

THE ETHICAL AND PSYCHOLOGICAL DETERMINANTS OF A DOCTOR'S PROFESSIONAL ACTIVITY

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The professional activity of a doctor focuses on the intersection of clinical knowledge and ethical principles. Meanwhile, medical ethics establishes the value and ideological foundations of the profession, whereas deontology serves as a tool that implements the principles within particular standards and rules of behavior. The contradiction between the importance of ethical and deontological regulators and the lack of empirical data on their relationship to the psychological characteristics of the doctor's personality makes the study relevant. The aim of the paper is to study the relationship between deontological competence of a doctor and communicative competence, metacognitive characteristics and socio-psychological attitudes. 72 internists participated in the study (the average age was 48.5 years; the average proven record was 21.6 years). The methods of diagnosis of communicative competence, metacognitive knowledge and activity, social and psychological attitudes, as well as the author's methodology for assessing deontological competence were used. Statistical processing included correlation analysis using the *r*-Spearman coefficient. Significant positive links of deontological competence with communicative ideals, metacognitive knowledge, metacognitive activity, concentration, choice of main ideas, time management, focus on altruism, as well as negative links with focus on selfishness and material values have been established. Deontological competence is an integrative education that combines value-semantic, reflexive-regulatory and motivational components, which allows it to be considered as a key mechanism for the implementation of ethical principles in clinical practice.

Keywords: medical ethics, deontological competence, professional activity of a doctor, communicative competence, metacognitive skills, value-based orientations, altruism, internists, clinical practice

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ЭТИКО-ПСИХОЛОГИЧЕСКИЕ ДЕТЕРМИНАНТЫ ПРОФЕССИОНАЛЬНОЙ ДЕЯТЕЛЬНОСТИ ВРАЧА

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В профессиональной деятельности врача пересекаются клинические знания и этические принципы, при этом медицинская этика задает ценностно-мировоззренческие основания профессии, а деонтология выступает инструментом реализации этих принципов в конкретных нормах и правилах поведения. Актуальность исследования обусловлена противоречием между значимостью этико-деонтологических регуляторов и дефицитом эмпирических данных об их связи с психологическими характеристиками личности врача. Цель работы — выявить взаимосвязь деонтологической компетентности врача с коммуникативной компетентностью, метакогнитивными характеристиками и социально-психологическими установками. В исследовании приняли участие 72 врача-терапевта (средний возраст — 48,5 лет, средний стаж — 21,6 года). Применялись методики диагностики коммуникативной компетентности, метакогнитивных знаний и активности, социально-психологических установок, а также авторская методика оценки деонтологической компетентности. Статистическая обработка включала корреляционный анализ с использованием коэффициента *r*-Спирмена. Установлены значимые положительные связи деонтологической компетентности с коммуникативными идеалами, метакогнитивными знаниями, метакогнитивной активностью, концентрацией, выбором главных идей, управлением временем, ориентацией на альтруизм, а также отрицательные связи с ориентациями на эгоизм и материальные ценности. Деонтологическая компетентность представляет собой интегративное образование, объединяющее ценностно-смысловой, рефлексивно-регулятивный и мотивационный компоненты, что позволяет рассматривать ее как ключевой механизм реализации этических принципов в клинической практике.

Ключевые слова: медицинская этика, деонтологическая компетентность, профессиональная деятельность врача, коммуникативная компетентность, метакогнитивные навыки, ценностные ориентации, альтруизм, врачи-терапевты, клиническая практика

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The relevance of the problem. Medical professional activity integrates clinical knowledge with high ethical principles that determine the attitude to a patient's life and health. However, the rapid technologization and bureaucratization of medicine, driven by evidence-based requirements, create tension between standardized care and unique ethical needs of patients [1]. Thus, the problem of ethical and psychological regulation in medicine becomes particularly acute, since the ability of doctors to fulfill their professional duties humanistically is based on the intersection of moral choice and psychological capabilities of the individual [2].

