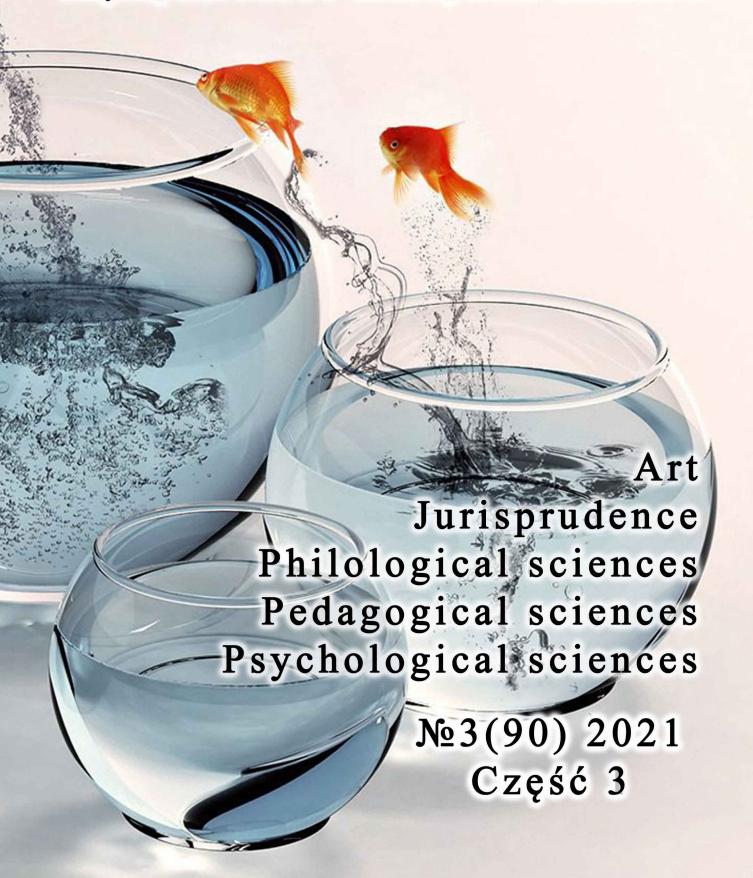
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которого возможно установить контакт, создать позитивную атмосферу и урегулировать ситуативные проблемы. Для русских улыбка в первую очередь должна иметь искреннюю эмоциональную причину, выражать, например, дружелюбие и благодарность. По этой причине существуют стереотипы о неулыбчивости, замкнутости русских и неискренности американцев [3].

Подобные недопонимания между представителями разных культур в рамках иноязычного общения (в том числе и профессионального) могут произойти по той причине, что собеседники эмоционально воспринимают друг друга с точки зрения своего менталитета. Особенную важность приобретает способность наблюдать, выявлять и понимать чужие и свои эмоции в зависимости от ситуации общения и социально-культурных особенностей собеседника, рефлексировать их и регулировать свое поведение. Исследователи называют данный тип рефлексии эмоциональной рефлексией [2]. Мы согласны с важностью развития эмоциональной рефлексии и включаем ее в рефлексивно-оценочный компонент.

Таким образом, в нашей работе рефлексивнооценочный компонент готовности к иноязычному общению в будущей профессиональной деятельности имеет следующую структуру:

- способность к когнитивной рефлексии;
- способность к рефлексии способов деятельности;
 - способность к эмоциональной рефлексии.

Рефлексия играет важную роль в самообучении и саморазвитии. В профессиональном иноязычном общении особенно важны рефлексия эмоционального и когнитивного состояний, а также рефлексия способов деятельности с определением наиболее продуктивных. Именно такой подход позволит всесторонне взглянуть на ситуацию общения и достигнуть прогресса, повышения уровня готовности к иноязычному общению. Необходим поиск

UDC: 378.016:616.31:378.046

методов, способов и средств формирования рефлексивно-оценочного компонента, исходя из особенностей обучаемого контингента.

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Denysova O. G.

Candidate of Medical Science, Associate Professor. Kharkov National Medical University ORCID: http://orcid.org/0000-0002-6866-9275

Stoyan O. Y.

