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FEATURES OF TEACHING THE DISCIPLINE "INCLUSIVE COMPETENCE" AT THE DENTAL FACULTY

*L.V. Murzagalina, G.M. Gafarova
Bashkir State Medical University
Department of Pedagogy and Psychology*

Annotation: The article deals with issues that are relevant when creating an educational and methodological complex for the new discipline "Inclusive Competence", as well as the features of teaching this course to foreign students.

Key words: teaching, inclusive competence, dentistry, foreign students.

According to the new Federal State Educational Standard, the discipline "Inclusive Competence" will be taught in such medical specialties as "Dentistry", "General Medicine", "Pediatrics", etc. The relevance of this discipline is due to the need to prepare dentists for the application of basic defectological education in future professionals dentists, as well as modeling and organizing social and professional interaction with the disabled and people with disabilities using modern technologies. The goal is achieved by acquiring basic knowledge, skills of planning and conducting professional activities with people with disabilities and people with disabilities, as well as skills of tolerant attitude towards people with disabilities and readiness for constructive cooperation with them in social and professional circles.

This educational process is carried out (according to an individual plan) using distance learning technologies and e-learning and is aimed at forming the universal educational competence UK-9 formulated in the Federal State Educational Standard in the following context: the possibility of applying basic defectological knowledge in social and professional spheres. The description of the content within the discipline "inclusive competence" is a scientific discussion and complex reasoning about understanding the phenomenon of inclusion from various positions that take place in modern scientific thought, as well as an analysis of modern forms of working with it, its practical significance and relevance in the activities of a future professional. The necessary conditions for the successful mastering of the discipline "Inclusive Competence" by students are an independent search for scientific literature on topics and participation in training within the framework of the topics stated in the program, active participation in the discussion of problems in practical classes. Knowledge testing is carried out in the form of testing, to which students who have attended all training sessions and successfully mastered the training material are allowed. During the preparation for the lessons, video materials are effective, which help students to better understand the topic of the lecture. Among the topics and titles of practical classes proposed for mastering by students, the following are highlighted: the main defectological terms and the role of inclusive competence, international documentation in the field of human rights and persons with disabilities, international legislation in the field of the implementation of legal status, Russian legislation in the field of protecting the rights of persons with disabilities and equal access to all social infrastructure facilities, strategy for the development of education in the Russian Federation until 2030, the concept of development of education for persons with disabilities until 2030, the main categories of students with special needs, the etiology of various types of dysontogenetic development, patterns of mental development in various types of dysontogenesis, psychological and pedagogical characteristics of various categories of children with special educational

needs, a system of special conditions for the education of students with disabilities, a system of correctional and pedagogical assistance to people with disabilities, the creation of a favorable, emotionally comfortable atmosphere during professional manipulations, taking into account the peculiarities of the psychophysical state, the well-being of persons with disabilities and disabilities, creating conditions conducive to increasing self-confidence.

In particular, when working with patients with learning difficulties, a dental student should know some external and content characteristics that will help him navigate the selection of methods and techniques for interacting with such a patient. Social-emotional disorder (SED) is defined as the inability to build or maintain satisfactory interpersonal relationships with peers and adults; inappropriate behaviors or feelings under normal circumstances; general pervasive mood of unhappiness or depression; a tendency to develop physical symptoms or fears related to personal, social, or school problems.” Autism Spectrum Disorder (ASD) causes delays or problems in many different skill areas. Up to 75% of children with autism also have mental retardation and learning difficulties. Categories of ASD include autistic disorder, Asperger's syndrome, and pervasive developmental disorder, behaviorally manifested by fixed, intense or focused interests, repetitive behaviors such as rolling, tapping the foot, closing and opening doors; in communication, such patients experience communication difficulties due to delayed speech development, difficulty initiating and maintaining conversation, limited understanding of non-verbal communication; in social interaction face difficulties in establishing and maintaining relationships, understanding social interactions. With dyslexia, people with disabilities and people with disabilities have speech difficulties.

Students do not have enough experience in this area, so the task of the teacher is to create a situation in the classroom as close as possible to the real one. This is helped by the calculations of experienced dentists working in specialized clinics. The situational tasks described by doctors in the literature are analyzed. Step by step, students are moving towards understanding the general recommendations when working with patients with disabilities, and then special approaches for different nosologies. Among the general recommendations: treat the disabled person as well as the healthy patient; communication should be equal, natural; communicate directly with the patient, not with the accompanying person; the requirements for the patient should be the same as for an ordinary patient; show patience. Individual forms of work for students are applied. For example, when analyzing special approaches to communication with patients with different nosologies, it is proposed to carry out individual projects aimed at improving the effectiveness of communication and understanding of the situation when working with patients with vision, hearing, musculoskeletal problems and others.

