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NAS RK is pleased to announce that Bulletin of NAS RK scientific journal has been accepted for indexing in the Emerging Sources Citation Index, a new edition of Web of Science. Content in this index is under consideration by Clarivate Analytics to be accepted in the Science Citation Index Expanded, the Social Sciences Citation Index, and the Arts & Humanities Citation Index. The quality and depth of content Web of Science offers to researchers, authors, publishers, and institutions sets it apart from other research databases. The inclusion of Bulletin of NAS RK in the Emerging Sources Citation Index demonstrates our dedication to providing the most relevant and influential multidiscipline content to our community.

Қазақстан Республикасы Ұлттық ғылым академиясы "ҚР ҰҒА Хабаршысы" ғылыми журналының Web of Science-тің жаңаланған нұсқасы Emerging Sources Citation Index-те индекстелуге қабылданғанын хабарлайды. Бұл индекстелу барысында Clarivate Analytics компаниясы журналды одан әрі the Science Citation Index Expanded, the Social Sciences Citation Index және the Arts & Humanities Citation Index-ке қабылдау мәселесін қарастыруда. Web of Science зерттеушілер, авторлар, баспашылар мен мекемелерге контент тереңдігі мен сапасын ұсынады. ҚР ҰҒА Хабаршысының Emerging Sources Citation Index-ке енуі біздің қоғамдастық үшін ең өзекті және беделді мультидисциплинарлы контентке адалдығымызды білдіреді.

НАН РК сообщает, что научный журнал «Вестник НАН РК» был принят для индексирования в Emerging Sources Citation Index, обновленной версии Web of Science. Содержание в этом индексировании находится в стадии рассмотрения компанией Clarivate Analytics для дальнейшего принятия журнала в the Science Citation Index Expanded, the Social Sciences Citation Index и the Arts & Humanities Citation Index. Web of Science предлагает качество и глубину контента для исследователей, авторов, издателей и учреждений. Включение Вестника НАН РК в Emerging Sources Citation Index демонстрирует нашу приверженность к наиболее актуальному и влиятельному мультидисциплинарному контенту для нашего сообщества.

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S. A. Azhayev, I. A. Ishigov, B. T. TastemirovaInternational Kazakh-Turkish University named after H. A. Yassawi
Faculty of medicine, Turkestan, Republic of Kazakhstan**THE CULTURE OF SPEECH
IN THE MEDICAL EDUCATIONAL SYSTEM**

Abstract. The paper considers the state of the speech culture of medical students of the third class of study in practical classes in private histology. The following empirical methods of scientific and pedagogical research were used: 1) observation of oral speech of students during a survey on the topics studied and fixing errors in their speech; 2) studying the products of students' learning activities, in particular, written answers to assignments (for knowledge, understanding and application) of two boundary controls conducted at intervals of 2.5 months. A total of 187 written works in the Kazakh language and 120 works in Russian were analyzed.

As a result of the analysis of written works of the first boundary control, errors in written speech that distort the meaning of the statement were found in 75% of Kazakh-speaking students and 70% in Russian-language teaching. After analyzing and grouping mistakes in oral and written speech, students were informed about them, and they were given the opportunity to work on the errors. In addition, during the whole semester, the teacher systematically corrected the most frequent mistakes in the students' oral speech during practical sessions. By results of the second boundary control errors in written speech were 53% in the groups of the Kazakh language of instruction and 51% in the groups of the Russian language of instruction.

The received results testify to the necessity and effectiveness of work on correcting speech of trainees. Identifying and correcting mistakes in written and oral speech of students should become an integral part of the pedagogical process in all academic disciplines, beginning with the first training courses.

Keywords: speech culture, medical communication, speech mistake (error), correction of mistake (error), shaping speech culture, medical terminology, lexicon.

The culture of speech is the ability to accurately, clearly express your thoughts and feelings, freely own speech, use humor, expressive speech (gestures, mimes) in different conditions of communication, to master the norms of oral and written literary language. From all this depends how much we will be correctly understood by others. "Wrong speech is either difficult to understand, or can be misunderstood, but if you misunderstand it, it's wrong and you'll do it" [1]. A study conducted by graduates of one of the American universities showed a big discrepancy between the topics, what doctors had in mind when talking to patients, and what the latter heard [2]. Culture of speech is a manifestation of the culture of thinking. "Who clearly thinks, explains clearly" [3].

