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	Принимать любой способ ответа, включая свободно констру-		
Контролирующее - корректиру	о- ируемый, при этом правильность определяется на основе		
щая	формального общего и поэлементного анализа (при наличии		
	справочного оператора и системы коррекции ошибок)		

Методы организации обучения с применением персонального компьютера

Проблемный метод обучения использует возможности ПК для организации учебного процесса как постановки и поисков способов разрешения некоторой проблемы. Главной целью является максимальное содействие активизации познавательной деятельности обучаемых. В процессе обучения предполагается решение разных классов задач на основе получаемых знаний, а также извлечение и анализ ряда дополнительных знаний, необходимых для разрешения поставленной проблемы. При этом важное место отводится приобретению навыков по сбору, упорядочению, анализу, и передаче информации.

Исследовательский метод обучения с применением ПК обеспечивает самостоятельную творческую деятельность обучаемых в процессе проведения научно-технических исследований в рамках определенной тематики. При использовании этого метода обучение является результатом активного исследования, открытия и игры, вследствие чего, как правило, бывает более приятным и успешным, чем при использовании других вышеперечисленных методов. Исследовательский метод обучения предполагает изучение методов объектов и ситуаций в процессе воздействия на них. Для достижения успеха необходимо наличие среды, реагирующей на воздействия. В этом плане незаменимым средством является моделирование, т. е. имитационное представление реального объекта, ситуации или среды в динамике.

Внедрением информационных технологий в учебный процесс есть плюсы и минусы. И всетаки, будущее - за новыми формами обучения. Их нужно осваивать и внедрять в учебный процесс.

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# THE DEVELOPMENT OF PROFESSIONAL WELTANSCHAUUNG OF DOCTORS AS BASIS OF THEIR CREATIVE PROFESSIONAL ACTIVITY

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**Abstract:** in the following article, due to fact that the theoretical and practical thinking plays a special role in the study of professional skills of doctors, it is expressed that their criteria, goals and objectives are reflected in the coverage, as well as the development of professional skills and mastery of doctors, correspond to the logic of the pathological process, which is its subject, the stronger the correlation between these two situations.

**Keywords:** professional thinking, individ, subject, professional skills, competency, intuitive, etiology, pathogenesis, professional skills, medical practitioneer

**Аннотация: в** этой статье теоретическое и практическое мышление играет особую роль в изучении профессиональных навыков врачей. Развитие навыков также нашло свое выражение в том, что они столь эффективны.

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**Ключевые слова:** профессиональное мышление, индивидуальный, предметный, профессиональные навыки, компетентность, интуитивность, этиология, патогенез.

In the science of psychology, an important role is played by the study of thought and its types. Thought is a process of cognition, which consists in the reflection of reality by the individual in a generalized form. In psychology, the figurative, logical, realistic, intuitive, analytical, convergent and divergent, autistic, reproductive and many other types of thought are distinguished.

Contemplation to a certain extent depends on the profession, practical activity of the personality. Given this, many types of thought, such as thought of teacher, thought of doctor thinking, thought of engineer, thought of diplomat, thought of merchant are distinguished.

The main task of the doctor's profession is the diagnosis, treatment and profilactics of diseases. The role of the doctor's vision in the successful performance of these tasks is great. However, to date, the parameters of the doctor's weltanschauung, the requirements for it are not clearly defined. From this point of view, the study of professional thought of doctors gives an opportunity to formulate forthcoming doctors, develop appropriate recommendations on improving the skills, professional skills of practicing doctors. [1]

Currently, to express professional thinking of doctors, such terms as "clinical worldview", "medical worldview", "doctor's worldview", "theoretical worlview", "empirical weltaschauung" are used. One of the most important features of the doctor's worldview, when it is approached due to the features of the profession of a doctor, is the identification and treatment of the essence of pathological processes in the human body. Another of the features inherent in the perception of the doctor is his creativity. The reason why we call this quality one of the necessary features of the doctor's vision is that in the process of clinical practice, multinationals face phenomena that are difficult to explain, not described in manuals and textbooks. Here comes the hand of creative worldview in such situations.

