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LANGUAGE EDUCATION POLYMORPHISM: FOREIGN LANGUAGE COMPETENCE IN MEDICAL EDUCATION.

Summary. *This study explores language education diversity in Ukrainian medical higher education, focusing on traditional, communicative, competency-based, digital, and integrative teaching methods to improve foreign language skills among medical students. It highlights challenges like methodological fragmentation, misaligned materials, and low learner motivation. The study proposes integrating communicative and competency-based methods, CLIL, digital platforms, and personalized learning to enhance critical thinking and autonomy in medical education.*

Key words: *language education polymorphism, foreign language competence, medical education, competency-based approach, digital tools, Content and Language Integrated Learning, educational paradigms.*

Introduction. In Ukraine's modern educational landscape, the methods of teaching foreign languages are undergoing significant transformation, influenced by globalization, digitalization, and integration into the international academic community. In higher and postgraduate medical education, this shift has resulted in a phenomenon known as polymorphism in language education, which refers to the coexistence of diverse and sometimes contradictory teaching methodologies. Higher education in Ukraine, since joining the Bologna system in 2005, has been aimed at creating a true European educational standard, providing quality education and equal conditions while recognizing the role of education in preserving democratic peace [1, p. 151].

This evolution reflects changes in pedagogical thought and the transformation of Ukraine's education system, which aims to align with European standards while retaining post-Soviet elements. In medical education, a variety of methods – including grammar-translation, communicative techniques, blended learning, and digital tools – enhance foreign language competence.

The diversity in language education, shaped by teacher qualifications and student profiles, fosters individualized learning and creativity, but complicates outcome standardization and raises concerns about coherence in foreign language skill development. Comprehensive research is needed to improve foreign language competence in contemporary medical education in Ukraine, addressing challenges and harmonizing different educational approaches.

Aim. This study is aimed at comprehensively analyzing the polymorphism of language education paradigms as they have evolved within Ukraine's educational context. It explores the historical background, current

challenges, and prevailing trends in language instruction. The research also seeks to identify effective strategies to improve foreign language competence among undergraduate and postgraduate medical students by investigating innovative methods, digital tools, interdisciplinary integration, and differentiated approaches tailored to diverse learner groups.

Objectives.

1. To analyze language education paradigms in medical education:

– to identify and classify key paradigms (traditional, communicative, competence-based, digital, integrative) used in teaching foreign languages at medical universities;

– to evaluate their relevance to the professional needs of medical specialists, including clinical communication and international certification (e.g., the competency-based approach is considered most effective for teaching Ukrainian to foreign medical students as it fosters professional communicative skills [2, p. 101].

– to examine the influence of the Bologna Process and regional characteristics on the adaptation of these paradigms within Ukrainian institutions.

2. To identify problems in language education polymorphism:

– to investigate the fragmentation of methodological approaches across universities and educational levels and its impact on the quality of foreign language training;

– to identify obstacles such as a mismatch between content and medical context, limited access to digital tools, and low learner motivation;

– to evaluate challenges related to intercultural communication and the lack of standardization, particularly in international medical contexts.

3. To develop methodological approaches to enhance foreign language competence:

– to propose strategies for harmonizing educational paradigms through medical-contextualized instruction;

– to develop recommendations for the use of digital platforms and mobile applications in postgraduate medical education;

– to suggest ways to foster intercultural competence through gamification and participation in international programs;

– to outline measures for improving teacher qualifications, particularly in the area of medical terminology and digital pedagogy.

Research Materials. To analyze the diversity of language education and develop strategies for improving foreign language competence in higher and postgraduate medical education in Ukraine, we utilized various sources, including regulatory documents, educational materials, and scientific literature. The primary research materials consist of:

1. National and European educational standards:

a) regulatory documents from the Ministry of Education and Science of Ukraine defining requirements for foreign language proficiency in medical specialties for both bachelor's and master's programs, as well as postgraduate education regulations.

b) the Common European Framework of Reference for Languages (CEFR) and Bologna Process directives focusing on professional language training in medicine. The evolving international and intercultural relations between both European and Oriental countries and Ukraine prove the necessity to adapt pedagogical technologies in the field of training students majoring in foreign languages to the demands of modern inter-governmental collaboration specificities [3, p. 1261].

c) requirements for foreign language skills in international medical certifications, such as the United States Medical Licensing Examination (USMLE) and the Comprehensive Basic Sciences Examination (CCSE), aimed at assessing how well Ukrainian standards align with global benchmarks.

