INTRODUCTION OF CLINICAL STUDIES AS A SEPERATE FORM OF EDUCATION IN COSMETOLOGY AND OTHER HEALTCARE STUDY PROGRAMS

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ABSTRACT

The inclusion of clinical training in the educational programs of the study direction "Health Care" of higher education institutions, including the study of aesthetic cosmetology, should be considered mandatory. The part of the study process that is implemented in the clinical environment forms students' understanding of the essence of the profession, the upcoming problems and the necessary professional competences and individual characteristics for the performance of the relevant work. The purpose of this study is to conduct a reference analysis of the scientific literature on the need for clinical training in aesthetic cosmetology study programs. The main directions of research concern the characteristics of clinical studies as a separate form of study and the explanation of their necessity in cosmetology study programmes. The integration of the clinical environment into the study processes of cosmetology will promote the use of students' psychomotor, cognitive and affective abilities necessary to work as practicing specialists.

Keywords: clinical studies, clinical education, health care, cosmetology, studies in a clinical environment.

Introduction

Relevance of the topic. Clinical education or the study process, which is implemented in the conditions of a clinical environment, forms the basis for the preparation of professionals in the healthcare sector. This stage of studies provides an opportunity for students to study in a potential workplace and become competent health care providers. Studying in a clinical setting allows students to develop academic knowledge of abilities and attitudes, acquiring clinical competencies. About its necessity, researchers and specialists of health care pedagogy have already emphasized at different times. The time spent in the clinical environment, or clinical training accompanied by already practitioners, is at the heart of all the educational reforms of the medical staff that have been developed so far.

Clinical education is a work-based educational process developed by a university in cooperation with employers and students. The learning outcomes in this case are associated with the goals of the work. Among the guiding principles of such a study process is a formal and meaningful partnership between students, employers, and the educational organization. The work-based educational process can be spoken of as "indirect, unforeseen, opportunistic and unstructured learning without a teacher." At the same time, it is a student's practice under the guidance of a mentor or supervisor. It is a learning led by the learners themselves, not the academic staff (J.Attenborough,et. al., 2019).

Thus, it can be concluded that the work-based educational process is organized in a dual study environment, which includes both academic and professional environments. Looking at research conducted in Europe (Attenborough, Abbot, Brook, & Knight, 2019; Moldovan, 2019, etc.) Regarding the work-based study process introduced in vocational

education, it can be seen that such a form of study promotes motivation to acquire the skills necessary for the relevant profession and ensures the entry into the labour market of specialists corresponding to the requirements of employers. It is the integration of the learner into the work environment, ensuring timely cooperation between the future employee and the employer. In such an educational model, the employer himself can direct the future employee in the direction of acquiring the necessary knowledge and skills.

In order to provide health care students with an appropriate level of work-based education, both the usual study methods (lectures, seminars, practical works, laboratory works, etc.) and separately adapted forms of study acquisition are used, the implementation of which in educational programmes takes place in medical institutions - clinical training.

Research problem. Clinical training has been studied from different angles – efficiency, necessity, satisfaction, etc., but studies have been conducted (Dobrowolsk et.al, 2015; Humar & Sansoni, 2017) points to the ambiguous implementation of clinical training in healthcare study programs at European universities, including the study of aesthetic cosmetology. It is important that students are included in health care, ensuring a supported, inclusive and safe study process, as a result of which the acquisition of all professional knowledge, skills and abilities can be ensured. Therefore, it is necessary to develop a unified model for the implementation of clinical training, providing a basis for cooperation between universities, health care organizations and students in order to maximize the value of the study experience and the effectiveness of the study process for all interested parties.

Subject matter of the research. Clinical training

Research aim - to conduct an analysis of the need for clinical training in aesthetic cosmetology study programs.

Research methods: a reference analysis of scientific literature.

