
THE IMPORTANCE OF FUTURE DOCTORS' FOREIGN LANGUAGE COMMUNICATIVE COMPETENCE AND THE STAGES OF ITS FORMATION

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INTRODUCTION

Under the circumstances of globalization large groups of the population are migrating with the purpose of study and employment in other countries where English is increasingly becoming the language of communication. Ukraine's participation in global processes of integration, the expansion of international relations will significantly increase the status of foreign languages in the professional activities of specialists in various fields, especially in medicine. European recommendations on language education define that university graduates should freely express their own points of view without wasting time searching for appropriate language tools while achieving professional goals¹. The performance of this task requires a high level of doctor's foreign language communicative competence formation. O. Pidmazina notes that the success of its formation is possible under the condition of the competence approach is introduced to the teaching process². Its implementation in modern medical education brings up-to-date issue of transition from the traditional model of higher medical education, which was focused on information-accumulating principles, to a result-oriented one. It contributes to the formation of the future doctor's maturity to perform tasks in no ordinary professional situations. The modern system of medical education in various countries is focused on the final result that considers the training of doctors who are able to make professional decisions on their own in accordance with the defined tasks and functions³.

¹ Загальноєвропейські рекомендації з мовної освіти: вивчення, навчання, оцінювання. Рекомендації. Наук. ред. укр. видання доктор пед. наук, проф. С. Ю. Ніколаєва. Київ : Ленвіт, 2003. 273 с.

² Підмазіна О.М. Навчання англійської медичної лексики засобами інтерактивних методів в умовах дистанційного навчання. Інноваційна педагогіка. 2023. Вип. 65 Т.2. С. 95 – 98. <https://doi.org/10.32782/2663-6085/2023/65.2.20>

³ Кліщ Г.І. Професійна компетентність як мета підготовки лікарів у медичному університеті Відня. URL:http://virtkafedra.ucoz.ua/el_gurnal/pages/vyp8/Klish.pdf

Thus, L. Rusalkina emphasizes the importance of the foreign language communicative competence formation for professional growth by means of internship in clinics abroad, taking advanced training courses, and participation in international research projects in the field of medicine⁴. In addition, knowledge of English will enable future doctors to work in a multinational team with specialists abroad. Many national clinics cooperate with foreign medical institutions, invite experts from abroad to work or consult patients in complex cases in order to establish a diagnosis and determine methods of treatment for patients. The professional competence of the future doctor is formed on the basis of scientific knowledge, basic medical skills, moral and ethical values. Its main components are the ability to acquire and use knowledge⁵, to implement it into practice with the help of clinical thinking, as well as to integrate it during professional activity by communicating with patients and colleagues⁶.

1. The importance of foreign communication competence of future doctors and its structure

The issue of future doctors' foreign language communicative competence formation was considered by national and foreign scientists: G. Klish⁷, Ya. Kulbashna⁸, K. Khomenko⁹, J. Gregg and S. Saha.¹⁰ At the same time, it needs further profound study in the context of the processes of internationalization, globalization of society and the creation of a transnational educational and professional medical environment.

⁴ Русалкіна Л.Г. Теоретико-методичні засади англomовної професійної підготовки майбутніх лікарів: дис. ... док. пед. наук: 13.00.04. Одеса, 2020. 426 с.

⁵ Zakharova V.O., Kulbashna Ya.A., Malanchuk V.O., Skrypnyk I.L., Nahirnyy Ya.P. A modern model of master's in dentistry professional training. Медична освіта. 2020. №1. С. 45–49. <https://doi.org/10.11603/me.24145998.2020.1.10992>

⁶ Хоменко К.П. Формування професійної компетентності майбутніх лікарів. Гуманітарний вісник ДВНЗ «Переяслав-Хмельницький державний педагогічний університет імені Г. Сковороди». Додаток 1 до вип. 36, том II (62): Тематичний випуск «Вища освіта України у контексті інтеграції до європейського освітнього простору». К.: Гнозис, 2015. С. 321–330.

⁷ Кліш Г.І. Професійна компетентність як мета підготовки лікарів у медичному університеті Відня. URL:http://virtkafedra.ucoz.ua/el_gurnal/pages/vyp8/Klish.pdf

⁸ Кульбашна Я.А. Формування професійної компетентності майбутніх фахівців із стоматології: теоретичні й методичні основи: монографія. Інститут вищої освіти Національної академії педагогічних наук України, Національний медичний університет імені О.О. Богомольця. К.: Компас, 2014. 415 с.

⁹ Хоменко К.П. Формування професійної компетентності майбутніх лікарів в університетах Польщі (1990–2015): дис. ... канд. пед. наук: 13.00.01. Ін-т вищої освіти НАПН України. К., 2017. 235 с.

¹⁰ Gregg J., & Saha S. Communicative competence: A framework for understanding language barriers in health care. Journal of General Internal Medicine. 2007. №22(SUPPL. 2). P. 368–370. doi: 10.1007/s11606-007-0364-4

I. Secret¹¹ defines communicative competence of a specialist as an important structural component of professional competence when Ya. Kulbasha¹² identifies it as a personal quality acquired during training, which ensures the effectiveness of communication with patients, their relatives, and medical staff. The successful professional activity of a doctor in any country of the world mainly depends on the ability to communicate, establish and develop relationships with people. At the same time, V. Manko¹³ emphasizes that the communicative competence of a specialist should include knowledge of professional terminology, the ability and skills to use terms with accuracy and linguistic correctness in oral and written professional communication. It is necessary to note that medical communication is carried out at linguistic, paralinguistic and extralinguistic levels. At the linguistic level taking anamnesis, reports on patient's health status, the effectiveness of treatment, recommendations, instructions, etc. take place. At the paralinguistic level information is exchanged through facial expressions, gestures, etc. The extralinguistic level provides the doctor with the necessary psychophysical information like temperature, results of palpation, test etc. All levels of communication interact with each other in the process of doctor communication with patients and medical staff¹⁴.

Taking into consideration what is mentioned above, communication with patients occurs at all stages of medical practice: diagnosis, consultation, treatment or preventive measures; therefore, a doctor of any specialization needs to acquire knowledge and skills of professional communication.

The doctor's communicative competence reflects the ability to explain clearly to the patient his condition, the need to carry out certain diagnostic or treatment procedures, point out the possible complications from their implementation and the consequences if they are not performed, explain to the patient the need for use and possible side effects from prescribed drugs. This approach will ensure trusting relationships with the patient¹⁵. Psychological contact with the patient helps take anamnesis more accurately

¹¹ Секрет І.В. Іншомовна професійна компетентність: проблема визначення. URL: <http://vuzlib.com/content/view/322/84/>

¹² Кульбашна Я.А. Формування професійної компетентності майбутніх фахівців із стоматології: теоретичні й методичні основи: монографія. Інститут вищої освіти Національної академії педагогічних наук України, Національний медичний університет імені О.О. Богомольця. К.: Компас, 2014. 415 с.

¹³ Манько В.М. Ковальова К.В. Комунікативна компетентність як складова процесу професійної підготовки майбутніх інженерів-механіків. Вища освіта України. 2013. №2. С. 272–280.

¹⁴ Захарова В.О. Формування іншомовної компетентності майбутніх фахівців із стоматології: дис. ... канд. пед. наук: 13.00.04. Національний медичний університет імені О.О. Богомольця. К., 2020. 275 с.

¹⁵ Кліщ Г.І. Професійна компетентність як мета підготовки лікарів у медичному університеті Відня. URL:http://virtkafedra.ucoz.ua/el_gurnal/pages/vyp8/Klish.pdf

to receive a more complete understanding of the patient's condition. The doctor's communication skills ensure mutual understanding and trust in relationships, the effectiveness of the assigned tasks¹⁶. This is confirmed by D. Greg and S. Saha who emphasize that insufficiently developed communication skills of the doctor complicate the process of making diagnosis¹⁷. They prove that patients, whose doctors had good communication skills, recovered faster.

