approaches to understanding and interpreting the concept «individual work of students» in scientific investigations. O.M. Aleksiuk and P.I. Pidkasystyi interpret individual work as «any organized active practice of students by a teacher that is directed into the implementation of didactic aim in specially allotted time». Also P.I. Pidkasystyi indicates, that individual work appears «in the role of specific pedagogical means of organization and management of individual activity of a student in the educational process». We think, that foreign medical students of higher education institutions must learn Ukrainian as a foreign language not only at practical lessons, but also they must learn to individually master separate topics of this discipline by doing individual tasks, which require mastering of orthoepic, phonetic, grammatical, lexical and morphological norms of modern Ukrainian language.

Aim of individual work is to activate the cognitive activity of students in the educational process, develop lingual skills and abilities, expand the lingual practice of foreign medics.

One of the principles of the Bologna Declaration is increasing the part of individual student's work in learning of discipline and individualization of education. The organization of this work has a range of peculiarities, which must be taken into consideration by each teacher in the view of specificity of a discipline, language of teaching and contingent of students, as well as the initial level of skill formation of individual work. We distinguish such stages of implementation of this type of educational activity with the aim of qualitative level of implementation of individual work by foreign students-medics: designation of topics for individual working out; creation of appropriate tasks of a proposed topic; development of algorithms and schemes concerning the implementation of tasks of a different type; introducing types of control (tests, exercises, creative tasks) to students.

Individual work of students is one of the forms of academic work that activates the educational activity of a student in terms of the introduction of the credit-modular system.

According to the educational curriculum, students must learn how to take part in speech communication where vocabulary-grammatical material is used, that is mastered by them, that is: students must be able to answer a question of a studied topic, create and conduct a dialogue by the principle: teacher–student; student–student; doctor–patient, etc.

So, individual working out of material will promote activation of the lingual practice of future medical graduates, consolidation of their knowledge about language norms, as well as ability to apply them during professional education, create own expressions according to the rules of the Ukrainian language. The organic combination of classroom lessons with home individual work will promote the formation of communicative competence of students and facilitate the development of their cognition and social activity.

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UNDERSTANDING MEDICAL TERMINOLOGICAL SYSTEMS
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For many years various terminological systems have been developed with different domains and structures, such as strict hierarchies or semantic nets describing concepts and their relationships. These terminological systems were designed for different purposes. It is still hard to gain insight into the merits and usability of existing systems because the structure and characteristics of terminological systems are often incompletely and ambiguously described. Therefore, there is a need for a framework for understanding terminological systems, a framework which is lacking.

Objective of the paper is to provide representation formalism for representing the structure of terminological systems and to report our experience with its application for formalizing existing terminological systems.

Five well-known terminological systems are examined: ICD (International Classification of Diseases), NHS (National Health Service), SNOMED (Systematized Nomenclature of Medicine),

UMLS (Unified Medical Language System), and GALEN (Generalized architecture for languages, encyclopedia and nomenclatures in medicine). To understand, compare and evaluate them two methods are applied: 1) a uniform terminology and typology to characterize terminological systems themselves; 2) a uniform representation formalism to describe the structure of these systems or for the development of new ones.

In ICD each concept is at least designed by one unique code and at most by two unique codes: one dagger code related to the etiology and one asterisk code related to the location of the diagnostic term. NHS clinical terms form a classification of medical concepts representing many domains such as diseases, signs, procedures, etc. each of these subdomains contains related by generic relationships. This system views partial relationships as generic ones by producing structure concepts. The structure of SNOMED consists of eleven modules (also called axes or dimensions), such as Topography, Disease and Diagnosis, Procedures, etc. It can be conceived as distinct classifications. Concepts within one axis are related to each other using hierarchical relationships and concepts between different axes are also related by non-hierarchical relationships. UMLS consists of the Metathesaurus, the Semantic network, the SPECIALIST lexicon and the Information Sources Map. For brevity the Metathesaurus and the semantic network are described conceptually and formally, because these two together form the most comparable component with the terminological systems. The Metathesaurus provides information about concepts, terms, string-names and the relationships between them, drawn from established terminological systems.

GALEN provides an explicit model of the domain but it also provides a flexible representation language. The goal of this system is to formally describe and model the medical domain by which the interchangeability of electronic medical data of different data sources can be supported.

We think that especially formal definitions and composition rules are essential criteria for future terminological systems because, especially when expressed in a restricted form, they can facilitate automated reasoning such as consistency checking, classification and knowledge acquisition or data entry.

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THE PROFESSIONAL LANGUAGE OF INFECTOLOGY LEVEL STRUCTURE
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Professional language is a means for optimal understanding of specialists about the problems of their field; it is characterized by specific vocabulary and special standards of choice, use and frequency of common vocabulary and grammatical means. It does not exist as an independent form of expression of language, but is actualized in professional texts. There are certain signs in the professional language. As each of them has its own historical traditions, so it also reveals certain peculiarities inherent in it, which are connected not only with the profession but also with the linguistic expression. That is, the specific vocabulary of professional languages is not homogeneous.

In today's medical professional language we see the use of vocabulary related to the field of infectology as a field of clinical medicine, which studies the nature and mechanisms of the occurrence of various types of infections. The science about any disease that occurs through infection, bacteria or parasites, the ways of treatment, diagnosis and prevention. As a medical field, infectology is closely linked to dermatology, pharmacology, chemistry, anatomy, and surgery, which is why the vocabulary of these fields of science is organic. In the mentioned sphere of human activity the vocabulary: "infection, source of infection, symptom, etc." is used.

The objectives of the study is due to the need for a comprehensive analysis of the specialty language infectology. The functioning of this vocabulary in the scientific and scientific-industrial sphere, as well as its widespread use in common language communication, determines the establishment of general and specific laws of formation of the lexical system of infectology.