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LINGUISTIC AND PROFESSIONAL TRAINING OF THE FUTURE DOCTOR: THE D SPECIFICS OF TEACHING THE RUSSIAN LANGUAGE IN A MEDICAL UNIVERSITY

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Abstract

This article analyzes the role of the “Russian Language” discipline in the formation of the professional competencies of medical students. It examines aspects of communicative safety, ethic and deontological norms, and the role of language as a diagnostic tool. Particular attention is paid to a review of the works of scholars specializing in medical linguistics.

Keywords

professional communication, linguistic training of a physician, doctor-patient communication, medical documentation, scientific style.

Introduction

In the contemporary world, medical science and practice are undergoing a radical transformation, shifting from a paternalistic model of treatment management to an anthropocentric (patient-oriented) paradigm. Within this coordinate system, the patient is viewed not as a passive object of medical manipulations, but as a full-fledged subject of communication. Consequently, mastery of the Russian language as a tool for professional communication ceases to be an optional skill and moves into the category of basic medical competencies that determine professional suitability.

The relevance of this topic is driven by the shift toward an anthropocentric paradigm, where “doctor-patient” communication is recognized as a vital component of the healing process. In the context of digitalization and time constraints, the skills of precise, concise, and ethically correct speech are essential for minimizing medical errors. The problem of the “linguistic training” of the future physician is exacerbated by two divergent processes:

1. Rapid digitalization of healthcare: the implementation of telemedicine and Electronic Medical Records (EMR) imposes strict requirements for conciseness, accuracy, and clarity in written speech. Formulation errors in a digital environment scale rapidly and can lead to systemic failures in treatment protocols.

2. Clinical time deficits: with strict time limits (12–15 minutes per patient), a physician's ability to quickly construct a logical dialogue, collect an anamnesis, and provide clear recommendations directly impacts diagnostic efficiency.

Despite the obvious significance of the speech component, a certain cognitive dissonance is observed in higher medical education: as medical technology becomes more complex, attention to the “therapeutic word” decreases. Humanitarian disciplines are being displaced by narrow specialized subjects, leading to a “technocratic” simplification of the future physician's speech. This creates the risk of yatrogenesis – psychogenic diseases caused by a physician's careless or incompetent words.

The scientific problem lies in finding ways to bridge the gap between students' high level of theoretical medical knowledge and their low communicative literacy, which prevents the effective implementation of this knowledge in clinical practice.

The goal of the article is to scientifically substantiate the need for in-depth teaching of the Russian language in medical universities as a fundamental factor in ensuring communicative safety and the quality of medical care.

Methodological Review

The teaching of philological disciplines in non-humanitarian universities has been deeply studied in pedagogy and linguistics. N.N. Kokhtev emphasized that a physician's oratory is not

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an ornament but a functional necessity. He viewed medical speech as a specific type of functional style.

In the discourse analysis research of Professor V.V. Zhura, “communicative competence of a physician” is described as a complex structure including psychological, social, and linguistic skills. She highlights the problem of “asymmetry” in communication, where the doctor and patient utilize different lexical strata.

The concept of L.P. Fedorenko outlines principles of language learning that form the basis for developing professional speech, where language is viewed as a means of mastering specialized knowledge.

The prominent hematologist I.A. Kassirsky, in his book *On Medical Ethics*, directly indicated that a physician’s careless word could cause yatrogy (an illness caused by the physician’s words or actions).

Language as a professional diagnostic tool. Language plays a decisive role in doctor-patient interaction. One of the most important processes is the collection of the anamnesis (anamnesis morbi), which is primarily a linguistic procedure. Two aspects of this process must be considered:

a) interpretation of subjective sensations: a medical student must master a synonymous range to describe pain (aching, stabbing, lancinating, bursting) to accurately record the patient’s condition.

b) overcoming the terminological barrier: a physician must be able to “de-terminologize” their speech, explaining complex pathogenetic mechanisms in language accessible to the patient without losing scientific accuracy. For example: *anemia* – low blood; *gastritis* – inflammation of the stomach; *hydrophobia* – fear of water.

Culture of medical documentation. The management of medical records is crucial, as they are stored for over 70 years and serve as vital sources of information. The scientific style of speech in a medical university is realized through writing case histories, epicrises, and surgical protocols.

