ФОРМИРОВАНИЕ ЭФФЕКТИВНОЙ ПРОФЕССИОНАЛЬНОЙ КОММУНИКАЦИИ МЕДИЦИНСКИХ СЕСТЕР НА ЭТАПЕ ПОЛУЧЕНИЯ СРЕДНЕГО ПРОФЕССИОНАЛЬНОГО ОБРАЗОВАНИЯ

FORMATION OF THE EFFECTIVE PROFESSIONAL COMMUNICATION OF MEDICAL
NURSES AT THE STAGE OF OBTAINING SECONDARY VOCATIONAL EDUCATION

Моторина И.В.

Рязанский государственный медицинский
университет имени академика
И.П. Павлова

Motorina I.V.

Ryazan State Medical University named after
academician I.P. Pavlov

Аннотация:

В статье рассматривается вопрос становления эффективной профессиональной коммуникации медицинских сестер на этапе получения среднего профессионального образования. Автор обращает особое внимание на отношение работодателя к профессиональной подготовленности специалиста, подчеркивает, что успешное обучение профессии становится оптимальным, грамотно выстроенным под будущие специальные задачи, перспективно смоделированным симуляционным профессиональным тренингом. Высшая ступень образовательной пирамиды – это профессиональный опыт, накопление которого обеспечивается преодолением предшествующих ступеней знаний и умений. Статья содержит краткое описание технологии проектирования компетентностной модели выпускника среднего профессионального образования. Ряд рисков нередко замедляет процесс оформления модели будущего специалиста, искажает её и существенно снижает резервы для обучения конкурентоспособного эффективного специалиста. В работе подчеркивается, что такая ситуация сложилась с формированием эффективной профессиональной комму-

Abstract:

The article deals with the issue of effective professional communication formation in nurses at the stage of secondary vocational education. The author pays special attention to the attitude of the employer to the professional readiness of the specialist, emphasizes that successful training of the profession becomes optimal, competently built for future special tasks, perspective simulated professional training. The highest level of the educational pyramid is a professional experience, the accumulation of which is provided by overcoming the previous stages of knowledge and skills.

The article contains a brief description of the competence model design technology of the secondary vocational education graduate. A number of risks often slow down the registration process of the future specialist model, distorts it and significantly reduces the reserves for training a competitive effective specialist. The article emphasizes that this situation has developed with the formation of effective professional communication within the specialty 34.02.01 "Nursing". Changing the usual scheme of teaching is the only available resource that optimizes the specialist training

никации в рамках специальности 34.02.01 «Сестринское дело». Изменение привычной схемы преподавания –единственный доступный ресурс, оптимизирующий подготовку специалиста, при отсутствии в учебном плане дисциплины «Психология общения».

Заключительный блок статьи посвящен описанию дидактических основ и необходимых методических средств для развития эмоционального интеллекта будущих медицинских сестер. Модель социального интеллекта А.И. Савенкова положена в основу научного анализа эффективной коммуникации, а эмоциональный элемент модели раскрывается с позиций Д.С. Люсина, что удобнее для осуществления методически выверенного педагогического процесса.

Ключевые слова:

профессиональное общение, социальный интеллект, эмоциональный интеллект, компетентностная модель, эффективная коммуникация, медицинская сестра, содержание образования, среднее профессиональное образование, пациент-ориентированная среда.

in the absence of the discipline “Psychology of communication” in the curriculum.

The final section of the article is devoted to the description of the didactic foundations and the necessary methodological tools for the development of emotional intelligence of future nurses. The model of social intelligence of A.I. Savenkov is the basis of the scientific analysis of effective communication, and the emotional element of the model is revealed from the positions of D.S. Lyusin, which is more convenient for the implementation of a methodically verified pedagogical process.

Keywords:

professional communication, social intelligence, emotional intelligence, competence model, effective communication, nurse, content of education, secondary vocational education, patient-oriented environment.