Candidate of Medical Science, Associate Professor. Kharkov National Medical University ORCID: https://orcid.org/0000-0003-4498-0453

Sokolova I. I.

Doctor of Medical Sciences, Professor Kharkov National Medical University ORCID: http://orcid.org/0000-0002-2339-4909 DOI: 10.24412/2520-2480-2021-390-21-25

INTERNSHIP FACILITATION FOR DENTISTS

Аннотация

В статье представлена сравнительная характеристика методик ведения занятий у врачей-интернов стоматологов: традиционная (вопрос-ответ) и методика фасилитации. В качестве объективной

оценки результатов исследования явилась итоговая аттестация тематического цикла. Интерны, обучавшиеся по методике фасилитации, показали уровень знаний, при котором количество положительных оценок составило 90 % по сравнению с традиционной методикой (63,6 %.). Таким образом, метод фасилитации активизирует учебный процесс и научно-исследовательскую деятельность у будущих врачей.

Abstract.

The article presents a comparative description of conducting classes for dentists-interns: traditional (question-answer) and facilitation technique. Final module assessment served as an objective assessment of the research results. The interns who were taught using the method of facilitation showed the level of knowledge at which the number of positive ratings was 90% compared with the traditional method (63.6%). Thus, facilitation method activates the educational process and research activities of the future doctors.

Keywords: педагогика высшей школы, фасилитация, интернатура, стоматология, профессиональная подготовка,

Key words: higher education pedagogy, facilitation, internship, dentistry, training

Introduction. Modern society is undergoing significant changes that predetermine restructuring of the medical education system in the process of training new generation of professional doctors. This process is based on the principle of "life-long learning", which was adopted by the world community and became the basis for the UNESCO program "Education for the 21st century". This document emphasizes that education cannot be completed with a diploma, but must continue throughout the life, providing for expansion and deepening of a person's worldview. And, in turn, the success of professional training for future dentists depends on the forms and methods of managing a fairly delicate area of educational impact, such as self-education and professional self-improvement [1, 15]. Today, the training of a dentist consists in not only the process of mastering comprehensive skills, but also requires formation of a broad outlook, which necessitates certain changes in the postgraduate training of doctors of this majoring filed and requires development of new scientific and pedagogical approaches, innovations in training of dentists. The changes in the society and the state have clearly revealed the contradiction between the need for dentists in a broad sense (having a high level of knowledge of not only one of the areas of the specialty, but also in medicine as a whole) and a real decrease in motivation to achieve a certain level.

Training dentists interns involves a group discussion of the task at a practical lesson or seminar and plays a rather important role in shaping the clinical reasoning of the future specialists. As many psychologists note, neither numerous innovations, nor the ongoing reforms, unfortunately, have solved the main problems of modern medical education: manifestation of a class-lesson subject-based training system. Many high school teachers are still convicted that the majority of interns are not curious. And the worst thing is that there are teachers for whom the position "to be on the podium" is the norm, who have no need to reflect their feelings towards future colleagues and have no desire to listen to the feelings of interns, there is no common psychological culture and ability to work with different categories of people [6]. The process of discussing the topic in small groups of interns should give them the opportunity to control their learning process and, thus, gain a certain degree of independence in search of the right solution in a clinical situation.

However, as a rule, conducting classes in small groups (5-6 people) takes the form of "micro lectures" or asking questions, not a dialogue between future colleagues, and, therefore, the monologue prevails in communicating with the students. At the same time, there is no discussion between the interns themselves, and only answers to the teacher's questions are possible. With this form of training, one of the interns dominates and/or blocks the collective discussion of the topic, while students receive a ready-made solution of the problem. Therefore, it is the teacher's own behavior that is of great importance in terms of how student groups build relationships during class.

In view with this, the use of facilitation process (from the English facilitate – help, guide, facilitate) that combines at the same time the process, skills and a set of techniques that can effectively organize a group discussion, in our opinion, seems to be a necessary method of training interns at preparation of dentists of the new format.

