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CONCEPT AND STRUCTURE OF FUTURE MEDICAL SPECIALISTS' FOREIGN LANGUAGE COMMUNICATIVE COMPETENCE

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ПОНЯТТЯ ТА СТРУКТУРА ІНШОМОВНОЇ КОМУНІКАТИВНОЇ КОМПЕТЕНТНОСТІ МАЙБУТНІХ ФАХІВЦІВ ГАЛУЗІ МЕДИЦИНИ

Abstract. The article analyses scientists' views on the specifics and structure of medical students' foreign language communicative competence. The researchers have been found to interpret differently this concept and its content, the latter containing from 3 to 6 components according to the data of various scholars. A concept of foreign language communicative activity is described in the article. Today, the ongoing reforms in the society call for the formation of comprehensively developed competent doctors, possessing high level of professional language and capable of revealing professionalism in business communication situations. In this regard, changes in the approach to future doctors' foreign language training are on the agenda. Therefore, solution of the challenge of developing language capacity and forming foreign language communicative competence in future doctors is very important. Foreign language communicative competence is essential for training advanced specialists in view of the further use of knowledge, abilities, skills, and personal qualities gained in the foreign language environment as well as for providing multilingual, multicultural, and interpersonal communication. Formation of foreign language communicative competence has been found to include the knowledge of a language, sufficient to meet professional needs, implementation of one's business contacts, and further professional self-education and self-improvement. It has been found that foreign language communicative competence includes discursive, strategic, and reflective components which are interactive, complementary, and functioning as a unified system.

Key words: foreign language; professional training of specialists; foreign language communicative competence; structure of foreign language communicative competence; multicultural communication; medical specialists.

Анотація. У статті проаналізовано погляди вчених на особливості та структуру іншомовної комунікативної компетентності студентів медичних закладів вищої освіти. Встановлено, що дослідники по-різному тлумачать це поняття та його компонентний склад, що вміщує від трьох до шести складників, за даними різних учених. У статті схарактеризовано поняття «іншомовна комунікативна компетентність». Зазначено, що сьогодні, в умовах реформ, які відбуваються в суспільстві, виникає необхідність у формуванні різнобічно розвинених компетентних лікарів, які володіють високим рівнем професійного мовлення, здатних виявляти професіоналізм у ділових ситуаціях спілкування. У зв'язку з цим потрібні зміни у підходах до іншомовної підготовки майбутніх лікарів. Тому надзвичайно важливим є вирішення проблеми розвитку мовної особистості студента-медика, формування у нього іншомовної комунікативної компетентності. Іншомовна комунікативна компетентність є важливим компонентом підготовки сучасних фахівців для подальшого застосування набутих знань, умінь, навичок та особистісних якостей в іншомовному середовищі, здійснення міжмовної, міжкультурної та міжособистісної комунікації. З'ясовано, що формування іншомовної комунікативної компетентності полягає в такому опануванні іноземної мови, яке дозволяє використовувати її для задоволення професійних потреб, реалізації особистих ділових контактів і подальшої професійної самоосвіти й самовдосконалення. Визначено, що іншомовна комунікативна компетентність складається з таких елементів: дискурсивного, стратегічного та рефлекторного, що взаємодіють і доповнюють один одного та функціонують як єдина система.

Ключові слова: іноземна мова; професійна підготовка фахівців; іншомовна комунікативна компетентність, структура іншомовної комунікативної компетентності; міжкультурна комунікація; фахівці сфери медицини.

Introduction. Formation of preparedness for professional foreign language communication in the

students of Ukrainian higher medical institutions is a crucial component of their professional training as health care professionals who are supposed to

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acquire the level of foreign language communicative competence, sufficient to contribute to their future efficient professional activity in the medical field. Health care industry needs specialists, proficient in a foreign language and capable of performing professionally oriented speech/mental activity in the professional environment, mastering the latest achievements of foreign medicine, and to take part in joint scientific and practical researches along with foreign colleagues. Specialists, highly proficient in a foreign language, are needed today to provide Ukraine's medicine progress and competitiveness in the global market. Today, the knowledge of a foreign language is becoming one of the conditions of professional competence; the demand for such specialists is expected to be growing increasingly. A modern specialist is supposed not only to read and translate specialized foreign literature, but to come into business and interpersonal contacts. That is why the function of a foreign language as a means of forming professional orientation, deepening interest in a future profession is taking up significance. Besides, of great importance is a desire to gain knowledge from various foreign language sources that provides opportunity to look at scientific and practical achievements in a corresponding field abroad and to use them in professional activity, to participate in international projects which are undertaken in Ukraine, as well as to take part in joint international ventures or to continue studies in a foreign country, and to do scientific research. Therefore, the issue of forming foreign language communicative competence in the students of higher medical institutions is still relevant.

