

**QUALITY CONTROL OF EDUCATION RESULTS –
THE MOST IMPORTANT METHODOLOGICAL PROBLEM
IN TRAINING FUTURE MEDICAL SPECIALISTS**

Introduction. *The educational process of training medical specialists is a complex system of gaining certain knowledge and skills with constantly changing scope, application according to the demands of the professional field. Effective formation of the professional knowledge and skills is possible upon condition of the complex approach to the educational process that allows considering the object of study in all relations, in the unity of common, individual and singular. Quality of education will be improved by the professional competence that is based on educational standards, development of related educational programs and appropriate diagnostic tools.*

Purpose. *To determine the competency-based approach implementation principles in organizing vocational training of future medical specialists.*

Results. *In the educational process the professional competence of future medical specialists is formed under the following aspects of pedagogic technology: scientific, procedural and descriptive, procedural and operative, and control and analytic. The control and analytic aspect ensures realization of the control and evaluation stage, allows evaluating the level of formation of the professional competence of future medical specialists through control means.*

Originality. *The article provides an insight into the definition of the quality control of education results. This is one of the most important methodological problems. It defines degree of preparedness of students, level of teaching quality and detects the need for improving the education system. At the control and evaluation stage the input, current, midterm and final control is carried.*

Conclusions. *Thus, we can conclude that: the level of the professional competence of future medical specialists is evaluated in the light of acquisition of sufficient theoretical knowledge in professional disciplines, basic practical skills and knowledge in clinical practice*

Keywords: *professional competence; control and analytic aspect; quality control of education.*

Introduction. In the educational process the professional competence of future medical specialists is formed under the following aspects of pedagogic technology: scientific, procedural and descriptive, procedural and operative, and control and analytic [1].

The scientific aspect involves finding of the most efficient ways and means of achieving the educational goal, scientific organization of the educational process, detection of priority areas for professional training of a modern medical expert.

The procedural and descriptive aspect determines the algorithm of development of the process of formation of the professional competence, a set of goals, principles of methods and educational tools, main directions in formation of the professional competence to achieve guaranteed results [2, 3].

The procedural and operative aspect provides implementation of technological process of training of the medical specialist: planning of progressive pedagogical conditions, determination of priorities for activities of an educational institution that would ensure compliance with pedagogical conditions.

The control and analytic aspect ensures realization of the control and evaluation stage, allows evaluating the level of formation of the professional competence of future medical specialists through control means: methods of oral control, module control and self-control; individual survey; frontal poll; programmed survey, methods of written control (written control work; written tests, written programmed works; methods of laboratory and practical control; determination of practical knowledge and skills; carrying of regional and national contest of professional skills; carrying of complex state diagnostics of the level of the professional competence (complex qualifying examination).

Main text. Quality control of education results is one of the most important methodological problems. It defines degree of preparedness of students, level of teaching quality and detects the need for improving the education system [4].

At the control and evaluation stage the input, current, midterm and final control is carried.

The input control (diagnostics of the input level of students' knowledge) is used as a prerequisite for successful planning and management of the educational process. It is carried when beginning studying a discipline and during every class to evaluate the real volume of student's knowledge, to detect the current level of knowledge so the teacher could use it as orientation in complexity of the material. Also, over time a previous control in the form of check and evaluation of residual time is carried to estimate the strength of residual knowledge and to define the level of knowledge in associated disciplines, to define a possibility to learn new disciplines.

The current control of knowledge is an integral part of the entire educational process and serves as a mean to identify the degree of perception (learning) of the educational material. Learning management is possible only based on data of the current control. Task of the current control is the following: to detect the scope, depth and quality of perception (learning) of the educational material; to find gaps in knowledge and identify ways to fill them in; to detect the level of responsibility of students and their attitude towards their profession; to detect the level of self-mastering of the skills and identify ways and means to develop them; to stimulate the interest of students in the profession and their learning activity.

The current control is a continuation of teaching activities of the teacher and academic staff. It is associated with all kinds of educational work and must teach students to prepare for checks starting from the very first day of classes and every following day, but not at the end of a semester or academic year.

The midterm control of knowledge is the indicator of the quality of learning of separate sections, themes and related cognitive, methodological, psychological and organizational qualities of students. Whereas the current control is carried only with the aim to diagnose the first level of learning, i.e. the level of general orientation in the subject, the midterm control has given the possibility to check obtained knowledge through longer period and cover more significant sections of a course in terms of volume.

Since learning capabilities of students are different, therefore the level of the knowledge acquired by different students would be different as well. We developed criteria for assessment of the quality of knowledge with the aim to evaluate the level of acquired knowledge. A certain estimate, given in figures or letters, corresponds to each criterion.

Control at the lecture is carried as a selective oral questioning of students or with use of tests to check learning of the material that was previously studied, especially according to the sections of the course required to understand the theme of the lecture or to establish the degree of acquisition of the material of the lecture heard. At the lecture the current control trains students to process the studied material systematically and to prepare for the next lecture, determines the degree of acquisition of the theoretical material, detects the sections being most complicated for students' understanding with further their explanation.

The current control of the practical, seminar and laboratory classes is carried to determine students' preparedness for classes in the following forms: selective oral questioning before the classes begin; standardized questioning with use of cards and tests for 5–10 minutes; front check of homework; written answers to separate questions, given during the laboratory classes; evaluation of active participation of the student during the classes (submission of proposals, unique solutions, clarifications and definitions, additions to previous answers, etc.); written control work (up to 45 minutes).

