

Formation of Communicative and Expressive competencies of the Doctor-Teacher

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Annotation: The competence-based model of training specialists aims not only to perform specific functions of education, but also to implement integrated requirements for the result of the educational process. Communicative competence implies the formation of some special skills: the ability to establish contact, listen, "read" non-verbal language of communication, build a conversation, formulate questions. It is also important for the doctor to control his own emotions, the ability to maintain confidence, control his reactions and behavior in general.

Keywords: Communication, competence, expressive communication, empathy

Any work with people is associated with communicative processes and inherent problems and is included in the professional activities of medical workers at all levels. In the context of medical relations and interactions, the individual characteristics of the patient's psyche interact with the psychological characteristics of the medical worker. The purpose of this communication is to help the patient. Communication with the patient is the most important element of the treatment of the disease, which begins with the formation of trust in the doctor. If a person experiences a careless, apathetic, and sometimes indifferent attitude towards him on the part of medical personnel, then the mood from treatment will decrease. The negligent attitude of the doctor to the patient often leads to diagnostic errors and, as a result, to errors in tactical treatment. Therefore, at the first visit, not only the patient's complaints and the results of the examination should be analyzed, but there should be a close and trusting relationship between the patient and the doctor. It is necessary to explain in detail to the patient the nature of the disease, methods of its prevention and treatment. A confidential conversation with the patient, a detailed history, a full examination and a positive attitude of the patient and his hope for treatment make up 50% of the correct diagnosis and successful treatment. The remaining 50% is processed by a specific, individually selected diagnosis and a professional treatment plan.

In professional communication, the doctor performs two main functions, which we call diagnostic and therapeutic. The latter affects the patient regardless of whether it is consciously "created" by the doctor or acts. Although closely related to the first, it can be divided into two more features:

- obtaining information about the disease;
- Obtaining information about the patient.

The relationship between the diagnostic and therapeutic functions of communication its effectiveness depends on the assessment and consideration of a particular case. Here it is necessary to emphasize the quantity and quality of the information received by the doctor about the disease, the completeness and accuracy of his knowledge about the patient and the ways of their use.

In almost half of the cases, the anamnesis allows you to correctly determine the disease and the importance of these connections cannot be overestimated. Rules of communication with the patient:

1. Show a sincere interest in the patient.
2. Understanding and maximizing the quality of the patient – definition, emphasis on importance.
3. Understanding the meaning of their actions instead of indifferent criticism.
4. Kindness, friendliness.
5. Address patients by name.

6. Ability to conduct a conversation in the interests of the interlocutor.
7. Listens carefully and allows the patient to "talk"
8. The ability to respect the opinion of the interlocutor without imposing your own.
9. Be able to point out the patient's mistakes without harming him.
10. Formulate the questions correctly and help the patient explain his situation.
11. Explain to the patient how the health care provider would like to be treated during illness.
12. Use optimal non-verbal methods of communication – calm tone of voice, relaxed gestures, keeping a distance and signs of approval (nods, light touches, kicks and screams).

The medical world, knowing these features of the psyche, has already made extensive use of mental forms of influence on the patient's state of health since ancient times. The ancients said, "... a true doctor is one after whose visit becomes easier for the patient...".

A medical worker, due to the peculiarities of his activity, always, whether he realizes it or not, makes a special impression on the patient, which forms the basis of their further relationships and interactions. Even those health workers who believe that they do not need knowledge of psychotherapy in their daily activities still have a psychological impact on patients, however, this effect can harm both the patient and the medical professional in their communication. But, and this must always be remembered, the words of medical workers with whom the patient has to communicate, their facial expressions, gestures and, finally, the very atmosphere of the medical institution in which the treatment and recovery process is carried out is the strongest psychological "medicine" that can both help and harm.

Communication requires a high level of empathy, and in this case, the temperament of the medical professional and his politeness play an important role. Knowledge of psychology will allow you to control your behavior, and in some cases eliminate it. misunderstanding and confusion of the patient when communicating with him. Today, one of the problems is communication between medical staff and the patient.

Communication is the process of restoring and developing relationships between people, which is created by their need for joint activities, including: objects of activity, employees in groups and organizations, as well as the exchange of information between groups. development of a strategy for joint activities, including subjects of communication, mutual understanding in the process of solving common issues.

