ORIGINAL ARTICLE

INTERNATIONAL JOURNAL OF ARTIFICIAL INTELLIGENCE

ISSN: 2692-515-x, Impact Factor: 9.23

American Academic publishers, volume 6, issue 01,2026

Journal: https://www.academicpublishers.org/journals/index.php/ijai

PRACTICAL APPLICATION OF METHODS AIMED AT DEVELOPING REFLECTIVE SKILLS IN DOCTORS

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Abstract: The article analyzes the problem of developing the reflexive skills of doctors in modern medical education, its theoretical and methodological foundations, and the mechanisms of practical application. The study, based on the results of experimental work conducted in medical higher educational institutions of Andijan, Bukhara, and Fergana, reveals the influence of the reflexive approach on the quality of clinical decision-making, patient safety, empathy, and professional stability. The author's methodology was developed based on the integration of a reflective diary, portfolio, simulation, debriefing, and mentoring, the effectiveness of which is substantiated by empirical and statistical analysis.

Keywords: reflection, reflexive skills, medical education, simulation, portfolio, mentoring, identification, metacognitive approach, simulation.

Kirish

In the context of globalization and the rapid development of medical technologies, the requirements for the professional training of a doctor are fundamentally changing. Today, a doctor needs not only clinical knowledge and practical skills, but also the ability to critically analyze their work, learn from mistakes, assess the consequences of decisions, and plan continuous professional development. These competencies are formed through reflexive skills.

According to the World Health Organization, errors and incidents in the process of providing medical care remain a pressing problem. Therefore, the introduction of reflection as a central pedagogical mechanism in the medical education system is one of the important factors in ensuring patient safety. In this article, the practical application of methods aimed at developing reflexive skills in doctors is covered on a scientific basis.

1. Theoretical and Methodological Foundations of Reflective Skills

The concept of reflexive competence and its role in medical education: Reflexive competence is the process of conscious thinking of a doctor, aimed at analyzing, evaluating, drawing conclusions from mistakes, and improving their professional activity in the future. In modern medical education, reflection is an important component that ensures not only clinical competence, but also professional identification, moral responsibility, communication culture, and psychological stability of the doctor. Reflective pedagogy serves the formation of a doctor as an active subject.

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In this approach, knowledge is not presented in a ready-made form, but the student understands it through their own activity.

- experimental training model;

- Reflective pedagogy;

- the concept of metacognitive monitoring and self-assessment.

The integration of these approaches allows for the stable development of reflexive thinking in complex and stressful conditions of medical practice.

2. Content and role of reflexive skills in medical education

Reflexive skills in higher medical education consist of the following components:

- clinical-reflexive analysis;

- emotional-intellectual awareness;

- metacognitive control;

- Communicative-reflexive skills;

- professional self-awareness.

These components are an internal mechanism for managing the professional competence of a doctor, and through their development, the quality of clinical thinking, empathy, and the level of responsible decision-making increase.3. Refleksiv malakalarni rivojlantirish metodikalari

a) Reflective daily and written reflection

Reflective daily activity serves to analyze the student's daily educational and practical experience, identify errors, and develop a change plan. Written reflection allows for the gradual development of descriptive, interpretative, and critical levels of reflexive thinking.

b) Portfolio-based assessment

A portfolio is a set of documents reflecting the dynamics of professional development of a medical student, which helps to monitor reflexive skills and determine the trajectory of individual development.c) Simulyatsiya va debrifing

Simulation training allows you to practice decision-making in conditions close to real clinical situations. The process of debriefing serves to analyze experience, recognize mistakes, and plan further activities.

1. recalling the situation;

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2. analysis of behavior;

3. discussion of the emotional state;

4. identifying ways to improve.

This process enhances stress resistance and professional reflection in the doctor.

d) Mentorship and reflective feedback

Feedback based on mentorship deepens reflexive thinking, supports the student's professional self-awareness, and objectifies self-assessment.c) Keys-stady klinik vaziyatlar tahlili

c) Case study methods are one of the most effective tools for developing reflexive skills. The student not only solves the problem, but also:

analyzes the decision-making process;

compares alternative options;

justifies his position.

4. Practical application of the author's methodology

The author's methodology developed within the framework of the study was tested on 326 second-year students of the Andijan, Bukhara, and Fergana Medical Institutes. The methodology included the following components:

1. reflexive analysis and self-observation and discussion after clinical practice;

2. simulation training and analysis after classes;

3. pedagogical-psychological deepening, "What happened? Why did this happen? How to improve?"

4. self-assessment and individual development plans.

Practical effectiveness of reflexive methods

Scientific research shows that doctors trained using reflexive methods:

improves the quality of clinical decisions;

communication with the patient improves;

the degree of burnout is reduced;

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The need for self-assessment and self-development is formed.

This justified the need to consider reflexive skills as an integral part of medical competence and showed a significant increase in all criteria.

5. Results and analysis of the experimental work

According to the results of statistical analysis, the level of reflexive skills in the experimental group increased significantly compared to the control group ($p < 0.01$). In particular, the share of critical reflection reached 34%, while in the control group this indicator was 11%.

Conclusion

The research results show that methods aimed at developing reflexive skills are an important factor in increasing the professional competence of doctors in medical education. The methodological system, organized on the basis of the integration of a reflective diary, portfolio, simulation, and mentoring, serves to ensure the quality of clinical decision-making, empathy, and patient safety.

The methodological approaches presented in this article can be widely implemented in medical higher educational institutions and serve to ensure the continuous professional development of doctors.

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