Theoretical foundations. Today, the concepts *medical ethics* and *deontology* are commonly used as synonyms. Nevertheless, to solve research problems related to the study of a doctor's personality, they should be taken as hierarchical concepts. Medical ethics is a branch of applied ethics serving as the foundational philosophy of healthcare and governing the moral and social responsibilities of medicine. It applies concepts of good and evil, justice, mercy and humanism, addressing the 'why' question. Medical ethics constitutes the value system for doctors that shapes their character and professional worldview.

Deontology, in turn, acts as a structured framework and applied continuation of ethics that prioritizes duties and proper behavior. Derived from the Greek *deon* (duty), medical deontology defines the moral duties, standards, and rules regulating behavior of healthcare professionals [3]. If ethics defines the "spirit" of a profession, deontology sets its "letter" by answering the practice-oriented question "how?" and offering the algorithm of professional conduct. Deontological standards are formalized in codes, oaths, and rules of medical etiquette, setting forth mandatory professional behaviors.

Thus, ethics and deontology relate as theory and practice, as strategic goals and tactical tools to achieve them. Ethics forms the value consciousness of a doctor, while deontology translates these values into specific behavioral acts. We perceive deontological competence as an integrative personality quality that enables doctors to implement ethical principles in daily clinical practice. The ability is not innate or reduced to interiorization of professional codes only; its formation and implementation are largely driven by a healthcare professional's psychological profile, and the level of emotional intelligence in particular. It allows the doctor to recognize and adequately interpret the patient's experiences, as well as ensures communicative competence that fosters a therapeutic dialogue aligning with deontological norms. Consequently, it is methodologically incomplete to analyze deontological competence apart from the psychological characteristics of the subject. An empirical study investigating relationships stated in a title is therefore required.

Metacognitive abilities, including monitoring and regulation of one's own cognitive processes, activity planning and reflection play a special role in the structure of deontological competence [4]. In accordance with empirical data, a higher level of metacognitive skills among doctors significantly reduces diagnostic errors, increases critical evaluation of personal judgments, and promotes continuous professional development [5].

Metacognitive competence enables specialists to monitor their professional thinking, analyze errors and adapt strategies for improvement of clinical reasoning, which is directly related to ethical reflection. Metacognitive mechanisms that implement the functions of analysis, integration and reflexive processing of accumulated professional experience

are a significant factor in the professional development of a doctor and reveal a relationship with the level of deontological competence [6].

Since effective therapeutic interaction relies heavily on a doctor's professional knowledge, practical (clinical) skills, and personal characteristics, metacognitive processes acquire the status of metaregulators of professionalization, mediating effectiveness of a medical activity [7], and also largely determine the style of behavior in conflict situations [8].

In this context, metacognitive predictive activity is of particular importance. It creates a cognitive basis for prompt and informed decision-making, providing an in-depth and systematic analysis of professional situations, including ethically complex ones [9].

The obtained empirical data show that effective implementation of medical deontology requires both adhering to regulatory requirements and developing high-level communicative competence [10], which is essential for constructive communication in challenging situations [11].

Thus, the theoretical analysis allows us to consider deontological competence in medicine as a complex ethical and psychological phenomenon that combines value-semantic (ethical) and instrumental-behavioral (deontological) components of a professional activity. Ethics sets the coordinate system defining a doctor's humanistic character, while deontology acts as the practical application, translating these ethical values into specific acts of professional interaction. At the same time, the doctor's ethical behavior is influenced by certain psychological characteristics such as effective communicative competence for a dialogue with patients; metacognitive skills that allow reflection and informed choice in case of moral uncertainty, as well as motivational and value attitudes prioritizing the patient's interests.

Despite the recognized importance of ethical and deontological regulators in medical practice, empirical studies of the systemic relationship between psychological variables and a doctor's deontological competence remain insufficient. This is how the necessity for the present study was acknowledged.