There are no strict rules of communication with the patient, but doctors around the world are guided by the general principles of deontology - the professional ethics of medical personnel. The mental peace of the patient is the main criterion of deontology, checking its effectiveness. The so-called Hippocratic Oath is rooted in ancient times. Later, it was compiled in the form of a document and contains a number of basic requirements for a doctor, including:

- Protection of medical confidentiality;
- prohibition of actions that may cause moral or physical harm to the patient or his relatives;
- Devotion to the profession.

Many of us have had to visit a hospital, clinic or any medical institution where each of us communicated with a medical professional. But none of us thought about how much this communication affects the patient or rather the course of the disease, and how a health worker can improve the patient's condition? It can be said that it all depends on the medication prescribed by the doctor and issued by the nurse, but for a full recovery it is not necessary. The most important thing is the right approach depending on the psychological and emotional state of the patient. The attitude of medical staff has a significant impact on the patient's condition. If the patient was satisfied with the conversation with the medical professional, listened to him in a calm atmosphere and gave appropriate recommendations, this is the first step to recovery.

Even the philosopher Socrates noted that "it is impossible to heal the body without healing the soul," so it is necessary to take into account the role of words and psychological attitudes in the process of talking with patients during their treatment.

Even an unexpected word can cause a paradoxical emotional reaction in the patient and lead to iatrogenia, sometimes leading to hyperesthesia (high sensitivity) and suspicion of the patient, very sensitive to every word spoken to him.

Russian therapist M.Y. Mudrov said that "some people get sick from bodily causes, others from a mental disorder." The task of the medical worker is to understand the psychological essence of the patient's condition in order to remove the traumatic effect that generates a mental "disturbance", since his presence will also interfere with the treatment of any ailment. It is necessary to direct the patient to think about recovery, instill confidence in himself, in the human body and maintain it regardless of the etiology of the disease.

The ability of a medical worker to understand and listen to the patient, which seems necessary for the formation of this attitude and has a positive effect on the psychological relationship between the doctor and the patient, is one of the foundations of his activity. The relationship between the patient and the healthcare professional is not always set. Under the influence of different situations, they can change, can be attentive to the patient and pay deep attention to his problems. At the same time, a good provider-patient relationship contributes to more effective treatment. Conversely, positive treatment outcomes improve the interaction between patient and physician. When communicating with the patient, it is necessary to assess the severity of complaints, the way they are presented, to single out the main ones from the secondary. patience with disbelief. All this requires a lot of tact, especially when it comes to identifying the mental state and mental trauma that play a big role in the development of the patient. When communicating with the patient, it is always necessary to take into account his level. its culture and level of culture. intellectual development, career and other conditions. Empty and meaningless words should be avoided, which means that you cannot provide a standard form of conversation between a medical professional and a patient. It takes ingenuity and creativity. Particular attention should be paid to elderly patients and children. The attitude of a medical worker to a child, an elderly patient and an elderly person, even if they have the same disease, should be completely different depending on the age characteristics of the patients. Accordingly, psychological reflection of patients of different ages and their deontological tactics should be carried out. This is a common occurrence for adolescents: - the dominant psychological advantage of age is "claiming maturity"; - Pravada as a form of self-education; protection from internal psychological vulnerability; - Ignoring the disease, risk factors. Deontological tactics - communication, taking into account the psychological characteristics of age, independence, maturity of adolescents. When working with patients of working age. First of all, it is necessary to know the personality of the patient and his personality. Understanding the relationship between the patient and the medical staff and the interaction between the patient and the medical staff.

Expressive communication is the ability to form a psycho-emotional mood in a partner, to convey feelings, experiences, to induce to the necessary action. The expected result: a change in the mood of the partner, provoking the necessary feelings (compassion, empathy), involvement in specific actions and actions.

Expressiveness is the severity of a certain state, feeling, emotion, attitude. The terms "expressiveness" and "expression" are used not only in psychology, but also in theaterology, art criticism, if it is necessary to emphasize the level of expressiveness and sincerity. This is a system of movements (gestures, facial expressions, pantomime), with the help of which a person non-verbally transmits information.