Foreign language communicative competence is an ability to conduct a language activity by implementing communicative and speech behaviour on the basis of phonological, lexical/grammatical, sociological and country studies and skills according to various tasks and situations of communication, making possible for the communicants to create positive mood and to choose communicatively focused ways of verbal and non-verbal behaviour based on the knowledge of other peoples' science and culture.

It should be noted that "the main aim of learning a foreign language is the formation of communicative competence; all other aims (educational, social, professional) are realized in the process of implementing of this main aim" [13, p. 101]. Thus, formation of foreign language communicative competence in the students of higher medical education institutions in the process of learning a foreign language should

be regarded as an indispensable component of comprehensive professional training.

Acquiring foreign language professionally oriented competence will make possible for a future specialist to perform diverse types of work with original literature in the specialty: to understand a content, to be able to obtain the information needed, to translate or to abstract a material; to be skilled in dialogic and coherent monologue speech, etc. So it is no surprise that the subjects "Foreign Language" and "Foreign Language for Professional Communication" are included in the list of compulsory subjects in higher educational institutions. Integration of these disciplines and other humanities and medical subjects ensures both communicative training of students at the initial stage of studying at a medical university and its continuity at the beginning of direct practical "students-patients" interaction [12, p. 101].

All-European guidelines on language education identify main directions of professional training that include attaining by the students of non-linguistic departments a sufficient level of a foreign language communicative competence in a professional area of communication [3]. The objective of learning a foreign language at higher educational institutions is both mastering it as a means of communication and acquiring professionally oriented foreign language competence for further successful professional activity. This, in its turn, requires outlining of different methods and approaches to the formation of students' foreign language competence. The main objective of learning a foreign language by students of higher medical educational institutions is foreign language communicative competence of a personality, while a desirable result is the use of a foreign language as an available way of communication and enriching the experience of professional training.

Theoretical and practical issues of developing foreign language communicative competence were covered by many researchers: Ye. Vereshchahina, N. Hez, I. Zadorozhna, I. Zymnia, O. Kvasova, A. Markova, L. Morska, O. Tarnopolskyi, O. Khomenko, A. Khutorskyi, S. Savinon, L. Shcherba et al. Ya. Andreiko, O. Voloshyna, N. Halskova, M. Rudina, T. Cherniuk focused on the structure of foreign language communicative competence, whereas a pragmatic component of the structure was studied by Drozd, T. Maslova, V. Yatsyshyna. However, there is still no thorough study of the essence and structure of foreign language communicative competence of future medics.

The aim – to reveal the content and structure of foreign language communicative competence of future specialists in the medical field.

Theoretical framework. Foreign language communicative competence is an integral personal/professional characteristic that reveals itself in psychological specifics of behaviour and communication of a particular individual. It is a complex and multi-level system with specific internal links and relations. Such a complicated phenomenon can be explained and studied only on condition that the structure of foreign language communicative competence is clearly understood, its main components characterizing and giving in combination an overall and complete characteristic of a concept of foreign language communicative competence.

Besides, in the pedagogical literature there is no unanimity as to determining the notion "competence", most researchers regarding competence both as a personality characteristic and as a combination of communicative, constructive, and organizational abilities of a person, that is competence implies not only ability to possess knowledge, but to be potentially capable of using it in new situations. A tendency of a term "competence" transforming into "professional competence" can be observed in scientific studies. V. Yahupov, the author of a training manual on pedagogy, considers professional competence to be a basis for pedagogical culture, singling out in it "profound professional knowledge, psychological/ pedagogical skills and abilities, and perfect command of teaching methods" [9, p. 165].

I. Ziaziun regards competence as a fundamental principle of professionalism, giving the top priority to knowledge comprehensiveness, namely: ability to synthesize material, to analyse communication situations, to comprehend the essence of the phenomenon, to select the means of interaction [4]. If projected on the educational process in a foreign language, the above-mentioned characteristics make clear the need for both theoretical knowledge and practical skills.

Summarizing the material analysed, it can be noted that competence is always regarded within the context of professional activity; it is understood as an integrative personality formation, representing an aggregate of different competences; it characterizes the level of preparedness for activity as well as the type and efficacy of its performance; it is formed in the process of mastering a corresponding activity. Communicative competence is often defined as an ability to function in real communication

conditions that is in the conditions of dynamic information exchange. A term "communicative competence" is regarded as "ability to communicate using language, that is to convey and exchange opinions in different situations when interacting with the other participants of communication, choosing communicative behaviour that is adequate to authentic communication situation" [7]; as "complex intellectual and psychological formation of a personality that is characterized by an individual's ability to communicate effectively in different spheres of life, as well as by available knowledge of linguistic and speech standards, of etiquette, cultural specifics, social experience and ability to use the knowledge mentioned according to the situation of communication" [7].

