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# CONTENT

## HISTORICAL SCIENCES

**Bartov V.P.**

DEPENDENCE OF THE NUMBER OF  
PROTESTANT COMMUNITIES IN THE TULA  
REGION IN 1929-1945 FROM THE RELIGIOUS  
POLICY OF THE STATE ..... 3

**Kharlamov M.I.**

FIRE FIGHTING IN THE KHARKIV REGION IN  
THE FIRST HALF OF 1930s. .... 7

## PEDAGOGICAL SCIENCES

**Garas M.N.**

EXPERIENCE OF CREATING SCRIPTURES OF  
"VIRTUAL PATIENTS" IN THE  
IMPLEMENTATION OF THE PROBLEM-BASED  
TRAINING OF MEDICAL STUDENTS UNDER  
THE GRANT PROJECT TAME ERASMUS+ ... 12

**Kushchova T.O., Yakymenko S.I.**

THE VOICE READING AS A METHOD OF  
ADULT LEARNING IN A. M. TOPOROV'S  
EDUCATIONAL ACTIVITIES ..... 14

**Maltseva L.V.**

RUSSIANS IN THE CULTURAL CULTURE OF  
CUBAN COSSACKS ..... 20

**Navchuk H.I., Navchuk I.V., Shutak L.B.**

NATIONAL LINGUISTIC EDUCATION - NON-  
COMPREHENSIVE PROCESSING FORMING FOR  
THE FUTURE MEDICINE ..... 25

**Navchuk H.I., Navchuk I.V., Shutak L.B.**

LINGUISTIC MEDICINE CULTURE – THE BASIS  
OF THE MEDICINE DEONTOLOGY ..... 28

**Plaksina I.V.**

ECOPSYCHOLOGICAL MODEL FOR  
FORMATION OF LEARNING ACTIVITY  
SUBJECT: TECHNOLOGIC ASPECT ..... 31

## PHILOLOGICAL SCIENCES

**Kolodiazhna K.**

PRAGMATICS OF TEASING AS A TYPE OF  
JOKING BEHAVIOUR ..... 38

**Bubnov D.**

DYNAMIC CHARACTERISTICS OF THE IRISH  
SPEECH BEHAVIOR ..... 44

**Lisovska A.O.**

TEMPORAL ORGANIZATION OF THE PRAYER  
TEXT IN ENGLISH FILM DISCOURSE ..... 48

**Suyunova G.S., Temerkhanova S.**

THE SYMBOL-BASED INTERPLAY IN THE  
NOMINATION PROCESS (BASED ON THE  
EXAMPLE OF PAVLODAR-RELATED  
URBONYMS) ..... 51

**Kharkova H.V.**

MELODIC PECULIARITIES OF VERBAL  
ENGLISH COMMAND IN THE SHIPPING  
DISOURSE ..... 55

**Cherkasova I.P.**

POETIC CONCEPT IN THE STRUCTURE OF THE  
AUTHOR'S AXIOLOGICAL SYSTEM ..... 61

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**МОВЛЕННЄВА КУЛЬТУРА МЕДИКА – ОСНОВА ЛІКАРСЬКОЇ ДЕОНТОЛОГІЇ**


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**Анотація**

У статті проаналізовано особливості усного (професійного та побутового) мовлення медиків. Визначено основні причини появи ятрогенії. З'ясовано значення слова у процесі професійної діяльності. Установлено особливості інтонаційного аспекту в процесі спілкування лікаря з пацієнтом. Узагальнено різні чинники, що сприяють діалогу медичних працівників та пацієнтів.

**Abstract**

The article analyzes the features of oral (professional and consumer) language of physicians. The main causes of iatrogenesis the same as word meaning in professional activity are determined. The author establishes features of intonation aspect in the process of communicating between a doctor and a patient. The article summarizes the various factors that contribute to the dialogue of health workers and patients.

**Ключові слова:** культура фахового мовлення, лікарська деонтологія, спілкування, слово лікаря.

**Keywords:** culture of professional language, medical ethics, communication, doctor's word.

Modern Ukrainian society, having adopted the Ukrainian language in the status of the state, aspires to a proper level of culture of official-business, scientific, industrial and social-speaking broadcasting.

From this point of view, the contemporary Ukrainian linguistics is relevant to the study of professional speech, in particular medical, a special functional type of literary language, which serves the professional sphere of communication.

The significance of the national professional language as a state-building, culturological, moral-psychological, patriotic and educational factor is actively investigated in the works of not only linguists (N. Babych, S. Yermolenko, H. Zolotukhina, N. Lytvynenko, L. Mats'ko, Z. Matsyuk, N. Misnyk, O. Serbens'koyi, S. Shevchuk, V. Yukala) but also scholars-philosophers, writers, cultural figures, politicians, etc.