The leading trend of modern vocational education at both secondary and higher levels is practice-oriented training. The best is seen as a specialist who is able to solve a certain set of professional tasks effectively and immediately after receiving a diploma. The pace of dynamic development of the modern professional community is increasing every year, and objectively there is no place for life in accordance with the old, “good” motto of employers: “Forget what you were taught at the University, and now learn how to work”.

The desire for cost-effective projects and a high competitive status of a professional organization in any field stimulates the employer not just to “take” a graduate with a diploma to spend time on his retraining, but rather to “choose” competent professional personnel that provide a balanced and quality work from the first day in the organization, personnel who are ready to respond flexibly and effectively change in response to the current needs of society.

The practice of job search has become traditional for a novice specialist,

assuming in addition to the ability to analyze the labor market, the mandatory possession of the skills of compiling a high-quality resume and passing an interview. As a rule, the employer is primarily interested in comprehensive answers to the questions: "What did you do?", "How much?", "In what way and what tools were used?", "With what result?", and only after receiving worthy answers the head pays attention to the presence of the diploma, its level and targeting.

Modern professional education is important for the future specialist, searching already in the period of training, to gain invaluable professional experience. Profession training becomes not just another, often status, prestigious step on the way of growing up and socialization of the developing subject, but the optimal, competently built for future special tasks, perspective simulated professional training. Only within a complex, professionally and methodically verified educational environment, which means that it is safe for the specialist of tomorrow, it becomes possible to form a competitively capable graduate. Thus, modern vocational education must necessarily change and, above all, a new quality of teaching is necessary [1].

As it was emphasized above, the top of the educational pyramid is professional experience, albeit small, but qualitative and valuable, knowledge and skills are also indisputably meaning-forming, significant, mandatory, but preliminary steps on the way to the professional top. Such an idea of the actual professional education very accurately adjusts the teacher to effective pedagogical activity and does not contradict the views of the graduate on the part of the employer. At first glance, it seems that the key to the situation of consistent and effective entry into the professional world is found, the interests and intentions of mentors and employers coincide, and difficulties in the way of training a good specialist should no longer be. However, this obvious and attractive consistency of positions in theory is still difficult to achieve in practice, in the educational environment.

In particular, the most difficult is to link the content, forms and methods of training with the realities of professional activity, in which a modern specialist is immersed – a future graduate of a University or College. The key problem is the isolation of each individual subject from the real problems that graduates solve in practice. Academic subjects form disparate knowledge and skills, whereas in professional activities there is no such knowledge and skills – there is a holistic technological process in which you need to navigate. Teachers continue to prepare graduates who know something, while the employer wants to hire those who have experience and are able to solve complex professional problems [2].

To change the traditional practice, in order to bring learning and professional activity closer together, by focusing professional education on the result, the competence approach was proposed. Competence, positioned as relevant requirements for the graduate (level of secondary vocational education), are formulated on the basis of various documents, in particular, the National

Qualifications Framework (NQF of the Russian Federation) contains requirements to General Competencies of Graduate; Professional Standards (PS) point to an important professional competence, by describing the job functions of the corresponding qualification worker; in the absence of PS all-Russian codes are studied: RCEA (Russian Classification of Economic Activities), RCO (all-Russian Classifier of Occupations), RCPPWL (all-Russian Classifier of Professions, Positions of Employees and Wage Level), UTQD (Unified Tariff and Qualification Directory). It is obvious to obtain a compact and workable competency model of the graduate in the specialty; it requires a lot of time and effort of specialists. This generalized model is being developed on the basis of a separate educational organization. This creates a summary table of the results of mastering the educational program, where the activities with their corresponding sets of Professional competencies and General competencies are collected in a separate section. Thus, the process of designing a competency model of a professional education graduate can hardly be called dynamic, mobile, moreover, it is associated with risks, among which V.I. Blinov points out:

- The possibility of obtaining false information about the necessary competencies from insufficiently qualified representatives of the employer;
- Orientation of employers on the competence of “today”, while vocational education is obliged to work for the future and form the competence of “tomorrow”;
- Erroneous identification of the graduate model with the competence model of the specialist, not taking into account that the real professional experience of the graduate is limited by the volume of production practices mastered by him [2].