An issue of determining foreign language communicative competence has been the focus for many researchers. A few approaches to the matter can be singled out. Those representing the first approach regard foreign language communicative competence as available knowledge of a foreign language as well as of abilities and experience in doing typical communicative tasks. I. Viakhk notes that foreign language communicative competence is a set of phonetic, lexical, grammatical knowledge and ability to put it into practice as well as formed communicative abilities in speaking, reading, writing, and audition. Besides, the scientist stresses that alongside with forming foreign language communicative competence in education recipients they should be provided with linguistic means of a foreign language for them to be able to realize all the functions of communication: informational (informative, cognitive), regulative (motivating), emotional/ evaluation (value-based/ orientation), etiquette [1, p. 27].

The representatives of another approach to the determination of foreign language communicative competence stick to the opinion that it is a certain integrated formation of a personality that includes mastering a foreign language, gained due to learning, and determines the level of a future specialist's proficiency. M. Halytska regards the concept of foreign language communicative competence as an integrative professional characteristic of a personality that determines the level of a future specialist's professionalism with respect to his/her foreign language communicative competence and contains needs, motives, psychological features, intellectual level and knowledge of a subject, abilities and skills which enable to make successful use of a foreign language for performing professional tasks [2, p. 184].

There are also the scientists who hold quite different view as to the determination of foreign language communicative competence. L. Onufriieva notes that recipients of education often see no sense in mastering a foreign language along with professional subjects, therefore having low motivation for learning a foreign language. However, in the case the proper organization of foreign language lessons is provided (use of authentic material, organization of pair and group communicative interactions, including personal-group communications – addressing an audience with projects, information, reports, etc.; change of communication conditions and its context (place, time, space, number of interlocutors, etc.), a higher level of mastering abilities and skills of foreign language communication is ensured [6, p. 727].

Having analysed main determinations of the notion of foreign language communicative competence, we came to the conclusion that three basic approaches to this concept can be singled out. According to the first one, foreign language communicative competence is knowledge of the language, abilities and skills, high level of mastering both verbal and non-verbal language means that is formed in the process of modelling foreign language professional activity. The supporters of the second approach consider that foreign language communicative competence is a complex integral personal formation that makes possible for an education recipient to communicate in the process of foreign language speech contacts and is gained due to learning. According to the third approach, foreign language communicative competence is an ability to carry out intercultural communication freely and adequately, to interact with native speakers and carriers of another culture as well as to solve the tasks of interpersonal and intercultural interaction.

Successful foreign language communication depends both on a communicant's readiness and wish to take the risk of expressing his/her thoughts in a foreign language and on the creativity in using learned grammar structures to deliver a message. Foreign language communicative competence is an ability and preparedness for foreign language communication with native speakers, for perception and understanding of a partner as well as for adequate and timely expression of one's mental intentions; a combination of knowledge and skills making possible to use knowledge of a foreign language in various socially determined situations, based on linguistic and social rules the native speakers adhere to.

Study of the structure of a specialist's foreign language communicative competence is another

essential aspect of this research. This issue is highlighted in the works by L. Bachman, L. Brakhman, M. Kenel, S. Kozak, O. Kovalenko, D. Khaims, who have found communication to be one of the most important functions of foreign language competence. However, analysis of their works pointed to significant differences in the views on the research problem. Particularly, L. Brakhman [8] included linguistic, discursive, speech, pragmatic, socio-linguistic, strategic, and intellectual components in foreign language communicative competence.

V. Ek singles out six components of foreign language communicative competence: linguistic, socio-cultural, socio-linguistic, strategic, discursive, and social. In particular, socio-cultural competence suggests students' knowledge of national/cultural specifics of social and speech behaviour of native speakers and ability to use them in communication. Discursive competence is an ability to generate discourse that is to use and interpret forms of words and meanings for composing meaningful texts. Strategic (or compensatory) competence suggests the use of verbal and non-verbal communicative strategies to make up for the lack of the knowledge of grammar code [11].

The work by L. Bachman, who includes linguistic, strategic components and psycho-physiological mechanisms in foreign language communicative competence, is worth mentioning [10]. Language competence is defined by the author as "knowledge of the language" that includes organizational and pragmatic components. In the scholar's opinion, organizational component implies grammatical and textual competences, while pragmatic component includes illocutive and socio-linguistic competences.

In its turn, each of four subcompetences consists of little structural parts: grammatical competence includes vocabulary, morphology, syntax and orthography; textual competence consists of cohesion and rhetorical organization; illocutive competence is regarded as an ability to express thoughts and emotions as well as manipulative, heuristic, and creative possibilities of a foreign language communication subject; socio-linguistic competence expresses sensitivity to dialect and style language differences, naturalness (authentic use of a language), understanding of cultural phenomena and rhetorical figures [10, p. 449].

