

# METHODOLOGICAL APPROACHES TO THE FORMATION OF PEDAGOGICAL MODEL FOR THE DEVELOPMENT OF COMMUNICATIVE COMPETENCE OF MEDICAL STUDENTS

## МЕТОДОЛОГІЧНІ ПІДХОДИ ДО ФОРМУВАННЯ ПЕДАГОГІЧНОЇ МОДЕЛІ РОЗВИТКУ КОМУНІКАТИВНОЇ КОМПЕТЕНТНОСТІ СТУДЕНТІВ-МЕДИКІВ

*The article is devoted to the urgent problem of forming and developing the communicative competence of future medical professionals. The modernization of the education system today is certainly in urgent need of professional medical education because a medical student must have high-quality training to be competitive.*

*The main goal of developing communication competence is to develop a number of qualities during medical school: the ability to quickly assess the situation, take initiative and make the right decisions independently. The authors of the article note that the problem of the practical application of communication skills in interacting with patients has become more acute due to the COVID-19 pandemic and the Russian military aggression in Ukraine.*

*The development of communication competence includes not only the skills of communicating with patients but also the ability to quickly navigate certain situations, like team building and resolving conflicts. As a result, this will lead to the effective implementation of all processes of professional activity of a healthcare worker. Based on the results of the analysis of theory and practice, the main principles of forming the communicative competence of students in the medical academy are determined: a value-oriented study of professional disciplines; the use of group and individual learning, which is implemented in the schemes "teacher-student", "student-student", "student-patient". The principle of value-based learning in professional disciplines contributes to the actualization of students significant values. The pedagogical model developed to optimize the process of formation and development of communicative competence contains the purpose, principles, components of communicative competence and criteria for assessing its formation. We attach great importance to the pedagogical conditions for the realization of this goal because the formation of communicative competence of students of medical educational institutions has its own specifics.*

*Among the professional and personal values of a healthcare worker, we would like to highlight the following: patient, health, culture of communication, and healthy lifestyle.*

**Key words:** *communicative competence, development of communicative competence, professional medical education, pedagogical model.*

*Стаття присвячена актуальній проблемі формування та розвитку комунікатив-*

*ної компетентності майбутніх медичних працівників. Модернізацію системи освіти на сьогодні гостро потребує, безумовно, і професійна медична освіта, адже студент-медик повинен мати якісну підготовку, щоб бути конкурентноспроможним. Основною метою формування комунікативної компетентності є формування цілої низки якостей під час навчання у медичній академії: вміння швидко оцінювати ситуацію, проявляти ініціативу та вміння самостійно приймати правильні рішення. Автори статті зауважують, що проблема практичного застосування навичок комунікації при взаємодії з пацієнтами загострилась у зв'язку з пандемією COVID-19 та російською воєнною агресією на території України.*

*Формування комунікативної компетентності включає не тільки навички спілкування з пацієнтами, але й вміння швидко орієнтуватись у певних ситуаціях, працювати в команді, вирішувати конфліктні ситуації. У результаті це призведе до ефективного виконання всіх процесів професійної діяльності медичного працівника. За результатами аналізу теорії й практики визначено основні принципи формування комунікативної компетентності здобувачів освіти в медичній академії: ціннісно-орієнтоване вивчення фахових дисциплін; застосування групового та індивідуального навчання, що реалізується в схемах «викладач-студент», «студент-студент», «студент-пацієнт». Принцип ціннісно-орієнтованого вивчення професійних дисциплін сприяє актуалізації значущих цінностей студентів. Педагогічна модель, розроблена для оптимізації процесу формування та розвитку комунікативної компетентності, містить мету, принципи, компоненти комунікативної компетентності, критерії оцінювання її сформованості. Важливого значення надаємо педагогічним умовам для реалізації поставленої мети, адже формування комунікативної компетентності студентів медичних закладів освіти має свою специфіку.*

*Серед професійно-особистісних цінностей медичного працівника виділяємо насамперед: пацієнт, здоров'я, культура спілкування, здоровий спосіб життя.*

**Ключові слова:** *комунікативна компетентність, формування комунікативної компетентності, професійна медична освіта, педагогічна модель.*

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**Cherepanova M.O.,**

Lecturer, Methodologist of the Cycle Commission of Humanitarian and Historical Disciplines  
Cherkasy Medical Academy

**Smyrnova M.V.,**

Teacher of the Cycle Commission of Humanitarian and Historical Disciplines  
Cherkasy Medical Academy

**Sukhatska V.Yu.,**

Teacher of the Cycle Commission of Humanitarian and Historical Disciplines  
Cherkasy Medical Academy