At the same time, the received competence model is a base, guided by which teachers design the content of education, conditions and means of realization of the educational program, select the optimal forms, technologies and methods of the organization of the student educational activity. It often happens that the real professional activity at the stage of splitting into General and Professional Competencies is deprived of the necessary integrity, naturalness, potential effectiveness and some important skills are pushed to the background, failing to “sound” properly in the competence model. The placed educational accents limit opportunities of teachers in qualitative formation of students certain skills and abilities, reduce reserves for training and acquisition of valuable experience. This situation has developed with the formation of effective professional communication within the specialty 34.02.01 “Nursing”. The only available resource that optimizes the training of a specialist is a change in the usual scheme of teaching, the inclusion in each lesson of solutions to educational problems that train the social intelligence of students, forming stable communication skills of a professional.

Implementation of nurses professional training at the stage of secondary vocational education is regulated by the Federal Law No. 502 of 12.05.2014. In particular, the standard in the results of the development of the program prescribes the following requirements that ensure effective professional communication:

Section 5.1. Nurse / medical brother (basic training) must possess General competencies, including the ability:

GC-6. To work in a team and to communicate effectively with colleagues, leadership, consumers.

Section 5.2. Nurse / medical brother (basic training) must have Professional competencies relevant to the activities:

5.2.1. The implementation of preventive measures.

PC-1.1. To carry out actions for preservation and strengthening of health of the population, the patient and his environment.

PC-1.2. To carry out sanitary and hygienic education of the population.

PC-1.3. To participate in the prevention of infectious and non-infectious diseases.

5.2.2. Participation in medical diagnostic and rehabilitation processes.

PC-2.1. To present information in an understandable form for the patient, to explain to him the essence of interventions.

PC-2.2. To carry out medical and diagnostic interventions, interacting with the participants of the treatment process.

PC-2.3. To work with interactive agencies and service providers.

PC-2.7. To carry out rehabilitation activities.

PC-2.8. To provide palliative care.

5.2.3. Provision of pre-medical care in emergency and extreme conditions.

PC-3.1. To provide first aid in emergency conditions and injuries.

PC-3.2. To participate in the provision of medical assistance in emergencies.

PC-3.3. To interact with professional team members and volunteer assistants in emergency situations [3].

Briefly summarizing the listed requirements, we note that the competence of GC-6, PC-1.2, 2.1, 2.2, 2.3, 3.3, are based on the theory and practice of communication psychology, and the remaining PC-1.1, 1.3, 2.7, 2.8, 3.1, 3.2 without the possession of effective communication are qualitatively impossible, which emphasizes the need for thorough work on the formation of communication skills in future graduates. In the curriculum of the specialty there is only one comprehensive course "Psychology", which reveals the issues of general psychology, social psychology, personality psychology, medical psychology. For the formation of effective communication based on basic psychological knowledge and skills, the discipline "Psychology of Communication" is not enough, which would allow the teacher to intensively form and train strong professional skills and abilities aimed at communication in future nurses.

Analyzing the Educational standard on a close specialty 31.02.01 "General Medicine" we note that there are two disciplines ("Psychology" and "Psychology of Communication") for medical assistants. Competencies that provide effective communication are formulated similarly, but there is only one professional

competence-to organize the provision of psychological assistance to the patient and his environment (PC-2.7) [4].

Comparing the standards of specialties in relation to communication skills generates two basic trends that need serious reflection. The first – nurses in less degree than medical assistants communicate and interact with patients when providing care, the second – nurses are obviously more competent than medical assistants in establishing and maintaining effective communication in the performance of their professional duties, so they do not need to acquire special professional experience.

To refute the first trend, it is enough to pay attention to the numerous complaints of patients to nurses providing professional services. Most often, offended patients indicate indifference, abuse, rude statements, unwillingness to explain the essence of medical manipulation, lack of attention, patience and mercy. Consequently, the “mechanical” professional manipulation of nurses who do not possess communicative skills and abilities indicates low professional qualifications and destroys the patient-oriented environment in hospitals and polyclinics.

