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DEVELOPING SOCIOCULTURAL COMPETENCE OF MEDICAL STUDENTS THROUGH ENGLISH FOR SPECIFIC PURPOSES: A THEORETICAL FRAMEWORK

ФОРМУВАННЯ СОЦІОКУЛЬТУРНОЇ КОМПЕТЕНТНОСТІ ЗДОБУВАЧІВ ВИЩОЇ МЕДИЧНОЇ ОСВІТИ У ПРОЦЕСІ НАВЧАННЯ АНГЛІЙСЬКОЇ МОВИ ЗА ПРОФЕСІЙНИМ СПРЯМУВАННЯМ: ТЕОРЕТИЧНІ ЗАСАДИ

This article examines the theoretical foundations of developing the sociocultural competence of medical students through English for Specific Purposes as a key component of contemporary competency-based medical education. The relevance of the study is determined by the globalization of healthcare systems, the expansion of international professional collaboration, increasing academic mobility, and the growing need to prepare healthcare professionals capable of effective intercultural communication in diverse clinical settings. The study aims to provide a theoretical justification for the content, structure, and psychological and pedagogical foundations of developing sociocultural competence of medical students through English for Specific Purposes. The research employs methods of theoretical analysis, comparison, synthesis, systematization, and interpretation of contemporary Ukrainian and international scholarly literature on foreign language professional education, intercultural communication, English for Specific Purposes, and medical education. The article analyses contemporary approaches to defining sociocultural competence and demonstrates its integrative nature as a fundamental component of the professional foreign-language communicative competence of medical students. It substantiates the significance of cultural studies competence, linguo-sociocultural competence, professional background knowledge, and non-equivalent and background medical vocabulary for ensuring effective intercultural interaction in clinical practice. Furthermore, the study confirms the pedagogical value of sociocultural commentary, concept mapping, authentic clinical scenarios, problem-based, case-based, and context-based learning as effective instructional approaches for developing the intercultural professional communicative competence of medical students. The findings demonstrate that integrating the sociocultural component into the English for Specific Purposes curriculum promotes the development of professional thinking, cultural sensitivity, empathy, patient-centred communication skills, and readiness for professional practice in an international healthcare environment. The proposed theoretical framework contributes to the advancement of competency-based medical education by providing a comprehensive foundation for integrating linguistic, professional, and sociocultural dimensions into the training of medical students.

Key words: sociocultural competence, English for Specific Purposes, medical education, intercultural communication, foreign language professional education, medical students, medical communication, professional background knowledge.

У статті розглянуто теоретичні засади формування соціокультурної компетентності здобувачів вищої медичної освіти у процесі навчання англійської мови за професійним спрямуванням як одного з ключових

компонентів сучасної компетентісно орієнтованої медичної освіти. Актуальність дослідження зумовлена глобалізацією системи охорони здоров'я, розширенням міжнародної професійної взаємодії, розвитком академічної мобільності та необхідністю підготовки фахівців, здатних здійснювати ефективну міжкультурну медичну комунікацію. Метою дослідження є теоретичне обґрунтування змісту, структури та психолого-педагогічних засад формування соціокультурної компетентності здобувачів вищої медичної освіти у процесі вивчення англійської мови за професійним спрямуванням. У дослідженні використано методи теоретичного аналізу, узагальнення, систематизації та інтерпретації сучасних вітчизняних і зарубіжних наукових джерел з проблем іншомовної професійної освіти, міжкультурної комунікації, англійської мови за професійним спрямуванням та медичної освіти. Проаналізовано сучасні підходи до трактування соціокультурної компетентності та продемонстровано її інтегративний характер як складової професійної іншомовної комунікативної компетентності здобувача вищої медичної освіти. Обґрунтовано значення країнознавчої, лінгвосоціокультурної компетентностей, професійних фонових знань, безеквівалентної та фонові медичної лексики для забезпечення ефективної міжкультурної взаємодії в клінічному середовищі. Підтверджено доцільність використання соціокультурного коментаря, концептуального картографування, автентичних клінічних ситуацій, проблемно орієнтованого, ситуаційного та контекстного навчання як ефективних методичних засобів розвитку міжкультурної професійної комунікативної компетентності здобувачів вищої медичної освіти. Доведено, що інтеграція соціокультурного компонента у зміст дисципліни "Англійська мова за професійним спрямуванням" сприяє розвитку професійного мислення, культурної чутливості, емпатії, навичок пацієнт-орієнтованої комунікації та готовності здобувачів вищої медичної освіти до професійної діяльності в міжнародному медичному середовищі.

