

LANGUAGE TRAINING AS A MEANS OF DEVELOPING COMMUNICATIVE COMPETENCY IN MEDICAL STUDENTS

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As the demands for professional doctor-patient communication are growing, communicative competency of a physician has acquired particular importance. This article explores this competency as a key objective in foreign language training for medical school students. Learning Latin in medical schools is traditionally associated with mastering anatomical, clinical, and pharmaceutical terminology. At the same time, the discipline is not used to the fullest extent though it allows to develop the communicative culture of future doctors and helps them interact effectively and ethically with patients. Teachers must explicitly convey to students that studying Latin (as well as any other foreign language) ultimately aims to build communicative competency. It is a universal professional trait that fosters professional growth and personal development due to the successful mastery of specialized disciplines.

Keywords: the Latin language, medical terminology, communicative competency, medical ethics, professional communication, language learning

Author contribution: Krotova M. A. — analysis and synthesis of literature on the topic, generalization of pedagogical experience, preparation of the text.

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ЯЗЫКОВОЕ ОБУЧЕНИЕ КАК СРЕДСТВО ФОРМИРОВАНИЯ КОММУНИКАТИВНОЙ КОМПЕТЕНТНОСТИ СТУДЕНТОВ-МЕДИКОВ

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В условиях повышения требований к профессиональной коммуникации врача и пациента особую значимость приобретает его (врача) коммуникативная компетентность, которая в настоящей статье рассматривается как актуальная цель языкового обучения студентов медицинского вуза. Изучение латинского языка в медицинском вузе традиционно соотносится с освоением анатомической, клинической и фармацевтической терминологии, в то же время его потенциал для формирования коммуникативной культуры будущих врачей, позволяющей эффективно, в соответствии с этическими принципами, взаимодействовать с пациентом, остается недостаточно реализованным. Необходимо эксплицировать для студентов, что изучение дисциплины «Латинский язык» (а также иностранных языков и языковое обучение в целом) в итоге направлено на формирование коммуникативной компетентности как универсального качества специалиста, обеспечивающего становление профессиональной идентичности (благодаря успешному освоению профессиональных дисциплин) и личностное развитие.

Ключевые слова: латинский язык, медицинская терминология, коммуникативная компетентность, медицинская этика, профессиональная коммуникация, языковое обучение

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Today, future physicians need to acquire both clinical competence and essential communication skills during medical training. *Communicative competency* shows how effectively a doctor communicates with a patient, establishing the trust and sense of security that can ultimately impact treatment outcomes.

Terminological literacy, which is based on knowledge of Latin medical terminology, is undeniably a vital and ethically significant part of professional training. In turn, language learning, and specifically the mastery of Latin, is essential for developing communicative competency. Thus, a Latin teacher in a medical school does not only transmit linguistic knowledge, but also acts as an *ethical mediator*. With the help of the mediator, students can be aware of their potential and use it for their communicative, cultural and professional development.

APPROACHES TO DEFINING COMMUNICATIVE COMPETENCY

Communicative competency, which is one of the key elements of the outcome-based approach, can be treated as the ability to communicate effectively through the skill of understanding the interlocutor, expressing own thoughts clearly, selecting proper language means and changing own behavior while taking into account the situation and social standards.

Researchers suggest that communicative competence is a set of communicative, digital, cross-cultural, linguistic, discursive, pragmatic, strategic, socio-cultural and other competencies. In their article, Yatsenko VV and Naidis IO review various approaches to how communicative competency

(competence) should be defined and explore the components [1]. It should be noted that communicative *competence* is frequently taken as a *system* of knowledge and abilities, whereas communicative *competency* is true *ability to use* the knowledge and skills, as well as their practical use in a certain activity. In medical discourse, communicative competency relies on the principles of ethics and requires to be tactful, delicate and empathic while discussing tabooed and disturbing topics with a patient (serious diagnosis, certain procedures related to the intimate sphere, etc.) [2, 3]. Medical terms (*hyperhidrosis*, *transvaginal*, *helminthiasis*, *decapitation*, etc.) can relieve emotional tension and make the conversation neutral. Use of *euphemisms* (avoidance of those words and expressions that, according to the speaker's opinion, are undesirable, fail to correspond to the purpose of communication, and can result in a communicative failure) can eliminate communicative discomfort. Thus, discussions involving the semantic categories of racial, ethnic, or age-based discrimination, particularly when related to low social status, as well as terms concerning physical or mental disabilities, severe or sensitive illnesses, and their clinical management, must be expressed in a manner that is mutually acceptable to the participants [2]. Successful use of euphemisms requires a speaker who understands the topic and the situation and shows communicative competency because the speaker "should be capable and willing to make own speech softer" [4].

The basis of any competence is formed by knowledge and skills of their practical use combined with certain personal qualities, moral and ethical settings, and the ability to interact and collaborate while taking certain decisions. Communicative competence can be taken as the leading one because it promotes development of many other competences (for instance, helps a physician to solve professional tasks through effective cooperation with patients and colleagues) [1].

The knowledge of foreign languages is essential for professional success under the conditions of globalization and intense international collaboration. Thus, *foreign communicative competency* can be taken as a complex personality feature. The feature is manifested through its ability to execute effective interpersonal and professional communication with foreigners due to the active use of a foreign language. Foreign communicative competency has a complex structure. It covers a wide range of competencies, which are necessary for effective communication in a foreign language. It should be underlined that it is necessary to communicate orally and in writing in professional and daily life, translate specific texts and, crucially, develop the skills of oral and writing speaking skills independently [5].

