



COMPETENCE OF THE FACULTY OF GENERAL MEDICINE

The core competence of a general practitioner is to manage the process of providing primary medical care. It includes the ability to establish the first contact with the patient, distinguish his problems and manage the classification process. Also, regardless of the severity of the patient's condition, gender, age and other characteristics, providing primary medical care for all diseases, coordinating medical care with other specialists, protecting the interests of the patient and ensuring the availability of necessary medical care.

These skills are formed through multimedia interactive lectures with feedback between teaching subjects, seminars in small groups, self-study with the study of literature, creating thematic presentations, messages, holding mini-conferences and role-playing games.

Self-study plays a major role in the development of competencies. Self-paced learning is an effective approach to continuing medical education because its main element is student initiative. Student independently identifies problems and needs, sets goals, implements actions using available resources, and evaluates the results. Participation in symposia, colloquiums, specialist days, virtual and real consultations on issues of interest to teachers are considered to be integral part of the self-education system. In self-study, methods such as reading, analyzing case studies, developing projects, writing reports are very important. Thus, in modern conditions, the establishment of a continuous education system of doctors should be based on the wide use of innovative teaching technologies that allow them to achieve high professional competence.

№	THE KEY COMPETENCIES
1.	Distance education should play a special role in the process of continuing education, the components of which are flexibility (manifested in the absence of regular classes in the form of lectures, seminars and the free choice of the time necessary to master the course, modularity (each separate subject or a set of subjects mastered by students creates a holistic understanding of a certain subject area), parallelism (can appear when education is combined with the main professional activity), asynchrony (the ability to implement teaching and learning technologies regardless of time)
2.	The introduction of remote technologies allows to activate and develop the creative and intellectual abilities of the doctor through open access to all

	information modules of the program.
3.	It is extremely important to teach future doctors a person-oriented approach with the formation of the ability to determine the wishes of the patient, to advise him without violating the right to independence and self-sufficiency, and to ensure long-term and continuous monitoring. To develop this competence, approaches are used that allow the student to master a certain style of communication aimed at achieving partnership in the examination of the patient and the determination of treatment methods.
4.	Analysis of various types of advice used in general medical practice, observation or analysis of video recordings of real medical examinations, role-playing games, communication exercises, solving situational problems, medical conferences on problems serve this purpose. As a result of mastering this section, the student should demonstrate the ability to solve the patient's problem according to the person-oriented approach, establish cooperative relations with the patient, and provide long-term medical care based on the analysis of the personality of patient and his family.
5.	The next key competence is the implementation of an integrated approach to the provision of primary medical and sanitary care: the ability to coordinate and implement measures for prevention, treatment, including palliative and medical and social care, and rehabilitation. The development of this competence occurs gradually in the process of working in the general medical practice department, participating in role-playing games, modeling clinical situations, practical training, sharing experience with colleagues, and organizing public health schools.
6.	Provides the opportunity to use the territorial principle of providing the population with primary medical and sanitary assistance in accordance with regional resources. Acquiring relevant skills is facilitated through classes and lectures, visits to health and social care facilities, and research development.
7.	It is carried out by studying medical, psychological and social aspects of the condition of the patient and his family, developing a holistic approach to the assessment of the health status of the patient and his family, by conducting health passports, family passports, outpatient records, symposia, conferences dedicated to psychosomatic and medical-social problems of the population.