



*Международный
научно-практический журнал*

ENDLESS LIGHT
in
SCIENCE



25-26 Января 2021 г.
г.Алматы, Казахстан



*International
Scientific-practical journal*

**ENDLESS LIGHT
in
SCIENCE**



**25-26 January 2021
Almaty, Kazakhstan**

**МЕЖДУНАРОДНЫЙ НАУЧНЫЙ ЖУРНАЛ
ENDLESS LIGHT IN SCIENCE
№3 (1) / 2021**

Главный редактор: Г. Шуленбаев

Редакционная коллегия:

Р. Дүйсенбин

Б. Куспанова

Ш.Абыханова

Международный редакционный совет:

Р.Степанов (Россия)

Т. Хушруз (Узбекистан)

А. Азизбек (Узбекистан)

Ф. Дофлат (Азербайджан)

**INTERNATIONAL SCIENTIFIC JOURNAL
ENDLESS LIGHT IN SCIENCE**

№3 (1) / 2021

Main editor: G. Shulenbaev

Editorial colleague:

R. Duysenbin

B. Kuspanova

Sh Abyhanova

International editorial board:

R. Stepanov (Russia)

T. Khushruz (Uzbekistan)

A. Azizbek (Uzbekistan)

F. Doflat (Azerbaijan)

UDC: 348.147

PROFESSIONAL COMMUNICATION OF FUTURE DOCTORS**OREL-KHALIQ YULIYA***PhD of Pedagogical Sciences**Associate Professor Zaporozhzhia State Medical University,
Ukraine, Zaporozhzhia*

The article outlines that the development of specialized medical knowledge in harmony with professionally important personal qualities (moral, spiritual, ethical, communicative) gives the possibility to achieve the best results in professional training of medical staff. The effective formation of professional communication of medical students will make it possible to solve the contradictions between social, educational and professional training of specialists.

The formation of culture of professional communication 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 such form of communication that should be suitable for the definite patient.

Key words: *professional communication, medical students, communicative culture, professional training*

At present stage of the development of our country the most important task is to increase the efficiency of training specialists. The important concept of the modernization of medical education requires rapid changes in the formation of new approaches in the system of professional training. The priority is given to the personal development of medical student, the consequence of which is the actualization of the personality in relation to the future profession and the formation of his professional competence.

Today a medical specialist should not only have a large amount of special knowledge, but also must have additional skills, in particular, the ability to communicate with patients, which requires a high level of communicative culture.

The problem of professional communication is studied by such sciences as social psychology, sociology, pedagogy, rhetoric and social anthropology.

To solve this problem, it is necessary to consider such concepts as "professional culture", "culture of professional communication" and "culture of professional communication of a specialist". Since the underlying categories such as "profession", "culture", "communication" have been extensively studied before, we will consider the concept of "professional culture" and "culture of professional communication".

The aim of the article is to analyze the concept and approaches to the formation of "culture of professional communication" at the University.

In order to understand the concept of "professional culture" it is necessary to implement the significant category of "culture" and the notion of a professional activity. The bases of the analysis of professional culture is the awareness of culture as a powerful socio-spiritual factor in the development of society and human, understanding of its impact on all spheres of human activity. It is rather important to compare "professional culture" to "general culture" as both of them are decisive in the personal dimension of culture in a professional way. The more developed is the professional culture; the higher is the efficiency of the functioning of this sphere.

It is known that human activity reveals not only the level of the developed skills and abilities, but also the degree of the expansion of creative abilities, the readiness to implement fully professional culture. Therefore, in the professional culture of a specialist is reflected not only communication and interaction between individuals, society and profession, but also his entire individual culture, is reflected.

Thus, we believe that professional culture is a certain set of ideological and special knowledge, qualities, abilities, skills and feelings, values of the person who find their manifestation in its activities and ensure its higher efficiency.

Consequently, the professional culture of a specialist in the medical industry is a certain set of ideological and special (medical) knowledge, qualities, skills and feelings, values, and norms that are required in various types of activities. All that allows to perform effectively different professional tasks. In other words, the general and professional culture of the specialist complements each other and enhances its professionalism.

Finally, considering the concept of "culture of professional communication of medical specialists," we came to the conclusion that it is a direct realization of both general and special professional culture in the process of interaction with other individuals or groups in order to optimize the performance of functional responsibilities (treatment, rehabilitation and prevention) and qualitative implementation of business and personal contacts. Let's consider the culture of professional communication of a medical specialist as a phenomenon associated with the culture of conversation.

The main feature of a medical specialist is the interaction with people. The ability to communicate, to get in contact with patients and their relatives, to achieve mutual understanding in the process of performing professional functions is the most important condition for the high efficiency of the work of "person-to-person" type.

