

## DEVELOPING COMMUNICATIVE COMPETENCE OF MEDICAL STUDENTS

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Communicative competence, as it has been outlined so far, has recently been criticized by a number of writers because it models itself on educated native speakers and takes their communicative competence as the ultimate goal of foreign language learning. This is problematic for a number of reasons. Firstly, there is the difficulty of defining native speaker norms 'in a time of large-scale migrations, cross-national and cross-cultural encounters, and increasing linguistic and pragmatic differences among speakers of the same language'. Even if we are able to agree on what constitutes native speaker competence, many question how appropriate this model is to learners, both because it sets the impossible target of becoming like a native speaker, something which could potentially de-motivate learners and which devalues the social identity and competences they have developed within their own culture, and because the communicative needs of non-native speakers are very different from native speakers existing in a particular speech community and vary according to the social context in which they wish to operate. The example given in vignette just proves that such non-linguistic factors as mentality norms, speech etiquette, history, culture impact on the speech greatly. One should take into consideration the above mentioned factors if he do wants to make his utterance clear and up to his expectations.

I would like to give an interesting example that happened in my life not a long time ago. A student of mine who was from Namangan was once a witness of how two women spoke in a dialect. While talking one of them said a phrase as "Kop ham diqqat bo'lavermang!". In English it can be translated as "Don't be **attention!**" Pay attention not attentive but "**attention**". My student was nearly astonished out of surprise. The following day he came to me to ask about the situation. I explained that when we look at the sentence from grammatical or linguistic point of views, the sentence itself sounds incorrect. But in a dialect we can often run into such phrases or set expressions in English. So, if we don't pay attention to non-linguistic factors, mentality norms, speech etiquette, history, culture may impact on our speech and it may result in strange and even funny situations.

I work at Andijan State Medical Institute and I work with different faculties such as Pediatrics, Therapy, Pharmacy and others. I also teach residents of Master's degree of different medical directions of education. We have different topics and themes in our thematic curriculum and I do my best to make my lessons interesting and effective. With my students of the faculty pharmacy we mostly work on the medical preparations, their translations. Once, I was going to talk about how penicillin was discovered by Alexander Fleming and I brought a plate and a bowl to my lesson and told some of my students to bring some old bread. The lesson began and I put that plate on the table in the middle of the room so everyone could see it. Then I asked the students who brought old bread to put it on the plate. Then I closed it with a bowl. Students were surprised and asked why we were doing that. I distributed my students handouts with the text about the discovery of penicillin and asked one of the students to act Alexander Fleming and another student to be his assistant. Students read the text themselves for 3 minutes and our "actors" were ready to act. They acted so well that I asked everybody liked it much. After the dialogue I made a short presentation on how Alexander Fleming discovered penicillin by a chance and how useful this discovery is even today. Then we had a group discussion, students





shared their knowledge on antibiotics, their usage and advantages. To sum up I can say that having nontraditional class with presentations, debates, discussions where each student has the right to speak and give his opinion provides an effective class.

While having classes with my residents they translate their working program of their scientific paper. Once, a student of mine who studies in the educational direction of Pediatrics was working on her translations of the program. There was a term like “Kyrofelonoshophobia”- a disease of children. This disease is called a kyrofelonoshophobia because some children have phobia for watching these kind of cartoons, especially the characters that do not exist in real life. Actually this word means “to rule” but most of us know it as series of cartoons made by Japan. One term that is used as a type of disease is understood as a well-known cartoon name. So we can see that each element in a language makes references to its meanings in the social context.

Linguistic competence is the ability to apply grammatical, lexical, syntactical and stylistic rules in a certain sentence correctly by which the hearer understands form and semantics.

As I teach with ESP students that study in the field of Sanitary, I often have to work with different terms. Giving a text full of difficult terms and making the students just to translate it sounds quite boring. It is boring in its sense as well. So in order to avoid monotone, traditional grammar-translational classes, I try to find as much authentic materials as possible. Audio tracks, video presentations on various topics raise the efficiency of my classes. Moreover, different discussions and debates on how to follow the sanitary rules prevent different diseases by ordinary sanitary norms make our classes alive. Of course I am not a medical personnel or a doctor and I don't claim to be one. But I am a constructor who directs them to learn and make researches in the field they are interested in by the means of a foreign language.

## List of used literatures

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