Clinical education as a component of the work-based study process in aesthetic cosmetology study programmes

The work-based educational process is not simply another form of education. In today's vocational education, this is a separate field characterized by different and often incompatible pedagogical ideas (Gerhardt & Annon, 2023). Such an educational process is characterized by self-learning-guided methods, in which individuals themselves take the primary initiative in their learning experience in an appropriate and safe learning environment, asking, exploring, engaging, setting goals and evaluating. The educator in this model provides learning resources, encourages students based on his knowledge and experience. In the humanistic paradigm or within the framework of the promoting (self-learning) theories of learning, learning is self-directed and the student himself plans, directs, evaluates his or her learning, promoting self-realization, self-motivation and achievement of goals. Learning in this case is personalized and student-centered. Educators only perform the role of promoting student education (Mukhalalati & Taylor, 2019). It is an educational process in which individuals take the initiative with or without the help of others – set goals, formulate learning needs, identify material resources, select and implement appropriate learning strategies and evaluate their results. The realization of the self-learning process requires a suitable environment in which learners are helped by others – instructors, mentors, representatives of the working environment, employees, etc. Such an environment must be ensured through cooperation between universities and the clinical

environment, thus ensuring favorable conditions for motivating the student for self-study. Within the framework of such a teaching model, the lecturer performs the role of teacher, employer and consultant. (Esteban & Arahal, 2015).

Researchers talk about clinical learning in the context of the development of reform pedagogy, where teaching methods are based on independent work as productive educational work. From a research point of view, clinical instruction can be equated with the study of activity, where cognition interacts with practice and changes them through research, solving a practical problem in a particular place. At the heart of such a study process is the immediate implementation of solutions to the problem and verification of effectiveness. In this case, knowledge is created on the basis of reflection. Such an activity develops in the student the processes of revelation, self-control and self-regulation. This form of study is considered effective and suitable in the world for raising the qualification of the healthcare team and timely bringing students into the conditions of a potential working environment (Deatrick et al., 2015).

The training of healthcare professionals depends to a large extent on actual clinical experience in healthcare facilities and, in particular, on the guidance and support provided by the teaching staff during clinical studies. The involvement of students in the daily duties of the relevant profession, helps to acquire skills and knowledge, builds confidence and forms the professional socialization of students. However, equally important is the assessment of the student and the evaluation of his or her judgments, thus contributing to the development of clinical knowledge and clinical thinking. The model for the organization of clinical training is based on the formation of relations between the university, medical institution, students and teaching staff, the responsibility of the preceptor and the clinical evaluation of the degree of preparedness of the future specialist for the performance of daily duties. Clinical training in this study model becomes a separate form of study, complementing the usual lectures, seminars, practical classes, simulations, etc.

The staff of the clinical environment or medical treatment institution who is included in the educational process, together with the educational institution, is responsible for the course of studies and obtaining the appropriate qualification of students. In clinical education, students have to face a range of different clinical situations, preparing them for the transition to the real work environment as qualified specialists. For these reasons, educational institutions, in cooperation with representatives of the working environment, should develop the concept of a common model of cooperation.

The modern cosmetology industry borders on many other branches of medicine and pharmacy. The goals of cosmetology are maintaining and strengthening health, educating the culture of cosmetic care, correcting and eliminating aesthetic defects. The tasks of the industry are the elimination of cosmetic defects and the development of schemes and methods of cosmetological therapy. The objects of cosmetology are man and skin. Among the modern methods of cosmetology are included pharmacological, manual, cosmettological, electrical, dermatological, surgical and other methods of elimination, correction and therapy of cosmetic defects. Thus, the acquired knowledge and skills alternate with other branches of medicine and pharmacy, such as dermatology, surgery, endocrinology, physiotherapy, regenerative and preventive medicine, psychology, pharmacology, etc. It is natural that study programmes in the field of cosmetology are included in the fields of study of health care. In higher educational institutions, beauty

specialists (in cosmetology) are prepared. He or she is a medical practitioner who works in private beauty practice and/or in a beauty salon and/or medical treatment institution and provides a wide range of cosmetology and aesthetic medicine services in the field of health care, which covers the assessment of skin condition (norm/pathology), as well as cosmetology procedures and/or manipulations of aesthetic care for the skin of the face, head, body; advises persons within the framework of their professional activities ; cooperates with other health care professionals for the provision of a safe service to the person. Thus, when preparing these specialists in accordance with the latest trends in health care and vocational education, higher education institutions should provide for a work-based study process also in the conditions of a clinical environment, thus integrating future beauty care specialists (in cosmetology) into the health care system. A study process organised in a clinical environment should also be included in these study programmes.