Increased migration movements in the world triggered the need for continuous professional development through learning information from international scientific sources, as a result knowledge of a foreign language, mainly English, becomes a crucial for the professional training of a future doctor¹⁸. At the same time, the processes of globalization and internationalization of a society contribute to the improving of an intercultural dialogue, which necessitates the strong need to form communicative competence of Ukrainian doctors in order to fulfil effective communication with colleagues and patients from abroad. Foreign language communicative competence is defined as the formed level of interpersonal interaction experience necessary for a specialist to perform their duties in society effectively taking into account one's own abilities and social status¹⁹. Therefore, its forming is the main goal of the foreign language competence formation of medical students that allows them to perform a dialogue in international professional environment²⁰. Thus, it becomes one of the key tasks of continuous professional development.

Essential training of health care personnel, formation of professional English-language communication of future doctors and their professional culture require the organization of the educational process in medical universities to focus on improving the development of foreign language speaking skills in future doctors.

In the process of acquiring basic English communication skills, medical students learn: language competence (language knowledge), speech

¹⁶ Ісасва О.С. Комунікативна компетентність майбутнього фахівця-медика. *Матеріали IX mezinárodní vědecko-praktická konference «vedecky pokrok na prelomu tysyachalrty – 2013»*; 27.05.2013–05.06.2013. Pedagogika. Díl 20. Praha: Publishing house «Education and Science», 2013. S. 28–31.

¹⁷ Gregg J., & Saha S. Communicative competence: A framework for understanding language barriers in health care. *Journal of General Internal Medicine*. 2007. №22(SUPPL. 2). P. 368–370. doi: 10.1007/s11606-007-0364-4

¹⁸ Кульбашна Я.А., Захарова В. О. Структура іншомовної компетентності майбутніх фахівців із стоматології. *Освітологія*. 2018. № 7. С. 157–163.

¹⁹ Вольфовська Т. О. Комунікативна компетентність молоді як одна з передумов досягнення життєвої мети. *Шлях освіти*. 2001. №3. С. 13–16.

²⁰ Павлишин Г.Я. Модель формування іншомовної фонетичної компетенції у студентів-медиків при професійно орієнтованому вивченні англійської мови. *Науковий вісник Ужгородського національного університету*. 2014. Вип. 30. С. 119–122.

competence (speaking skills)²¹. Communicative competence is considered as the ability to perform speaking activity through the implementation of speech behaviour based on phonological, lexical-grammatical, deontological and country study knowledge and skills according to various communication situations.

A modern university graduate, in order to provide qualified care, needs an access to an international base of scientific achievements to obtain current news in the field of specialty and an optimal communication style using appropriate terms, phrases, phrases understandable to colleagues and patients mainly in English. In this context, the formation of foreign language communicative competence has great importance in the process of professional training of future doctors. V. Zakharova considers that its formation will contribute to the improvement of adaptation of doctors to any communicative situation; the development of empathy and tolerance, the intention to reach a compromise, cooperation, the need for professional communication, the ability to interact in a team with colleagues and patients; to substantiate different points of view; the ability to make an influence; to resolve conflicts successfully and overcome communication barriers, etc.²² The successful performance of these tasks requires the identification of the components of the foreign language communicative competence.

The structure of a specialist's foreign language competence is outlined in the scientific works of O. Kovalenko²³, L. Brahman²⁴, L. Bachman²⁵, M. Canal²⁶, D. Haims²⁷ who established that one of the most important functions of foreign language competence is communication. Therefore, the structure of foreign language competence is considered in the context of foreign language communicative competence.

²¹ Дементьева Т.І. Навчально-мовна ситуація як засіб формування комунікативної компетенції студентів-іноземців у навчально-професійній сфері спілкування. Педагогіка та психологія: зб. наук. пр. X., 2003. №24. С. 121–125.

²² Захарова В.О. Розвиток комунікативних навичок майбутніх стоматологів комунікативними методами. Вісник після дипломної освіти. 2023. Вип. 26(55). Серія «Педагогічні науки». С. 123 – 138. [https://doi.org/10.58442/2218-7650-2023-26\(55\)](https://doi.org/10.58442/2218-7650-2023-26(55))

²³ Коваленко О. Формування компетентнісного підходу до вивчення іноземних мов. Іноземні мови в навчальних закладах. 2008. №3. С. 28– 34.

²⁴ Ткаченко Л. Комунікативна компетенція студентів – запорука професійного успіху. Лінгвометодичні концепції викладання іноземних мов у немовних вищих навчальних закладах України: зб. наук. ст. учасників Всеукр. наук.-практ. конференції; м. Київ, 23–24 грудня 2003 р. Редкол.: І.І. Тимошенко та ін. К.: Вид-во Європ. ун-ту, 2003. 583 с.

²⁵ Bachman L. Fundamental considerations in language testing. Oxford, 1990.

²⁶ Canal M., Richards J. and Schmidt R. From communicative competence to communicative language pedagogy. Language and Communication. London: Longman, 1983. P. 2–27..

²⁷ Hymes D.H. On communicative competence. Philadelphia: University of Pennsylvania Press. The Knowledge-Creating Company, Harvard Business Review. 2004. №4. P.27–45.

However, mentioned above scientists have different views on this research issue. For example, D. Hymes²⁸ identifies basic components of foreign language communicative competence as grammatical (rules of language), socio-linguistic (rules of dialect language), discursive (rules of constructing the content of narration) and strategic (rules of maintaining contact with the speaker); L. Brahman²⁹ believes that its components are linguistic, discursive, conversational, pragmatic, socio-linguistic, strategic components. At the same time, O. Kovalenko identifies linguistic, socio-linguistic, speech, sociocultural and strategic components among the components of foreign language communicative competence³⁰.

It is worth considering the article of M. Canal, in which four components of foreign language communicative competence are distinguished: grammatical unit is the level of mastery of the grammatical code by the communicator; vocabulary unit means the rules of spelling and pronunciation; word formation and sentence construction; sociolinguistic unit means the ability to use appropriately and understand grammatical forms in various sociolinguistic contexts to perform certain communicative functions (description, message, persuasion, information request, etc.);

discursive unit aims at the ability to combine separate sentences into a coherent message; discourse unit uses various syntactic and semantic means; strategic unit supposes the ability to use verbal and non-verbal means at the risk of communication breakdown in case of insufficient level of communicator's competence or due to the presence of side effects³¹.

The structure of foreign language communicative competence, presented by L. Bachman³², is significantly different from the others. It includes language and strategic components as well as psychophysiological mechanisms.

Having analysed mentioned above approaches to the structure of foreign language communicative competence, it is possible to make a conclusion that all its structures have linguistic and strategic components in their constructions.

Consequently, the linguistic component plays the key role in foreign language communicative competence formation, however, for successful

²⁸ Hymes D.H. On communicative competence. Philadelphia: University of Pennsylvania Press. The Knowledge-Creating Company, Harvard Business Review. 2004. №4. P.27–45.

²⁹ Ткаченко Л. Комунікативна компетенція студентів – запорука професійного успіху. Лінгвометодичні концепції викладання іноземних мов у немовних вищих навчальних закладах України: зб. наук. ст. учасників Всеукр. наук.-практ. конференції; м. Київ, 23–24 грудня 2003 р. Редкол.: І.І. Тимошенко та ін. К.: Вид-во Європ. ун-ту, 2003. 583 с.

³⁰ Коваленко О. Формування компетентнісного підходу до вивчення іноземних мов. Іноземні мови в навчальних закладах. 2008. №3. С. 28– 34.

³¹ Canal M., Richards J. and Schmidt R. From communicative competence to communicative language pedagogy. Language and Communication. London: Longman, 1983. P. 2–27.

³² Bachman L. Fundamental considerations in language testing. Oxford, 1990.

completion of this task, it is necessary to determine the components that are important for the professional activity of the doctor.