In the vast majority of experienced and skillful doctors, a critical attitude is formed towards the description of the contractions expressed in textbooks and handbooks. This is due to the fact that the symptoms of the diseases that they come across in the course of practice often do not fully correspond or partially correspond to the descriptions indicated in the textbooks and handbooks. In addition, there are some such diseases, they are not described in the medical literature, but in practice doctors often come across such diseases. Another of the situations that require creativity from doctors is that the pathological processes are variable. The symptoms of a particular disease encountered in one patient occur in another, in a different form, in another patient. Therefore, in medical practice, the phrase "notypical", "non-standard" symptoms are often used. It is in such situations that doctors who think on the basis of stereotypes, stereotypes suffer. Here in such situations, doctors who think on the basis of stereotypes make mistakes. In such cases, they try to justify their mistake with the "notypicality" of the disease. [2]

In order not to make mistakes, even in "notypical", "non-standard" situations, the doctor should have a flexible, quickly adaptable mindset to the situation. It is only then that he/she is able to change the method of treatment, tactics, diagnostic conclusions in accordance with the objective situation. Here such situations also testify to the fact that the doctor's thinking is necessary to have a creative nature. [4]

The fact that the professional thinking of the General practitioner is a theoretical reflection does not deny its empirical properties. On the contrary, the daily activity of the doctor is based on his empirical thinking. Empirical weltanschauung is based on a narrow range of situations and situations that are encountered in the process of practice. In such situations, the doctor instead of analyzing each specific case, concludes that the course of the disease, based on its external, superficial signs, corresponds to its "classical" landscape. In such cases, treatment with a diagnosis is carried out according to the official instructions and the instructions in the instructions. Here is the doctor's error, which is allowed in such situations, as already said above, is justified by the notability of the disease. In this place, it can be noted that a doctor who has empirical thinking can become a wonderful doctor because of his rich experience. However, in the case of notypical and non-standard situations, its vulnerability remains to be seen. Types and types of contemplation are classified according to several grounds [5]. We believe that it is appropriate to take a closer look at the coverage of their criteria, goals and objectives, since theoretical and practical thinking play a special role in the study of professional skills of doctors.

Theoretical and practical weltanschauung are separated from each other depending on what tasks are directed to solve. The task of theoretical thinking is to know the laws, rules and essence of events. And practical thinking serves to change the phenomena of the surrounding material and spiritual world, to adapt them to the satisfaction of human needs. To achieve this, he is engaged in the formulation of tactics of action, goals, projects and schemes of a definite person or group. The theoretical and practical manifestations of contemplation differ from each other according to the following criteria: if theoretical contemplation operates with a scientific concept, generalization and categories, practical contemplation

tion works with reflections and concepts in household life. The main differences of theoretical and practical (empirical) weltanschauung in the field of medicine are shown in Table 1 below.

Table 1
The differentiations of types of theoretical and applied weltanschauung

Types of welt-anschuung	Aim	Tasks	Means and methods	Criterion
Theoretical	The the general- ities in identification of ethiology, patho- nesis, evolution of diseases	Studying the essence of methods, techniques, technologies, creation of new ones	Scientific categories, concepts, hypotheses, estima- tions. Conducting ob- servation, experi- ments, modeling, in- duction	imagina- tions, cate- gories and
Applied	Identification of the peculiarities of the ethiology, patho- genesis, evolution of illnesses in definite patients	patients the treatment methods,	comparison, laba analyses, roentgen-	The treatment results of of concrete patient

Ideally, these two types of weltanschauung should be practiced in harmony with each other, complementing each other. In practice, however, we can also witness that a certain period and a certain makonlarda is given priority to one of them and less attention to the other.

We conducted a series of experiments to determine the extent to which the professional functions of doctors are determined by their professional skills and their dependence on the type of thinking. 104 doctors with different work experience and type of weltanschuung participated in these experiments. The main part of them was surgeons, therapists and pediatricians. The internship of doctors who participated in the experiment was higher than four years.