That is why the culture of professional communication of a specialist in the medical industry will be studied in the context of the culture of professional dialogue. Poor formation of a professional dialogue culture serves as the main barrier to professional growth.

The culture of professional dialogue is the level of mastering the skills and abilities of dialogue interaction in the motivational, cognitive, emotional and communicative spheres [1, p.107].

The analysis of scientific literature led to the conclusion that the culture of professional dialogue consists of such components as public culture, culture of social group, professional culture and culture of the individual.

Realizing the relevance of this problem, the researchers (S. Amelina, L. Baranovska, G. Beregova, O. Gogol, L. Golovat, N. Kostritsa, L. Luchkina, V. Momot, T. Okunevich, E. Polatai, L. Romanova, T. Rukas, N. Totskaya, O. Shtepa, S. Shumovetska, etc.) offer a variety of pedagogical technologies for the effective formation of cultural professional communication of medical students in higher educational institutions of Ukraine.

The formation of a culture of dialogue should be built on the basis of the following conceptual terms and approaches:

- humanization of professional education;
- personal orientation of forms and means of training and education;
- activity approach to the training of specialists;
- axiological approach to the content of the educational process;
- communicative approach to learning;
- promotion of the acmeistic aspirations of man;
- creative adaptation of the process of forming a culture of dialogue to specific conditions and situations [1, p.169].

As a result of the implementation of all the above-mentioned provisions and approaches in the educational process, there will be new conditions for intellectual and self-development of the individual who wants to become a competent and successful specialist.

The formation of cultural professional communication is an integral, inseparable process that requires total change of higher education, namely, the transition from authoritarian to humanistic approach to training of future professionals.

All the defined positions and approaches are interconnected; therefore, we will try to briefly consider each of them.

- ✓ Humanization of professional education

The humanization of higher education should be understood as a multilevel socio-cultural process that fills education with contemporary content, forms the foundations of a humanistic outlook expressed in concrete, close-to-people spiritual and moral samples, which are fixed in social norms and values, and thus transfer the ideas of humanism into public.

The humanization of higher medical education implies the orientation of future physicians to focus on universal humanistic values and problems in the individual health care system. [5, p. 16].

Despite the exceptional importance of what students study at medical universities, the content of education is only a part of multifunctional and complex structure of the system of professional medical education, which affects the quality of training of specialists and in future on the efficiency of their professional activity.

The idea of humanization of professional training of medical students should be understood as the innovative direction in the functioning and development of medical universities. It should be directed at the preparation of a new generation of doctors who can take into account not only medical and biological but also social and spiritual peculiarities of human health; train such doctors who are able to include positive and weaken the negative impact of biological, social and spiritual factors in order to successfully develop and reproduce human culture.

In order for graduates of medical universities to adapt successfully in their professional environment as soon as possible, medical education should be as close as possible to the health care system existing in the country, its processes of reformation and development trends.

Supporting A. Sushchenko opinion that "... the establishment of humanism for man and in man is carried out only through culture" [5, p. 12], we consider that the formation of culture of professional dialogue is one of the factors of the overall process of humanization of higher medical education.

✓ Personal orientation of forms and means of training and education

In the process of humanization of education, special significance is acquired by personally oriented learning and education. In this case the process of education is oriented on the individuality of each student, his uniqueness, his own experience, motivation and readiness to master the new knowledge.

In this connection educational process, according to I. Bekh, must be based not on the mechanism of external reinforcement, but on the reflexive and volitional mechanisms of empathy and emotional and creative attitude of a person towards social norms and values. Such technologies are qualified by the author as "educational technologies of personal orientation" [2, p. 123].

The problem of personally oriented learning is now one of the main in pedagogical theories. An important aspect of modern higher medical education should be based on psychological and pedagogical conditions that contribute to the personal formation of the future doctor, because it is not the assimilation of knowledge, methods of activity, but the formation of a stable system of values, active life position and cognitive activity. Teachers task is to develop the personality of each student, which occurs only when the right choice of forms and means of study are done. Introducing dialogical methods into the educational process, we promote the development of equal rights and partnership between teachers and students. The target of the educational process is a student who, together with the teacher, can actively influence the organization of learning, having the right to choose the educational material and the means of its learning. The student must demonstrate his own maturity, sufficient to assume responsibility for his training as a future specialist.

✓ Activity approach to the training of specialists

We believe that the activity approach involves taking into account the cognitive, emotional and volitional skills of each student. This doctrine should be at the heart of modern higher education.

The structure of the activity approach contains the following functional blocks: motives, goals, program of activity, information activities, and decision-making [4, p. 331].

For medical students these can be situational classes, role plays, round tables. (For example, the presentation of home or car kits, the classification of drugs in the form of release, the choice of the drug with a certain active substance. For physicians and postgraduates we can propose more difficult tasks: for example, the choice of possible variants of anesthesia for a specific operation, the choice of necessary surgical instruments, etc).

