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The structure of the model concerning formation of professional communication skills of Medical Universities' foreign students

Problem statement. Modeling of the educational process or its the fragment is a prerequisite for productive language training of foreign students. This approach allows us to consider the educational activity as a system of interrelated elements which provide the development of an effective method for learning the second language by foreigners. In the system of medical education the research of structural components of the model concerning professional medical communication skills formation of foreign students becomes particularly relevant due to personal and social awareness of professional importance regarding communicative competences that should be cultivated in future doctors at the stage of studying in an educational institution.

Review of research references. An overview of modern notions about an educational model is given in the works of the following scientists: K. O. Bakhanov, O. A. Dubaseniuk, I. M. Dichkivskaya, V. A. Kushnir, E. O. Lodatek, O. I. Pometun, V. O. Slastonin, A. O. Teplitskaya, V. V. Yagupov. In modern domestic and foreign scientific studies there are various models for teaching languages to foreign students of different profiles (P.O. Bekh, I. L. Bim, I. O. Zimnya, G. A. Kityagorodskaya, M. V. Liakhovitski, S. Yu. Nikolaieva, Yu. I. Passov, V. M. Plakhotnik), in particular medical ones based on the material of Russian speech (S.G. Borzenko, Zh. V. Butenko, L.I. Vasetskaya, K.I.Geichenko, O. L. Koroleva, V.O. Malkov, J. M. Ragrina). H.Yanashin for example investigates the communicative aspect of teaching the Ukrainian language to foreign medical students. The structure of the model of professional medical communication skills formation of foreign students by means of Ukrainian language remains beyond the researchers' attention.

The **subject** of the article is to identify and characterize the components of the model concerning the formation of medical universities foreign students' professional communication skills by means of the Ukrainian language.

Main material. In order to develop an effective model for the formation of foreign students' professional medical communication skills it is necessary to find out the meaning of the concept of "model of learning" and determine the basic principles of its construction. The thesis by the founder of the fundamental conception modeling M.Vartofsky that the model is not only the reflection of the present state of the system but also the "predictable form of activity, the so-called representation of future practice", also extends to pedagogical activity [2, p. 11].

The existing definitions of the didactic model indicate the desire of scientists to reveal its content, structural and methodological characteristics. V.V. Yagupov points out the complex interaction of these features: "The model of the educational process is a reference idea about student learning, its design in the context of specific educational institutions. It defines goals, bases for organization and realization of the educational process" [9, p. 227].

We consider a didactic model of teaching foreigners in a medical higher institution to be the most relevant for our study. Generalization of main approaches to the definition of this concept and the needs for the realization of the experimental work tasks allowed us to formulate a working definition of the model of study within the framework of the

research performed. The model for the formation of foreign students' professional medical communication skills is a scientifically standardized way of organizing the teaching of a professionally-oriented Ukrainian language, coordinated with the system of actions based on the group of the most used methods, forms, means and methods of teaching in the medical sphere.

The development of the model for communicative skills formation must be supported by theoretical principles of modern domestic and foreign linguistics; scientific works connected with methodology of teaching Ukrainian (Russian) as a foreign language; regulatory documents of the Ministry of Education and Science (MES) of Ukraine; regulatory documents of the Ministry of Health of Ukraine; The standard of Ukrainian as a foreign language recommended by the MES of Ukraine in 2014; the State Standard of Ukraine concerning Ukrainian as a foreign language dated by the year 2018.

The model of foreign students' professional medical communication skills formation has a content structure whose components are interconnected and form a hierarchy. Based on the results of domestic scientific researches in the field of theory and practice of educational process modeling (T.M. Alekseenko, L.I. Vasetskaya, K.I. Geichenko, I.R. Humenna, I. I. Zeles, G. Ya. Ivanyshyn, O. S. Ivantsov, I. V. Kakhno, L. V. Krisak, S.O. Kubitsky, M.I. Lisovy, L.V. Maniuk, S.D. Poplavskaya, J.I. Proskurkina, V.V. Solovii, N.I. Stankevych, J.O. Trubnikova, I. O. Turovska, N. I. Ushakova, I. O. Chernykh, Yu. V. Yusef) and our own experience, we can distinguish the following components:

- 1) *motivation-target one* connected with the formation of students' professional communicative needs which determine the goals of training;
- 2) *cognitive one* which assumes the acquisition of Ukrainian language being the necessary basis for productive communicative interaction in professional medical field;
- 3) *technological one*, realized in the system of pedagogical technologies, methods, methodological tasks and means being essential to use in the process of learning;
- 4) *organizational-activity one* which consists in determining the trends of organization of the educational process as regards professional communication skills formation;
- 5) *result-control one* that assess the results of the training activities and predicted achievements in accordance with the conceptual vector of the study.

The essence of the *motivation-target* component of the model is determined by the professional features expectations and understanding of the role of professional medical communication skills in the work

of future doctors. A student who has chosen occupation of a doctor must understand that the early diagnosis, successful treatment and rehabilitation depend on effective communication between a doctor and a patient. The development of communicative skills positively affects the quality of information exchange between a doctor and a patient. The need to master the skills of communication and awareness of their importance are faced by students as an urgent and non-alternative need in professional implementation. To determine the scope of this concept it is necessary to find out what communication skills motivate medical students in the process of professional communication with a patient. Practice shows that such needs are primarily related to requirements of the patient's survey and examination and treatment system is generally accepted in the health care system of Ukraine. The content of communicative needs is determined first of all by situational factors at each of them pointed out by N.P. Litvinenko stages of communication between a doctor and a patient [5, p.44-48]; secondly – by a kind of speech activity (namely, listening or speaking). Awareness of the role of professional medical communication skills for successful implementation in the professional field motivates a foreign student to master them. Therefore, the simulation of the learning process must begin with the identification of the communicative needs of students in accordance with the professional motivation and the systematic introduction of a communicatively oriented format for the acquisition of vocational education. Conscious motivation forms educational goals that are generally defined as the acquisition and improvement of professional communication skills and are specified situationally in each type of speech activity.

The *cognitive* component of the model involves the formation of foreign students' systematic knowledge of the Ukrainian language, which is based on the content of professional speech activity and linguistic capabilities of its implementation; mastering the skills of listening and speaking, building monologues and dialogical professional speech; acquisition of professional communication lexical and grammatical norms; understanding of communicative features in the process of interaction of a doctor with a patient, its implementation in the strategies and tactics of professional medical discourse.

In this view application of the notion of intention as one of the most important components of the process of generating the statement appears to be the most effective.

The emergence of the notion concerning speech intention is associated with studies in the field of language philosophy and linguistic pragmatics (J. Lacofer, W. Levelt, C. Morris, J. Austin, J. Searle, P. Strosson), the theory of communicative acts (Z. Vendler, A. Viezhbitskaia, G.P. Grays, C.Fillmore) and speech behavior (N.D. Arutiunova, F. S. Batsevich, L. R. Bezugla, V. Z. Demianenko, I. M. Kobozeva, A. L. Mishchenko, A. D. Oliinyk, G. G. Pocheptsov, O. G. Pocheptsov, O. O. Selivanova, Yu. S. Stepanov, N. I. Formanovskaya, S. T. Shabat-Savka, I. S. Shevchenko). In definitions of many researchers, the intention is characterized as a communicative message, the communicative purpose of the statement. According to F.S. Batsevich, the communicative intention is “meaningful or intuitive addressee’s intention which determines the internal program of the speech and the way of its implementation” [1, p.116].

For an intercommunicator the identification of the intention of the interlocutor is a prerequisite for understanding his statements and the successful regulation of his speech behavior, which involves creating his own statements that correspond to the situation of communication and ensure the implementation of an informed communicative intention in the content, pragmatism and psycho-emotional aspects. That is why the intention as an incentive in the process of generating the statement appears in qualification characteristics of the levels of Ukrainian language proficiency in the current Standard of Ukrainian as a foreign language, recommended by the Ministry of Education and Science of Ukraine (Order of the Ministry of Education and Science of Ukraine dated June 24, 2014, No. 750). In the structure of each of the six levels defined in this Standard, there is a “Content. Situations and topics of communication” that determines which communicative intentions a foreign speaker should be able to implement while solving certain communicative tasks. Considering language intentions as the basis for the model of professional communication learning L. I. Vasetskaia states that “the definition of real communication needs of students help to create differentiated communication programs based on them, to develop effective and rational technologies that are implemented in the corresponding system of materials for professional language teaching” [3, p. 8].

