The principal trends in the development of modern higher medical education in Ukraine

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Abstract. The article deals with contemporary medical education in Ukraine. In the late twentieth and early twenty-first century, higher medical education in Ukraine has undergone essential changes. These changes affect the system of education, and the educational process, and most importantly, those guidelines and criteria by which alteration occurs in the sphere of education. We are talking about a change so significant that we can state the beginning of a new stage in the development of higher medical education in Ukraine. Of course, the development of this branch occurs in the mainstream of changes in the higher education of Ukraine in general which, in turn, reflect the current processes in the Ukrainian society. It is clear that the restructuring in question, covers all components of the educational process, but its base is formed by the new principles, new ideas, the new vision of education, its social functions, goals and content. The identification of what appears to be the modern trends in education in the context of training medical professionals, deserves a special theoretical consideration.

Introduction. In the late twentieth and early twenty-first century higher medical education in Ukraine has undergone fundamental, essential changes. These changes affect the system of education, and the educational process, and most importantly, those guidelines and criteria by which alteration occurs in the sphere of education. We are talking about a change so significant that we can state the beginning of a new stage in the development of higher medical education in Ukraine. Of course, the development of this branch occurs in the mainstream of changes in the higher education of Ukraine in general which, in turn, reflect the current processes in the Ukrainian society. It is clear that the restructuring in question, covers all components of the educational process, but its base is formed by the new principles, new ideas, the new vision of education, its social functions, goals and content. The identification of what appears to be the modern trends in education in the context of training medical professionals, deserves a special theoretical consideration.

A brief review of publications on the topic. Тенденції сучасної перебудови вищої освіти України привертають нещодавию велику увагу педагогічної науки. Серед значної кількості досліджень, які формулюють і аналізують означену тему, а також її конкретизацію щодо перебудови медичної галузі освіти відносямо роботи Current trends in restructuring of the higher education in Ukraine attract constant and great attention of pedagogical science. Among a significant number of studies that formulate and analyze the theme and its specification regarding the restructuring of the medical education there are the works of S. D. Mak-simenko [1], M. M. Filonenko [1], V. Ye. Mileyan [2], V. P. Andruschenko [4]. Слід відзначити, що якщо окремі тенденції освітньої перебудови дістали достатнє висвітлення, то їхньої систематизації її загального огляду в аспекті їх продуктивності для вищої медичної освіти покаємо що бракує. It should be noted that though some specific trends of the educational restructuring have been sufficiently studied, their classification and general survey in terms of their performance in higher medical education are not investigated enough.

Purpose. The study aims to identify the most significant for modern development of higher medical education in Ukraine tendencies of its restructuring, and to analyze and assess their role in the restructuring of higher medical education. For this purpose the following problems have been solved:
- the characteristic of paradigmatic revolution in modern education has been made;
- the two sides of the educational process in higher medical schools have been described:
- the features of the competence approach in medical education have been found:
- the meaning of humanization of higher medical education has been described.

Methods. The following methods have been used in the article: theoretical analysis of text documents, systematization, generalization, comparative analysis, chronological description.

Results and discussion. Taken as a whole the education trends in Ukraine in the last decade can be called the new educational paradigm. At its center there is the human person, which is the goal and criterion of the effectiveness of the educational process. Researchers distinguish two kinds of personal qualities that have to orientate the higher education. On the one hand, modern society needs people “who can independently make responsible decisions in situations of choice, forecasting their possible consequences – people who know how to use the latest information technology, but not become dependent on such technology” [3, p.9]. On the other hand, the higher education is to prepare people who do not neglect their national culture and traditions as well as universal values, world culture, who are well developed moral personalities. More aphoristically it is formulated by V. P. Andruschenko, who notes that “in the midst of the modern discourse of generations the two eternal human existential aspects gradually move – pragmatism and humanism” [4, p.16].

In this context the higher medical education appears to be a bright example of the combination of the two orientations in the training of youth to professional life. Graduates of medical schools, of course, have to be pragmatically orientated to know not only the content of their profession, but also the needs of society, and the opportunities to use professional knowledge and skills in a market conditions, having in their minds career prospects. They must have the necessary information and skills to solve a variety of practical problems, to be able to communicate with people, to persuade and to understand...
others. At the same time, graduates of medical schools must not only know, but also completely accept the principles of medical ethics and be directed in their activity by these principles, they must possess necessary for the physician qualities and traits which include actual humanism and sense of responsibility. They must become the successors of the best traditions of national medicine, including the traditions of high culture, the sense of civic duty.