Undoubtedly, the role of studying special medical-biological and clinical disciplines is very important in medical education, but the ability of the future doctor to have a good command of his speech, ability to listen and hear the patient and his relatives are equally important. On the healing power of medical communication (speech and listening), timely and intelligently chosen based on the situation of the word, spoke and wrote many outstanding figures of medicine. Thus, V.V. Veresaev, whose biography was connected with two professions of a doctor and a writer, wrote: "A doctor can have a huge recognizing talent, be able to catch the details of his appointments, but all this is fruitless if he does not have the ability to subdue and subjugate the patient's soul." A sick person seeks and places high hopes on an active, even if calming, word of a doctor. Thus, speech communication, language skills is an important part of the professional activities of a doctor. Possession of a highly cultured speech greatly enhances the professionalism of any specialist, especially a doctor, for "the word is the most important therapist", "the word heals and

kills". The patient's satisfaction with the treatment depends on whether the communication with the doctor was positive, which directly depends on the speech culture of the doctor [4]. The most common complaint from patients is the inability of practitioners to listen carefully, give clear and understandable answers, and, first of all, accurately identify those problems with which the patient came to the doctor [5].

The purpose of this article is to analyze the state of the speech culture of modern medical students, to identify the main types of errors in their speech and to outline ways to correct and prevent speech errors in the context of the medical education system.

One of the most important types of speech activity is reading. At present, due to a number of reasons (wide entry into the life of television, the Internet and mobile communications, examinations at the end of the school in the form of UNT, etc.), the younger generation has lost interest in reading books – the source of information and the source of literate use of words in speech. In addition, there are also social reasons – the indifferent attitude of adults to the speech of the child, his long stay in the midst of incorrectly speaking peers. The situation is also aggravated by the lack of attention to the culture of speech on the part of the teachers of theoretical and clinical disciplines during all the years of study at the higher medical school. And as a result, negligent treatment with both oral and written speech, not only in the language of interethnic communication, but also in one's native language, which can be seen in the course of the everyday educational process. The decrease in interest in the book also negatively affects the abstract thinking, the ability to understand what is read and reflect on its meaning. Even in the third year of study, when the study of cycles of general and fundamental medical and biological disciplines is being completed, we are faced with the fact that some students still do not have the correct understanding and use of medical and biological terminology, the ability to express their thoughts clearly and fully.

Analysis of students' speech often indicates the presence in it of all sorts of errors that consist not only in deviating from the norms of the Kazakh or Russian language, but also in distorting the meaning of what has been said, which inevitably reduces the level of reliability of the information presented to them in the minds of listeners and readers [6]. As a consequence, there is a disruption in communication between the student and the teacher. Undoubtedly, in the future, these shortcomings of the speech of the future doctor will affect the communication between him and the patient with his relatives and colleagues, can cause conflicts between them. In the oral and written speech of medical students, the following mistakes are often encountered: 1) pronouncing – the manner to swallow the beginning, end or middle of the word, indistinct, incorrect pronunciation of words (stammering); 2) the lexical use of words in values that are not characteristic of them; 3) morphological irregular formation of word forms; 4) syntactic violations of the construction of sentences, rules for combining words; 5) orthographic; 6) punctuation, etc. [7].

Empirical methods of pedagogical research are used in the work: 1) the method of monitoring oral speech of students during the current practical sessions during the semester; 2) the method of studying the products of the students' learning activities, in particular, their written responses to the tasks of two intermediate knowledge controls conducted at intervals of 2.5 months.

A systematic observation of the correctness of the oral speech of students was carried out in 14 groups (about 160 students) during an oral survey on the topics of practical histology lessons. 93 written works in the Kazakh language and 69 works in the Russian language of the first interim control served as the material for the study of writing errors, and accordingly 94 and 71 work - the second control. In both cases, the most frequent and significant errors were recorded, i.e. Those who distorted the meaning of the information presented, or made it difficult to understand. Identified errors were grouped according to the language norms of oral and written speech [7].

In oral and written speech of students, the following mistakes were often encountered: 1) pronunciation – the way to swallow the beginning, end or middle of the word, indistinct, incorrect pronunciation of words (stammering); 2) lexical – the use of words in values unusual for them; 3) morphological – incorrect formation of the word forms; 4) syntactic – violation of the construction of sentences, rules for combining words. As a rule, these errors led to a logical incompleteness of statements, inconsistencies in judgments, incorrect speech construction, etc.

During the analysis of written works of the first interim control, similar errors were detected in 75% of the written works of students of the Kazakh language of instruction and 70% of the Russian language of instruction. Later, students were informed of the structure of typical errors in their speech, and, in addition, they were given the opportunity to work on errors, given specific recommendations for the formation

of correct speech. Based on the results of oral interviews, systematic correction of typical speech errors was systematically carried out.