For teaching professional communication to foreigners it is important first of all to identify ways of expressing communicative intentions in accordance with the protocol-situational needs of professional communication. In line with the theory of speech acts, it is determined that communicative intentions are embodied in particular speech activity,

first of all in the statement. The communicative intention of the doctor in professional medical communication, primarily in the activity of listening and speaking, is the vector that submits structural and semantic statements of expression. These syntactic structures and their lexical content is the subject of study by foreign students. To develop a model for the formation of foreign students' professional medical communication skills it is necessary to 1) identify a range of intentions that determine trends of professional communication at different stages of interpersonal communication between a doctor and a patient (i.e., at stages of the meeting, the systemic survey, objective examination, recommendations, course of treatment) and in interpersonal communication in conditions of non-discrete speech in different types of professional interaction (i.e., in conditions of equality and in conditions of subordinate relations); 2) to find out means of linguistic implementation of those intentional states, which are typical for specific situations of the professional discourse of a doctor.

Productive implementation of the intentional component at each stage of communication in conjunction with the acquired linguistic the content becomes possible due to the availability of professional medical communication skills. To ensure that these skills are formed, it is necessary to compile a directory of different types of sentences in a synonymic variation according to the communicative guideline and identify the skills needed to create linguistic forms. To identify the repertoire of communicative skills to be mastered, one needs to analyze each of the selected situations of professional communication in order to determine its communicative-competency potential for training foreign students. It is necessary to develop a system for the sequential formation of each of the distinct skills of professional medical communication. This process involves the implementation of a number of tasks, which include: 1) awareness of a communicative intention, presented in the specified intention; 2) knowledge of the spectrum of possible variational ways of expressing each intention; 3) the ability to automatically select a particular language option; 4) the ability to apply this option in the communication process. Skills are considered to be formed when the speaker can express his intentional state in variational speech modes of expression.

We should say that *the technological component* is an important factor in the structure of the teaching model. Formation of professional communication skills requires a systematic approach in the context of innovative technologies of modern pedagogical science and practice.

By providing a comprehensive understanding of the phenomenon of technology I.M. Melnychuk states: "... pedagogical technology should be regarded as a scientifically and methodically integrative, dynamic, open, the innovative-productive, synergetic system, conditioned by time and space-specific characteristics of the organization and functioning of pedagogical process components" [6, p. 127-138].

Summarizing the existing definitions of this concept, we can state that the technology of forming professional communication skills among foreign students of medical universities is a set of various systematically organized methodological techniques, tools and forms of work aimed at achieving the educational result in the form of effective dialogue interaction in the medical discourse of a doctor. The development of such technology is carried out taking into account the motivational and targeted communicative needs of future doctors and the cognitive content of educational activities.

In the process of the second language acquisition an important role belongs primarily to the system of training exercises, the implementation of which contributes to the development of automatism in various types of speech. Therefore, the technology of forming professional communication skills for foreign students of medical universities is based on training exercises. Years of experience in teaching a foreign language testify to the performance of training exercises developed by N.F. Borisco, V.O. Buchbinder, N. I. Gez, I.O. Zimna, V. M. Lyakhovitsky, S.Yu. Nikolaeva, E.I. Passovy, V.L. Skalkin, N.K. Skliarenko, O. B. Tarnopolsky, S.F. Shatilov.

