

Analytical article

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**COMMUNICATIVE COMPETENCE AS AN ELEMENT
OF FORMATION OF MEDICAL STUDENT READINESS
FOR PROFESSIONAL INTERACTION¹****Ekaterina I. Krasheninnikova¹** ✉,**Oleg D. Nikitin²**

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Abstract. The article presents a study on the problem of communicative competence development as an element of the future doctor's readiness for professional interaction. Patient-centeredness has become a key component in the model of doctor-patient interaction recently. Obviously, the quality of interaction between a doctor and a patient highly depends on the communicative culture of a medical worker. However, a study conducted in 2023 by the Russian Research Institute of Health reported that there are communication barriers between a doctor and a patient. Thus, the problem of communicative competence development is urgent as current situation implies that doctors not only have proper medical knowledge, but also possess communication skills that contribute to effective professional interaction. In this regard, to train highly-skilled specialists, universities need to change the curricula in accordance with the existing reality. Such discipline as *Foreign Language* allows us to use almost the entire variety of pedagogical technologies to develop and master communication skills within the chosen professional activity. The analysis of Federal State Educational Standards shows that the requirements for *Foreign Language* mastery changed from general competence to general professional competence, and then to a transferable skill, which nevertheless implies a willingness to use a foreign language as a means of communication for academic and professional interaction. The development of communicative competence should comply interdisciplinary approach for the integrated application of theory and practice in professional activity. The mastering of communicative competence can also be facilitated by professionally oriented competitions, contests and conferences.

Keywords: communicative competence, formation of readiness for professional interaction, federal state educational standard, patient-centeredness, foreign language, medical students

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КОММУНИКАТИВНАЯ КОМПЕТЕНЦИЯ КАК ЭЛЕМЕНТ ФОРМИРОВАНИЯ ГОТОВНОСТИ СТУДЕНТОВ МЕДИЦИНСКИХ ВУЗОВ К ПРОФЕССИОНАЛЬНОМУ ВЗАИМОДЕЙСТВИЮ²

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Аннотация. В статье представлено исследование по проблеме формирования коммуникативной компетенции как элемента готовности студентов медицинских вузов к профессиональному взаимодействию. В модели взаимодействия врача и пациента большое внимание уделяется пациентоориентированности. Все больше ученых отмечает, что качество взаимодействия между врачом и пациентом напрямую зависит от коммуникативной культуры медицинского работника. Исследование, проведенное в 2023 году Центральным научно-исследовательским институтом организации и информатизации здравоохранения, указало на существование коммуникативных барьеров между врачом и пациентом. Актуальность проблемы обусловлена тем фактом, что современные условия требуют от врачей не только собственно медицинских знаний, но и коммуникативных навыков, способствующих эффективному профессиональному взаимодействию между врачом и пациентом. В связи с этим высшим учебным заведениям при подготовке будущих специалистов необходимо изменять содержание преподаваемых дисциплин в соответствии с существующей реальностью. Дисциплина «Иностранный язык» позволяет использовать практически все многообразие педагогических технологий для развития коммуникативных навыков в рамках выбранной профессиональной деятельности. Анализ федеральных государственных образовательных стандартов высшего образования показывает, что требования к результатам освоения дисциплины менялись от общих компетенций к общепрофессиональным, а затем — к универсальным, которые подразумевают наличие у будущих врачей готовности к использованию иностранного языка в качестве средства коммуникации для академического и профессионального взаимодействия. Формирование коммуникативной компетенции должно идти в рамках междисциплинарного подхода для комплексного применения теории и практики в профессиональной деятельности. Формированию коммуникативной компетенции также могут способствовать профессионально ориентированные конкурсы, олимпиады и конференции, проводимые на иностранном языке.

