

## **Formation Of Patient Communication Skills And Expressive Abilities In Future Doctors**

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### **Abstract:**

This article discusses the issue of communication of medical personnel with patients, analyzes the specifics and types of communication, the significance, as well as taking into account age characteristics during communication, problems arising from non-compliance with the rules of communication, as well as issues of expressiveness in communication.

**Key words:** communication, relationships, deontology, primitive type of communication, formal-role, spiritual communication, placebo, expressiveness, acceptance, empathy.

### **Introduction**

Any work with people is inextricably linked with the process and problems of communication, it permeates the professional activities of health workers at any level. The individual characteristics of the patient's psyche in the context of medical relationships and interactions come into contact with the psychological properties of a medical worker. The purpose of this contact is to provide assistance to the patient. Both the patient and the healthcare provider have their own motives interaction, the medical staff has a role in ensuring conflict-free interaction. Communication with the patient is the most important element in the treatment of the disease, starting with the formation of trust in the doctor. If a person is faced with an indifferent, indifferent, and sometimes just boorish attitude of medical personnel towards themselves, then the mood for treatment will decrease. Inattentive attitude of the doctor to the patient often leads to diagnostic errors, and, as a consequence, to tactical errors in treatment. herefore, during the initial visit, it is not only important to analyze the patient's complaints and the results of his examination, but to a greater extent close, confidential contact between the patient and the doctor. It is necessary to explain in detail to the patient the essence of the disease and the possible ways of its prevention and treatment. A detailed conversation with the patient, a detailed anamnesis, a thorough examination - this is a positive attitude of the patient and his hope for a cure, this is 50% of the correct diagnosis and successful treatment. The remaining 50% is a competent, individually selected examination plan and professionally performed treatment.

The professional communication of a doctor performs two main functions, which we will designate as diagnostic and therapeutic. The second comes down, ultimately, to the effect on the patient, regardless of whether it is consciously "built" by the doctor and whether it is effective. The first can be subdivided into two more specific, albeit closely interrelated ones:

-obtaining information about the disease;

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-obtaining information about the disease;

- obtaining information about the patient. Such a division of functions, of course, is rather arbitrary, however, in our opinion, it is quite justified (at least for methodological purposes). The relationship between the diagnostic and therapeutic functions of communication is also obvious: the effectiveness of the impact depends on the assessment and consideration of the characteristics of a particular case. Finally, it should be specially emphasized the influence on the quantity and quality of the information received by the doctor about the disease, how complete and correct his knowledge about the patient is and how it is applied. Considering that, according to some estimates, as V.Kh. Vasilenko, in almost half of the cases, the

anamnesis allows you to fairly correctly determine the disease, the value of these dependencies can hardly be overestimated.

### **Materials and methods**

Consider what are the rules for communicating with the patient:

1. Demonstration of sincere interest in the patient.
2. Understanding of the patient's merits and maximum approval - praise, emphasis on importance.
3. Understanding the meaning of his actions instead of indiscriminate criticism.
4. Benevolence, friendliness.
5. Addressing patients by name and patronymic, prioritizing oneself, using a badge
6. Ability to conduct a conversation in the circle of interests of the interlocutor.
7. Ability to listen carefully and give the patient an opportunity to "speak out".
8. Ability to respect the opinion of the interlocutor, without persistently imposing your opinion.
9. Ability to point out to the patient about his mistakes without hurting him.
10. Ability to correctly formulate questions and help the patient to verbalize their condition.
11. Communicate with the patient the way the health worker would like to be treated in case of illness.
12. Use optimal non-verbal communication methods - calm tone of voice, flowing gestures, correct distance, signs of approval  
(head nodding, light touching, patting on the shoulder)

The profession of a doctor is a specific branch of science, for the occupation of which certain inclinations and abilities are required, which requires a highly developed level of empathy, an important role in this is played by the temperament of a medical worker and his sociability.

Knowledge of psychology allows you to learn how to control your behavior and overcome the sometimes arising misunderstanding and confused speech of the patient when communicating with him. The actual issue today is the communication of a medical worker and a patient.