Analysis of presented above research works on identification of the structure of foreign language communicative competence and own pedagogical experience allow to elaborate its basic components (linguistic, practical, regulative and reflexive) as those that significantly influence the formation of professional competence.

The structure of a doctor's foreign language communicative competence is presented in figure 1

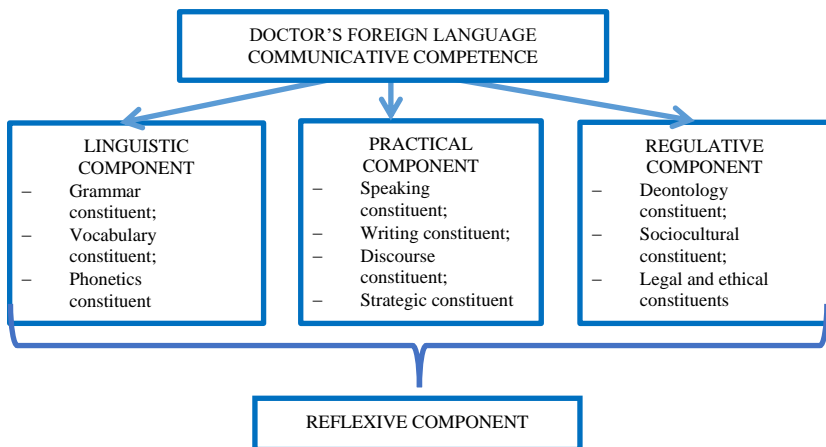


Fig. 1. The structure of doctor's foreign language communicative competence in graph

The analysis of Figure 1 shows that the structure of foreign language communicative competence contains a *linguistic component* which consists of grammar, vocabulary and phonetic constituents that ensure the formation of a system of theoretical knowledge of the language; *practical component* that embraces speaking, writing, discourse and strategic constituents; *regulative component* that includes deontological, sociocultural, legal and ethical constituents according to which doctor is allowed to perform professional communication; and *reflexive component* that aims at ability to evaluate the level of formation of the first three components.

Analysis of scientific sources of J. Scrivener³³ S. Thornbury³⁴ D. Wilkins³⁵ and own pedagogical experience reveal that all four components shown in figure 1 are closely interconnected and are mandatory

³³ Scrivener J. Learning Teaching. London: Collins ELT, 2002. 432 p.

³⁴ Thornbury S. How to teach grammar. Harlow: Longman. 2002. 142 p.

³⁵ Wilkins D. Linguistics in language teaching. London: Arnold, 1972. 480 p.

for the formation of doctor's foreign language communicative competence since each of them affects the level of its formation.

The linguistic component of foreign language communicative competence includes knowledge of grammar; vocabulary, in particular professional terminology; and phonetics. Scientists have different views on importance of these constituents for the level of communication. For instance, D. Wilkins³⁶ notes that it is difficult to build sentences without knowledge of grammar, but without knowledge of vocabulary it is absolutely impossible. At the same time, S. Amelina³⁷ emphasizes that the formation of the lexical component of the foreign language competence is important for the process of formation of foreign language communicative competence. At the same time, S. Thornbury³⁸ believes that grammar is a primary constituent in learning a foreign language. His opinion is supported by S. Scrivener³⁹, who claims that ignorance of grammar will lead to distortion of the meaning of the utterance. Own pedagogical experience evidences that vocabulary constituent is extremely difficult for medical students of second year on account of difficult medical terminology; therefore, vocabulary constituent is considered as more important one for future doctors' communicative competence formation. Another important constituent of linguistic component is phonetics as wrong sounds can cause significant change in meaning of the utterance. For example, very often, students pronounce the term "myocardial infarction" as "myocardial infection" which is completely the other pathology which has other causes, pathogenesis and symptoms.

Therefore, the structure of linguistic component, which is described above, comprises theoretical basis for ability to perform professional duties through communication.

The *practical component* of foreign language communicative competence is defined as the reflection of knowledge in practical (communicative) activities and is implemented through the use of certain methods, techniques and forms of organization of foreign language training. It comprises speaking, writing, discourse, strategic constituents. According to the types of practical activities, the practical component of foreign language communicative competence covers communication either oral or written.

Communication is defined as willingness to perform duties using foreign language in various fields, taking into account the priorities of the individual. It supposes the specialist's ability to carry out effective communication in foreign language, which involves the formation of future

36 Wilkins D. Linguistics in language teaching. London: Arnold, 1972. 480 p.

37 Амеліна С.М. Методика формування лексичної компетенції майбутніх філологів. Вісник Дніпропетровського університету імені Альфреда Нобеля. 2014. №2(8). С. 131–135. (Серія: «Педагогіка і психологія»).

38 Thornbury S. How to teach grammar. Harlow: Longman. 2002. 142 p.

39 Scrivener J. Learning Teaching. London: Collins ELT, 2002. 432 p.

doctors' skills in selection of appropriate professional terms, taking into account not only the content, but also the ability to formulate sentences grammatically correctly in practical speaking and overcome the language barrier. Professional communication can be performed either orally (conversation with colleagues, patients) or in a written form (filling in patients' medical records, emails referred to professional issues).

In this way, the specialist's willingness to use professional vocabulary in speech is realized. Therefore, it is advisable to include discourse and strategic constituents in its structure.

The discourse constituent of foreign language communicative competence provides the ability to combine separate sentences into a coherent message, discourse, using various syntactic and semantic means. The notion of "discourse" is defined as a complex communicative phenomenon, which, in addition to the text, includes extralinguistic factors (knowledge of the world, thoughts, attitudes and goals of the addressee) necessary for understanding the text⁴⁰.

However, the important thing in communication is not only the content of the message, but also the expression and achievement of partners' communicative tasks. Foreign language discourse is the result of the realization of defined communicative intentions in the context of a specific communicative situation in relation to a partner, a representative of another culture expressed by certain linguistic and non-linguistic means.

The strategic constituent is considered as the ability to compensate the insufficient level of language knowledge, speaking and social experience of communicating in a foreign language; to overcome the language barrier⁴¹. This ability is crucial for a doctor during conversation with a patient.

Thus, practical component includes the ability to perform professional communication through verbal and paraverbal means of speaking.

The *regulative component* of foreign language communicative competence is based on a set of legal and ethical norms and regulations that define professional behaviour of medical personnel which ensures optimal quality and effectiveness of their work to restore and preserve people's health.

Another constituent that regulates doctor's behaviour is deontological one. Deontology is closely related to ethics that is the study of morality, and is the science of relationships between people and the duties that are a consequence of these relationships. They study the educational aspects of personality formation and existence. These two sciences complement each other's approaches to training a competent doctor. In addition to that, their

⁴⁰ Захарова В.О. Формування іншомовної компетентності майбутніх фахівців із стоматології: дис. ... канд. пед. наук: 13.00.04. Національний медичний університет імені О.О. Богомольця. К., 2020. 275 с.

⁴¹ Задорожна І.П. Теоретичні передумови формування готовності студентів мовних спеціальностей до самостійної роботи з англійської мови. Вісник КНЛУ. К.: КНЛУ, 2006. Вип. 11. С. 119–125. (Серія «Педагогіка та психологія»).

duties are closely related to the need to build relationships in the circle of doctor-patient-relatives, the patient-medical staff. The success of treatment also depends on how communication occurs during these relationships. Therefore, the deontological constituent is considered as an integral part of the foreign communicative language competence of a future doctor. It should be emphasized that it belongs to professional competences that require a long time for their formation⁴². It is also important to note that professional competence is acquired by doctors gradually, and its level can be increased throughout life. The role of fundamental and clinical disciplines, which provide the basis for the formation of a doctor's professional competence and provide ways for self-development during lifetime.

The socio-cultural constituent of foreign language communicative competence involves knowledge of the country mentality, cultural traditions for the purpose of successful intercultural communication and dialogue between cultures.