Despite different approaches to determining the structure of foreign language communicative competence, the scientists came to the conclusion that its main components are linguistic and strategic. We can agree that linguistic component plays a major role

in the structure of foreign language communicative competence, but it is necessary to determine the components which are essential precisely for a doctor's professional activity in order to form successfully foreign language communicative competence of future specialists.

Regarding the structure of foreign language competence of future specialists in dentistry, Ya. Kulbashna notes that epistemological, activity-based, and reflexive components are appropriate to be considered the basic components of foreign language competence which significantly affect formation of professional competence [5]. Epistemological component provides formation of a knowledge system that includes linguistic, deontological, and socio-cultural components. In particular, linguistic component comprises knowledge of vocabulary: professional terminology, grammar, and phonetics, whereas deontological constituent includes the complex of knowledge, abilities, skills as well as moral/volitional and intellectual qualities a specialist should possess for performing normative professional activity [5]. Socio-cultural component includes acquaintance with the mentality and cultural traditions of the country of studied language for the purpose of successful intercultural communication and providing the dialogue of cultures [5]. All-European guidelines on language education note that owing to various social conventions which imply rules of courtesy, norms that regulate relations between generations, sexes, classes and social groups as well as linguistic codification of some major rituals in the life of a society, sociolinguistic component permeates the whole process of communication between the representatives of different cultures even if they are not aware of this effect [3]. This fact conditions the necessity in forming an ability to express and understand phrases and sentences from various sociolinguistic contexts, that is to take into account in communication acts the knowledge related to socio-cultural specifics of the country of studied language. This will make possible for a doctor to understand a patient at the extralinguistic level to collect all necessary information and anamnesis.

Activity-based component is determined by the reflection of knowledge in the practical activity (scientific-research or communicative) and is translated into practice through certain methods, techniques, and forms of foreign language training organization [5]. Working out of scientific sources not only in a native language, but also in English makes possible to receive more information that will increase the quality of scientific-research work considerably. This, in turn,

will contribute to better formation of future medics' scientific-research competence. One of the best methods of its formation is a project work, which is that students independently solve problem situations by searching for information in foreign scientific sources. Formation of foreign language communicative competence in future medical specialists aims at forming skills of timely selection of appropriate professional terms based not only on the content, but on the ability to formulate sentences in the practical speech correctly in terms of grammar and to overcome the language barrier. This is the way a specialist's preparedness for the use of professional vocabulary in the speech is realized. Therefore, it is advisable to introduce discursive, strategic, and reflective constituents into the structure of foreign language communicative competence. Discursive component provides the ability to combine separate sentences in a coherent message, discourse, by using different syntax and semantic means. A foreign language discourse is the result of implementation of determined communicative intentions in the context of a particular communicative situation, expressed by certain linguistic and non-linguistic means with respect to the partner, representing another culture. Thus, a doctor's ability to select such means depending on the situation makes possible to express information in terms understandable both for colleagues and patients. Strategic constituent is regarded as an ability to make up for poor knowledge of a language as well as insufficient speech and social experience in a foreign language communication, and to overcome language barrier that is particularly important for a doctor when communicating with a patient. Reflexive component reflects future specialists' ability to the self-assessment of their own achievements and independent search for the ways of self-improvement that is a key demand of modern education in foreign countries. This component enables to assess the level of formed speech abilities along with determining the level of self-esteem, contributing to language improvement, responsibility for the outcomes of one's activity, and formation of the sense of understanding one's significance for other people. It is also a regulator of personal achievements, self-management and an impetus to self-knowledge and professional growth. Active reflexive position of a future specialist is regarded as a necessary condition for self-development, whereas its absence excludes the possibility of a doctor's personal and professional self-development almost completely.

Conclusions and Prospects for Research. Today, there is no common understanding of components and

their unified names in the structure of foreign language communicative competence. However, analysis of scientific literature proves that the structures suggested by scientists are not in contradiction to each other and just detail the above-mentioned concept. Foreign language communicative competence of future medical specialists is a dynamic combination of knowledge, abilities, skills, modes of thinking, views, values, and other personal characteristics which determine an individual's ability to socialize successfully in the intercultural communication, to carry out professional activity and to use a foreign language in one's field of work, self-education, and self-development. Formation of foreign language communicative competence is a continuous process of doing tasks that leads to

the expansion of communication borders, readiness for flexible interaction with a partner in the process of communication, and to the development of reflexive speech activity. In our opinion, foreign language communicative competence is leading among other competences, since communication is a necessary condition and a way of implementing other competences.

The structure of foreign language communicative competence of future medical specialists is presented by discursive, strategic, and reflective components. To our mind, the prospect of further studies lies in the research of the specifics of forming foreign language communicative competence of future specialists in the medical industry.

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