STUDENT-ORIENTED SYSTEMIC HIERARCHICAL MODEL OF FOREIGN LANGUAGE TEACHING IN A MEDICAL UNIVERSITY: A NEW CHALLENGE FOR COMMUNICATIVE APPROACH

Research article

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Abstract

This article describes the experience of teachers at the Department of Foreign Languages at Tver State Medical University, where for several years a student-oriented systemic hierarchical model of teaching foreign languages at a non-linguistic university has been introduced with excellent results. The main point of the proposed model is personal orientation. It is achieved due to the presence of several stages (spheres) of studying a foreign language that satisfies the knowledge requirements of the student’s personality during their professional development in a higher educational institution; taking into account, firstly, the personal socio-cultural experience of the student, and, secondly, basic school foreign language education, which allows the student to perceive (even in his native language) and comprehend the foreign language information; the widespread use of interdisciplinary connections aimed at increasing the motivation and allowing for the activation of already acquired experience and knowledge; selection of language material: expansion of vocabulary through the introduction of special vocabulary and terminology and limitation of already mastered grammatical structures.

Keywords: foreign language teaching, communicative approach, student orientation, foreign language for medical purposes.

Introduction

In recent years, the communicative approach (CA) has been widely used in teaching foreign languages (TFL) in Russia. It is being implemented everywhere – not only in private education but at schools and even universities. Foreign teaching aids based on this approach are also widely used [2]. However, as the practice of teaching a foreign language shows, the level of development of foreign language competence among students leaves much to be desired, and many professors argue about the possibility to use this method in higher educational institutions.

Main part

The approach designated in foreign methodological literature as Communicative language teaching (CLT) was developed in the 70s-80s of the last century in Europe [8]. There are many definitions of this approach, most of which can be summarized in the following way: a method of TFL in which communication, that is, interaction with a speech partner, is both a means and a goal of learning [7], [8]. Such a definition does not reveal the essence of this specific approach used in textbooks offered by
well-known foreign publishers. After all, communication, as we know, is the goal of teaching foreign languages in all cases, and communication (discourse) as a means of learning is used in any approach.

On the website of the British Council, as well as other well-known organizations in the field of language teaching, you can find the following definition of the communicative approach: “The communicative approach is based on the idea that learning language successfully comes through having to communicate real meaning” [6]. From this definition it follows that the essence of CA is teaching a foreign language while interacting in communicatively significant situations, that is, those situations that are most interesting and important for the learner. This definition accurately reflects the approach used in foreign textbooks. The overwhelming majority of textbooks are built on a thematic principle – they are divided into units (lessons) devoted to certain communicative situations, and the tasks are mainly of monological-dialogical interaction. This is typical not only for textbooks on the basic course of a foreign language, but also for textbooks on a foreign language for special and professional purposes.

The advantages and disadvantages of this approach are widely discussed in modern literature [9], [11]. The most significant advantage is considered to be the focus on the student and real communicative situations, therefore, the possibility of applying the studied material to situations that surround the student and application of learner’s own life experience. All this understandably increases the interest and motivation of the students. However, there are some disadvantages. Most authors underline superficial knowledge of the language, lack of understanding of the language structure, a priority of speech fluency to language accurateness, of vocabulary instead of grammar. As the experience of teaching a foreign language shows, such an approach makes it possible in a short time to provide the student with a set of lexical units on certain topics and grammatical structures in which these lexemes can function. But outside the studied situations the students being in lack of deep language knowledge are usually unable to use new lexical units within the grammatical structures standard for a particular topic.

Of cause mastering a set of communicative situations with a certain combination of vocabulary and grammar does not allow the student to understand the essence of grammatical phenomena, and does not provide the opportunity to use language in the full breadth of communication. Briefly, the essence of the CA can be reduced to the following scheme: there is a communicative situation in which a set of vocabulary needs to be conveyed to the interlocutors or perceived from them in the form of specific grammatical structures. The opponents of CA prove their point of view by the statement that communication is the exchange of information, therefore, the basis of communication is information, and not just the method of transmitting it (how to say, how to write), and mastering the methods of transmission of information in CA, the student does not think about the information itself that implies not only the factual data but deep knowledge and awareness of many different aspects, including the structure of the language as well.