It is necessary to mention that a change in the status of the academic discipline "Foreign language" from the point of view of its cultural function, since language is not only a source of communicative activity, but also a means of cognition, formation and transmission of thought, expression of feelings, emotional states of a person.

The European recommendations on language education note that as a result of taking into account various social conventions, which are considered as rules of politeness, norms that regulate relations between generations, genders, classes and social groups, linguistic codifications some basic rituals in society; the sociolinguistic constituent permeates the entire process of communication between representatives of different cultures, even when its participants are not aware of this influence⁴³. This fact implies the need to develop the ability to express and understand phrases and sentences from different sociolinguistic contexts, i.e. to take into consideration the acts of communication knowledge related to the sociocultural features of the language being studied. Currently, any professional activity, as noted by S. Sysoeva [217], is carried out in a multicultural context, therefore the formation of foreign language communicative competence is impossible without students mastering a certain amount of information about the culture of the people whose

⁴² Кульбашна Я.А. Формування професійної компетентності майбутніх фахівців із стоматології: теоретичні й методичні основи: монографія. Інститут вищої освіти Національної академії педагогічних наук України, Національний медичний університет імені О.О. Богомольця. К.: Компас, 2014. 415 с.

⁴³ Загальноєвропейські рекомендації з мовної освіти: вивчення, навчання, оцінювання. Рекомендації. Наук. ред. укр. видання доктор пед. наук, проф. С. Ю. Ніколаєва. Київ : Ленвіт, 2003. 273 с.

language is being studied⁴⁴. In this context, the socio-cultural constituent of foreign language communicative competence is perceived as awareness in the sphere of cultures and civilizations of the modern world and the ability to exchange this knowledge in a foreign language, which will allow the doctor to understand the patient at an extralinguistic level, in particular those patients who immigrated from the countries of the Middle East with strict Muslim traditions. Thus, in the process of examining and treating such patients, doctors have to stick to these traditions. The rules of behaviour and the ethical aspect in the process of communication with either the patient or his relatives i.e. the sociocultural aspect becomes an integral part of the deontology constituent of the foreign language communicative competence that provide the necessary knowledge for the doctor in order to be able to obtain complete information about the patient and see the big picture.

Consequently, it is possible to make a conclusion that regulative component includes legal, deontological and ethical regulations acknowledged throughout a country or a certain community that provides legal and moral ability for the doctor to perform professional communication.

Determining the role of the *reflexive component* of foreign language communicative competence, it is worth emphasizing that its function is to reflect the ability of doctors to self-assessment of their own academic achievements in the educational process which is the dominant requirement of modern education in foreign countries, and to find and implement ways to improve their level.

This component allows to assess the level of formation of speaking skills formation and also determines the level of self-esteem development, contributes to the improvement of language knowledge, responsibility for the results of one's own activities, and also forms an understanding of one's own significance for other people. It is also a regulator of personal achievements; moreover, it can be considered as an impetus to self-knowledge and professional growth⁴⁵. The active reflexive position of the future specialist is considered as a necessary condition for his self-development, and its lack leads to losing both personal and professional self-development of the doctor. The reflexive component reflects the effectiveness of the formation of foreign language communicative competence of future doctors. According to V. Raskalinos's opinion the level of professional competence of future specialists significantly depends not only on the level of awareness of their professional duties, but also on

⁴⁴ Сисоєва С.О. Проблеми полікультурної освіти у педагогічних дослідженнях польських учених. Педагогічний процес: теорія і практика. 2014. Випуск 2. С. 87–92.

⁴⁵ Кульбашна Я.А. Формування професійної компетентності майбутніх фахівців із стоматології: теоретичні й методичні основи: монографія. Інститут вищої освіти Національної академії педагогічних наук України, Національний медичний університет імені О.О. Богомольця. К.: Компас, 2014. 415 с.

their ability to self-awareness and self-improvement⁴⁶. Therefore, the formation and development of the reflexive component of foreign language communicative competence is a process that precedes the professional activity of students. It has to be formed in students from the moment they enter a medical university, because it is one of the most important competencies that allows a doctor to evaluate the results of what they have created objectively: to realize the benefits, identify the shortcomings of their work and find ways to further improve them.

Especially, the ability of a future doctor to self-assessment of his own educational achievements has long been of leading importance⁴⁷ and is recognized as a basic criterium for the formation of professional competence of a university graduate in the system of higher medical education of the USA.

2. Stages of foreign language communicative competence formation and methods of its formation

The success of foreign language communication significantly depends on many factors: a desire to increase the level of foreign language communicative competence, which will allow establishing contacts and relationships with representatives of other linguistic cultures; the level of foreign language proficiency and the ability to use it in appropriate communication situations⁴⁸.

Modern requirements for the level of foreign language communicative competence formation of future specialists suppose the development of the content of student training based on interdisciplinary integration. Therefore, it becomes necessary for future doctors to acquire a foreign language not only as a means of international communication, but also as a means of professional and personal development during their studies at medical universities. The concept of foreign language communicative competence, which reflects the nature of language, makes it possible to differentiate the content of education in accordance with the goals and objectives of the oriented use of a foreign language through communication and communicative needs of students.

⁴⁶ Раскалінос В. Рефлексивна компетентність як складова професійної характеристики майбутнього фахівця. Проблеми підготовки сучасного вчителя. 2011. №4. Ч. 1. С. 176–182. URL: http://irbis_nbuv/cgiirbis_64.exe%3FDC21COM%3D2%26I21DBN%3DUJRN%26P21DBN%3DUJRN%26IMAGE_

⁴⁷ Gadbury-Amyot C.C., McCracen M.S., Woldt J.L., Brennan R.L. Validity and Reliability of Portfolio Assessment of Student Competence in Two Dental School Populations: A Four-Year Study. Journal of Dental Education. 2014. №78. P. 657–658. URL: <https://coggle.it/diagram/WfCrakklQgABCf8R/t/assessments>

⁴⁸ Захарова В.О. Формування іншомовної компетентності майбутніх фахівців із стоматології: дис. ... канд. пед. наук: 13.00.04. Національний медичний університет імені О.О. Богомольця. К., 2020. 275 с.

On having analysed what is mentioned above, the study and clarification of communicative needs in learning a foreign language is important. The formation of a student's communicative competence is influenced by external and internal factors.

Social external conditions include: the society in which a particular language is used; its social structure; the difference between native speakers' age, social status; levels of culture and education; place of residence; also, the difference in speech behaviour depending on the communication situation, and internal ones consider the motivational sphere, the internal position of the individual, the sense of the identity of the specialist⁴⁹.

As it was established earlier, the basis of foreign language communicative competence is the vocabulary constituent, which has its own specificity in medical professional training. It consists in obtaining basic knowledge of the Latin language as a source of creating a terminological base. The majority of medical terms and means of treatment are based on Latin and Greek origin which are the key to understanding the disease itself⁵⁰.

Researches, conducted by scientists H. Klish⁵¹, G. Pavlyshyn⁵² Hymes⁵³ and Canal⁵⁴ considered different ways of foreign language communicative competence formation. At the same time, analysed information and own pedagogical experience indicate vocabulary constituent is key priority for development of foreign language communicative competence; as a result, its formation should be carried out sequentially in three stages drawing the attention to medical terminology:

- 1) semantics of vocabulary units;
- 2) practising the skills of using vocabulary at the paragraph level;
- 3) practising the skills of using vocabulary at the text level.

⁴⁹ Canal M., Richards J. and Schmidt R. From communicative competence to communicative language pedagogy. Language and Communication. London: Longman, 1983. P. 2–27.

⁵⁰ Кульбашна Я.А. Формування професійної компетентності майбутніх фахівців із стоматології: теоретичні й методичні основи: монографія. Інститут вищої освіти Національної академії педагогічних наук України, Національний медичний університет імені О.О. Богомольця. К.: Компас, 2014. 415 с.