Ключевые слова: коммуникативная компетенция, формирование готовности к профессиональному взаимодействию, федеральный государственный образовательный стандарт, пациентоориентированность, иностранный язык, студенты-медики

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Introduction

In order to help patients, the doctors should have not only scientific knowledge and technical skills, but they should also understand human nature. The patient cannot be treated as a person with a range of symptoms and diseases. Patients are human beings, both worried and full of hope, who want the doctor to help them and find a way to cure their disorders. It is essential for the patient to trust the doctor. The importance of such a trust-based relationship between a doctor and a patient cannot be underestimated, since in most cases an accurate diagnosis and treatment are built on effective communication (Hellin, 2002).

In Russia the model of the doctor-patient relationship has been changing recently. Now more and more attention is paid to patient-centered care. Person-centered therapy started in the United States in the middle of the 20th century. The concept was first introduced by the American psychologist Carl Rogers (Rogers, 1951). The term was used to describe a trust-based relationship between a doctor and a patient, when sincere sympathy, compassion, and desire to help prevail. In the 1970s, the American psychiatrist George Engel further developed the idea. The scientist presented a biopsychosocial health model as an alternative to the traditional paternalistic one, where the patient fully relies on the experience and professionalism of the attending physician (Latimer, Roscamp, & Papanikitas, 2017). Since 2000, the National Health Service (NHS), in Great Britain, has considered patient centricity as one of the main principles of its work. The NHS states that it will conduct its work and provide services based on the needs and preferences of patients, their families and carers (NHS, 2000).

In our country patient-centered care is not so popular yet. Our health-care professionals began discussing the problem only several years ago. In 2018, E. V. Shlyakhto, a member of the Russian Academy of Sciences, stated that the professional community was entering a new stage in the development of medicine. The priority shifted from treating a disease to treating a particular patient (Zenovina, 2018).

In case of a patient-centered approach, a significant role is given to informing the patients about the course of the diagnostic and treatment process, providing them emotional support. Obviously, the quality of interaction between a doctor and a patient directly depends on the communicative culture of a medical worker, which, among other things, includes communicative and proper linguistic knowledge

and skills (literacy in phrase construction, simplicity and clarity of doctor's ideas, figurative expressiveness and clear argumentation, adequate communication tone, voice dynamics, tempo, intonation, facial expressions, gestures, etc.) (Gerasimenko, 2007; Ranjan, Kumari, & Chakrawarty, 2015).

Thus, the benefits of patient-centered care are widely discussed by foreign and domestic scientists. S. J. Kuipers et al. (2019) are sure that patient-centeredness helps to improve outcomes, A. Walsh et al. (2022) report that it forms trusting relationships between patients and care providers, M. Lee et al. (2023) state that it reduces patients' fear and increases their satisfaction, etc. Much attention is also focused on patient-centered communication, which can reduce uncertainty, enhance greater patient engagement in decision making, improve patient adherence to medication and treatment plans, increase social support, safety, and patient satisfaction in care (Kwame, & Petrucka, 2021).

However, there is not enough literature on patient-centricity in Russian. So, it is hardly surprising that our medical students know nearly nothing about it. In addition, the way the communicative competence is being formed is not absolutely satisfactory. Still, doctors' interpersonal and communication skills correlate with improved health care outcomes (Rider, & Keefer, 2006). Thus, the search for innovative methods which can contribute to communicative competence formation in medical students is relevant today (Smith et al., 2007). We believe that foreign languages, being a means of communication, can help much in solving the problem.

Materials and Methods

The research literature on the relevance of communicative competence formation in medical students and analytical data from pedagogical, didactic, methodological and medical sources on effective methods for communicative competence development have formed the scientific basis for the article. The study was conducted within the scope of analytical methods (literature analysis, data systematization); empirical methods (questionnaires, practical tasks, solving professional problems by students of the medical faculty of Ulyanovsk State University).

Results and Discussion

Having analyzed domestic literature on patient-centricity we can report that Russian Research Institute of Health (RIH) indicates communication barriers among patients and doctors. Such a conclusion was drawn after a Health Literacy Survey conducted by the institute, the results of which were published in May 2023.

