

ПРОБЛЕМЫ ВЫСШЕЙ ШКОЛЫ

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Contemporary Medical and Pedagogical Discourse

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The article aims to consider medical and pedagogical discourse as a special type of institutional discourse realized at higher medical educational establishments. The basic characteristics of medical and pedagogical discourse and the forms of its participants' interactions are analyzed.

Keywords: medical discourse, pedagogical discourse, basic characteristics of discourse, professional communication.

Современный медико-педагогический дискурс

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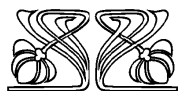
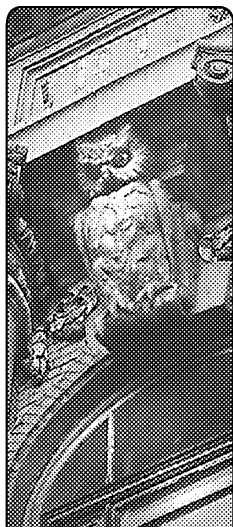
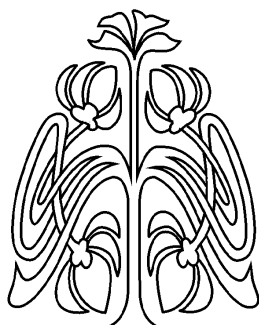
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В статье рассматривается медико-педагогический дискурс как особый тип институционального дискурса, осуществляемого в высших медицинских образовательных заведениях, дается анализ его основных особенностей и форм взаимодействия участников коммуникативного процесса.

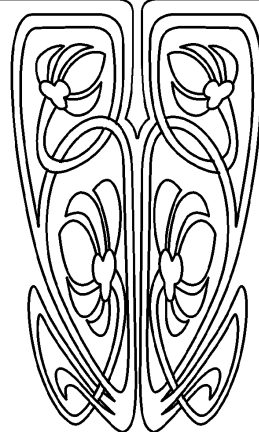
Ключевые слова: медицинский дискурс, педагогический дискурс, основные особенности дискурса, профессиональная коммуникация.

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The polysemic term-notion “discourse” is widely used in humanitarian sciences and takes one of the central places in the system of most significant notions of modern linguistics. Since its appearance in West-European linguistics in 60s–70s of the 20th century, the notion “discourse” has been actively used from mid-70s when the development of speech pragmatics, interest to speech practices and subjective aspect of speech, general orientation to integration of humanitarian investigations became the basic scientific tendencies.



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Theoretical considerations

A number of scientists believe that the priority in application of “discourse” as a linguistic term belongs to E. Benveniste, others – to E. Buysens and Z. Harris, some scientists – to T. van Daele. E. Benveniste gave the notion “discourse” its terminological meaning having designated it as speech appropriated by the speaking person. He opposed discourse with objective narration. E. Buysens understood discourse as combinations by means of which realization the subject of speech uses the code of the language.

Being a polysemic notion, discourse has more than once been the matter of polemics and had contradictory interpretations. P. Seriot enumerates 8 ways of understanding among which there are interpretations given by E. Benveniste and E. Buysens:

- 1) an equivalent of the notion “speech” (according to F. Saussure), i.e. any concrete statement;
- 2) a unit which size exceeds a phrase;
- 3) the effect of the statement onto its recipient with regard to the situation of the statement;
- 4) a conversation as the basic type of statements;
- 5) speech from the speaking person’s position in contrast to narration which does not take such a position into consideration (according to E. Benveniste);
- 6) the use of linguistic units, their actualization in speech;
- 7) a socially or ideologically limited type of statements, e.g. feminist discourse;
- 8) a theoretical construct assigned for investigations of conditions of text production [1].

Speaking on the polysemicity of the term “discourse” T. M. Nikolaeva emphasizes five most significant meanings: 1) a coherent text; 2) an oral-colloquial form of the text; 3) a dialogue; 4) a group of statements which are connected with each other by sense; 5) a speech product as a real fact – written or oral [2].

