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INDIVIDUALIZATION IN MEDICINE, PSYCHOLOGY AND PEDAGOGY: WAYS AND RELATION TO FOREIGN STUDENTS ADAPTATION

Individual approach to the patients is important in Medicine. There is a whole direction – Personalized Medicine [1]. Education individualization is considered to be Pedagogy branch in priority. There is a relationship theory between individual differences and information processing [2], memory [3; 4; 5; 6]. Such branch of Psychology as the Cognitive one that is on the crossing of higher nervous activity Physiology, Psychology and Pedagogy has also tight connection to human typological aspects and thus contributes in learning individualization in the educational establishment [7]. There is another complex branch of Science – Cognitive linguistics – on the cross of Philology, Linguistics, Pedagogy, Physiology – which is also helpful in reaching the applicants' learning maximal individualization [8]. The education applicants' ethnic belonging, gender, control locus, behavioral strategies, interhemispherical asymmetry individual profile, temperament type taking into consideration play significant role in the learning individualization [9]. Education maximal individualization will be rather contributive in the foreign students' better adaptation in part the social one to study [10].

We performed the surveys of the students from different courses, studied General Medicine and Dentistry, in English and Russian, boys and girls, coming to Ukraine from various countries. We performed the interhemispheric asymmetry individual profile determining, survey to determine ambidextrism, ambisinistrism, sinistrality character (real, hidden and unreal), temperament type, control locus and behavioral strategies (coping and avoiding). Our results demonstrated that real and hidden left-handed students, boys and girls, learning Medicine in English and Russian, were better in oral asking than in tests writing. We explain this by information processing dominant simultant way characteristic for right hemisphere activity in them. Unreal left-handers had left hemisphere dominant with its information processing successive pathway and that is why they were good in tests (some students even answered worse orally comparatively to their answers on tests). Ambidexters were good both in tests and while oral asking because of two hemispheres good development without visible dominance. Ambisinisters who didn't write well either with their right and left hand were weak in both activity types. All left-handed people work better without time limit (that is also explained by right hemisphere distinguishing feature). Melancholics right-handed and all ambidexters were very active at the scientific conferences: were making brilliant reports with informative multimedia presentations as well as had multiple printed works (their maximal amounts were 56, 38, 34, 32, 19 for all study years, these students were from Iran, Egypt and Iraq). All ambidexters and some left-handers liked maximally individualized and non-standard activity at the lessons; Iranian students even were the teachers at the lessons while demonstrating the high inter-disciplinary and

intra-disciplinary integration and involving all their group-mates in the working activity; they had right and left hemisphere significant development. Left-handed melancholics were distinguished by high working activity but they discover their educative potential not before the auditory while being strong introverts.

There are ethnic peculiarities in other typologies distribution. In part, 95-98% of the Americans and the Japanese are left-handed. And it is not occasionally that the first ones have been the first who have proposed the tests and the first ones who have refused from them while replacing with oral asking and situational tasks solving taking into account simulant but not successive pathway of information processing characteristic for dominant right hemisphere in people.

There is a problem of left-handed doctors especially surgeons, surgeons dentists in the aspect of assisting as well as any left-handed doctor how to use devices and tools created for the right-handed ones in part how to works with drilling machine and with the tools for the right-handers [11; 12]. It is a problem of left-handed doctors and students influencing unwell on professional muscular-skeletal diseases appearance [13], non-desire to work, the treatment performed worse results. Such students and doctors have peculiarities in educating and training [14; 15] worse professional adaptation. The devices for left-handed dentists have been created and are applied successfully in Turkey, Belgorod, the specialists and students' sinisters in Uzbekistan can ask to create the devices and tools for them taking into account their individual peculiarities. Some students' internals (especially from Arabic countries studied Medicine and Dentistry in Russian possessing language difficulties) had worse adaptation to study because of them and because they were thinking that they are faulty in their own being non-lucky and even often did not have desire to study. Externals considering that the God, teacher are responsible for their success and non-success in study were patient in the first case and did not want to study because of the teachers in the second one. The situation was worse if the students were left-handed and moreover left-handed melancholics. Internals especially from Arabic countries were possessing avoiding strategy more than externals with coping as the behavioral strategy. The second ones had better marks and adaptation to study.

Thus taking into account the education applicants' typological belonging is essential for providing the maximal individualization in their study and therefore the best adaptation to study and the professional one.

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