In this regard, the researchers stress the importance of providing citizens with accurate, accessible, useful and understandable medical information. Obviously, physicians and other qualified health care professionals can be described as the main

information channel for obtaining knowledge about population health, its strengthening and disease prevention. Therefore, first of all, it is necessary to master their skills of clear information sharing, in other words communicative skills.

The RIH recommendations largely correspond to the patient-centered approach and emphasize the importance of communication competence formation in the work of any doctor. Nearly all recommendations are somehow connected with patient-centered communication. It is possible to summarize them as following.

1. Patients should be treated as equal participants in treatment and diagnosis process; patronizing tone should be avoided.

2. Patients should be spoken to in an understandable language. Health-care professionals forget that patients do not have a perfect command of professional medical terminology, so the latter do not understand what they are being said. Medispeak in patient-doctor communication is prohibited.

3. Health-care professionals should help the patients understand how to follow the necessary recommendations and explain the steps of treatment in detail. Physicians should be sure that they have built rapport with the patients.

4. Medical staff should talk to patients in short, memorable and clear sentences. Speech pace should be conversational, so that the patients are able to perceive it.

5. It is important that patients have an opportunity to ask questions, in order to find out and understand everything.

Moreover, RIH recommends medical workers to complete training on effective communication, conflict management and social networking (Shelegova et al, 2023). It is known that some universities have developed original programs for mastering communicative competence in young doctors while undergoing advanced training courses at specialized departments, which reveal positive changes towards improving the indicators of communicative competence development in the studied groups of doctors (Naumova et al., 2017).

This information once again confirms the fact that modern conditions require health-care professionals not only to have proper medical knowledge, but also communication skills, since they contribute to effective professional interaction between a doctor and a patient. Communicative competence is based on the ability to communicate productively, to avoid conflict situations, to build constructive relationships, to achieve compliance with the patient (Gorshunova, & Medvedev, 2010). All students should have communication skills training (Aspegren, 1999). When preparing future specialists, higher educational institutions need to change educational content in accordance with the existing reality (Ol'khovik, & Lipatova, 2020). Such a discipline as *Foreign Language* allows us to use almost the entire variety of pedagogical technologies to develop communication skills within the framework of the chosen professional activity.

The higher school in Russia is constantly being transformed according to the requirements imposed on it by the Federal State Educational Standards (FSSES). So, since 2010, we have observed three standards for training program *General*

Medicine. Both the academic requirements and competencies under formation have been changed.

FSES of Higher Professional Education 060101 General Medicine (2010) ranks the discipline *Foreign Language* as one of the basic parts in the *Humanitarian, Social and Economic Cycle*. As a result of mastering the discipline, a specialist should know a lexical minimum containing 4000 units of a general and terminological nature; basic medical and pharmaceutical terminology in Latin and foreign languages; be able to communicate in a foreign language and receive information from foreign sources. At the same time, a future specialist should acquire General Competence – 6 (the ability and willingness to master one of the foreign languages at the level of everyday communication...) (FSES HE, 2010).

FSES of Higher Education 31.05.01 General Medicine (2016) classifies the discipline Foreign language as part of the Basic part, Block 1. It does not formulate requirements for knowledge and skills, but assumes the formation of General Professional Competence – 2 (readiness for communication in oral and written form in Russian and foreign languages to solve professional activity problems (FSES HE, 2016).

FSES of Higher Education 31.05.01 General Medicine (2020) also classifies the discipline Foreign Language as a part of Block 1. However, it implies the formation of Transferable Competence – 4 (the ability to use modern communication technologies, including those in a foreign language for academic and professional interactions) (FSES HE, 2020).

