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Материал поступил в редакцию 15.06.2011.

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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

changes in his life related to disease is mandatory neobbhodimost. Psychological responses to illness can be extremely varied. According to B. Lazhones, they may be different at the beginning and course of disease. At the beginning of the disease or when it is dominated by acute fear. In the course of disease, fear can give way to a relationship of dependency, denial of the disease, aggressiveness, etc. Psychological reactions to the patient's disease, according to the same author, and are driven by the impact of different number of factors:

- individual - age, personality characteristics, family environment;
- socio-cultural - social background, lifestyle, occupation, medical care;
- factors related to the nature of the disease (acute, chronic) [6].

To successfully apply their knowledge and practical skills, the trainee must be familiar with the health of the patient is, the characteristics of the course of the disease and some behavior of a patient. All this will help to demonstrate adequate care and ethical treatment of the patient. For students is very important to establish contact with the patient to gain his trust. Some authors indicate that an essential element in relations is respect for the individual patient. The ability to show respect requires that the interests of patients, regardless of gender, age, level of dependence on care, social status, etc.. [4].

Medical training aims at containing the therapeutic and diagnostic skills, and this is by involving students in his real move to the patient's bedside. In this sense, the patient is considered as “live learning tool” [9]. Students work directly with patients under the supervision of the teacher. The success of training depends on the practical training of teacher and pretheoretical knowledge of the student. Competence of the teacher, his ability to organize and rakovadi learning process, to assist the student, determine the effectiveness of the course of practical exercises.

In the process of future health care professionals need to respect the personality than the patient, but to strictly observe the principles of autonomy, confidentiality, kindness, usefulness. Students learn to bear personal responsibility for the health of the patient according to their competence. From how much managed to ethical principles and standards and turn them into their own behavior depends on effective teacher professional activities.

The success of the practice of preparing students largely depends on the situation and action patient in a hospital environment. It should be noted that state and behavior of patients is characterized by great diversity. According to M. Achkova example, can be distinguished the following behaviors:

- balanced, calm and patient;
- adaptation, behavior troubling;
- closing in themselves and uncommunicative patients denying disease;

– passive-aggressively hostile and irritable behavior;
– search for "secondary gain" of the disease [1].

Behavior of patients in hospital is determined by two basic emotions — fear and shame. N. Shipkovenski defines fear as an emotional reaction that occurs when a danger to the existence of the body. One fear is not only an expectation of danger, but when it threatened to lose the moral and the ethical values. Fear of patients are due to the expectation of pain, inability to control the situation, the expectation of prognosis of the disease, possible change in quality of life, etc. [12]. But there is fear of the patient and the presence of students in medical-diagnostic process. It is caused by insufficient training of students at some stage of their education, being of patients by risk and threat. So sick of their behavior can ruin a successful course of practical training of students. It is this requires obtaining consent for voluntary participation of patients in the learning process. Ever-increasing emphasis on patient rights and their obligation to respect. Some authors note that informed consent should not be viewed as a regulation, but as a "mechanism by which exercise individual autonomy in the context of medical practice" [5].

Recognizing the individuality of the patient and his attitude to the disease in the learning process in a real hospital environment may occur at various options for interaction. N. Petrova draws attention to fact that some of these interactions could also are unfavorable. Therefore, the teacher needs both medical knowledge and psychological knowledge of those related to medical ethics. They will allow to determine the most appropriate relationships with patients and students. If necessary, will be able to regulate the relations between them to prevent any harmful effects, especially on the sick. This balance is only possible when adopting a holistic approach to patient person — in full three dimensions of biological, psychological and social, but also taking into account the individual characteristics of each patient [10].

Reducing the adverse impact of the learning process on the status of patients could be achieved by penetration of teaching methods and technologies in medical education. Acquisition of certain skills is useful for solving clinical problems, various professional situations, etc. To build practical skills can be used various models and simulators model. That kind of training will allow the implementation of various skills on patients until the final stage, once they are safely contained. "Thus the patient will be treated as a learning tool and will become a partner, through voluntary participation in the learning process" [10].

The presence of the patient as a third party in the training of future specialists puts many demands on the organization and its holding, namely:

Students anticipate fall in real terms. In some cases, are forced to produce patterns of behavior before they have gained sufficient theoretical knowledge, practical skills and habits.

Students communicate with patients and their families, further burden them and puts them to a requirement for ethical behavior and principles of autonomy, konfidentsielnost, good, utility and equality.

Students are placed in different conditions of the organization and conduct of the training process, including and organization of specific forms of training, lack of standardized conditions for carrying it out. This leads to significant differences in the way of organizing and running of educational forms, and the effect of teacher influence. To be efficient and effective learning process needs to be consistent with the presence of a sick man — with his fears, attitudes, attitudes towards health and disease, to medical staff to students. All this can help or fail and best pedagogical intentions.

Students participate in training on that influence various factors: the type and severity of disease, complications, prognosis, age, gender, education, health education, social status, etc.

The presence of the patient in teaching requires knowledge and application of rules of professional conduct:

– responsibility — refers to the execution of the work for which they are specifically authorized individuals, ie possess the necessary competence to perform it;

– safety — “First of all not to harm” — carelessness, negligence, omission, because of incompetence;

– professional integrity — from colleagues (team), but not at the expense of the patient;

– jurisdiction — high professional level convention knowledge for each level;

– confidence — the secret of decline [1].

Implementation of effective liaison between the medical staff, patients and students require knowledge of human behavior, talking, listening. Training of medical professionals creates skills for active listening and dialogue. The hearing is a conscious process that requires conscious effort. There are different kinds of listening:

– Listen in order to understand the main idea;
– Listening to save a certain information;
– Listening, aiming to analyze and evaluate certain information;
– empathic active listening.

Communication largely depends on personality characteristics of participants. Relationship between patient and medical team must be flexible, variable, depending on changes in the patient's condition occurring in the course of treatment [1].

In medical practice, compliance with fundamental ethical principles is of great importance to relations between medical staff and patients.Te underlie the selection of a model for communicating with patients and their families.

From here what we can conclude that:

1. Practice of medicine requires assimilation of ethical principles and make them their own behavior.

2. The rate of moral and ethical standards of students depends largely on the professional activities of the teacher and example in health care and the medical team.

3. Communication between medical professionals and patients is an important part of the healing process and knowledge of the characteristics of the patient will ensure better organization of relationships and care for him and the effectiveness of teaching in a real hospital environment.

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Материал поступил в редакцию 21.07.2011.