CRITERIA, INDICATORS AND LEVELS OF FORMATION OF SECONDARY LINGUAL AND SPEECH PERSONALITY OF A FOREIGN MEDICAL STUDENT

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The article is an attempt to theoretically reflect, describe and outline the content of such concepts as criterion, indicator, foreign medical students' lingual personality and speech personality. The methodology of the investigation is based on the principle of a system approach to distinguishing criteria of medical students' lingual and speech personality formation as well as analysis and synthesis of theoretical works of other scientists, classifications and systematization of criteria, indicators and levels of lingual and speech personality formation. The scientific novelty of the article can be seen in the attempt to find out the peculiarities of secondary lingual and speech personality, define and justify criteria, indicators and levels of such personality’s formation in foreign medical students in the process of intercultural communication. It has been established that there are such basic criteria of secondary lingual and speech personality formation in a foreign medical student as cognitive, communicative and reflective. Knowledge of culture, customs and traditions of the nation and the country where education is obtained, knowledge of norms of modern Ukrainian literary language on its different levels, possessing medical terminology and professional lexicology are presented among the main indicators in formation of medical students' secondary lingual personality. It is stated that foreign medical students’ lingual personality can be developed through creation of oral monologues, conduction of a dialogue/polylogue according to the requirements of lingual etiquette, perception of monologues and dialogues, retelling of texts of different styles and types of language, creation of written texts of various genres etc.

Key words: criterion, indicator, level, lingual personality, speech personality, secondary lingual personality, foreign medical student.
Стаття є спробою теоретично осмислити, описати та окреслити зміст понять “критерії”, “показники”, “мовна особистість”, “мовленнева особистість” іноземного студента-медика. Методогія дослідження спирається на принцип системного підходу до виокремлення критеріїв сформованості мовної і мовленнєвої особистості студента-медика, а також ґрунтується на аналізі та синтезі теоретичних висновків науковців; класифікації й систематизації критеріїв, показників і рівнів сформованості мовної і мовленнєвої особистості. Наукова новизна статті полягає у спробі сформувати основні критерії вторинної мовної та мовленнєвої особистості іноземного студента-медика, виокремити основні показники та рівні її сформованості. Встановлено, що основними критеріями сформованості вторинної мовної та “мовленнєвої” особистості іноземного студента-медика, на нашу думку, є когнітивний, комунікативно-діяльнісний і рефлексивний. Виокремлено такі показники сформованості вторинної мовної особистості іноземного студента-медика, як уявлення про культуру, звичаї і традиції народу тієї країни, у якій здобувають освіту, знання норм сучасної української літературної мови на різних її рівнях, володіння медичною термінологією і професійною лексикою. До основник показників вторинної мовленнєвої особистості віднесено створення усного монологічного висловлювання, ведення діалогу / полілогу з дотриманням вимог мовного етикету, сприймання на слух монологів і діалогів, переказування текстів різних стилів і типів мовлення, створення письмових текстів різних жанрів.

Ключові слова: критерій, показник, рівень, мовна особистість, мовленнева особистість, вторинна мовна особистість, іноземний студент-медик.

Introduction. Professional preparation of foreign citizens is considered to be among main tasks in methodological system at medical institutions of higher education in Ukraine. Professional level of such students depends on both learning and assimilating special disciplines and mastering norms of modern Ukrainian literary language as basis for communicative professional activity. The issue concerning the formation of lingual and speech personality of foreign medical students is especially relevant today as they should freely communicate at lessons in the classroom as well as at hospital during their pre-service training.

The aim of the article is to find out peculiarities of secondary lingual and speech personality, define and justify criteria, indicators and levels of such personality’s formation in foreign medical students in the process of intercultural communication. The methodology of investigation is based on a combination of theoretical methods of applied linguistics, psycho-linguistics and linguistic didactics.

