COMMUNICATION SKILLS FORMATION OF FOREIGN STUDENTS IN CONTEXT OF MEDICAL UNIVERSITY

I. R. Humenna, N. I. Hantimurova, A. V. Hantimurov

I. Horbachevsky Ternopil National Medical University

Abstract. The article clarifies necessity of communication skills usage by foreign students during professional practice at higher medical education institutions. The essence of the term “communication” is clarified. In order to determine the ways of effective training of communication and professional skills, the structure of professional medical communication is investigated and set of communication skills necessary for conversation in typical situations of professional activity is determined. It is established that the skills of listening and speaking, which are realized in speech at all stages of training at higher medical education institution and in all types of professional communication, should be reflected through the technology of forming communication skills. Linguodidactic principles for the formation of professional communication skills during the study of theoretical and clinical disciplines by foreign medical students have been formulated. Organizational and methodical approaches to the formation of foreign students’ professional communication skills in the learning process are disclosed. It is shown that the formation of communicative competence is carried out in stages from the first year of studying theoretical disciplines to the completion of studying clinical disciplines. We believe that teaching materials will help foreign students to apply freely communication skills in conversation with patients, reasonably express their own views on the course, treatment or prevention of the disease.

Key words: professional medical communication; communication skills; foreign students; educational and methodical materials; training exercises.

Introduction. Systematic and constant training of future doctors’ professional communication, which is part of continuous professional development in health care, remains an urgent problem nowadays. A comprehensive study of the positive impact of patient-oriented professional communication training, in combination with the consequences of insufficient communication such as diagnostic errors, patient complaints and attrition among health professionals, should inspire ini-
The term “communication” derives from Latin communicatio – unity, transmission, message combined with verb communico – make common, communicate, combine and is derived from communis (Latin) – collective [8, p. 19].

According to E. Grosse, communication is the act of interaction using signs (verbal and non-verbal), which is subject to the aim of transmitting information regardless the method and intentions [19, p. 11].

F. Batsevich explains communication as a semantic and ideal-meaningful aspect of social interaction, the exchange of information in various communication processes [1, p. 28]. We also find an explanation that communication is a specific cultural form of communication, the exchange of information between people using signs, symbols, in which information is transmitted purposefully, perceived selectively and interaction is carried out according to certain rules and norms [7, p. 474].

At the same time, professional communication performs a number of functions, the implementation of which is subordinate to the general communication strategy:

- informative (messaging, perception and comprehension of their content; selection of appropriate verbal and non-verbal means of transmitting the content of information),
- expressive (accessible, interesting, emotionally expressive provision of information, exchange of emotions),
- diagnostic (effectiveness of communication, depending on the degree of mastery by its subjects of the necessary information),
- individualization (uniform standards and rules for working with information, ensuring the individual needs of communication subjects),
- incentive (activity of communicators, performance of communicative actions, self-realization through verbal, non-verbal means of communication),
- prognostic (modeling of the communication process, which lies in content planning, choice of means, communication technologies, etc.),
- cultural (demonstration of oral and written speech culture level, knowledge of norms of communication subjects etiquette),
- psychotherapeutic (use of verbal or non-verbal means of communication in order to provide psychological assistance, conflicts prevention) [13, p. 18].

Researching professional communication in the field of medicine, G. Pisces clarifies the list of the most
important components of the communicative process: communication subjects (nurses, doctors, patients), object of communication (maintaining health), needs (human health), tasks and actions (providing qualified assistance to preserve health), means (verbal and non-verbal), communication between communication subjects (depends on the psychological characteristics of personalities), product (human health), environment (medical institution). Professional communication like interpersonal one contains an element of reflection (cognition) by each other’s partners, mutual assessment (attitude) and various forms of human-human relations. [11, p. 86–87].

For a full analysis of communicative process, it is necessary to separate semantically these concepts. Communication skills belong to the varieties of all skills appropriate for human activity. Psychologists emphasize that the skill is a component of conscious human activity, which is performed automatically and is produced as a result of training. So, communication skills can be defined as actions aimed at ensuring communication that are consciously automated by speaker for further functioning in the form of automated way of performing communicative interaction. A necessary condition for effective communication is also the presence of communicative skills. Communicative skills are considered as the ability to communicate, skill in communicative interaction, purposeful use of communicative skills, which the individual acquires in the process of learning and experience. Communication skills and abilities are an inseparable combination of two interrelated phenomena that form and provide the process of communicative activity. The formation of these components of communication in the system of language training of foreign students has its own characteristics, since it occurs in parallel with the mastering of language. Competence approach ensures the formation of professional communication skills among future foreign doctors [15].

According to T. Sergienko, “in the linguodidactic context, mastering communicative skills becomes the basis for the formation and development of speech skills, which is necessary for the development of a professional language of foreigners. The formation of these components of communication in the system of language training of foreign students has its own characteristics, since it occurs in parallel with the mastering of language. Competence approach ensures the formation of professional communication skills among future foreign doctors” [14, p. 101].