At the first stage of the experiment, the presence and degree of theoretical thought components (analysis, reflection, internal planning) in the participants was determined. To this end, the examiners were given assignments that did not depend on their profession. To determine to what extent the vision is creative and theoretical, the complexity of the tasks is gradually increased. Depending on how the tasks were performed, conclusions were drawn on the theoretical weltanschauung of those under assessment.

Various categories of assignments were given to determine the level of reflection in the mind of the examiners. The external signs of these assignments were not similar to each other. After all the assignments were completed, the examiner was told to divide them into groups and find and add new issues that are specific to each group. If such assignments were performed in accordance with the method of their solution and the principle of construction, such a case would indicate the presence and level of reflexion.

If the assignments are carried out not taking into account their essence and principles, but only on the basis of their external signs, then such a situation is indicative of the absence of reflexion in those under assessment or at very low level.

Classification according to the method of solving assignments is subject to the analysis of its mental activity and its basis, which is a sign of the presence of reflections in the tester. In order to analyze and determine the level of reflection, we found that we took advantage of the adapted modification of the "substitution of characters" and "anagramma" methods developed by A.Z. Zak for adults. The ability to plan content was determined on the basis of the assignment given to the examiners on analysis and reflection. This is due to the fact that the execution of the analysis is associated with a figurative change of the terms of the assignment in order to determine the signs of the assignment in its essence. Reflexive actions are subject to planning, because they relate the methods of carrying out the task to the characteristics of its essence and determine.

Another of the methods we have implemented is the methodology of the "5 Game" proposed in the Ya. A. Ponomaryov's studies. This methodology was developed in the studies of V.N Pushkin. We aimed at identifying only two methods of planning in the study. These methods are step-by-step planning and pre-planning methods of the ideas.

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Our studies have shown that 12,3 percent of the those under assessments use a pre-planning method. Based on the reflexion, the assignments were performed by 4-5 percent of the doctors with 6-10 years of experience, while 12,8 percent of the examiners had 11,6 years of experience. Of the target pre-planning method, 4 percent of the physicians with a 4-5-year internship used 10,8 percent, while 9,4 percent of the physicians with a 6-10-year internship used it. These results showed that very few of the practitioners performed the task on the basis of a theoretical approach.

It became known that most of the examiners had empirical weltanschauung. Most doctors of such a category try to cope with the task, taking risks. They took into account not the essence of the task, but the external signs of imperfection. As it turned out, theoretical thinking in the doctors of this group is developed at a low level.

We have conducted additional research with the aim of examining the reasons why those with 6-10 years of working experience in the performance of assignments use theoretical thought forms such as pre-planning and reflection in relation to those with 4-5 years of experience. This study was conducted on the basis of expert questionnaires and interview methods. Studies have shown that in the memory of those with 4-5 years of experience, the theoretical knowledge gained in higher education institutions is still fully preserved. In addition, they used their professional literature more often than interns.

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And those who have a working experience of 6-10 years will forget about the knowledge gained in the higher education and will use less professional literature. In the process of our interviews conducted to investigate the causes of such a situation, reasons such as family concerns, the abundance of public assignments, involvement in agricultural work have been shown.

Our observations show that as the internship of doctors increases, the experience in them also increases, and this experience is more likely to lead to the formation of stereotypes.

At the second stage of the study, assignments related to diagnostic and therapeutic tactics in surgery were developed on the basis of symptoms directly related to the specialization of doctors. These assignments were made based on the following nosological forms: appendicitis, hernia, cholecystitis, stomach ulcer, pancreatitis and endarteritis. These assignments were also made based on the logic of the assignments of the first stage. In this, the following cases were taken into account: different diseases have similar symptoms, while similar diseases have different symptoms at different stages. Such an approach is that none of the diagnostic tasks belong to one type, and all assignments within the type are separated from each other by external signs; as well as assignments based on different tactics of treatment (for example, operative and conservative treatment). 23 surgeons took part in this experiment.

The methods of their solution in solving the tasks related to diagnostics, treatment tactics and treatment techniques by those under assessments were taken into account, the basis of the doctor's mistakes, the basis of the classification, the correctness of the diagnosis and treatment tactics, the ability to use a minimum of decisive symptoms in the diagnosis, the ability to find a link between the pathological and ethiological aspects.