Finding out the consistency of the second trend, we conducted a diagnostics of communication skills, attitudes to communication in nurses before studying the discipline “Psychology”. The diagnostic complex of methods includes: Y.M. Orlov's method “Need for communication”, the method “Behavioral signs of communicative tolerance”, the method of diagnostics of “interference” in establishing emotional contacts, V.F. Ryakhovsky's questionnaire to determine the level of sociability, the method “Personal aggressiveness and conflict” [5]. The study involved 18 graduate students in the first week of the last academic semester. As a result, valuable information was obtained, reflecting the communicative competence of students before training.

The results of the first method indicated the possibility of successful realization in the chosen professional sphere “man-man” by students. 78% of the students (14 people) had a need for communication above the average level; the remaining four people had a need for communication slightly below the average level.

Quantitative indicators of the second method confirmed and strengthened the optimism of the results of the first. Pronounced intolerance to others (135 points) was absent in the group of future nurses, only two students scored higher, receiving respectively 93 and 96 points. The level of communicative tolerance of the representatives of the group was satisfactory: 67% of people found average (5 people) and below average (9 people), two subjects (11%) were in the group with the best results in communicative tolerance.

At the same time, the extended results of this technique deserve special attention. Among the nine behavioral characteristics, for which the subjects rate themselves from 0 to 15 points, in the negative leader came out: “categoriality or conservatism in the estimates of men” (the average score for the group – 8.1); “rejection or misunderstanding of human individuality” (average score – 7.5); “desire to fit

partner for themselves, make it convenient" and "inability to adapt to the partners" (average score of 7.4 for both parameters); "using yourself as a reference when assessing others" (average score – 7.3); "inability to hide or smooth out unpleasant feelings when faced with non-communicative qualities of partners" (average score – 7.1). The most successful responses of students were "intolerance to physical or mental discomfort of the partner" (5.4 points) and "desire to remake, re-educate partners" (5.1 points), which indicates the acceptance of their professional role, compliance with the profile of the nurse.

The method of diagnostics of "hindrances" in the establishment of emotional contacts distributed the participants of the study on several levels of emotional efficiency in communication. Two people (11%) were in the group of students who usually do not interfere with emotions to communicate with partners. At the third level, indicating some emotional problems in everyday communication, there was one person (5.5%). The remaining 83.5% of students were divided into two groups that require special work to improve emotional efficiency in communication. The group of the fourth level – 39% (7 people) united students, whose emotions complicate interaction with partners to some extent. The largest group of the fifth level – 44.5% (8 people) gathered students, who are clearly prevented by emotions from establishing contacts with people. Most of the representatives of the fourth and all students from the fifth group noted in the answers the inability to manage emotions and dose them, inadequate manifestation of emotions, inflexibility, underdevelopment, inexpressiveness of emotions, dominance of negative emotions, unwillingness to approach people on an emotional basis.

The results of the V.F. Ryakhovsky's questionnaire confirmed the data obtained by the first and second methods. Thus, 11 students (61.1%) found normal communication skills. They are willing to listen to an interesting interlocutor, patient in communicating with others, without unpleasant experiences go to a meeting with strangers, but do not like noisy companies and are irritated by verbosity. Three people (16.9%) were sociable and confident in unfamiliar surroundings, but reluctant to participate in disputes and disputes, cautiously converging with new people. Two people (11 %) – very sociable, talkative, which sometimes irritates others, and two (11%) with excessive sociability, tend to take part in all discussions, broadcast their opinions on any occasion.

By the method of "Personal aggressiveness and conflict" mean group scores were the following: "the temper" (6.1 points out of a possible 10), "intolerance to others" (4.9 points), "smile" (4.4 points), "assertiveness" (4 points), "revenge" (3.9 points), "suspicion" (3.9 points), "resentment" (3.7 points), "intransigence" (3 points). The total indicator of positive aggressiveness in the group was 7.2 points out of 20 possible and was lower than negative aggressiveness (9 points out of 20). The generalized indicator of conflict of the studied group is 18.9 points out of 40 possible.

