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FORMATION OF COMMUNICATIVE COMPETENCE IN MEDICAL STUDENTS

Abstract. *The article presents ways of forming the communicative competence of medical students. Examples of innovative technologies that promote the formation and improvement of professional communication skills and the development of clinical thinking of future physicians are given.*

Key words: *medical education, communicative competence.*

Objective. In recent years increases interest of scientists in the fields of organization of training medical specialists; content and management of medical education quality; problem of professionalism development in medical specialists; professional communication skills of future physicians.

Discussion. In today's society it is an important ability for a medical specialist to quickly perceive any form of communication, to acquire necessary information, to reproduce it in dialogue interaction and to manage system of speech communications within its competence. The proficiency, image and success of future specialist depend on the wealth of one's vocabulary, level of communicative culture and language technology.

Kuzmina N. defines professionalism as a measure of mastering modern means of solving professional problems by a person, productive ways of its implementation, and identifies three common features of this phenomenon: 1) possession of special knowledge of the purpose, content, object and means of labor; 2) possession of special skills at the preparatory, executive and final stages of activity; 3) mastering special skills that allow to carry out the activity itself and to obtain desired results [4].

Professionalism of the clinician, in addition to the professional competence, implies a high level of general competencies possession, in particular communicative.

The communicative competence of doctor involves formation of communicative skills and also

skills that are necessary for medical interaction and the construction of a therapeutic diagnosis with patient, as well as the presence of certain professional qualities, and first of all, tolerance.

The results of many studies show an inadequate level of communicative competence of future physicians (emotional barriers, emotional instability).

Simulation training significantly brings medical education closer to the real conditions of practical medical activity, promotes the mastery of the system of skills of successful implementation of specific types of professional medical activities and improving the quality of medical care.

However, unfortunately, even with the help of auxiliary materials and phantoms it is impossible to fully reproduce all clinical conditions of doctor's work; no "mannequin" is able to convey emotions of alive person. That is why there are problems in communication between doctor and patient.

In order to develop communication skills for interaction with patients, one of three options of imitation technologies is possible: first is the involvement of a patient-actor ("standardized patient"). The negative side of this technology is the need for additional financing. Second method – to involve volunteer students as statist. This technique, compared with the traditional model of a "standardized patient" does not require any material costs, but the use of volunteer students may not be on a permanent basis, because they need to prepare for classes in other departments. Third option – conducting practical classes by using

interactive techniques, such as business games. Such classes are conducted when students have studied most of the diseases.

Already from the third year of studies, medical students need to develop professional linguistic communicative competence, which aims to form professional communication skills in real situations “patient-doctor”.

At the Department of Propaedeutic of Internal Diseases, one of the methods of innovative technologies – educational simulation game, or “role-playing game”, is used. The role-playing game is conducted during a practical class. The teacher distributes roles between students and they get a specific task. One student acts as a patient, the other one – in the role of a doctor; third student (reviewer) – conducts an analysis of actions of both the patient and the doctor, indicating their inaccuracies and errors. Teacher conducts an analysis of actions of each participant, comments on answers, and acts as a consultant. In the process of a role-playing action, they represent real situations that await them in the future career: the provision of urgent aid in urgent situations, simulation of conditions for some diseases and choosing best treatment tactics for patient [1].

Applying innovative technologies in educational process, namely, the role-play game, allows to master professional communication skills of medical students, which can include the following: skills of effective transfer of professional information adequately to the situation and psychological characteristics of the patient (skills of accurate, short and specific information transmission, rephrasing information using a variety of speech styles, understanding the meaning of patient statements, etc.) and possessing convincing language skills (skills of effective expression of their point of view, effective reasoning of their language, communication skills

for proving the benefits of new technologies and materials for treatment; skills of flexible response to the objections of patient, etc.).

Conclusions. As a result, the formation of communicative competence during all stages of studying at a medical university should be a dominant, system-forming component of the professional training of future specialists in the system of Health Care. New approaches to the development of communicative competence will increase the effectiveness of the process of forming psychological competence of doctors during studying at higher medical establishments. Communicative training should rely not on the transfer of formal knowledge, but on the formation of professional communication experience and its effective use during medical practice [2, 3].

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