Another problem is the language barrier environment. Students must learn not only the terminology of this discipline, but also realize the moral responsibility for choosing a behavioral strategy and the correct tactful turns of speech. At the same time, it is necessary to give students the opportunity to speak out more independently, to express their thoughts and reflect, to use non-verbal means of communication more actively. When addressing patients with disabilities, it is necessary to weigh all the phrases that we use in a conversation, especially not to use words that can offend or offend a patient with a disability. Choose the correct terminology. In some cases, we may ask the patients themselves how they prefer to be approached. The student must understand that etiquette is especially relevant here, since disability is more a social phenomenon than a medical one.

Inclusive competence belongs to the group of universal competences and, along with professional and general professional competences, must be formed at sufficient and optimal levels. And this means that the student shows a steady interest in the subject of the discipline, strives to perform all educational tasks with high quality, has adequate self-esteem, uses the terminology of the discipline, shows tolerance when analyzing situational problems from real practice, etc.

So, the educational and methodological complex of the discipline "Inclusive Competence" consists of three blocks: legal and software and methodological support of the subjects

of interaction in the social and professional spheres, defectological knowledge about the psychological and pedagogical characteristics of persons with disabilities and disabilities, forms and methods of maintaining tolerant environment, effective interaction of participants in an inclusive environment in the social and professional spheres. A feature of working with foreign students within the framework of this discipline is their active involvement in the terminological field of inclusion, enrichment with the experience of dentists, active communication and discussions on the content issues of inclusion.

MODERN TECHNOLOGIES IN PROFESSIONAL MEDICAL EDUCATION

*E.G. Mutalova, G.J. Kamaltdinova, V.R. Galyautdinova, S.A. Frid, G.V. Asadullina,
Z.Y. Rustyamova, A.E. Nigmatullina, L.I. Samigullina, R.I. Sadikova, F.S. Musina
Bashkir State Medical University
Department of Therapy N1*

In recent years, much attention has been paid to the introduction of modern innovative teaching methods. Traditional teaching methods in the form of lectures and practical exercises do not contribute to the development of students' skills of independent work with literature, do not stimulate the search for the optimal way out of a particular clinical situation. Rapidly changing approaches to the management of patients of various age groups, with several serious diseases, cannot always be presented in a thematic lecture devoted to any one disease, even in the presence of clearly structured modern and evidence-based clinical guidelines. This alienates traditional teaching methods from the specific needs of clinicians, and sometimes makes the educational process itself boring and far from real medical practice, which sometimes requires non-standard decisions. The use of active forms of learning in the teaching of medical disciplines is due to the fact that students must not only acquire certain knowledge, but also be able to apply it in a specific practical situation. These methods promote active interaction between students and teachers. Of great importance in the activation of learning processes is the integrated and purposeful use of technical means, however, the main thing in the learning process is the activity of the student, the desire to become a professional.

Active methods cover all types of classroom activities with students. The practical application of problem-based and developmental learning led to the emergence of methods called "active". From the point of view of pedagogy, active learning methods, as a means of developing students' cognitive activity, can be divided into three groups of methods that are most interesting for use in order to control the formation of thinking. These methods are programmed learning, problem learning, interactive (communicative) learning. During classes, the teacher is required to be much more active and creative than when it takes place passively, in the form of retelling the truths read in books or long known. Interactive methods will have the greatest effect not only teaching, but also educational, when the teacher will influence the discussion not only of statements of a scientifically reasoned point of view, but also by expressing his personal attitude to the problem, his moral position. The forms of participation of a teacher in the discussion of students can be very diverse, but in no case should they impose their opinion, for example, through posing problematic issues that require productive thinking, a creative search for truth. Active teaching methods encourage students to active mental and practical activities in the process of mastering the educational material. The use of such a system of methods, which is aimed mainly at the independent mastery of knowledge and skills by students in the process of active mental and practical activity.

The emergence and development of active methods is due to the fact that new tasks have arisen for teaching: not only to give students knowledge, but also to ensure the formation and development of cognitive interests and abilities, creative thinking, skills and abilities of independent mental work. Active learning differs from ordinary learning, as it activates the mental activity of students by creating special conditions that contribute to this activation, re-