Thus, the activity approach involves the process of forming of professional communicative culture, during which: the students' motives and interests are formed. Due to this approach the culture of communication is improved; exchange of information is realized; joint decision-making is done; all that is the result of reasoned discussion of different points of view.

✓ Axiological approach to the content of the educational process

Axiology is the philosophical theory of values, persistent generalized picture of the desired benefits, facilities, significant for the person; this is the object of his desires, aspirations and interests. Spiritual and moral components of medical activity are the bases of professionalism of a modern physician. The low level of this culture inevitably leads to a deformation of professional consciousness and the activity of a doctor. In this case, not only the clinical thinking of the doctor is affected, but also his attitude towards the patient.

The peculiarity of medical professionalism is that its improvement is stimulated by moral motives (compassion, altruism, concern for people, the desire to save and preserve life, etc.).

Thus, the axiological approach in the professional training of doctors is aimed at the transition from the narrow professional training of specialists, to the intellectual and spiritual development of the individual, the development of his meaningful qualities. Modern doctor must possess the following components: responsibility, communicative skills, sense of duty, honesty, empathy and love for his patients which are of particular importance for his professional development.

✓ Communicative approach to learning

Language skills are primarily very important for the profession of a doctor. The ability to present your thoughts correctly is one of the first requirements of modern specialist, especially if he seeks to be a high level specialist. At the same time, the role of interpersonal communication grows.

In our opinion, the culture of communication guarantees the development of the professional qualities of future doctors, contributes to self-expression of the person in the scientific-educational and official-business spheres. "Communication" and "dialogue" are considered to be one of the basic in the professional training of a doctor.

To characterize a conversation between physician and patient, it is important to distinguish the following steps:

- establishing contact (providing adequate medical information that is understandable to the patient);
- emotional aspect (any doctor must be an active listener, must have emotional and positive attitude towards the patient);
- the final stage of the conversation (making a conclusion);
- formal characteristics of the conversation include: acquaintance, documentary part, finding out the symptoms of the disease, complaints, clarifying comorbidities; discussion of the patient's life style; speaking about the treatment plan and the prospects) [3, p. 215].

Therefore, doctor's conversation must be focused on professionalism, attitude towards patients, colleagues, intelligence, emotionality, style of speaking and all humanistic values, such as goodness, respect and tolerance to others, self-respect. Professional tasks are not solved and goals are not achieved without conversation, as well as, interpersonal contacts and relationships are not succeeding without it.

✓ Creative adaptation of the process of forming a culture of dialogue to specific conditions and situations

The most important thing today is the ability of teacher to be the organizer of the cognitive activity of the student, the leader of his social and spiritual development.

This includes the teaching of fundamental sciences, the organization of research work of students, and their participation in various activities at the University, in social, cultural and political processes, in the atmosphere of humanistic work and communication.

One of the main directions of the reforming of higher education is the growth of the leading role of scientific and pedagogical staff in solving the problems of training specialists.

Tutors have to use various forms and methods of forming a professional communicative culture themselves, but even the best means will not be effective if they are formally approached and automatically used only in the established scheme for many years. Only our own creativity and unconventional thinking are able to stir up student's activity.

Consequently, the formation of professional communicative culture of future doctors is a holistic pedagogical process aimed at raising the professional communicative and professional competence of future medical workers.

The process is aimed at training of students for the formation of culture of professional conversation, creation of the appropriate conditions, scientific and methodological support for the process of forming a culture of professional dialogue. One of the leading conditions for the formation of a culture of professional dialogue is the creative development of person-to-person interaction, cooperation and co-creation between teachers and students.

Література:

1. Амеліна С. М. Теоретико-методичні основи формування культури діалогу у студентів аграрних вищих навчальних закладів. Дніпропетровськ, ДДАУ, 2007, 399 с.
2. Бех І. Д. Особистісно орієнтоване виховання: [науково-методичний посібник]. Київ, ІЗМН, 1998, 204 с.
3. Зінзюк Л. А. Професійна компетентність як системо утворюючий фактор професійної підготовки фахівця з медицини. Київ, АПН України, 2008. С. 213—220.
4. Лекторский В. А. Деятельностный подход: кризис или возрождение? Москва. Прогресс-Традиция, 2005, С. 327–344.
5. Сущенко А. В. Гуманізація педагогічної діяльності вчителя. Науково-методичний посібник. – Запоріжжя, Прем'єр, 2003, 222 с.

СОДЕРЖАНИЕ

ФИЛОСОФСКИЕ НАУКИ

ARSENYEV YU.N. , MINAEV V.S. , DAVYDOVA T.YU.