The purpose of the study is to identify and analyze the relationship between doctors' deontological competence and communicative skills, metacognitive characteristics and socio-psychological attitudes of a personality.

Objectives of the study

1. To empirically identify the correlation between doctors' deontological and communicative competence (communicative ideals, communicative skills, professional communicative ideals, professional communicative skills).
2. To determine the presence and direction of correlations between deontological competence of a doctor and the metacognitive characteristics of a personality (metacognitive knowledge, metacognitive activity, concentration, acquisition of information, choice of main ideas, time management).
3. To establish the correlation between deontological competence and socio-psychological attitudes of a doctor in the motivational and need sphere (focus on the process, result, altruism, selfishness, work, money, freedom, and power).
4. To characterize the psychological features of an internist's deontological competence based on the analysis of the revealed correlations.

MATERIALS AND METHODS

72 internists (66 women, 6 men) participated in the study. The average participant was 48.5 ± 8.6 years old (ranging from 30 to 68) with a long average career tenure of 21.6 ± 9.11 years (ranging from 4 to 41). 44 people (61%) work in the outpatient clinic, 10 people (14%) are employed by hospitals, and 18 people (25%) are department heads.

The respondents were asked to fill out the Communicative competence of a doctor questionnaire (by Yakovleva NV, Urvantsev LP) [12], Methodology of self-assessment of metacognitive knowledge and metacognitive activity questionnaire (by Kashapov MM, Skvortsova YuV) [13], Methodology for diagnosing socio-psychological attitudes of an individual in the motivational-need sphere questionnaire by Potemkina OF [14], Methodology Deontological competence of a doctor questionnaire (by Filatova Yu.S., Lutova NB) [15] diagnostic questionnaire on an anonymous and voluntary basis. Data underwent statistical processing with Statistica 12.0 software.

STUDY RESULTS

At the first stage of the analysis, the normality of empirical data distribution was checked using the Shapiro–Wilk criterion. It was found out that the distribution of the studied indicators differed from the normal one. Thus, nonparametric statistical methods (*r*-Spearman rank correlation coefficient) were chosen for subsequent data processing.

Table 1 presents the results of a correlation analysis of general deontological competence (DC) of a doctor with key scales of communicative competence, diagnosed using the Communicative Competence of a Doctor method (Yakovleva NV, Urvantsev LP). The analysis incorporated four scales described below. Communicative ideals (CI) assess how individual value systems prioritize communication and its expression. Communicative skills (CS) evaluate an individual's proficiency in using technical, verbal, and non-verbal techniques to achieve successful interaction. Professional communicative ideals (PCI) measure how deeply an individual integrates these communicative values into their professional concept. Professional skills (PS) measure professional communication skills based on

self-assessment. They explain the technical essence of professional communication.

Communicative ideals are interrelated with the general deontological competence of a doctor. Thus, positive doctor's perception of patients, especially those deemed pleasant, correlates with reduced use of avoidance strategies like ignoring or avoiding patients, fostering a less indifferent professional interaction.

Subsequently, we analyzed the relationship between deontological competence and metacognitive characteristics of the doctor's personality. The Methodology of Self-Assessment of Metacognitive Knowledge and Metacognitive Activity (by Kashapov MM, Skvortsova YuV) was used as a diagnostic tool measuring integral indicators such as metacognitive knowledge (MK), metacognitive activity (MA), and components of metacognitive regulation of an activity such as concentration (C), information acquisition (IA), choice of main ideas (CMI), and time management (TM) (Table 2).

The association of deontological competence of a doctor with metacognitive characteristics determines high assessment of the general functioning of own cognitive mental processes (attention, memory, thinking), the degree of ease in acquiring new knowledge and the ability to cope with situations, using various methods of information structuring and cognitive activity planning, skills of managing own cognitive processes, ability to focus on the task, reducing the impact of distracting stimuli, skills to identify key content for further study and to differentiate between essential and secondary sources, as well as time management.