The “Linguistic Encyclopedic Dictionary” (LED) gives the following definition of discourse: “Discourse (from French “discours” – speech) is a coherent text in combination with extralinguistic, pragmatic, sociocultural, psychological and other factors; a text taken in an eventual aspect; speech regarded as a purposeful social action, as a component participating in interactions of people and mechanisms of their consciousness (cognitive processes). Discourse is speech “submerged into life” [3, p. 136–137]. This definition, which to a great extent corresponds to interpretations of P. Seriot and ideas of T. van Daele, has been widely used in modernistics. The authors of the “Experimental Systemic Dictionary of Stylistic Terms” define discourse in a similar manner, as “a sequence of acts of speech which form a coherent text submerged into the extralinguistic context” [4, p. 69]. The main parameters of this definition recognized by most

scientists, for example, Yu. S. Stepanov, E. V. Paducheva, T. van Daele, V. I. Karasik, M. L. Makarov, V. V. Krasnykh, K. F. Sedov, and others are marked in the study of I. A. Ivanchuk [5, p. 72] and include:

- a socioactive character of discourse;
- the connection between linguistic and extralinguistic factors at its functioning;
- its cognitive nature;
- a variety of communicative manifestations.

Discussion

Investigators of discourse distinguish various types of discourses. Considering discourse as a type of status-fixed communication, they oppose person-oriented discourse to status-oriented discourse. “In the first case the intercourse takes place between participants-communicants who know each other well, disclose their internal world to each other; in the second case the intercourse comes down to a dialogue between representatives of this or that social group. It is an institutional communication, interaction of institutions’ representatives with each other, with people who realize their status-role possibilities within the framework of the developed social institutions” [6, p. 277]. Different types of institutional discourse are characterized by a specific proportion of correlations between components of personal and status-oriented communication [7]. For instance, pedagogical or medical discourses include more elements of personal communication than political or scientific discourses [8].

Types of institutional discourse may vary depending on changing social institutions [9]. Being historically changeable, they may fuse with each other or appear as varieties within this or that type. Rapid change of discursive genres, characteristic for present time, makes the boundaries between the varieties of institutional discourse highly conditional.

Our study is focused on consideration of medico-pedagogical discourse (which is distinguished among other discourses: scientific, pedagogical, teaching, upbringing, educational, linguodidactic, medical, religious, businesslike, juridical, political) as one of contemporary types of discourse which has characteristics of institutional discourse by its form, and those of person-oriented discourse by its content.

Training of medical specialists in contemporary conditions necessitates installation of innovation technologies aimed to optimize supervising and intellectual resources into the academic process [10]. This is the reason to center the interest on investigation of peculiarities of medico-pedagogical discourse.

Medico-pedagogical discourse represents a particularly specialized variety of communication which takes place in strict correspondence with the laws and accepted norms of the given institutional discourse.



Medico-pedagogical discourse refers to the mixed type of institutional discourse and implies the study of peculiarities of professional communicative interactions between students and teachers in the process of higher medical education.

In the general context of the contemporary situation in Russia, medicine occupies a special place. Its specificity manifests in unprecedented social claiming, in focusing on the development and installation of new technologies, improvement of the level of medical workers' training and provision of their professional mobility. Contemporary life realities dictate the necessity in a joint work of specialists of different branches of science.

The competence approach, which dominates in the Russian educational system, makes it possible to provide timely and proper coordination of professional activities, and contributes to gaining deep fundamental and special occupational knowledge, elevation of physicians' general cultural and communicative background based on the interaction of communicative, ethic and deontological norms of behavior. It is a good mastery of the language that permits young specialists to efficiently integrate into their professional activities, and that determines their civic positions and duties. Any professional risks may be skillfully eliminated thanks to the appropriate speech practice and communicative initiative of a physician.

During the last decades, the theory of medical discourse has been actively developing in the works of Russian linguists (V. I. Karasik, L. S. Beilinson, V. V. Zhura, L. M. Alekseeva, S. L. Mishlanova and others). Pedagogical discourse has also been actively studied by Russian researchers (V. I. Karasik, A. K. Mikhalskaya, N. V. Ezhova, Zh. V. Milovanova, etc.).

The authors of this article focus their attention on communicative, sociolinguistic and pragmatic characteristics of medico-pedagogical discourse of higher medical schools, which is specified by the purpose and situation of communication.