⁵¹ Кліш Г.І. Професійна компетентність як мета підготовки лікарів у медичному університеті Відня. URL:http://virtkafedra.ucoz.ua/el_gurnal/pages/vyp8/Klish.pdf

⁵² Павлишин Г.Я. Модель формування іншомовної фонетичної компетенції у студентів-медиків при професійно орієнтованому вивченні англійської мови. Науковий вісник Ужгородського національного університету. 2014. Вип. 30. С. 119–122.

⁵³ Hymes D.H. On communicative competence. Philadelphia: University of Pennsylvania Press. The Knowledge-Creating Company, Harvard Business Review. 2004. №4. P.27–45.

⁵⁴ Canal M., Richards J. and Schmidt R. From communicative competence to communicative language pedagogy. Language and Communication. London: Longman, 1983. P. 2–27.

At the first stage – *semantics of vocabulary units* – the attention is paid to the process of perceiving the sound and graphic form of the word, its semantics. The long-term retention of a lexical unit in memory depends on the method of its presentation to students. Visual or contextual methods are used to semantization terms.

Matching a word to a picture or context which explains its lexical meaning. Repetition of lexical units in various contexts, repeated visual and auditory support contribute to better memory retention of their meanings and appropriateness of use. With the help of either prefixes or suffixes, it is possible to build a whole series of derived terms and terminological phrases (for example, insulin – insulinoma, hyperinsulinemia, hypoinsulinemia, insulin deficiency, insulin resistance; pancreas – pancreatitis, pancreonecrosis, pancreatoblastoma, pancreatic juice, pancreatic enzymes), as well as to learn to combine and use them correctly in the appropriate context. Ways of semantizing vocabulary can be accompanied by exercises: combining a term with a picture or definition, transformation, ending sentences with appropriate words, grouping lexical units according to a certain topic, filling in gaps and composing cognate words, building word combinations and sentences with learned words.

Implementation of this stage is of key importance for medical students, because medical terminology is not always familiar to first-year students.

Taking into consideration what is mentioned above, it is necessary to emphasize that mastered vocabulary is needs additional reviewing at the beginning of the lesson.

In order to actualize learned professional vocabulary, one should use the following activities: «Myth and fact», «Ball game», «Things in sack», «Quiz», game «Crocodile» etc.

A routine check of mastered medical terms can be improved by introducing such method as a "Ball game": students throw the ball to each other; one who has caught it, has to name it correctly or explain the term that was studied at the last lesson. This game can contribute to elation of moral in a group of students.

To refresh the knowledge of the medical terms on the topic "Surgical instruments", it is recommended to use the game "Things in a sack": various instruments are put in a sack; students one by one puts their hands in there choosing instruments and they have to describe it blindly, then pull it out and name its function.

For example: "I have a scalpel. It is used for making incision". "I have an artery forceps. They are used to press the bleeding artery and arrest bleeding".

A similar method of checking the knowledge medical vocabulary is the "Crocodile" game: students receive cards with certain medical terms which they need to describe in English so that the group guesses which word is written on the card.

At the first stage of foreign language communicative competence formation, it is strongly recommended to apply the method of "Small talk". It can help jog students' memory about the terms from the previous topic. The teacher could ask whether students have experience in the treatment of respiratory diseases or what students usually feel in the office of a therapist. The purpose of this method is to understand which terms students have already mastered.

Besides appealing to the students' own experience, it is useful to show in which specific communicative situations these terms can be applied. Another option for updating students' knowledge at the stage of semantics of vocabulary units is the activity "Myth or fact?": the teacher reads certain statements related to a certain disease, and students have to determine whether it is a myth or a fact, guided by the knowledge learned in the last lesson.

For example, students are provided to establish whether these facts are true or myth:

- Can spicy food cause gastritis?
- No, the usual cause of gastritis is bacterium *Helicobacter Pylori*.

Spicy food prevents gastritis.

Other activities that can be applied in order to actualize medical vocabulary of the students are the following:

– "Brainstorming" is an effective activity for better mastering of medical terminology, because students are involved in active work during the presentation of new material, rather than perceive it passively. For example, students can be invited to name the reasons for the phobia of the fibrogastroscope office, or they can be asked to identify ways to overcome this phobia;

– "Creating diagrams and mind maps" is a type of task that will also contribute to the effective acquisition of foreign language vocabulary. For example, the teacher writes the word "gastritis" and students are encouraged to name the terms associated with this disease (mind map). One of the options of such a task is the creation of memory maps or mind maps, which are a chain of associations that originate from or converge on the central concept. At the same time, the memory card cannot contain erroneous elements and be brought to full completion, which allows students to add easily new information without chaotic crossing out or "squeezing" between the lines, helps to realize the problem.

The creation of mind maps by the teacher in the process of teaching the material has a number of advantages for students: it helps get into the essence of a particular problem faster and more profoundly, remember information better, restore it in memory, connect new information with previous one. It also allows teacher to structure the material visually, show the main and secondary points, the connections between them, identify the main topic and subtopics, etc.

Inductive and deductive methods of teaching new material have advantages and disadvantages particularly: the inductive method is considered more beneficial for students⁵⁵ despite the fact that it requires a lot of time.

In Ukraine, the deductive approach is given more importance taking into consideration that it significantly shortens the process of explaining new material⁵⁶. However, the analysis of scientific sources by J. Harmer⁵⁷, J. Scrivener⁵⁸ and S. Thornbury⁵⁹ and own pedagogical experience claim that using the inductive method in learning grammatical or lexical material is much more useful.

An additional technique that will contribute to the effective learning of the presented material is "visualization" which is the use of images, posters, video fragments, etc⁶⁰. In the presence of visual support, new vocabulary is learned more effectively⁶¹. One of the types of visual material is "realia". It is a specific object (device, apparatus, tool, etc.) that is directly involved in a certain professional activity, for example, a syringe or stethoscope. Due to the emotional impact on the student, "realia" improves the presentation of the material⁶², which activates not only visual, but also kinetic memory, helps to immerse students in a professional environment and thus contributes to the process of foreign language communicative competence formation. Our own pedagogical experience shows that with the help of realia in class, students learn new vocabulary much faster and retain them in their memory for a longer time.

The second stage – *practising the skills of using vocabulary at the paragraph level* – ensures active use of medical vocabulary at the level of sentences and small paragraphs. Students develop the ability to guess the lexical meaning of unknown words in the text or in situations, find associative connections, select lexical units according to the conditions of communication, correctly combine words when formulating their own statements. The skills acquired in this way prepare students for a higher, productive stage of work with professional vocabulary. At this stage, it is appropriate to perform the following exercises and tasks: determining the

⁵⁵ Harmer J. The Practice of English Language Teaching. London: Longman Group UK Limited, 1991. 371 p.

⁵⁶ Ніколаєва С.Ю. Методика навчання іноземних мов і культур: теорія і практика. Київ: Ленвіт, 2013. №2. С. 11–17.

⁵⁷ Harmer J. The Practice of English Language Teaching. London: Longman Group UK Limited, 1991. 371 p.

⁵⁸ Scrivener J. Learning Teaching. London: Collins ELT, 2002. 432 p.

⁵⁹ Thornbury S. How to teach grammar. Harlow: Longman. 2002. 142 p.

⁶⁰ Scrivener J. Learning Teaching. London: Collins ELT, 2002. 432 p.

⁶¹ Манько В.М. Ковальова К.В. Комунікативна компетентність як складова процесу професійної підготовки майбутніх інженерів-механіків. Вища освіта України. 2013. №2. С. 272–280.

⁶² Johnston D. Tool kit for accelerated learning. Canadian Forces Language School, 2001. 316 p.

main idea of the text, searching for the necessary information to support one's own thoughts, constructing simple, situationally determined statements, asking questions, providing answers, and predicting the course of further actions. It is important to emphasize that at this stage, students practice new language knowledge (vocabulary, grammar) under the teacher's supervision. Examples of exercises for consolidating new vocabulary can also be composing sentences or dialogues, repeating in chorus after the teacher⁶³.