**Formulation of the problem.** The development of communicative competence is one of the key points in the training of future medical specialists. The multifunctionality of the activity of a medical specialists places certain requirements on his individual psychological and professional characteristics and, especially, on the level of communicative competence. The communicative competence of a medical

professional can be characterized as a certain level of formation of interpersonal and professional experience of interaction with the human factor, which is necessary for successful activity in the professional sphere and society. Communicative competence depends not only on individual properties, but also on changes occurring in society, the health care system in particular, and the social mobility of the medical

specialist himself. Communicative competence is based on the specialist having certain professional views and beliefs, an attitude towards an emotional and positive attitude towards the patient regardless of his personality traits, and a whole set of communicative skills and abilities for medical interaction with the patient [1, c. 115]. According to M. Whong, communicative competence is a set of knowledge, skills and experience that allow an individual: to build, depending on the conditions of communication, a psychologically comfortable communicative space based on tolerance and empathy; to achieve one's own communicative goals and objectives through compromise and cooperation; use various verbal and non-verbal means of communication to achieve communicative goals; predict the behavior of the interlocutors and the course of the communicative situation; respond adequately to negative communicative behavior and find positive solutions to the situation; properly encode and decode information; to realize one's own communicative potential, to be successful communicative personality [2].

Studies of recent decades have proven that communicative competence is an integral part of the personality of a medical specialist.

#### **Analysis of recent research and publications.**

The study of the problem of communicative competence, as a component of professional education, its formation and development is reflected in the scientific works of both foreign and domestic scientists. Theoretical and methodological aspects of the studied concept are thoroughly considered in the scientific heritage of Yu. Zhukov, N. Nazarenko, O. Pavlenko, L. Kaidalova, R. Luria, Yu. Fedorenko, I. Hardy and others. Scientists note that communicative competence can be determined by the level of development of such qualities as: social sensitivity, fixation of details, memory, which are fully most manifested in the ability to reflect, empathize; practical skills to determine the emotional state of another by external indicators, adequately model his personality; the ability to construct one's language adequately from a psychological point of view, to establish verbal and non-verbal communication. According to L. Kaidalova, the concept of communicative competence is a system of internal resources necessary for building effective communication in a certain spectrum of situations of interpersonal interaction. Yu. Fedorenko considers communicative competence as the ability to ensure effective communication by establishing and maintaining contact with another person and applying a certain amount of knowledge, skills, abilities [4, c. 63].

In our opinion, the most complete definition of communicative competence is formulated by Yu. Zhukov, communicative competence "is the readiness and ability to plan and carry out effective communicative actions using available internal and external resources" [5, c. 14], the professor also noted that

communicative competence is a goal competence, or nuclear competence, which is not only a part of the specified varieties, but also connects all these formations. In terms of composition, it is an alloy of knowledge, skills and dispositions [5, c. 20]. The behavior of a nurse, midwife or paramedic has a huge impact on the course of the disease and the patient's condition. Currently, the incorrectly formed level of communicative competence of a healthcare worker makes him or her professionally incompetent. In our opinion, communicative competence is the most important professional tool used at all stages of the treatment process. Starting with the initial stage – the formation of the patient's information database – the nurse first of all has a direct conversation with the patient and his or her relatives. Every patient has emotional disorders, certain intellectual and volitional processes that are directly related to the awareness, experience and attitude towards their illness. Dr. Luria calls this is the internal picture of the disease [6].

It is not a sick organ that needs to be treated, but a suffering person – "homo patients". The main and primary component of the structure of the internal picture of the disease is the patient's emotional experience of the disease itself. In the future, this emotional reaction can deepen and become complex due to a lack of information and personal life experience. Latrogenesis – «pathological condition, caused by careless statements or actions of a doctor (or other medical professional), that create an idea in a person that he or she has any disease or a particularly severe course of an existing disease» [3, c. 25]. The task of the healthcare professional is to create conditions under which inadequate emotions will be reduced in order to ensure an effective treatment process. The experience of a medical professional in communicating with a patient helps to coordinate the course of treatment in a timely manner or to help the patient physically and emotionally cope with the disease. Mr. Benner notes: «a disinterested, indifferent nurse will not catch the unusual behavior that is usually an alarm» [7, c. 23]. In our opinion, in the process of interacting with a healthcare professional, the patient is not an object of influence, but an active subject of communication.

**Identification of previously unresolved parts of the overall problem.** Despite a significant number of scientific works on the formation and development of future healthcare professionals' communication competence, this problem requires further and thorough research, since it is communication competence that is key to the professional activity of a health professional, which led to the choice of our topic.