Despite research (Nordquist at al., 2019; Janusheva at al., 2018; Flot & Linden, 2016; Dafogianni at al., 2015; AlHaqwi & Van der Molen, 2010; Ramani & Leinster, 2008) on the importance of clinical education and its recognition as an integral part of health care study programs, in aesthetic cosmetology study programs it does not use a separate form of study. However, based on the findings of other researchers that nowadays the specialist in aesthetic cosmetology deals with important and serious issues of customer health care and their activities directly relate to human health and safety (Lice-Zikmane & Grinberga, 2020), it would be advisable to promote the integration of the clinical environment during the study process also in cosmetology study programs. Their development and implementation in each university is a task of building relationships in order to maximize the value and effectiveness of teaching and study experience for all stakeholders – students, industry professionals, universities and healthcare organisations. The cooperation model is based on a unified vision, mission and philosophy of the educational institution and the clinical institution. A higher education institution and a medical treatment institution involved in the study process shall be equally responsible for the establishment of competent specialists. The concept of any such cooperation should be based on the responsibility of the teaching staff involved, including representatives of the clinical environment involved in the study process, for the supervision of students in the clinical environment. The objectives of clinical cooperation implemented in this way correspond to the previously expressed recommendations of foreign researchers that it is necessary to establish a closer link between universities and medical institutions in order to create a positive study environment in which all interested parties can satisfy the experience of clinical study as much as possible.

Conclusions

1. The participation of students in professional socialization and patient care is primarily necessary for the preparation of an appropriate employee of the health sector, including beauty specialists in cosmetology.
2. Taking into account the development of the competences of beauty specialists in cosmetology in the medical sector, the acquisition of a clinical environment with the peculiarities of teaching and learning in it, clinical competencies, etc. components is necessary in the process of their preparation.

3. The goal of clinical education is the acquisition of skills and knowledge necessary for the development of critical thinking and beliefs. The preparation of specialists should be short, understandable, clear and based primarily on examples of practice in the clinical environment.
4. Unlike traditional mechanisms of the study process, clinical training takes place in a complex social context. Students should combine academic knowledge and professional skills with cognitive, psychomotor and affective skills in a real work environment. Therefore, health care study programs, including cosmetology, should be coordinated with representatives of the clinical environment to ensure that graduates are able to face the challenges of a complex and dynamic healthcare delivery system.
5. The integration of the clinical environment into the study processes of cosmetology will promote the use of students' psychomotor, cognitive and affective abilities necessary to work as practicing specialists.

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KLINIKINIŲ STUDIJŲ, KAIP ATSKIROS MOKYMO FORMOS, ĮVEDIMAS Į KOSMETOLOGIJOS IR KITŲ SVEIKATOS PRIEŽIŪROS STUDIJŲ PROGRAMAS

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Santrauka

Klinikinio mokymo įtraukimas į aukštųjų mokyklų studijų krypties „Sveikatos priežiūra“ švietimo programas, įskaitant estetinės kosmetologijos studijas, turėtų būti laikomas privalomu. Klinikinėje aplinkoje įgyvendinama studijų proceso dalis formuoja studentų supratimą apie profesijos esmę, būsimas problemas ir būtinas profesines kompetencijas bei individualias savybes atitinkamo darbo atlikimui. Klinikinis švietimas yra darbo pagrindu veikiantis švietimo procesas, kurį universitetas sukūrė bendradarbiaudamas su darbdaviais ir studentais. Mokymosi rezultatai šiuo atveju yra susiję su darbo tikslais. Tarp pagrindinių tokio studijų proceso principų yra formali ir prasminga studentų, darbdavių ir švietimo organizacijos partnerystė.