The final stage of statistical analysis in the study that likely involved correlating deontological competence with socio-psychological attitudes of a person in the sphere of motivation and needs was studied according to the method by Potemkina OF. This method allows us to identify the dominant focus of a person on the process (PF) or the activity result (RF), altruism (AF) or egoism (EF), labor (LF) or freedom (FF), as well as the importance of material values (money) (MF) and power (PF) (Table 3).

A direct association with the focus on altruism and an inverse association with focus on egoism and money were determined.

Table 1. The association of general deontological competence of a doctor with communicative competence (*r*-Spearman rank correlation coefficient)

	CI	CS	PCI	PS
General DC	0.28 *	0.03	0.17	-0.02

* $p < 0.05$

Table 2. The association of deontological competence of a doctor with metacognitive characteristics of the doctor's personality (*r*-Spearman rank correlation coefficient)

	MK	MA	C	IA	CMI	TM
General DC	0.31**	0.30**	0.28*	0.15	0.42***	0.26*

* $p < 0.05$ ** $p < 0.01$ *** $p < 0.001$

Table 3. The association of deontological competence of a doctor with socio-psychological attitudes of a person in the sphere of motivation and needs (*r*-Spearman rank correlation coefficient)

	PF	RF	AF	EF	LF	FF	MF	PF
General DC	-0.21	-0.16	0.27*	-0.33**	0.14	-0.41***	-0.15	-0.14

* $p < 0.05$ ** $p < 0.01$ *** $p < 0.001$

DISCUSSION OF RESULTS

The conducted empirical study showed that an internist's deontological competence is significantly correlated with the psychological characteristics. The data confirm the theoretical assumption that implementation of medical ethical and deontological norms relies on both regulatory knowledge and a doctor's personal psychological traits.

Association of deontological competence with communicative features. The detected positive correlation of general deontological competence with communicative ideals in the absence of significant links with communication skills and professional communication skills is of particular interest. This result may suggest that the observance of deontological norms by doctors is driven more by their inner value system and attitude toward the patient than by proficiency in communication skills. In other words, effective medical care depends more on the doctor's respectful, empathetic attitude toward the patient as a person rather than just their technical communication skills. The high level of communicative ideals shows that a doctor treats his patients as pleasant partners, which, according to our data, contributes to the rejection of ignoring and avoidance strategies, whereas professional communication skills, which are not supported by appropriate values, do not ensure deontologically verified behavior. Doctors can recognize the patient as an equal participant of the treatment process when they have developed communication skills and deep personal dispositions.

The role of metacognitive characteristics in the structure of deontological competence. The revealed significant positive correlations of deontological competence with most indicators of metacognitive regulation (metacognitive knowledge, metacognitive activity, concentration, choice of main ideas, time management) confirm the hypothesis about the important role of reflective mechanisms in an ethically verified professional behavior. The most severe correlation was seen with the Choice of Main Ideas scale that allowed to assume that a doctor's ability to identify key content and differentiate between essential and secondary information was directly associated with the ability to recognize the ethical component of the clinical situation and take adequate deontological decisions. The obtained data agree with the results of research showing that doctors with more developed metacognitive skills make fewer diagnostic mistakes and perceive own judgements in a more critical way [4].

In the context of our study, we can say that metacognitive competence serves as both a cognitive and ethical regulator in medicine by enabling doctors by enabling doctors to reflect on their actions, predict the consequences and take responsibility for the decisions made. This is aligned with the current discussion about the need to integrate epistemological competencies into medical training, as the ability to work in conditions of diagnostic uncertainty and reflect on one's own cognitive processes is becoming a key quality of a modern clinician. A significant, moderate relationship between *concentration* and *time management* deserves special attention. The data may indicate that a deontologically competent doctor focuses on the individual patient as a primary duty, which is crucial for ethical care under high-workload and time-constrained conditions.

