicate specific actions and practical skills that the student should consciously apply in the future. Example: "it is very good that you notice symmetrical signs on the elbows and knees and the Kebner phenomenon in the patient's abdomen" or "when planning treatment, it is very good to ask if the patient has joint disease."

Error correction: it is usually very useful to start by asking the student to evaluate their analysis on the patient's case. Reviews should be clear, and emphasis should be placed on how to correct mistakes in order to avoid them in the future. Example: how did it go for you? What was the hardest part of working with a patient for you? It should not be forgotten to consider biological treatment such as adalimumab for patients with psoriasis and psoriatic arthritis.

## II. SNAPPS-Model – Six-step approach to learning

The SNAPPS model is more intensive than the previous OMC model, which focuses on student activities in a clinical education setting[9] both models teach thinking and encourage critical thinking, but the

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<sup>7</sup> Aluko, A. Teaching & Learning Tips 9: Case-based teaching with Patients / A. Aluko, J. Rana, S. Burgin // Intern. J. Dermatol. – 2018. – Vol. 57, N 7. – P. 858–861.

<sup>8</sup> Aluko, A. Teaching & Learning Tips 9: Case-based teaching with Patients / A. Aluko, J. Rana, S. Burgin // Intern. J. Dermatol. – 2018. – Vol. 57, N 7. – P. 858–861.

<sup>9</sup> Wolpaw TM, Wolpaw DR, Papp KK. SNAPPS: a learner centered model for outpatient education. Acad Med. 2003 Sep;78(9):893-8.

SNAPPS model implies that both the teacher and the student understand how to apply the system and thus organize it more efficiently for highly motivated and advanced students. [10] It should be noted that both models do not take longer than the time required to present the patient's work. The name of the Model "SNAPPS" is a mnemonic for remembering the six steps of the first letters of the words in the English name of each step carried out in the clinical training process: **Summarize + Narrow + Analyze + Probe + Plan + Select.**

Note that in this model, the first four stages are carried out without the participation of a teacher.

**1. Summarize:** a summary of the history of the disease and the results of the examination. Instead of repeating the full history of the patient and the examination process, the student should prepare a brief summary of the main points of work. This stage should take less than 50% of the time allotted for an appointment with the teacher. Example: "Patient D. a forty-five-year-old man has episodes of chronic redness of the face and frequent redness on the face. During the examination, I found scattered red papules and noticeable telangiectasia in the center of the face.

**2. Narrow** - reduce the list of possible diagnoses within the framework of differential diagnostics to two or three most suitable options. Like the first micro-skill in the OMR model, this stage involves the student's involvement in medical activities, contributing to this work. Example: "I think it could be an erythematous telangiectatic subtype of the esophagus. Other options are acne vulgaris or an autoimmune process, such as rashes of lupus.

**3. Analyze:** analysis of differential diagnosis in the process of comparing and comparing the degree of probability of a particular diagnosis. At this stage, students compare and compare possible diagnoses to better present their clinical evidence in a 4-6 phase discussion. Example: "it is unlikely that acne will appear, because there are no comedones, but there are red papules that may be a sign of rosacea. My search for signs of an autoimmune disease has shown that the patient has no symptoms of alopecia, photosensitivity, oral ulcers and other signs of systemic lupus erythematosus. This, in my opinion, eliminates the possibility of the appearance of a red runny nose.

**4. Probe:** clarification of controversial, difficult points and possible alternative approaches in the process of questions posed to the teacher. This stage is a feature of this model, which is aimed at the active participation of the student in the process of studying in the clinic. Instead of the situation in which the teacher asks the student a question (as in the BDM model of one-minute coaching), the opposite happens: the students themselves ask the teacher questions and identify possible flaws in their knowledge. At the same time, the teacher should help them combine existing knowledge with new information. Example: "how to distinguish rosacea and red runner if acnesimon papules are not at all?"

