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FORMATION OF STUDENTS' COMPETENCE ON PRESERVATION AND INCREASE OF HEALTH RESERVES

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The problem of increasing the efficiency of physical education in the process of non-special physical education of students of non-core higher educational institutions is considered. The urgency of the research and solution of this problem in the context of improving and maintaining the level of health of the younger generation is shown. The competence approach is proposed as the main tool. On its use the technology allowing to find ways of realization in the course of training of health-forming competence of students is built. The article presents an algorithm for solving this problem, designed to be the basis for the modernization of non-specialized physical education of students of non-core higher educational institutions.

Keywords: *health-forming competence, non-special physical education of students.*

Urgency. Over the past two decades, in the field of Russian higher education, among others, there are two problems – the provision of health and non-special (General) physical education of the younger generation. Many experts note that the number of students with significant health problems is steadily increasing – up to 40 % and in the future, if the situation does not change, it can be more than 50% of the total number of students. Health of students during their studies at the University, as a rule, tends to deteriorate. The number of cases of diseases by the second course increases by 23%, and by the fourth – by 43%. Up to a quarter of all students move to a lower medical health group [2. P. 39; 11; 12]. This is happening against the background of an increase in the number of applicants entering the first year and having certain deviations in health. The study of morbidity of students have revealed that in the first place are diseases of the cardiovascular system, the second – the musculoskeletal system and the third – the respiratory system, that is, those systems that are the most important for the life of the human body. Studies of functional conditions of students revealed that their health is characterized by the following indicators: high level – 1.8%; average – 7.7%; low – 21.5 %; very low – 69.0% [2. P. 39]. In this regard, we can identify a number of factors that affect the situation:

- low level of health of school graduates;
- lack of students' value orientations on the formation, maintenance and strengthening of health;
- low physical activity of students in the educational process [9];
- aborted installation on maintaining a healthy lifestyle.

To solve the problems of improving and strengthening of health in the process of non-profile physical education of students, the following algorithm is proposed: purpose – tools – technologies – result [10; 114 12].

Purpose. The purpose of education in the field of physical culture is the formation of a physically developed person, able to use actively the values of physical culture and sports to improve and preserve their own health reserves, optimize training and work activities, organization of individual recreation and leisure.

Methods (tools). The accepted direction of development of the national education system requires an appropriate approach to the regulation of the process [4].

Competence approach, in our view, can serve as one of the tools for solving these problems. Currently, there are discussions on the definition of categorical apparatus, classification of competencies and other didactic and methodological aspects, as in the scientific literature there are many works devoted to theoretical and practical issues of its implementation. But in the

course of discussions the General positions on interpretation of such concepts as “competence approach”, “competence” and “expertise” were defined.

“Competence” is understood as the potential of the individual, including his personal qualities, knowledge, skills, experience, as well as theoretical and applied readiness to use them in practice. This ability is formed in students in the process of education, development of social experience and includes motivational, cognitive, activity, ethical, social, behavioral and other components. Competencies reflect the goals of education realized in its results, and describe what a graduate of an educational institution should do at after the end of the entire educational program or part of it, and have a significant bias towards ethical standards of social interaction. The presence of a person’s competence is associated with the “willingness” to perform certain functions in a particular field of activity.

“Expertise” – updated competence. It reflects the ability to implement in practice received in the process of education competence. Although it was possible to determine the difference between these concepts, but the question of the nature and number of competencies of graduates of educational institutions is still debated.

Usually, there are two levels of competence: General cultural and professional. “General cultural competences” are presented as competences that are the most universal in nature and in the degree of applicability, that is, they are “over-subject”.

In the hierarchy of competencies are also generally accepted – related to a certain cycle of academic disciplines; subject – related to specific academic disciplines [1].

In these classifications Health-forming competence is not specified. The latter has a non-objective character and is necessary in the organization of everyday life, as well as educational and professional activities, plays an important role in the implementation of the model of sustainable development of modern society.

Health-forming competence is an integral part of the culture of each person, as one daily has to solve problems of a health-improving character of varying degrees of complexity. Its formation is the most important condition for the socialization of the individual in society. It includes the following components:

- cognitive, determined by the presence of knowledge in the field of healthy lifestyle;
- operational activity, involving the presence of practical skills and abilities to form and improve health reserves;

– motivational-value sphere, reflecting the understanding of the role of health, primarily motor, technologies in the formation and improvement of personal health.

