Future Doctors Professional Preparation Model

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ABSTRACT

There has been concrete evidence that a vital part of a doctor's professional future education to work in a specialty is their knowledge, capabilities, expertise, as well as experience in handling medical terminology. Being prepared for future doctors' professional exercises indicates medical terminology knowledge, the capacity and feasibility to utilize it, and student's personal qualities, which prove the efficiency of vocational training in medical terminology. It is wholly verified that cognitive orientation is a substantial element of the formation of future medical doctors' vocabulary readiness for applying medical terminology, In other words, the development of a sufficient knowledge level of Latin medical terminology among medical students. It is confirmed that symbols of cognitive-orientation component formation are the understanding of the nature and structure of medical terminology, principles of patterns and types of medical terms, perception of the nature of professional speech activity of future doctors using medical terminology. The experimental study results determined the necessity to advance future doctors' vocational training to practice medical terminology through performing specific pedagogical requirements and utilizing the advanced structural and functional model. It is discovered that the outputs being acquired over the course of the experimental confirmation of our recommended methodology of future doctors' professional training to use medical terminology prove its efficiency and practicality of introduction into the educational process of higher medical school.

Key words: Professional readiness, Future doctor, Cognitive-orientation component, Medical term, Control group, Experimental group

INTRODUCTION

Ukraine's desire for European integration necessitates the fulfillment of several tasks related to improving the quality of specialists' professional training in various fields of social activity, in particular, medical [1]. One of the ways of increasing the competitiveness of doctors is the orientation of the educational process at the Higher Medical Educational Establishment for the formation of students' readiness for future professional activity. Therefore, purposeful professional training of the future specialist physician requires a thorough conceptual and terminological analysis of the basic study definitions, which are fundamental for revealing the problem of future doctors' professional training for the use of medical terminology.

REVIEW OF LITERATURE

The professional readiness of the doctor concerns not only the general care of patients with the basics of manipulation technique, but also the knowledge of medical terminology and the ability to use it in professional activity, which necessitates the need to consider the features of vocational training of future doctors to use medical terminology [2].

Occupation as a type of work requires a person of appropriate professional training. This involves mastering a certain amount of professional knowledge (appropriate level of theoretical background) and practical skills to perform specific professional functions. Yes, the doctor should not only treat professionally, but also skillfully apply knowledge of medical terminology, which is an important tool in communicating with colleagues in Ukraine and abroad, in understanding professional literature, in competent prescription writing, and so on [3].

The concept of future doctors' vocational readiness means the presence of knowledge of medical terminology, the

ability to communicate professionally, using professional terminology; special skills in reading medical terminology, writing and application skills. Based on the requirements of educational qualification characteristic (EQC) of the doctor, which outlines the content and level of preparation of the graduate in the specialty «Medical Care», the future specialist of the relevant qualification should:

Know the rules of word formation of lexical units (terms); rules of their compatibility; basic information on the history of language development.

Be able to read professional orientation materials, write prescriptions, have rules of interpretation and construction of clinical, anatomical, and pharmaceutical terms.

Have the skills of forming (i.e., the use of nouns and adjectives, personal endings of verbs); designing medical terms; letters necessary for writing recipes, graphics and spelling, reading (phonetic language); use basic techniques of word-formation, reading, writing and translation of professionally oriented material [4].

Each specialist to master the profession and successful professional activity must be properly understood and he should use appropriate vocabulary accurately, and therefore know the terminology of the specialty [5].

The terminology of modern medicine is one of the most complex systems. The total number of medical terms is not known for sure. According to experts, the terminological fund of modern medicine exceeds 500 thousand medical terms. If a hundred years ago an educated doctor was well-versed in his current terminology, it is now almost impossible to master several hundred thousand medical terms (historical background: in the X century there were 1000 medical terms, in 1850 - about 6 thousand, in 1950 - about 45 thousand), yet no one has been able to simply teach them, so in the process of studying Latin the future doctors will not be able to work without the systematics and rules of word formation of terms from certain elements. As soon as students master these rules and become able to apply them, they will, accordingly, learn to understand even new terms [6].

Another feature of the future doctors' professional training in the aspect of medical terminology is interdisciplinary integration in the study and use of Latin. The need for learning Latin becomes apparent to future physicians as students become familiar with medical terms and elements while studying many disciplines. Thus, the study of anatomical, histological, and pharmaceutical terms in practical classes in Latin enables students to master the basic concepts of the disciplines: «Human Anatomy», «Histology», «Pharmacology» and others.

