

PERFECTING FOREIGN LINGUISTIC COMPETENCE AS A RESOURCE FOR PHYSICIANS' PROFICIENCY ENHANCEMENT: HISTORICAL ASPECT

*PhD in Education Lichman L. Yu.,
Dr. Sc. in Medicine Tkachenko Ye. V.,
PhD in Medicine Kononets O. M.*

Ukraine, Kyiv, Shupyk National Medical Academy of Postgraduate Education

Abstract. *The article focuses on the issues of building physicians' professional qualification through improving their foreign linguistic competence, primarily making them competent in medical definitions. This problem is pointed out to be directly correlated with a research work entitled "Studying Professional Aspects of Using Specific Terminology and Translation Equivalents in Building Physicians' Competence (specialized in Neurology)", which has been carried out in Ukraine upon the mutual initiative of the Department of Foreign Languages and the Department of Neurology No. 2 of Shupyk National Medical Academy of Postgraduate Education. The perspective and productivity of the launched research are elucidated to be largely driven by the interdisciplinary nature of neurologists and linguists' interaction. A humanitarian and anthropological research is noted to be conducted within the framework of such socially related contents as medical science and education. Therewith, language, word, speech activity are represented as fundamentally significant resources in running the second signal system, human behavior and activity. The effectiveness of studying the problem of building physicians' competence by improving the foreign linguistic one is postulated to be fundamentally depended on the cohesion and coherence of a competence conceptual sphere nuclear concept– "human competence". The following formula is provided to be relied on: human competence is a vital dynamic balance among hardwired, socially induced and ontologically defined competencies. Alongside this, the human competence concept is directly deduced from the concept of linguistic competency / competence. There is designed a scientific inquiry and established a set of measures necessary for determining the research effectiveness. Some directions included in the scientific search algorithm for innovative solution of the assigned problems are outlined.*

Keywords: *foreign linguistic competence, professional qualification, human competence, nervous activity, word.*

Developing interdisciplinary scientific and practical cooperation opens various upcoming trends within a given knowledge area, creates new mass production industry. This point is particularly evident in the humanitarian and anthropological sphere, wherein man is the centerpiece across the life-support segments spectrum. In particular, the anthropologically close, unequivocally related contents of the social system, science and pedagogy are deemed to be medicine and linguistics in all the polymorphism of knowledge and practice definitions – neurolinguistics, psychotherapy, neurolinguistic programming, etc.

The interdisciplinary (neurology, therapy and linguistics) cooperation high potential is confirmed by the active development of such a social and medical field as occupational therapy. In our view, occupational therapy, broadly speaking and omitting the semantic nuances, is a socially significant sphere of medical and psychological, psychological and occupational, existential support for physically and mentally suffering man. It is beyond argument that being ill, man requires therapeutic support and the resources of neurology, therapy, psychology and, of course, linguistics as a socially applied science (actually – the psychology of communication). For this purpose physicians' training / retraining quality is especially important, and it involves modernizing a pedagogical process, improving didactic technologies and methods.

Within this framework linguistics and language education play a pivotal role, as physicians' linguistic competence is a major asset for their professional activities: a word is known to be the prime factor for controlling man's higher nervous activity. Therefore, in the medical environment, building systemic narrative of a word, linguistic / foreign linguistic competence particularly in social intercourse, including dealing with disabled people, is thought to be paramount, socially productive.

Nevertheless, on the larger scale of anthropological issues and the problem of man as a whole, prioritizing occupational therapeutic, sometimes clinical, component while working with patients

requiring medical support, is not enough. Probably, while managing patients, including through attracting them to work / hobby, one ought to proceed from the concept of human competence. In our view, the concept of human competence is correlated with the concepts of balance and harmony in their genetic, psycho-physiological, spiritual and socio-economic dimensions. Human competence is hypothesized to be a vital dynamic balance among hardwired, socially induced and ontologically defined competencies. From this point of view, medical activity should be based on the principle of conserving harmony, energy balance in man. According to Leonardo Da Vinci, man, the health and life fix two rules: internal and external elements balance is a blessing, but strife is ruin. In such a case, medicine manifests its recovery mission: "Medicine is the restoration of discordant elements; sickness is the discord of the elements infused into the living body" [1, p. 853].