Other types of tasks at this stage of the lesson involve completing sentences or dialogues; combining the beginning of a sentence with its corresponding ending; asking questions or providing answers to questions; writing missing words in sentences; searching for an extra word; categorization of terms; selection of synonyms or antonyms.

It is advisable to use games⁶⁴ like "Concentration game", "Crosswords", "Crocodile", "Tic-tac-toe", "Snow ball", "Running dictation" in order to increase the effectiveness of the specified tasks.

One example of exercises for learning medical terminology is "Concentration game". It is a pair work activity or it can be used in small groups of 3-4 students. For each group, the teacher prepares cards with terms and cards with their explanation. Term cards and definition cards are printed on different coloured paper. They are put so that students do not see the inscriptions on the cards. Students in groups have to open a pair of cards of different colours at one time, if the cards match (a term with a corresponding definition), they are put aside. If the cards do not match, they are turned over and put back. The goal of the game is to open all the cards so that the term corresponds to the explanation. Such activity is very useful for memorizing the lexical meanings of medical terms: diagnoses, symptoms, tools, etc. The benefit of this task is that it generates interest in students, and therefore increases motivation to study. In addition, students not only mechanically memorize the term and its spelling, but also understand the context in which this term can be used.

Solving crosswords in pairs also helps remember medical terms in the right context. Students are divided into pairs: student A and student B; every pair of students receives printouts of "student A" or "student B", respectively. Student A has a crossword puzzle with part of open words, part of the words should be asked from student B, who has them open. Taking turns asking each other questions, students must solve the entire crossword puzzle together.

⁶³ Harmer J. The Practice of English Language Teaching. London: Longman Group UK Limited, 1991. 371 p.

⁶⁴ Захарова В.О. Формування іншомовної компетентності майбутніх фахівців із стоматології: дис. ... канд. пед. наук: 13.00.04. Національний медичний університет імені О.О. Богомольця. К., 2020. 275 с.

For example:

Student A: «What is the word №4?»

Student B: «It is C-shaped organ in which digestion of proteins takes place».

Student A: «Is it a stomach?»

Student B: «Yes, it is. What is the word №1?»

Student A: «It is the largest gland in our body».

Student B: «Is it a liver?»

Student A: «Yes, it is».

The “Tic-tac-toe” game can be used both to consolidate knowledge of lexical material and grammar. The teacher draws 9 squares on the board and writes a certain term in each. The group is divided into two teams of 5-6 students. Each team alternately chooses a term and makes a sentence with it. If the sentence is said correctly, the term is marked with a cross or a zero. The group, that lines up crosses or zeros in a row, wins. This game can be altered by adding signs like "+", "-" or "?" to the term in the square. Then, students have to make a grammatically correct affirmative, negative or interrogative sentence.

The game “Snow ball” is used to learn medical terminology in context. So, a student from the group makes a sentence, another has to repeat this sentence and add his own, the next student repeats the previous two sentences and adds his own, etc. This task can be effectively used to learn the topics "First aid in emergency situations", "Treatment of acute myocardial infarction", "Treatment of gastritis".

At the third stage – *practising the skills of using vocabulary at the text level* – actions with new vocabulary are improved at the text level. Students perform speaking skills using learned terms-words and terminological phrases while presenting substantial speech. To fulfil this aim students should perform special tasks that encourage them to present a speech. They should be done either in pairs or in small groups of students in order to motivate students to speak. The use of learned vocabulary in pairs, mini groups and in discussions, presentations, business games based on read texts, watched videos, listened audio recordings ensures the achievement of the necessary level of foreign language communicative competence formation⁶⁵.

The last stage ensures the actual formation of foreign language communicative competence. The function of this task is to create a communicative situation where students would be able to apply the acquired linguistic knowledge in compliance with the given situation. It is also beneficial to design situations related to the students' solution of moral and ethical problems encountered in professional communication. The teacher's task is to demonstrate the harm that can be caused by the doctor's incorrect

⁶⁵ Кульбашна Я.А., Захарова В. О. Структура іншомовної компетентності майбутніх фахівців із стоматології. Освітологія. 2018. № 7. С. 157–163.

communicative behaviour, and to provide advice on how to avoid such situations during solving problem situations at classes.

Thus, examples of activities that can be used during the third stage can be the following "Round table discussion", "Debates", different "Role plays", "Projects".

"Round table discussion" that aims students to express their thoughts in chain like order where everyone has to describe his point of view within several paragraphs. Students are offered professionally oriented issue to discuss like describing possible symptoms of different diseases or something similar. This kind of activity prepares students to more sophisticated activities like debates.

"Debates" are discussions of certain professionally oriented issues. It is a way of applying students' own knowledge of a foreign language, which increases confidence in using the language⁶⁶. This type of task allows students to train both speaking skills and listening skills (receiving information). Students learn to express their own arguments and use them in a conversation with an opponent, to speak clearly and pervasively. The topics for discussion should be of professionally oriented, for example, different methods of urolithiasis treatment, the importance of antibacterial therapy during the nephritis treatment, options for the treatment for gastric cancer, the feasibility of surgical treatment in the case of gastric adenocarcinoma. It should be noted that this type of activity should be used with students who have a high level of foreign language competence. Otherwise, such tasks can demotivate students with a low level of foreign language competence.

"Role play"⁶⁷ is recognized as an effective method of teaching professional English, because students use the acquired knowledge in true to life situations, and this activity prepares them for their future career. For example: a "phone call" to a doctor, where one student acts as a patient and the other as a doctor; "taking an anamnesis" simulates a situation where the doctor needs to ask the patient about his past or present diseases and make a diagnosis. During the process of performing this task, the professional and foreign language communicative competence of the future doctor is formed, students should be ready to apply their own knowledge without the help of a teacher. This type of task is extremely useful because it makes students aware of the importance and necessity of taking an anamnesis from a patient, as it helps establish a diagnosis, and in 75% of cases the diagnosis can be established without other additional diagnostic methods. Such tasks usually show the main result of the lesson. If students freely use medical

⁶⁶ Johnston D. Tool kit for accelerated learning. Canadian Forces Language School, 2001. 316 p.

⁶⁷ Захарова В.О. Формування іншомовної компетентності майбутніх фахівців із стоматології: дис. ... канд. пед. наук: 13.00.04. Національний медичний університет імені О.О. Богомольця. К., 2020. 275 с.

terminology in their own communication, the goal of the lesson has been achieved.

"Project work" is performed in teams of students (2-3 people), who have to prepare and present information about various aspects of a certain disease (etiology, pathogenesis, methods of diagnosis, clinical picture, treatment, complications or prevention, etc.). After presentations of projects by different teams, the teacher encourages the entire academic group of students to discuss⁶⁸. Moreover, this type of activity makes it possible to develop the research competence, and also encourages students to work in a team forming leadership skills. Among communicative tasks, a great use is business game (case study) and role-playing games where doctors work with robot patients are used. This method is very beneficial as it teaches systematically in a close relationship between theory and practice to solve actual problems of education and future professional activity. According to his opinion, the use of a business game in the formation of foreign language professional competence of future specialists is extremely important, since its application in the educational process requires as close as possible to real situations of professional activity and the adoption of adequate decisions⁶⁹. With the help of this method, future specialists have the opportunity to study complex professional issues, develop the ability to identify problems, analyze and develop action programs, which will allow them to act professionally in a real situation in the future.

In terms of an educational medical institution, the "business game" method enables participants to apply medical English terminology in real-life situations related to medical practice in a hospital: how to admit a patient, understand his complaints, while taking an anamnesis and performing a physical examination of the patient⁷⁰.