Motivational and value determinants of deontological competence. The most expressive results were obtained when the relationship between deontological competence and socio-psychological attitudes of a personality was analyzed. The value of deontological competence is

empirically confirmed by the detected positive correlation with the focus on altruism and negative relations with the focus on egoism and money. These results suggest that the observance of professional duty and ethical standards in medical practice is rooted in a stable internal drive of the doctor to act in the best interest of the patient, while prioritizing personal gain over patient care is a factor hindering the implementation of deontological principles. The absence of significant links with the focus on process, result, work, freedom, and power indicates that deontological competence prioritizes altruistic, value-based actions over merely instrumental or technical skill. The conclusion finds theoretical justification in the concept of virtues, which emphasizes that a doctor's ethical behavior stems from internalized moral and intellectual traits rather than just following external rules. Our empirical data confirm that altruism (as a moral virtue) is a significant predictor of deontological competence, while selfishness and money are its inhibitors.

Thus, summarizing the results obtained, we can characterize deontological competence of an internist as an integrative education, including a value-semantic component manifested through altruism and positive communicative ideals; a reflexive-regulatory component driven by developed metacognitive skills that allow for informed choice and control of professional behavior; and a motivational component characterized by relative independence from external material stimuli and selfish motives.

Limitations of the study. Acknowledging limitations is essential when interpreting research results. First, the sample, which is mainly represented by internists (72 people) with a predominance of women (91.7%), limits extrapolation of conclusions to doctors of other specialties and to male population. Second, the used methods are based on self-reports vulnerable to social desirability bias. Third, the correlational design of the study does not allow us to draw unambiguous inferences about the direction of cause-effect relationships. The prospects for further research are related to the expansion of the sample, inclusion of doctors of various specialties, as well as use of observation and expert assessment methods to verify the data obtained.

CONCLUSIONS

1. Empirical research suggests that an internist's deontological competence strongly aligns with their communicative ideals. However, this ethical competence does not significantly correlate with communicative skills, professional practical ideals, or professional communicative skills. This indicates that observance of deontological norms in the professional activity is driven more by a doctor's value-semantic attitude (positively viewing the patient as a subject of interaction) than by technical communication skills.
2. Direct statistically significant correlations are detected between deontological competence and specific metacognitive personality characteristics such as metacognitive knowledge, metacognitive activity, concentration, identification of main ideas and time management. The most pronounced relationship with the "choice of main ideas" value indicates the special role of the ability to structure information and identify what is essential in ensuring ethically sound professional behavior. The data obtained confirm that metacognitive regulation is crucial for aligning clinical practice with deontological principles.

- It has been established that deontological competence of a doctor is positively associated with the focus on altruism and negatively with the focus on selfishness and material values (money). Correlations with the focus on process, result, labor, freedom, and power have not reached the level of statistical significance. These results empirically confirm the value-based nature of deontological competence, based on the priority of the patient's interests and relative independence from external material stimuli and selfish motives.
- Based on the analysis of the revealed correlations, deontological competence of an internist can be characterized as an integrative psychological education that includes three interrelated value-semantic, reflexive-regulatory and motivational components.

