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TEACHING STUDENTS IN SIMULATION OF AUDIBLE SOUNDS IN AUSCULTATIONS IN THE LUNGS

G.M.Bektasheva, O.I.Rafiyeva, G.A.Kholmatova
Department of hospital therapy and Endocrinology
Andijan State Medical Institute,Andijan, Uzbekistan

Resume: This article cites auscultation of the lung, its axamicity, and lists the order in which auscultation of the lung is performed in this case. The methodology of this process and the sequence of execution are presented on the basis of the procedure on what skills students will acquire in the process of disembarkation to students. This was done on the basis of the basic law rules on how to perform this process in the work of a doctor to students. This greatly allows students to accurately diagnose lung diseases.

Keywords:lung diseases, normal auscultative sounds, pathologiu auscultative tonsils, anterior pulmonary auscultation, lateral hearing of the lungs, posterior hearing of the lungs.

Auscultation is a method of checking the activity and condition of internal organs by hearing the sounds that occur. For example, hearing a heartbeat and finding out if it is healthy or sick. In auscultation, the doctor will listen to the corresponding part of the body (indirect auscultation) or hear by placing special instruments (sttoscope, phonendoscope or stetophonendoscope) (indirect auscultation). This method is of important diagnostic importance in medical practice in the diagnosis of diseases of the heart, lungs, blood vessels, as well as blood pressure.

Patients with chronic nospecific diseases of the respiratory organs infected with tuberculosis khavfi form a contingent of highly infected shakhs. Chronic nospesific upka disorders kupincha are accompanied by a background of attenuation of general immune reactions and are observed with various disorders of local (local) immunity in upka. Depending on this, the incidence of tuberculosis khavfi is increasing in reality. Nonpesifical jaundice of the upka is complicated by kupincha long-lasting tuberculosis, while sungra has its recovery in kupincha accompanied by residual post-tuberculous lesions in the upka. The occurrence of nospecific lamination processes in tuberculosis patients upka fever and bronchi is associated with fibrosis deformation of bronchi and impaired drainage function.

Purpose of scientific work. To teach students how to auscultate the lungs in simulation conditions and through this to teach them the skills of working with the patient.

Material and methods. Simulation training was carried out at the Andijan State Medical Institute simulation center using therapeutic simulators in simulation rooms designed for therapeutic directions. Auscultation of the lung in the patient examination was used.

Research results. In the studies of the conducted simulation, students were able to perform the following actions independently and apply it in practice in patients.

Anterior pulmonary auscultation. The Doctor stands in front of the patient. The patient will have lowered his arms, asking him to take a deep breath through his nose. The rastrube part of the phonendascope is first placed on the right then on the left side on the O'mrow top Sox, at symmetrical points.The process of inhalation and exhalation is fully heard, if possible, 2-3 breathing processes are heard. Then to the

phonendoscope rastrubi O'mrow subsurface Sox L. Parasternalis dextra and L. The Parasternalis can be heard by placing it at symmetric points on the synistra. Then the phonendoscope rastrubi L to the second rib interval Sox. Parasternalis dextra and L. The Parasternalis can be heard by placing it at symmetric points on the synistra. Then the phonendoscope rastrubi III, IV, V into the intercostal space L. Parasternalis can be heard on dextra. Then the phonendoscope rastrubi O'mrow subsurface Sox l. medioclavicularis dextra and l. the medioclavicularis sinistra is sung to symmetrical sutures. Then to the phonendoscope rastrubi 2 kovurga oraliga l.medioclavicularis dextra et l.medioclavicularis sinistra, sung to tall symmetrical nucta. Then the phonendoscope l.medioclavicularis dextra buyicha III, IV, V is sung to the kovurga oraliga.

Hearing the lungs from the side. The doctor is smiling: he stands on the right side of the patient when he hears the right side, and on the left side when he hears the left side. The patient is said to raise his hands over his head to his back. Then fonendrskop rastrubi l. axillaries are placed at symmetrical points in anterior dextra et sinistra between ribs III, IV, V, VI. Then fonendrskop rastrubi l. axillaries media dextra et sinistra buyicha III, IV, V, VI are placed at symmetrical points in the intercostal space. Then fonendrskop rastrubi l. Axillaries posterior dextra et sinistra buyicha III,IV,V, VI are sung to catially symmetrical nucta between the cures.

Hearing the lungs from the back. The Doctor stands on the patient's orca. The patient is said to lower his hand. The phonendoscope rastrubi is first sung to the socket of the vertebra VIII buyin first ung then to the catially symmetrical nucta from the left, and the process of breathing and exhalation is fully audible. The phonendoscope is then sung to the nastrubi ung and, on the left side, to the catially symmetrical nucta (cavity) of the cranial sacs, and the process of respiration and exhalation is fully heard. Then we rub the ashes from the patient in front of them, and the phonendoscope rastrubi Ung and from the left side are dressed in catially symmetrical nucta between the Spades. We go down to the corners of the shovel, begging the patient to let his ashes down. Then l on the right and left.scapularis buyicha can be heard in catially symmetric nucta.

Conclusion. Students who used therapeutic simulators in simulation rooms for the therapeutic areas of the simulation center of the Andijan State Medical Institute were taught pulmonary auscultation in simulation conditions, through which they were endowed with the skills of working with the patient. This of course allows students to perform pulmonary auscultation Hecht without hesitation during their examination in the context of working with the patient. These heart diseasesinierta will be of great help to diagnose.

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