Studies of the second stage were conducted individually and in group forms. The peculiarity of the results at this stage is that if the tasks not directly related to the profession at the first stage were performed by a minority of doctors on the basis of a theoretical approach, then at the second stage the number of those who applied to the theoretical approach was slightly higher. We tried to solve the reasons for such a situation on the basis of expert inquiries. These surveys have shown that the cause of this condition is related to the characteristics of professional activities in which surgeons require more experience. Several experts explained that the reason for such a condition is that surgeons are able to earn more income than other specialized doctors (4 experts). They explained that because it is possible to earn more income, surgeons are more likely to read special literature and work more on their own.

The reason why surgeons resort more to the theoretical approach is that they usually study the patient and formulate a treatment tactic is due to the fact that they regularly evaluate the course of treatment, dynamics make the necessary adjustments, predict the course of the disease, its stages, the doctor tries to determine and eliminate the patient's reaction to this or that effect, the all this affects the development of reflexive properties in the doctor's thinking.

At a later stage of the study, it was aimed to determine whether there is a link between the professional skills of the doctor and his professional vision. This stage was also attended by the examiners who participated in the previous stage.

The professional qualification of doctors was determined by the method of expert evaluation. The expert team consisted of 5-7 specialists. Here, we suggested that experts took into consideration the doctor's mistakes as the basis for determining the criterion of professional skill. (Here it was recommended to pay special attention to situations when faced with a notypical picture of the disease). It was noted that errors can be attributed to diagnostics, treatment tactics and treatment techniques. It was taken into account that the professional skills of the doctor were inversely proportional to the mistakes made by him. The less mistakes the doctor makes, the higher his professional skill will be.

All those under medical check were divided into groups on a scale of 9 points. The higher the professional skills of the doctor, the more points he scored. As a result of further actions, the professionalism of all the examiners was reached in the upper, middle and lower stages. These stages were determined by linking to the type of thinking of those assessed examiners.

A comparative analysis of the results of the experiment showed that there is a high degree of correlation between professional skills and the type of thinking. For example, it became known that 69 percent of practitioners with high professional skills have theoretical professional thinking. (Since only 4 of them do not have developed theoretical thinking).

It is clear that even in one of the doctors with a lower level of professional skill there is a theoretical type of worldview. Thus, our studies have shown that there is a strict correlation between the theoretical type of professional thinking and the high level of professionalism of the practitioner doctor.

Our study showed that physicians with a theoretical type of professional thinking achieve the highest success in clinical activity. It was then that there was a justification for the diagnosis and treatment setting, analysis, reflection and planning. It is precisely these types of physicians that are able to predict the progression of the disease, plan several stages in advance, bring situations that are contradictory, not externally similar to each other into a single common denominator, they compare the results obtained from the pre-planned program of actions, analyze the impressions of their subjects, while being able to correctly clinical interpretation of essential and objective.

At the same time, it became known that among doctors with high professional skills there may be practitioners of the empirical type of weltanschauung. (In our study, we came across with 4 such doctors). A detailed analysis of such cases made it possible to distinguish between their causes. One of such reasons is to have extensive experience in clinical activity. Having such experience, the doctor performs his duties with high skill even when faced with a notypical picture of the disease. (Because he will have faced such situations several times in the process of great experience). These situations testify to the fact that a high level of professional skill can also be achieved on the basis of long experience. However, such a path is not the optimal path and it can not always give the expected results.

Based on the above points, we found it appropriate to give the following conclusions;

- It is desirable to develop the theoretical professional thinking of doctors as the negation of their creative professional activity;

-Improvement of professional skills of weltanschauung of doctors should correspond to the logic of the origin and development of the doctor's activity, as well as the pathological process, which is its subject. The more robust the link between these two cases is, the more effective it is to cultivate the skills of doctors:

-It is desirable that the content and content of subjects in the Institute of professional development of doctors and training courses be organized in accordance with the principle of access from abstraction to concretization. Thus, the organization requires finding and the study the genetic basis.