**The purpose of the article** is to analyze the pedagogical model of ways to form the communicative competence of future healthcare workers.

**Summary of the main research material.** The communicative competence of healthcare worker in

combination with psychological effect of treatment is manifested in a positive communicative orientation and the absence of ignoring, in a high level of empathy and self-esteem, in a positive attitude towards the patient as an active participant in the treatment process. Therefore, it is advisable to characterize the communicative competence of future healthcare workers as a certain level of personal and professional experience of interaction with others in order to successfully function in the professional environment and society within own abilities and social status [8, c. 197]. We distinguish between communicative competence in a special (practical) field, communicative competence in the personal sphere, and communicative competence in the social sphere. The communicative competence of a healthcare worker in a specialty area includes: understanding and interpreting special (professional) terms, concepts (for example, in a conversation with colleagues, doctors of different specialties and people who are not related to medicine); understanding of verbal, formal (formulas, graphs) and non-verbal means (facial expressions and gestures in conversation with patients), correct use of language in the professional sphere (understanding of special concepts, terms, phenomena) [9, c. 276]. Communicative competence in the personal sphere involves: reflecting on one's own attitudes towards communication (needs, expectations, fears, assessment) and their further development; aligning your own interests with the interests of others; understanding yourself as a "communicator"; adoption of a conceptual position on the communication process and its foundations. The ability to correctly understand the emotional state of the person with whom the medical professional is communicating allows you to predict the signs of a conflict situation, choose the best behavioral tactics and solve the problem in time. A conflict situation arises when the interests of the parties are in conflict. In organizing the treatment process, both the patient and the medical staff have a common interest in improving health. Misunderstanding may arise only regarding the ways to achieve a positive treatment result. Usually, the patient is unaware of the mechanisms of their disease feels unpleasant symptoms, weakness, discomfort, pain, worries about the consequences of the disease, etc. The key feature of a medical professional is integrity as the conscientious fulfillment of the duties, adherence to ethical behavior and understanding of what is right and wrong: commitment to their moral principles. Openness in communication implies the assimilation of new ideas and adaptation to changing environmental conditions. The correct implementation of medical prescriptions is ensured by the ability to persuade – this is the ability to listen to others and calmly explain to them the correctness of their position. The ability to lead is also important for a healthcare worker – the ability to take responsibility for the implementation of tasks,

the ability to involve others in this, is to provide the nursing process with everything necessary to perform the work. Communicative competence in the social sphere is represented by the awareness of one's own participation in communication, decision-making in the group (discussion of individual and common needs, interests; agreement on certain rules; development of the ability and readiness to agree and resolve conflict situations); presentation of general results of work; mastery of communicative strategies [10, c. 6].

According to V.K. Mudritskaya, communicative competence involves not only the availability of certain psychological knowledge, but also the development of some special skills, the ability to establish contact, listen, "read" non-verbal communicative language, build a conversation, and formulate questions. The healthcare worker's control over their own emotions, ability to maintain confidence, control their reactions and behavior in general are also important [11, c. 17]. The psychological trait that ensures adequate communication between a healthcare worker and a patient is empathy, the ability to sympathize, and empathy. Empathy helps to establish psychological contact with the patient, get more information about him or her condition, instill faith in recovery and confidence in the competence of the medical worker, and the adequacy of the treatment and diagnostic process.

With regard to the pedagogical model of formation and development of the communicative competence, we will characterize the main principles of the formation of the communicative competence of medical students: value-oriented study of professional disciplines; application of group and individual training; therapeutic community "teacher-student", "student-student", "student-patient". The principle of value-oriented study of professional disciplines contributes to the actualization of significant values of students in the study of general and special disciplines. The study of special subjects should be aimed at cultivating the necessary character traits, at forming a personality that realizes the importance of professionalism and value-based attitude towards the patient in the treatment process.

