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**TO THE ISSUE OF MODERNIZING TEACHING OF THE UNIT «LATIN CLINICAL TERMINOLOGY»****ДО ПИТАННЯ МОДЕРНІЗАЦІЇ ВИКЛАДАННЯ РОЗДІЛУ  
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**Abstract.** *The article raises the question of finding new approaches, ways, techniques, capable of optimizing and intensifying the educational process from the unit «Latin Clinical Terminology».*

**Key word:** *teaching method, Latin clinical terminology, educational process.*

The Standard of higher education of the second (Master's) level, area of knowledge 22 Health Care, specialty 222 Medicine, approved by the order of the Ministry of Education and Science of Ukraine of November 8, 2021 No. 1197, implemented from 2021/2022 academic year. One of the general competence that a first-year student should acquire while studying Latin at a higher medical institution is the ability to correctly use medical terminology in professional communication. This involves the acquirer mastering the basics of Latin grammar, syntax elements, various algorithms of actions that will ensure the realization of the set goal. In this regard, the educational discipline is studied in three directions: anatomical-histological, clinical and pharmaceutical cycles. This step-by-step approach to teaching the subject provides maximum conscious understanding of the fact that the Latin language is the basis of international medical terminology and guides the need for its study. While studying the unit «Anatomical and histological terminology», the applicant acquires the skills of recognizing the belonging of nouns and adjectives to a certain declension, learns case endings, orients himself in the types of syntactic constructions, which provides him with a conscious mastery of anatomical and histological terms not only in practical classes of the Latin language, but also when studying such fundamental disciplines as human anatomy and histology.

As work experience shows, studying the unit «Latin Clinical Terminology» for first-year students is quite difficult considering the content of the termed concept. The educational program for studying clinical terminology allocates only 18 classroom hours, during which the applicant must acquire two professional competence: the ability to make a clinical diagnosis of a disease and to maintain medical documentation using Latin medical terminology in future professional activities. Therefore, teachers of the Latin language are constantly looking for new approaches, methods, and techniques capable of implementing a competency-based approach to teaching the «Latin Clinical Terminology» unit.



The study of clinical terminology begins with the introduction of first-year students to such terminological concepts as «initial term element», «final term element», which is understood as a component of complex derived terms, which is characterized by a stable generalized meaning. Traditionally, in modern authoritative textbooks recommended by the Ministry of Education and Culture of Ukraine as basic for students of medical institutions of higher education [1;2] the initial Greek equivalents to the Latin designations of organs and anatomical structures are introduced into the educational process in doses and depending on belonging to the declension of the Latin noun or adjective. The authors of the textbook follow the same approach with regard to final term elements. In other words, final terminological elements of the first declension type –rrhagia, -malacia, -pathia etc. are offered to students for learning at the same time as studying the Greek equivalents of Latin nouns of the first declension: *vertebra*, ae f (Lat.) → *spondylos*, *spondyl-* (Gr.); *vena*, ae f (Lat.) → *phleps*, *phleb-* (Gr.); *palpebra*, ae f (Lat.) → *blepharon*, *blephar-* (Gr.); final term elements of the second declension such as –lithus, -spasmus, -graphium, -iater etc. are assimilated simultaneously with the Greek equivalents of Latin nouns of the second declension: *musculus*, i m (Lat.) → *mys*, *my-* (Gr.); *labium*, i n (Lat.) → *cheilon*, *cheil-* (Gr.) etc.; final terminological elements of the third declension such as –ptosis, -mycosis, -stenosis etc. – in parallel with the study of Greek equivalents to Latin nouns of the third declension: *cartilago*, inis f (Lat.) → *chondros*, *chondr-* (Gr.); *cor*, *cordis* n (Lat.) → *cardia*, *cardi-* (Gr.); *dens*, *dentis* m (Lat.) → *odus*, *odont-* (Gr.) etc. A similar concept is followed by the authors of the textbook «Latin language and medical terminology» [3]. Undoubtedly, such a didactic approach is fully justified, ensures accessibility, consistency, systematicity and feasibility of learning and is understandable to students, because the study of anatomical and histological terminology was also connected with the declensions of nouns and adjectives.

At the same time, we see some shortcomings in this order of presentation of the material, since the construction of terms is limited only to a specific declension. Let us illustrate this thesis with the following example: having learned the initial term element *cystis*, a student can form the term «examination of the bladder cavity with a cystoscope» → *cystoscopia*, but has no idea about the term «apparatus for examining the bladder cavity» → *cystoscopium*, since the final term element *scopium* belongs to the second declension of nouns, which is the subject of another practical lesson.

In practical classes at our university since 2015 we follow a slightly different to the presentation of the material in the «Latin Clinical Terminology» unit: initial term elements are studied by declensions, and final term elements are grouped not by declensions, but depending on the content load, which was reflected in the study guide «*Studeamus terminologiae clinicae Latinae*» [4]. We distinguish five groups of final term elements: 1) carry information of an abstract nature (-graphia (meaning description), -logia, -sthenia, -genesis, -logus etc.); 2) denote a device, instrument (-metrum, -tomum, -scopium etc.); 3) indicated pathological conditions (-sclerosis, -oedema, -megalia, -spasmus etc.); 4) outline operative interventions (-ectomia, -rrhaphia, -lysis etc.); 5) indicate methods of examination (-scopia, -metria, -graphia etc.). Separately we focus on the suffixes productive in clinical terminology –itis, -



oma, -osis, -ismus, which we introduce into the canvas already in the first practical lesson on clinical terminology.