FSES analysis shows that the requirements for the results of discipline mastering have changed from general to general professional, and then to transferable competence, which implies readiness to use a foreign language as a means of communication for academic and professional interaction. The Federal State Educational Standard grants the university the right to establish professional competencies that allow the graduates to solve professional problems (Zhukova, & Lyapina, 2023). However, it should be noted that transferable skills can significantly contribute to the development of professional ones. Indeed, a foreign language has significant potential for specialist training in various spheres. Since any language is primarily a means of communication, foreign language classes provide a platform for communication on almost any topic, depending on the particular academic goals. Moreover, foreign language classes contribute to intercultural training and personal development, form the willingness to work in a culturally diverse environment, and the ability to adapt your ideas and behavior to the situation (Yurchenko, 2022).

In addition, it should be noted that while drawing up curricula, each university independently determines the disciplines to form a particular competence. Unfortunately, the academic program directors do not always treat the problem in a responsible manner. As a result, some competences are attributed to certain disciplines by a leftover principle. We analyzed the FSES 31.05.01 General Medicine and the 2022 academic curriculum for the Institute of Medicine, Ecology and Physical Culture, Ulyanovsk State University. We aimed at identifying disciplines

that are intended to form such a category of transferable competencies as Communication. According to FSES of Higher Education, Transferable Competence – 4 (the ability to use modern communication technologies, including those in a foreign language for academic and professional interactions) is supposed to develop this category. According to the Academic Curriculum analyzed, such disciplines as *Foreign Language, Education Science and Psychology, Russian Language and Speech Culture, and Medical Practice Psychology and Education* are intended to form the very competence.

However, paradoxical as it may sound, the competence is not attributed to such disciplines as, for example, Latin or Bioethics. It is obvious that any language is primarily a means of communication. Moreover, the Latin language evolved into Romance languages and had a great influence on Old and Early Modern English. Many modern English terms, especially medical, are directly or indirectly borrowed from Latin. Bioethics studies the interaction between people in the healthcare system in general, and the doctor-patient interaction in particular. As we have mentioned earlier, any interaction is based on effective communication.

We suppose, that nowadays all universities should stick to interdisciplinary approach in the educational process. In our particular case, it is obvious that such disciplines as Foreign Language, Latin and Bioethics can help students explore some similar topics from different perspectives. The fact that all the above-mentioned disciplines are taught in the 1st semester contribute to effective learning. Moreover, research confirms students acquire a satisfactory level of communication competency early in the curriculum (Wouda, & Harry, 2012).

Hands-on experience shows that most modern students (especially freshmen) are mainly worried by one problem: how to pass a test or exam in a particular discipline. They do not see the connection between the subject and their future profession, they do not realize how much knowledge in one subject can facilitate the study of another. The main question they ask is “What can I do for YOU to pass the exam?” It is a great problem that students do not understand that they study not for their tutor, not for a good mark in their diploma, but for knowledge, skills and competences they can acquire.

Professors of the Department of the English Language for Professional Activities, Ulyanovsk State University, believe that the main goal of learning a foreign language is the formation of foreign language communicative competence in future specialists in various fields of human activity (medicine, jurisprudence, adaptive physical culture, sociology, ecology, etc.). However, there is also a general target: to train qualified specialists and form a set of professional, linguistic, communicative, sociocultural and other competencies necessary for the comprehensive training of any specialist in order to predict challenges and successfully solve the problems of professional communication. It is impossible to achieve this goal without an interdisciplinary integration, a multi-level approach to the specialist training, the variability of the methods and technologies used, flexibility, and a focus

on the intercultural aspect of language acquisition. A foreign language for a modern specialist is an instrument, a part of culture, and a means of achieving career success.

To become a qualified doctor, a student needs to master not only professional knowledge and skills, but also to be an effective communicator. In order to improve the educational process, professors of the Department of the English Language for Professional Activities work jointly with graduate departments to teach effective professional communication.