Klinikinio švietimo tikslas – įgyti įgūdžių ir žinių, reikalingų kritiniam mąstymui ir įsitikinimams ugdyti. Specialistų rengimas turėtų būti trumpas, suprantamas, aiškus ir pagrįstas visų pirma klinikinės aplinkos praktikos pavyzdžiais. Klinikinės aplinkos ar gydymo įstaigos darbuotojai, įtraukti į švietimo procesą, kartu su švietimo įstaiga yra atsakingi už studijų eigą ir atitinkamos studentų kvalifikacijos įgijimą. Klinikinio švietimo srityje studentai turi susidurti su įvairiomis klinikinėmis situacijomis, taip juos paruošiant perėjimui į realią darbo aplinką kaip kvalifikuotiems specialistams. Dėl šių priežasčių švietimo įstaigos, bendradarbiaudamos su darbo aplinkos atstovais, turėtų plėtoti bendro darbo modelio koncepciją.

Šiuolaikinė kosmetologijos pramonė ribojasi su daugeliu kitų medicinos ir farmacijos šakų. Aukštosiose mokyklose rengiami grožio specialistai (kosmetologijoje). Taigi, rengdamos šiuos specialistus pagal naujausias sveikatos priežiūros ir profesinio mokymo tendencijas, aukštosios mokyklos turėtų numatyti darbinį studijų procesą ir klinikinės aplinkos sąlygomis, taip integruojant būsimus grožio priežiūros specialistus (kosmetologijoje) į sveikatos priežiūros sistemą. Į šias studijų programas taip pat turėtų būti įtrauktas klinikinėje aplinkoje organizuojamas studijų procesas.

Skirtingai nuo tradicinių studijų proceso mechanizmų, klinikinis mokymas vyksta sudėtingame socialiniame kontekste. Studentai turėtų derinti akademines žinias ir profesinius įgūdžius su kognityviniais, psichomotoriniais ir emociniais įgūdžiais realioje darbo aplinkoje. Todėl sveikatos priežiūros studijų programos, įskaitant kosmetologiją, turėtų būti koordinuojamos su klinikinės aplinkos atstovais, siekiant užtikrinti, kad absolventai galėtų susidoroti su sudėtingos ir dinamiškos sveikatos priežiūros paslaugų teikimo sistemos iššūkiais. Klinikinėje aplinkoje organizuojamas studijų procesas taip pat turėtų būti įtrauktas į kosmetologijos studijų programas. Aukštojo mokslo įstaiga ir gydymo įstaiga, dalyvaujanti studijų procese, yra vienodai atsakingos už kompetentingų specialistų paskyrimą. Visais atvejais tokio bendradarbiavimo koncepcija turėtų būti grindžiama dalyvaujančių dėstytojų, įskaitant klinikinės aplinkos atstovus, dalyvaujančius studijų procese, atsakomybe už studentų priežiūrą klinikinėje aplinkoje. Tokiu būdu įgyvendinami klinikinio bendradarbiavimo tikslai atitinka anksčiau išreikštas užsienio mokslininkų rekomendacijas, kad būtina užmegzti glaudesnį ryšį tarp universitetų ir medicinos įstaigų, siekiant sukurti teigiamą studijų aplinką, kurioje visos suinteresuotos šalys galėtų kuo labiau patenkinti klinikinių tyrimų patirtį.

Šio tyrimo tikslas – atlikti mokslinės literatūros apie estetinės kosmetologijos studijų programų klinikinio mokymo poreikį referentinę analizę. Pagrindinės mokslinių tyrimų kryptys yra susijusios su klinikinių tyrimų, kaip atskiros tyrimo formos, charakteristikomis ir jų būtinumo kosmetologijos studijų programose paaiškinimu.

Klinikinės aplinkos integravimas į kosmetologijos studijų procesus skatins studentų psichomotorinių, kognityvinių ir emocinių gebėjimų, reikalingų dirbti praktikuojančiais specialistais, naudojimą. Studentų dalyvavimas profesinėje socializacijoje ir pacientų priežiūroje pirmiausia reikalingas tinkamam sveikatos sektoriaus darbuotojui, įskaitant kosmetologijos grožio specialistus, parengti. Klinikinės aplinkos integravimas į kosmetologijos studijų procesus skatins studentų psichomotorinių, kognityvinių ir emocinių gebėjimų, reikalingų dirbti praktikuojančiais specialistais, naudojimą.

Keywords: klinikiniai tyrimai, klinikinis švietimas, sveikatos priežiūra, kosmetologija, tyrimai klinikinėje aplinkoje.