When studying special subjects, it is necessary to cultivate the necessary character traits that form a personality that prefers professionalism and attentive attitude to the patient in the treatment process. The principle of using group and individual training involves dividing training groups of 10–15 people into small groups, individual conversations and consultations to develop the communicative competence of future healthcare workers. At the same time, it is imperative to take into account the interests, needs and abilities of students, which promotes dialogue, mutual support and respect. The principle of forming students' communicative competence is to adhere to the principles of therapeutic unity. The concept of a

therapeutic community is based on the assertion that counteracting the disease process, as well as restoring and developing the patient's ability to adapt to a healthy society, is possible through the organization of relations between medical staff and patients that ensures optimal use of their therapeutical abilities [12, c. 64]. Main approaches to the formation of community processes: democratization is the abandonment of traditional, status-based distinctions, which facilitates open communication; patient participation in the therapeutic process – patients act as therapists for each other; sharing responsibility for the social functioning of the branch; formation of new social roles for medical staff and patients [13]. The creation of a therapeutic community is aimed at solving therapeutic problems – rehabilitation and restoration of the patient's physical and psychological health. According to the therapeutical analysis of the scientific literature, the components of the communicative competence of future medical workers are – knowledge, skills and attitude. It is the attitude of future medical workers towards the patient and their profession that is seen as an important component of communicative competence. This component determines the system of values, morality, social norms, ideals and their functioning in specific social conditions.

Modern higher medical education focuses on the personal and professional development of future medical worker and raises the problem of creating conditions aimed at enhancing self-knowledge, self-development of students, their critical attitude to their own achievements, i.e., the transition from a passive position towards themselves and reality to an active and creative one, and the creation of a positive image "I am future medical worker". The development of such a student's position, increasing the value of her/his professional experience, is possible if the subjective position of the student is expressed in the educational process of medical academy, i.e. pedagogical influence in the learning process is determined by the activity of the subject, the ability to independently set goals in learning, develop his/her thinking and creativity.

One of the pedagogical conditions that ensure the success of the formation and development of communicative competence is the reference to the cognitive component of the content of general humanities disciplines ("Basics of philosophical knowledge", "History of Ukraine", "Ukrainian language for professional purposes", "Foreign language for professional purposes"). We believe that in addition to the main educational goal of providing the necessary knowledge in a particular field of science, the classes should also address no less important goals – to deepen the theoretical and practical basis of the medical students' communicative competence.

The units of communication are not static texts, but procedural speech acts that are conditioned by

situations and realized between two or more persons. Therefore, in order to develop students' communicative competence in humanities classes, the key point is to create communicative situations in which students act as speech partners. Taking into account the three stages of speech act (pre-communicative, communicative, post-communicative), the structure of the full cycle of a speech act may consist of the following elements: thinking, preparation of a statement, taking into account situational and motivational factors; generation of statement, addressing it by the speaker; speech perception and understanding by the listener; feedback, a non-verbal or verbal action (action, verbal action) and its result [14, c. 78]. The components of a speech act should be taken into account to some extent in the structure of communicative methods. The essence of communicative competence development methods is that they do not just reproduce or build syntactic structures according to a certain pattern, but are aimed at speech to express personal thoughts and feelings in live communication. The purpose of using the methods of this group is to teach future doctors to communicate effectively. Methods based on interactive activities should dominate (verbal and non-verbal), for example: group discussion of educational and thematic issues; debate; role play, "dialogue of cultures"; "take a stand"; "change the position"; performing communicative tasks; staging dialogic texts and life situations; case-method; communication trainings. Such methods give the educational process the character of communication, help students develop the ability to perform various functions of communication – informational, motivational, cognitive, regulatory, emotional, value-oriented, etc M [14, c. 79]. Our present is marked by the massive use of information and communication technologies in education: (computer programs on disciplines, electronic textbooks, encyclopedias), multimedia technologies etc. The linguodidactic possibilities of multimedia teaching tools used in teaching humanities subjects for the formation of students' speech and communicative competence: activation of students' learning activities, the importance of their role as a subject of learning activities, motivation of learning, creation of a real communicative environment, diversification of forms of presentation of material, provision of immediate feedback, and the possibility of reflection. The key to successful communicative activity of future medical professionals is the use of non-traditional methods and multimedia tools that will allow them to actively participate in dialogue, discussion and conversation in the classroom.

**Conclusions and prospects for further research.** Successful development of communicative competence of future medical workers in medical academy should be one of the key tasks in teaching special and general education disciplines that students study according to the educational



plans. Healthcare professionals should have the skills to cooperate and find a compromise in the process of conflict resolution, as well as be able to listen to the interlocutor and convince him or her of the importance of the treatment process, establish the emotional state of a person based on the signs of non-verbal language and respond to it constructively and adequately. Thus, communicative competence is not only the availability of knowledge, skills and abilities, but also the ability to apply them effectively and adequately in professional activities. Given the multifaceted and specific aspects of communication of a healthcare worker in professional activities, the formation and development of medical students' communicative competence in the process of professional training should be given constant attention, organizing educational activities with due regard to modern qualification requirements. We see prospects for further research in the development of didactic materials for the development of the communicative competence of future healthcare workers.

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