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THE IMPORTANCE OF POSITIVE FACIAL EXPRESSIONS AND FACIAL MANIPULATION STRATEGIES IN FUTURE MEDICAL PRACTICE

Axmedova Matluba Ibragimjonovna
Doctor of Philosophy (PhD) in Pedagogical Sciences
Fergana state university
E-mail: akhmedovamatluba8@gmail.com
https://orcid.org/0000-0002-1532-0133

Abstract: This article discusses the issues of improving the methodology for developing professional communicative competence in English in accordance with the professional activities of students in the medical education system and within the framework of the requirements of the PLAB - Professional and Linguistic Assessments Board - the Board for assessing the professional and linguistic competence of medical specialists. In particular, it discusses the requirements for a doctor's study of communication in a foreign language, ethics, professional behavior and cultural sensitivity, and recommends a number of communication strategies, referring to the psychology of learning a foreign language.

Key words and expressions: PLAB - Professional and Linguistic Assessments Board, communication strategy, preventive strategy, restorative strategy, Face Negotiation Theory.

Introduction. The ability of the healthcare system to operate internationally is of crucial importance in ensuring sustainable socio-economic development in the world. Therefore, the issue of training highly qualified, modern knowledge and skills, capable of thinking at the level of international standards for the medical field is urgent. In this regard, along with the professional training of students of higher medical educational institutions, their mastery of a foreign language, in particular as a means of professional communication, is one of the important tasks. Globalization processes, the rapid development of medical science and the expansion of international scientific cooperation require specialists working in the medical field to communicate freely in foreign languages, analyze scientific information, and independently work with modern medical literature. In particular, the fact that the majority of medical terminology, clinical recommendations, and scientific articles are presented in foreign languages makes it necessary to develop the professional communicative competence of future doctors in a foreign language.

LITERATURE ANALYSIS AND METHODOLOGY

Modern in linguistic didactics certain industries according to edge languages education, including medicine directions students for professional directed edge language Education (English for Medical Purposes) issues separately importance profession is studying foreign languages specialty point of view from the point of view study and teaching according to many scientific research take visited although, medicine education in the system students ' professional to the activity suitable without PLAB (Professional and Linguistic Assessments Board - medicine of experts professional and linguistic competence assessment council) requirements in the circle communicative competence develop methodology enough at the level research Therefore, [1]the development of effective linguistic and didactic approaches aimed at developing professional communicative competence in the process of teaching a foreign language to medical

[1]https://www.gmc-uk.org/registration-and-licensing/join-our-registers/plab

students and their implementation in educational practice is one of the important scientific and practical tasks of our time.

The PLAB (Professional and Linguistic Assessments Board) exam assesses not only the medical knowledge of the candidate for practicing medicine in the UK, but also their communicative competence, professional ethics, patient communication skills and cultural sensitivity. In particular, in PLAB stage 2, how the candidate communicates with patients, relatives and members of the medical team in simulated clinical situations is of crucial importance. This, in turn, makes it advisable to organize English language training for students of higher medical education institutions within the framework of these international requirements.

From this point of view, the Face Negotiation Theory developed by Stella Ting-Toomey serves as an important theoretical and practical basis for doctors [2]. Because clinical communication always emotional situations, professional responsibility and unexpected intercultural social situations with It depends.

“Face” concept and clinical communication about word ride We are, at first face about one row concepts analysis to do We found it permissible. Face is human others in front of to keep aspiring positive social dignity is considered. Medical in practice this concept two one-sided importance has :

- doctor's professional image and reliability,
- the patient's dignity, autonomy and respect to be done.

For example, a doctor to the patient heavy diagnosis When delivering, the patient on the face big anxiety appearance It will be. With this together, the doctor own face too — that is, professional reputation and reliability — risk under to be possible.

Medicine experts intercultural to communicate readiness appraiser and to the doctor international on a scale activity to conduct license giver PLAB in the exam exactly so in situations candidate's face with work competence evaluation done is increased.