The German scientist Leo Weisgerber firstly applied «lingual personality» concept. According to his opinion, a speaker is formed as lingual personality under the conditions of native language (Weisgerber, 2004, p. 84). V. Krasnyh considers lingual personality as «personality who can be seen in speech activity, possesses a certain amount of knowledge and notions». Speech personality is a personality that is realized during communication, chooses and performs one or another strategy and tactic of intercourse, selects and uses one or another repertoire of means (both linguistic and extra-linguistic ones) (Krasnyh, 2002, p. 22). According to definition of V. Maslova lingual personality is multilayer and multi-component paradigm of speech personality, and speech one is lingual personality in the paradigm of real communication, intercourse, communicative activity (Maslova, 2001, p. 119).

According to M. Vashulenko speech personality is a person who must be considered «from the point of view of readiness to perform speech actions, someone who adopts language, for whom language is speech. Speech personality is characterized not only by something that he/she knows about a language, but by how he/she can use it» (Vashulenko, 2001, p. 11). M. Pentyliuk indicates that lingual personality is a person «who freely and easily discusses diverse topics, expresses high level of communication culture, takes care about quality of language and its improvement» (Pentyliuk, 2011, p. 80).

«Short explanatory dictionary of linguistic terms» explains lingual personality as «a speaker and lingual competence being combined in one person and the desire for creative self-expression, free, automatic implementation of multipurpose lingual activity. Lingual personalities consciously treat their lingual practice and are influenced by social issues, territorial environment, traditions of upbringing and national culture» (Yermolenko, 2001, p. 95). V. Zahorodnova also assumes that lingual personality is «a collective image of a speaker of specific language and national traditions, being perceived by a certain social type» (Zahorodnova, 2017, p. 485).

Taking into account concepts «lingual personality» and «speech personality» described above, we consider lingual personality as a personality who possesses grammatical categories of a certain language according to its orthoepy, orthographic, lexical, word-building, grammatical and stylistic norms, and speech personality as a personality who consciously uses knowledge about language in the process of communication with the aim of achievement desired result and realization of tasks, namely takes active part in a communicative act. Such definitions can be applied when attention is paid to formation of a personality in lingual environment that is native for an individual. However, if a speaker is in foreign lingual environment, the process of personality development can be different.

The formation of a personality on the background of native culture and language occurs only through cognition of lingual and sociocultural system of a particular nation. So, the process of a foreigner’s lingual and speech personality develop-
ment is rather complicated and multileveled, as it presents «new» secondary lingual and speech personality. Combination of previously gained lingual knowledge and new realities of foreign language environment is occurred in the system of three coordinates: reality, language and consciousness. The sequences of new reality and language are preconditions for realization of a foreign speaker’s necessary needs in foreign language environment. It is necessary to pay attention to the fact that the process of formation of secondary lingual personality has similar and distinctive mechanisms when compared with the process of formation of speech personality by means of native language.

I. Khaleyeva denotes that secondary lingual personality is formed through mastering verbally-semantic language code that is «lingual picture of the world» and «global picture of the world» that provides understanding of a new social reality (Khaleyeva, 1995, p. 68). N. Galskova defines secondary lingual personality as a complex of personal abilities to provide foreign language communication at multicultural level, that is understood as interaction with representatives of other cultures (Galskova, 2008, p. 46). Consequently, secondary lingual personality is formed under the impact of primary lingual personality, however, a speaker’s mastering of conceptual system of foreign lingual society plays important role in this process.

The concept of secondary lingual professional personality (SLPP) requires separate analysis, as its formation occurs at medical institution of higher education. According to the definition of O. Golovanova professional personality is «a complex of intellectual, social and cultural, moral qualities, formed in special professionally cultural environment, which reflects in consciousness, behaviour and activity of an individual» (Golovanova, 210, p. 263). In our opinion, professional lingual personality firstly appears in professional environment and during appropriate activity, and secondary lingual professional personality is a specialist, able to master professional skills through learning a foreign language (Ukrainian as a foreign language), involvement to professionally manufacturing culture of other country and world culture in general. Secondary lingual professional personality can orient in intercultural professional environment, purposefully and consciously find necessary information, analyse, synthesize, compare facts, phenomena and events, is able to acquire knowledge, making use of analogies and associations, independently reveal sequences, as well as put obtained knowledge in everyday practice and pass them to other specialists.