We admit as a result of the proposed organization of the educational process, the first lesson on clinical terminology is too saturated, contains a significant number of term elements that need to be learned, but, as our experience shows, it is positively perceived by students. The advantages of this approach can be seen in the following: 1) on the material of the initial term elements of the first declension, the student will be able to form a number of terms that, according to their grammatical structure, may belong not only to the first, but also to the second and third declensions. For example, let's list the terms with the initial term element –phleb and final term elements of the first declension: phlebologia, phlebomalacia, phlebectasia, phlebalgia, phlebectomia, phlebographia, phleborrhagia, phlebomegalia, phlebopexia, phleboplastica, phlebotomia (11 examples), and now we will add 13 more one-word composites formed using the final term elements of the second: phlebographium, phlebotomum, phlebospasmus, phlebolithus, third declension: phlebolithiasis, phlebostenosis, phlebosclerosis, phlebonarcosis, phlebostasis, phleborrhexis and suffix formations phlebitis, phlebois, phlebismus; 2) we use the motto «Repetitio est mater studiorum» as much as possible, which ultimately leads to the automatic reproduction of the desired final term element due to the multiplicity of its use in all practical classes. So, for example, having learned the suffix of the third declension –it is already in the first lesson, you can form at least a dozen terms using the initial term elements of the first declension: cystitis, cholecystitis, glossitis, phlebitis, spondylitis, myelitis, mastitis, adenitis, blepharitis, uvulitis. And with study of the initial term elements of other conjugation, the number of such terms increases many times; 3) thanks to this distribution of didactic material, the possibility of diversifying exercises aimed at acquiring the skills of constructing one-word clinical terms-composites and creating fragments of diagnoses or extended clinical diagnose increases; 4) students' attention is focused on the meaningful load of final term elements, and not on belonging to one or another declension, which is extremely important for acquiring the ability to construct clinical terms in Latin. However, this does not mean at all that the cancellation of the formed term remains out of consideration: at each practical lesson, students are offered exercises to develop the skills of recognizing grammatical forms such as: group terms depending on whether the final term element belongs to the first, second or third declension. Starting from the second, and then in all other classes, the following types of work are added: to group terms in the formation of which the initial and final term elements of only the first (second/third) declension are used; to group terms depending on the belonging of the initial term elements to a certain declension. One should also not forget about the part-linguistic belonging of the initial term elements, especially after studying the topics «Initial term elements of the first/second group of adjectives», offering for oral performance an exercise such as: translate clinical terms, explain the linguistic affiliation of the initial term elements.

We are convinced that skillfully formulated conditions of tasks for exercise increase students' interest in the material being studied. It is advisable to minimally use the same type of «boring» wording, such as: to form one-word terms with a given



meaning, because they can be replaced as follows: create and write in Latin clinical terms indicating surgical intervention; form and write down one-word terms that indicate a pathological condition or disease; form the terms encountered by an ophthalmologist (surgeon, traumatologist, dermatologist, dentist etc.) in the course of his practical activity; translate into Latin the diagnoses (fragments of diagnoses) coded in class XI «Diseases of the digestive system» K00-K93 of the International Statistical Classification of Diseases and Related Health Problems 10<sup>th</sup> Revision (or any other class), because in every academic group already in the first year, young people are studying who dream of becoming a surgeon, ophthalmologist, gastroenterologist, otolaryngologist, traumatologist etc. Without a doubt, they will be interested in working out the exercises, as they will clearly see the connection of the studied material with their future professional activity, that is, the stimulation and motivation of the educational and cognitive process is observed. If we talking about students of higher education at dental faculties, the core of clinical terminology is based on the terms of therapeutic, surgical, orthopedic and orthodontic dentistry, which should be reflected in the formulation of the conditions for the exercises.

Of course, on the one hand, this approach requires the authors of textbooks/study guides and a specific teacher to be creative and able to fill exercises with practical tasks that are as close as possible to professional tasks, to choose the appropriate terminological material, to calculate the time for each exercise minute by minute and on the other hand, it opens up the possibility of implementing the didactic principle of individualization of learning. Without a doubt, there should be a certain number of exercises that are mandatory for all students in the academic group. In our opinion, these are terms white the final components -logia et -logus, -pathia et -pathus, -graphia et -graphium, -scopia et -scopium, -metria et -metrum, -rrhagia, -therapia et cetera because regardless of the narrow specialization, they repeatedly appear in the written and spoken speech of thee doctor.

The formation of linguistic and professional knowledge will also be facilitated by the inclusion in the educational literature of multifaceted tasks for individual independent extracurricular performance, which require from students not only the skills and abilities acquired in the process of studying clinical terminology, but also the ability to carry out search work, relying on encyclopedic medical dictionaries/reference books and ICD-10 version or ICD-DA, using information and communication technologies. Exercises of this type can be found each practical lesson in the textbook edited by O. M. Bieliaieva [2] as well as in the study guide for students of specialty 222 «Medicine» [4]. These exercises are not mandatory for all students of the group to work on, however, as work experience shows there are several students in each academic group who find this type of work interesting who make efforts to solve the tasks.

### **Conclusions.**

The unit «Latin Clinical Terminology» is aimed at learning professionally significant skills and abilities regarding the use of Latin professional terms, nomenclature names, standard forms such as phasis exacerbationis, stadium incrementi, gradus levis etc., used in the oral and written discourse of a medical worker. To make a diagnosis in Latin, it is necessary to know the principle of



formation of clinical terms based on initial and final term elements and the syntactic constructions of building an extended clinical diagnosis. Therefore, it is extremely important to improve the methodology of teaching this unit, to find innovative approaches to optimize and intensify the educational process, to think about the development of more advanced educational process.

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**Анотація.** У статті розглядається питання пошуку нових підходів, шляхів, прийомів, здатних оптимізувати та інтенсифікувати навчальний процес з блоку «Латинська клінічна термінологія».

**Ключові слова:** методика навчання, латинська клінічна термінологія, навчальний процес