Communication is the process of establishing and developing contacts between people, generated by their needs for joint activities, it includes: the exchange of information between subjects of activity, employees in groups and organizations, as well as between groups; development of a joint strategy of activity, which includes subjects of communication, people's perception and understanding of each other in the process of solving joint problems. There are no strict rules for communicating with a patient, but all over the world, doctors use the general principles of deontology - the professional ethics of medical workers. The state of the patient's mental comfort is the main criterion for deontology, a test for its effectiveness. The oath, which is only conventionally called Hippocratic, is rooted in a very distant past. Later, it was drawn up as a document and contained several basic requirements for a doctor, in particular:

- preservation of medical confidentiality;
- prohibition of actions that can cause moral or physical harm to the patient or his relatives;
- dedication to the profession

Many of us have had to visit a hospital, clinic or any medical institution, where each of us communicated with a medical professional. But none of us thought how much this communication affects the patient, or rather the course of the disease, and how a health worker can improve the patient's condition? We can say that everything depends on the medicines prescribed by the doctor and given by the nurse, but this is not all that is necessary for a complete recovery. The most important thing is the correct attitude, which depends on the psychological and emotional state of the patient. The patient's condition is greatly influenced by the attitude of the health worker towards him. If the patient is satisfied with the conversation with the healthcare professional, who listened to him carefully, in a calm atmosphere and gave him the appropriate advice, then this is the first step to recovery.

Even the philosopher Socrates noted that "you cannot heal the body without healing the soul," therefore it is necessary to take into account the role of words and psychological attitudes in the process of conversations with patients during their treatment.

In the work of K. Platonov "The word as a physiological and therapeutic factor" emphasizes the importance of the chosen words and the style of the conversation. Even one thoughtless word can cause a paradoxical emotional reaction in a patient, giving rise to iatrogenism, which sometimes occurs due to hyperesthesia (hypersensitivity) and suspiciousness of the patient, who is very sensitive to every word said to him.

The Russian therapist M.Ya. Mudrov said that "some people get sick from bodily reasons, others from mental disturbances." The task of a medical professional is to understand the psychological essence of the patient's condition in order to remove the traumatic effect that generates mental "indignation", because his presence will also prevent the treatment of any ailment. It is necessary to reorient the patient to thoughts of recovery, awakening faith in himself, in his body and its defenses, regardless of the etiology of the disease.

The ability of a health worker to understand, listen to a sick person, which seems to be necessary for the formation of contact and has a favorable interaction on the psychological contact of a doctor and a patient, is one of the foundations of his activity.

The interaction between the patient and the healthcare professional is not always given. Under the influence of various circumstances, they can change, they can be influenced by a more attentive attitude towards the patient, a deeper attention to his problems. At the same time, the very good relationship between the provider and the patient contributes to the greater effectiveness of treatment. Conversely, positive treatment outcomes improve the interaction between patient and healthcare provider.

When communicating with a patient, it is necessary to assess the severity of the complaints, the manner in which they are presented, to separate the main from the secondary, without offending the patient with distrust. All this requires a lot of tact, especially when it comes to clarifying the state of mind, mental trauma, which play a big role in the development of the disease.

During the patient's communication, one should always take into account his cultural level, the degree of intellectual development, profession and other circumstances. Empty, meaningless words should be avoided, that is, you cannot offer a standard form of conversation between a healthcare professional and a patient. Here, ingenuity and creativity are needed.

Particular attention should be paid to elderly patients and children. The attitude of a health worker to a child, a patient of mature age and an old man, even with the same disease, must be completely different, which is due to the age characteristics of these patients.

It is necessary to know the peculiarities of the psychological reflection of their condition by patients of different ages and to carry out, accordingly, in relation to them deontological tactics of communication.

Typical for adolescents:

- the predominance of the psychological dominant of age - "the claim to adulthood";
- Pravada as a form of self-defense with internal psychological vulnerability;
- neglect of the disease, risk factors.

Deontological tactics - communication taking into account age-related psychological characteristics, reliance on independence, adolescent adulthood.

When working with patients of working age.