Talking about secondary lingual personality of a doctor, it is necessary to pay attention to the fact that in addition to professional knowledge a foreign student should realize and assimilate basic peculiarities of multicultural professional environment, including patients and colleagues (nationality, religion, age, gender, society). Foreign medical student must be ready to predict, prevent and solve intercultural conflicts in his/her professional communication, taking into account differences between own and foreign cultures, and at the same time, preserve proper cultural identity.

It is important to distinguish criteria and indicators as they can help to characterize linguistic categories described above with the aim to define the level of foreign students’ secondary lingual and speech personality formation (high/creative, sufficient/constructive and low/reproductive).
The term «criterion» is differently interpreted in the scientific literature. In particular, «Ukrainian language dictionary: in 11 volumes» states that criterion is «a reason for estimation, definition or classification of something; measure» (Slovnyk, Vol. 4, p. 349).

According to R. Torchevskyi’s investigation criterion is «an important and determinant feature that characterizes different qualitative aspects of a certain investigated phenomenon, promotes discovering of its essence, helps to concretize main displays» (Torchevskyi, 2012, p. 30). The aim of the investigation should always influence the development of criteria and indicators, opinions of individuals should not impact the definition of criteria; features must be constant; basic content of criteria is characterized by the system of interconnected features (Bloshchynskyi, 2001, p. 75).

A. Halimov denotes that criterion expresses the most general essential feature, which is the basis for evaluation, comparison of real pedagogical phenomena, the level of revelation, qualitative formation, and determination of criterion is established by specific indicators (Halimov, 2004, p. 108). The term «indicator» is interpreted as evidence, proof feature of something (Slovnyk, Vol. 7, p. 10). V. Tanska states that indicator is one of object, process or phenomenon characteristics, quantitatively or qualitatively presenting one part of their state, being one of qualitative or quantitative criterion components (Tanska, 2006).

The researchers believe, that the concept «criterion» is wider in its meaning than «indicator», as the latter is a component of criterion, herewith, it is taken into account that the level of display, qualitative formation, determination of criterion is expressed by specific indicators [Batarshev, 2007, Hrechko, 1998, Komelina, 2014]. In his investigation T. Furman concludes that criteria are expressed in specific indicators (Furman, 2011).

Paying attention to other researchers’ definitions, we consider a criterion to be a certain feature which characterizes the phenomenon, and an indicator is stated as a level of its feature displaying. In our opinion, there are such basic criteria of secondary lingual and speech personality formation in a foreign medical student as cognitive, communicative and reflective.

Cognitive criterion presents knowledge about culture, customs and traditions of Ukrainian nation; information about norm of modern Ukrainian literary language (orthoepy, accentology, lexicology, syntax, morphology, stylistics, orthographic, etc.) and professional terminology. Communicative criterion means communication according to linguistic strategies and rules of lingual etiquette; ability to take part in a dialogue or a polylogue and to create own oral monologue; skills to listen and understand a message, to write texts of different styles and genres. Reflective criterion is an ability to estimate, analyse, reflect, control and regulate proper monological/dialogical communication (self-estimation, self-control) and speech of colleagues (inter-estimation, inter-control); consciously control results of own activity, level of own development, dynamic of personal growth.
We are going to define and characterize levels of formation of secondary lingual and speech personality in a foreign medical student on the basis of selected criteria and indicators. Taking into account I. Ye. Klack’s definition, we explain «level» as a scale of measurement, some skills or ability of an individual, that are defined by a set of objective factors i.e. criteria and indicators allowing to comprehensively estimate certain pedagogical phenomenon and having appropriate theoretical and practical grounding of professional communicative competence formation in future English language teachers on the basis of a competent approach (Klack, 2017, p. 167). In the article we distinguish such indicators of foreign medical students’ lingual personality formation:

1. Knowledge of culture, customs and traditions of the nation and the country where education is obtained.

   **High level:** a student is familiar with basic components of spiritual and material culture of Ukrainian nation, its customs and traditions, knows norms and rules of behaviour in Ukrainian society, assimilates the system of Ukrainians’ moral values; independently continues to study cultural peculiarities of Ukrainian ethnos.

   **Sufficient level:** a student has some knowledge about Ukrainian culture, does not completely understand the content of Ukrainian mentality and essence of national customs and traditions, fragmentally possesses basic concepts of Ukrainian behaviour etiquette.

   **Low level:** a student is not familiar with Ukrainian ethnos, has not understood the meaning of Ukrainian customs and traditions, has not assimilated rules of behaviour and communication in Ukrainian society, does not realize the system of spiritual values of Ukrainians.

2. Knowledge of norms of modern Ukrainian literary language on its different levels.

   **High level:** a student has mastered a) pronunciation of all sounds, sound combinations according to orthoepic norms, emphasis, intonation means of distinctiveness in communication; b) grammatical forms of the Ukrainian language according to the rules and norms of grammar; c) lexical units, appropriate usage of phraseological expressions, sayings, proverbs; d) formation of basic syntactic units and their internally semantic algorithms.

   **Sufficient level:** a student knows some requirements to pronunciation of sounds and sound combinations, confuses hissing and pharyngeal sounds, incorrectly emphasizes words, has assimilated only a few lexical units, necessary for learning language rules; possesses schemes of word combinations and simple sentence formation, fragmentally understands the structure of complex sentence.

   **Low level:** a student has not mastered lingual categories and rules of Ukrainian as a foreign language, is not able to read Ukrainian texts, does not understand logical scheme of word combinations and sentences building, has not realized basic principles of Ukrainian language structure.

3. Possessing of medical terminology and professional lexicology.

   **High level:** a student has assimilated medical and professional vocabulary, in particular, knows names of organs and their parts in human body, illnesses, symptoms, human states, medications, medical preparations and devices, medical and surgical interventions, processes, medicinal specialties, subdivisions of medicine as
a science, methods of patients’ treatment and examination, as well as phenomenon of lexical antonyms, synonyms, polysemy, homonymy and paronyms in medical terminology.

**Sufficient level:** a student partially possesses the system of medical terms, has assimilated only separate groups of medical vocabulary, does not differentiate special homonyms, confuses paronyms, does not completely know orthoepic and accent norms and medical vocabulary.

**Low level:** a student has not assimilated medical vocabulary, does not differentiate such groups of words as antonyms, synonyms, paronyms, makes mistakes in pronunciation and writing of terms, incorrectly empathizes medical words.

Foreign medical students’ lingual personality can be developed through:

1. **Creation of oral monologues** (story about oneself and family; report about native country, city; expression of own opinion and giving arguments; in professional activity it can be a report about symptoms, diseases, methods of their diagnosis and treatment).

High level: a student can communicate on a proposed topic, use constructions to denote own attitude to a particular event, accurately give arguments and confirm own opinion, uses different groups of words, describes features and symptoms of a disease, applies medical terms and professional vocabulary during communication process, forms both simple and complex sentences to perform a definite lingual task, correctly uses logical accents.

Sufficient level: a student creates a story about himself/herself and his her family, although some mistakes connected with usage of endings, coordination of adjectives with nouns can be seen during communication, uses only simple syntactic constructions, applies some words and word combinations, and does not follow strict structure in oral communication.