"Jeopardy game"⁷¹ is an activity that can be used to check the acquisition of vocabulary from various thematic blocks in the last practical session of the semester. To organize the performance of this type of activity, the teacher needs to compose 15–20 questions of varying difficulty and divide these questions into 3–4 categories according to the topic. For example, the first category of questions concerns the anatomy of the human

⁶⁸ Захарова В.О. Формування іншомовної компетентності майбутніх фахівців із стоматології: дис. ... канд. пед. наук: 13.00.04. Національний медичний університет імені О.О. Богомольця. К., 2020. 275 с.

⁶⁹ Кульбашна Я.А. Формування професійної компетентності майбутніх фахівців із стоматології: теоретичні й методичні основи: монографія. Інститут вищої освіти Національної академії педагогічних наук України, Національний медичний університет імені О.О. Богомольця. К.: Компас, 2014. 415 с.

⁷⁰ Кліщ Г.І. Професійна компетентність як мета підготовки лікарів у медичному університеті Відня. URL:http://virtkafedra.ucoz.ua/el_gurnal/pages/vyp8/Klish.pdf

⁷¹ Johnston D. Tool kit for accelerated learning. Canadian Forces Language School, 2001. 316 p.

digestive tract, the second category is about diseases of internal organs, the third one deals with methods of treatment, etc. Each category contains five questions. The questions are arranged from the easiest to the most difficult. The teacher offers students to work in 3-4 groups of 3-4 students. In turns, each group chooses a certain question from a certain category. For each question a different number of points is awarded if a student answers correctly: for the answer to the easiest question, a group of students receives 100 points, for the most difficult – 500 points. The group with the highest number of points wins.

All proposed methods require active use of a foreign language. It is important to stress that the teacher has to ensure that students use medical terminology while performing the activity. The application of these methods should form the main part of the whole teaching process since they show the achievement of the learning objective. Considering the factors outlined above (the pre-clinical stage of learning a foreign language and the complexity of medical terminology) related to the formation of foreign language competence of future doctors, it is advisable to vet the quality of the acquired skills at the end of the class. For this purpose, the following tasks can be used: several short tasks or questions, or a short quiz to check students' understanding of the presented material. O. Pidmazina also notes that an important factor in the formation of foreign language communicative competence is the active cooperation of students with the teacher. She emphasizes that students should actively cooperate among groups during general events, particularly: conferences, webinars, meetings of English-speaking club. These activities contribute to the improvement of memorization and acquisition of medical vocabulary⁷².

In teaching process, it is important to pay attention to teacher talking time and student talking time. V. Zakharova⁷³ notes that at the beginning of the lesson, the teacher's talking time should prevail over the student talking time. It is also necessary to mention the importance of avoiding passive perception of information by students during the explanation of new material. Even at the beginning of the lesson, students should be given some time to express their own opinion.

During the second stage of foreign language communicative competence formation, teacher taking time should equal student talking time. Besides, it is very important that the teacher should correct students' mistakes immediately as the aim of this stage is to train accuracy.

⁷² Підмазіна О.М. Навчання англійської медичної лексики засобами інтерактивних методів в умовах дистанційного навчання. Інноваційна педагогіка. 2023. Вип. 65 Т.2. С. 95 – 98. <https://doi.org/10.32782/2663-6085/2023/65.2.20>

⁷³ Захарова В.О. Формування іншомовної компетентності майбутніх фахівців із стоматології: дис. ... канд. пед. наук: 13.00.04. Національний медичний університет імені О.О. Богомольця. К., 2020. 275 с.

Own pedagogical experience of observing the process of teaching foreign languages in medical university shows that majority of teachers correct students' mistakes instead of encouraging them to self-correct or involve other students in it.

The mentioned above evidences that for effective mastering of the new material, it is necessary to use various error correction strategies: self-correction, peer-correction, correction by textbooks and books. After all, teacher can correct a mistake⁷⁴. Students learn the material much better if they find information in the literature on their own.

At the end of the lesson during speaking activities like debates, discussions, etc. student talking time should prevail over teacher talking time. Students are the ones who should speak.

While performing speaking activities like debates or discussions at the third stage of foreign language communicative competence formation, the teacher pays attention to mistakes, if necessary, makes notes, but they are corrected only after the completion of the task, when the students have finished their speaking. V. Zakharova in her research claims that a corrected error at a time of a conversation or discussion interrupts a student and they are unable to finish their answer⁷⁵.

Thus, when to correct students' mistakes depends on the stage of formation of the foreign language communicative competence of future doctors.

Currently, in the conditions of distance learning, the relevant method of foreign language communicative competence formation is the use of specialized educational platforms and online resources that provide access to current medical information, electronic textbooks, video lectures, etc. This allows to immerse students in the topic as much as possible and get access to updated information⁷⁶.

Therefore, foreign language communicative competence which is formed in the process of learning a foreign language, has one of the leading places in the row of general competencies important for the professional activity of a future doctor. It is an important component of a doctor's professional competence which ensures integration into the international environment in the context of globalization. The high level of foreign language communicative competence formation of a modern doctor contributes to the improvement of the effectiveness of doctor's performance and the competitiveness.

⁷⁴ Scrivener J. *Learning Teaching*. London: Collins ELT, 2002. 432 p.

⁷⁵ Захарова В.О. Формування іншомовної компетентності майбутніх фахівців із стоматології: дис. ... канд. пед. наук: 13.00.04. Національний медичний університет імені О.О. Богомольця. К., 2020. 275 с.

⁷⁶ Підмазіна О.М. Навчання англійської медичної лексики засобами інтерактивних методів в умовах дистанційного навчання. *Інноваційна педагогіка*. 2023. Вип. 65 Т.2. С. 95 – 98. <https://doi.org/10.32782/2663-6085/2023/65.2.20>

3. Pedagogical experiment proving the effectiveness of methods of future doctors' foreign language communicative competence formation

In order to check the effectiveness of the introduced methods of forming the foreign language communicative competence of future doctors, a pedagogical experiment was conducted in two student groups experimental and control one. The training in the experimental group (EG) was carried out with the implementation of the methods described above, while students of the control group (CG) were taught using traditional methods of foreign language communicative competence formation. After teaching with the active use of the methods of foreign language competence formation, a control was carried out to reveal the dynamics of indicators of foreign language communicative competence formation in accordance with the components of its structure.

Before the start of the experiment, according to the structure of foreign language communicative competence, the levels of its formation in all components were determined:

- linguistic component (by placement test);
- practical (by interview);
- regulative (by solving deontological problems);
- reflexive (by student questionnaires).

The linguistic component includes language knowledge in its structure which comprises vocabulary, grammar and phonetics. In order to determine the level of formation of the vocabulary and grammatical constituents, students were offered the placement test which consisted of 80 lexical-grammatical questions for multiple choice.

To determine the level of the practical constituent formation of future doctors' foreign language communicative competence, students were interviewed (6–9 questions) on the professional topics: "Systems of organs", "Diseases of the respiratory system", "Diseases of Cardiovascular system", "Diseases of Digestive system", "Diseases of Nervous system". The interview consisted of 2-3 blocks of questions.

The first block consisted of A1–2 (elementary) questions. According to the criteria for determining the level of foreign language communicative competence formation, the students were supposed to answer questions in simple sentences with numerous mistakes and wrong grammar tenses. But if the content of the sentences is clear, it is considered that the student has a low level of foreign language communicative competence formation.

The second block of questions is aimed at determining the average level of foreign language communicative competence formation (A2+–B1). Students were supposed to answer the questions of the second block almost without mistakes using Participial, Gerund, Infinitive constructions and complex sentences in their speech.

Intermediate level questions required from the students to demonstrate analytical skills, for example: comparing schooling with university or weekend and weekday etc.

The third block of questions aimed to check the level of foreign language communicative competence formation (B1+/-B2). The questions of this block were related to abstract topics, where the student had to demonstrate his own outlook and express his own view on choosing a future profession, hypothesis of aetiology of allergy or cancer, the innovative methods of treatment, advances in surgery etc.