It is necessary, first of all, to know the personality of the patient and her individuality. Find out the attitude towards the disease, the medical staff, the position on the interaction of the patient with the medical staff.

Deontological tactics - focus on labor and social rehabilitation, the choice of communication tactics should be carried out depending on the VKB, correction of inadequate attitudes, psychotherapy of anxious and suspicious patients.

The elderly and senile patients are characterized by:

- psychological dominant of age - "passing life", "approaching death";
- feelings of longing, loneliness, growing helplessness;
- age-related changes: hearing loss, vision, memory, narrowing of interests, increased sensitivity, vulnerability, decreased ability to self-service;
- interpretation of the disease only through age, lack of motivation for treatment and recovery.

Deontological tactics - maintaining the patient's sense of self-importance; emphatically respectful, tactical, delicate attitude, without familiarity, commanding tone, moralizing; orientation to physical activity; motivation for recovery.

The content side of communication is realized through methods and means. The main means of communication in human society is language, however, in parallel with it, non-verbal means of communication are also widely used.

It should be noted that a prerequisite for the emergence of positive psychological relationships and trust between health workers and patients is the qualifications, experience and skill of the health worker.

The first impression that the patient has when meeting with him is important for the manifestation of trust in the health worker. At the same time, the facial expressions of a medical worker, his gestures, tone of voice, facial expressions arising from the previous situation and not intended for the patient, the use of slang speech turns, as well as his appearance are also of great importance for a person. For example, if a sick person sees a healthcare professional, he is calm and confident, but not arrogant.

The following types of communication between a medical professional and a patient are distinguished: untidy, sleepy, he may lose faith in him, often believing that a person who is not able to take care of himself cannot take care of others. A health worker gains the trust of patients if he is harmonious as a person

1. "Contact of masks" - formal communication is typical for this type. The medical worker uses certain "masks" - politeness, courtesy, modesty. The medical activity of a medical worker is manifested in a slight interest in the results of interaction.
2. A primitive type of communication - this type of communication is characterized by an assessment of the degree of "need". If the communication process is beneficial to one of the parties, then the participant actively enters into contact, if not, then the communication is formal. Interest in the contact participant disappears immediately after the desired result is obtained.
3. Formal-role - in the process of this communication, the content and means of communication are regulated. The personality of the interlocutor is not important, his social role prevails.
4. Business communication - this communication is characterized by taking into account the personality characteristics of the interlocutor, his age, mood, the purpose of the visit, in addition to the main one - the treatment of the disease. However, with this type of communication, there is no equal consideration of the interests of the parties. The doctor, considering the patient's problems from the point of view of his own knowledge, independently makes decisions without the consent of the person concerned.
5. Spiritual communication - implies the opportunity to touch on any problem in a conversation, to share an intimate question.

In 1957 K. Rogers formulated three necessary and sufficient conditions for psychotherapy. It is empathy, unconditional acceptance, and congruence, or authenticity. The latter (congruence) assumes that the therapist tries to be himself and to avoid any professional or personal artificiality, any maneuvers and postures. In contacts with patients with schizophrenics and many other clients, it is the therapist who is the proactive side; he is the first to start an open and sincere relationship, the first to express warmth, care, interest and readiness to communicate at the human-human level. If the therapist will passively wait or, on the contrary, try to prove something obsessively, I do not think that he will be able to form a therapeutic relationship with a person, if by that time the desire for therapy and for this kind of relationship had not been established. Periodic expressive statements of the therapist mainly determine the quality of the therapeutic relationship, at least at the beginning of the psychotherapeutic process. This is especially true for working with unmotivated clients.

The therapist's expression can make the interaction rich, personal and expressive, even if the client is constantly silent or speaks only platitudes. Expressive statements of the therapist, it would seem, are connected with events taking place in his inner world, but, being pronounced, they reveal their connection with the relationship between the therapist and the patient and deepen this relationship. Both participants in the interaction strive to experience intense, open, personal relationships, even when only one of them aloud expresses the feelings that this contact arouses in him.

Charles Darwin attached great importance to the external expression of emotions, emphasizing their unity. He believed that emotions hardly exist if the body remains passive. Expression is expressed through speech, mimicry, pantomimic, gestural means, as well as through attention to one's appearance.