The development of effective methodology for training communication skills should focus on the basic categories and features of educational process. These categories include the principles of education that regulate pedagogical activity in the process of foreign students’ speech training. Principles of communication skills formation during the training of foreign students at higher medical education institutions are becoming especially relevant.

Taking into account the above mentioned, the formation of professional communication skills is advisable to build on the principles, the content of which follows from the characteristics of the object of research, which is complex due to the combination of such components as professional medical communication phenomenon; training of professional-oriented communication, organizational and pedagogical conditions for the formation of professional medical communication skills. The above components have their own structural and content features and provide for appropriate methods of didactic interpretation, presented in many native and foreign studies. Therefore, the development of a set of methods and techniques aimed at forming the skills of professional communication of medical direction among foreign students should be determined taking into account the theoretical foundations of professional speech education for foreign students at higher medical institutions.

The principle of professionally directed language education is implemented in the process of language training of foreign students at medical university, which is carried out in the process of acquiring the competencies of professional medical communication. This direction provides the filling of educational material with medical content, which contributes to the formation of speech skills necessary for professional realization and their optimal use in scientific and professional communication. Professional language training of foreign students at medical university can be based on the developed linguodidactic principles of teaching foreign languages in a professional direction. These studies form scientific-theoretical and professional-practical basis for development of methodology for professionally oriented foreign language learning [15].

The principle of introducing professional communication skills to practical medical activity involves creation of situations related to various forms of communication between doctor and patient and communication between doctors. These can be role-playing games and situations imitating the work of doctor, observation of doctor's work through the use of multimedia tools, as well as direct observation of doctor's communication with a patient during clinical
practice. The development of such situations is carried out using medical practice documentation: outpatient card, patient medical history, operation protocol, test results, temporary disability certificate, etc. [15, p. 68].

It is worthy of note that communicative process of interaction between doctor and patient can be called forced communication as the main reason for meeting and conversation is the occurrence of health problems of one of the participants. From the doctor’s side the “forced” communication is due to his profession. If the patient's appeal to the doctor is motivated by the search for help, then the doctor's interest in helping the patient is explained by professional duties and professional growth, recognition, authority, material reinforcement (salary). Therefore, usually, the doctor is happy to have consultation with the patient, because his career growth and status depend on it. Therefore, the formation of skills and abilities of students’ professional communication at higher medical education institution influences further successful medical activities and has its own characteristics [4, p. 36].

As the profession of a doctor refers to communicative professions, it also has certain peculiarities:
- the doctor’s activity involves intensive interaction with patients;
- the doctor’s activity is carried out in direct contact with the patient;
- professional activity involves interaction and communication with different categories of people who have ethnic, gender, age, socio-cultural, professional, individual characteristics; different levels of education and awareness;
- doctor works in the personal area of patient, which can cause tension, resistance of sick person and psychological defenses;
- professional activity is complicated by work with patients who experience at the somatic level - pain, at the psychological level - anxiety and fear;
- professional communication of the doctor requires the art of persuasion, influence on the motivational, cognitive, emotional and behavioral sphere of the patient;
- the effectiveness of professional activity depends on patient's satisfaction with the service provided and the positive impression of interaction process with doctor and treatment;
- successful communication with patient contributes to the positive image of doctor [9, p. 135].

According to K. Gavrilenko, the formation of readiness for professional communication among future doctors is facilitated by the creation during training of communication situations, dialogues, study of texts, popular science works, etc. [2, p. 5].

It is worthy of note that patient may not trust doctor if appointment is done hurriedly with interruptions in order to save time and find out only what doctor considers to be necessary. However, patient trusts the doctor more, when he studies medical history in detail, knows how to listen and correctly build a conversation [17].

Taking this into account, the communicative orientation during the study of foreign students at higher medical education institution should be present during the whole class and educational tasks should be subject to communicative goals. It is necessary to give preference to special training exercises built on language material with high communicative content. Given the specifics of professional medical speech, it is necessary to create complexes of training exercises aimed at forming the skills of listening, speaking and dialogue between communicators in accordance with typical situations of professional medical communication.

The use of theoretical knowledge by teachers to form skills and abilities of professional communication during the training of future doctors at higher medical education institutions contributes to their rapid development of professionalism. First-year students study mainly basic disciplines that prepare future doctors for constructive communication with patients.

In addition to direct communication with patients during practical classes of clinical disciplines, the use of the case method is effective. This is one of the most effective interactive teaching methods. A case is a concise and accurate presentation of a situation with specific data, describing a real situation or event that occurred in a certain field of medical activity. Cases of specific situations develop analytical, research, communication skills, ability to analyze the situation, plan a strategy and make decisions [12]. Taking into account professional communicative needs, communicative tasks for future doctors are determined. In his studies, O. S. Ivantsiv considers necessary to divide communication exercises into three levels: the first is exercises aimed at building a professional dialogue; the second - practical implementation of the knowledge gained as a result of working on the exercises of the first level; the third - to develop foreign students’ skills to implement in practice communication at the level of “doctor - patient” in the situation of “examination of the patient, diagnosis” [6, c. 118].