The results of the second boundary control of students' knowledge, conducted after 2.5 months, were as follows: mistakes were revealed in 53% of written works of students of the Kazakh language of instruction and 51% of the Russian language of instruction.

When attending classes within the framework of intra-departmental quality control of education, there are often instances of indifferent attitude of teachers towards such mistakes in the speech of students. Although it is known that the correction of errors is part of the learning process, so they need to be noticed, explained, sought correction. This does not mean that it is necessary to interrupt a student on every word, which can adversely affect the course of communication, causing him psychological discomfort, stiffness and fear of talking. There are various methods of correcting oral speech, for example, you can listen to all the statement without interrupting the speaker, but fixing the errors [7]. In this case, you should pay special attention to those errors that distort or make the meaning of the statement incomprehensible, and also repeated in the answers of different students. It is advisable to offer the student to correct mistakes himself. If the student can not correct the mistakes, the teacher seeks help from the other students of the group, and the responding student repeats the correct answer after correction. If neither the student nor the group can correct the mistake, in this case, the teacher should do it. Thus, in carrying out correctional work, the teacher needs to show tact, patience and methodical literacy.

A specific feature of the education of the culture of speech is that it cannot be separated from the process of teaching and medical practice[8]. It should become an indispensable organic part of the pedagogical activity, integrated into the overall process of learning and development. Formation of competent speech of the future doctor is possible only in direct contact with the teacher and in the process of practical activity, communication with the patient. In this regard, the teacher must make high demands not only to the speech of the student, but also to his speech. If the teacher does not follow his speech, inattentively and indifferently treats the student's speech errors, this in combination negatively affects the formation of the speech culture of the student as a whole. If our speech is incomprehensible to the student, our words can easily be reinterpreted in a different way. The teacher should demonstrate a pattern of correct pronunciation of speech sounds and, in general, correct speech. The doctor in conversation with the patient should avoid banal phrases, beaten expressions of sympathy, not to abuse special medical terms, especially Latin ones, which may not be so interpreted and cause unreasonable anxiety in another person.

Speech – the most important indicator of the general culture of man, his intellect and thinking. A doctor must be a priori intelligent, educated person. A huge role in the formation of a culture of speech is played by books. The great Russian surgeon N.I. Pirogov expressed the idea that a doctor who does not have a general education and is not interested in the works of great writers and poets is not a doctor, but a craftsman. Stanislav Lem, MA Bulgakov, I.F. Schiller, A. Conan Doyle, A. Chekhov, V.V. Veresaev was a doctor, which means that medicine is really connected with literature. Fiction not only reveals and explains to the reader the life of society and nature, but also lays the foundations of morality, develops thinking and imagination, enriches the vocabulary with new words and expressions. The work of art acts on a person's emotions-it evokes a sense of satisfaction and pride, resentment and indignation, aesthetic pleasure, etc. Emotional activity pushes and speeds up mental processes; thoughts tend to speech [9, 10]. Therefore, a good book teaches you to think, develop speech, memory, stimulatecreativity.

It is prestigious to speak correctly and beautifully, as this ability testifies to the general cultural level of the doctor, the level of his thinking, increases the trust of patients and relatives. The cornerstone of the culture of speech, free and convincing speech is a rich vocabulary. Each academic discipline, which is an area of scientific knowledge, has its own specific language – a system of concepts, terms, symbols; the task of the learner is to assimilate this language. "Speech is the channel of the development of the intellect, the earlier the language is learned, the easier and more fully the knowledge will be assimilated" [11]. Then the words would come to their minds themselves, without a special mental strain, you can replace one word with another, more accurate and relevant. With the scarcity of the vocabulary, it is painfully difficult to find the right word in time, it is not easy for such a person to state his thought [9]. To fill pauses in speech and missing words, the creator is forced to use words-parasites, on-duty phrases. An erudite, well-read person has an active stock of words, as determined, at least 6-7 thousand.

What are the most rational ways of working on your speech, replenishing and expanding the vocabulary? This, of course, primarily is reading fiction. It is important to consider that reading only benefits when a person comprehends what is read, "scrutinizes" words, analyzes the structure of sentences. In the Al-FarabiKazNU, in 2012, a list of "100" best books of all times was developed, which should be read by every self-respecting student [12]. Such lists are being developed in other universities in Kazakhstan and the CIS [13]. Excellent opportunities for self-education provides the Internet (special literature on the development of speech, articles on its industry in scientific sites, theWikipediareference book, etc.). It is possible to recommend to the student from the first course of education to get a pocket dictionary in which it is necessary to write down all new or incomprehensible words and terms. It will be of great benefit to communicate with educated people with the holders of pure speech, study the life and work of outstanding thinkers, scientists, public figures who can become an example for young people. An important means of improvement is the visit (including virtual) of theaters, museums and exhibitions. All this in aggregate forms a high general culture, which serves as a favorable background for the development of speech.

