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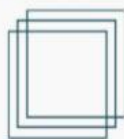
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MEDICAL TERMINOLOGY AND TEACHING THE RUSSIAN LANGUAGE

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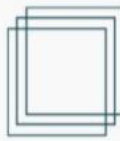
Abstract

The article discusses the role of the Russian language in teaching students in medical schools. The importance is shown and the necessity of obligatory possession of doctors not only by professional, but also by communicative competence is substantiated.

Keywords: medicine, Russian language, teacher, student, education, communicative competence, professionalism.

The culture of a person, a scientist, a teacher is determined by a deep knowledge of the native language, history, literature and, in general, the cultural heritage of not only their own people, but also other peoples. At the same time, if he speaks several languages, and especially Russian, then huge opportunities open up for his development. In order to appreciate the importance of proficiency in Russian, it is enough to pay attention to the formed national school of scientists - mentors of professors and academicians who have made a significant contribution to the development of medicine, the training of qualified doctors and scientists. Therefore, the development and improvement of the methods of teaching the Russian language in medical universities is an important task. With the improvement and development of the methods of teaching the Russian language in medical universities in Uzbekistan, it is important to know and understand all the features of medical terminology. Since when teaching Russian, students begin to master professional vocabulary and it is very important for them to know the names of diseases, drugs, tools in Russian and take into account the fact that this language is today the language of interethnic communication. This status of the Russian language obliges not only specialists, in our case, doctors, but also patients and colleagues. Therefore, when studying the Russian language in a non-linguistic university, teachers regularly introduce students to new vocabulary, automate lexical skills, organize the repetition of vocabulary learned by students, and monitor the quality of the educational material passed. In the "Great Medical Encyclopedia" [1] at the end of the last century, he singled out some groups of medical terms, taking into account the linguistic origin.

Among them: terms formed from the Russian language, internationalisms of Greek-Latin origin, such as cirrhosis, phagocyte, allergy, leukemia, etc.; Western Europeanisms, that is, words that arose on the basis of Western European languages from their lexical and word-forming material; Latin terms are special reference scientific designations, designed graphically and grammatically according to the rules of the Latin language.



As stated in [2], teaching medical students Russian as a non-native language involves enrichment with new scientific, terminological vocabulary; syntactic and grammatical constructions, speech norms inherent in the scientific style; application of the acquired skills and abilities in the performance of various tasks; the ability to extract and transmit information from educational texts in oral and written form, as well as the development of acquired knowledge in various types of speech activity.

To this I would like to add the idea that knowledge of the Russian language opens up opportunities for students who are inclined towards scientific activity in the future.

Another aspect of the problem is that the doctor is a linguistically active profession. For a linguistically active profession, language is an important communicative tool. The profession of a doctor involves interference in the privacy of other people, therefore, knowledge of certain ethical norms, prohibitions and restrictions is highly desirable to establish contact with the patient, which further affects the effectiveness of treatment. This determines the communicative competence of the doctor, and is associated with the conscious speech impact of the word on patients [3].

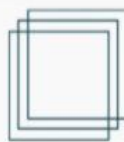
Communicative competence is the possession of complex communication skills and abilities, the formation of adequate skills in new social structures, knowledge of cultural norms and restrictions in communication, knowledge of customs, traditions, etiquette in the field of communication, observance of decency, good breeding, orientation in communication means inherent in the national, class mentality and expressed within the framework of this profession [4].

Despite the fact that many articles have been published, a large number of studies have been carried out on this topic, a certain methodological aspect of the professional speech training of future doctors has not yet been developed, which would combine aspects of their professional speech behavior.

The communicative competence of a doctor is determined by the degree of involvement of a 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. A vivid example from the past is that Charles Dickens treated people not with medicines, but with conversation.

It should not be forgotten that distrust of a doctor who makes mistakes in oral and written speech increases dramatically. As practice shows, for the most part, patients are dissatisfied with the inability of the doctor to communicate with patients or their relatives. In the case when the patient does not trust the doctor, he doubts the correctness of the diagnosis and the adequacy of the therapy, and will not fulfill all the prescribed prescriptions. Therefore, the doctor must be attentive to the word, and also pay attention to speech etiquette.



Communicative competence is necessary for a doctor to build competent verbal communication with patients, to establish contacts and maintain official, polite and trusting relationships. Knowledge of such speech behavior increases the effectiveness of treatment, and also increases the authority of the doctor. The most important thing here is the practical aspect. It is extremely important for a doctor to learn how to use this in practice, in direct communication with people.

A doctor with a well-formed communicative competence observes the rules of speech etiquette in communicating with a patient, shows courtesy 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, unrelated to medicine. The above indicates that when teaching the Russian language in medical universities, it is not enough to be limited to the existing curriculum, but it is necessary to develop it, taking into account the fact that the doctor will not be able to win the trust of patients and respect among colleagues if he cannot communicate competently, present his recommendations and scientific ideas.

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