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**SCIENTIFIC AND METHODOLOGICAL PRINCIPLES OF FORMING FOREIGN
MEDICAL STUDENTS' READINESS TO OVERCOME COMMUNICATION
BARRIERS IN PROFESSIONAL COMMUNICATION**

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The academic paper is devoted to studying scientific and methodological principles ensuring effective training of foreign medical students to overcome communication barriers in professional communication. It has been revealed that readiness for professional communication is a component of the professional readiness of future healthcare professionals. Three interrelated levels of communicative interaction at which professional communication of foreign medical students takes place are identified: linguistic, paralinguistic, and non-verbal. It is noted that the communication of foreign students of medical specialties is characterized by the presence of linguistic, ethnic and discursive communication barriers. It has been determined that the primary objective of instructing foreign medical students to surmount communication barriers within professional discourse is to cultivate their requisite preparedness. The author's definition of the readiness of foreign students of medical specialties to overcome communication barriers in professional communication as a complex personal and professional phenomenon, which is determined by their individual psychological characteristics and peculiarities of their professional activity, is given. It is substantiated that the readiness of foreign students of medical specialties to overcome communication barriers in professional communication is the result of their professional training and professional development. The motivational, cognitive, operational, and reflective components of the structure of foreign medical students' readiness to surmount communication barriers are delineated. The major components of educational and methodological support aimed at forming students' readiness to overcome communication barriers in communication are identified, namely: orientation of language training towards the purposeful formation of readiness to overcome communication barriers and ensuring its continuity at all stages of education; formation of a system of foreign medical students' professional-communicative social-perceptual qualities, which form the basis of relevant professional skills; establishment of an enriched communication environment in a medical higher education institution.

Keywords: professional competence; professional readiness; professional training; medical students; foreign students; professional communication; communication barriers.

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НАУКОВО-МЕТОДИЧНІ ЗАСАДИ ФОРМУВАННЯ ГОТОВНОСТІ ІНОЗЕМНИХ СТУДЕНТІВ МЕДИЧНИХ СПЕЦІАЛЬНОСТЕЙ ДО ПОДОЛАННЯ КОМУНІКАТИВНИХ БАР'ЄРІВ У ПРОФЕСІЙНОМУ СПІЛКУВАННІ

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Статтю присвячено дослідженню науково-методичних засад, що забезпечують ефективну підготовку іноземних студентів-медиків до подолання комунікативних бар'єрів у професійному спілкуванні. З'ясовано, що готовність до професійної комунікації є складовою професійної готовності майбутніх медичних працівників. Виокремлено три взаємопов'язані рівні комунікативної взаємодії, на яких відбувається професійне спілкування іноземних студентів-медиків: мовний, паралінгвістичний і невербальний. Зазначено, що спілкування іноземних студентів медичних спеціальностей характеризується наявністю мовних, етнічних і дискурсивних комунікативних бар'єрів. Встановлено, що метою підготовки іноземних студентів-медиків до подолання комунікативних бар'єрів у професійному спілкуванні є формування у них відповідної готовності. Дано авторське визначення готовності іноземних студентів медичних спеціальностей до подолання комунікативних бар'єрів у професійному спілкуванні як складного особистісно-професійного явища, що детерміноване їх індивідуально-психологічними особливостями та особливостями їх професійної діяльності. Обґрунтовано, що готовність іноземних студентів медичних спеціальностей до подолання комунікативних бар'єрів у професійному спілкуванні є результатом їх професійної підготовки і професійного розвитку. Охарактеризовано мотиваційний, когнітивний, операційно-діяльнісний та рефлексивний компоненти структури готовності іноземних студентів медичних спеціальностей до подолання комунікативних бар'єрів. Визначено основні компоненти навчально-методичного забезпечення, націлені на формування готовності студентів до подолання комунікативних бар'єрів у спілкуванні: зорієнтованість мовної підготовки на цілеспрямоване формування готовності до подолання комунікативних бар'єрів та забезпечення її неперервності на всіх етапах навчання; формування в іноземних студентів медичних спеціальностей системи професійно-комунікативних соціально-перцептивних якостей, які складають основу відповідних професійних умінь; створення у медичному ЗВО збагаченого комунікативного середовища.