Technologies. The main way to achieve health-forming competence is to improve the quality of the system of non-special (General) physical education, involving the development of interest, the formation of skills and relation to the special knowledge, which is the basis for the personalization of active health formation. This system provides for the realization of high potential of motor activity in the expansion and increase of health reserves, physical capabilities of the human body. Actualization of the problem of non-special physical education is due to the presence of a serious contradiction between the accumulated scientific and theoretical and technological potential in the field of healthy lifestyles, optimization of motor activity, on the one hand, and the level of its development by individuals, on the other [2].

Improving the quality of the system of non-special physical education should be carried out as a process of modernization aimed at bringing it in order with modern requirements. Here the necessity of formation of motivation for future professional activity becomes obvious [7]. The key point is the formation of personal health through responsibility to themselves, the family, the state of personal health. Such modernization requires the development and implementation of certain innovations.

The essence of innovation is to use the achievements of the human mind (new ideas, discoveries, inventions, improvements, etc.) to improve the efficiency of activities in a particular area [8. P. 4]. Innovations in the field of education, including non-special physical education, can be directed to each of the structural elements of the system, as well as to the main directions of development of the system, its results, the nature of the interaction of structural components with each other and with the environment.

Socio-economic transformations in Russia have conditioned and, to a certain extent, intensified the processes of democratization and diversification of educational systems, globalization and fundamentalization of education, humanization of educational space and other innovations [5]. The implementation of innovative programs should ensure the high quality of educational activities.

At the same time, the main focus of education – to ensure the parity of health and education which should be maintained [6]. In this regard, the concept

of personality-oriented physical culture is of interest, which offers to take into account the interests of the implemented system of education "...by activating the socio-cultural mechanism to promote physical improvement of the individual [3. P. 195].

In accordance with the available level of health, non-special physical education is implemented in specially organized (educational and extracurricular, group and individual) and independent (group and individual) classes of health and prevention (students of special medical group), health and physical education (students of recreational medical group) and sports (students of the main medical group) orientation.

Improving the quality of non-special physical education is carried out through activity, intellectualization, independence, individualization, personalization and integration of health technologies.

Result. For a number of years in Chelyabinsk state University the implementation of components of health-forming competence determined a significant increase in the volume (number) and duration of classes, the number of mastered and used exercises, the effectiveness of the organization of a rational combination in individual classes, weeks, semesters and academic years of exercise of various sizes and directions, the effectiveness of the use of health effects through a rational combination of motor activity, hardening procedures, rational nutrition, breathing exercises and self-regulation. This led to a significant increase in the physical condition of students, decreased the number and duration of individual diseases during the school year. Most students have expanded and deepened knowledge about a healthy lifestyle, formed certain skills and abilities of independent organization of motor activity, there was a motivation for physical and intellectual self-improvement.

Change in the specified directions of programs of disciplines on physical culture and sports allowed to receive positive effect on formation of physical and sports culture of the personality of students. However, the results suggest that there are a number of problems that require solutions and additional research. A promising area of these studies is the organization of physical education and physical education, which takes into account not only the level of health and physical fitness, but, above all, focuses on the interests and individual preferences of each individual young person.

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ФОРМИРОВАНИЕ КОМПЕТЕНТНОСТИ СТУДЕНТОВ ПО СОХРАНЕНИЮ И ПОВЫШЕНИЮ РЕЗЕРВОВ ЗДОРОВЬЯ

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Рассматривается проблема повышения эффективности физического воспитания в процессе неспециального физкультурного образования студентов непрофильных высших учебных заведений. Показана актуальность исследования и решения указанной проблемы в контексте повышения и сохранения уровня здоровья подрастающего поколения. В качестве основного инструментария предлагается компетентностный подход. На его использовании выстраивается технология, позволяющая найти пути реализации в процессе обучения здоровьесформирующей компетентности студенческой молодежи. Представлен алгоритм решения данной проблемы, призванный лечь в основу модернизации неспециального физкультурного образования студентов непрофильных высших учебных заведений.

Ключевые слова: здоровьесформирующая компетентность, неспециальное физкультурное образование студентов.

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