Ключові слова: соціокультурна компетентність, англійська мова за професійним спрямуванням, медична освіта, міжкультурна комунікація, іншомовна професійна підготовка, здобувачі вищої медичної освіти, медична комунікація, професійні фонові знання.

Introduction. Contemporary medical education has undergone a paradigm shift from a traditional knowledge-based model of professional training toward a competency-based approach that emphasizes the development of future physicians' ability to perform effectively in multicultural healthcare environments. The globalization of healthcare systems, increasing international academic mobility, rapid expansion of telemedicine, and growing cultural diversity among patient populations have created an urgent need to prepare medical graduates who possess not only proficiency in English for Specific Purposes (ESP) but also the ability to recognize and respond appropriately to the sociocultural dimensions of medical communication across different healthcare contexts [23].

Contemporary educational research increasingly conceptualizes foreign language communicative competence as an integrated construct. Sociocultural competence is regarded as one of its essential components [7; 16]. Its significance is particularly evident in medical education, where effective physician–patient communication requires an understanding of professional ethics, culturally shaped models of physician–patient interaction, healthcare system organization, nationally specific communication practices, and professional standards adopted in different countries [21]. Insufficient awareness of these sociocultural factors may hinder the interpretation of authentic medical texts, international clinical guidelines, professional documentation, and intercultural communication in clinical practice.

Analysis of recent research and publications.

The concepts of sociocultural and intercultural competence have been extensively investigated in international scholarship. The theoretical foundations of intercultural communicative competence were established by M. Byram, C. Kramsch, M. Canale, M. Swain, M. Fantini, and other researchers. English for Specific Purposes has been comprehensively examined in the works of T. Hutchinson, A. Waters, T. Dudley-Evans, M. Jo St John, H. Basturkmen, B. Paltridge, and S. Starfield. Likewise, the development of content and language integrated learning (CLIL) has been strongly influenced by the contributions of D. Coyle, P. Hood, and D. C. Marsh, whereas contemporary approaches to medical education, professional communication, and clinical competence have been advanced by R. Harden, J. Cleland, T. Swanwick, S. Kurtz, J. Silverman, and J. Draper.

In Ukrainian educational research, various aspects of professionally oriented foreign language instruction, foreign language communicative competence, intercultural communication, and English language teaching in higher education have been explored by N. Borysko, S. Nikolaieva, N. Maiier, O. Bihych, V. Chernysh, I. Zadorozhna, L. Morska, T. Hryhorvieva, and other scholars. Nevertheless, the theoretical and methodological foundations for developing sociocultural competence specifically through English for Specific Purposes in the education of future physicians remain insufficiently investigated.

The contemporary literature has predominantly addressed the development of linguistic,

communicative, and professional competence among medical students. The sociocultural dimension, by contrast, has generally been regarded as a complementary rather than a core component of professional language education.

The aim of this article is to establish a theoretical framework for the content, structure, and psychological and pedagogical foundations of developing medical students' sociocultural competence through English for Specific Purposes. To achieve this aim, the study pursues the following objectives: (1) to examine contemporary approaches to the conceptualization of sociocultural competence in Ukrainian and international educational research; (2) to identify the defining characteristics of future physicians' sociocultural competence within the context of English for Specific Purposes instruction; (3) to analyse the role of profession-specific background knowledge, non-equivalent medical vocabulary, and sociocultural commentary in fostering intercultural professional communication; and (4) to propose pedagogical approaches for integrating the sociocultural component into English for Specific Purposes curricula for medical students.

Theoretical Framework. The development of future physicians' foreign language communicative competence extends beyond the acquisition of professional medical terminology and English grammatical structures. Effective professional communication extends beyond linguistic proficiency. It also requires an understanding of the cultural dimensions of medical practice, physician–patient interaction, professional ethics, and the organization of healthcare systems across different countries. Consequently, sociocultural competence is regarded as an integral component of English for Specific Purposes education, encompassing both country-specific (cultural) competence and linguocultural competence [6; 11; 18].

Before examining the theoretical foundations of sociocultural competence in medical education, it is necessary to clarify the concepts of country-specific competence and linguocultural competence. Country-specific competence refers to learners' knowledge of the country whose language they study, including its history, geography, political and economic systems, social institutions, traditions, customs, and everyday cultural practices [7, p. 43].