Analysis of scientific sources (H. Zolotukhina, N. Lytvynenko, N. Misnyk, V. Yukala etc.) shows that functioning of the state language in the medical sector is considered both in the national-cultural and moral-

patriotic, and in the professional-clinical and professional-scientific planes, the latter of which requires in-depth study.

In accordance with the above, the purpose of our study was to study the peculiarities of oral (professional and everyday) speech of physicians, which is directly related to the professional-clinical aspect. The material for analysis was the expressions from the medical discourse in the communicative situations of the doctor – the patient, the patient – the doctor, and others.

It should be noted that communication in the professional-clinical field is conversations between colleagues and junior medical staff, dialogues with patients and their relatives, an attempt to create a favorable atmosphere of communication, using both speech and psychotherapeutic factors. The word of the physician should bring back the lost harmony with the world to those who need it because, as you know, the word art has unique healing, cognitive, educational opportunities. Therefore, the doctor should be guided by the principle: to treat a person, and not a disease. In addition, the word of the doctor is evidence of his mercy, sensitivity, general culture and education, and treatment is

an art that requires his developed intuition, harmony of mind and heart. These qualities will help you choose the best way to treat, its strategy and tactics.

It is not objectionable that the power of words plays a very important role in a relationship between a physician and a patient and acts magically. In a word, you can not only cause functional changes in the body, but also kill a person in the literal sense. The word may be of great psychological significance, and the word can cause a serious illness. A careful word can cause shortness of breath, cough, heartbeat, increased blood pressure, cold sweat, feeling sick, and so on. On the contrary, the word weighted and timely said gives confidence in successful treatment, because for the patient, in addition to the professional qualities, it is important to have the doctor's knowledge accessible and understandably to convey the necessary information, to convince him of the success of the course of treatment. Such communication should be effective, with minimal use of complicated and incomprehensible medical terminology for the patient, but at the same time affordable and appropriate.

The meaning of the word art in medicine was understood in the Middle Ages: then humanitarian education was a kind of permission for the doctor to practice. Throughout the ages, some methods have been forgotten, others have lost their significance, and the word, as an healing elixir, remains in the arsenal of the most effective therapeutic agents. It is hardly necessary to prove the respect and trust of patients to the doctor who has the method of verbal convincing. However, on the lips of a skilled doctor heals the word, on the lips of the impish - wounded. In this case, the word will no longer be psychotherapy, but its opposite –iatrogeny, which in translation from Greek means "a disease caused by a doctor."

The term "iatrogenia" began to be widely used in medical practice after the 1925 issue of the book "The Doctor as the Causes of Mental Disorders" was published by Bumke. He has a Greek origin: iatros (physician) and genes (origin) and means psychogenic disease, or neurosis, arising from the actions of the doctor, his behavior or words. At the beginning of the XX century. Swiss psychiatrist E. Bleiler noted that the disease may be aggravated, complicated or arising as a result of undiagnosed speech and thinking of a health worker, especially during a patient's examination when early signs of the disease are detected. Until the middle of XX century. under iatrogeny understood the diseases that arise as a result of the careless statements of a medical worker. Subsequently, iatrogenic began to call all the diseases that arise as a result of a medical error. In addition, the concept of "iatropathogeny" (yatropsihogeniya negative sign) appeared - this is not a short-term reaction of the patient to an incorrect, incorrect expression or action of the doctor, but a fixed neurotic disorder, which usually has real causes in the personality of the patient and the nature of the relationship with the doctor.

The negative effects of the doctor on the patient may have a wide pathogenetic range: from explicit iatrogenic (the effect caused mainly by the incorrect behavior of the doctor) to pseudodiagnosis (the effect is

mainly due to the inappropriate, subjective perception of the patient's behavior of the doctor). Lack of mutual respect and trust between doctor and patient, inability to listen to each other - these are the main causes of the appearance of iatrogenesis. Inappropriateness, intangibility, familiarity in the speech of the doctor, especially during the first meeting with the patient, is often the source of various diseases, including iatrogenesis. During the conversation with the patient, it is necessary to avoid unnecessary use of medical terminology, coarse, slang expressions. Even the most common terms in the presentation of the patient may be different, become ill. "Stenocardia", "heart noise", "asthenia", "hypertension", "vegetative-vascular dystonia" and other similar verbal definitions are perceived by the patient as threatening to his life. So, for example, the doctor-therapist told the patient that he had vegetative-vascular dystonia. This message caused a prolonged anxiety because the patient heard a conversation about the deceased who had such a diagnosis in the clinic from other patients. In the emergence of iatrogenic, the emotional state of a physician during communication with the patient is of special importance. He is responsible for ensuring that his irritation and problems are not passed on to the patient; he must also remember that if he loses self-control, ethical self-discipline, he will deeply affect the patient.