An important component of the structure of future vocational readiness of physicians to use medical terminology is cognitive orientation. His criterion is the formation of an appropriate level of knowledge of Latin medical terminology among medical students. The term

«cognitive» comes from lat. cognitio-knowledge, cognition, cognition [7]. Therefore, we consider the cognitive-orientation component as a set of professional knowledge of medical terminology, which is needed for future doctors in their professional activity. Indicators of the formation of the cognitive-orientation component of the professional-speech readiness of future doctors to use medical terminology were made based on the requirements of the educational-professional program (EPP) [8]. After all, the transformation of the goal into a result is due to the assimilation of the content of the study (the subjects studied).

According to the EPP, future doctors need to know the rules of emphasis, grammatical categories of nouns, their vocabulary form, Greek doublets and word-forming elements of nouns of all declensions; grammatical categories of verbs, systems of verb forms on the example of the vocabulary used in the recipe, structure of the recipe, rules for its spelling; to know the grammatical categories of adjectives, the degree of their comparison, and the wrong degrees of comparison of adjectives; to know the principles of formation of nomenclature names and terms; 1000 lexical units and basic word-forming elements used in the names of the drugs and indicate their therapeutic and pharmacological action, as well as anatomical, histological and clinical terms.

Therefore, indicators of the formation of the cognitive-orientation component are:

Knowledge of the essence and structure of medical terminology.

Knowledge of forms and types of medical terms.

Understanding the essence of professional-speaking activity of future physicians using medical terminology.

To get the effective content understanding, it must have been met some certain requirements as scientific, systematic, comprehensive, purposeful, linking theory with practice.

RESULTS AND DISCUSSION

The cognitive-orientation component involves the formation of knowledge in the sphere of theoretical and methodological Latin basics, which determine the degree of scientific and theoretical readiness of students to use medical terminology in the professional medical activity.

To establish the level of motivation for the study of Latin by future doctors, a specific questionnaire was conducted, where the students were asked to work out a questionnaire for determining the motivation of students to use Latin medical terminology in future professional activity (formation of a motivational and value component). The first questionnaire determines the level of students' motivational sphere formation in the field of speech preparation for the use of medical terminology in Latin lessons and obtained the following results.

Regarding the main motives for Latin lessons, 115 students (28.75%) study it with great interest, strive to further improvement of their knowledge of medical

terminology, as they are sure that they will need it in their future professional activities. However, 119 future doctors (29.75%) believe that Latin lessons are necessary only for general development and are only one of the means of obtaining new professionally relevant information to some extent. The processing of questionnaire data indicated that 105 (26.25%) students would use Latin only during their studies, so they do not know whether the acquired knowledge, skills, and ability to communicate in a professional environment. According to the results of the survey, 61 (15.25%) people will find no use of knowledge of Latin anywhere, so these students do not want to study it, they attend classes only to pass the exam [9].

Summarizing the results of the questionnaire, which reflects the level of aspirations of future doctors in the direction of learning Latin, it is established that students' motivation should be purposefully worked on.

To establish the level of knowledge of medical terminology, future doctors wrote a terminology dictation. The content of questions was formed to establish the level of theoretical professional readiness of students in the discipline «Latin language and the basics of medical terminology» (the formation of the cognitive-orientation component), the analysis of the success of medical terms' knowledge in professional disciplines: «Human anatomy» and «Anatomy of human», «Pharmacology» in the form of test control (to determine the level of knowledge of anatomical, histological and pharmaceutical terms (formation of the cognitive-

orientation component) of future doctors' professional-speech readiness to use medical terminology)). Thus, after analyzing the results of student knowledge control, it was found that a high level is inherent in 115 (28.50%) students; and low is found in 53 (13.25%) students. To determine the level of formation of future doctors' skills to use medical terminology, situational tasks were developed, which students solved with the help of test control to determine the level of formation of functional and activity component of future doctors' professional-vocational readiness to use medical terminology. As a result of working out the proposed tasks, students revealed the following levels of speech skills in the use of medical terminology: high - inherent to 113 (28.25%) students, medium level revealed 112 (28.00%) future doctors, satisfactory level was set at 115 (28.75 %) students and low - in 60 (15.00%) people. This, in our opinion, indicates that the preparation of future physicians for the use of medical terminology should be brought as close to practical as possible.

In order to establish the level of self-education activity and self-development of future doctors regarding the use of Latin medical terminology, a survey was conducted of medical university students to self-analyze the readiness of students at higher medical schools for using Latin medical terminology. Thus, it was found that a high level of striving for self-improvement is characteristic of 110 (27.50%) students, the average level was found in 108 (27.00%) future doctors, satisfactory was found in 121 (30.25%) students, and low in 61 (15.25%) persons. The results of the diagnostic stage are shown in Table 1.