Ключові слова: професійна компетентність; професійна готовність; професійна підготовка; студенти-медики; іноземні студенти; професійне спілкування; комунікативні бар'єри.

Introduction of the issue. The contemporary modernization and advancement of the domestic higher vocational education system, aligning it with international standards, have rendered the educational services offered by Ukrainian higher education institutions (HEIs) appealing to foreign individuals. This is evident in the steady increase in the number of foreign students, with the count reaching 76,548 individuals as of January 1, 2021, most of whom have opted for medical specialties. The primary factors influencing foreign students' preference for Ukrainian higher education include the affordability of education (60% of respondents), the opportunity to study in a European country (42%), the ease of recognition of Ukrainian diplomas (35%), and, significantly, the quality of professional

training (43.5%) [1]. This emphasizes the necessity to develop appropriate scientific and methodological principles aimed at ensuring the effective preparation of foreign medical students for professional communication. This preparation serves as the methodological foundation for their subsequent professional and personal growth, representing a primary determinant of success in their professional endeavors. A defining characteristic of medical professional practice is its inherently human-centric nature, situated within the realm of communication. The key to its success lies not solely in the attainment of a high level of specialized medical training, but also in the adeptness of socio-psychological aspects of the individual's potential and communication skills. Medical activities are shaped by the

challenges arising in various dyadic relationships, such as "doctor-patient," "colleague-colleague," "doctor-nurse," "administrator-doctor," "doctor-patient's relatives," and others. The predominant communicative orientation within the medical profession gives rise to significant tension. Consequently, specialists must maintain a consistently high level of performance, engage in swift decision-making even in challenging and extreme situations, and continually improve and develop their communication skills. As a result, the professional training of aspiring healthcare professionals must be directed towards the cultivation and enhancement of specific components of professional competence that are essential for facilitating their future professional communication.

Current state of the issue reveals substantial scientific interest in the subject of fostering the readiness of prospective medical practitioners for professional communication, encompassing language and communication training for foreign medical students. Authors have delved into topics such as the adaptation of foreign medical students in Ukrainian-language educational settings [7], the psychological aspects of communication [4], fundamental principles of learning the Ukrainian language [11], didactic approaches to prepare for business communication [10], and the essence of communication barriers, particularly in doctor-patient interactions [12]. Nevertheless, it is important to acknowledge that the issue of adequately training future doctors to surmount complexities in professional communication remains incompletely resolved. This deficiency is attributed to a lack of comprehensive understanding of the concept of professional readiness of future doctors to overcome challenges in professional communication, which represents the primary objective of such training.

The comprehensive analysis of existing scientific research on the broader concept of personality readiness, with specific emphasis on professional readiness, has

facilitated the development of a distinct comprehension of the factors that constitute a prerequisite for elucidating the essence of the conceptual construct "training of foreign students in medical specialties to overcome communication barriers in professional communication." This conceptual framework ultimately contributes to their overall professional preparedness.

According to contemporary scientific concepts, individual preparedness can be understood as follows:

1) It is primarily considered within the context of one's activity and subsequent actions, signifying an individual's readiness for engaging in specific activities.

2) Individual preparedness may exhibit situational or stable properties and manifestations, thus falling into the following categories:

- General (long-term, preliminary) preparedness, which represents a collection of previously acquired attitudes, knowledge, skills, abilities, and motivational aspects necessary for conducting activities.

- Determinant of the state of readiness, referring to the readiness level to execute tasks associated with a particular activity.

- Situational (temporary) preparedness, which becomes relevant in certain moments of activity, where it necessitates the activation of psychological resources and the identification of opportunities for successful actions (e.g., a person's readiness for specific extreme situations).

3) Individual preparedness is an intricate, multifaceted phenomenon, and its components vary based on the demands of the particular activity. The universal components that comprise individual preparedness are as follows:

- Knowledge, encompassing the essential set of information and expertise required for activity performance.

