

COMMUNICATIVE COMPETENCE OF A SPECIALIST

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ABSTRACT

The article illustrates the main factors of communication between physician and patient that covers significant successful treatment in language acting. The development of research activities are characterized by the existence of a number variety methods of communication which scientists of this period have a great investigation. The article is aimed at identifying linguistic and psycholinguistic features to the problems of interrelationship in bilingual education. The structure of the article includes the definition of psycholinguistics features and approaches in conditions of bilingual education. The materials of the article can be useful for linguists, psychologists and teachers of a foreign language for further development of investigation. The principal finding of that study is that doctors employ a doctor-centred consultation style in the sense that they tend to ask closed questions, seldom enquire about their patients' social and or psychological history and check their patients' understanding. Patients want to express the subjective experience of their illness and how it impacts their daily lives, whereas doctors strive to direct the course of the interview so as to reach a diagnosis.

Keywords: Communication, competence, orientation, solution, problem, medical student, culture of speech, verbal, doctor-centred consultation, interlocutor, health care orientation, information.

ACTUALITY

The actuality of the article is to identify the important methods of teaching foreign languages at the Institutions, to fulfill delicate insufficiency during the communication being of skillful and competent. However, it is demonstrating variety markers of linguistic styles, using effective communicative culture in the language interpretation. Furthermore, communicative competence of practical sphere by means of physician field has own style of terminology that be familiar only for medicinal sphere. It is discussed among the health care stuffs and widely used in treatment of patient, nevertheless, most sick persons be unaware of translation medical terminology which can be explained by further procedures of treatment. Considering that the most important factor determining the success of treatment is the interaction between the medical worker and the patient, the development of speech activity, carried out in the process of language training, acquires special significance. The problem of the formation of a communicative culture is reflected in the works of domestic scientists [1-4]. The purpose of this article was to highlight the development of the foundations of the organizational and pedagogical solution of the problem of effectively forming the communicative culture of a medical student in the process of studying the culture of speech.

The aim of the research: to use of appropriate language competence in the speech acting, in order to be known communication to interlocutor. The aim of the research is to study the health care communication, especially in intercultural contexts, and relate these approaches to studies undertaken by researchers in other academic disciplines such as the sociology of medicine and by health care practitioners in the course of their own work. Effective communication skills are important in the healthcare setting in order to develop rapport and trust with patients, provide

reassurance, assess patients effectively, and provide easily understood health related education. Furthermore it gives motivation for proposed methods of analyzing the interaction between a doctor and a patient and a lot of research has been carried out by people not directly involved in the healthcare work and with a limited emphasis on patient engagement.

Materials and methods of research: Current investigation is carrying out for students of medical institutions. On the base of research it is analyzed communication between doctor and patient, their attitude toward speech context and style of producing language due to linguistic markers. Moreover, physician achieved the goal by feeling emotions of the patient, their condition during the disease and course of treatment.

As criteria of communicative culture we consider communicative competence and communicative orientation. Communicative competence of a specialist can be described as a certain level of formation of personal and professional experience of interacting with others, which is required for an individual to function successfully in the professional environment and society within their abilities and social status. In this regard, we distinguish between communicative competence in the special (practical) sphere, communicative competence in the personal sphere and communicative competence in the social sphere.

Communicative competence of a physician in a special (practical) field includes: understanding and interpretation of special (professional) terms, concepts (for example, in a conversation with colleagues and people not related to medicine); understanding of verbal, formal (formulas, graphs) and non-verbal means (facial expressions and gestures in talking with the patient); skillful handling of specially prepared material; correct use of the right words in the professional field.

Communicative competence in the personal sphere implies: reflection of one's own attitudes towards communication (need, expectation, apprehension, evaluation) and their further development; coordination of own interests with interests of others; understanding yourself as a “communicator”; taking a conceptual position on the communication process and its basics; the use of culture of speech with the aim of familiarizing with the language culture.

Communicative competence in the social sphere is represented by: awareness of my participation in communication (To what extent do I influence others?); group decision making (discussion of individual and common needs, interests; agreement of certain rules; development of ability and readiness for agreement / approval and resolution of conflict situations); presentation of general results; possession of communication strategies.

In turn, by communicative orientation, we mean the integrative quality of a person, which defines a person's attitude to communication. It affects the quality of assimilation of communicative knowledge and skills and is characterized by the value orientations of the individual, her interests, attitudes, attitudes, motives.

The level of communication orientation - high or low - is determined by the nature and strength of the severity of its components. The communicative orientation as a system of developing motives changes qualitatively: a person can be opened and closed for communication.

A qualitative conclusion about a high level of communication can be made on the basis of the fact that the student has a heightened interest in the topic of the lesson, he takes an active part in discussions, games, competitions and joint projects, is open for communication. With a low

level of communication, there is no interest in this activity, or relatively passive in nature interests prevail (reluctance to engage in conversation with a person, personal problems, feelings, feeling unwell, etc.).

Results of research: The main indicators of the communicative culture of the future health worker are: in the emotional sphere, empathy (understanding the interlocutor's attitude to what he is talking about and the very situation of communication; helping the interlocutor in expressing feelings and desires; reporting his own feelings; careful observation of nonverbal reactions partner, a demonstration of understanding the feelings of another); in the cognitive sphere - reflection (demonstration of readiness and willingness to listen to the interlocutor; checking the accuracy of what was heard; clarification of the rational component of what was heard; self-correction; reassurance; the adequacy of self-esteem and evaluation of others); in the behavioral sphere, interaction (planning an upcoming conversation; taking initiative in a conversation; organizing a holistic contact; personalizing the interaction; resolving conflict situations; proposing joint action; discussion; agreeing; clarifying and transmitting information; representing ethical norms of interpersonal relationships). The result of the research is reflected in medical discourse, which has recently widened its focus taking into consideration areas which were once considered marginal or irrelevant, such as complementary/alternative medicine. This interdisciplinary perspective has been favoured by the recent developments of linguistic study which have adopted theoretical approaches and analytical tools typical of various disciplines other than linguistics such as sociology, anthropology and psychology. Physicians have gradually been accorded higher status and respect and have been entrusted with the control of access to prescription medicines as a public health measure, this has produced a concentration of power which entails both advantages and disadvantages for specific categories of patients in particular settings.

CONCLUSION

On the basis of the degree of manifestation of the above-mentioned indicators, the levels of the communicative culture of medical students were identified- high, medium, low, and low. Such a four-level system for assessing the formation of criteria for communicative culture is conditioned by the need to describe the student's specific achievements in the field of speech culture. Furthermore, the purpose of the medical review guidelines for speech-language pathology is to serve as a resource for health plans to use in all facets of claims review and policy development. The guidelines provide an overview of the profession speech-language pathology including speech-language pathologist qualifications, standard practices, descriptions of services, documentation of services, and treatment efficacy data. In conclusion, the present analysis of the main fields of study of medical discourse has highlighted a considerable variety of themes, data and research methods which are clearly representative of the eclectic interest in this specific domain and of the wide range of approaches developed for its investigation. As has been shown, linguistic analysis is applicable to several kind of multiparty encounters involving multiple interactions and practices, and various kind of participants, including different health care professionals, trainees and patients.

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