There is expressiveness in communication. The expressive function is one of the functions of a linguistic sign, which consists in the ability to express the emotional state of the speaker, his subjective attitude to the designated objects and phenomena of reality. Expressiveness is the severity of a certain state, feeling, emotion, relationship. The concepts of "expressiveness" and "expression" are used not only in psychology, but also in theater studies, art criticism, if it is required to emphasize the level of expression of spirituality. In the psychology of expressive behavior, a class of means is considered with the help of which the uniqueness of the personality is expressed. These means include facial expressions, gestures, postures, body shapes, hairstyles, jewelry, clothing, speech style, handwriting, drawings, environment, etc. The main object of the development of expressiveness is primarily the functions of non-verbal behavior. Throughout the history of medicine, the basis of the relationship between doctor and patient has been and remains trust. Until recently, it all boiled down to the fact that the patient trusted the doctor with the right to make decisions. The doctor, however, "solely in the interests of the patient" acted as he saw fit. It was believed that keeping the patient in the dark was more humane than involving him in solving complex medical problems. According to the prevailing opinion, this even increased the effectiveness of treatment, relieving the patient of doubts and uncertainty. The patient trusted the doctor - the doctor took care of him. Traditionally, the relationship between the doctor and the patient was based on blind faith, which hindered the creation of an atmosphere of mutual understanding; the doctor did not share his doubts with the patient and hid the unpleasant truth from him, the patient, as a rule, was "on his own mind."

But now the attitude has changed, the patient now wants to know everything about his disease and about the methods of treatment, consciously actively participate in the treatment process, such a relationship

between a doctor and a patient largely determines the success of medical care. To achieve this relationship, the physician must master the art of conversation.

The art of talking with a patient, the ability to conduct a dialogue with a patient requires not only the doctor's desire, but also, to a certain extent, talent. The doctor must be able not only to listen, but also to hear the patient.

One of the most important in the activity of a doctor is the prohibition of actions that can harm the patient, or the principle of "do no harm". The doctor, telling the patient the truth, should inspire him with hope. However, it is necessary to tell the truth: only after weighing all the pros and cons, a person will be able to agree or refuse the proposed treatment.

The patient has the right to know which symptoms should disappear completely, which partially, and which will remain, and it will be necessary to come to terms with their existence. The relationship with the patient during treatment is one of the most important components of the medical art. Support, attention, respect and empathy are the means to achieve the placebo effect without a placebo. However, not all patients are inclined to fruitful cooperation. They sometimes use a trusting relationship with a doctor for purposes other than treatment. It is important to be prepared to meet the person who will generate antipathy. It happens that a trusting relationship with a patient prevents the doctor from objectively assessing the situation. And, nevertheless, their significance cannot be overestimated. The ability to establish and maintain a relationship of trust is often the most important quality of a doctor that motivates people to seek help from him.

It is believed that complex interpersonal, conflict situations, including those arising between health workers and patients, are primarily due to difficulties in communication. Human communication can become a source of problems, failures, worries, a wall that separates people. What will be the relationship of people depends on their psychological literacy.

Clash of interests (needs) is the source of conflicts, however, the factors that provoke conflict are extremely diverse. These can include the character – logical features of a person: decreased self-criticism, prejudice and envy, greed, selfishness, the desire to subordinate others to oneself; his mood, well-being, intelligence, knowledge and ignorance of human psychology, psychology of communication, etc.

As a result, everything that makes up the interpersonal situation of communication can act as a conflict-generating factor, a barrier in communication, and create a complex psychological situation.

The likelihood of conflicts is increased when:

- incompatibility of characters and psychological types;
- the presence of a choleric temperament;
- lack of three qualities: the ability to be critical of oneself, tolerance for others and trust in others.

Often the cause of the conflict is the wrong behavior of the participants in the communication. In a conflict situation, you cannot:

- critically assess the partner;
- attribute bad intentions to him;
- show signs of superiority;
- blame and attribute responsibility for the conflict only to the partner;
- ignore his interests;
- see everything only from your own position;
- exaggerate their merits;
- annoy, shout, attack;
- to touch the partner's "painful" points;
- to bring down a lot of claims on the partner.