- Skills, reflecting the fundamental collection of abilities and competencies.

- Motivational or value component, which incorporates attitudes and motives driving the execution of the activity.

- Personal attributes, comprising the specific traits and characteristics necessary for accomplishing the tasks associated with the activity.

Drawing from the aforementioned information, professional preparedness emerges as a complex, multifaceted phenomenon that defines an individual's capability to engage in professional activities. This preparedness is a direct outcome of their professional education, which entails a deliberate and structured learning process aimed at cultivating the necessary professional knowledge and skills essential for executing specific tasks within a particular specialty.

The professional preparedness of an individual, in contrast to professional competence, represents the potential for actual professional activity. In other words, a person's professional preparedness is cultivated during their professional training as a future specialist, either through simulated/quasi-professional activities or through educational and professional experiences. It serves as a prerequisite for the establishment and enhancement of a specialist's professional competence, representing an obligatory potential state. Professional readiness and professional competence share a close relationship, representing distinctive integrative personal and professional phenomena, distinguished by the dyad "potential – actualized". This clarification is of utmost significance for scientific investigations as the contemporary scientific landscape comprises numerous publications concerning professional competence and professional readiness across various fields, including the medical domain. Within this context, a conflation of conceptual constructs occurs, leading to significant contradictions in the scientific comprehension of these personal and professional phenomena.

Despite variations in scientific approaches among contemporary researchers concerning the vocational preparedness of future medical professionals, a shared consensus exists regarding the considerable complexity, duration, and significance of a systematic

approach to their professional training. Additionally, most scholars emphasize the necessity for professional training to encompass not only specialized subjects (such as human anatomy, histology, physiology, internal medicine, pharmacology, etc.) but also knowledge obtained from the study of other disciplines (e.g., foreign language, general psychology, philosophy, sociology, Ukrainian language, cultural studies, basic economic theory, life safety, basics of the law, etc.). Among the constituents contributing to the professional readiness of prospective doctors, researchers identify several categories, including theoretical, practical, professional competence, socio-psychological, and personal aspects [2]. Additionally, scholars have recognized motivational and value-related elements, cognitive and informational dimensions, as well as procedural and functional factors [3]. Furthermore, other researchers have highlighted professional, social, communicative, personal, and emotional readiness as integral components [5]. Consequently, the structure of professional readiness for future doctors prominently incorporates a component that pertains to the requisites of their professional communication. This specific component is articulated in various forms across scholarly literature, encompassing specialized knowledge of professional interactions, communication skills, and/or soft skills demonstrated by medical students. Moreover, it is depicted as professional (professionally important) qualities, or as a communication-oriented facet of their professional orientation, among other perspectives.

Hence, based on the aforementioned insights, communicative competence (or preparedness for professional communication) can be identified as a crucial component within the professional preparedness of future doctors. The structure of communicative competence encompasses several elements, such as comprehension and interpretation of professional terminologies and concepts, understanding and utilization of verbal, formal, and non-verbal communication in

interactions (with colleagues, and patients), and accurate employment of foreign languages. Additionally, on a personal level, it involves self-reflection regarding one's attitudes toward communication and continuous development [13]. Moreover, communicative competence encompasses attributes such as communicative self-control, tolerance, empathy, the capacity to establish meaningful connections, proficient listening skills, attentiveness, openness, low propensity for conflict, a sense of altruism, and an orientation towards social welfare and collaborative endeavors.

Outline of unresolved issues brought up in the article. Despite the scholarly interest directed towards addressing the matter of equipping foreign medical students with proficiency in professional communication, the aspect of fostering their aptitude to surmount communication obstacles remains inadequately addressed. The constituents of educational and methodological facilitation designed to cultivate the preparedness of foreign medical students for navigating communication barriers necessitate further investigation.

Aim of the research is to identify and establish the scientific and methodological underpinnings for developing the preparedness of foreign students specializing in medical fields to effectively address communication barriers in professional interactions.

