

Преподаватель, исправляя, объясняет не только значение данного слова, но также определенный круг слов, в сочетании с которыми оно может употребляться.

Литература:

1. Андриянов В.В. Психолингвистические особенности устного перевода как вида речевой деятельности. Автореферат дис. канд. филол. наук. - М., 1976, 20 с.
2. Зимняя И.А. Ермалович В.И. Психология перевода: Учебное пособие. - М., 1981. - 99 с.

Kozka I.K.
Kharkiv National Medical University
Kharkiv, Ukraine
e-mail: iryna.kozka@gmail.com

Language Peculiarities of a Medical Letter of Referral

“Doctor-patient interaction“ and “letter of referral” are the most commonly used genres of oral and written discourse in a language medical classroom. Let’s consider the term “genre”. V. Bhatia characterizes genre as “...situated linguistic behavior in institutionalized academic or professional settings...” [1: 629]. This description is wider than J. Harmer’s one [3:31] as it concerns both a written and an oral discourse. “Situated linguistic behavior” coincides with J. Harmer’s “language customs and norms” for members of a discourse community [3:31].

Let’s consider some letters of referral from a doctor to a consultant. The first letter [2:20-21] includes such parts: 1. Request for an advice. 2. Previous history of the disease. 3. Symptoms of the current condition (kind of attacks of chest tightness, pain location, attacks duration, accompanying signs, family history of the disease on the father’s side). 4. Cigarette intake. 5. Findings on physical examination (results of visual examination). 6. Physical examination of the organ where the pain is localized (enlargement of the liver). 7. Previous treatment.

The second letter of referral contains such headings: 1. Request for assessment the patient’s state. 2. Past history of the disease. 3. Previous complaints. 4. Results of

the urine test. 5. Analysis of the patient's emotional state (his relationships with the girlfriend). 6. Previous medications. 7. Side effects of previous medications. 8. Current symptoms. 9. Current medication.

The description of patient's physical state is very detailed in the first letter of referral. The doctor states his build, the form of the chest, the regular character of the pulse, the patient's blood pressure, the edema on the ankle, and results of the detailed examination of the chest [2:20-21]. The letter of referral in the second example is much shorter but it contains a pre-form. The author proposes to fill in the admission form where the information about the patient is presented in the table: patient's name, age, siblings, relevant family medical history, purpose of referral, presenting symptoms, BMI, past treatment, and present medication.

Analyzing both registers we should state that the passive voice is used very often: "These fears are based on the fact", "...he had to be sedated", "...become engaged", "...he has been treated", "Heart sounds were closed...", "He was given...".

Such vocabulary items are more likely to occur in medical academic writing than in general contexts: *on exertion, productive cough, pain radiating to, upper right arm, whooping cough, wheezy bronchitis, pulmonary tuberculosis, barrel-shaped chest, peripheral cyanosis, jugular venous pressure, liver dullness, and right costal margin*. The usage of such an expression as "finger clubbing" is interesting here as dictionaries do not state its meaning "enlargement of fingers" and "fingers' swelling" and students may find it difficult to translate.

It will be efficient before starting the work on the letter of referral to ask students to discuss what they would predict to find in the letter of referral when a physician refers a patient to a specialist at a hospital. Students read the letter and check their answers. The teacher may propose the students a list of diseases a patient may suffer from and ask them to choose the relevant disorder (*Does the patient suffer from diphtheria, flu, hepatitis, measles, meningitis, mumps, pertussis, smallpox, tetanus, diarrhea, jaundice, etc.?*).

So, we may come to the conclusion that the work on this genre of a medical discourse requires a thorough pre-work, while-work and post-work activities.

References

1. Bhatia V.K. Analyzing Genre: Language Use in Professional Settings / V.K. Bhatia. – London: Longman, 1993.
2. Glendinning E.H. English in Medicine / E.H. Glendinning, B.A.S. Holmstrom. - Second edition. - Cambridge: Cambridge University Press, 1998. – 153 p.
3. Harmer J. The Practice of English Language Teaching / J. Harmer.– Fourth edition. - Harlow: Pearson Education Limited, 2007. – 448 p.

*Копыткова Т.Г.
Харьковский национальный автомобильно-
дорожный университет
г. Харьков, Украина
e-mail: t_kop@ukr.net*

The problems of learning dialogue in the classroom in Russian as a foreign language

In most cases, learning the speech activity in a foreign language involves mastering skills in the most natural form – dialogical one. Depending on the communicative needs of students, the goal of learning is set, that is, what level of language skills must be achieved to meet these needs. The common goal at all stages of language acquisition is to form the dialogical competence: the possibility and readiness for speech communication in a non-native language in various situations. This paper discusses the most common issues of the organization of the dialogic form of communication, as well as the most important problems of learning the dialogic speech. As a rule, the lesson uses different types of educational dialogues that have one or another goal: to teach how to correctly use the grammatical forms or new vocabulary, to fix different types of speech patterns, etc. In any case, it is proposed to follow a certain stereotype (for example, the dialogue of sale and purchase, dialogue in urban transportation). Of course, at the initial stage of language learning, a set of standard phrases can be memorized and successfully applied until the life practice confronts a condition where other speech skills are needed resulting in an immediate