-A complex approach to the professional activity of doctors dictates the determination of the components that make up the core of the professional thinking of the doctor, the specific types of thinking they have. On the basis of such an approach, theoretical-reflexive thinking can be regarded as an important feature that ensures a high level of professionalism of doctors.

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# ОСОБЕННОСТИ МЕХАНИЗМИ ПСИХОЛОГИЧЕСКОЙ ЗАЩИТЫ У СПОРТСМЕНОВ, РАЗЛИЧАЮЩИХСЯ ПО ГЕНДЕРНОМУ ПРИЗНАКУ

Назаров А.М. (г.Бухара, Узбекистан)

**Аннотация**: данная статья направлена на обеспечение физической и психической устойчивости спортсменов за счет разработки механизмов психологической защиты по гендерными различиями.

Ключевые слова: психологическая защита, методология. вопя. механизм. индивидуальный, компонент. адекватный, стабильность, гибкость. способность. психоаналитический, феноменальный, тревога, стратегия, стресс, эмоция, функциональный, когнитивный, поведенческий, адаптивный, экстремальный, психотерапия, эмоциоинальный, стереотип, патологический.

**Abstract**: this article is aimed at ensuring the physical and mental stability of athletes through the development of psychological protection mechanisms for gender differences.

**Key words**: psychological defense, will, methodology, mechanism, individual, component, adequate, stability, flexibility, ability, psychoanalytic, phenomenal, anxiety, strategy, stress, emotion, functional, cognitive, behavioral, adaptive, extreme, psychotherapy, anxiety, emotional, stereotype, pathological.

Психологическая защита помогает спортсменам преодолевать серьезные психологические трудности, возникающие в процессе участия в соревнованиях, в большом спорте. Проблема психологической защиты личности всегда была одной из самых актуальных проблем, стоящих перед человечеством. Социально-психологическое развитие личности, ее активность как личности и саморазвитие зависят от очень многих факторов. Психологическая защита спортсмена с психологической точки зрения — это система методов и механизмов психологической саморегуляции сознания и поведения спортсмена в экстремальных условиях деятельности. Задача психологической защиты - защитить целостность понятия «Я» у спортсмена, его неудач на соревнованиях, страха, беспокойства или негативной психологической травмы.

Психологическая защита — это субъективный механизм развития состояния готовности спортсмена к успеху и его реализация. Учитывая необходимость психологической защиты спортсменов и изучения их характеристик, учитывая современные требования в области спорта, специалисты сделали акцент на способах подготовки спортсменов к соревнованиям на высоком уровне. Феномен психологической защиты — это индивидуальное субъективное явление с индивидуальными психологическими законами. Изучение психологической защиты у спортсменов позволяет спортсмену поддерживать стабильное психическое состояние, предотвращать страх, негативные эмоции, подавлять или испытывать чувство эмоциональной устойчивости. Также важно знать, какую роль психологическая защита играет в развитии спортсмена, усложняет ли она его или способствует его дальнейшему совершенствованию. Понимание того, что психологическая защита может действовать как положительное или отрицательное явление для спортсмена при определенных условиях, тормозит развитие психики, создавая новые проблемы в психологической подготовке спортсменов к соревнованиям высокого уровня. В одних случаях психологическая защита выполняет положительную, адаптивную функцию, в других - тормозит развитие, о чем должны знать не только психологи, но и тренеры, профессионалы спорта.

Исследования психологов не до конца исследовали проблему психологической защиты спортсменов. Выявление, дифференциация и изучение поведения и типов общения спортсменов характеризуется их эффективным использованием в работе со спортсменами, особенно в тренерской деятельности. На практике возникает вопрос, можно ли воспитать и развить поведение, навыки и способности спортсменов. В практике современных исследований процесса подготовки спортсменов психологами проблема психологической защиты спортсменов изучена недостаточ-

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# МЕЖДУНАРОДНАЯ АКАДЕМИЯ ПСИХОЛОГИЧЕСКИХ НАУК

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