The concept of linguocultural competence emerged during the second half of the twentieth century within the field of foreign language education. It refers to learners' ability to understand and appropriately employ both verbal and non-verbal

patterns of communication, including gestures, facial expressions, and other culturally conditioned forms of behaviour, in authentic communicative situations [7, p. 43]. More broadly, it reflects the development of an integrated system of knowledge about the national and cultural characteristics of the target-language community, enabling learners to associate linguistic units with the same cultural meanings as native speakers and thereby achieve effective intercultural communication [7; 4; 5].

Country-specific competence acquires a distinct professional dimension in terms of medical education. It encompasses knowledge of healthcare system organization, health insurance models, professional roles within healthcare teams, ethical principles, legal regulations, and the professional culture of English-speaking countries. Such knowledge enables medical students to interpret professional literature and international clinical guidelines accurately and to communicate effectively with colleagues from diverse healthcare systems [13; 22].

Linguosociocultural competence, in turn, refers to medical students' ability to use linguistic resources appropriately within culturally diverse professional contexts. It includes an understanding of culturally appropriate verbal and non-verbal communication during history taking, diagnosis disclosure, informed consent procedures, breaking bad news, patient counselling, and collaboration within multidisciplinary healthcare teams [2; 3; 11].

Knowledge of this kind constitutes what is commonly referred to as background cultural knowledge, i.e. the shared knowledge possessed by members of a particular linguistic and cultural community but often unavailable to non-native speakers [4; 7]. Successful intercultural communication relies heavily on this type of knowledge. Mutual understanding is achieved not only through linguistic competence but also through a shared understanding of sociocultural realities. Although background knowledge is manifested through language, it extends beyond linguistic forms themselves and encompasses broader cultural, historical, and institutional contexts [18, p. 118].

The linguistic manifestations of background knowledge include culture-specific lexical items, such as culturally bound concepts, non-equivalent vocabulary, abbreviations, references to social and cultural institutions, and historically significant names [7, p. 44]. Culture-bound medical terminology comprises concepts that are either absent from the Ukrainian healthcare system or differ substantially in their professional functions and institutional meanings. Examples include *general practitioner*

(GP), *National Health Service (NHS)*, *physician associate*, *hospice*, *urgent care*, *Medicare*, *Medicaid*, *Do Not Resuscitate (DNR)*, and *advance directive*. The absence of direct functional equivalents for these concepts in Ukrainian healthcare necessitates their explicit pedagogical explanation within English for Specific Purposes instruction [10].

Another important category is culturally embedded medical vocabulary, whose lexical equivalents may exist in Ukrainian but whose meanings are shaped by the organizational and cultural characteristics of particular healthcare systems. Terms such as *ward*, *consultant*, *registrar*, *resident*, *attending physician*, *clinic*, *surgery*, and *practice* differ considerably in meaning and professional usage across British and American healthcare settings [20].

For this reason, the teaching of professional medical vocabulary should combine lexical explanation with sociocultural interpretation [1; 15]. For example, explaining the concept of *general practitioner* should include discussion of the physician's gate-keeping role within the UK National Health Service, whereas the term *attending physician* requires clarification of its position within the organizational structure of the United States healthcare and residency training systems. Such an approach enables students to develop a coherent understanding of how medical institutions operate across different cultural contexts.

Accordingly, English for Specific Purposes should extend beyond teaching medical terminology and grammatical structures. It should facilitate the development of profession-specific background knowledge that enables future physicians to communicate effectively in intercultural professional settings. This knowledge encompasses culturally appropriate physician–patient communication, strategies for breaking bad news, and the principles of informed consent. It also includes patterns of inter-professional collaboration within multidisciplinary healthcare teams. In addition, it involves the appropriate interpretation and use of internationally recognized clinical abbreviations and documentation conventions, including *NPO*, *PRN*, *STAT*, *SOAP* notes, and *DNR* [17; 10].

The meanings of such linguistic units cannot be fully understood outside their professional and sociocultural contexts. Consequently, their acquisition requires not only linguistic instruction but also explicit sociocultural interpretation. Developing profession-specific background knowledge enhances medical students' intercultural communicative competence. It also facilitates the accurate interpretation of authentic medical texts and

clinical discourse while preparing future physicians for effective participation in international healthcare environments [3; 11].

The cultural specificity of these linguistic units necessitates the use of targeted pedagogical strategies for their presentation and acquisition. During vocabulary instruction, learners should be guided to understand both the denotative meaning of lexical items and the broader sociocultural knowledge they encode. Sociocultural commentary is recognized as one of the most effective instructional techniques. It can be implemented at three complementary levels: individual, systematic, and integrated [4].