2. Language training curricula:

Ukrainian medical universities offer English language programs for master's students, doctoral candidates, and academic staff. At Shupyk National Healthcare University of Ukraine, specialized courses by the DLTHD include: "Latin Language and Medical Terminology" (for understanding medical vocabulary); "Fundamentals of Scientific Communication in a Foreign Language" (to develop skills for scientific publications and presentations); "Foreign Language (for Professional Purposes)" (focusing on English application in clinical settings); "Oral and Written Communication in the State Language in Professional Activities" (to improve professional communication in Ukrainian); "Business Ukrainian (for Professional Purposes)" (for skills in business correspondence and medical documentation). Programs from other universities like Bogomolets National Medical University and Kharkiv National Medical University will also be analyzed for comparison.

3. Scientific works by Ukrainian and foreign researchers:

a) language education, the development of foreign language competence, and its integration into medical education have been extensively explored in the works of Ukrainian scholars [8; 2].

b) recent research highlights communicative, competence-based, and digital approaches to professional language learning as explored by international scholars [9; 10; 12; 11].

c) various journals, including "Perspectives on Medical Education", "The ACC Journal", "English for Specific Purposes", "The Journal of Medical English Education", and "The International Neurological Journal", focus on teaching English for healthcare professionals.

Research Methods. To conduct a comprehensive analysis of the polymorphism of language education and its impact on foreign language competence in medical education, the following methods were used:

1. Comparative-analytical method:

– comparing national and European educational standards, as well as curricula, particularly those developed by the DLTHD, with international counterparts: key initiatives include individualized educational pathways for flexible learning, expanded disciplines, better recognition of non-formal and informal education, academic mobility, revised higher education standards, dual education models, and improved educational quality measurement through program standardization [7, p. 31];

– evaluating the relevance of programs such as "Latin Language and Medical Terminology", "Foreign Language (for Professional Purposes)", and others to the professional needs of medical specialists.

2. Content analysis:

- analyzing curricula, textbooks, and publications qualitatively and quantitatively;

- evaluating the integration of medical terminology, practical tasks (like clinical simulations), and intercultural components in the DLTHD's programs;

- analyzing the structure and content of programs such as "Scientific Communication in a Foreign Language" and "Oral and Written Communication in the State Language".

3. Systematization and generalization:

– classifying language education paradigms (traditional, communicative, competence-based, digital, integrative) and their polymorphism issues;

– summarizing features of the DLTHD's programs, such as "Business Ukrainian (for Professional Purposes)", in foreign language competence development;

– formulating recommendations on harmonizing methodological approaches.

4. Expert evaluation method:

– assessing the effectiveness and appropriateness of the DLTHD's curricula in terms of professional and international standards compliance;

– analyzing how programs like "Foreign Language (for Professional Purposes)" can help students prepare for international medical certifications.

5. Theoretical analysis and synthesis:

– summarizing scientific approaches to language education in medical training, based on Ukrainian and foreign research;

– substantiating the role of programs like "Latin Language and Medical Terminology" as a foundation for foreign language skills development.

6. Modeling:

– developing a theoretical model for harmonizing language education across the DLTHD's programs;

– predicting the impact of implementing CLIL in programs such as "Foreign Language (for Professional Purposes)".

Main Research Findings and Analysis. In Ukraine's higher and postgraduate medical education, multiple language education paradigms, including traditional, communicative, and digital approaches, coexist. This diversity affects the teaching of foreign languages, particularly English, crucial for international medical communication, leading to methodological inconsistencies. The Department of Language Training and Humanitarian Disciplines at Shupyk National Healthcare University of Ukraine is pivotal in harmonizing these approaches in the medical context.