The human need for communication is one of the vital needs of each of us, especially during the illness. "Everyone knows what a magical healing effect can get a condescending word from the side of the doctor, and on the contrary, as sometimes a murderous action on the patient is a severe, cold sentence of a doctor who does not know or does not want to know the strength of his belief," remarked V.M. Bekhterev. The medical profession implies daily pain, fear from the side of patients, which is significantly softened and diminished, if alongside the sick sympathetic relatives, friends, and doctors. It is clear that communicating a patient with good, sensitive doctors, nurses, and relatives helps to establish an optimal understanding, a healing spiritual connection.

Art, talent of communication, word ethics need skills, a high level of culture, knowledge and effort. Communication with a doctor is a mutual dialogue between a doctor or any other healthcare worker and patient who carries enormous information about the physical and psychological state of those who speak. The peculiarities of the speech of the doctor, in particular, in the situation of the doctor - the patient, the doctor – the relatives of the patient, due primarily to the asymmetry of communication, is a conversation of unequal partners. The doctor flawlessly uses medical terminology, he raises questions, recommends, prohibits, warns about the possible consequences of violating his prescriptions, and so on. And although communication between a physician and a patient is a two-way dialogue, it is possible in its structure that the fragments of monologue broadcasting, which are most significant in volume, should be as close as possible to the patient: understandable, accessible, relevant and convincing.

Of course, the result of a doctor's communication with a patient is largely determined by the qualification

of the first one. For the most part, the lower the qualification of the doctor, the less he communicates with the patient, examines it by physical methods, more often assigns analyzes, X-rays and other types of examinations.

But the word reflects not only the grammatical level of the doctor. The patient can repel, scare even the pace, the height of the sound of the voice, intonation, which is sometimes called the soul of the word. Intonation can change the meaning of one and the same word, that is, to make either a positive or a negative effect. She can cheer up, become a "shield and a balm for wounds," or, conversely, destroy, quash all expectations. Moreover, the intonation of the speech of the doctor, as well as the actor, must be consistent with his expression of the face, gestures. Also, the doctor should always have the normal speed of the conversation, but so that its acceleration was not perceived by the patient as a haste, and slowdown – as indifference.

The doctor can talk competently, but in a voice that sounds rough, with a shaking intonation, difficult to perceive diction, with meaningless accents, intermittent volume of the sound of a word. But in general it turns out that they did not hear and understand it.

Evidence of the high culture and professionalism of each doctor is the relevance of his speech, that is, the correspondence of the said situation of communication.

All this must be borne in mind when talking to the patient. So, when reporting a diagnosis, it is advisable for the physician to speak a simple, understandable language and to remember that some terms have, in parallels, a malignant, overwhelming tint and therefore are undesirable. For example, if the patient with anxiety asks: "Do I have asthma?" – it is clear that this term means for him an incurable illness with flour. An experienced doctor, having noticed, will answer: "No. You have a bronchitis with an asthmatic component. "The difference between these diseases is not that great, and the treatment is almost the same, but this response will be much easier to take. It is better to say a heart attack than a coronary artery thrombosis; tumors better than cancer; high blood pressure is better than hypertension. These words are not only softer but also more understandable. On this occasion, the famous English surgeon Kelnan wrote: "At any cost, dear colleagues, avoid diagnoses that fuel fear." So, the sick, of course, can claim that he wants to know the whole truth, but soften the truth to mercy - that's a decent practice.

Of particular content and intonation interest are such short and expressive words as "yes" and "no". Sometimes they contain a shallow and not always open content, so you do not have to abuse them. Scientists have found that these particles have a so-called "burning psychological effect". A brief, unambiguous answer from the expert's mouth always sounds sharp. Therefore, the doctor, responding to the patient "yes" or "no", should develop the thought further, that is, to continue the sentence, in order to avoid the formation of two-sided nature of the thoughts of the patient: about doom or hope, or even confidence in today's or tomorrow's recovery or death.

Indicator of ignorance and unculture is the sharp tone of the doctor, cry, rude, impotent attitude towards

the patients, their relatives and relatives. Such an unethical, immoral behavior of the physician can not be justified by any objective reasons, it causes a psychiatric trauma to the patient and causes fair complaints and indignation.

The manifestation of such a non-tactful behavior is gross, offensive, unpardonable remarks, for example: "do not talk nonsense", "nonsense", "nonsense", "revision", "dreams of the gray mare", "enough, have pity!". Humic replicas include such as: "You are dirty like a pig", "which you are hurting" (to a child). It should be noted that cynicism and rudeness acquire a particularly destructive force in the mouth of a pediatrician.

