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THE FORMATION OF FUTURE DOCTORS' PROFESSIONAL DIALOGUE

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The article is dedicated to the question of „dialog”, „culture of dialog” „culture of professional dialog” and to analyses of ways of professional culture formation of medical students.

The formation of culture of professional dialogue involves not only language education, which is aimed at the development of student's speaking competence but also at the development of general and professional culture. Future doctors should learn to find in each case a form of communication that should be suitable for the definite patient.

Doctors talk with their patients in the form of a dialogue in which they discuss complaints, fillings, mental conditions, treatment and outcome of the disease, the diagnosis. In the process of communication doctors should transfer all necessary information to their patients and help them understand the peculiarities of diagnosis and medical ways of rehabilitation. During the conversation both the physician and the patient must work out a single point of view about treatment. Culture of professional dialogue is a business card of the future specialist. The manner the doctor communicates shows the level of general and professional culture of the specialist.

Key words: dialogue, the culture of dialogue, culture of professional dialogue, formation.

Introduction. The demand of modern reforms in healthcare sphere, the necessity of introduction of health insurance, the integration of Ukraine into the European community requires the improvement of medical

education system to train specialists that meet international standards. Improvement of the quality of education and training of healthcare professionals requires review of the psychological and pedagogical principles of higher medical educational institutions activities. That must be implemented through the introduction of modern concepts and approaches, emphasizing the formation of culture of professional dialogue of future physicians.

The formation of professional dialogue's culture of future specialists is assigned to the humanities, which are aimed at the improvement of the level of general cultural. It can be achieved through the formation of students' scientific outlook and creative thinking; implementation of professional orientation; the disclosure of the humanitarian aspects of professional knowledge and activities; creating conditions for the development of personal and professional communication skills of medical students.

In today's difficult conditions, along with the growing need of highly qualified physicians, the problem of the inadequate level of formation of the communicative component of students' professional competence is acute.

The development of communication skills, the creation of cultural dialogue in the process of professional communication, training of practical competence of the individual who owns the culture of behavior and communication are components of practical preparation of healthcare workers.

The formation of culture of professional communication is an integral pedagogical process, which includes the dialogue of learning, the creation of the appropriate socio-cultural environment and the scientific and methodological support of the process of formation and development of the culture of professional communication. The vital condition of this process is

the development of subject-subject interaction, which will become the key to future collaboration between physicians with their patients.

The aim of the article is to consider the culture of professional dialogue as the main characteristic of the quality of professional communication of future healthcare workers. In order to understand its essence, we turn to the definition of such concepts as "dialogue", "culture of dialogue", "culture of professional dialogue".

The ability to conduct dialogue is one of the main features of the communication of medical workers (communication with patients, colleagues, relatives, etc.); therefore, the culture of dialogue, the skills and abilities of dialogue interaction in the motivational, cognitive, active, emotional and communicative spheres is the most important characteristic feature of the high qualitative professional training of medical students.

Dialogue is not just a speech contact, not just the exchange of opinions between people; it is an extremely serious and responsible process, since the socio-psychological sphere of the relations of the participants in the dialogue involves recognition of the equality of their rights. In the process of dialogical communication its participants become a sociological notion, because the dialogue is the consideration of thoughts and views of the participants of the social process.

The phenomenon of dialogue was and remains the subject of study of philosophers, culturologists, linguists, literary critics, art historians, sociologists, psychologists, educators, etc. They investigated its various aspects such as general-human reality, the form of human consciousness and self-consciousness (M. Bakhtin, M. Buber, etc.); the nature of dialogue and dialogical of thinking (V. Bibler, L. Vygotsky, A. Leontiev, S. Rubinstein, O. Sokolov, etc.); role dialogical interaction in communication (A. Dobrovich, V. Myasyshev, Ya. Janoshek, etc.); psychological aspects of the dialogue (O. Bodalev, G. Kovalev, K. Rogers, A. Kharash, etc.); Dialogue in

pedagogical communication (G. Ball, I. Glazkova, L. Zazulin, V. Kan-Kalik, G. Kovalev, O. Kirichuk, S. Kopylov, V. Kushnir, V. Semichenko, etc.); features, structure, functions of the dialogue (M. Bakhtin, M. Bibler, V. Kuchinsky, etc.); in the sphere of medical ethics and deontology (M. Petrov, V. Popov, N. Popova, etc.).

The analysis of scientific literature has revealed that there is no single approach to the interpretation of the concept of "dialogue" among scholars and practitioners. This leads to ambiguous interpretation of the essence of the notion dialogue and dialogical culture. The ways of their formation also differs. And, as a result it is observed the low efficiency of the formation of a culture of professional dialogue in the modern high school.

Thereby, M. Bakhtin, V. Bybler, L. Batkin, V. Berkov and others define dialogue as the basis of human understanding; E. Saiko, I. Yakovenko, A. Pilipenko and others interpret it as a special socio-cultural phenomenon, means of communication and re-creation of cultural objects; S. Belova identifies dialog as a way of solving humanitarian problems, resulting in a correlation between different points of view and different contexts of thinking; V. Serikov determines it as a specific socio-cultural environment, which creates favorable conditions for the person to acquire new experience and to reevaluate the existing values [5].

M. Kagan emphasized that the concept of "dialogue" is used in two ways – domestic that means the conversation between people and scientific - philosophical definition which implies informative interaction of people as subjects regardless of linguistic or other semiotic tools whose aim is to increase the degree of their spiritual unity or to achievement this unity.

