



## FEATURES OF THE COMMUNICATIVE COMPETENCE OF THE FUTURE DOCTOR

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<p><b>Received:</b> August 14<sup>th</sup> 2021 <b>Accepted:</b> September 17<sup>th</sup> 2021 <b>Published:</b> October 23<sup>rd</sup> 2021</p>	<p>Communicative competence is an important part of professional training of subject-subject type of activity to which it belongs and the medical profession. In the context of modern medical education to improve the problem of finding psychologically based direction of the communicative competence of medical students appears to be very relevant. The better formed, the future of doctors is professionally important qualities, the better his communication with patients.</p>
<p><b>Keywords:</b> Medical Education, Communicative Competence, Future Doctor, Profession, Communication With The Patient</p>	

### INTRODUCTION.

In the most general form, the communicative competence of a doctor can be characterized as a certain level of formation of interpersonal and professional experience of interaction with others, which is necessary for an individual to successfully function in the professional sphere and society. It follows from this definition that communicative competence depends not only on the individual's inherent properties, but also on the changes taking place in society (the healthcare system, in particular), and the social mobility of the medical specialist himself associated with these changes.

The first of these components is traditionally given significant attention, which has recently been confirmed by the implementation of the concept of continuing medical education in the country, but the problem of the methodology of psychological and archeological support of the doctor's personality at all stages of his professional development is, unfortunately, poorly developed.

### LITERATURE ANALYSIS AND METHODOLOGY.

As you know, professional medical activity has a number of specific features. On the one hand, it is characterized by the fact that a high frequency of interpersonal contacts when communicating with patients and their relatives occupies an essential place in it (S.L.Solovyova et al., 1994; L.A.Tsvetkova, 1994; M.M.Kabanov, 1995). On the other hand, the work of a doctor is associated with psycho-emotional overload, a

high degree of tension, and the need to make decisions in conditions of time scarcity. Its success is determined not only, and not so much by the actual professional knowledge and skills, as by the ability to implement them in their activities through the development of professional qualities of the individual (L.I.Wasserman et al., 1997; V.P.Dubrova, 2000; L.P.Rvantsev, 2002; B.A.YAsyso, 2005; A.I.Kipiani, 2006; T.V.Konstantinova, 2006, A.B.Donika, 2010, etc.), and its effectiveness is difficult to assess unambiguously. In the works devoted to the analysis of the main signs by which patients assess the level of qualification of a doctor, it is noted that the indicator "attitude to patients" is put forward in the first place, "results of treatment of patients" in the second place, then work experience, patient reviews, personal qualities of a doctor (decency, diligence, politeness, etc.). Such an indicator as a doctor's education (including the depth of specialization) was in seventh place among the listed signs (A.V.Reshetnikov, 2003).

Implementation of paragraph 5 of the Program of measures to implement the Concept of Health System Development of the Republic of Uzbekistan for 2019-2025, approved by the Decree of the President of the Republic of Uzbekistan dated December 7, 2018 No 5590 "On comprehensive measures to radically improve the health system of the Republic of Uzbekistan" In accordance with the order of the Minister of Health of the Republic of Uzbekistan dated July 17, 2019 No. 161, the "Code of Ethics for Medical Workers" was approved [4].



## **DISCUSSION.**

The first and main sign of the communicative competence of a person who has begun to think in a new way is his conviction that communicative competence is not just an individual quality, but a certain state of consciousness of people striving to understand each other.

The communicative culture of a doctor also assumes that he has certain professional views and beliefs, an attitude to an emotionally positive attitude towards the patient, regardless of his personal qualities, and a whole complex of communication skills and abilities necessary for a doctor for medical interaction (building a therapeutic alliance with a patient) [6, p. 56].

The communicative competence of the doctor, correlating with the psychological effect of treatment, is manifested:

in the positive direction of interactions and the absence of ignoring reactions;

a high level of empathy and self-esteem;

in relation to another person as a value, as an active participant in interaction.

Modern practical medicine expands its field of view: the patient is no longer just a carrier of some diseased organ, he must be considered and treated as a person as a whole, since "the disease is a consequence of the improper development of relations between the individual and the social structures in which he is included" [1].

The communicative competence of the doctor, which underlies the establishment of a therapeutic alliance with the patient, allows:

to better recognize and respond more correctly to verbal and nonverbal signs of patients and extract more information from them;

it is more effective to carry out diagnostics, since it depends, among other things, on the ability of the doctor to identify those symptoms, the causes of which may have a psychological or social nature;

seek the patient's approval of the treatment plan, since studies have shown that the training of communication skills has a positive effect on the patient's consent to take the prescribed medication;

to influence various forms of disease reflection, activate compensatory mechanisms, increase the psychosomatic potential of the patient's personality, help him to reconnect with the world, overcome the so-called learned or trained helplessness, destroy stereotypes formed by the disease, and create patterns of healthy response [3].

All the above gives reason to say that in the process of studying at a medical university, the positive personal qualities of a future doctor should, if possible, be brought to perfection, and continuous psychological education should be considered the most

important factor determining the effectiveness of this process. This education is a combination of professional knowledge, skills, skills and personal qualities, which is the basis of readiness the future doctor should be aware of the functions of medical work, professional position, choose the best ways of activity, correlate their capabilities with overcoming difficulties that arise when solving professional tasks and achieving results.

Thus, the communicative competence of a doctor is one of the important professional qualities. The ability to communicate provides mutual understanding, trust in the relationship between the doctor and the patient, forms a comfortable psychological environment that increases the effectiveness of treatment. A modern doctor should be able to create and maintain relationships that are therapeutically and ethically correct, use effective listening skills, request and provide information, and work effectively as a member or leader of a healthcare team. According to the latest ideas, professional competence is the habitual and judicious use of sociability, knowledge, technical skills, clinical thinking, empathy, values and reflection in the daily practice of a doctor [5, p. 23].

## **RESULTS.**

Therefore, an essential place in the psychological training of a future doctor should be occupied by:

formation of a psychological anthropocentric worldview and a sufficient level of communicative culture in a medical student;

the development of ideas that any human activity, and the activity of a doctor, is primarily regulated by certain values, which are one of the central components of the worldview;

formation of the "I-concept" of a medical specialist and positive self-esteem;

development of a high level of empathy, "clinical thinking" and a professional position that ensures personality-centered medical interaction, which is based on awareness of one's self-worth and the value of another person, attitude to the patient as an active participant in the treatment process) [7, p. 59].

## **CONCLUSION.**

Among the professions, the medical profession, the medical profession is the most delicate. Because they work directly on human health and destiny. Consequently, we see that these two aspects of speech culture or speech etiquette are closely intertwined. Indirectly let us remember the essence of the concept of etiquette. Behavior in a polite society, in dealing with people; moral education and its norms.



The speech we are referring to is, of course, related to enlightenment, spirituality, and, of course, the science of medicine. The concept of etiquette is explained by morality, upbringing, its norms. In this sense, the above considerations are important concepts that reflect the attitude of medical professionals towards the profession, ethics, as well as the different relationships between physicians and patients. At their core is the deontology of medicine. Of course, medical deontology is the science of the duty and ethics of medical staff and is a spiritual and ideological guide for doctors, nurses and junior medical staff.

Based on this, there is a request from modern society to study the psychological components of the professional competencies of the future doctor, necessary for him to form compliance in the process of therapeutic cooperation, and first of all, such components include communicative competence.

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