From the perspective of modern philosophy of education the main characteristics of modern knowledge are "variability, fluidity, inconsistency, heterogeneity, non-linearity, refusal from reproductive character of education, from "ready" knowledge". The search for knowledge, its joint creation in the process of interaction between the teacher and the student are to be the task of education now [5, p. 54]. It is also stressed that there is the need for the development of ability of problem thinking and effective action in situations of uncertainty [6, p. 27]. It is quite logical, therefore, to conclude, as D. G. Kucherenko and A. V. Martynyuk do, concerning education in general: in our time the very concept of education has been transformed, "there is the transition from the concept of functional training to the concept of personality development" [7, p. 23]. If one applies it to the sphere of higher medical education, one can state that the essence of its latest transformation is the transition from functional training of a physician to the development of his/her personality. Of course, this refers to purely professional qualities of personality, its competence in relation to different types of professional activity as well as its universal human properties.

Competence-based approach to the objectives and content of teaching became one of the principal directions of the transformation of higher medical education in Ukraine in the early twenty-first century. Competence in modern pedagogy is the ability of a person to perform certain practical and theoretical activities, to solve certain social and life problems, to assess correctly various situations in the context of certain philosophical, ethical, scientific ideas. The formation of these abilities is a particular goal of the educational process, which is opposed to the simple accumulation of knowledge and skills. Training and upbringing thus acquire practical orientation corresponding to tasks and practices of a particular profession. This does not mean, of course, disregard to fundamental training in the relevant to a certain profession sciences, which remains an essential aspect of learning, but is subordinate to the process of developing specific competencies in students.

It should be noted that medical education in the context of the competence approach is in a more favorable and, together, in a more difficult position. The aforesaid approach is not new for higher medical education, because at its core it has always trained graduates prepared for medical activities, for business of a certain kind. Educated medical person is first and foremost a practitioner, a person able to heal, to help, to protect the health of other people. The knowledge of a physician, her or his erudition is extremely important but auxiliary part of the level of education. Such state of affairs causes elevated requirements for medical competence. This concerns not only professional competences but also the social and personal qualities of medical graduates, their abilities to solve ideological, moral, communicative, psychological problems, their skills in working with people.

Competences are interrelated. Among them there are general competences, which are divided into three categories: instrumental, interpersonal, systemic. Instrumental competences include cognitive abilities, technological skills (skills related to using technology); linguistic skills; communication skills. Interpersonal competencies include "individual skills associated with the ability to express feelings and to form relationships which include critical reflection and capacity for self-criticism, as well as social skills connected with processes of social interaction and cooperation, ability to work in groups, take social and ethical obligations" [8, pp. 44-45]. System competence is "the combination of understanding, relationships and knowledge which makes one to be able to perceive the relationship of parts of a whole with each other and to appreciate the place of each of the components in the system, the ability to plan changes in order to improve systems and to design new systems" [8, p. 45].

The ranking of identified competencies according to their importance in the higher medical education reveals equivalent significance of instrumental and interpersonal competences. The instrumental abilities of the medical university graduate are realized in the skill to assess the health state of a person, to diagnose a variety of disorders, to develop medical strategies and treatment methods. In addition, they include the ability to operate with medical equipment and devices, to use computers and other information appliances for professional purposes. Interpersonal competencies learned by medical students include first of all the principles of medical deontology, the ability to choose a course of conduct in relations with other people, to take responsibility for others. Undoubtedly, communicative competences are important for the future activity of a doctor: among them the ability to speak with a patient, to inspire confidence, to get a patient to talk, to ask the "right questions" that give the opportunity to make a diagnosis and prescribe treatment.

Competence approach in medical education requires a certain restructuring of the educational process. As noted by I. Ye. Klak, "the main thing here is the design and implementation of such educational technologies, which would create a situation of inclusion of students in different types of activities (communication, problem solving, discussions, debates, projects) and facilitate the formation of a graduate high level of readiness to successful functioning in real life" [9, p. 33]. For medical students, such a situation is constituted by clinical practice that is an integral part of the educational process. The proportion of the fixed and the variable components of the curricula is also of great value. If the key competences correspond to the specificity of the invariant component of the medical brunch standard then "the most of special competences are mainly the result of the implementation of the variable component of the curricu- lum within the framework of standard educational institutions" [10, p. 160].