Individual commentary focuses on explaining the sociocultural significance of individual lexical items within authentic professional contexts [4]. Rather than providing a direct translation, this approach contextualizes terminology by clarifying both its professional function and its cultural meaning. For example, introducing the term *attending physician* should involve not only identifying it as a senior supervising physician but also explaining its position within the hierarchy of undergraduate and postgraduate medical education in the United States, its relationship with residents, interns, and medical students, and the differences between this role and corresponding positions in the Ukrainian healthcare system. Such contextualized explanation promotes deeper conceptual understanding, minimizes intercultural misunderstanding, and strengthens learners' ability to interpret authentic medical discourse.

Systematic commentary is applied to groups of conceptually related lexical items that belong to a common semantic field. Its purpose is to demonstrate conceptual relationships within a professional domain while highlighting the distinctive characteristics of each concept [4]. For example, *primary care*, *secondary care*, *tertiary care*, *emergency care*, and *community care* should be presented as interconnected components of an integrated healthcare system, with emphasis placed on the specific functions and organizational roles of each level of care.

Integrated commentary is particularly effective when teaching vocabulary embedded within authentic professional contexts [4; 7], including topics such as *Patient Admission*, *Medical History Taking*, *Breaking Bad News*, *Evidence-Based Medicine*, *Interprofessional Communication*, *Medical Ethics*, and *Public Health*. In such cases, lexical items are introduced not as isolated terms but as integral elements of meaningful clinical communication. This approach enables students to construct coherent conceptual representations of professional discourse

while simultaneously developing linguistic, communicative, and sociocultural competence.

As a rule, most lexical units (non-equivalent and background vocabulary) used to convey cultural and country-specific information represent key concepts that can be interpreted through associated concepts constituting their semantic background [4]. We argue that effective acquisition of ESP vocabulary requires methodological approaches that help students organize individual terms into meaningful conceptual networks and relate them to professional situations. One of the contemporary instructional techniques is the use of concept maps or mind maps, which make it possible to visualize the interconnections among professional concepts [7; 19]. For example, when studying the topic *Pain Assessment*, the central concept *pain* may be surrounded by related categories such as *pain intensity*, *pain location*, *pain duration*, *pain radiation*, *pain management*, *analgesics*, *patient history*, and *visual analogue scale*, together with typical language patterns used for history taking (*Can you describe the pain?*, *When did it start?*, *Does anything relieve it?*). The integration of terminology, clinical concepts, authentic speech patterns, and visual elements creates a coherent cognitive structure that facilitates vocabulary acquisition, promotes the development of professional thinking, and supports the transfer of language knowledge to real medical communication [9]. This approach aligns with contemporary principles of ESP, multimodal learning, and cognitive psychology. According to these principles, knowledge is retained more effectively when organized into interconnected conceptual networks than when learned as isolated lexical items.

It should be emphasized that, in the context of training medical students, the sociocultural component of English language instruction extends far beyond familiarization with the culture of English-speaking countries. It contributes to the development of intercultural communicative competence required for effective professional interaction with patients, colleagues, and representatives of the international medical community. Culturally determined aspects of medical communication constitute an important component of professional education. They include professional ethics, doctor–patient interaction models, and the social norms that influence perceptions of health, illness, and treatment in different countries. Mastering these aspects broadens students' professional outlook and enhances their ability to provide culturally sensitive medical care [21, p. 88]. For instance, the analysis of authentic clinical dialogues from the United Kingdom or

the United States enables students to identify differences in the ways diagnoses are communicated, informed consent is obtained, palliative care is discussed, and patients from diverse cultural backgrounds are approached. Thus, integrating the sociocultural component into ESP instruction not only enhances professional foreign-language communication but also promotes empathy, ethical responsibility, cultural competence, and readiness to work within a globalized healthcare environment.

In contemporary medical education, the sociocultural component constitutes an integral part of English for Specific Purposes programmes. Professional medical communication requires more than mastery of specialized terminology. It also depends on an understanding of the cultural, ethical, and communicative norms governing interaction in the international medical environment. For this reason, the sociocultural aspect is integrated both into the curriculum content and into the organization of the educational process. At the explicit level, it is implemented through the selection of professionally oriented topics, authentic clinical materials, and terminology related to healthcare systems, intercultural communication, medical ethics, and patient-centred care. At the implicit level, sociocultural competence is developed through problem-based tasks, clinical case analysis, role plays [22], simulations involving patients from diverse cultural backgrounds, and assessment criteria that evaluate not only linguistic accuracy but also students' ability to demonstrate culturally sensitive, professional, and ethically justified communication [15; 10]. Simulated consultations with foreign patients provide opportunities to develop these competencies. In these settings, future physicians adapt their communication to patients' sociocultural characteristics and explain medical information in accessible English. They also develop the ability to account for cultural differences in attitudes toward diagnosis, treatment, and clinical decision-making. Such an approach ensures the organic integration of foreign-language professional competence with intercultural readiness for work in a globalized medical environment [9; 16].