P. Brown and S. C. Levinsons[3] “Face” concept of two aspect distinguishes: positive face and negative face (negative face)

Positive face expression others by appreciation and confession maturity desire with related. On the contrary, negative face human other people by wearable to restrictions against to move freely wish means. To emphasize that okay, positive and negative the face one of time in the room manifestation to grow possible This is not it. means that if our goal is from others confession to take if it is, it usually to restrictions against to move freely with suitable will not come.

P. Brown and SC Levinson point out that a hundred two to the type is divided into:

- **positive face** - appreciation, understanding and support desire;
- **negative face** — independent decision acceptance to do and external to act without pressure desire.

clinical practice the patient's positive his face serious acceptance to be done, to do it their understanding, their feelings in consideration when receiving manifestation. The patient 's negative face — from diagnosis aware informed consent, choice freedom with related

[2]Ting-Toomey, Stella and Kurogi, Atsuko (1998), 'Facework Competence in Intercultural Conflict: An Updated Face-Negotiation Theory', International Journal of Intercultural Relations, 22, 187–225.

[3]Brown, Penelope and Levinson Stephen C. (1987), Politeness: Some universals in language usage. Cambridge: Cambridge University Press.

PLAB to the standards according to the doctor to the patient pressure without delay, one of time in the room him/her support This is necessary. face with work strategies conscious accordingly requires application.

RESULTS AND DISCUSSION

PLAB Exam international doctors for intended candidates various individualistic and collectivist from cultures come. Collectivist In societies (for example, in Asian countries) the patient family to the mind reliance natural case if, United Royal medical in practice personal autonomy priority Therefore, in the PLAB exam candidate the patient's cultural values respect to do and one of time in accordance with the rules of the GMC (General Medical Council) appropriate work take progress necessary. Here each other mutual- face strategy especially important.

Facework — people their own social dignity order to plant and others' social dignity support or to him/her against exit for used communicative behavior set as This includes "specific verbal and nonverbal messages that help to preserve and restore face loss, to maintain and respect positive facial expressions. [4]" S. Ting-Toomey and A. Kurogi consider face and facial manipulation to be a universal phenomenon, but the framing or interpretation of the meaning of face and facial expression-oriented strategies in a given context is specific to a particular culture and varies from culture to culture.

Especially individualistic and collectivist cultures in the middle noticeable differences was observed. The first prototypical example Joint States be, in which the identification of " I" is emphasized; the second and China be, in which the identification of " we" general acceptance is the norm.

For example, A. P. Fiske, G. Hofstede, H. C. Triandis, W. B. Gudykunst and By S.Ting - Toomey take visited many research, individualism and of collectivism size various in cultures to the face was requirements differences in explanation useful that For example, S. Ting-Toomey reports [5]that in international business negotiations, assertiveness is valued in individualistic cultures, while politeness and respect are valued in Asian cultures. In collectivist cultures, assertiveness can be viewed negatively as an act of self-interest.

It is important to note that studying a person's face also includes understanding how the needs of other people are reflected in another person's face. S. Ting-Toomey points out three aspects related to the face:

a. The person's own facial expression;
b. Another person's facial expression;
c. Mutual facial expressions.

A-band is anxious, conflicted and dangerous in situations, human on the face protection attitude reflection B- of the paragraph attention in the center in conflict participation arriving other side face Finally, the C-band is expressed as in the expression both both sides' faces and relations reflection will reach.

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[4]Ting-Toomey, Stella and Kurogi, Atsuko (1998), 'Facework Competence in Intercultural Conflict: An Updated Face-Negotiation Theory', International Journal of Intercultural Relations, 22, 187–225.

[5]Fiske, Alan P. (1991), Structures of social life: The four elementary forms of human relations. New York: Free Press.; Hofstede, Geert (2011), ' Dimensionalizing Cultures: The Hofstede Model in Context', Online Readings in Psychology and Culture, 2(1) https://doi.org/10.9707/2307–0919.1014 .; Triandis , Harry C. (1995), Individualism and collectivism. Boulder: CO: Westview Press.; Gudykunst , William B. and Ting-Toomey, Stella (1989), Culture and Interpersonal Communication. Thousand Oaks: CA: Sage.

