

# COMMUNICATIVE COMPETENCE OF A PHYSICIAN: THE LINGUISTIC COMPONENT AND THE ROLE OF THE RUSSIAN LANGUAGE IN THE MEDICAL PRACTICE OF UZBEKISTAN

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## Abstract

This article analyzes the significance of the Russian language as a crucial tool for the development and implementation of communicative competence among physicians in the multiethnic and multilingual society of the Republic of Uzbekistan. The study emphasizes the role of interlingual medical communication in ensuring the quality of diagnostics, treatment, and medical ethics. The necessity of integrating the Russian language component into the professional training of medical university students is substantiated. The author presents recommendations for optimizing the linguistic training of future medical professionals, taking into account a practice-oriented and clinical-communicative approach.

**Keywords:** Professional communication, doctor-patient interaction, medical terminology, Russian language, communicative competence, medical education, Uzbekistan.

## Introduction

Modern medical practice is impossible without well-developed communicative competence, which is one of the systemic components of a physician's professional activity. Communication in medicine is not merely a technical process of information transfer; it is an essential element of the diagnostic and therapeutic process, directly influencing clinical outcomes. In the context of Uzbekistan, where various ethno-linguistic groups coexist, the Russian language retains the status of a key tool for interethnic communication, particularly in the medical field.

Given the sustained functional significance of the Russian language in healthcare—especially in the training of physicians and communication with patients—it becomes necessary to theoretically comprehend its role in shaping professional communicative competence.

## Communicative Competence as a Component of Physician's Professionalism

Communicative competence is defined as an integrative quality of a specialist's personality, encompassing linguistic, cognitive, pragmatic, ethical, and psychological components that ensure





effective interaction in a professional environment. According to modern approaches, this competence includes:

- Proficiency in professional terminology and register;
- Ability to practice empathetic listening;
- Skills in verbal and non-verbal encoding of medical information;
- Strategies for aligning and adjusting communicative intentions considering the patient's individual, cognitive, and cultural characteristics.

In a multiethnic medical environment, the issue of a linguistic mediator—i.e., the language through which communication is conducted—becomes especially relevant. In Uzbekistan, this role is fulfilled by the Russian language.

### **The Russian Language in the Context of Medical Communication in Uzbekistan**

Historically, the Russian language in the Republic of Uzbekistan has served as a means of interethnic communication, a role particularly prominent in professional spheres that require precision, standardization, and unified terminology—such as medicine. For many patients, Russian remains either the primary or secondary language of communication, particularly in urban and clinically significant regions.

The Russian language is employed in medical practice at various levels, including:

- Maintaining medical documentation and reporting;
- Communication between doctors and Russian-speaking patients;
- Teaching and learning medical subjects in Russian;
- Access to Russian and international scientific sources;
- Participation in conferences and inter-university projects.

Thus, Russian-language competence becomes an integral part of a physician's clinical and academic performance.

### **Practice-Oriented Aspects of Russian-Language Medical Communication**

In clinical settings, the Russian language is utilized in key stages of doctor-patient interaction:

- Collecting patient history (anamnesis);
- Describing symptoms and syndromes;
- Securing informed consent for treatment procedures;
- Writing consultative reports;
- Conducting telemedicine consultations;
- Health promotion and patient education.

An insufficient level of Russian-language proficiency can result in miscommunication, reduced treatment adherence, and even medical errors, which underscores the importance of linguistic preparation as an essential component of medical education.

### **Improving Russian-Language Competence Among Future Physicians**

Modern methods of teaching Russian in Uzbekistan's medical universities should be based on communicative-activity and clinically-situational approaches. The following educational strategies are recommended:





- Developing and implementing specialized courses such as “Russian for Medicine” tailored to each specialty;
- Conducting simulation-based trainings and role-plays in Russian based on clinical scenarios;
- Using clinical cases, patient histories, guidelines, and documentation templates in Russian;
- Organizing clinical practice with Russian-speaking patients;
- Encouraging productive language skills (e.g., drafting medical reports, writing case histories, and presenting clinical cases orally).

These measures will not only enhance students’ language competence but also prepare them for the realities of professional communication in a multilingual clinical environment.

### Conclusion

In the multiethnic and multilingual society of Uzbekistan, proficiency in the Russian language serves not merely as a means of communication but as a vital resource for ensuring the quality of medical care. In medical practice, the Russian language acts as a vehicle for consolidating professional experience, advancing scientific knowledge, and maintaining clinical accuracy. The integration of the linguistic component into the formation of communicative competencies among future physicians should be viewed as a priority in medical education.

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