The urgency of the problem is associated with a number of reasons:

- investigation of the discourse is one of the most rapidly developing scientific directions of communicative linguistics;

- the study of medico-pedagogical discourse, which represents a combination of two mostly important institutional discourses – medical and pedagogical, is necessary for raising the level of communicative training of medical specialists, as well as for optimizing their professional activities [11, 12].

The theory of medico-pedagogical discourse develops the themes of a steady progress in medicine, which provide future doctors with scientific and practical knowledge of social-psychological, cultural-educational and communicative fundamentals of the contemporary society. In these circumstances professional communication becomes a compulsory constituent of the educational process in higher medical schools.

Medico-pedagogical discourse is a complex dynamic system which functions in educational space of higher medical schools in accordance with strictly established rules. This type of discourse fulfills the following functions:

- 1) consecutive translation of professional and scientific experiences accumulated in the educational process at the higher school;

- 2) purposeful transmission of historical-cultural traditions to the students.

Medico-pedagogical discourse is characterized by specific features: it is dynamic, social, integrative, personal, dialogous, contextual, intentional; it is oriented on the human values; it is mobile and its borders are open in regard to other institutional discourses.

By its organization, medico-pedagogical discourse is a heterogeneous formation possessing the qualities of both medical and pedagogical discourses. This type of discourse is characterized by specific genre diversity, certain representation of social roles of permanent participants, numerous communication techniques, and a well-developed apparatus of branch terminology [13].

Among conceptually significant theories concerning the content of the notion "discourse", the following approaches are emphasized:

- discourse as a text which is realized in certain conditions with regard to a complex of extralinguistic parameters;

- discourse as a communication process which is realized in various communicative practices;

- discourse as a type of speech communication;

- discourse as a form of conversational speech which maximally deviates from a grammatically and logically standard text.

Within the framework of educational process at higher medical and pharmaceutical establishments, medico-pedagogical discourse is understood as a special type of speech communication. Besides, this discourse appears to be a complex communication phenomenon which reflects the dynamics of the use of the language as the instrument of profile pedagogical and professional interactions [14].

Medico-pedagogical discourse performs certain functions, has its own structure and a complex of principally significant characteristic features. This type of institutional discourse is of a diffuse nature and represents a phenomenon which is connected with pedagogical activities and professional communication.

The basic purpose of medico-pedagogical discourse is training of highly qualified specialists in the sphere of health care, formation of all key competences contributing to full-fledged socialization of medical specialists in the society, their personal and career development [15].

During the educational process at higher schools, professor-teaching staff makes all necessary efforts so that each student could be able to gain and comprehend (successively, in the form acceptable for com-



prehension, in strict accordance with training programs for certain academic disciplines) the required knowledge, to determine his/her own intellectual potential and creative capacities which make it possible to practically realize his/her capabilities and obtain the skills of efficient communication [16].

The main participants of medico-pedagogical discourse are teaching personnel of higher educational establishments (academicians, professors, assistant professors, senior teachers, assistants) and various groups of trainees (students, interns, residents, post-graduates, audience of the courses of professional and advanced training). The places where medico-pedagogical discourse is realized at higher medical schools are lecture halls, rooms for practical and laboratory classes, computerized and training rooms, and clinical bases of the universities.

The content of medico-pedagogical discourse is reflected in pedagogical interactions between teachers and trainees during classes, consultations, scientific conferences, and students' pedagogical and occupational practice. Besides, medico-pedagogical discourse includes educational work with students carried out not only at the territory of the higher school but also in cultural-educational establishments of the city [17, 18].

Medico-pedagogical discourse is specified by organic combination of all types and means of interactions between participants of the pedagogical process (didactic, social-pedagogical, educational, intercultural, interpersonal, etc.), which contributes to professional formation and development of the future specialist's personality. In medico-pedagogical discourse the profile pedagogical interaction has various forms:

- 1) individual (between the teacher and the student);
- 2) social-psychological (between the teacher and the group or a number of groups of students, the stream, the course or the entire faculty);
- 3) integral (educational work carried out by teachers of the university, tutors of students' groups, students themselves within the framework of measures carried out not only by the medical university but also by other educational and cultural-educational centers of the city and region).