In the practice of teaching foreign languages in a communicative aspect there is a system developed by H. E. Piepho. According to the generally accepted differentiation of receptive and productive forms of speech, the scientist distinguishes between receptive, reproductive and productive exercises [10]. Such a division is carried out according to the criterion of the peculiarities of receiving and transmitting the information. Researchers believe that the presented classification is universal and therefore it needs to be specified by introducing the criterion of communicativeness. According to a classification by S. F. Shatilov training exercises are divided into communicative (connected with speech), conditional-communicative (or conditional-speech ones), noncommunicative (or linguistic ones) [8]. The combination of these criteria allows us to make a hierarchical system of exercises based on two criteria at the intersection of two levels of educational material presentation: the level of organization and formatting of the com-

munication process (communicative exercises, conditional communicative, noncommunicative), and the level of focusing on reception or communicating information (reciprocal, reproductive, receptive-reproductive, productive, receptive-productive exercises). Such a system of exercises, which makes the basis of foreign languages teaching methods in the textbook edited by S. Yu. Nikolaeva, in our opinion can be used to a large extent for professional language training of foreign speakers [7, p. 64-71].

The system of training exercises acquires certain special features when the linguistic material contains a situational component of practical communication, which manifests itself in the dialogues “doctor – patient” and “doctor – doctor”. The content of a situational component depends on the stage at which professional communication takes place. Taking into account the situational factor allows us to specify the nature of the communicative intentions in the speech activity of a specialist doctor and to elaborate on the educational goal and means of its achievement in training of foreign students.

Understanding the peculiarities of professional medical communication, its status-situational heterogeneity makes it possible to determine the purpose and tasks of the educational process during particular lessons, to clearly divide the aspects of study according to the type of communication, to determine the set of knowledge and skills necessary for the successful implementation of communicative intentions of the speaker on different stages of professional medical communication. Each of these stages requires a methodological description whose task is to determine the scope of terminology, lexical-grammatical, thematic-situational material, relevant to study in accordance with the topic and purpose of the class and selected varieties of training exercises. Thus, at the stage of the system questioning in interpersonal communication, thematic-situational material of dialogical speech is used with the use of varieties of question sentences; at the same time during the stage of objective examination and recommendations, situations of a doctor’s monological speech, where imperative constructions are more frequent prevail. The situations of interprofessional communication have their own linguistic peculiarities and, consequently, the same is about the methods of teaching professional communication. This is due to the lack of a standard-protocol component, the implementation of certain pragmatic intentions, the presence of the status-role factor in communication, the growth of the share of specialized narrow-specialist terminology in the speech of the communication participants.

Given the special features of professional medical speech, it is necessary to create the system of training exercises aimed at forming the listening skills, speaking and dialogue interaction in interprofessional and intraprofessional communication in accordance with cataloged situations of professional medical communication.

In addition to training exercises, the technology of skills development of professional communication for foreign students of medical universities should also involve gaming technologies, problem learning, design technology, interactive learning, case study technology. These methodological techniques should be developed on the basis of professional medical communication, which will ensure mastering the means and methods of communication.

The organizational and activity component of the model is needed to determine the sequence and systematic application of technologies in the learning process, to maintain logical motivation and order in accordance with selected training principles. Different researchers mention that pedagogical technology has its structure. Effective implementation of the content components of the educational model requires the definition of educational process organization trends for the formation of professional communication skills. These trends reflect the professionally-oriented content of learning. In the organization of the educational process concerning the formation of communicative skills of foreign students of medical universities it is important to predict the following trends: 1) identification of the essence and specifics of the subject of study, identification of its components and categorical features, their priority in the study, isolation of concepts and their differentiation; 2) studying the contingent of students, defining their individual and personal qualities, taking into account psychological and pedagogical characteristics, motivational components, ability to study; 3) identification of the range of competencies that a person has to gain in order to master the ability to communicate professionally, the ability to systematically analyze them, identify relationships and build hierarchical relationships; 4) definition of the principles of organization of an effective educational process with the purpose of necessary knowledge teaching and cultivating in foreign students the skills of professional medical communication with the use of Ukrainian language; 5) determination of the place of the subject of professional medical communication in the in calendar-thematic planning; 6) identification of approaches to training, systematization of technologies, methods, types of work, ways of their diversification, the variation of their

application, the sequence of their assimilation, development of a system of repetition; 7) determining the stages of training professional medical communication and the main tasks of each stage, developing a sequence algorithm in the application of technologies; 8) identification of all means of diagnosing the formation of a proper level of competence, determining the forms of monitoring of educational activities in the studied trends, the frequency of their conduct, adequate evaluation and substantiation of its criteria; 9) studying and analyzing national linguistic and cultural features of foreign students in order to take into account in the educational process; 10) identification of ways to improve the acquired knowledge and skills.