Table 1: The results of the diagnostic phase of the experimental study.

Components of the readiness	Levels of students' readiness for using medical terminology								Average rate of the readiness (AR)
	High		Average		Satisfactory		low		
	NS	%	NS	%	NS	%	NS [1]	%	
Motivational value	115	28.75	119	29.75	105	26.25	61	15.25	3.72
Cognitive orientation	114	28.5	104	26	129	32.25	53	13.25	3.7
Functional activity	113	28.25	112	28	115	28.75	60	15	3.7
Personal development	110	27.5	108	27	121	30.25	61	15.25	3.67
Average score	113	28.25	111	27.75	117	29.25	59	14.75	3.7
[1][1] Hereandafter. we use the following abbreviations									
CG-Control group									
EG-Experimental group									
EC-Entry control									
FC-Final control									
SC-Stage control									
AR-Average rate									
NS-Number of students									

The analysis of the table data shows that upon completion of the first year study at the higher school students, the formation of professional readiness to use medical terminology requires improvement in the direction of the formation of each component, as it is characterized by the following total score: high level

revealed 113 students (28,25%) an average of 111 (27,75%) future physicians; satisfactory level is characteristic of 117 (29,25%) students; a low level was found in 59 (14,75%) people. Provided that each of these levels was characterized by a certain number of points (high - 5 points, average - 4, satisfactory - 3, and low - 2

points), then the average rate (AR) of the professional-speech skills of future doctors to use medical terminology at the diagnostic stage of the study was 3,7 points.

The results of the diagnostic phase of the experimental study showed the need to improve the professional training of future doctors to use medical terminology by implementing certain pedagogical conditions and using the developed structural and functional model.

The experimental study was divided into several stages.

The ascertainment phase of the experimental study lasted during 2017-2018, which identified control (CG) and experimental groups (EG) of students. A total of 386 future physicians participated in the experiment. The basic approaches to the definition of CG and EG were the following conditions:

In KG and EG there were almost the same number of students: in KG - 192 persons and in EG - 194 students. Students in groups of both categories had close rate of the formation of each component at the entrance control stage and, in general, professional and vocational readiness to use medical terminology.

In the control groups (CG) students were taught according to the traditional method. In the experimental groups (EG), future physicians' professional training in the use of medical terminology was performed by experimental methods. The division of students into CG and EG considers that the number of students in both categories of groups and the initial level of formation of all components of future professional readiness of physicians at the entrance control (EC) stage should be close in value. The results of the final stage of the experimental study on the input control indicators are shown in Table 2.

Table 2: The results of the ascertainment stage of the experimental study on the input control indicators.

Components of the readiness	Gr	Levels of students' readiness for using medical terminology at the entry stage								AR
		High		Average		Satisfactory		Low		
		KC	%	KC	%	KC	%	KC	%	
Motivational value	CG	51	26.56	47	24.48	54	28.13	40	20.83	3.57
	EG	52	26.81	48	24.74	55	28.35	39	21.1	3.58
Cognitive orientation	CG	48	25	44	22.92	57	29.69	43	22.39	3.51
	EG	46	23.71	47	24.23	60	30.93	41	21.13	3.51
Functional activity	CG	45	23.44	41	21.35	60	31.25	46	23.96	3.44
	EG	43	22.16	45	23.2	61	31.44	45	23.2	3.44
Personal development	CG	50	26.04	46	23.96	55	28.65	41	21.35	3.55
	EG	48	24.74	49	25.26	57	29.38	40	20.62	3.54
Average score	CG	48	25	44	22.92	57	29.69	43	22.39	3.51
	EG	47	24.23	47	24.23	58	29.89	42	21.65	3.51

The entrance control was carried out by questioning and testing after studying the first topic in the 1st semester of study in the 1st year, when the students had already acquired a certain knowledge of medical terminology, since according to the syllabus the Latin language was learned during the 1st course and were able to use their skills while studying other disciplines «Human Anatomy», «Histology», «Pharmacology».

While studying the first topic, students of CG and EG became acquainted with the history of Latin and the development of medical terminology; studied the Latin alphabet and classification of sounds, pronunciation of vowels, consonants, letter combinations, diphthongs; prefixes and roots of Latinized Greek words with the letter «y»; rules of Latin accent; structure of anatomic-histological and pharmaceutical terms; grammatical categories of the noun; signs of belonging of nouns to one or another abolition and definition of their basis anatomical, histological and pharmaceutical lexical nouns of five nouns.