Thus, the diagnostic results that precede the pedagogical process in the

discipline “Psychology” convincingly prove that the skills of effective professional communication in future nurses are not formed. The found relative communicative efficiency, formed based on practical experience of students' communication, is seriously limited to the nearest circle of communication. Having trouble in interpersonal communication outside the profession, it is impossible to communicate professionally without special training. At the same time, the need of communication is urgent for graduate students, they actively participate in communication, often not coping with their own emotions and not understanding the emotional manifestations of the interlocutors, which naturally generates conflicts, aggression and destruction of relations.

With the inevitable expansion of the circle of communication in professional activities, the system of communicative representations and skills will be ineffective, emotional instability and involuntary aggression in unusual social situations will become the main features of nurses in communication [6].

Thus, the second basic assumption about the non-necessity of effective communication special training is also not consistent.

The deficit of the curriculum of specialty 34.02.01 “Nursing” in relation to the discipline “Psychology of Communication” requires psychology teachers deep methodological understanding of the situation and enrichment of the educational process tasks and exercises that simultaneously solve several problems, one of which is necessarily addressed to the formation of communicative competence.

The results of the diagnostics made it possible to focus on the most “problematic” areas of effective professional communication of nurses in the conditions of educational time shortage during the development of the “Psychology” course.

The components of the content of effective communication training for students were determined based on models of social and emotional intelligence.

Various approaches, definitions, constructs and structural relations of social and emotional intelligence are presented in Russian and foreign psychology (H. Gardner, J. Gilford, D. Goleman, R. Strenberg, E.S. Mikhailova, D.V. Ushakov, D.V. Lyusin, etc.) [7]. Most psychologists agree that social competence is a multicomponent structure, the development and functioning of which provides an individual with the effectiveness of interaction with other people [6].

We considered the model of social intelligence of A.I. Savenkov after the author as a broad concept composed of three groups of significant criteria – cognitive, emotional, behavioral [8]. The main target of pedagogical efforts was the average structural element of the model – emotional intelligence, since it required attention and special development as the weakest link of students in this study group.

D.V. Lyusin defined the structure of emotional intelligence as two-component. The first component is the ability to understand emotions and its components: the ability to establish the presence of emotions in yourself or another person; the ability to

establish what kind of emotion is experiencing the person or the other, calling the emotion; the ability to understand the causes of the identified emotion and the consequences to which it can lead. The second component is the ability to control emotions, which includes the ability to control the intensity of emotions, muffling excessively strong; the ability to control the external expression of emotions; the ability to cause a certain emotion if it is necessary [9]. Both components were identified as additional diagnostic learning objectives aimed at the formation of effective communication of nurses in the "Psychology" course.

The main means in future nurses teaching, along with theoretical basic knowledge on the topics of the discipline "Psychology", were handout terminological dictionaries of emotions and states, defining 85 terms, and "Self-assessment of emotional states" with the help of the technique "Thermometer", which was developed by N.P. Fetiskin, to identify emotional states "here and now".

Regular, frequent use of dynamic diagnostics in the process of training sessions, quick fixing as the state of its dynamics and the ease of working made it possible to attract potential nurses to work on their own emotions and then the emotions of peers.

At the first stage, students learned to listen to their own emotional state. They painted over the scales on pre-prepared black-and-white templates of thermometers, indicating the actual temperature (low, high, very high) on the scale corresponding to their own state (enthusiastic, joyful, pleasant, calm, balanced, indifferent, boring, drowsy, irritated).

At the next stage of work on emotional intelligence, students without a "thermometer" based on a terminological dictionary gave a brief and accurate description of their own state, emphasizing the severity and strength of particular emotions.

In the third stage of emotional intelligence development, future nurses were trained to determine the causes of the current condition and possible consequences for themselves and others.

Similar three stages of work were devoted to work on the emotional states of their colleagues. Students, having learned to analyze their own state, practiced in understanding the emotional state and its dynamics in other people.

