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Implementation of a Model for Using Methods to Improve Professional Competence in Teaching Social and Humanitarian Sciences in Medical Higher Education Institutions

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Abstract

The development of modern medical education requires an integrated approach to forming not only clinical knowledge but also essential social, ethical, and humanitarian competencies. Effective teaching of social and humanitarian sciences plays a critical role in preparing future medical professionals for complex interpersonal interactions, ethical decision-making, and culturally sensitive patient care. This article presents a pedagogical model designed to enhance professional competence through innovative teaching methods in medical higher education institutions. The model includes conceptual, technological, and evaluative components and provides strategies for integrating interactive, problem-based, and reflective methods into the curriculum. The analysis demonstrates that the implementation of such a model significantly improves students' communication abilities, ethical reasoning, social awareness, and professional responsibility. The article concludes with recommendations for institutional integration and further development of competence-oriented medical education.

Keywords Professional competence, medical education, social and humanitarian sciences, pedagogical model, competence-based approach, interactive methods, problem-based learning, reflective practices, higher education.

1. Introduction

The rapid transformation of modern healthcare systems places new demands on medical professionals, requiring them to demonstrate not only clinical proficiency but also strong social, ethical, and communication skills. These competencies are essential for effective patient-centered care, interprofessional collaboration, and socially responsible decision-making. As a result, medical higher education institutions must adopt pedagogical approaches that foster the development of comprehensive professional competence.

Social and humanitarian sciences—including ethics, medical psychology, sociology, philosophy, and communication studies—play an important role in shaping the social

responsibility and professional culture of future physicians. However, traditional teaching methods often fail to develop students' practical and interpersonal skills. Therefore, implementing a pedagogical model that effectively integrates innovative teaching methods is essential for improving educational outcomes in this domain.

2. Theoretical Foundations

2.1 Professional Competence in Medical Education

Professional competence in medicine includes theoretical knowledge, practical skills, clinical reasoning, communication abilities, ethical awareness, empathy, and the ability to work effectively in diverse environments. Teaching social and humanitarian sciences supports these aspects by promoting humanistic values and reflective thinking.

2.2 Competence-Based Approach

The competence-based approach emphasizes measurable learning outcomes and the integration of theoretical and practical knowledge. This approach requires educators to design activities that help students apply academic concepts in real-life contexts.

2.3 Innovative Pedagogical Methods

Research in medical pedagogy highlights several effective methods:

- problem-based learning (PBL),
- case-study analysis,
- simulation and role-playing,
- multimedia and digital tools,
- collaborative and project-based learning,
- reflective writing and discussions.

These methods strengthen students' ability to apply socio-humanitarian knowledge in clinical practice.

3. Pedagogical Model for Improving Professional Competence

The proposed model includes three interconnected components: **conceptual**, **technological**, and **evaluative**.

3.1 Conceptual Component

This component defines the goals, principles, and expected outcomes of the learning process. It is based on:

- humanistic educational values,
- interdisciplinarity,

- student-centered learning,
- developmental pedagogy.

3.2 Technological Component

This component involves a set of teaching technologies aimed at competence formation:

a) Problem-Based Learning

Students work with ethical dilemmas and socio-medical problems resembling real clinical situations.

b) Case Studies

Analyzing authentic cases develops critical thinking and ethical decision-making.

c) Simulation and Role-Playing

Simulated interactions (doctor–patient, team communication) enhance communicative and behavioral skills.

d) Multimedia Tools

Digital resources support visualization of complex concepts and diversify the learning environment.

e) Reflective Practices

Reflection through journals, portfolios, and guided discussions promotes self-awareness and professional growth.

f) Collaborative Learning

Group projects strengthen teamwork, leadership, and interpersonal communication.

3.3 Evaluative Component

Competence assessment includes:

- formative assessment (observation, feedback),
- summative assessment (tests, analytical essays, presentations),
- competency rubrics,
- self- and peer-assessment methods.

4. Implementation Strategy

4.1 Curriculum Integration

Socio-humanitarian subjects should be integrated across the curriculum, synchronizing with clinical disciplines.

4.2 Faculty Training

Educators must be proficient in modern pedagogical technologies and active teaching

strategies.

4.3 Learning Environment

Medical institutions should provide simulation centers, multimedia classrooms, digital platforms, and spaces for collaborative learning.

4.4 Continuous Evaluation

Effectiveness should be monitored regularly to refine teaching strategies and ensure sustained competence development.

5. Expected Outcomes

Implementation of the model supports the development of:

- ethical and moral responsibility,
- strong communication and interpersonal skills,
- cultural and social awareness,
- critical thinking and reflective abilities,
- teamwork and leadership competence.

Students become better prepared for real clinical interactions and decision-making.

6. Conclusion

The proposed pedagogical model provides a comprehensive framework for enhancing professional competence in teaching social and humanitarian sciences at medical higher education institutions. By combining innovative teaching methods with systematic evaluation, the model contributes to the formation of well-rounded medical professionals capable of meeting contemporary healthcare challenges. The recommendations presented in this article may serve as a foundation for institutional reform and further improvement in medical pedagogy.

References

1. Harden, R. M., & Crosby, J. (2000). AMEE Guide No. 20: The good teacher is more than a lecturer—the twelve roles of the teacher. *Medical Teacher, 22*(4), 334–347.

2. Spencer, J. A., & Jordan, R. K. (1999). Learner centred approaches in medical education. *BMJ, 318*(7193), 1280–1283.

3. Epstein, R. M., & Hundert, E. M. (2002). Defining and assessing professional competence. *JAMA, 287*(2), 226–235.

4. Irby, D. M., Cooke, M., & O'Brien, B. C. (2010). Calls for reform of medical education by the Carnegie Foundation. *The New England Journal of Medicine, 362*(10), 947–952.

5. Kaufman, D. M. (2003). Applying educational theory in practice. *BMJ, 326*(7382), 213–216.

6. Branch, W. T. (2010). The road to professionalism: Reflective practice and ethical development. *Academic Medicine, 85*(2), 233–239.

7. Barrows, H. S. (1986). A taxonomy of problem-based learning methods. *Medical Education, 20*(6), 481–486.

8. Benbassat, J., & Baumal, R. (2005). Enhancing self-awareness in medical students: An overview of teaching approaches. *Academic Medicine, 80*(2), 156–161.

9. Yardley, S., Teunissen, P. W., & Dornan, T. (2012). Experiential learning: Transforming theory into practice. *Medical Teacher, 34*(2), 161–164.

10. Martinsen, M., & Dreyer, P. (2013). Incorporating ethics into clinical training. *Nursing Philosophy, 14*(3), 169–176.