Although the formation of professional competencies is an important aspect of the modern educational process, the necessary addition should be the education of students on humanitarian principles. Humanization of higher
education is one of the main principles of the modern European educational paradigm. In general, this means the return of education to the individual, the human person. It becomes the target of the whole educational process in the sense that all competences formed in the process of teaching should be, ultimately, directed at the person to improve his/her life, and in the sense that education should be student centered, should give students great opportunities to develop all positive potentials of their personalities. This may be said about all sectors of education, but especially those that prepare professionals to work with people. The healthcare branch of education is one of the first.

The upbringing of doctors-humanists is a longstanding tradition of medical schools. The success or failure of medical education is to a considerable degree manifested by this criterion. The doctor with higher education should be first and foremost a man of culture. And not only in the aspect of professional culture, but also in the broader aspect of general humanitarian culture. She or he should be interested in people, interested in human problems, it is necessary to be aware of the latest trends in social life, in art, in the national culture, in politics and economics, all this is an urgent need for the medical worker. To educate such a humane person is possible only by means of humanizing the process of training and upbringing at the university.

A clear problem formulation is found in the work of T. M. Tretjakova: "humanization of education is characterized by the filling of the entire learning process and all academic disciplines by content and approaches that allow us to consider any issue through the prism of its significance for a person and its development" [11, p. 7]. In this process, P. P. Avtomonov identifies two areas that he calls narrow and wide meanings of humanization. In a narrow sense, humanization is presented as the training orientation on the personal development. In a broader sense it is the creation of all conditions “for the formation of personal skills, the needs in the intellectual, spiritual, moral and physical development” [12, p. 185]. In the latter sense, the process of humanization goes beyond the traditional (classroom) learning and covers all the ways of attracting students to an educational institution.

Academic training should be based on certain ethical standards that are consistent with the principle of humanism. N. M. Boichenko allocates values which should be the foundation of academic ethics: the values of freedom and democracy, human dignity, the academic responsibility for the results of one’s research, tolerance. Freedom and democracy, human dignity, the academic values should be the foundation of academic ethics: the values of freedom: "the most urgent task of the university is to build the level of freedom at which the person carries on its own life project in the form of public contribution" [14, p. 20].

It is extremely important for the educational process in a medical university to support the love of freedom and the ability to be free in students. Individual freedom is the power to make decisions independently, to find enough will for its implementation, despite the adverse conditions, as well as the willingness to answer for one’s own decision. It is obvious that for a specialist in the field of health care the ability to make independent decisions without relying on authority, tradition and superstition, but considering all possible points of view is a matter of professional competence.

The humanization of medical education is the reverse side of the students of medical schools professionalism. N. A. Fialko draws attention to on the contradictory unity of professionalization and humanization in education. Professional thinking, in her opinion, is always technocratic, because it performs an auxiliary role in the life of individuals [15, p. 10]. Obviously, humanization, to a certain extent, is opposed to technocratic tendencies in education. However, it should not be an alternative. In this context, N. A. Fialko underlines the task of humanization, which, in her opinion, is not to overcome the technocracy: its destruction would only lead to depersonalization of an individual; the real purpose of the humanization of education is achieved when professional thinking becomes an integral part of the internal world of the individual [15, p. 10]. It is especially important, one can say – vitally important, that the balance of professionalism and humanism should be achieved in medical education. Its achievement requires continuous efforts of all teaching staff of medical schools.

Conclusion. It can be stated that the higher medical education by its professional orientation, goals and objectives of the educational process is one of educational branches which most organically combine professional and cultural orientation, competence-based approach with the principle of humanization of education. Most important for the modern development of higher medical education in Ukraine principles of its restructuring are: 1) its professionalization on the basis of competence approach and 2) its humanization which combines the formation of professional and general humanitarian culture based on high moral values and medical ethics. Moreover, these two principles form inseparable unity as morality and general culture of a physician should occur through professional knowledge and vice versa. The role of these guidelines for the restructuring of medical education is in that they give the possibility to combine harmoniously the new principles with long-developed approaches and to ground innovation on a solid foundation of tradition.

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