Facilitation in an internship is a process in which a teacher (facilitator) takes an observant position and helps interns identify the problem (examination plan, diagnosis) and make a decision in the process of discussion (treatment and prevention plan). At the same time, the teacher must quickly respond to the changes in the situation in the group, steer the discussion in the right course and focus on the right decisions, not forgetting to motivate the future doctors to personal changes in their behavior.

All above emphasizes the relevance of studying the facilitation process as a modern aspect of development of pedagogical science in the framework of postgraduate training for dentists.

Analysis of key research and publications. The term facilitation was first described and studied at the end of the 19th century by such scientists as R. Zajonc, N. Triplett, N.B. Cottrell, G. Allport et al. [8]. In the deepest sense, facilitation, and especially facilitation in pedagogy, is aimed at enhancing the effectiveness of training and education.

The problem of teacher facilitation was most fully studied by C. Rogers, in terms of the personality, activity, communication and creativity of the facilitator teacher and who believed that it was the facilitator who was able to meet the modern needs of society. Analyzing the main ideas of C. Rogers [13,12] on the problem

of facilitation, we can say that this phenomenon in pedagogical activity manifests itself in the teacher's ability to build the educational process in such a way that the atmosphere of psychological support is formed in the classroom, due to which the level of educational motivation, responsibility, creativity increases, providing personal development of the students. The teacher who is able to implement facilitation process always knows and understands the needs, students' inner world, and is also open to his own experiences, able to openly express them.

At the same time, facilitation is an interactive learning process. D. Burrows (1997) defines facilitation as "a focused, dynamic process in which participants work together in the atmosphere of genuine mutual respect to learn through critical thinking" [2]. This concept is in good agreement with understanding of facilitation described in the literature [5], which is based on a "humanistic approach to learning", which helps students learn through collaborative and interactive learning [14, 10]. It is also very important to ensure creation of an environment in which the student feels able to share and be heard [7,14].

In modern conditions of the higher dental school, facilitation means disclosure of real human qualities among the present members of the group. We mean the resources of the man, about his quality reserves as a person. And this applies not only to interns (if we take the educational format of higher education), but, first of all, to the teacher himself. As the Latins used to say: "Docendo discimus" ("Teaching, we learn ourselves") [4].

This level of the task requires the teacher, to some extent, "reference" personality characteristics. Moreover, not in form, but in fact, because the intern, like any communication partner, reads all the information from the "body" of the teacher. You can say anything, whatever "right" the words are, but if they are not supported by the "truth of the body, emotions" of the teacher, it will not be possible to really interest the future dentist in the subject, as a carrier and vehicle of the knowledge [3].

Manifestation of such personal characteristics can be: authenticity, sincerity of the teacher (his congruence), acceptance, care or recognition (unconditional positive attitude towards the student, recognition of the value of his feelings, opinions, his own rightness), the ability to empathic understanding, which contributes to development of the student's desire to live fully and learning opportunities [11].

The purpose of the study was to investigate the use of facilitation technology during a seminar with interns-dentists to enhance group educational work.

Material and methods. The study involved 4 groups of interns majoring in dentistry. In group 1 (5 persons) and group 2 (6 persons), the classes were conducted according to the traditional scheme (survey, clinical analysis of the patients, summing up the results of the lesson using a 5-point rating scale).

In group 3 (5 persons) and group 4 (5 persons), the classes were conducted taking into account the principles of facilitation – group (team) training (discussion):

at the first stage, interns were provided with the material for study, then the students passed individual readiness tests and team tests to assess their understanding of the material before the class. After this, a group discussion was held together with the teacher to understand the group's readiness for clinical admission of patients. Of the 4 types of pedagogical facilitation, we selected a partner (humanistic) one, when the teacher builds the educational process on the basis of a dialogical strategy of interpersonal influences, shares his authority with the interns, and collaborates with the group. The facilitator teacher focuses on constructive interaction with the future colleagues, allows for different views in the group, leads the group in such a way that it becomes more independent, advises the group on the implementation of certain ideas, possible solutions, and allows the group to choose the most appropriate teaching methods, while remaining an active observer.