Medical documentation requires logic and coherence; errors in syntactic constructions (e.g., incorrect use of participle phrases) can lead to ambiguity regarding the patient’s progress. Furthermore, sentences must be concise. Training helps students avoid pleonasms (linguistic redundancy), which is critical when filling out EMRs.

Ethic and stylistic aspect. Medical discourse requires strict adherence to speech etiquette. The discipline covers:

- methods for softening categorical judgments (euphemisms);
- specifics of communicating with different age groups (pediatrics, gerontology);
- speech strategies for consolation and support.

Directions in medical linguistics. The study of the Russian language in a medical context follows three main directions: linguopragmatic, pedagogical, and deontological.

1. Linguopragmatic aspect: the works of Professor V.V. Zhura establish that a physician’s verbal behavior is a strategic tool. Success depends on “communicative competence” including the ability to switch between the scientific code (with colleagues) and natural language (with patients). Professor S.I. Madzhaeva emphasizes that medical language is a “living organism” and a means of forming a “professional linguistic consciousness”.

2. Pedagogical concept of integrative learning: N.I. Bezrukova develops the concept of “linguistic and professional training” asserting that language should be studied through the prism of “professional tasks” (drafting an epicrisis, participating in a medical consultation).

3. Ethic and deontological direction: academician I.A. Kassirsky argued that “The word is a double-edged sword” citing cases where illiterate phrasing led to iatrogenic depression. A.Y. Ivanyushkin links native language proficiency to the principle of respecting patient autonomy.

Methodology and Results: communication difficulties. A survey was conducted among 150 first course medical students. The goal was to identify subjective assessments of barriers arising during patient care.

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Survey analysis: results showed that 68% of respondents experience significant difficulties during the initial anamnesis collection. The main problems were:

1. Lexical barrier (42%): difficulty in finding adequate synonyms to explain medical terms (e.g., explaining "remission" or "invasive" to elderly patients).
2. Psycholinguistic barrier (35%): fear of "communicative failure" when dealing with aggressive patients or relatives.
3. Stylistic barrier (23%): inability to switch from a colloquial style to a formal-business style when filling out case histories.

82% of students confirmed the need for a practice-oriented course titled "Professional Rhetoric for Physicians".

Analysis of Written Speech. A physician's written speech is their "legal face". Analysis of student case histories revealed systematic violations of modern Russian literary norms.

Table 1. Typical errors in medical records

Error type	Example from student case history	Corrected version	Commentary
Faulty dependency (government)	Patient complaints of abdominal pains, passing in a lying position.	...subsiding in a recumbent position.	A participle cannot govern a noun in this context; "lying" is too colloquial as an attribute here.
Pleonasm (redundancy)	The patient presents complaints of painful sensations in the chest area.	The patient complains of chest pain.	The sensation of pain <i>is</i> pain. The word "sensations" is redundant.
Stylistic dissonance	The patient's skin is quite normal.	Skin is of normal color, clear.	The use of the colloquial adverb "quite" is unacceptable in a scientific style.
Logical violation	In the lungs, breathing is vesicular, no rales, but dyspnea.	Breathing is vesicular, rales are absent. Dyspnea is observed...	The adversative conjunction "but" creates a logical error between physical signs and a general symptom.
Incorrect abbreviation	Diagnosis: Hyperten. dis. 2nd st.	Diagnosis: Hypertension stage II.	Abbreviations in a clinical diagnosis must strictly follow the nomenclature.

Comparative analysis between Uzbekistan and abroad. In global educational practice, the issue of teaching the language of medicine is addressed in different ways, but the trend towards humanizing education is uniform. In American Medical Schools, "Medical Communication Skills" in USA and Western Europe are integrated throughout the curriculum. This includes evaluation to checklists (Spoken English Proficiency) and the "Simulated Patient" method, focusing on empathy and delivering bad news (SPIKES protocol).

In Uzbekistan, the teaching of Russian in medical universities 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

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dialogue in the ward. A real solution to this problem could be a transition to the "Professional Russian Language" model, where classes are taught by philologists in collaboration with practicing physicians.

Conclusion

The study of the Russian language in a medical university is a critical issue for modern education. As the majority of terminology and documentation requires profound knowledge of linguistic rules, mastery of medical phraseology is essential for the legal and professional safety of the physician.

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