

**МІНІСТЕРСТВО ОХОРОНИ ЗДОРОВ'Я УКРАЇНИ
БУКОВИНСЬКИЙ ДЕРЖАВНИЙ МЕДИЧНИЙ УНІВЕРСИТЕТ»**



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The aim of the study. The purpose of the research is to identify the problems of humanitarian discourse in modern science, education, and medicine and to develop a universal strategy for their solution. The humanitarian cluster needs methodological and value support to fulfill its functions in the social and cultural spaces. The development and implementation of synergistic guidelines will be an effective solution to avoid imbalances in the educational and scientific fields.

Material and methods. General scientific methods and methodological principles of a philosophical orientation are used to achieve the research objectives.

Results. Analyzing the effectiveness of the human-dimensional concept, we note that one of the main statements of synergy points to the construction of the desired future. The path to the future for complex, non-linearly evolving systems is always multifactorial. A person can choose an appropriate path of development, taking in to account this inner essence and strengths.

According to the constructivist philosophical approach, a person with his perception, thinking, and activity does not reflect the world but constructs it. This approach is based on various disciplinary fields: genetic epistemology, developmental psychology, systems theory, cybernetics, anthropology, psychology of perception, psychotherapy, neurobiology, cognitive science, etc.

Conclusions. The principles of self-organization and self-improvement begin to prevail over the idea of introspection. Designing the future becomes the dominant tendency of the essential characteristic of a person. The humanitarian potential of the educational and scientific clusters is becoming increasingly larger in scope, and no less relevant in the dynamic world of digital and technological concepts.

Tsurkan M.V.

WAYS OF FORMING THE SPEECH ETIQUETTE OF PROFESSIONAL COMMUNICATION OF A FOREIGN MEDICAL STUDENT

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Introduction. The formation of the professional speech competence of a foreign medical student includes familiarizing the foreigner with speech etiquette as a microsystem of nationally specific stable communication formulas accepted and prescribed by society to establish contact at the level of "doctor - patient", "doctor - assistant", "doctor - student physician", "doctor - pharmacist", "doctor - relative of the patient".

The aim of the study. To determine the ways of formation of speech etiquette of professional communication of a foreign medical student in the process of learning Ukrainian as a foreign language.

Material and methods. The research is based on the use of the descriptive method and the method of pedagogical observation.

Results. The ways of forming the speech etiquette of a foreign student are significantly different from the assimilation of similar etiquette formulas by the Ukrainian students, because for native speakers this process occurs naturally in the context of gaining experience of "live" communication and is only improved in the course of obtaining professional education.

The formation of speech etiquette of a foreigner is in the force field of intercultural communication, where, in addition to language barriers, nationally marked rules of formal and informal communication are added, which often do not coincide and do not correlate with the rules of their ethnoculture. At the same time, this assimilation of the main professional clichés first occurs in the conditions of artificially simulated situations in the context of the formation of dialogical speech, and only over time it moves from simulated to real communication with a Ukrainian patient.

The main direction of studying and mastering speech etiquette by the foreign medical students is the integration of this process with strategies for the formation of communicative, linguistic, sociocultural and, above all, professionally oriented competences, which will ensure the ability to use the Ukrainian language effectively in various situations of the professional communication based on the implementation of communicative-activity and competence approaches.

The initial stage of mastering speech etiquette should be familiarizing of the foreign student with ethical speech norms. The first difficulties faced by the student are the absence in their speech etiquette

of addressing the patient in the form of the "honorable plural", that is, addressing the patient as "You", which in the future real communication with the Ukrainian patient can become the basis of both a professional and even a racial conflict. After all, the familiar "you" address for the foreigner will be perceived as pan-fraternity or familiarity.

In order to master clinical subjects, the future doctor needs to learn how to build a dialogue with the patient in order to collect the anamnesis and fill in a medical card. Therefore, special attention should be paid to the language workshop on the construction of interrogative sentences based on professional vocabulary during classes of Ukrainian as a foreign language. In addition to the correct use of question words, it is worth emphasizing the foreigner's attention to word order and logical accents, which can often affect the connotative shades of the entire sentence.

One more direction is the development of the student's ability to listen and perceive "live" speech (not always literary, often with the use of dialect (unknown to the foreigner) vocabulary and colloquial speech). The ability to listen is an important indicator of the speaker's culture, however, in the case of the foreigner, it is important to familiarize the student with politeness formulas, which he can use to question or clarify unclear information, to master certain language clichés in order to implement the intentions of greetings, thanks, sympathy, requests, refusals, etc. correctly. The final stage is the mastery of paralinguistic means of speech (voice strength, tempo, melody, pause).

Conclusions. The speech etiquette of the future foreign doctor is an important attribute of his professional formation as a specialist and as an individual, therefore the proposed ways of its formation are the most effective in the context of the professional speech communication, in particular, conducting role-playing games "doctor - patient".

Tymofieva M.P.

THE SPIRITUAL POTENTIAL OF NURSES IN THE PALLIATIVE SPHERE

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Introduction. The work of a nurse has a favorable attitude in medical societies in connection with the new measure of the world's needs in this profession. In addition to elementary professional characters and abilities, a nurse must have important religious values since it influences the patient's growth and well-being and the treatment of his soul as an essential component of his traits, at the ending stages of life provoked by disease progress as well as in remission.

The aim of the study. The purpose of the study is to illuminate research findings in order to determine the motivation for the religious growth and spiritual principles of a palliative care nurse.

Material and methods. To realize the purpose, the following academic research patterns were used: analysis, synthesis, and generalization. Solving research issues involved the methodology for diagnosing thinking course and main individual motives "Bookshelf". The methodology covers the basic features of a spiritual growth of nurses, including physiologic needs, security and assurance, love for neighbor, recognition and respect, self-actualization, spiritual self-improvement, service, wisdom, justice and religiousness. Nurses occupied indifferent fields of medical care, namely palliative and hospice, cooperated in the study.

Results. was established that the vast majority of respondents trust that the main routes of their thinking and beliefs about personal growth are contingent upon the level of corporeal needs, a sense of security and assurance, love, appreciation, and respect. At the same time, religiousness, justice and wisdom are inconsequential to most respondents. According to the survey, we concluded that nurses need meticulous work to actualize their spiritual growth to completely cooperate with palliative patients and establish ultimate friendly environment for their stay in a health management facility, hospice or home.

The activity of a palliative care nurse influences not only the performance of official duties but also the quality and duration of a patient's improvement process. The nursing working with palliative patients who need a spiritual approach during their stay in a health care facility at the close of their terrestrial days holds a pride of place. Despite the availability and growing body of relevant research, the development of the spiritual principles of the palliative nurse remains an open question. The professional action of a palliative care nurse is established a singular combination of