References

- Filatova YuS, Solodchuk ON. Professionalizatsiya lichnosti vracha: obzor issledovaniy. *Psihologiya i psihotekhnika*. 2025; (3): 296–313. Russian.
- Polyakova RV, Marshalok OI. Vzaimootnosheniya vrach — bol'noj: e'ticheskie problemy. *Sovremennye problemy nauki i obrazovaniya*. 2012; (6): 276. Russian.
- Prihoda IV, Rybalchenko AA. Osnovy medicinskoj e'tiki i deontologii. *Pedagogika, psihologiya i mediko-biologicheskie problemy fizicheskogo vospitaniya i sporta*. 2009; (8): 130–132. Russian.
- Karpov AV. O soderzhanii ponyatiya metakognitivnyh sposobnostej lichnosti. *Izvestiya DGPU. Psihologo-pedagogicheskie nauki*. 2013; 4 (25): 12–19. Russian.
- Kashapov MM, Bazanova GYu. Sravnenie pokazatelej metakognitivnoj osvedomlennosti vrachej na raznyh etapah obrazovaniya. *Perspektivy nauki i obrazovaniya*. 2021; 4 (52): 392–403. Russian.
- Voyushina EA. Podxodyk opredeleniyu ponyatiya metakognitivnye sposobnosti. *Struktura metakognitivnyh sposobnostej. Innovacii. Nauka. Obrazovanie*. 2021; (41): 758–762. Russian.
- Kashapov MM, Serafimovich IV, Poshehonova YuV, Bazanova GYu. Osobennosti metakognitivnyh processov v professionalizacii vrachej na osnove sistemogeneticheskogo podhoda. *Sistemogenez uchebnoj i professional'noj deyatel'nosti: Materialy VIII Vserossijskoj nauchno-prakticheskoy konferencii. Yaroslavl, 19–20 noyabrya 2018 goda. Pod redakciej YuP Povarenkova. Yaroslavl: Yaroslavskij gosudarstvennyj pedagogicheskij universitet im. KD Ushinskogo*, 2018; 2: 109–112. Russian.
- Filatova YuS, Kramskaya LA, Solodchuk ON. Vzaimosvyaz' tipa reagirovaniya na konflikt s e'mocional'ny'm intellektom

Литература

- Филатова Ю. С., Солодчук О. Н. Профессионализация личности врача: обзор исследований. *Психология и психотехника*. 2025; (3): 296–313.
- Полякова Р. В., Маршалок О. И. Взаимоотношения врач — больной: этические проблемы. *Современные проблемы науки и образования*. 2012; (6): 276.
- Прихода И. В., Рыбальченко А. А. Основы медицинской этики и деонтологии. *Педагогика, психология и медико-биологические проблемы физического воспитания и спорта*. 2009; (8): 130–132.
- Карпов А. В. О содержании понятия метакогнитивных способностей личности. *Известия ДГПУ. Психолого-педагогические науки*. 2013; 4 (25): 12–19.

Conclusion

Thus, deontological competence acts as a bridge between moral principles and psychology-driven behavior. Its formation cannot be reduced to the translation of normative knowledge, as it requires purposeful development of the value-semantic sphere, reflexive abilities and communicative attitudes of the future doctor. Research findings can be used to design professional training and advanced training programs for medical personnel that focus on clinical competence as well as the ethical and psychological aspects of patient care. Further research in this area seems promising for an in-depth understanding of the mechanisms of deontological competence formation among doctors of various specialties and at different stages of professionalization.

- metakognitsiyami u vrachej-terapevtov. *Zhivaya psihologiya*. 2025; 7(63): 81–95. Russian.
- Serafimovich IV. Determinatsiya prognosticheskoy metakognitsii na konfliktnyuy kompetentnost' ryada professij tipa chelovek — chelovek. *Zdravoohranenie, obrazovanie i bezopasnost'*. 2015; 2(2): 20–29. Russian.
- Filatova YuS, Zolotova IA. Formirovanie professional'nyh kommunikativnyh umenij vracha na raznyh etapah professionalizacii. *Aktual'nye voprosy medicinskoj nauki*. 2024; 1 (2): 32–37. Russian.
- Kashapov MM, Filatova YuS. Osobennosti formirovaniya konfliktnoj kompetentnosti. *Aktual'nye problemy sovershenstvovaniya vysshego obrazovaniya. Tezisy dokladov XVI Vserossijskoj nauchno-metodicheskoy konferencii, Yaroslavl, 28–29 marta 2024 goda. Yaroslavl: Obshchestvo s ogranichennoj otvetstvennost'yu Filigran'*. 2024: 222–225. Russian.
- Yakovleva NV. Psihologicheskaya kompetentnost' i ee formirovanie v processe obucheniya v vuze (na materiale deyatel'nosti vracha): Avtoref. dis. ... kand. psihol. nauk. Yaroslavl. 1994.
- Kashapov MM, Znakov VV, Poshehonova YuV. Tvorcheskaya deyatel'nost' professionala v kontekste kognitivnogo i metakognitivnogo podhodov. *Monografiya. Yaroslavl: Yar GU*. 2012; 384 s.
- Potemkina OF. Metody diagnostiki social'no-psihologicheskikh ustanovok lichnosti. *Metody psihologicheskoy diagnostiki. Vyypusk 1. M.: IPAN*. 1993; 1: 85 s. Russian.
- Filatova YuS, Lutova NB. Svidetel'stvo o gosudarstvennoj registracii bazy dannyh № 2024620438 published on 29.01.2024 Rossijskaya Federaciya. Baza dannyh «Baza dannyh sformirovannosti komponentov deontologicheskoy kompetentnosti u medikov na raznyh etapah professionalizacii».