**5. Plan:** drawing up a patient management plan, solving his problem. The student must again enter into a discussion with the teacher about what measures should be taken. Example: "I think we should start with the topical use of metronidazole and advise the patient to avoid sunlight. If the first treatment does not work, we can offer antibiotic treatment at further follow-up."

**6. Select:** Choose any aspect of the patient's work for self-study. At this (final) stage, the student decides to study in more detail some aspects of the work being considered in the clinic during his free time for further discussion with the coach (for example, at the next meeting in the clinic), to consider issues of

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<sup>10</sup> Pascoe JM, Nixon J, Lang VJ. Maximizing teaching on the wards: review and application of the One Minute Preceptor and SNAPPS models. *J Hosp Med.* 2015 Feb;10(2):125-30. doi: 10.1002/jhm.2302.

interest to students. It should be noted that in this case, the goal of the student is not to read the chapter from the textbook, but to examine a specific issue related to the patient's work. Example: "I want to understand what indications should be for rosacea laser treatment and which lasers should be used in this case."

**III. Standard situation recognition and repetition method** (Aunt Minnie method "Aunt Minnie" is a humorous name given to the style of play, based on the following pattern of reasoning repetition: "If the woman across the street walks like your Aunt Minnie and dresses like Aunt Minnie, it's probably Aunt Minnie (even if you don't see her face).") Because it plays an important role in the recognition of standard samples. When diagnosing skin diseases and teaching Dermatology, "Aunt Minnie" is very effective. In this method, the student only talks about the main problem that worries the patient and offers his diagnosis. The teacher personally examines the patient and then discusses the condition with the students and evaluates the student's actions. With the correct use of Aunt Minnie's method, the teacher should examine each patient and know the exact diagnosis (or be prepared to discuss why an accurate diagnosis cannot be made). Initially, students may have difficulty making a single diagnosis. However, over time, they become more reliable in proposing their own hypothetical diagnosis based on the underlying symptoms. Aunt Minnie's method is best suited for common clinical cases and helps students from a psychological point of view, helping to create a certain database of classic signs of common diseases. Since this method involves the recognition and repetition of standard, template situations, less time is devoted to the development of critical thinking skills. If the student has difficulty with making a diagnosis or has significant difficulties in forming arguments and conclusions on clinical cases, it is recommended to return to Socratic-type models, for example, the model of rapid mentoring and SNAPPS, or to carry out a detailed presentation of practical work. Example example student: "the patient is a 30-year-old woman with hair loss on patches that last for several weeks. Under these signs, alopecia isata is suitable. Teacher: "I agree with your opinion that the spread and shape of hair loss indicates that this is alopecia isata. Have you noticed that there are no scars on the area of the hair follicles? What diagnoses do you recommend in alopecia?"

Discussion practice-based education is a popular strategy for practice-oriented teaching. There are many ways to effectively implement it on an outpatient basis. The three main approaches - one-minute coaching, a six-step (SNAPPS) clinical education approach based on the trainee's interests, and a way to recognize and replicate standard situations-can be used with students in any clinical setting. While the SNAPPS method and one-minute coaching have been studied and applied on an outpatient basis, they can also be used in hospital settings. Regardless of which method is used, it is important for the teacher to determine to what extent the student is in order to activate the knowledge he has, teach professional subtleties and optimize further discussions. In all three approaches, this is achieved through the direct involvement of the student in the labor process. Beginners and middle-level students may prefer a fast-paced coaching model because they are not always able to determine what kind of knowledge is missing. The inability to determine which aspects of knowledge are missing makes it difficult for the student to distinguish between the main points of practical work and reduces the possibility of differential diagnosis without the guidance of the teacher. On the other hand, more experienced and stronger students may prefer the SNAPPS model's self-control, which places more responsibility on the student to discuss with the teacher. Unlike the classic sequential and detailed analysis of practical cases,

these learning strategies aim to identify deficiencies in students' knowledge, contributing to a more interactive character of learning.

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