By Facework research this shows that individualism typical in cultures people own appearance save stay and protection to do more attention Collectivism advantage profession reached in cultures and each other faces and other face expressions to keep more attention They give. Obviously, different kind worries on the face expression for various kind face with work strategies is used.

Face work one how many communicative tasks to do possible, especially controversial in situations. Communication theory manifestations two of the type, that is preventive facework strategies and restorative facework strategies separate Preventive facework strategies are face expression disappearance possible was in situations face expression soften for applicable communicative are patterns. W.Cupach and S. Metz by determined some strategies medicine to expert's edge language also effective in teaching application possible [6].

For example :

- "I have years of experience dealing with....."
- "Before you take a decision, let me tell you..."
- "Since you are all experts in this area, and I am only a novice in this field..."

In the first example, we can see that the communicant begins the introduction by stating his position, which is called a strategy to instill a sense of confidence in the cognizer before a more critical statement.

In the second example, the purpose of the statement is to make the person think twice in order to prevent them from making rash, premature decisions. This preventive face-to-face strategy is called "suspended appeal of the court's decision."

Third example and warning strategy potentially to criticism face on arrival situation soften for is used.

preventive facework strategies different such as restorative facework strategies already damaged or lost face expression restoration for used communicative are goals.

Some The sources also use the name "corrective facework strategies". W.Cupach and In S. Metz this strategy types counting It passes.

- "I didn't want to sign the contract, but the other group manipulated me into signing..."
- "Yes, I signed the contract, but it's no big deal, it's only a three-month contract..."
- "No, nothing is wrong..." (slamming the door, sulking).
- "I am really sorry for being such a fool, I don't deserve you to accept my apology for….."

In the first example, it can be understood that the person is making excuses in order to reduce responsibility for their actions. In the second example, justifications are being given. In this situation, the person is reducing the level of loss of their reputation.

Passive aggression usual position (door) with a bang close, sad without) third in the example our vision possible. Oral accordingly sociable all pretend to be good is doing it, but denial provider other signals are sending. Such behavior often irony or third to the person complaint to do own inside takes.

Last in the example statement oneself to humiliate, to devalue is considered. Another correction strategy — this joke to be, to be a person own mistakes for fun take to speak through other side own attitude to soften encouragement possible. Necessary face expression disappearance happened was controversial in the situation to the interlocutor relatively close without coming to move away, that is Escape is also used.

[6] Cupach William R. and Matts Sandra (1994), Facework. Thousand Oaks: CA: Sage.

To individualism typical cultures their own reputation not to lose for excuse and justification such as more restorative from strategies use preferably They see. Collectivism typical cultures and threat to put possible was situations minimize for more preventive strategies, for example, in advance sorry ask and from warnings to use inclined They will be.

PLAB 2 requirements according to, international to the category claimant from candidates facework expression correction with work) strategies mastery necessary. From an expert on the face worry indicative situations in advance mitigation is required. For example :

- Before sorry pre - apology: “This is you to worry to put maybe, but I'll tell you open and clear information to give I want …”
- Hedging: “I made a mistake” did my share possible, but inspection results so showing …”

Such strategies in the patient confidence wakes up and conflicts prevent We think that the future doctors English language in training restorative strategies exercise they do to the goal If the doctor to the mistake road put if or patient protest to the surface if so, PLAB requirements see doctor admit responsibility, openly sorry ask, situation explanation strategies by hand to receive high evaluation possible. For example : “I want to tell you this information earlier I didn't give it. sincerely for sorry " I ask." This patient own emotional status restore with together, the doctor positive professional face expression also save remains.

Conclusion. Face through negotiation to do theory for PLAB exam being prepared doctors for important communicative and intercultural communication study and of mastery basis is considered effective. clinical communication not only medical knowledge, maybe the patient 's feelings understanding, respect to do and professional to ethics action requires doing.

PLAB exam success win for candidate face expression the concept understanding, preventive and restorative strategies differentiation, cultural sensitivity manifestation to be able is necessary. In this way, a hundred with work strategies doctor's professional communicative competence defining important factor as manifestation It will be.

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