Results and discussion. Communication arises from the necessity of collaborative endeavors. It represents a complex and multifaceted process centered around establishing and nurturing interpersonal connections, comprising communication (information exchange), interaction (interpersonal engagement), and perception (mutual understanding). To fulfill its objectives, communication encompasses cognitive, affective, behavioral, and social-perceptual components. The primary functions of communication encompass building contacts and relationships, disseminating information, motivating, coordinating, fostering understanding,

and exerting influence. Communication can be categorized into personal and professional (business) realms based on the means and extent of its implementation. In the medical domain, professional communication among medical practitioners adheres to established norms and regulations, facilitating the achievement of professional goals and the resolution of professional challenges. Professional communication among medical professionals exhibits purposefulness, regulation, positional alignment, hierarchical structure, and attributional elements, and serves a functional and role-based purpose.

The professional communication of medical practitioners occurs across three interconnected levels of communication interaction:

1) Linguistic level, which involves the exchange of information regarding the patient's medical condition, treatment recommendations, and instructions.

2) Paralinguistic level, wherein interaction occurs through gestures and facial expressions.

3) Non-verbal or psychophysiological level, where information is conveyed to the specialist through means such as temperature measurement, palpation, and examination, providing insights into the patient's condition [6].

Professional communication between doctors and patients follows structured algorithms, with a widely recognized approach being the step-by-step Calgary-Cambridge model of medical consultation. This model emphasizes the establishment of a constructive partnership dialogue, fostering a trustworthy environment for communication, and facilitating collaborative therapeutic decision-making.

The complexity of interaction within the doctor-patient dyad arises from the necessity to blend the attributes of oral, business, and everyday speech while simultaneously adhering to the parameters of three distinct functional styles:

1) Conversational style, characterized by contextual relevance, intonational

diversity, and accompanied by gestures and facial expressions.

2) Scientific style, aimed at employing specialized medical terminology.

3) Formal business style, demanding precision, conciseness, standardization, and adherence to professional etiquette [9].

An inherent aspect of the interaction between physicians and patients is the occurrence of communication barriers that result in instances of conflict: these may encompass censure presented through derogatory comments, critical observations, the imposition of specific convictions or anticipations; coercion and a disposition to take charge of decisions for the patient through directives, intimidations; avoidance of the patient's issues, manifested in topic shifts during conversation, an excessive reliance on technical terminology, and underestimation of the patient's sentiments [12].

The particularity of communication barriers faced by medical professionals stems from the primary characteristic of their professional interactions, which, unlike other communication contexts, represents a one-sided process of surmounting these obstacles. In essence, the responsibility for overcoming communication barriers within the "doctor-patient" dyad lies solely with the doctor. The doctor must be prepared to employ mechanisms to address relative difficulties promptly, thereby averting the development of absolute hindrances to effective doctor-patient interaction.

The communication of foreign students specializing in medical fields is marked by a comprehensive array of communication barriers, encompassing external, internal, and discursive factors. A prominent characteristic of these barriers is that future specialists hail from distinct national, linguistic, and cultural backgrounds, which can exert a detrimental impact on both the caliber of their professional training and their subsequent professional endeavors.

Based on the analysis of scientific literature about individual preparedness for professional activity in general, and

the professional preparedness of prospective doctors specifically, it becomes apparent that the readiness of foreign students specializing in medical fields to overcome communication barriers in professional interactions is a multifaceted personal and professional phenomenon. This *preparedness* is contingent on their unique psychological attributes and the specific demands of their professional undertakings, encompassing content, conditions, and requirements. Notably, this preparedness is a direct consequence of their professional training and ongoing professional development as future specialists.

The development of foreign medical students' readiness for professional communication and the overcoming of communication barriers encompass the following four constituent elements:

1. Motivational Component – characterized by a positive incentive to attain success in professional communication.

2. Cognitive Component – entails the possession of a structured body of knowledge and its specific manifestations within the sphere of their forthcoming professional engagement.

3. Operational-Activity Component – involves the cultivation and enhancement of professional communication competencies among foreign medical students; the acquisition of strategies and tactics for proficient dialogues, the comprehension of verbal and non-verbal cues for communication with patients to obtain vital information concerning their medical conditions.