This allows us to unify the educational topics, to use authentic professionally significant material, approved by specialists, and also to prepare a professionally oriented methodological component of language training. Graduate departments help to assess the topic relevance and their correlation with the future specialty. That way the professors of our department published textbooks for customs students and for students specializing in adaptive physical culture.

At present, we test the textbook for medical students. The main emphasis is paid to the formation of professional communicative competence of future doctors. Thus, when studying the topic *History Taking*, medical students get acquainted with two approaches to collecting information about the patient's condition, past diseases, heredity, living conditions, etc. These approaches are based on patient-centered and traditional paternalistic models. Students are invited to read the text *The art of History Taking in Medicine – 10 Tips Towards Better History Taking* and consider options for doctor-patient communication using the above-mentioned approaches.

Obviously, it is necessary to demonstrate respect for the patient from the first minutes of communication, since it is the first impression that can significantly affect the consultation and the quality of the history taking. In the paternalistic model, the doctor's first phrases sound like: *Hello, Mr Smith. My name is Dr Jones. Can you tell me what brings you to the hospital today?* In case of a patient-centered approach, the doctor also introduces himself/herself and states his/her position. Then, he/she clearly indicates how long the consultation with the patient will last, what it will be like and will definitely ask the patient if such work plan is suitable. Thus, in a patient-centered approach, the doctor will begin the conversation with the patient as follows: *Hello, Mr Smith. My name is Dr Jones. We will have 30 minutes together, and I will ask you several questions and then examine you to understand what the problem is. Is this OK with you?*

While taking history, even seemingly insignificant details can play a crucial role. The physician should not excessively use medical terminology, as the information may become incomprehensible to the patient. Instead, it is necessary to allow the patients to express their thoughts freely, helping them with suggestive questions. Thus, a paternalistic model would be characterized by a question like: *Do you have any family history of heart attack, stroke, cancer, diabetes, hypertension, or hyperlipidemia?* With a patient-oriented approach, the conversation will be quite different: *Tell me about your mother. How old is she? What medical problems does she have?* The doctor will also ask about the age and health of the patient's father,

siblings, and children, and then about any medical conditions that other family members have had.

When working with authentic texts, medical students are aimed not only at mastering a foreign language (learning vocabulary, improving reading, speaking and translation skills), but also at extracting new information in the field of professional development. It should be noted that before reading the text, we organized a discussion with the students in order to know if they had heard of a patient-centered approach in medicine. All first-year medical students of the Faculty of Medicine specializing in General Medicine (more than 100 people) answered negatively. It is known that group conversation with students ensure the most correct understanding of the proposed questions as the participants usually feel free (Bogoslovskiy et al., 2022).

Post-reading activity may include making dialogues on the topic *A Visit to a GP*, using various approaches to doctor-patient communication. Such tasks as preparing a review on medical articles in English, making presentations and reports on medical topics prove to be rather effective. Students both master their communicative competences and analyze medical texts which they consider to be interesting.

Opportunities for practical interpretation and testing of acquired knowledge and skills are professionally oriented projects: subject contests, competitions and conferences. Besides, the scientific and practical conference *Intercultural Communication in the Educational Environment* is held annually in cooperation with the Faculty of Medicine. Leading professors of Ulyanovsk State University, Russian and foreign students and schoolchildren take part in the conference. This event contributes to overcoming intercultural barriers and the development of cultural tolerance in the academic space. In 2023, the event was held in a creative format: in addition to traditional presentations, participants had the opportunity to gain hands-on experience by becoming participants in a performance organized by students from India.

Conclusion

Thus, we have outlined the deficit in communicative skills among modern doctors and the necessity to acquire communicative competence while studying at university. Several disciplines can contribute to mastering communicative competence, among them are Foreign language, Education Science and Psychology, Russian Language and Speech Culture, Latin, Bioethics, etc. However, academic curricular is not always perfect and the communicative competence is not attributed to the disciplines which can really develop it. We plan to continue our work on mastering communicative competence of medical students during foreign language classes.

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