Roughness that degrades the human dignity of the patient may be the last drop of grief, lead to conflict, dramatic consequences. The carelessness of the doctor generates a protest, hostility, and hatred of the patient and his relatives even before he manages his talent. In this respect seem appropriate words V. Sukhomlynsky: "Evil, inappropriate, tactless, just a meaningless word can offend excite people."

So not to offend nor excite patients and their relatives, doctors should be discarded from your vocabulary evil inappropriate, tactless, just meaningless words. The patient should see his doctor cheerful, with frank sympathy, the desire to help.

Medical personnel should never be spoken in slang-rude words "our patient", "not our sick", "interesting patient", "uninteresting patient" or "ambulance brought some stomachs." The nurse before the injection, looking over the patient's hand, shouts: "You do not have veins!" - "And where are they?" - the patient asks with fear. Does the consultant bypassing: "There is no spleen", etc. Such expressions increase the feeling of fear, anxiety of the patient and can be a source of iatrogenesis.

Violating the question of the culture of laughter and jokes of the doctor, we note that, unfortunately, there is no unanimous opinion on them, unambiguous solution. Some believe that laughter and hospital are incompatible concepts. In many surgical clinics above the entrance door, the words written by Horace are written: "In the presence of the patient, let the conversations stop and the laughter is ridiculous, because over the whole of the disease is dominated." However, the words of Philip Chesterfield, given by him in "Letters to a Son," can be addressed to a doctor or student of the Medical University: "And if I have already started talking about laughter, you should especially warn: I would very much like people to often see a smile on your face doctor, but have never heard you laugh".

However, humor in the mouths of people who do not know how to use it - dangerous weapons, and in communicating with the sick jokes or jokes, if they are unnatural, are not reasonable. For example, the expressions for patients such as "Older, old lady - and enough" are unacceptable; "Are you so afraid of death?"; "Do not worry, the show will show"; "Everything is clear, like in a morgue"; "Hard in the treatment, easy in the coffin"; "Calm, like the pulse of the deceased". Invaders are proverb proverbs: "Two do not die, but not one to miss"; "On the horse that was treated, far away will not go away." The given jokes cause in all cases a

negative reaction of the patient and his relatives. It's vulgar familiarity and a cheap way to get popular.

The doctor should not forget that the slightest ambiguity in the speech can injure the patient. For example, the masseur's appeal to the patient during the preparation of the massage: "Stretch your legs" (instead of "Straighten legs"). And what are the sayings like: "Come on, mum! Now we'll take off your head, "" It looks like a tumor, "and so on. All these inaccuracies, "trifles" can become the source of iatrogeny, which is the result of speech illiteracy of the doctor.

To prevent this phenomenon, future physicians from a student's lava should be educated with caution in dealing with the word and the ability to use it in the interests of the patient. Of great significance is the awareness of the role of the state language in the literary version of the administrative and scientific medical elite, not only as a moral patriot factor, but also as a state-building, national and social consolidation factor.

The foregoing allows us to conclude that the study of the peculiarities of oral (professional and everyday) speech of physicians helps in solving general problems of language culture, in particular professional, contributes to the study of many specific issues of stylistics, lexicology, and grammar. In the long run, it can be the basis for practical recommendations to doctors on normative usage.

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### ЭКОПСИХОЛОГИЧЕСКАЯ МОДЕЛЬ СТАНОВЛЕНИЯ СУБЪЕКТА УЧЕБНОЙ ДЕЯТЕЛЬНОСТИ: ТЕХНОЛОГИЧЕСКИЙ АСПЕКТ

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### ECOPSYCHOLOGICAL MODEL FOR FORMATION OF LEARNING ACTIVITY SUBJECT: TECHNOLOGIC ASPECT

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#### Аннотация

Содержание статьи описывает результаты пилотажного исследования, направленного на установление степени сформированности субъектности учащихся разных возрастов. В статье представлены результаты, полученные с помощью экспериментальной методики, позволяющей оценить уровни сформированности субъектных качеств в соответствии с этапами экопсихологической модели. Полученные результаты обосновывают применение онтологической экопсихологической модели поэтапного становления субъекта учебной деятельности. Представлен технологический аспект становления субъектности, позволяющий использовать учебный материал как средство формирования субъектных качеств обучающегося.

#### Abstract

Content of the article describes results of pilot survey, aimed to define degree of formation of learners' subjectness in different ages. Article represents results obtained by means of experimental method allowing evaluation of subject qualities formation level in correspondence to stages of ecopsychological model. Obtained results substantiate usage of ontological ecopsychological model for step-by-step formation of the learning activity subject. Technological approach for subjectness formation, allowing usage of learning materials as a mean for formation of learner's subject qualities, is represented.