PROFESSIONAL TRAINING OF FUTURE DOCTORS AND THE SPECIFICITY OF TEACHING RUSSIAN LANGUAGE AT MEDICAL UNIVERSITY

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Abstract: This article analyzes the role of the Russian Language course in developing medical students' professional competencies. It examines aspects of communicative safety, ethical and deontological norms, and the role of language as a diagnostic tool. Particular attention is given to a review of the works of scholars studying medical linguistics.

Keywords: professional communication, physician linguistic training, physician-patient communication, medical documentation, scientific style.

Introduction. In the modern world, medical science and practice are undergoing a radical transformation associated with the shift from a paternalistic model of managing the treatment process to an anthropocentric (patient-centered) paradigm. In this framework, the patient is viewed not as a passive object of medical procedures, but as a fully-fledged subject of communication. Consequently, proficiency in Russian as a tool for professional communication is no longer an optional skill and is becoming a core competency for physicians, determining their professional suitability.

The relevance of this topic stems from the transformation of modern medicine toward an anthropocentric paradigm, where doctor-patient communication is recognized as a crucial component of the treatment process. In the context of digitalization and time pressure, precise, concise, and ethically correct speech skills are becoming the key to minimizing medical errors. The problem of "language training" for future physicians is exacerbated by two opposing processes:

1. Rapid digitalization of healthcare. The introduction of telemedicine and electronic medical records (EMR) places strict demands on the conciseness, accuracy, and clarity of written language. Errors in wording are pervasive in the digital environment and can lead to systemic failures in treatment protocols.

2. Time constraints during clinical appointments. Under strict time constraints (12–15 minutes per patient), a physician's ability to quickly establish a logical dialogue, collect a patient's medical history, and provide clear recommendations directly impacts diagnostic effectiveness.

Despite the obvious importance of the verbal component, a certain cognitive dissonance is observed in higher medical education: as medical technologies become more complex, attention to the "therapeutic word" is declining. Humanities are being supplanted by highly specialized subjects, leading to a "technocratic" simplification of the speech of future physicians. This creates the risk of iatrogenic disorders—psychogenic illnesses caused by the careless or incompetent words of a physician.

The scientific challenge lies in finding ways to bridge the gap between students' high level of theoretical medical knowledge and their low communicative literacy, which prevents them from effectively applying this knowledge in clinical practice.

The purpose of this article is to provide a scientific justification for the need for in-depth teaching of Russian in medical schools as a fundamental factor in ensuring communication safety and the quality of medical care.

Materials and methods. The issue of teaching philological disciplines at non-humanitarian universities has been thoroughly studied in pedagogy and linguistics.

N.N. Kokhtev emphasized that physician oratory is not merely decorative, but a functional necessity. He viewed medical speech as a special type of functional style. Professor V.V. Zhur's research on discourse analysis describes the "communicative competence of a

physician" as a complex structure encompassing psychological, social, and linguistic skills. She highlights the problem of "asymmetry" in communication, when physician and patient use different lexical layers.

L.P. Fedorenko's concept outlines the principles of language teaching that formed the basis for professional speech development methods, where language is viewed as a means of acquiring specialized knowledge.

The eminent hematologist I.A. Kassirsky in his book "On Medical Ethics" explicitly stated that a doctor's careless word can cause iatrogenesis (a disease caused by a physician's word or action).

Language as a tool for professional diagnosis plays a crucial role in communication between doctor and patient. One of the most important processes is collecting anamnesis (anamnesis morbi) – it is primarily a linguistic procedure. Two aspects of this process must be considered:

a) interpreting subjective sensations – a medical student must be proficient in synonyms for describing pain sensations (aching, stabbing, stabbing, bursting) in order to accurately document the patient's condition;

b) overcoming the terminological barrier – a doctor must be able to "determinologize" their speech, explaining complex pathogenetic mechanisms in a language accessible to the patient without losing scientific understanding. For instance, anemia is a lack of blood, gastritis is inflammation of the stomach, hydrophobia is a fear of water, etc.

Medical documentation culture plays a key role in document management, as these documents are stored in archives for over 70 years and can serve as a source of valuable information in the future. A scientific style of communication in medical schools is implemented through the keeping of case histories, writing medical summaries, and writing surgical reports.

Medical documentation requires consistency and coherence, as syntactic errors (for example, incorrect use of participial phrases) can lead to ambiguity in describing the patient's progress. Sentences must also be concise. Here, learning Russian helps students avoid pleonasms (speech redundancy), which is critical when completing electronic medical records.

The ethical and stylistic aspects are of no small importance, as medical discourse requires strict adherence to speech etiquette. This course explores: ways to soften categorical judgments (euphemisms); the specifics of communicating with different age groups (pediatrics, gerontology); and speech strategies for comfort and support.

One of the main problems remains the reduction of academic hours for humanities disciplines. However, modern researchers, such as S.I. Madzhaeva, point to the need to integrate Russian into specialized disciplines through the creation of integrated courses such as "Professional communication". The study of the Russian language in the medical context is conducted in three main areas: linguopragmatic, pedagogical and deontological.