Responses at this level, according to the criteria and indicators specified in European recommendations⁷⁷, require accurate speech, the use of complex grammatical structures and the ability to combine paragraphs into a text. The third block assumed that the student had an intermediate level of B1. Therefore, if they were unable to answer the questions of the second block (intermediate level), the questions of the third block were not asked.

The main priority in medical practice oral communication prevails over written one⁷⁸. Therefore, the level of practical component formation was checked according to interview.

In order to determine the level of regulative component formation of foreign language communicative competence, students were asked to solve 10 deontological problems.

To determine the level of formation of the reflexive component of future doctors' foreign language communicative competence formation, students were given questionnaires where they had to determine their level of English knowledge; then these results were compared with the teacher's objective assessment. In this way, students' ability to self-assess their own learning results was determined.

These types of tasks aimed to determine the level of formation of future doctors' foreign language communicative competence at the beginning of the experiment in both groups. In order to make the results obvious, only students with high level of foreign language communicative competence were selected for comparative analysis.

The results of testing and interviews of 160 second-year students of medical faculties No. 1 and 2 Bogomolets National Medical University (NMU) are presented in table 1.

⁷⁷ Загальноєвропейські рекомендації з мовної освіти: вивчення, навчання, оцінювання. Рекомендації. Наук. ред. укр. видання доктор пед. наук, проф. С. Ю. Ніколаєва. Київ : Ленвіт, 2003. 273 с.

⁷⁸ Захарова В.О. Формування іншомовної компетентності майбутніх фахівців із стоматології: дис. ... канд. пед. наук: 13.00.04. Національний медичний університет імені О.О. Богомольця. К., 2020. 275 с.

Table 1

Results of levels of foreign language communicative competence formation among students of medical faculties № 1 and № 2 according to all components of foreign language communicative competence before the beginning of the experiment

High level of components formation	EG (number of students in %)	CG (number of students in %)
Linguistic component	7	8
Practical component	4	3
Regulative component	0	0
Reflexive component	53	54

Analysis of the table 1 evidences that only 7% of students in EG and 8% in CG have high level of linguistic component formation; at the same time 4% and 3% of students of EG and CG respectively demonstrate high level of practical component formation. All students demonstrated very low level of regulative component which equals 0%. The results on the level of the reflexive component formation are the following that 53 % of students from EG and 54% of students from CG showed high level.

Given results of an initial control state that very small number of students has the high level of linguistic component formation which means knowledge of vocabulary and grammar and even less number demonstrates high level of practical component formation in both groups. It means that students mastered vocabulary and grammar material but they are not able to implement their knowledge into practice i.e. into professional communication. All students have shown extremely low level of deontology knowledge as the main indicator of regulative component formation. It can be explained by absence of this subject in the curriculum for students of the first year of studying. The results on the last reflexive competent allow us to suppose that the students have relatively high level of abilities to self-assessment.

Thus, the data of the table have clearly demonstrated the overall low level of foreign communicative competence formation among second year students of NMU. This situation requires immediate changing of teaching methods.

After one term of teaching Professional English (3 month and a half) using specially designed methods of foreign language communicative competence formation, the final control was applied to check the level of formation of each component of foreign language communicative competence formation. The procedure of conducting the final control was the same as at the beginning of the experiment.

The results of final control are presented in table 2

Table 2

Results of levels of foreign language communicative competence formation among students of medical faculties № 1 and № 2 according to all components of foreign language communicative competence after the end of the experiment

High level of components formation	EG (number of students in %)	CG (number of students in %)
Linguistic component	51	21
Practical component	47	19
Regulative component	17	1
Reflexive component	77	73

Analysis of the table 2 reveals that 51% of students in EG and 21% in CG have high level of linguistic component formation; the results for control group are 21% of students with high level of this component. High level of practical component formation is shared by 47% of EG students and 19% of CG students. Still, only 17% of EG students and 1% of CG students respectively have demonstrated high level of regulative component formation. At the same time, high level of reflexive component has been shown by 77% of EG students and 73% of CG students.

Analysis of table 2 data allows us to establish that more than half percent of EG students have high level of vocabulary and grammar knowledge comparing to only 19% of CG students. Moreover, 17% of students are aware of basis of deontology when students of CG are not (according to the results of regulative component). The results obtained on reflexive component evidence that 77% of EG students and 73% of CG students are able to evaluate their own performance reasonably.

The results of levels of foreign language communicative competence formation among students of medical faculties № 1 and № 2 according to all components of foreign language communicative competence before and after the experiment presented in table 3.

Table 3

Comparative characteristics of the results of levels of foreign language communicative competence formation among students of medical faculties № 1 and № 2 according to all components of foreign language communicative competence before and after the experiment

	EG (number of students in %)		CG (number of students in %)	
	initial control	final control	initial control	final control
High level of components formation				
Linguistic component	7	51	8	21
Practical component	4	47	3	19
Regulative component	0	17	0	1
Reflexive component	53	77	54	73

Analysis of table 3 data allows us to make a conclusion that almost all indicators increased substantially especially taking into consideration the number of students with high level of linguistic component formation (by 44 %) in EG while the number of CG students increased only by 13%. It means that students of experimental group have mastered theoretical material better. At the same time, the indicators of high level of practical component formation climbed by 43% in EG when it is by 16% in CG. This supposes that EG students are able better to use mastered vocabulary and grammar points in communication. It is also necessary to admit growing the indicators of number of EG students with high level of regulative component formation by 17% when the growth of these indicators are not observed in CG. However, it is important to mention that the indicators of reflexive component formation have improved almost at the same level 24% in EG and 19% in CG respectively.

Thus, the results of conducted experiment have proved the effectiveness of offered methods of foreign language communicative competence formation.

CONCLUSIONS

Based on the results of own research, the importance of foreign language communicative competence for future doctors was revealed. Since the communication occurs at all stages of dealing with a patient; therefore, it is crucial for a future doctor to acquire knowledge and skills of professional interaction with patients or colleagues.

It was established the structure of future doctors' communicative competence that comprises four components: linguistic, practical, regulative, reflexive one.

Linguistic component embraces theoretical language knowledge which include vocabulary, mainly medical terminology, grammar and phonetic constituents.

Practical component consists of speaking, writing, discourse, strategic constituents. With all its units practical component shows the ability of a speaker to apply theoretical knowledge in professional communication.

Regulative component is represented by deontology, sociocultural, legal and ethical constituents and allows doctors to perform professional communication according to rules and regulations of a country or a society.

Reflexive component is one of the most important for future doctors and it supposes the ability to evaluate own achievements reasonably and identify the areas for improvement.

Moreover, stages and methods of future doctors' foreign language communicative competence formation were created according to its structure. It was established that training vocabulary constituent is the priority for future doctors; thus, foreign language communicative competence is offered to form in three stages: semantics of vocabulary units; practising the skills of using vocabulary at the paragraph level;

practising the skills of using vocabulary at the text level. It was elaborated the appropriate methods of foreign language communicative competence formation depending on its stage and taking into consideration peculiarity of medical profession.

The effectiveness of offered methods was proved by conducting the pedagogical experiment among the students of medical faculties of Bogomolets National Medical University. It evidenced the effectiveness of considered methods of future doctors' foreign language competence formation.

SUMMARY

The article deals with the importance of foreign language communicative competence for future doctors. It was established that it is significant for both performing professional duties and acquiring knowledge through professional communication with colleagues abroad. The article also sets the structure of doctors' foreign language communicative competence which includes linguistic, practical, regulative and reflexive components. According to the structure of foreign language communicative competence of a doctor, it was identified the stages of its formation: semantics of vocabulary units; practising the skills of using vocabulary at the paragraph level; practising the skills of using vocabulary at the text level. It was also developed methods for every stage. Finally, their effectiveness was proved experimentally. The pedagogical experiment evidenced the significant increase of number of students with high level of foreign language communicative competence formation according to all its components.

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