



# THE NECESSITY OF TEACHING RUSSIAN LANGUAGE FOR HIGHER MEDICAL UNIVERSITIES

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**Annotation.** This article is devoted to the question of the need to study the Russian language in medical universities. This need is justified by the obligatory possession of not only professional, but also communicative competence by doctors.

**Key words:** medicine, Russian language, doctor, patient, communicative competence.

**Introduction.** Any linguist knows that the word “doctor” comes from the Old Russian “врач”, which meant, “to speak”. It known that the first doctors were sorcerers who treated with spells. Despite the fact that a modern doctor is, of course, not a sorcerer, the role of the word remains important in his profession, since a doctor is a linguistically active profession. For a linguistically active profession, language is an important means of communication. The medical profession involves interference in the personal lives of other people, so knowledge of certain ethical standards, prohibitions and restrictions is extremely desirable for establishing contact with the patient, which subsequently affects the effectiveness of treatment.

To several generations of schoolteachers it known that the tasks of activating the student’s cognitive activity form the basis of both modern pedagogical theories and those used in technology practice. However, only recently, with the introduction of new educational standards, did AMO acquire a well-deserved status, moving from the category “DESIRABLE” in the “MANDATORY” category. The active nature of new educational standards ensures (with correct and conscientious approach) greater efficiency of the educational process due to the formation of an active responsible position of each student. Effective learning involves students developing a sense of success and control over learning process. Examples of this type of work include reading, listening, and thinking, which generally referred to as individual activities. Additionally, students should plan their work, discuss their ideas, and correct each other's work in pairs, small groups, and cooperative student projects, where the choice strategies are largely dependent on tasks and deadlines. Of course, the activation of a student’s cognitive activity without the development his cognitive interest is practically impossible. This determines of communicative competence of the doctor, and is associated with the conscious verbal impact of words on patients. This determines the communicative competence of the doctor, and is associated with the conscious verbal impact of words on patients. This determines the communicative competence of the doctor, and is associated with the conscious verbal influence of words on patients. Communicative competence is the possession of complex communication skills and abilities, the formation of adequate skills in new social structures, knowledge of cultural norms and restrictions in communication, knowledge of customs, traditions, and etiquette in the field of communication, observance of decency, good manners, and orientation in communication means.

Much attention paid to the communicative competence of a doctor since the early 90s. We know of many articles, studies and dissertations on this topic. Among them are the work of Emelyanov Yu. N. “The theory of formation and practice of improving communicative competence”, Yakovleva N. V. “Psychological competence and its formation in the process of



studying at a university” (1994), the article of Vasilyeva L. N. “Communicative competence and coping behavior of future doctors” (2009) and others. However, a certain methodological aspect of the professional speech training of future doctors has not yet developed, which would combine aspects of their professional speech behavior. The communicative competence of a doctor determined by the degree of involvement of the specialist in communicative activities, his level of proficiency in oral and written speech. The peculiarity lies not only in using the exact words to express thoughts, but also the most appropriate, communicatively justified in a given situation. Favorable psychological contact with the patient helps to obtain the most complete and broad understanding of the patient. When a patient trusts a doctor, he has no doubt about the correctness of the diagnosis and the adequacy of the therapy, and will follow all the prescriptions prescribed to him and undergo all the necessary procedures. This determines the productivity and efficiency of the doctor as a specialist.

The doctor must be attentive to the word, as well as pay attention to speech etiquette. Distrust in a doctor who makes mistakes in oral and written speech increases sharply. Practice shows that, to extent, patients are dissatisfied with the doctor’s inability to communicate with patients or their relatives. Language is the main carrier and the main way of transmitting information, therefore, mastery of oral and written speech is an essential sign of the business qualifications of a doctor as a specialist, one of the conditions for his professional viability.

Experience of working with students on projects allows us to highlight the most interesting forms and methods of work, formulate the stages of project preparation, choose forms of control that allow you not only to determine the level achieving substantive results, but also meta-subject ones. There are reasons believe that careful preparation of the project by the teacher is the key to successful children's work. Planning a project should begin by identifying a training topic, fundamental question, problematic and educational issues. Next, define its duration, develop evaluation criteria, issue a business card and competently advertise the project so that it inspires students, and they would. We enjoyed working on the topic. Each project has a business card in which all-main tasks, expected results, duration are presented project, materials and selected resources, formative assessment techniques. All work on the project can divided into several stages, at which students develop universal learning actions necessary to solve real life tasks.

In the methodology of teaching Russian as a non-native language in medical universities in Uzbekistan, it is important to know and understand all the features of medical terminology. Since when learning the Russian language, students begin to master professional vocabulary and it is very important for them to know the names of drugs, diseases, names of instruments in Russian and take into account the fact that this language is today is the language of international communication. This status of the Russian language means a lot obliges not only specialists, in our case, dentists, but also patients, colleagues. Therefore, when studying Russian at non-linguistic university teachers regularly introduce students to new vocabulary, automate lexical skills, organize repetition of what students have learned vocabulary, and carry out quality control of the completed educational material. B.V. Petrovsky in the Great Medical Encyclopedia at the end of the last century identified some groups of medical terms taking into account linguistic origin. Among them: terms of original Russian education; Greco-Latin internationalisms origin, such as cirrhosis, phagocyte, allergy, leukemia, etc.; original Western Europeanisms, that is, words that arose on the basis of Western European languages from their lexical and word-formation material; Latin terms (so-called termini technician) – special

reference scientific designations, designed graphically and grammatically according to the rules of the Latin language.

Along with the above, teaching Russian language to medical students as non-native language involves the enrichment of new scientific, terminological vocabulary; syntactic and grammatical structures, speech norms, inherent in the scientific style; application of acquired skills and abilities when performing various kinds of tasks; the ability to extract and transfer information from educational texts to oral and written form. The so-called communicative competence is necessary for a doctor to build competent verbal communication with patients, to establish contacts and maintain officially polite and trusting relationships. Knowledge of such speech behavior increases the effectiveness of treatment, and increases the authority of the doctor. In addition, a valuable skill developed to quickly and accurately collect and systematize information and convey it to patients in a high-quality manner. All this achieved with the help of knowledge of speech culture and awareness of medical discourse, as well as by identifying effective methods of speech influence on the patient. The most significant thing here is the practical aspect. It is extremely important for a doctor to learn how to use this in practice, when communicating directly with people. A doctor who has sufficiently developed communicative competence follows the rules of speech etiquette when communicating with a patient, shows politeness and respect for the patient as a person, regardless of gender, age, race and nationality, social and financial status, political and religious beliefs and other factors, not related only to medicine. Skillful use of verbal communication skills and abilities increases the likelihood of mutual understanding.

**Conclusion.** Thus, the need to teach Russian at a medical university is obvious. Since the ability to communicate with each other is one of the main conditions for any joint human activity, and direct communication in professional activities, this condition becomes the most significant. It is important and necessary for future doctors to remember that no doctor will be able to win the trust of patients and the respect of his colleagues if he does not know how to communicate competently and correctly express his thoughts.

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