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КУЛЬТУРА РЕЧИ В СИСТЕМЕ МЕДИЦИНСКОГО ОБРАЗОВАНИЯ

Аннотация. В работерассмотрено состояние речевой культуры студентов-медиков 3-го курса обучения на практических занятиях по частной гистологии. Используются следующие эмпирические методы научно-педагогических исследований: 1) наблюдение за устной речью студентов в ходе опроса по изучаемым темам и фиксирование ошибок в их речи; 2) изучение продуктов учебной деятельности студентов, в частности письменных ответов к заданиям (на знание, понимание и применение) двух рубежных контролей, проведенных с интервалом в 2,5 месяца. Всего проанализировано 187 письменных работ на казахском языке и 120 работ на русском.

В результате анализа письменных работ первого рубежного контроля ошибки в письменной речи, искажающие смысл высказывания, выявлены у 75% студентов казахскоязычного и 70% – русскоязычного обучения. После анализа и группировки ошибок в устной и письменной речи студенты были информированы о них, а также им была предоставлена возможность работы над ошибками. Кроме того, преподаватель в течение всего семестра на практических занятиях систематически осуществлял коррекцию наиболее частых ошибок в устной речи студентов. По результатам второго рубежного контроля ошибки в письменной речи составили 53% в группах казахского языка обучения и 51% – в группах русского языка обучения.

Полученные результаты свидетельствуют о необходимости и эффективности работы над исправлением речи обучаемых. Выявление и коррекция ошибок письменной и устной речи студентов должны стать неотъемлемой частью педагогического процесса на всех учебных дисциплинах, начиная с первых курсов обучения.

Ключевые слова: культура речи, врачебное общение, речевые ошибки, коррекция ошибок, формирование культуры речи, медицинская терминология, словарный запас.

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МЕДИЦИНАЛЫҚ БІЛІМ БЕРУ ЖҮЙЕСІНДЕГІ ТІЛ МӘДЕНИЕТТІЛІГІ

Аннотация. Мақалада 3-курс медиктердің жеке гистологияның тәжірибелік сабақтарында тіл мәдениеттілігінің күйі қарастырылған. Жұмыста ғылыми-педагогикалық зерттеудің мына эмпиризмдік әдістері қолданылған: 1) оқып біліп жатқан тақырыптар бойынша сұрау кезінде студенттердің ауызекі тілін бақылау және сөйлеуіндегі қателерді жазып алу; 2) студенттердің оқу әрекеттерінің өнімдерін зерттеу – аралығы 2,5 ай құрайтын екі аралық бақылаудың тапсырмаларына (білім, түсіну және қолдану) берген жазбаша түрінде жауаптарын зерттеу. Барлығы қазақ тілінде 187 жазбаша жұмыс және орыс тілінде 120 жұмыс талданды.

Бірінші аралық бақылаудың жазбаша жұмыстарын талдау нәтижесінде айтайын деген пікірлерінің мағынасын бұрмалайтын қателер қазақ тілді студенттердің 75% және орыс тілді студенттердің – 70% жұмыстарында анықталды. Ауызекі және жазбаша тілінде жіберілген қателерді талдаудан және топтастырудан кейін студенттерге олар туралы мәлімет берілді және бұл қателерді түзетуге мүмкіндік берілді. Бұдан басқа, оқытушы тәжірибелік сабақтарда студенттердің ауызекі тілінде ең жиі ұшырасатын қателерді семестр бойы жүйелі түрде және белгілі әдістер негізінде коррекция жасап отырды. Екінші аралық бақылау нәтижесінде жазбаша тіліндегі қателер қазақ тілді топтарда – 53% және орыс тілді топтарда 51% болды.

Бұл нәтижелер білімгерлердің тілін түзету жұмыстың қажеттілігін және тиімділігін дәлелдейді. Медик-студенттердің ауызекі және жазбаша тілінде кездесетін қателерді айқындау және түзету оқытудың алғашқы курстарынан бастап педагогикалық процестің ажыратылмайтын бөлігі болуы тиіс.

Түйін сөздер: тіл мәдениеттілігі, дәрігерлік қатынас, тіл қателері, қателерді түзету (коррекция), тіл мәдениеттілігін қалыптастыру, медициналық терминология, сөздік қор.

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