Characteristics of a healthcare professional that predispose to successful communication with a patient:

- understanding the emotional state of another person through empathy, penetration into his subjective world (empathy);
- unconditional acceptance of the patient (acceptance)
- naturalness of behavior, consistency of feelings and their expression, sincerity (authenticity or self-congruence).

The state of empathy is, along with an objective feeling of psychological contact between a health worker and a patient, one indicator that understanding communication has taken place empathy (from English empathy - feeling) is the ability to feel the emotional state of another person, accurately perceive the semantic shades of his inner world, the ability to look on the circumstances through the eyes of the interlocutor. Empathy does not require active intervention in order to provide effective help to another. It only implies entry into the personal world of another, a delicate stay in it without evaluating it. Empathy

should be distinguished from emotional identification (assimilation, identification of oneself with another, with his emotional state) and from sympathy (experiencing the feelings of the other). If a state of identification with the patient's emotional state arises, then the health worker loses the ability to work professionally and he needs psychological help.

### **Conclusion**

The process of communicating with the patient begins with the choice of the interaction distance, it should be such that the patient feels comfortable and safe. When changing the distance, especially when reducing it, it is advisable to explain your actions in order to avoid an increase in psychological stress and aggression. The patient, being in a situation of stress caused by the disease, needs a fixed territory that belongs only to him. Positive interaction depends not only on the territory, but also on the social status of patients, their age homogeneity.

The main conditions for the effectiveness of professional communication of a health worker are: demonstration of benevolence, tact, attention, interest, professional competence. The practice of a health worker is characterized by its own specificity of verbal communication.

Effective is a simple, clear, credible, relevant message delivered at a well-timed time based on the patient's individual characteristics. Simplicity is understood as brevity, completeness of phrases, intelligibility of words.

The criteria for clarity suggest that after receiving a message, the patient can unambiguously answer the question regarding his further actions (what, how, how much, where, when, why). The criterion "trustworthy" is very important for effective communication, trust in a health worker is influenced by the attitude of other health workers towards him, the health worker's knowledge of the issue under discussion, and confidentiality. The criteria of "message relevance" and "good timing" can be combined into one - "relevance", which implies paying attention to the patient while waiting for him to visit a doctor, perform manipulations, procedures, etc. Taking into account the individual characteristics of the patient during his stay in a medical facility is extremely important as a criterion for the verbal adequacy of information transfer. It is he who is the measure of simplicity, clarity, relevance, confidence for a particular patient. Verbal communication skills should also include the ability to listen (actively - through the reflection of information, passively, empathically - through the reflection of one's own feelings), which presupposes the presence of discipline and requires effort.

The use of non-verbal means of communication for psychotherapeutic purposes on the part of a health worker presupposes a willingness to make eye contact, smile and other positive forms of facial expressions, nodding when listening to the patient's complaints, open gestures, tilting the body towards the patient, short distance and direct orientation, as well as active use of touching to express support (holding the hand, hugging the shoulders, gently pressing it to oneself, etc.), neat appearance, careful synchronization of the process of communication with the patient and the use of encouraging interdomes.

The health worker mainly contacts with weakened people who sometimes find it difficult to communicate with the help of words, i.e. verbally. Therefore, they must possess the skills of coding and decoding non-verbal signals, which have their own specifics when organizing communication with the patient. It is also important to be proficient in professional body language. The importance of body language is that patients not only experience pain or discomfort, but they may also be anxious about their chances of recovery, worry about leaving home and family, etc. In short, patients need psychological support and self-care. Communicative competence is the ability to establish and maintain the necessary contacts with people, which implies the achievement of mutual understanding between communication partners, awareness of the situation and the subject of communication.

It is also viewed as a system of internal resources aimed at building effective communication in a situation of interpersonal interaction. Communication incompetence can disrupt the diagnostic and treatment process.

The presence of psychological training of a physician and the study of the subtleties of communication in the learning process contribute to a significant increase in the professional competence of future doctors.

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