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## **MEMORY AND REMEMBERING TECHNIQUES FOR ADULTS USING MEDICAL ENGLISH**

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European Bureau of the World Health Care Organization (WHO) put forward the task to the countries-members of WHO due to the program “Availability of Health Care to All”. The task is to create efficient mechanisms to ensure quality of medical care to patients in the format of health care system. It is possible if doctors know a foreign language and are able to read information from authentic sources, communicate effectively with colleagues of different countries, and exchange their experience. Due to our President, people who don't know English are invalids of globalization. At Kharkiv Medical Academy of Postgraduate Studies some lectures are delivered in English both to foreign students and Ukrainian ones.

The aim of the paper is to share the experience of providing students of postgraduate course with a rational, effective, practical, and thorough approach to learning new words they can encounter at lectures and discussions and techniques which can facilitate the process of remembering them.

The task of the lecturer is to raise students' awareness of how they are learning and offer help to find out more efficient ways of organizing their studies. The mechanical technique of learning a list of new words may be helpful for some people. But no one can really learn the meanings of words until the meanings are thought about! Here are some more ideas on how to make words meaningful to us so that we can learn them and learn how to use them. The principles are: grouping and re-grouping, personal associations, strange connections, knowing parts of words (suffixes, prefixes), recognition of loan words.

\* Families of words. There are various ways of grouping words. And the same words can be grouped differently. For example, we might group them according to grammatical category (nouns, adjectives, verbs, etc.): **nouns**: *disease-free survival, manifestation, alteration, incidence, ulceration, mortality, malignancy, severity, morbidity, etc.*;

**adjectives**: *particular, rapid, progressive, labial, buccal, soft, ventral, severe, appropriate, autologous, allogenic, rare, reliable, meticulous, etc.*;

**verbs**: *induce, administer, reduce, indicate, determine, increase, acquire.*

\* Companions or word collocations are very important for remembrance. Knowing them means you are on the same page with your colleague. Some words are often used together: *manifestation of (disease, injury), protocol adherence, high-dose conditioning regimens, floor of the mouth, standard therapy, dose reduction, intensive care (not therapy), presence of anomalies, tempo of progression of symptoms, develop a tentative diagnosis or differential diagnosis, perform physical examination, to build a bond of trust between clinician and patient* and so on.

\* Work with synonyms. Students might find that some words they must learn mean the same thing. Or they may already know another word which means the same as a new one. So the students are advised to write the new word with a synonym / synonyms and learn them together, e.g., *pain, ache, sore, trouble; symptoms, signs, clues; infectious, contagious; adequate, proper, appropriate*. But it should be noted that some words can mean different things. You may only know one or two of these alternative meanings. When you choose a synonym it may only share one of these meanings. For instance, “part” can mean the same as “depart”, or “divide”, or “piece”, but “depart”, “divide” and “piece” do not mean the same thing. Or the words *medicine* and *drugs*, *diet* and *nutrition* – one time they are synonyms, but in another case they mean quite different things.

\* Similar words are not quite synonymous but it is a good idea to put these words together because they make you think about the differences. And if you have to think, you are likely to remember. For example, *perform, complete, accomplish, implement*.

\* Nice technique is to recall antonyms, e.g., *in-patient – out-patient; fast, rapid – slow; tumor marker-positive and – negative patient group; predictor – outcome*.

\* Another way of categorizing: organize your information into categories for easier recall. E.g. **tumor types**: *medically fit / medically unfit (not operable or inoperable), radio-resistant, tumors with indolent or aggressive behavior, benign, malign, resictable / unresictable, etc.*; **pain**: *sharp, acute, awful, and terrible*.

\* Parts of words: students should be able to divide the words into different parts, to find a prefix or a suffix in the word, for example. If students are familiar with the main suffixes of nouns, verbs, adjectives and adverbs, they can easily recognize a new word of the same root: if they know *clinic, pain*, they can easily guess the words *clinician, painful*; prefixes often give a clue to its meaning: *pretreatment*; some prefixes give a negative meaning to a word; they create a word with an opposite meaning: *true – untrue, healthy – unhealthy, normal – abnormal, function – dysfunction, significant – insignificant*.

\* Another way of word formation, which is one of the most distinguishing features of Medical English, is abbreviation. This phenomenon can be connected with rationalization of the given language. The simplest method to confirm it is to start with “Basic Components of the History”: *CC – Chief complain, HPI – History of present illness, PMH – Past medical history, FH – Family history, SH – Social history, ROS – Review of systems*; the other examples: *TB (tuberculosis), AIDS (acquired immunodeficiency syndrome), HIV (human immunodeficiency virus)*. The last two abbreviations are called acronyms – the first letter in each word is used to form a new one. They are frequently met in General English too: NATO, PIN, NASA.

\* Students should keep in mind another way of word or medical term formation – onomastic one, e.g.: *Gardner’s syndrome – inherited as a dominant trait, multiple tumors, including..., Hamman-Rich syndrome – interstitial fibrosis of the lung, Klinefelter’s syndrome – a chromosomal anomaly with... etc.*

\* Cognates and false friends. A cognate is when a word in a foreign language

means the same as the word in your own language. In Ukrainian *histopathological classification, metastases, procedure, molecular factors, biomarker* is easily understood. There is a bulk of words (terms) which came into English from Latin or Greek, that's why they are familiar to medical students: *tumor, cancer, pathology, fetus, prognosis, in situ* etc. But "major" in English doesn't mean "big" like in Latin, it means "main", so it is a false friend.

\* Students have to intend to remember. Scientists say that our brains never forget anything. It is our recall that is at fault. Who forgets that they have tickets to a rock concert? Most of us remember the things that are important to us. Link new information to things you already know. Make connections. Stimulate those brain synapses and they will come through in the crunch.

\* Students should "organize the material in a way that makes sense to you. Do not try to memorize isolated facts. Understand the big picture and then divide the information you need to know into smaller, more manageable categories" [1, p.266].

\* Review new words, phrases and context as soon as possible. The newest additions to your brain are the ones you have the most trouble recalling. After a while your forgetting "levels off".

Inferring, we can advise to try mnemonics – the art of improving memory by using formulae, figures, phone numbers or other aids, which create "file tabs" in one's brain that help you pull out hard-to-remember information.

#### References

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## MODERN TRENDS IN THE HOSPITALITY MARKET UNDER GLOBALIZATION

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Nowadays, the sale of hotel services is the fastest growing sector of the world economy, which determines the interest in the sector from both scientific and practical points of view. At the same time, the hotel industry is the material and technological base of the tourism industry and without the implementation of the hotel services, a full-fledged development of the tourist trade in services is not possible. In addition, the development of the hotel services market, as well as tourism in general, has not only economical but also social significance, providing a framework to meet the recreational needs of the population.