1. Characteristics of language education paradigms.

The traditional approach emphasizes grammatical accuracy and translation skills, which prove particularly valuable for mastering medical terminology, though they demonstrate limited effectiveness in developing clinical communication competencies. In contrast, the communicative paradigm aligns with contemporary European standards by prioritizing authentic language use through situational learning and task-based activities [4, p. 4]. The DLTHD's "Foreign Language (for Professional Purposes)" program effectively implements

this approach through carefully designed clinical simulations and medical documentation exercises.

The competency-based paradigm represents a comprehensive framework that integrates linguistic proficiency with professional and intercultural competencies, essential for modern medical practice [5, p. 122]. This approach is exemplified in programs such as "Fundamentals of Scientific Communication", which combines digital learning platforms (Moodle, Medical English Online) with terminology applications (Quizlet, MedTerm) to address the needs of postgraduate education.

2. Challenges of polymorphism.

The diversity of educational paradigms leads to methodological fragmentation, with some universities favoring traditional methods while others prioritize communicative or digital approaches. This inconsistency results in uneven specialist training and inadequately adapted educational materials, lacking opportunities for practicing emergency and intercultural communication with foreign-language patients. Additionally, low student motivation and limited access to digital resources hinder learning, particularly in postgraduate education. The programs developed by the DLTHD address some of these issues through contextualized tasks, but broader integration of intercultural and digital components is needed.

Discussion. The polymorphism of language education paradigms is an ambiguous phenomenon: it complicates the standardization of methods but creates a field for innovation and adaptation to the needs of different categories of learners, from students to practicing doctors. "Nowadays, a completely new methodology for teaching and learning foreign languages is being formed. Its purpose is the formation of communicative competence – the focus is rather on teaching communication, developing abilities to speak, listen, and understand what is said, and assuring respect for the other culture(s) is at the core" [6, p. 101]. The traditional paradigm, despite its limitations, remains relevant for

establishing a terminological basis in medical education. However, communicative and digital paradigms are better suited to meet modern demands. The programs developed by the DLTHD show potential for integrating these approaches, but their effectiveness hinges on teachers' methodological training.

Teachers must combine elements from different paradigms to focus on educational outcomes and individual learner needs. For instance, integrating CLIL into "Foreign Language (for Professional Purposes)" combines clinical knowledge with language skills, while the digital paradigm in "Fundamentals of Scientific Communication" enhances distance learning for postgraduate students. Preparing teachers for blended learning and interdisciplinary connections is essential, requiring specialized training in medical terminology and digital technologies.

Comparison with European practices highlights the need to shift from mechanical learning to functional competence, fostering critical thinking and autonomy. Programs like "Oral and Written Communication in the State Language" and "Business Ukrainian" lay the groundwork for multilingual competence but need further development in foreign language training. Innovative methods, such as gamification, can boost motivation and adaptability, particularly for postgraduate doctors.

This analysis emphasizes the importance of integrating modern language education paradigms, focusing on teacher training to effectively train medical specialists in a globalized context.

Conclusions. Ukraine's language education approaches in medical training reflect a blend of traditional and modern methods, aiming for consistent foreign language competence standards. Shupyk National Healthcare University seeks to harmonize these methods with medical specifics.

Enhancing foreign language skills in medical education relies on communicative and competency-based methodologies. The communicative approach emphasizes clinical communication, while the competency-based

method integrates language skills with professional training. Courses like "Latin Language and Medical Terminology" and "Business Ukrainian" promote multilingual skills and advanced English proficiency.

Digital learning is increasingly important, utilizing platforms like Moodle and Quizlet for personalized learning. Integrating CLIL (Content and Language Integrated Learning) into clinical subjects is essential for developing both language and professional skills, preparing specialists for effective communication in a global medical context.

Prospects. Further research should focus on adaptive language education strategies for various medical fields, including therapy, surgery, and pediatrics. Emphasis should be placed on training teachers to integrate different methodologies, digital technologies, and intercultural elements. Establishing national guidelines for language education in medical training will standardize approaches and improve the global competitiveness of Ukrainian specialists. Additionally, pilot projects incorporating CLIL, blended learning, and digital tools could pave the way for extensive educational reforms.

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