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M. I. Grudeva
Medikal University
"Prof. d-r Paraskev Stojanov",
Varna, Bulgaria

THE ROLE OF NURSES AND MIDWIVES IN THE PROCESS OF ATTRACTING PATIENTS AS AN ACTIVE SUBJECT IN EDUCATING STUDENTS

Learning process is most often defined as a whole made up of different components and elements that are in close liaison with each other, and integrity. This definition allows us to perceive it more as an extremely complex, multi-determined, focused, organized, inconsistent, subjective, doublesided, manageable, time-dependent [1]. If we corelate these basic characteristics of the training process to its counterpart in specific educational environment we will find not only identity in terms of its basic definition, but in terms of its basic perception. Of course this match is conditional, ie if that does not take into account the impact of conditions and factors that characterize the specific environment.

Studying these effects in depth, we will undoubtedly highlight the major differences between the two processes, on which we will have a reason to talk about specifics of assessing the training in one or another educational environment.In this aspect of the reasoning we can say that the process of learning in higher medical school has all the characteristics of traditional learning process. On the one hand it is a whole made up of different components and elements that are in close liaison with each other, and integrity. On the other hand it is complex, multi-determined, focused, organized, inconsistent, subjective, doublesided, manageable and time-dependent [6]. Third, it has its own specific characteristics that makes it unique and distinguish it from both traditional and the process of training in other universities. Among these characteristics, we can highlight several important:

– focus on education (acquisition of professional competence in health care);

– presence of third entity in the learning process — the patient;

– implementation of training both in academic and in a real hospital environment;

– focusing on practical skills and habits, controlled in proficiency;

– focusing on the formation of communication skills, teamwork and conflict resolution, in a much greater extent than other universities;

– ensuring the conditions for acquiring the greatest degree of such qualities of students, such as: humanism, mercy, compassion, empathy, altruism, responsibility, diligence, etc.;.

– providing appropriate conditions for effective communication between students, teachers and patients;

– providing teachers with prevailing medical education, etc [5].

We should note that each of these characteristics has a major contribution for defining and outlining the specifics of the learning process in higher medical school. Nevertheless, however, we give priority to one of them, assume that is a fundamental feature of this specificity and the name "the presence of third entity in the learning process — patient. To understand the nature of the problem, we shall will look at the first semantic meaning of the word "patient" and "individual". The word "patient" has a Latin origin (patiens) and literally means "endured suffering" or "sick to be treated with medicine" [7]. A similar effect found in the interpretation of the word "sick" (which is not healthy, who suffers from a disease") and the word "disease" ("breach of the normal activities of organima") [3]. Put another way, we understand a patient as a person with impaired health condition that causes him pain and suffering, a man who needed specialized medical care get better, a man who came out from his typical environment in which he lives and entered the new, unusual, unknown to him (hospital environment), a person who has acquired a new social status — the status of the patient.

The word "entity" also has a Latin origin (subject) and means "being one who has consciousness, will and capacity for purposeful action aimed at an object [7]" being who is aware of appropriate objective world and its influences", "man which holds the properties [3]. In terms of pedagogy, the term "entity" most often means a person who holds the object-practical activity and knowledge, resulting in their totality as the amendment of others and of itself. Or put another way, the subject is a person who performed active in the process of interaction with others" [5]. And this is because human subjectivity is manifested particularly in his work, in his communication, his consciousness. In relation to addressing the problem of the patient as a subject of the training process, the most common understanding of all people as an entity in the latter suggests the skills that enable it to independent decision making, self-control and self-assessment of their own attitudes and behavior and self-correcting.

Based on everything we have mentioned here, we identify the patient as a player in the process learning in higher medical school as a person, which is a combination of physical, mental and social bodies and actively participate in it voluntarily and consciously interact with faculty, students and health professionals; person who possesses skills for independent decision making, self-control self-assessment and self-correcting.

Combining the diversity of characteristics of patients with his condition leads to the identification of different types of behavior in a hospital environment, which should take into account not only the treatment but also to attract him as a subject in the learning process. It is interesting in this respect, typological classification Achkova M. [2].