The central place in the academic-pedagogical process is occupied by the pedagogy of cooperation which permits to master spiritual and intellectual demands of all participants of communication. This type of interaction contributes not only to the development and formation of students' personality but also to the continuous professional upgrading of teachers as well as to their creative activities.

The abilities to interact with various social micro- and macro-groups of people, to produce influence on the audience and to eliminate communicative risks directly depend on the skills of the teacher to successfully use communication technologies.

The language serves a universal means of communication. An experienced teacher possessing

speech and rhetorical skills freely and fluently is capable not just to transmit knowledge but also to form communicative competence in students. Various disciplines and profile directions of education in the higher medical school necessitate teachers to apply a specific set of communicative techniques. The key communicative varieties of medico-pedagogical discourse are narration, explanation, discussion with giving examples, arguments, evidences, critical comments.

In accordance with the National Educational Standards, teachers of higher schools must systematically carry out linguistic training of graduates of medical universities, the lack of which makes it impossible for future medical workers to perform their professional activities. At V. I. Razumovsky Saratov State Medical University this task is fulfilled by the Department of Pedagogy, educational technologies and professional communication of the Institute of Supplemental Professional Education.

Communicative approach implies investigation of medico-pedagogical discourse as a unified text realized in the educational space of the higher medical school [19, 20]. It is characteristic for this type of discourse to be individually and personally oriented.

Special attention should be paid to realization of means of maintaining the contact in conditions of medico-pedagogical discourse.

Creation of a favorable atmosphere of pedagogical communication may be achieved by appropriate use of speech etiquette units. Traditional forms to start the conversation, mutual greetings, sincere willingness to communicate can really set the necessary and desirable tone of the further on conversation. The ability of the teacher to find an appropriate form of contact-establishing means, his manner to communicate with students and to raise their interest to the academic theme to be discussed is the index of the teacher's speech mastery.

The question-answer form of communication makes it possible to maintain students' attention. Humor and play on words not only make it easier to converse decreasing the emotional tension, but also perform the function of the contact establishment and maintenance.

The contact may also be maintained with the help of paralinguistic characteristics of the text produced. Changes in the teacher's voice volume, timbre and speed also make it possible to maintain or return attention of the audience.

Non-verbal means, such as mimics and gestures, also fulfill the function of the contact maintenance and are effective in various situations of pedagogical communication. These means prove to be especially efficient in case of addressing to the "deaf" students.

The most significant part of the lesson is presentation of the new material. This presentation or explanation takes place in the form of a dialogue. In order to provide productive students' activities, the teacher should make them acquainted with the



type of the lesson, determine the aims and tasks of the lesson and choose the method of explanation appropriate to the peculiarities of the theme to be presented.

It is well known that listening to lectures is a complex psychological process. Even if the students' task is just to put down a summary of the lecture, they must understand the teacher's words, emphasize the main issues and evaluate their significance, formulate in short their own thoughts and write them down – that is, the students have to re-structure and re-construct the text comprehended by hearing. At the same time, they have to listen to and comprehend further teacher's narration. Unfortunately, students are not capable to fulfill this complex task. That is why it is useful for the teacher to attract students' attention to the key moments of the lecture material. Best of all it may be done through the dialogue.

The dialogous form of medico-pedagogical discourse may be successfully realized by the following basic means:

1) presentation of the academic material with maximal application of visual aids in order to avoid divergence between theory and practice;

2) supplementation of the lesson material with the teacher's own comments based on his practical experiences;

3) use of various types of dialogous communication, including question-answer forms of narration;

4) alteration of forms of educational activities;

5) attraction of inter-disciplinary links;

6) giving the students the opportunity to express their own points of view, and to prove or reject these viewpoints in the process of discussion.

Conclusion

Thus, medico-pedagogical discourse appears to be an objective-purposeful activity in which the content of each form of communication (lectures, practical classes, seminars, consultations, laboratory works, etc.) depends on the basic communicative intention of the speaker as well as on the expected result.

Comprehensive investigation of medico-pedagogical discourse and a wide-scale complex of communication practices will make a significant contribution to formation of competent and competitive specialists of the international level in the sphere of health protection.

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