- Кашапов М. М., Базанова Г. Ю. Сравнение показателей метакогнитивной осведомленности врачей на разных этапах образования. *Перспективы науки и образования*. 2021; 4 (52): 392–403.
- Воюшина Е. А. Подходы к определению понятия «метакогнитивные способности». *Структура метакогнитивных способностей. Инновации. Наука. Образование*. 2021; (41): 758–762.
- Кашапов М. М., Серафимович И. В., Пошехонова Ю. В., Базанова Г. Ю. Особенности метакогнитивных процессов в профессионализации врачей на основе системогенетического подхода. *Системогенез учебной и профессиональной деятельности: Материалы VIII*

- Всероссийской научно-практической конференции. Ярославль, 19–20 ноября 2018 года. Под редакцией Ю. П. Поваренкова. Часть II. Ярославль: Ярославский государственный педагогический университет им. К. Д. Ушинского. 2018; 2: 109–112.
8. Филатова Ю. С., Крамская Л. А., Солодчук О. Н. Взаимосвязь типа реагирования на конфликт с эмоциональным интеллектом и метакогнициями у врачей-терапевтов. *Живая психология*. 2025; 7(63): 81–95.
 9. Серафимович И. В. Детерминация прогностической метакогниции на конфликтную компетентность ряда профессий типа «человек — человек». *Здравоохранение, образование и безопасность*. 2015; 2(2): 20–29.
 10. Филатова Ю. С., Золотова И. А. Формирование профессиональных коммуникативных умений врача на разных этапах профессионализации. *Актуальные вопросы медицинской науки*. 2024; 1 (2): 32–37.
 11. Кашапов М. М., Филатова Ю. С. Особенности формирования конфликтной компетентности. *Актуальные проблемы совершенствования высшего образования: Тезисы докладов XVI Всероссийской научно-методической конференции*. Ярославль, 28–29 марта 2024 года. Ярославль: Общество с ограниченной ответственностью «Филигрань». 2024; 222–225.
 12. Яковлева Н. В. Психологическая компетентность и ее формирование в процессе обучения в вузе (на материале деятельности врача): Автореф. дис. ... канд. психол. наук. Ярославль, 1994.
 13. Кашапов М. М., Знаков В. В., Пошехонова Ю. В. Творческая деятельность профессионала в контексте когнитивного и метакогнитивного подходов. Монография. Ярославль: ЯРГУ, 2012; 384 с.
 14. Потемкина О. Ф. Методы диагностики социально-психологических установок личности. Методы психологической диагностики. М.: И ПАН. 1993; 1: 85 с.
 15. Филатова Ю. С., Лутова Н. Б. Свидетельство о государственной регистрации базы данных № 2024620438 опублик. 29.01.2024 Российская Федерация. База данных «База данных сформированности компонентов деонтологической компетентности у медиков на разных этапах профессионализации».