He noted that, in the first sense, the dialogue does not have any pedagogical significance, since any communication between a teacher and a student is their communication done by exchange of phrases in a

language known to them, with the participation of various means (paralinguistic, graphic, sound intonation, etc.) [3, p.217].

In our opinion, the philosophical approach of understanding the term “dialogue”, expressed by V.Stepihova is of the particular interest.

Stressing the specific role of dialogue as "mutual listening to each other, the lack of mutual correction, only self-correction", the author notes that dialogue gives equal positions to all participants of the dialogue where there is no domination of one person over another.

V. Stepihova focuses on five main components that need to be taken into account when organizing dialogical interaction. Among them is the structure of dialogue, its main functions, rules of conduct, the source of dialogue, the basis and general principles of interpretation of the context [4, p. 117].

O. Tarmaeva considers dialogue as a special level of communicative process, which corresponds to deep human need for personal contact. The researcher has also noted that dialogue acts as the organization of special communication interactions in the educational process, which contribute to solving the problems of the development and formation of a communicative culture of a future specialist. Under the communicative culture, she understands the ability to establish and maintain contact with other people on the basis of internal resources necessary for building an effective communicative action in interpersonal communication [4, p. 203].

In our opinion, the goal of the dialogue is to find the right and optimal solution of any problem, to compare different views, ideas, thoughts and approaches, and to master the art of dialogical conversation which is known to be one of the main professional features of the future doctor.

Dialogue is a co-creation, a product of the interaction between speakers. The key to a successful dialogical situation is tolerance, empathy, respect for dialogue partners and recognition of their right to have their own

vision of the problem. Possession of dialogue management is a prerequisite for the professional work of healthcare workers.

The dialogue is impossible without creating a culture of communication. M. Bakhtin widely uses the concept of dialogue, as the basis of human consciousness, the general nature of humanitarian thinking. According to M. Bakhtin comprehensive dialogue defines the features of personal culture, the sense of human existence and his social relations. Today in the medical sphere the possession of the art of dialogue communication is necessary because dialogue is the basis of human understanding.

The culture of dialogue consists of perfect possession of communicative skills, the ability to build a constructive, high-quality, civilized dialogue, which is a sign of personal communicative culture and professional culture in general. We consider the culture of dialogue as a fundamental characteristic of a professional communication. The high level of dialogical culture is an adequate reflection of subject-subject nature of professional communication.

The dialogical culture includes the ability to listen, to ask questions, to analyze the answer, to understand your partner, to be attentive, observant, to establish contact, to see and understand the reaction of the audience. Moreover, you should be able to convey your attitude to what is being discussed, to make the partner interested in what you are talking about, to capture his attention by your explanation, to orientate in the situation.

Having analyzed the results of the research work of many scientists concerning the concept of "culture of dialogue" we came to the conclusion that within the framework of the cultural approach to the study of dialogue it implements direct educational value. It teaches to appreciate another person; to understand your partner, it leads to mutual influence and respect, openness, kindness, trust, tolerance. The ability to conduct cultural dialogue

brings to humanization of the relationship, develops the ability to organize communicative activities in the forms, fixed by the rules and norms of behavior, established by the society.

The culture of dialogical speech of a specialist is not only the reflection of his education, intelligence, purity of thoughts and actions, but also determines in general the culture of his work and, most importantly, the culture of relationship in daily communication in a wide variety of fields.

The art of making professional dialogue is an important condition for success and growth in chosen specialty. Doctors must perfectly know their professional language; must speak in compliance with the norms of the literary language; must observe accuracy, clarity, purity, richness and relevance of speech, as well as adherence to the rules of speech etiquette in professional activity.

The process of forming of professional culture of dialogue during training at higher medical educational institutions is rather complex and consists of the following main components:

- assimilation of professional medical vocabulary and terminology;
- perfect possession of modern Ukrainian and foreign languages;
- implanting to medical students skills of working with dictionaries and reference books;
- formation of knowledge to percept, reproduce and create professional texts of different types and styles;
- simulation of speech situations that will arise in future professional activities;
- knowledge of etiquette language formulas and the ability to use them in professional communication;
- ability to find, choose, perceive, analyze and use information of profile communication;
- struggle with speech sluggishness in communication;

- ability to evaluate the communicative situation quickly and at a high professional level, make decisions and plan communicative actions.

The evidence of the fact that the culture of conducting professional dialogue is formed can be proved by the existence of the following features:

- there must be an interest in the dialogue being held;
- there should be a conscious desire to exchange information, thoughts, and arguments;
- there should be hold the equality of all participants of the dialogue; respected and tolerant attitude to the opponent should be kept;
- there should be an ability to cooperate in dialogue over the search for a solution of a problem or the development of an idea;
- there should be an empathy;
- the dialogue should be correct from the point of view of the general and linguistic culture;
- the person should get an impulse in the dialogue for further development [1, p.360].

Conclusion. Thereby, creating a culture of professional dialogue involves not only linguistic education, which is aimed at the development of the communicative competence of students, but the development of general and professional culture of their behavior. Future physicians should learn how to find in each case a form of communication that would be suitable for exactly this patient.

Communication with the patient in the medical field is done mainly in the form of a dialogue during which the complaints, body feelings, mental condition, treatment and outcome of the disease and the diagnosis of the patient are discussed. Communication between the doctor and the patient should not be simple transmission of information, but the development of common sense, mutual understanding, the construction of a diagnostic and

treatment rehabilitation conversation, development of a unique point of view on treatment.

Possessing the culture of professional dialogue is a remarkable feature of a future specialist. The way the doctor speaks using the art of word indicates the level of his general and professional culture.

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