Therewith, it is worthwhile noting that, in our opinion, the concept of human competence ought to be identified with the one of linguistic competency / competence. Accepting M. Heidegger's famous notion of language as "the House of Being" [2, p. 239], and of man, existing both in language and next to language, we consider human competence to be identical with linguistic competence. Hence, the idea of building / improving linguistic competence during man's medical life support seems to be very promising. In particular, one can foreground and deeply explore the problem of a word as the center of different energies. The medical / therapeutic / prophylactic support of man is hypothesized to be correlated with a word, first, as the main influencing factor in the higher nervous system, particularly in the second signal one, and accordingly, as the main regulator of a personality's behavior, and second, with a word as a sexual substance. A conceptual link between a word and seed is known to be formed in antiquity. Thus, Plato, following in Isocrates' tracks, likened a word to erotic languor, just as utterance / speech – to midwifery (maieutics). As P. Florensky puts it, 'the sexual system and activity find their exact polarity in the system and activity of the voice (...) seed has its morpheme, phoneme and sememe: it is a word which establishes a genealogical connection [3, p. 272]. According to this judgment, the idea of building physicians' linguistic competence is supposed to be renewed at the intersection of neurology, linguistics, sexology, anthropology and philosophy, that seems to be especially important in developing valeology and occupational therapy.

Against this background, in many countries, including Ukraine, attempts are being made to expand the designed interdisciplinary model. In particular, at Shupyk National Medical Academy of Postgraduate Education, upon a mutual initiative of the Department of Foreign Languages and the Department of Neurology No. 2, there was launched a research work titled "Studying Professional Aspects of Using Specific Terminology and Translation Equivalents in Building Physicians' Competence (specialized in Neurology)", partial record No. 10 of the December 7, 2016 Teaching Staff's Advanced Training Faculty Meeting.

Within the framework of this research project, problems, expanding neurology and linguistics interdisciplinary conceptual sphere, are supposed to be solved. Among other things, it deals with finding an optimal model for neurologists' linguistic training, primarily in teaching terminological literacy and professional interpretation / translation skills.

A number of measures aimed at enhancing practicing physicians' (primarily neurologists and therapists') linguistic / foreign linguistic competence is proposed to be introduced in order to effectively support the objectives:

1. Expanding terminological array to be used by physicians.
2. Generating stable commonly used terms volume to be mastered by physicians.
3. Selecting performative definitions as foreground in the common array of professional foreign language vocabulary / translation equivalents.
4. Questioning NMAPE students concerning professional terminology use, and then, having processed data, creating an optimal basic terminological dictionary for neurologists.
5. Developing the neurological, linguistic and neurolinguistic aspects of the linguistic competency / competence concept.
6. Studying the problem of building neurologists' linguistic / foreign linguistic competence in the context of such related branches of medicine as occupational therapy and valeology, being developed in Ukraine.
7. Exploring the anthropological conceptsphere through human competence concept attachment concerning its relation to the concept of linguistic competence.

The proposed scientific search algorithm is preliminary aimed at finding a number of scientific, theoretical and practical grounds, as follows:

a) "medicine – language" dichotomy historical scope. Here what it involves are, first of all, historical sources concerned with linguistic / speech effect on human mentality and physiology (a topical repertoire of the magic / healing properties / efficacy of a word);

b) psycholinguistics traditions, in particular, generativism aspect, originated in the cultures of ancient India (the Bhagavad Gita), Greece and Rome (Heraclitus, Isocrates, Plato, Aristotle's works, the system of "Alexandrian" grammar, the Hellenistic-Roman rhetorical system, etc.) which were retranslated (in different semantic interpretations) in R. Descartes, W. von Humboldt, A. Potebnja, L. Shcherba, N. Chomsky's works – such texts which presented the scope of linguistic competency / competence concept in the history of the modern world;

c) the modern medicine and language education latest advances, for example, studying the phenomenon of acoustical waves impact on the psychological and behavioral man's structure and central nervous system.

The mentioned grounds are deemed to be sufficient for effective solution of the challenges, including the issues of developing language style reflection in physicians and patients, the style largely determines a communication level among them, it allows them to work hand in glove with each other at a qualitative contact rate: "Wherefore we should give our language a "foreign air"; for men admire what is remote, and that which excites admiration is pleasant" [4, p. 351].

The interdisciplinary – medical-linguistic – research prospects will be determined by innovations in regard to building medical and linguistic professional competence.

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