DEVELOPMENT OF COMMUNICATIVE COMPETENCY AS THE PRINCIPAL GOAL OF THE MODERN LANGUAGE EDUCATION

Enhancing educational standards remains a critical global concern today. Her decision stems from the modernization of educational content, the optimization of educational methods and technologies, and reinterpretation of its goals and outcomes [6].

It is essential to recognize that in this context, communication and social interactions serve as both the means for and the outcome of constructing social reality. The more educated people are, the better they understand the idea of communication and how to communicate. This involves a shift toward instrumental values (including quality, beliefs, or means that a person uses as tools to achieve main life goals, i.e., values and means) within the communicative competency [7].

There is no doubt that the primary goal of university education is the professional training of a qualified specialist. According to Chernyavsky MN, "the formation of a professional language is an essential factor in a doctor's training". In turn, the foundation of this language is medical Latin terminology, the mastery of which determines the development of their "professional linguistic culture" [8]. During the first lesson students are introduced to the foundational principle of medical ethics: *Noli nocere!* (Do no harm!). It also explores lesser-known Latin aphorisms, such as *In via est in medicina via sine lingua Latina* (The path in medicine is impassable without Latin) and *Non tam praeclare est scire Latine, quam turpe nescire* (It is not so much glorious to know Latin as it is shameful not to know it). After uncovering the meaning of these phrases, the lesson highlights why studying Latin is still crucial for well-educated individuals. It is stated that Latin served as the global language of science, philosophy, and medicine until the late 18th century, meaning that a lack of Latin proficiency has been for a long time viewed as a sign of ignorance and unprofessionalism both for doctors and lawyers. The Latin language is viewed as the universal language of medicine, which forms the basis of medical terminology. Latin aphorisms and catchphrases are an important part of cultural heritage.

Thus, when answering the question regarding the purpose of studying Latin during the first lessons, students note the connection between the language and "anatomy", "writing prescriptions", etc. Meanwhile, various factors such as academic workload and the difficulties of mastering a *new* discipline (unlike, for example, English or German), reduce academic motivation by the 3rd-4th lesson, causing first-year students to doubt the relevance of studying Latin.

Indeed, one of the main problems in education today is that the amount of knowledge is growing, but there isn't enough time to learn it all. Though teachers have to follow the regulatory document, they can be flexible while teaching. Then they will not only help future doctors understand the material, but will also develop their analytical and systemic thinking while enhancing motivation and ease of study. Undoubtedly, the most attractive forms of work used to motivate students and maintain their interest in the subject when *learning a foreign language* are role-playing and communicative games (simulating doctor-patient communication), and watching and subsequently analyzing film and TV series clips on relevant topics in the foreign language.

At the same time, as has been repeatedly noted, Latin language lessons at a medical university also have significant potential for developing communicative competency [9], which students need to be reminded of, emphasizing the importance not only of the result but also of the *process* of language learning. To maintain interest in learning and make students motivated while studying Latin, the following types of activities should be used:

Working with a textbook, specifically by *taking notes*, is a vital component of the learning process. Many students, however, may face difficulties when doing the task. That's why during the first lessons it's better to *work with the diagrams* offered by a teacher. The diagrams can guide you through the learning process. For example, the grammatical information about nouns takes up 13 pages in the textbook. Simultaneously, the students explore 1-page diagram that explains the new topic. At home the students are asked to read the relevant paragraphs, paying attention to the main points presented in the diagram. Moreover, utilizing diagrams enables teachers to minimize blackboard use while presenting high-quality visual data.

Participating in olympiads allows you to demonstrate/test your knowledge, *speaking at conferences* allows you to explore

topics not discussed in classes, showcase public speaking skills and your ability to interact with the audience, answer questions, create and submit presentations, etc.

Working with texts ("Gaudeamus," "Hippocratic Oath") can be carried out as part of preparing reports or abstracts for Student Scientific Society meetings.

The update of interdisciplinary and intradisciplinary connections (comprising anatomy, Russian, and English) plays a particularly vital role. For instance, the ability to see Latin stems in Russian words such as *manual* — *hand/manus*, *ruby*, *rubric* — *red/ruber*, or a more complex "procedure" which also requires the ability to find the stem in the genitive case: *captain*, *capitulation* — *head/caput*, *capitis*; *sanguine* — *blood/sanguis*, *sanguinis*, *generalissimo* — *kind/genus*, *generis*; seeing correlations with English: *simplex* — *simple*, *longus* — *long*, etc.

Integrating *gamification through information and communication technologies* complies with contemporary pedagogical trends. For instance, at the beginning of a lesson, you can use *mini-tests*, so-called *quizzes*, which include no more than 10 multiple-choice questions, for a frontal survey. The procedure is as follows: students use the QR code provided by the teacher and start the test. They have to answer 10 multiple-choice questions (during a limited amount of time). While answering each question, they see their current ranking,

and upon completing the test, they receive their final result. The test will allow not just to check the knowledge but also start a competition, thus, increasing motivation.

Utilizing "*individual achievement self-assessment forms*" [10] is highly valuable. Incorporating self-reflection and self-evaluation guides students into a "*state of conscious incompetency*," which ultimately helps them take greater ownership of their academic progress.

CONCLUSION

The study of foreign languages, particularly the Latin language, is an important component of medical education. Medical Latin forms the basis of the professional language of physicians; mastering it ensures the conscious and competent application of medical terminology of Latin and Greek origin. Overall, language learning should be understood as one of the means of professional development for future physicians. It is crucial to recognize how much Latin contributes to building communication skills among medical students. This communicative competency is essential for interacting effectively with both patients and peers, ultimately allowing future doctors to successfully carry out their professional duties in clinical practice.

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