4. Reflective Component – entails the personal and professional self-delineation, along with the self-regulation of the individual within their professional undertaking [8].

The practical work on organizing the training of foreign medical students for professional communication has led to the identification of three primary constituents of teaching and learning support aimed at fostering students' readiness to overcome communication barriers in their interactions.

Firstly, emphasis is placed on language training, which is specifically geared towards purposefully cultivating preparedness to address communication barriers. This approach ensures the consistent integration of such training across all stages of education.

The conventional approach within the national system of training foreign students entails a two-component/two-stage structure: the first stage involves studying the language of communication and general education disciplines essential for further education (pre-university training), followed by the second stage, which focuses on specialized training within the chosen medical specialty. However, a study of the experience of organizing and implementing educational processes at leading medical higher education institutions (HEIs) reveals that the content of language training inadequately addresses the preparation of foreign students for professional communication. This inadequacy arises from the dominance of language learning centered on social and educational spheres of communication at preparatory faculties. As students progress to the main stage of the study, encompassing educational and professional stages (I-III years) and solely professional stages (III-VI years), the focus shifts towards the educational and professional spheres. Nevertheless, language learning at most HEIs remains fragmented, lacking a systematic approach, and failing to meet the specific communication requirements of students.

This issue is attributable to the absence of standardized educational literature in the language of the future medical profession. It is important to emphasize that the content of the Ukrainian language curriculum does not incorporate provisions for acquainting foreign medical students with Ukrainian cultural nuances, particularly within the professional sphere. Additionally, the curriculum lacks comprehensive development of communication skills and the formation of preparedness to overcome communication barriers.

Secondly, the focus is on developing a system of professional-communicative socio-perceptual qualities in foreign medical students, constituting the foundation for relevant professional skills. This system encompasses essential capabilities, such as the ability to alter linguistic, cognitive, and behavioral perspectives, enabling students to adopt the position of a communication partner (patient, colleague, etc.). Moreover, the cultivation of empathic skills and reflective abilities is emphasized.

Thirdly, a key aspect involves establishing an enriched communication environment within medical HEIs. This entails creating a specially designed educational space that is rich in language and speech resources, socio-cultural norms, and professional communication standards. Additionally, it involves the organization and implementation of various social, professional, and educational events to foster effective communication practices.

Conclusions and research perspectives. Based on the findings of the investigation, the subsequent conclusions can be delineated:

1. The communication between physicians transpires across linguistic, paralinguistic, and non-verbal strata, which exhibit intricate interconnections.

2. The interaction of foreign students enrolled in medical disciplines is characterized by the presence of communication impediments, predominantly rooted in the diverse national, linguistic, and cultural backgrounds of the forthcoming professionals.

3. The cultivation of foreign medical students' adeptness in surmounting communication barriers within their professional dialogues constitutes an intricate and methodical progression aimed at enhancing their preparedness. The readiness of foreign medical students to navigate communication obstacles is a multifaceted amalgamation of personal and professional attributes, inherently influenced by their distinctive psychological traits and the particulars of their vocational undertakings.

4. The establishment of foreign medical students' readiness for adept professional communication and the resolution of communication obstacles encompasses motivational, cognitive, operational, and reflective facets.

5. The fundamental constituents of the educational and methodological reinforcement, centered on the development of foreign medical students' capacity to transcend communication barriers, encompass the following: the alignment of language instruction towards the deliberate cultivation of the propensity to surmount communication hurdles and the preservation of its continuity throughout all educational

phases; the shaping of a framework of professional and communicative social and perceptual attributes; and the establishment of an enriched communicative milieu within a medical higher educational institution.

The endeavor to delineate the scientific and methodological underpinnings for fostering the preparedness of foreign students specializing in medical fields to overcome communication barriers in professional interactions does not claim to encompass the entirety of the matter. Instead, it serves as an impetus for further research, practical investigations, and analysis of diverse strategies concerning professional training.

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