Using simple ideas, step by step, the teacher brings the future dentists to independently posing and solving complex tasks.

The classes in groups 3 and 4 were conducted according to the following methodology: the facilitator asked those interns who want to speak out and determined the turns. Having fixed the order of speeches, the facilitator activated the discussion by interrupting the sequence, if he saw a desire of one of the interns to respond to the accents of the patient's history of life, illness, differential diagnosis, and the teacher's comments. In such a case, the opponent was given the opportunity to speak very briefly, after which the planned order continued. Interruption of the sequence made sense only when the comments were short and dealt with the main topic of discussion. Establishing a sequence of turns helped the group overcome the dominance of more active interns and allowed all members of the group to speak. Applying active listening skills, the teacher corrected the statement of the question, rephrased it, summed up the topic, maintained visual contact with the group, focusing on the inactive participants in the discussion, not verbally demonstrating a willingness to give them the floor. Along with establishment of priority, interns were invited to participate in the discussion with those interns who did not express their vision regarding the topics. The facilitator made it clear with gestures and facial expressions that someone wants to object or support the opinion just expressed, then he addressed this intern personally with the question: "Do you want to add anything?" Or "Does everyone agree with this?" or "Does anybody have a different opinion?". It was also suggested that the group asked the speaker a question, contributing to explanation of the proposed ideas and focusing on the main topic of the discussion. When the facilitator noticed that the group was tired, he suggested making a break or summarizing what was said and ending the discussion in a free discussion format. Thus, formation of clinical thinking went to the "general" level, expanding the horizons of the future dentists. The clinical part of the lesson ended with a summarizing discussion. An individual test was aimed at determining the basic level of knowledge of interns and took 7-8 minutes.

The team test involved discussion in a group of interns, therefore it is a different form, while the topic of the test can be narrowly focused.

The research findings were evaluated using an anonymous questioning, which was carried out after classes and according to the results of the final certification at the end of the cycle of classes on the proposed topic.

Results. The analysis of the questionnaires showed that the interns of all groups were united in the question that the teaching style in the group of interns could not be the same as that of students. At the same time, they noted that interns reach a new level of communication with the teacher (beginning of formation of a mate, and later colleague), and the teacher, in turn, cannot use the methods of suppression, dictate in the educational process. The interns were also unanimous in the issue of the quantitative composition of the group, the optimal number of students in the group for comprehensive perception of the material and the possibility of clinical attendance (analysis) of patients. In larger groups, the teaching process is difficult and leads to the fact that some interns do not participate in it at all.

According to the majority (90.5%), the process of evaluating the knowledge of interns cannot fit into the usual framework of a 5-point system. In their opinion, the system of 12-point assessment, which is used in secondary school, is more acceptable as it gives a greater range for both the teacher and the student.

The interns of all groups were unanimous in the opinion that postgraduate education should be based on a dialogue between the teacher and the student.

However, as the studies in groups 1 and 2 showed, in the process of analyzing educational material, a dialogue usually took place between the teacher and 1-2 interns, while the rest of the interns were passive listeners. The need for a clinical examination (medical manipulation) of the patient caused to a certain degree fear and uncertainty in their knowledge and practical skills.

In groups 3 and 4, the classes were organized according to the principle of intergroup discussion. With this, the teacher could identify misunderstandings and adjust the process of clinical reasoning formation. The teacher's ability to guide the interns during the discussion and ask "guiding" questions to specify and correct their uncertainties maximizes the learning process. At the same time, all the interns of the group were active in discussions, and by the time of the clinical part of the lesson they understood the tasks they faced. Presentation of the clinical material as an incentive for training allows interns to understand the relevance of basic scientific knowledge and principles in clinical practice.

