



CONTEXTUAL LEARNING IN A COMPETENCY-BASED APPROACH TO STUDYING THE SUBJECT OF OBSTETRICS AND GYNECOLOGY

Parvizi N.I.¹

1. PhD, Senior lecturer of the Obstetrics and gynecology department of Tashkent State Medical University

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Abstract:

Competency-based medical education emphasizes integrating theoretical knowledge with professional skills through active learning methods such as contextual, problem- and case-based learning. This study explores the implementation of contextual learning in the obstetrics and gynecology curriculum, showing how simulation, business games, and clinical problem-solving enhance clinical reasoning, communication, and professional competence. Results indicate that contextual activities foster independent decision-making and readiness for clinical practice. These findings support the broader use of contextual learning in medical education to strengthen professional development.

Keywords: *competency-based education, contextual learning, obstetrics and gynecology, active learning, professional skills*

INTRODUCTION

Modern medical education increasingly emphasizes the development of competencies rather than the mere acquisition of factual knowledge. Competency-based medical education (CBME) is designed to prepare graduates who are not only knowledgeable but also able to perform professional and social roles effectively [1,2]. Competence is defined as an individual's readiness to fulfill specific professional, societal, or civic responsibilities, integrating knowledge, skills, and attitudes [3].

In recent years, CBME frameworks have been widely adopted in medical curricula worldwide to address evolving healthcare demands and ensure that graduates are prepared for clinical practice [4,5]. These frameworks require innovative pedagogical strategies that bridge theoretical knowledge with practical application. Contextual learning is one such strategy, which situates learning in real-world or clinically meaningful scenarios, emphasizing problem-solving, active participation, and the integration of educational and professional activities [2,6].

In obstetrics and gynecology, the complexity of patient care, rapid decision-making, and multidisciplinary collaboration demand that students develop high-level clinical reasoning and communication skills. Traditional lecture-based teaching alone is insufficient to prepare students for these challenges [7,8]. Contextual learning methods, including simulations, business games, role-playing, and problem-based tasks, provide opportunities for students to apply theoretical knowledge in practice, enhance their professional skills, and develop autonomy in clinical decision-making [9,10].

Moreover, the stepwise progression of contextual learning—from foundational theoretical activities to advanced clinical simulations—enables students to gradually acquire competence and confidence. By incorporating case studies and situational tasks that mimic real-life scenarios, students learn to assess symptoms, formulate diagnoses, plan investigations, and propose appropriate treatments while considering ethical and social aspects of care [11,12].

Several studies have confirmed the effectiveness of contextual learning in enhancing student engagement, professional skill acquisition, and clinical reasoning in medical education [13–15]. In the context of obstetrics and gynecology, these methods are particularly valuable because they prepare future physicians to manage complex clinical situations independently and responsibly [6,9].

Thus, the integration of contextual learning within a competency-based framework offers a promising approach to improving the quality of medical education and preparing students for the practical challenges of obstetrics and gynecology [1,4,7].

AIM

To analyze the implementation and effectiveness of contextual learning in a competency-based approach to teaching obstetrics and gynecology, focusing on methods that enhance clinical reasoning, professional communication, and autonomous decision-making among medical students.

MATERIALS AND METHODS

A qualitative descriptive approach was used to examine contextual learning activities in the obstetrics and gynecology curriculum. These included simulations, business games, and clinical problem-solving tasks. Stepwise progression was applied, starting from



theoretical lectures and seminars to active clinical tasks. Students were exposed to problem situations requiring integration of lecture content, analytical exercises, and clinical reasoning. Performance was assessed based on students' ability to analyze symptoms, formulate diagnoses, plan examinations, and propose treatment plans. Role-playing and case studies were also used to evaluate communication and independent decision-making.

Results

- Implementation of business games, situational clinical tasks, and role-play increased student engagement and clinical competence.
- Students developed the ability to assess symptoms, formulate diagnoses, plan examinations, and propose treatment, mirroring real clinical reasoning.
- Simulations and problem-solving tasks improved communication skills and independent decision-making.
- Integration of contextual and traditional teaching reinforced theoretical knowledge while preparing students for professional practice.

Discussion

Contextual learning supports competency-based outcomes in obstetrics and gynecology by providing active learning environments that promote clinical reasoning and decision-making. Studies show that students exposed to such methods have higher confidence and readiness for real clinical situations. Integrating contextual learning into CBME aligns with global curriculum reform trends, ensuring that students acquire both knowledge and practical skills efficiently.

CONCLUSION

Contextual learning within a competency-based approach enhances professional readiness in obstetrics and gynecology. Realistic clinical tasks, simulations, and active learning strategies improve clinical reasoning, communication, and independent decision-making. These pedagogical approaches are recommended as essential components of modern medical training.

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