Low level: a student is not familiar with principles of speech constructing, in particular, is not able to logically reveal the content of a selected topic, does not follow the requirements of sentence construction, incorrectly uses logical emphasis in syntactic units; does not pay attention to basic norms of grammar and stylistics of Ukrainian language.

2. **Conduction of a dialogue/polylogue according to the requirements of lingual etiquette** (in the classroom, library, pharmacy shop or a café, at hospital, in the street, in the transport, during breaks, talking on the phone, at conferences; during medical practice: with a patient, teaching doctor, relatives of a patient).

High level: a student actively takes part in communication, consistently expresses own thoughts and appropriately reacts to the recipient’s opinion, follows the rules of lingual etiquette, in particular, makes usage of polite words, listens to the companion without interruption, pays attention to age, gender and social status of a partner, avoids raising the tone of voice and dogmatic answers.

Sufficient level: a student uses the rules of dialogue conduction but grammatical and stylistic errors can occur during communication process, lingual means of communications cannot be appropriately used according to a certain situation, and words repetitions and long pauses between the question and the answer can be seen due to insufficient vocabulary.
Low level: a student fragmentally understands the question and as a result, gives inaccurate answers, makes orthopedic, grammatical and stylistic mistakes, does not follow the rules of dialogue conduction, namely: does not use etiquette formulas, interrupts a companion, and emotionally reacts to statements, not following Ukrainian speech etiquette.

3. Perception of dialogues and monologues (understanding the topic and the aim of a message; determining micro-topics in oral texts).

High level: a student understands the content of separate words, word combinations and the author’s main idea expressed in sentences and in the text in general, forms the topic of a report and its aim after hearing a dialogue or a monologue; distinguishes micro-topics, defines type and style of communication, defines key words and explains their lexical meaning.

Sufficient level: a student consciously perceives the general content of a text, but is not able to accurately report the aim of a message, understands lexical meaning of 60% of words, cannot define the type of a proposed text, distinguishes a part of key words and not completely reveals their meaning.

Low level: a student does not understand the content of the text, that’s why is no able to define the topic, the aim and basic tasks of the message, comprehends lexical meaning of separate words, but does not realize their function in a context.

4. Retelling of texts of different styles and types.

High level: a student retells the content of the proposed text, regardless of its style, emphasizes main ideas of the author, quotes separate fragments, gives the examples from the text, forms a plan of the report, notes separate thesis while listening.

Sufficient level: a student can retell the content of the text (retells texts of fiction and conversational styles in detail, superficially reveals the content of scientific, official and journalistic texts), has no difficulties in retelling stories and descriptions, however, has some problems in formulating the topic and the idea of reflexive texts.

Low level: a student is not able to retell the text of any style or type, has problems in determining the topic and the aim of the report.

5. Creation of written texts of different genres, types and styles.

High level: a student can write coherent conversational or fiction texts, has little difficulty in creating texts of academic, official and journalistic styles follow the requirements and lexical, syntactic peculiarities of writing in an appropriate style or genre.

Sufficient level: a student is able to create written texts, although makes stylistic mistakes in one or another language style, does not properly writes texts of separate genres (scientific articles, thesis, abstracts).

Low level: a student is not able to speak out and present actions in a written form, does not possess skills to form a coherent text according to the structure of writing.

The proposed approach of determination of criteria, indicators and levels of a foreign medical student’s secondary lingual personality formation confirms that the process of the described linguistic category development is rather complicated and
continued and is made gradually. Each criterion combines certain indicators and they allow defining the levels of formation of foreign medical students’ personality in intercultural communication.

Conclusions. Criteria, indicators and levels will help teachers of medical institutions of higher education to complexly estimate formation of secondary lingual and speech personality of a foreign medical student, define state and dynamics of this linguistic category formation, develop a system to measure levels, which have been outlined in the presented investigation. On the one hand, distinguishing of strict criteria and indicators support a teacher in controlling results of pedagogical activity, and on the other hand it can assist in observing dynamics of students’ personal and professional growth.

References:


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