The *control-and-effect* component of the model involves assessing the level of formation of students' professional medical communication skills and determines their readiness for such communication and productive professional activity. Therefore, the question of controlling communicative achievements of students organically fit into the structure of the educational model. In order to determine the levels of the formation of professionally oriented dialogical speech of foreign medical students in the process of studying the Ukrainian language, it is necessary to develop criteria that allow us to assess the formation of the skills of their professional medical communication. Taking into consideration the requirements concerning the standards of Ukrainian as a foreign language placed on the official web site of the Ministry of Education and Science of Ukraine, which sets out the content of the speech-communicative competence, and the State standard of higher medical education, which shows educational qualification characteristic of a specialist in the field of "Medical care" [4], the study of domestic and foreign scientists and their own experience, we consider it appropriate to distinguish the criteria for assessing communicative skills of students: *motivational*, reflecting the need to master professional communication skills as a professional and moral duty of a doctor; *communicative-activity* that reveals the formation of skills of listening and speaking, providing an understanding of the interlocutor and the ability to independently implement in their professional dialogue their own intentions in statements with or without support; *communicative-identification*, according to which one can determine the correspondence of the statement to the intentional task and the reaction to the expressed dialogue interaction, as well as the level of achievement of the communicative purpose of communication; *linguistic*, which determines lexical, grammatical and stylistic correctness of speech, as well as its accuracy; *analytical-reflexive*, which assesses the

ability to analyze own speech, self-control and self-esteem, the desire to improve communicative skills. According to the criteria, it is possible to determine the results of educational activities, reflected in the indicators of the number of correctly performed tasks (in selected units – points or percentages), which is the basis for determining the levels of formation of professional medical communication skills: high (the indicator of correct implementation of 90% -100%), sufficient (the correct implementation rate is 75% -90%), the average (45% -75% correct implementation rate) and low (the correct implementation rate is less than 45%).

Determining the levels of communication skills at different stages of learning can indicate the effectiveness of the proposed methodology and the feasibility of its implementation in the learning process.

Conclusion. One of the leading areas of language education for foreign students in medical universities in the formation of professional communication skills. An important part of this process is the development of a model of training in this aspect, the content and structure of which ensures the completeness of the implementation of educational tasks. The structure of the model is formed by the motivation-target, cognitive, technological, organizational-activity and control-productive components. The components of the model reflect the purpose, principles, approaches, content, technological paradigms, axiological characteristics of the training activities. In the process of implementation of the isolated components of the model the skills of professional medical communication, the level of formation of which determines the readiness of foreign students to professional communication are formed.

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Abstracts

LYTWYNNENKO NINA, SERHIJENKO TAMARA. **Struktura modelu kształtowania umiejętności komunikacji zawodowej u zagranicznych studentów uczelni medycznych.** Artykuł poświęcony jest kwestii modelowania procesu edukacyjnego, mającego na celu kształtowanie umiejętności komunikacji medycznej u studentów zagranicznych. Przeanalizowano pojęcie „modelu nauczania” i wyodrębniono podstawowe zasady jego konstrukcji. Ustalono, że strukturę modelu tworzą komponenty motywacyjno-celowy, poznawczy, technologiczny, organizacyjno-produkcyjny i kontrolno-produkcyjny. Scharakteryzowano istotę, cel, treść, warunki funkcjonowania każdego strukturalnego komponentu modelu, udowodniono systemowo-hierarchiczną naturę ich wzajemnych połączeń i interakcji. Odkryto potencjał naukowo-dydaktyczny składników modelu i kierunki ich zastosowania w działalności edukacyjnej. Przewiduje się sposoby wdrażania elementów modelu w tworzeniu programów do nauczania komunikacyjnego i opracowywaniu skutecznych technologii nauczania zagranicznych studentów zawodowej komunikacji medycznej. Uzasadiono rolę reprezentowanego modelu edukacyjnego w kształtowaniu komunikacyjnych kompetencji studentów zagranicznych o profilu medycznym.

