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N. I. HantimurovaORCID <https://orcid.org/0000-0001-8587-7570>**A. V. Hantimurov**ORCID <https://orcid.org/0000-0001-6305-3271>*I. Horbachevsky Ternopil National Medical University***COMMUNICATION SKILLS FORMATION OF FOREIGN STUDENTS IN
CONTECST OF MEDICAL UNIVERSITY****I. Р. Гуменна, Н. І. Гантімурова, А. В. Гантімуров***Тернопільський національний медичний університет імені І. Я. Горбачевського МОЗ України***ФОРМУВАННЯ КОМУНІКАТИВНИХ НАВИЧОК СТУДЕНТІВ-
ІНОЗЕМЦІВ В УМОВАХ МЕДИЧНОГО УНІВЕРСИТЕТУ**

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.

Анотація. У статті відзначено про необхідність застосування комунікативних навичок іноземними студентами під час професійної практики у медичних закладах вищої освіти. З’ясовано сутність терміна «комунікація». З метою визначення шляхів ефективного навчання комунікативно-професійних навичок досліджено структуру професійної медичної комунікації та визначено набір комунікативних навичок, необхідних для спілкування в типових ситуаціях професійної діяльності. Встановлено, що навички аудіювання та говоріння, які реалізуються в мовленнєвих діях на всіх етапах навчання у медичних закладах вищої освіти і в усіх різновидах професійної комунікації, мають бути відображені через технологію формування комунікативних навичок. Сформульовано лінгводидактичні принципи для формування навичок професійної комунікації під час вивчення теоретичних та клінічних дисциплін іноземними студентами медичних університетів. Розкрито організаційно-методичні підходи до формування навичок професійної комунікації іноземних студентів у процесі навчання. Показано, що формування комунікативної компетентності здійснюється поетапно від першого року навчання теоретичних дисциплін до завершення навчання клінічних дисциплін. Вважаємо, що навчально-методичні матеріали допоможуть іноземним студентам вільно застосовувати комунікативні вміння і навички у спілкуванні з пацієнтами, аргументовано висловити власні погляди на перебіг, лікування чи профілактику захворювання.

Ключові слова: професійна медична комунікація; комунікативні навички; іноземні студенти; навчально-методичні матеріали; тренувальні вправи.

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 compre-

hensive 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-

tiatives to improve communication skills. Although professional communication underlies interaction with patients, relatives and colleagues, the systematic transfer of knowledge and skills from the audience to clinical practice still needs to be improved. Maintaining acquired communication skills and abilities is challenging [3, 18].

Examining the professional communicative competence of future doctors, we made the conclusion that communication skills are an important component. They provide transmission and reception of information, exchange of experience, opportunity to learn, implementation of interpersonal connections, etc.

The aim – to offer effective formation of communication skills during the study of foreign students at higher medical education institution.

Theoretical framework. The communication process has a multi-sector character and involves at least two participants who alternately change their dialogue roles, so communication skills can be receptive and productive. Scientists-psychologists characterize skill as a component of conscious human activity, which is performed automatically and is produced as a result of exercise and training. These features form the basis of the definition adopted in Ukrainian as a foreign language Standard Project, which states that “language communication skills are presented as a formed system of communication skills brought to automatism, ability to interact with other people, adequately perceive the received information and also correctly transmit it” [10].

The formation of communication skills provides professional training for foreign students. Considering this, communication skills can be defined as speech actions aimed at ensuring communication, which are mainly consciously produced by the speaker for further functioning in the form of automated method of performing communicative interaction. Communication skills provide productive communication and allow the individual to make meaningful listening and speech. The presence of communicative skills is also a necessary condition for an effective communicative process. We consider communicative skills as the ability to communicate, the ability of communicative interaction, the purposeful use of communicative skills acquired through experience and in the process of learning and practice. Communication abilities and skills are a combination of two interrelated phenomena that form and provide the process of communicative activity.

The proper level of professional communication abilities and skills formation is the condition under which professional communication can be productive.

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 language acquisition” [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.

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