According to it, on the basis of the trait "attitude towards their own health, there could be differentiated four types of patients:

– patients with optimistic and careless attitude — people, avoiding observation and analysis of the functioning of their bodies, minimizing the early symptoms of disease;

– patients with fatalistically attitude — people who accept that nothing depends on them, but external factors determine their health;

– patients with a pessimistic attitude — people who focus their attention on the most trivial and obvious manifestations, seeking evidence of ill effects through numerous studies and consultations, which show respect, characterized by hipohondrich commitment to their own health;

– patients with a realistic attitude — people who are willing to assume personal responsibility for their health and promote healthy lifestyle.

To achieve significant change in the patient's behavior in general and in particular for his involvement as a subject during training, it is necessary to have a high professional competence, especially nurses and midwives, as they are in the closest position to the patient and its successful implementation depends largely on both the effectiveness of the treatment process and the effectiveness of preconditioning and participation of the patient as an active entity in the learning process. Among the knowledge and skills of these specialists, we can highlight: the formulation of clear, close and achievable targets, accurately and completely identify the type of person, proper selection of methods and approaches for its information and education, building trust and reciprocity, properly selection of patients and preparation for acquisition of status “process operator training”, etc.

Working daily with different patients, health staff acquire skills which enable them to recognize different types of personalities based on their behavior. This leads to a proper assessment of patient types and selection of the best approach to them, especially with regard to its involvement as

an active subject in the learning process of students: careful persuasion, compliance with the current status; presentation of the measured quantity of information; use of available medical terminology, selecting an appropriate time and place for communication, periodically check the availability and knowledge of the patient achieve a sustainable trust between health professionals and patients, developing a partnership relationship and more.

The most vivid manifestation of these skills is a sustainable trust is built between the health worker and patient. It is based on it achieving a meaningful way and voluntary informed consent for participation of the patient as a subject in the learning process. To attract patients to actively participate in training nurses and midwives perform a variety of roles: a mediator (mediator) in the learning process between hospital and patient between the hospital and students between the hospital and teacher, between the patient and students, between the patient and the teacher; of teaching (pre-prepare the patient for participation in the learning process), facilitator (facilitates the learning process of students), an informant (transmit information to patients, teachers, students) of adjustment (adjusted relationships Teacher — patients, students — patients); coordinator (coordinate interactions of the main actors in the process, depending on the terms and conditions in the hospital), of role models (for students and patients) a direct participant in the process (as a fourth subject), in case of need for instruction, demonstration and explanation of students' performance of a particular treatment and others. This circumstance requires both a prior specification of objectives and the course of the session between nurses, midwives and teachers and provide information on specific patient characteristics of students first, thereby ensuring its reliability and effectiveness of conducting the session.

Compliance with these circumstances, the requirement to engage the patient as an active entity in the learning process requires not only the acquisition of high professional competence of nurses and midwives, but also turning more attention to the practical management to more professional roles in this direction. This will contribute to more effective work with patients on the one hand, and for quality training of students, on the other.

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Stanislava P. Peneva
Medical Universiti
"Proff. D-r Paraskev Stojanov",
Varna, Bulgaria

CLINICAL PRACTICE AND THE RELATIONSHIPS PATIENT—STUDENT

Teaching in higher medical school has its own peculiarities and specifics. One of these features is related to the subjective part of the process. From literature it is known that the main actors in the traditional process of learning are: student (teacher) and learner (student). Within the medical education occurs and third person — the patient, with its biological, psychological and social characteristics. The presence of the patient as a third entity complicates a significant interaction in the learning process due to the emergence of complex relationships between the medical team, patient, teacher, student. Complexity is determined by the individual qualities and personality characteristics of each and interweaving of the traditional process of training with diagnostic and treatment process in which conditions are implemented.

Relationship between nurse, patient, teacher and student placed significant problems facing medical practice, as well as the training conducted in a real hospital environment. P. According to Balkan, relationship problems stem from "the complexity of human behavior and need then be analyzed in its psychological, interpersonal and social nature" [2]. So, that is that because good communication is based on the psychological well-established rules. Not accidentally, due to their comprehensiveness, M. Argyle them as universal. They relate to respect the autonomy of others, direct communication, confidentiality, lack of public criticism of another person "[2].

Knowing the patient is a complex process because each disease distorts normal vital activity of man. It is a kind of personal reaction to these violations. Therefore, knowing the personalities of the individual, its interconnectedness with the environment, his emotional stability, ability to resist