Formation of communication needs is an important factor in motivating students to use communication
skills on practice. The development of professional medical communication skills is carried out mainly through listening and speaking, each of which has its own complex of psychological and pedagogical characteristics. Listening and speaking skills implemented in speech actions should be reflected in the educational technology of forming communication skills of foreign medical students.

Thus, the training of communication skills should be carried out at all levels of speech, encourage foreign students to listen and speak actively, and also naturally introduce themselves to the process of interpersonal contact. In assessing the work of students, the teacher must take into account their achievements in mastering communication. Under such conditions, the students not only master professional communication skills, but also successfully socialize and adapt to teamwork.

The communicative direction of language education of foreigners meets the requirements of the Standard Project of the Ukrainian language as a foreign, which provides a list of communicative skills at each level of Ukrainian language proficiency [5]. The opinion of L. V. Solodar that “the most important conditions of the communicative competence of foreign students include the ability to perceive aurally dialogical speech, to conduct dialogue in compliance with the requirements of Ukrainian speech etiquette. Therefore, the improvement and development of dialogical speech of students takes almost the most important place when learning foreign language” is appropriate [16, p. 164].

So, determining in the system of foreign students’ training is the formation of professional dialogical speech skills, the development of exercises and situational tasks complexes that involve the reproduction and creation of dialogues. The formation of communication skills should be carried out consistently at each stage, taking into account the achievements gained at the previous stages of training. It is also necessary to take into account the topics of professional communication in calendar-thematic planning, the use of technologies, methods and means of their diversification, the variability of application, sequence of material assimilation, and application of the repetition system.

Conclusions and Prospects for Research. It should be mentioned that for successful application of professional communication skills by foreign students it is necessary to allocate speech material at each stage of training that is relevant for the formation of these skills in the field of medicine. The choice of active teaching methods contributes to involvement of foreign students in active communication, also contributes to the independent mastery of skills and abilities. We see the prospect of further research in the development of educational materials and situational tasks of professional direction, which can be used in the study of theoretical and clinical disciplines.

List of literature
4. Гумена І. Р. Підготовка майбутніх лікарів до професійної комунікації на засадах міждисциплінарної інтеграції : дис... канд. пед. наук / І. Р. Гумена. – Рівне, 2016. – 270 с.

ISSN 1681-2751. МЕДИЧНА ОСВІТА. 2023. № 4


References

10. Proekt Standartu z ukrainskoi movy yak inozemnoi
[Draft Standard of Ukrainian as a foreign language]. Re-
trieved from: http://mon.gov.ua/ua/ news/mon-proponuye-
dlya-gromadskogo-obgovorennya-proektstandartu-z-ukra-
yinskoiy- movi-yak-inozemnoyi [in Ukrainian].
kompetentsii v protsesi vyvchennia ukrainskoi movy yak
inozemnoi [Formation of communicative competence in
the process of learning the Ukrainian language as a foreign
language]. Lviv [in Ukrainian].
12. Rohach, I.M. (2010). Moralno-etychni ta psy-
kholohichni aspekty medychnoi diialnosti likariv zahalnoi
praktyki [Moral, ethical and psychological aspects of the
medical activity of general practitioners]. Uzhhorod [in
Ukrainian].
13. Rodyhina, I.V. (2005). Diialnisnyi pidkhid do formu-
vannia bazovykh kompetentnostei uchniv [An active ap-
proach to the formation of students’ basic competencies].
Biolohiia i khimiia v shkoli – Biology and chemistry at
school [in Ukrainian].
do navchannia ukrainskoi movy yak inozemnoi v medych-
ykh universytetakh [A competent approach to teaching
the Ukrainian language as a foreign language in medical
universities]. Kyiv [in Ukrainian].
15. Serhiienko, T.V. (2021). Formuvannia navychok fak-
hovoi komunikatsii v inozemnykh studentiv medychnykh
universytetiv [Formation of professional communication
skills in foreign students of medical universities]. Doctor’s
novnyi vyd movlenniavoi diialnosti pry vyvchenni ukrainskoi
movy yak inozemnoi [Dialog – the main type of speaking
activity when learning Ukrainian as a foreign language].
Vinnytsia [in Ukrainian].
tural Competence: Some Principles and Proposals for the
18. Fedchyshyn, N., Vykhrushch, A., Bilavych, H., Hor-
pinich, T., Yelahina, N., & Klisch, H. (2020). Development
of Medical Students’ Foreign Language Lexical Competence
in the Virtual Learning Environment. Analele Universităţii
sician empathy: Definition, components, measurement, and
relationship to gender and specialty. The American Journal
of Psychiatry, 159, 1563-1569.

Received 08.12.2023.

E-mail address for correspondence: hantimurova_n@tdmu.edu.ua