An analysis of the English for Specific Purposes syllabus [8] for medical students demonstrates a gradual transition from traditional language training to an integrated model of professionally oriented instruction. The course covers not only English grammatical structures but also key areas of future medical practice, including medical education, healthcare systems, patient examination, pharmacology, anatomy, and human physiology.

This curriculum design indicates that language learning is closely connected with the development of professional knowledge and creates conditions for subject–language integration characteristic of contemporary ESP and CLIL approaches [14].

Particular attention is paid to topics involving comparisons of medical education and healthcare systems in Ukraine, the United Kingdom, and the United States [8]. Their inclusion indicates that the socio-cultural component is regarded not as an additional element of instruction but as an essential prerequisite for preparing medical students for international professional interaction. Familiarity with differences in healthcare organization, professional roles, and communicative norms within English-speaking medical environments contributes to the development of intercultural communicative competence and readiness to work in the global healthcare field.

The curriculum structure demonstrates a clear orientation toward the use of authentic clinical contexts as the principal means of teaching professional English. Topics such as *Comprehensive Examination of Outpatients and Inpatients*, *Outpatient Diagnostic Department*, and *Inpatient Medical Facilities* provide opportunities for modelling authentic professional communication [8]. Through role-playing and situational tasks, students practise history taking, explaining diagnoses, discussing treatment plans, and interacting with patients in English, which corresponds to contemporary principles of task-based and case-based ESP instruction [15]. This contributes not only to the development of language skills but also to the acquisition of cultural and communicative strategies essential for patient-centred medical practice.

The study of topics related to pharmacological groups of medicines, medicinal plants, the anatomical model of the human body, cellular structure, and tissue classification demonstrates that medical terminology performs not only a nominative but also a cognitive-cultural function. By mastering terms and word-formation patterns, students simultaneously acquire internationally accepted ways of describing anatomical structures, physiological processes, and clinical phenomena. This approach facilitates the formation of a shared professional thesaurus necessary for reading scientific literature, participating in international educational programmes, and engaging in professional communication within the global medical community [20].

The structure of the ESP course for medical students demonstrates the integrated development of linguistic, professional, and sociocultural competences. The sociocultural component is implemented

both explicitly, through the selection of topics reflecting the international medical context, and implicitly, through teaching methods, clinical case analysis, work with authentic texts, and the assessment of students' communicative behaviour [8]. In this context, ESP is no longer viewed merely as a supplementary subject. Instead, it functions as a psychological and pedagogical mechanism that prepares medical students for effective professional practice in the international medical environment.

Conclusions and Research Prospects. The theoretical analysis conducted in this study demonstrates that the development of sociocultural competence constitutes one of the key priorities in the contemporary preparation of medical students through English for Specific Purposes. Unlike the traditional approach, which primarily emphasizes the acquisition of medical terminology and linguistic structures, the contemporary ESP paradigm should ensure the integration of linguistic, professional, and socio-cultural dimensions of medical education. This article substantiates that the sociocultural competence of medical students encompasses not only knowledge of healthcare systems, professional ethics, and models of medical communication characteristic of English-speaking countries but also the acquisition of professional background knowledge, the ability to interpret non-equivalent and background medical vocabulary, the appropriate use of linguistic resources in intercultural professional communication, and sensitivity to the culturally determined features of clinical discourse. The study further provides a theoretical justification for the use of sociocultural commentary, concept mapping, authentic clinical scenarios, problem-based learning, and other contemporary pedagogical approaches as effective instructional tools for fostering the intercultural professional communicative competence of medical students. The proposed theoretical framework is consistent with current international trends in competency-based medical education, promotes the development of culturally responsive medical practice, and contributes to preparing medical students for professional activity within an increasingly globalized healthcare environment.

Future research should focus on the experimental validation of the proposed model for developing sociocultural competence, the design and validation of reliable assessment instruments for measuring its outcomes, and the investigation of opportunities to integrate simulation-based learning technologies and digital educational resources into the teaching of English for Specific Purposes.

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