1. Linguopragmatic aspect. Professor V.V. Zhura's work occupies a central place in modern medical linguistics. In her monograph, "Physician's discourse: the lingvopragmatic aspect", she argues that physicians' verbal behavior is a strategic tool. Zhura demonstrates that the success of treatment directly depends on "communicative competence", which includes the ability to switch between scientific code (when communicating with colleagues) and natural language (when communicating with patients).

Professor S.I. Madzhaeva, in her works on medical terminology, points out that the language of medicine is not a rigid system of Latinisms, but a living organism. She emphasizes the need to teach Russian as a means of developing a "professional linguistic consciousness" that allows physicians to accurately interpret patient complaints, which are often expressed metaphorically.

2. Pedagogical concept of integrative learning. In the field of teaching methods at non-humanities universities, the works of N.I. Bezrukova are crucial. She develops the concept of "linguaprofessional training", arguing that Russian language instruction in medical schools

should not duplicate the school curriculum. According to her approach, language should be studied through the prism of "professional tasks": writing a medical summary, leading a discussion at a consultation, and publicly presenting a clinical case.

N.N. Kokhtev, the founder of practical rhetoric, emphasized the psychological impact of words in his works. He viewed physician speech as a form of "therapeutic communication", where every grammatical construction should contribute to creating a climate of trust.

3. Ethical and deontological direction. Academician I.A. Kassirsky, in his seminal works on medical deontology, asserted, "Words are a double-edged sword" He cited examples of how poorly constructed sentences or the use of incomprehensible terminology led to iatrogenic depression in patients. These ideas are further developed in the works of A.Ya. Ivanyushkin, who links native language proficiency with the principle of respect for patient autonomy.

Methodology and results of a study of students' communication difficulties. As part of the study, a questionnaire was administered to first-year students of the Faculty of Medicine (n=150). The purpose of the survey was to identify subjective assessments of barriers encountered during patient care.

Analysis of the questionnaire results revealed that 68% of respondents experienced significant difficulties during the initial collection of anamnesis. The main challenges were distributed as follows:

1. Lexical barrier (42%): difficulty finding adequate synonyms to explain medical terms (e.g., explaining the terms "remission" or "invasive" to elderly patients).

2. Psycholinguistic barrier (35%): fear of "communication failure" when communicating with aggressive patients or relatives.

3. Stylistic barrier (23%): inability to switch from a conversational to a formal style when filling out medical records.

Students note that knowledge of anatomy does not correlate with the ability to engage patients in conversation. The majority of respondents (82%) confirmed the need for a specialized course, "Professional physician Rhetoric", focused on practice.

A physician's written language is their legal entity. An analysis of the student case histories revealed a number of systematic violations of modern Russian literary language norms.

Table 1. Typical errors in medical records

Error type	**An example from a case history**	**Corrected version**	**Comment**
Violation of control	"The patient complains of abdominal pain that goes away when *lying down*"	"...docking in a lying position"	The participle cannot govern the noun in this context; the position cannot be *"lying"* as a feature.
Pleonasm (excess)	"The patient complains of pain in the chest area"	"The patient complains of chest pain"	The sensation of pain is pain. The word *"sensation"* is redundant here.
Stylistic dissonance	"The patient's skin is *completely normal*"	"The skin is of normal color, clean"	The use of the colloquial adverb "*quite*" is unacceptable in scientific writing.
Violation of logic	"There is vesicular breathing in the lungs, no wheezing, but	"Breathing is vesicular, wheezing is absent. Shortness of breath is	The oppositional conjunction "but" creates a logical error between auscultation

	shortness of breath"	observed..."	and the general symptom.
Incorrect abbreviation	"Diagnosis: hyperten. St. 2"	"Diagnosis: Hypertension stage II"	Abbreviations in clinical diagnosis must strictly correspond to the nomenclature.

A comparative analysis of approaches to teaching medical communication in Uzbekistan and abroad. Global educational practices address the issue of teaching the language of medicine in different ways, but the trend toward humanizing education is consistent.

The US and Western European model. In American medical schools, Medical Communication Skills is integrated into every year of study. This work is carried out in two areas:

1) checklist assessment, meaning that exams (e.g., the USMLE Step2 CS previously) assess not only medical knowledge but also spoken English proficiency and communication skills;

2) the "Simulated patient" method, which emphasizes empathy and the ability to deliver bad news (the SPIKES protocol).

Conclusions. In Uzbekistan, the teaching of Russian in medical schools is limited to the first year and the course "Russian language". The advantages of this course include a thorough theoretical foundation, the study of academic writing standards, work with medical texts, and the memorization of medical terminology in Russian. Disadvantages include isolation from the clinical environment; students study medicine in Russian, disconnected from the real-life dialogue in the ward. A real solution to this problem could be a transition to a "Professional Russian Language" model, where classes are taught by philologists jointly with practicing physicians.

Thus, the study of Russian in medical schools is a pressing issue in modern education, as the majority of terms in Russian and the maintenance of medical documentation require a thorough knowledge of the language rules and mastery of medical terminology and phraseology.

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