But if we turn to the conditions of TFL in Russian higher education institutions of non-linguistic profile we notice the following features:
- the duration of TFL is rather short (limited to 1 or 2 years)
- the students possess some previously acquired language knowledge
- the main goal of TFL is to teach the students to understand some suitable for their professional level written texts and be ready to transfer the professional (or paraprofessional) information [3].

So we can judge that CA can easily be fitted to the needs of TFL in Russian higher education institutions of non-linguistic profile. It can be achieved with the use of a student-oriented systemic hierarchical model of teaching foreign languages at a non-linguistic university, developed and applied at Tver State Medical University. This model has already been used for several years and it should be noted that the results of the language competence development have increased noticeably which can be proved by the data of professional accreditation examination containing the linguistic questions as well.

The student-oriented systemic hierarchical model of TFL is a teaching system, at the center of which there is the linguistic personality of the student with its needs, interests, capabilities, acquired everyday, socio-cultural and professional experience and skills. Linguistic personality in this case is a student with their ability to create and perceive texts of different degree of structural and linguistic complexity; depth and accuracy of reality reflection and specific target orientation.

The novelty of the suggested solution is believed to lie in the essence of the definition of the concept “model”. A model is a complex representation, a system that reflects internal connections of all components forming the system and different aspects of their correlation with external factors. There are a lot of approaches (ways of aim achievement) and methods (means of aim achievement) in TFL – person centered, module based, situation oriented, etc. But none can represent the whole interrelation of all elements necessary for successful results targeted TFL.

In the process of TFL, it is necessary, first of all, to satisfy the needs of a given linguistic personality. This must be done only on the basis of their capabilities and existing skills and experience. It is worth noting that the use of the proposed model is based precisely on the knowledge of a foreign language already acquired at the early stages of education (secondary school, college) and existence or absence of the professional experience.

While implementing the proposed model it is necessary to take into account:
- professional specialization of the students;
- level of their training in a foreign language;
- range of their interests and requirements.
The model we propose is a system consisting of three hierarchically interconnected elements – spheres of communication (Fig.1):
• the sphere of everyday paraprofessional communication – introduction to medical communication (basic course);
• scope of normal anatomy;
• the field of pathological anatomy.
The last two stages can be called the sphere of professional medical communication.

The sphere of everyday communication is represented by the following communicative situations:
• medical student's day;
• working day of a general practitioner;
• responsibilities of a doctor (nurse);
• office of a general practitioner / pediatrician / dentist;
• visiting the doctor;
• pharmacy and first aid kit.
This list can be expanded by communicative situations offered by the linguistic individual or group of students, i.e. corresponding to their professional interests at this stage of training (specialization).

The sphere of professional communication consists of communicative situations related to the future professional activity of a specialist. At the stage of studying a foreign language of normal anatomy, students study lexical units and grammatical structures that allow them to carry out foreign language communication on topics related to the description of the functioning of the human body systems. At the final stage of TFL, students master the lexical and grammatical models that underlie professional communication in the field of pathological anatomy. Using previously acquired knowledge and skills students complement and expand their professional communicative competencies with foreign language communication skills and abilities being able to communicate freely in situations related to descriptions of main diseases of the human body systems.

The above mentioned spheres are located in a certain hierarchy – from simple to complex – from the least professionally oriented – to the more specialized and highly professional. This allows complying with the main requirement of the proposed model – student orientation. These communicative situations do not go beyond the personal, everyday, socio-cultural experience and professional knowledge and skills of the student.

A separate aspect of the student-oriented model, the motivation, is also facilitated by the widespread use of personal experience and interdisciplinary connections. The introductory basic course – an introduction to medical communication – is based on the knowledge and experience of students as representatives of society, rather than the medical community, and allows them to ultimately describe in a foreign language their actions carried out in the medical field as a patient.

