

USING GAME TECHNOLOGIES IN MEDICAL HIGHER EDUCATION INSTITUTIONS

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Introduction

In our country, the education of youth and the cultivation of a well-rounded generation has become a key focus of state policy. Based on the "Education" law and the national program for training personnel, a comprehensive system has been established to develop our children into educated, socially adept, and physically and spiritually mature individuals. Incorporating educational innovations into the teaching process is particularly effective in enhancing lesson quality. At this juncture, pedagogical technologies are becoming increasingly important.

The overall concept and structure of pedagogical technology are reflected in its role as a social phenomenon, which becomes evident through the achievement of educational goals and objectives. It encompasses the motivations, needs, requirements, and interests associated with educational matters, thereby aligning with the desires and interests of learners [1].

In its most fundamental sense, pedagogical technology hinges on the technologies selected by both teachers and students to achieve guaranteed outcomes from specified goals through cooperation. If each educational technology employed in the teaching process facilitates achieving the desired goals by fostering independent thinking, creative work, research, analysis, and self-assessment among students, and if it enables both the teacher and students to create conducive conditions for these activities, then this forms the core of the teaching process. Each lesson, subject, and study topic has its unique technology, making pedagogical technology an individualized process aimed at delivering a goal-oriented, pre-designed, and assured result, centered around the interaction between teacher and student.



The choice of technology in achieving the intended result is determined by both the teacher and the student, as their primary goal is clear: to attain the desired outcome. The selected technology depends on the student's knowledge level, the group's characteristics, and the specific circumstances.

Achieving results is difficult to imagine without innovation and interactive methods. Educational innovations refer to forms, methods, and technologies that, when applied with a new approach, can solve existing problems in the educational sphere or process much more effectively than before..

Currently, it is beneficial to employ innovative educational methods to enhance students' educational and cognitive activities, and to improve teaching quality and efficiency. Notably, practical games, problem-based learning, interactive education, module-credit systems, distance learning, and master classes are recognized as effective innovative educational approaches.

Incorporating diverse pedagogical technologies and interactive methods to enhance student engagement, foster free thinking, and encourage active participation in classes is a contemporary necessity. Utilizing these approaches transforms the teacher-student dynamic, making lessons more open and engaging. This shift not only enriches the educational process but also promotes greater student autonomy.

One effective approach is to focus on practical games. In contemporary education, games of a practical and innovative nature are being effectively integrated into educational practices. These practical games involve simulating the organization of specific practical actions.

Game technologies, categorized by play style, include several types: didactic games, narrative games, role-playing games, business games, simulation games, and dramatic games.

Of these, role – playing games are games aimed at revealing the essence of the mental state of a particular person in the performance of his duties and obligations, in which roles are distributed with mandatory content. Role-playing and business games serve to prepare students for a specific process, to form in them the initial skills for direct participation in the process of certain life realities, phenomena.

In the use of role-playing games, the teacher introduces the subject of training, the purpose and the procedure for conducting. The students of the group are divided into 4 subgroups, explaining the need to actively participate in the completion of the assignment. The teacher sets a task in individual for each of the 4 groups. For example, when conducting the topic" botulism disease and its early detection, treatment", the following task can be given:



Group №1: Reception Doctors Group. They are given a card with the patient's complaints written on it.

Task: On December 17, a 30-year-old patient, T., came in with complaints of dizziness, seeing double, difficulty swallowing, and thirst. Epidemiological history: On December 15, during dinner at home, the patient consumed home-canned mushrooms. The illness began with general weakness and dizziness, followed by seeing double and a "net" appearing before the eyes.

Physical Examination: The patient is conscious, pupils are dilated, ptosis, anisocoria, and signs of strabismus were detected. The patient is experiencing slurred speech and difficulty breathing. Heart sounds are muffled, blood pressure is 130/90 mm Hg. Due to muscle weakness, the patient has difficulty walking..

Group №2. Team of Ward Doctors. The task of this group is to examine the patient and make an accurate diagnosis.

Group Nº3. Team of Ward Chiefs. This group is tasked with determining the degree of accuracy in the diagnoses and treatment plans assigned to the group, as well as identifying the necessity of additional medications or treatments?

Group Nº4. Expert Group. This group is assigned to evaluate the responses provided by the groups, identify errors or deficiencies they have made, and assess their performance.

After the groups have completed their tasks, they will evaluate their work, conclude their activities, and submit their evaluations to the assessment journal prepared by the experts.

Now let's discuss the method of "Assessment" which will be effectively utilized during practical activities [3]. The essence of this method lies in students recalling all topics covered in a given practical session or section, or independently expressing their opinions on assignments and tasks provided by the instructor for each topic, thereby assessing their acquired knowledge, skills, and abilities, and creating opportunities for evaluations. In a short period of time, all participants are directed towards assessing not only their theoretical and practical knowledge but also their abilities and skills from both a theoretical and practical perspective.

The "Assessment" technique of the method involves revisiting the topic covered at the beginning of a lesson, reinforcing it, or introducing new material. It allows students to demonstrate their initial knowledge, understanding of concepts, and what they have learned by the end of the lesson, or to assess what they have learned from today's topic, whether it's through identifying what knowledge and skills they possess related to the subject matter or through intermediate, ongoing, or final assessments where rating scores are assigned.



Let's familiarize ourselves with this method, which is being implemented in the Department of Infectious and Childhood Diseases at the Tashkent Medical Academy, through an example (table 1).

Table 1 The "Assessment" technique Topic: Food Poisoning and Botulism

| Topic. Tood Toisoning and Dotansin | |
|--|--|
| TESTS | SITUATIONAL TASK |
| 1. Classification of botulism? | Patient T., 21 years old. He was brought to the |
| A. Dyspeptic | department in an ambulance at 22:00 with the |
| B. Ophthalmoplegic | following complaints: weakness, dry mouth, |
| C. Mixed | diplopia, rotation of objects in front of the eyes |
| D. Botulism in children | and blurred vision, difficulty swallowing thick |
| E. Liver | and liquid food, voice change, headache, |
| 2. Ways of transmission of botulism? | dizziness. |
| A. Air borne transmission | The illness started 18 hours after eating canned |
| B. Contact | mushrooms. The disease started with nausea, |
| C. Alimentary | vomiting, abdominal rest and the above clinical |
| 3. Which cranial nerves are paralyzed in | symptoms. The patient's condition is getting |
| Botulim? | worse during the day. |
| A. 1 | |
| B. 2 | Question: |
| C. 3, 7, 9, 10 | 1. Make an initial diagnosis and justify it. |
| 4. What diseases should be compared | |
| with botulism? | |
| A. Hyena Bar disease | |
| B. Polyemyelitis | |
| C. Columnar encephalopathy | |
| D. Salmonellosis | |
| E. Dysentery | |
| QUESTIONS | PRACTICAL SKILLS |
| | |
| 1. List the ophthalmoplegic symptoms observed | Demonstrate the step-by-step technique of |
| in botulism | injecting anti-botulism serum according to |
| | Bezredko. |
| 2. Describe the differential diagnosis of botulism | |
| | |

Conclusion

The implementation of pedagogical technology and interactive methods during classes teaches students to practical and theoretical activity, to search for new ideas, to defend and prove their thoughts, ideas, to respect and critically look at the opinions of others, to cultivate the qualities of conducting communication, discussion, to search independently.



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