The out-of-class control is carried to check doing of homework, research and control works. The following is evaluated: quality and carefulness of works, review of special literature, presence of research elements, completion of a task in the volume required according to deadlines set.

Teachers provide consultations – teacher’s explanation of any study question to students. It is a form that has proven its value in terms of assisting students in their self-guided work, which is especially needed when preparing for examinations and other forms of knowledge control.

During the whole period of study the standardized knowledge control [5] is used. This type of control involves the test method with alternative choice of answers: the question is followed with variants of answers, correctness of which should be evaluated. The advantage of this method is that while using the simplest tools (forms, matrices) you can get answers to almost any question. To evaluate the knowledge of future medical experts the computer testing is carried with use of standard test software.

Goal of the final control is evaluation of students’ knowledge and skills according to the model of junior specialist. The final control includes licensed integrated examination, completion of state practical training and state attestation – in the form of a complex qualification examination. Main goal of the final control is to detect actual knowledge of students according to volume, quality, depth and ability to apply it in practice.

Summary and Conclusions. After completion of the practical training the efficient system of control of the practical training takes place. Teaching advisors make schedules of control of students’ practical training, work with students at healthcare facilities, carry research and practical conferences, control following the practical program. When choosing teaching advisors their practical experience, level of preparation, etc. is taken into account.

The final stage that reflects the whole volume of theoretical knowledge and confirmation of quality of acquired practical skills is the defence of the pre-graduation practice that is divided into two stages.

The first stage involves demonstration of practical skills to direct and general advisors on practical training at treatment and preventative facilities. The second stage is the establishment of complex examination commission consisting of heads of cycle commissions/head of departments dealing with clinical disciplines, representative of the administration and applied medicine.

This dual control makes it possible to detect whether the knowledge and skills of students meet modern requirements, and allows providing appropriate level of practical training of students and readiness for independent work at medical facilities.

Thus, we can conclude that: the level of the professional competence of future medical specialists is evaluated in the light of acquisition of sufficient theoretical knowledge in professional disciplines, basic practical skills and knowledge in clinical practice.

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**КОНТРОЛЬ ЯКОСТІ ОСВІТИ
НАЙВАЖЛИВІШЕ МЕТОДОЛОГІЧНЕ ЗАВДАННЯ
ПІДГОТОВКИ МЕТОДИЧНИХ ФАХІВЦІВ**

***Анотація.** Навчальний процес у підготовці медичних фахівців є складною системою володіння певною системою знань та умінь, де постійно змінюється їх обсяг, напрям використання у відповідності до потреб професійної галузі. Забезпечення ефективного формування професійних знань і умінь можливе за умови застосування комплексного підходу до організації навчального процесу, що дає змогу розглядати об'єкт вивчення у всіх зв'язках, у єдності спільного, індивідуального й одиничного. Професійна компетентність, яка базується на основі освітніх стандартів, створення на їх основі навчальних програм і адекватних засобів діагностики сприятиме підвищенню якості освіти.*

***Ключові слова:** професійна компетентність; контролюючо-аналітичний аспект; контроль якості навчання.*

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**ФОРМУВАННЯ ОСОБИСТІСНО-ПРОФЕСІЙНИХ ЯКОСТЕЙ
МАЙБУТНІХ ФАХІВЦІВ ПОЖЕЖНОЇ БЕЗПЕКИ
В УМОВАХ ПОЗААУДИТОРНОЇ САМОСТІЙНОЇ РОБОТИ**

Автором з'ясовано сутність поняття «особистісно-професійні якості фахівця пожежної безпеки»; проаналізовано сутність та особливості організації позааудиторної самостійної роботи, з'ясовано її роль у процесі формування особистісно-професійних якостей майбутніх фахівців пожежної безпеки; виокремлено основні складові позааудиторної самостійної роботи (особливості професійної діяльності фахівців пожежної безпеки; мета, завдання, закономірності, принципи процесу формування особистісно-професійних якостей фахівців пожежної безпеки; технологія формування особистісних конструктів; науково-методичне та матеріально-технічне забезпечення процесу професійної підготовки фахівців; пролонгований контроль і оцінка рівнів та показників готовності до професійної діяльності).

***Ключові слова:** фахівець пожежної безпеки; особистісно-професійні якості; позааудиторна самостійна робота.*

Постановка проблеми. Актуальність проблеми підготовки майбутніх фахівців пожежної безпеки зумовлена тим, що умови роботи ДСНС України вимагають значної кількості професійних якостей, які дозволяють їм приймати ефективні рішення у надзвичайних ситуаціях, наприклад, під час виникнення пожеж, катастроф, стихійних лих, коли йдеться не тільки про оптимальне використання матеріальних і фінансових ресурсів, а, насамперед, про життя людей, у тому числі й дітей [7, с. 314 – 324].

Особистісно-професійні якості формуються шляхом накопичення знань, вироблення навичок роботи (особливо самостійної) в реальних виробничих умовах, досвіду ціннісного переживання подій та їх усвідомлення тощо. Існують особистісні якості, які необхідні фахівцям пожежної безпеки, й такі, що потрібні для виконання окремих професійних функцій.