Słowa kluczowe: studenci zagraniczni, profil medyczny, język ukraiński jako język obcy, umiejętności komunikacji zawodowej, model nauczania, struktura.

ЛИТВИНЕНКО НИНА, СЕРПІНКО ТАМАРА. **Структура моделі формування фахових комунікативних навичок в іноземних студентів медичних університетів.** Статтю присвячено проблемі моделювання навчального процесу, спрямованого на формування навичок фахової медичної комунікації в іноземних студентів. Проаналізовано поняття «модель навчання» та виокремлено базові принципи її побудови. Визначено, що структуру моделі формують мотиваційно-цільовий, когнітивний, технологічний, організаційно-діяльнісний та контроль-результативний складники. Схарактеризовано сутність, мету, змістове наповнення, умови функціонування кожного структурного компонента моделі, доведено системно-ієрархічний характер їх взаємозв'язку та взаємодії. З'ясовано науково-дидактичний потенціал складників моделі та напрями їх застосування в навчальній діяльності. Спрогнозовано шляхи реалізації складників моделі у створенні програм комунікативного навчання та розробленні ефективних технологій для навчання іноземних студентів фахового медичного мовлення. Обґрунтовано роль репрезентованої навчальної моделі у формуванні комунікативних компетенцій студентів-іноземців медичного профілю.

Ключові слова: студенти-іноземці, медичний профіль, українська мова як іноземна, навички фахової комунікації, модель навчання, структура.

ЛИТВИНЕНКО НИНА, СЕРГИЕНКО ТАМАРА. **Структура модели формирования профессиональных коммуникативных навыков у иностранных студентов медицинских университетов.** Статья посвящена проблеме моделирования учебного процесса, направленного на формирование навыков профессиональной медицинской коммуникации у иностранных студентов. Проанализировано понятие «модель обучения» и выделено базовые принципы её построения. Определено, что структуру модели формируют мотивационно-целевой, когнитивный, технологический, организационно-деятельностный и контроль-результативный компоненты. Охарактеризовано сущность, цели, содержательное наполнение, условия функционирования каждого структурного компонента модели, доказано системно-иерархический характер их взаимосвязи и взаимодействия. Выяснено научно-дидактический потенциал компонентов модели и направления их применения в учебной деятельности. Спрогнозировано пути реализации компонентов модели в создании программ коммуникативного обучения и разработке эф-

фективных технологий для обучения иностранных студентов профессиональной медицинской речи. Обоснована роль представляемой учебной модели в формировании коммуникативных компетенций студентов-иностранцев медицинского профиля.

Ключевые слова: студенты-иностранцы, медицинский профиль, украинский язык как иностранный, навыки профессиональной коммуникации, модель обучения, структура.

LYTVYNENKO NINA, SERGIENKO TAMARA. **The structure of the model concerning the formation of professional communication skills of medical universities' foreign students.** *The article researches the problem of an educational process modeling aimed at the formation of professional medical communication skills of foreign students. The concept of "learning model" is analyzed and basic principles of its construction are highlighted. It is determined that the structure of the model is formed by motivational-targeted, cognitive, technological, organizational-activity and control-effective components. The essence, goals, content, conditions of functioning of each structural component of the model are characterized, and the system-hierarchical nature of their interrelation and interaction is proved. The scientific and didactic potential of the components of the model and the trends of their use in learning activities have been clarified. The ways of implementing the model components in creating communication education programs and developing effective technologies for teaching foreign students professional medical speech are foreseen. The role of the presented educational model in the formation of communicative competencies of foreign medical students is substantiated.*

Keywords: foreign students, medical area, Ukrainian as a foreign language, occupational communication skills, teaching model, structure.