If the therapist can be himself, it means, among other things, that he has achieved greater expressiveness, is able to express his own feelings and experiences that arise in him at the moment much more often. When the client talks about himself, then, naturally, the current experience of the therapist consists mainly of an empathic feeling of the meanings expressed by the client. But when the client does not say anything, this does not mean that at this time the therapist does not experience anything, because at any given moment the inner world of the therapist is saturated with a huge number of different feelings and events. Most of them are related to the patient and what is happening at the moment. The therapist does not have to passively wait for the client to begin to express something intimate and therapeutically relevant. Instead, he can at any given moment turn

to his own experience and discover here a whole reservoir of states from which much can be gleaned and with which it is possible to maintain, stimulate and deepen therapeutic interaction even with people who are unmotivated, silent or inclined to see the causes of everything that happens to them in external circumstances. (1)

Charles Darwin attached great importance to the external expression of emotions, emphasizing their unity. He believed that emotions hardly exist if the body remains passive. Expression is expressed through speech, facial expressions, pantomime, gestural means, as well as attention to one's own appearance. There is expressiveness in communication. The expressive function is one of the functions of the language sign, which consists in the ability to express the emotional state of the speaker, his subjective attitude to specific objects and phenomena of reality.

Throughout the history of medicine, trust has been and remains the basis of the doctor-patient relationship. Until recently, all this meant that the patient trusted the doctor with the right to make decisions. However, the doctor acted as he saw fit, "solely in the interests of the patient." It was believed that keeping the patient in the dark is more humane than involving him in solving complex medical problems. According to the prevailing opinion, this even increased the effectiveness of treatment, the patient got rid of doubts and uncertainty. The patient trusted the doctor - the doctor took care of him. Traditionally, the relationship between the doctor and the patient was based on blind faith, which prevented the creation of an atmosphere of mutual understanding; the doctor did not share his doubts with the patient and hid the unpleasant truth from him, the patient was usually "in his mind".

But now the approach has changed, the patient wants to know everything about his disease and methods of treatment, consciously actively participate in the treatment process, such a relationship between the doctor and the patient largely determines the success of drug treatment. To achieve this attitude, the doctor must master the art of communication. The art of communicating with the patient, the ability to conduct a dialogue with the patient requires from the doctor not only a desire, but also to a certain extent talent. The doctor must not only listen, but also hear the patient. A doctor who tells the patient the truth should give him hope. However, it is necessary to tell the truth: only by weighing all the pros and cons, a person will be able to accept or refuse the proposed treatment. The patient has the right to know which symptoms will disappear completely, which will disappear partially, and which will disappear or remain and that their existence will have to be accepted. The relationship with the patient during treatment is one of the most important parts of the medical art. Support, attention, respect, and empathy are the means to achieve the placebo effect. However, not all patients are set up for fruitful cooperation. Sometimes they use a trusting relationship with a doctor for purposes other than treatment. It is important to be prepared to meet a person who will cause antipathy. It happens that a trusting relationship with the patient prevents the doctor from objectively assessing the situation. Yet their importance cannot be overstated. The ability to establish and maintain trusting relationships is often a critical characteristic of a doctor, encouraging people to seek help. It is believed that complex interpersonal conflict situations, including those arising between medical professionals and patients, are mainly associated with difficulties in communication. Human communication can become a source of problems, mistakes, experiences, a wall that separates people. What will be the relationship between people depends on their psychological competence. Conflict of interests (needs) is a source of conflict, but the factors that cause conflict are extremely different. These include the characterological features of a person: reduced self-criticism, bias and envy, greed, egoism, the desire to subjugate others; his mood, well-being, intellect, knowledge and ignorance of human psychology, psychology of communication, etc.

As a result, everything that makes up the situation of interpersonal communication can act as a factor that creates a conflict, a barrier in communication and creates a difficult psychological situation. The likelihood of conflicts increases when:

- incompatibility of characters and psychological types;

- the presence of a choleric temperament;

The absence of three qualities: the ability to be critical of oneself, tolerance for others and trust in others.