When studying a foreign language in the sphere of normal anatomy, students draw some parallels between Foreign Language and Anatomy, and also employ existing knowledge from the school biology course. The most difficult sphere to master is the field of pathological anatomy, since students do not yet have sufficient experience, knowledge and skills in this area as a whole. In this regard, descriptions of diseases of the main systems of the human body in a foreign language must be given mostly from the point of view of the layman, and terminology and professional vocabulary must be introduced only occasionally. At this stage, students directly become familiar with the differences and features of non-specialized, popular scientific and professional texts and learn to use various lexical units and grammatical models specific for the situation whether it is communication with colleagues or with patients.

It is also necessary to note the close relationship between Foreign Language and Latin in the process of developing a professional foreign language communicative competence. It is well-known that the basis of medical terminology is quite stable and standardized, mostly built on the basis of elements of Latin and Greek origin. Consequently, when mastering the
spheres of professional communication, students actively apply and involve the knowledge and skills acquired while studying the Latin language of medical communication. Knowledge of the Latin language of medical terminology allows students to understand foreign language medical terminology easily.

The resources of any language are inexhaustible so you can study a language throughout your life. Therefore, when studying and teaching foreign languages, it is necessary to make a rational selection and limit these resources. This is especially important when mastering a foreign language for professional (medical) communication.

In addition to the choice of language situations, which the proposed hierarchical model allows, it is necessary to select language means that allow communication in these areas – both lexical and grammatical. It is possible to achieve paying attention to the peculiarities of Language for Specific (Medical) Purposes [1], [4], [5], [10] depicted briefly in Fig.2.

The vocabulary of medical language is a limited range of lexical units necessary for professional communication in the medical field. In some cases, the concept of “Medical foreign language” is entirely reduced to professional vocabulary. However, we should not forget about the everyday vocabulary that fills the communicative situation of “doctor-patient” communication. As a rule, students are acquainted with this vocabulary from a high school foreign language course, during which they master commonly used words and word collocations. Thus, in the course of TFL in medical university, the vocabulary of students is expanded – medical terminology is layered upon commonly used language.

The grammar of a foreign language is also studied by students in full as part of the school curriculum. Consequently, when developing a professional foreign language communicative competence, there is no need to introduce and practice new grammatical material. It is necessary to build new vocabulary (terminology) into grammatical structures mastered during the school course. However, it should be noted that the grammar of a foreign language is significantly reduced in the medical field, limited to certain structures and constructions, some of which are not so common in the common language.

Thus, in the process of developing a professional foreign language communicative competence, it is necessary to highlight and activate grammatical structures and models that are widely used in medical language. These issues are resolved precisely at the first stage of the proposed model – as part of the introduction to medical communication course. Subsequently, the learned structures are used to introduce and practice new vocabulary.

**Conclusion**

All the above-mentioned factors ensure the personal orientation of the systemic hierarchical model of TFL in a non-linguistic (medical university). The person-oriented nature of this approach is achieved due to the presence of several stages (spheres) of studying a foreign language, which make it possible to satisfy the knowledge needs of the student’s personality during their professional growth in a higher educational institution. The process of developing a specialist’s foreign language communicative competence should be based on the student’s personal socio-cultural experience and basic school foreign language education. It is necessary to take into account and widely use interdisciplinary connections as well. They increase the student’s motivation and allow them to use already acquired experience and knowledge in the process of developing new competencies. Using the proposed model requires teachers to carefully work with the proposed language material. On the one hand, the teacher must ensure the expansion of vocabulary by introducing special terminology, and on the other hand, activate and summarize properly (taking into account the specifics of medical discourse) the selected and limited grammatical material. This fact also makes a real challenge for the teachers as they should use some special teaching materials and aids prepared specifically for the needs of the educational process but not popular well-known and already published.

**Conflict of Interest**

None declared.

**Review**

All articles are peer-reviewed. But the reviewer or the author of the article chose not to publish a review of this article in the public domain. The review can be provided to the competent authorities upon request.
Список литературы / References

Список литературы на английском языке / References in English