After a qualitative training on understanding their own and others' emotional states, students were offered more complex work options aimed at training the second component of emotional intelligence according to D.V. Lyusin – the ability to manage their own emotions. Students mastered one per lesson simple self-regulating techniques that allow them to cope with excessive emotional manifestations quickly. Complex valuable results of painstaking practical work to improve the emotional intelligence of nurses were a significant improvement in intra-group interpersonal relationships and the acquisition of well-formed competencies that ensure effective professional communication of future specialists with secondary special education.

Effective professional communication with colleagues, patients and their relatives is the basis of clinical skills, the most important component of the nurse competence.

The ability to communicate should be studied, because how a specialist communicates in the professional sphere is no less important than what he does [10].

There is no conflict of interests.

СПИСОК ЛИТЕРАТУРЫ:

1. Жолудова А.Н., Полякова О.В. Формирование педагогической компетенции в рамках профессионального стандарта «педагог профессионального обучения, профессионального образования и дополнительного профессионального образования» // *Личность в меняющемся мире: здоровье, адаптация, развитие: сетевой журн.* 2018. Т.6, №1. Доступно по ссылке: <http://humjournal.rzgmu.ru/art&id=299>. Ссылка активна на 29 ноября 2019.
2. Блинов В.И., ред. Образовательный процесс в профессиональном образовании: учеб. пособие для вузов. М.: Электронное издательство Юрайт; 2018.
3. Приказ Министерства образования и науки РФ от 12 мая 2014 г. № 502 «Об утверждении федерального государственного образовательного стандарта среднего профессионального образования по специальности 34.02.01 Сестринское дело». Доступно по ссылке: <http://base.garant.ru/70683786/>. Ссылка активна на 29 ноября 2019.
4. Приказ Министерства образования и науки РФ от 12 мая 2014 г. № 514 «Об утверждении федерального государственного образовательного стандарта среднего профессионального образования по специальности 31.02.01 Лечебное дело». Доступно по ссылке: <https://www.garant.ru/products/ipo/prime/doc/70579016/>. Ссылка активна на 29 ноября 2019.
5. Ильин Е.П. Психология общения и межличностных отношений. СПб.: Питер; 2009.
6. Ясюкова Л.А., Белафина О.В. Социальный интеллект детей и подростков. М.: Изд-во «Институт психологии РАН»; 2017.

REFERENCES:

1. Zholudova AN, Polyakova OV. Formation of pedagogical competence within the professional standard "Teacher of vocational education, professional education and additional professional education". *Personality in a changing world: health, adaptation, development: a network journ.* 2018; 6(1). Available at: <http://humjournal.rzgmu.ru/art&id=299>. Accessed: 29 Nov 2019. (In Russ).
2. Blinov VI, ed. *Obrazovatel'nyj process v professional'nom obrazovanii: ucheb. posobie dlja vuzov*. Moscow: Electronic Publishing House Urait; 2018. (In Russ).
3. Order of the Ministry of Education and Science of the Russian Federation of May 12, 2014 No. 502 "Ob utverzhdenii federal'nogo gosudarstvennogo obrazovatel'nogo standarta srednego professional'nogo obrazovaniya po special'nosti 34.02.01 Sestrinskoe delo". Available at: <http://base.garant.ru/70683786/>. Accessed: 29 Nov 2019. (In Russ)
4. Order of the Ministry of Education and Science of the Russian Federation of May 12, 2014 No. 514 "Ob utverzhdenii federal'nogo gosudarstvennogo obrazovatel'nogo standarta srednego professional'nogo obrazovaniya po special'nosti 31.02.01 Lechebnoe delo". Available at: <https://www.garant.ru/products/ipo/prime/doc/70579016/>. Accessed: 29 Nov 2019. (In Russ).
5. Il'in EP. *Psychology of communication and interpersonal relationships*. Saint Petersburg: Piter; 2009. (In Russ).
6. Jasjukova LA, Belavina OV. *Social intelligence of children and adolescents*. Moscow: The Publishing house "Institute of Psychology Russian academy of sciences"; 2017. (In Russ).
7. Ljusin DV, Miheeva ID. Psychometric analysis of the Russian version of the social