Information models and technologies, their impact on improving human health and well-being.....**3**

СЕРАК Е.В.

Антропология прошений ссыльных участников восстания 1863–1864 гг.: источник документальной коммуникации.....**13**

ЭКОНОМИЧЕСКИЕ НАУКИ

КРЕМЛЕВ Н.Д.

Цифровая платформа модернизации бухгалтерского и статистического учета: теоретический подход.....**22**

ОГУРЦОВА Е.М., ТУРДЫКУЛОВА Н.Н.

Управленческая культура и конфликты в организации: основные понятия и взаимосвязь.....**31**

ПУТЯТО О.В. , БЕЛОУСОВА М.Д.

Оценка эффективности применяемых ставок таможенных пошлин единого таможенного тарифа ЕАЭС.....**36**

ЛЮ ЛЭ

Углубление торгово-экономического сотрудничества между Китаем и Евразийским экономическим союзом в рамках инициативы «один пояс – один путь»: препятствия и стратегии.....**44**

СЕЛЬСКОХОЗЯЙСТВЕННЫЕ НАУКИ

ОСИПЧУК А.Н.

Соя - стратегическая культура современного земледелия.....**50**

ЛЯВДАНСКАЯ О.А., БАСТАЕВА Г.Т., ЕРМАКОВА Н.Ф.

Формирование фитоценозов на залежах грачёвского района Оренбургской области.....**58**

БАСТАЕВА Г.Т., ЛЯВДАНСКАЯ О.А., КОСИЛОВ А.Г., ФЕДУЛОВ А.Г.

Оценка роста искусственных лесных насаждений в гку «новосергиевское лесничество» Оренбургской области.....**62**

ЧЕРНЯК Н.Г., ГОНЧАРУК О.П., ЧЕРНЯК Н.С.

Генеалогічні лінії голштинської породи...**68**

МЕДИЦИНСКИЕ НАУКИ

ВЛАСЕНКО С.А., ЕРОШЕНКО А.В., ЧЕРКАВСЬКИЙ С.В., ПЛАХОТНЮК И.Н.

Ультразвуковой контроль за течением послеродового периода и диагностика акушерской патологии у сук.....**74**

ОРДИН Ю.Н., ПЛАХОТНЮК И.Н., ИВАСЕНКО Б.П., ЕРОШЕНКО А.В.

Оплодотворяемость коров в зависимости от продуктивности, возраста, кратности синхронизации половой охоты и количества родов.....**82**

БАБАНЬ А.А., ОРДИН Ю.Н., ПЛАХОТНЮК И.Н.

Гистологические изменения в яичниках коров за гипоплазии.....**87**

OREL-KHALIQ Y.

Professional communication of future doctors.....**95**

КУЛЬТУРОЛОГИЯ

МИТРЯГИНА Т.А., МИТРЯГИН А.В.
Информационное пространство
транснациональной этнической
культуры.....**100**

ИСТОРИЧЕСКИЕ НАУКИ И АРХЕОЛОГИЯ

JIN LIPENG
A comparative study on the protection methods
of the old city of luoyang in china — taking
Luoyang city in sui and tang dynasties and
Luoyang city in han and wei dynasties as
examples.....**104**

ТЕХНИЧЕСКИЕ НАУКИ

ПЕТРОВСКАЯ В.В., ДЕМЕНКОВЕЦ Д.В.
анализ эффективности обнаружения
кодочувствительных неисправностей
маршевыми тестами.....**113**

СПОРТИВНЫЕ НАУКИ

**БАБАЛИЧ В.А., МАЛЕНЮК Т.В.,
БРОЯКОВСКИЙ А.В., ГОЛУБ Е.В.**
применение средств плавания в
реабилитации детей младшего школьного
возраста с последствиями детского
церебрального паралича.....**118**

ПСИХОЛОГИЧЕСКИЕ НАУКИ

БИЛОУС Р.М., БРАГА С.Ю.
Особливості уваги підлітків із затримкою
психічного розвитку.....**123**

МАКАРОВ П.В., МИРГОРОД Е.В.
Коррекция подросткового суицидального
поведения и постсуицида.....**128**

ТРЕТЬЯКОВА В.С., ВАНДТКЕ Л.М.
Образовательная среда как фактор
поддержки семей, воспитывающих детей с
ограниченными возможностями
здоровья.....**133**

ИСКУССТВОВЕДЕНИЕ

ЖУРАВСКАЯ Т.М.
Японский художник сакамото наоюки и
концепция дизайна компании
роккатэй.....**139**

МАКСИМЕНКО А.Е., КОВАЛЕНКО И.Н.
Связь грима с элементами
сценографии.....**147**

ENDLESS LIGHT

in

SCIENCE



www.irc-els.com