The cause of the conflict is often the wrong behavior of the participants in the communication. In a conflict situation, it is impossible to:

- critically evaluate your partner;
- attribute to him bad intentions;
- demonstrate signs of superiority;
- blame and put responsibility for the conflict only on the partner;
- Ignore his interests;
- see everything only from your position;
- Disturb, scream, attack;
- touch the "pain" points of the partner;

Characteristics of a medical worker predisposing to successful communication with the patient:

- understanding the emotional state of another person through empathy, penetration into his subjective world (empathy);

- unconditional acceptance of the patient;
- naturalness of behavior, consistency of feelings and their expression, sincerity;
- accurately perceive the semantic nuances of your inner world, the ability to look at the circumstances through the eyes of a partner.

Empathy does not require active intervention to provide effective help to another. This is only an entrance to someone else's personal world, a delicate stay in it without its evaluation. Empathy must be distinguished from emotional identification (assimilation, identification with another, with one's own emotional state) and from sympathy (experiencing the feelings of another). If there is a state of identification with the emotional state of the patient, then the medical worker loses the ability to work professionally and needs psychological help. Conclusion The process of communication with the patient begins with the choice of the distance of interaction, it should be such that the patient feels comfortable and safe. When changing the distance, especially when it is reduced, it is advisable to explain your actions so as not to increase psychological tension and aggression. A patient who is in a stressful situation caused by the disease needs a solid territory that belongs only to him. Positive interaction depends not only on the territory, but also on the social status of the patient, his age uniformity.

The main conditions for the effectiveness of professional communication of a medical worker are: the manifestation of goodwill, tact, attention, interest, professional competence. The practice of a medical worker is characterized by its specificity of speech communication. Efficiency is a simple, clear, reliable and up-to-date message delivered at the right time, taking into account the individual characteristics of the patient. Simplicity is understood as brevity, completeness of sentences, intelligibility of words. Clarity criteria indicate that after receiving a message, the patient can clearly answer the question of his next action (what, how, how much, where, when, why). For effective communication, the criterion of "reliability" is very important, the attitude of other medical workers to him, the knowledge of the medical worker of the discussed issue, and confidentiality affect the trust in a medical professional. The criteria of "relevance of the message" and "timeliness" can be combined into "relevance", which includes paying attention to the patient while waiting for his visit to the doctor, performing manipulations, procedures, etc. The individual characteristics of the patient during his stay in the medical institution are extremely important as a criterion for the verbal adequacy of the transfer of information. It is he who is the measure of simplicity, clarity, relevance, trust for a particular patient. The skills of verbal communication should also include the ability to listen (actively - through the reflection of information, passively, empathically - through the reflection of one's own feelings), which requires discipline in the presence and requires effort. The use of non-verbal means of communication for

psychotherapeutic purposes by medical workers requires readiness to establish eye contact, a smile and other positive forms of facial expressions, nods when listening to the patient's complaints, open movements, inclination of the trunk to the patient, close distance and direct orientation, as well as the active use of touch to express support (holding hands, squeezing the shoulders, gently pressing against each other, etc.), neat appearance, careful synchronization of the process of communication with a sick patient and the use of encouragement interdoms. The health worker has contacts mainly with people with disabilities, who sometimes find it difficult to communicate verbally. Therefore, they must have the skills to encode and decode non-verbal signals, which have their own specifics when organizing communication with the patient. It is also important to have a professional body language. The importance of body language is that patients not only feel pain or discomfort, but may also have concerns about the possibility of recovery, fear of leaving home and family, etc. Patients need psychological support and self-care.

Communicative competence is the ability to establish and maintain the necessary contacts with people, which includes the achievement of mutual understanding between communication partners, awareness of the situation and the subject of communication.

Thus, communicative and expressive competence is considered as a system of internal resources aimed at building effective communication in a situation of interpersonal interaction. Incompetence in communication can interfere with the process of diagnosis and treatment. The presence of psychological training of the doctor and the study of the subtleties of communication in the learning process contribute to a significant increase in the professional competence of future doctors. A medical worker should have the skills of non-verbal communication, have a high level of development of empathy, reflection, consciously develop motivation to communicate with patients.

Health workers occupy such a position in society that everyone has the right to expect from them a full amount of help and support, always and everywhere. The patient, regardless of the stage of the disease, the degree of its neglect, his social status, needs not only medical, but also psychological help and support. Psychological assistance plays an important role and is implemented through professional communication.

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