7. Люсин Д.В., Михеева И.Д. Психометрический анализ русской версии теста на социальный интеллект Дж. Гилфорда и М.О. Салливена. В кн.: Люсин Д.В., Ушаков Д.В., ред. Социальный интеллект. Теория, измерение, исследования. М.: Изд-во «Институт психологии РАН»; 2004.
8. Савенков А.И. Структура социального интеллекта // Электронный журнал «Современная зарубежная психология». 2018. Т. 7, № 2. С. 7-15. doi: 10.17759/jmfp.201807020. Доступно по ссылке: http://psyjournals.ru/files/93903/jmfp_2018_n_2_Savenkov.pdf. Ссылка активна на 29 ноября 2019.
9. Люсин Д.В., Ушаков Д.В., ред. Социальный и эмоциональный интеллект: От процессов к измерениям. М.: Изд-во «Институт психологии РАН»; 2004.
10. Сильверман Дж., Кёрц, С., Дрейпер Дж. Навыки общения с пациентами. М.: Гранат; 2018.
- intelligence test by J. Guildford and M.O. Sullivan. In: Ljusin DV, Ushakov DV, eds. *Social intelligence. Theory, measurement, research*. Moscow: The Publishing house "Institute of Psychology Russian academy of sciences"; 2004. (In Russ).
8. Savenkov AI. Structure of social intelligence. *Journal of Modern Foreign Psychology*. 2018; 7(2): 7-15. Available at: http://psyjournals.ru/files/93903/jmfp_2018_n_2_Savenkov.pdf. Accessed: 29 Nov 2019. doi: 10.17759/jmfp.2018070201. (In Russ.; Abstr. in Engl.).
9. Ljusin DV, Ushakov DV, eds. *Social and emotional intelligence: From processes to dimensions*. Moscow: The Publishing house "Institute of Psychology Russian academy of sciences"; 2004. (In Russ).
10. Silverman J, Kurtz S, Draper J. *Skills for Communicating with Patients*. Moscow: Granat; 2018. (In Russ).

СВЕДЕНИЯ ОБ АВТОРАХ:

Моторина Ирина Вадимовна – кандидат педагогических наук, доцент кафедры общей и специальной психологии с курсом педагогики Рязанского государственного медицинского университета имени академика И.П. Павлова; 390026, Рязань, ул. Высоковольтная, д.9. email: motorina.rgmu-psi@yandex.ru.

ДАТА ПОСТУПЛЕНИЯ: 10.10.2019

ДАТА ПРИНЯТИЯ В ПЕЧАТЬ: 16.11.2019

ССЫЛКА ДЛЯ ЦИТИРОВАНИЯ:

Моторина И.В. Формирование эффективной профессиональной коммуникации медицинских сестер на этапе получения среднего профессионального образования // Личность в меняющемся мире: здоровье, адаптация, развитие: сетевой журн. 2019. Т.7, № 4 (27). Доступно по ссылке: <http://humjournal.rzgmu.ru/art&id=404> Ссылка активна на чч.мм.гггг. doi: 10.23888/humJ20194623-635

INFORMATION ABOUT AUTHORS:

Motorina Irina Vadimovna – PhD (Pedagogics), associate professor of the Department of General and Special Psychology with the course of Pedagogics. Ryazan State Medical University named after academician I.P. Pavlov; 390026, Ryazan, 9, Vysokovol'tnaya street. email: motorina.rgmu-psi@yandex.ru.

PAPER RECEIVED: 10.10.2019

PAPER ACCEPTED: 16.11.2019

REFERENCE FOR CITING:

Motorina IV. Formation of the effective professional communication of medical nurses at the stage of obtaining secondary vocational education. *Personality in a changing world: health, adaptation, development: a network journ*. 2019; 7(4). Available at: <http://humjournal.rzgmu.ru/art&id=404> Accessed: dd Month yyyy. doi: 10.23888/humJ20194623-635