There was a very interesting pedagogical nuance, when in the process of discussion the roles were distributed spontaneously among the participants in facilitation. Those interns who at the beginning of the lesson (individual test) were constrained in their answers or were not sure of their knowledge, gained confidence after team testing. And with the correct design of the questions of the teacher, in some cases they took a leading position in the discussion. Creation of an "open space" with the use of facilitation technology leads to

redistribution of roles, which cannot be predicted, and even created using traditional teaching methods. At the same time, this method of conducting classes cannot be single, in order to obtain a stable result of training interns, frequent repetition using various forms of facilitation ("open space technology", "scatter of opinions", etc.) is necessary. At the same time, group training contributes not only to acquisition of knowledge, but also stimulates acquisition of other process attributes, such as communication skills, teamwork, problem solving, independent responsibility for training, information exchange and respect for each other, and the ability to hear an opponent.

As a result of the study, it was found that the teacher must follow certain rules of facilitation:

- make sure that while one intern answers the question, the other are not distracted by extraneous conversations and affairs,
- make sure that interns clearly understand what tasks are necessary to perform within the framework of the topic of the lesson,
- when asking a question, the teacher should not answer it independently or try to reformulate it immediately; it is necessary to count to 10 before speaking again, this creates the conditions for relieving some tension, fear among interns of an immediate answer,
- if the teacher has something to add to the said by an intern, again it is necessary to count to 10, allowing the intern to think or formulate the answer in the necessary way,
- the teacher must visualize the group when he or intern speaks, thus the students will quickly understand that each of them addresses the group, and not just the teacher. This will allow the teacher to respond to cues from those who want to answer, but are a little shy or unsure of their knowledge.

In other words, the teacher must be a democratic leader in the discussion, which requires the adoption of the right push and intervention in the process.

At the same time, working with a group of interns, the teacher chooses which particular group structures of the facilitation aspect "work" in a particular group, depending on the readiness of the interns and their personal characteristics, it can be Group round, Buzz groups, Snowball groups, Fishbowls, Crossover groups, Circular questioning. These structures require persistent leadership from the teacher, but allow him to fade into the background, since the learning process itself takes a directed action.

The anonymous survey showed that the interns of groups 3 and 4 as a result of classes became more confident in their actions in the clinical part of the lesson. Their fear of the audience completely disappeared, even if the intern's response was not concise, by logical reasoning (discussion in a team) they came to the correct solution of the problem. During the team discussion, interns were able to show both their knowledge and learned to listen to the alternative opinions of their mates and argue their point of view, while making sure that basic knowledge is not enough to work out the right solution, and daily independent training is necessary.

In the process of mastering the major field "Dentistry", assessment of the integrative quality of relevant

professional training in the internship comes first for the intern. Holistic and integrative knowledge should be the result of psychological and pedagogical training of dentists in the internship [9]. Interns, yesterday's students of the Faculty of Dentistry, studying in specialized morphological and clinical departments, received basic knowledge. Postgraduate education should accumulate and systematize this knowledge, and the future specialist, perceiving educational information, must pass it through himself, relate it to himself, and comprehend the clinical situation offered to him. In groups where the classes were held using the principles of facilitation, the interns were active cognitive participants when the amount of knowledge for them acquired a certain value. Under such conditions, awareness of the need for self-improvement, the desire to acquire not just knowledge in a separate discipline (therapeutic, surgical, orthopedic, pediatric dentistry, orthodontics), but interconnected, holistic, integrated knowledge increased. This rather laborious and lengthy process was motivated by the teacher and was most effectively formed when applying the principles of facilitation.

Introduction of the principles of such organization of classes most clearly motivated interns of groups 3 and 4 to develop independent creative potential, strong and sustainable motives, which are based on knowledge and manual skills that will allow the future specialist to rise to the top of professionalism in his development both as a person, and as a subject of activity, and as an individual in the field of dentistry, which is a priority for him.

An objective characteristic of the results of the studies was the final certification at the end of the thematic cycle. Thus, in groups 1 and 2, the number of positive ratings was 63.6%, in groups 3 and 4 - 90%, which evidently indicates the correctness of the chosen facilitation tactics.

Conclusions. Facilitation skills are important for teachers of higher medical schools for successful mediation in the process of communicative interaction. The use of the method of facilitation in training intern dentists leads to activation of the educational process and disclosure of the research potential of the future doctors.

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