Future CG and EG doctors learned to read and write in Latin; use the Latin dictionary in accordance with the Latin alphabet, spell correctly medical (anatomical, histological, and pharmaceutical) terms; determine the

number of syllables in the Latin word; emphasize in three-component and multi-compound words; determine the genus, number, pronouns and different types of nouns.

Students of CG and EG were offered the exercise to write the words in the Latin letters: carbo, aloe, kefir, cardiac, dyspepsia, equivalis, sapo, acidum, mayas, keratoma, tetracycline, exacte, mint, color, medicine, cuprum, lacquer, lacquer others; a list of Latin words is presented to show their ability to determine the length or shortness of the penultimate syllable of each word and to emphasize it, because the correct pronunciation of Latin medical terms is a key condition for their use: purpurea, globulus, medicamentum, Leonurus, diaeta, toxoplasma, sisanguis, bifolia, extractum, reflexus, naturalis, nomen, lamella, cerebrum, anatomy, oxydatio, Kalanchoe, injectio, gangraena, ligamentum, infusum, vesica, stomachus, palpebra, thermometrum, amylum and others. Besides, a test was conducted in human anatomy, histology, pharmacology classes to determine the ability of CG and EG students to transform these terms into interdisciplinary integration.

For students from CG and EG the self-control of their knowledge on the studied topic was conducted to

determine the level of mastering the educational material. The teacher used samples of test tasks. Determine the correct spelling of the Latin term «Sterilization»:

- Sterilizatio.
- Sterilisacio.
- Sterilizacio.
- Sterilysatio.
- Sterilisatio.

Where the Latin consonant «c» is pronounced as «ts»:

- Carbo.
- Crystallus.
- Decoctum.
- Lac.
- Coeruleus.

On in the first lesson you had to learn that the accent in Latin words can be placed on the 1st, 2nd and 3rd syllables from the end of the word. To specify a line in which the emphasis is placed on the 3rd syllable; you need to know not only the rules of emphasis, but also the position of the shortness of the 2nd syllable. Starting with these requirements, enter this line:

- Deltoideus, calidus, palatinus.
- Vesica, palpebralis, similis.
- Gastricus, gluteus, Urtica.
- Sanabilis, ramulus, pilula.
- Arthralgia, Aloe, fissura.

Competent use of Latin medical terminology is an adornment of the doctor's language. Specify the line where the basis of the noun is incorrectly defined:

- Costa, -ae f cost-
- Labium, -in lab-
- Medicus, -im medic-
- Arcus, -usm arc-
- Ulcus, -eris nulcer-

Thus, the entry level of future professional physicians' readiness to use medical terminology was almost identical. The analysis of the results of the entry control (EC) indicates the same conditions for the entry of students of CG and EG in the experimental study.

Thus, according to the rate of the motivational value component formation of professional readiness among students of control groups, the average rate was 3,57 and the experimental groups – 3,58 points. At each level, the percentages of the formation of this component were very close, namely: high – 26,56% in the CG, 26,81% in the EG; average – in CG – 24,48%, in EG – 24,74% of students; satisfactory – 28.13% of the students from the CG and 28,35% of the students at the EG; low – in CG - 20,83%, in EG – 21,10% of future doctors.

Formation of the cognitive orientation component of future doctors' professional-speech readiness to use medical terminology in students of control and experimental groups was characterized by the following indicators: the average score in both categories of groups is 3,51 points. At each level, the percentages of the formation of this component were very close: at high in CG–25,00%, in EG–23,71%; on average in CG–22,92%, in EG–24,23%; satisfactory in CG–29,69%, in EG–30,93%; at the low in CG–22,39%, in EG–21,13%.

The rate analysis of the formation of functional activity component of future doctors' professional-speech readiness to use medical terminology at the stage of entrye control in CG and EG groups shows that the average score was 3,44 points. The percentages of the formation of this component at each level were awfully close. A high level of CG was 23.44%, in EG – 22.16%; the average level was found in CG–21,35%, and in EG–23,20% of future doctors; a satisfactory level was characteristic in CG 31,25%, and in EG–31,44% of students; with a low level in CG was 23,96%, and in EG–23,20% of students.

Thus, the analysis of the results of the ascertainment stage of the experimental study shows that by the digital value of the formation rate of all components and in general the professional readiness of future doctors to use medical terminology, students of CG and EG entered experimental study with almost identical indicators. At the same time, the obtained digital data indicate that the future doctors' professional training requires the improvement and organization of training based on the specified pedagogical conditions implementation, which should be tested experimentally. After all, the level of reliability of the main results of scientific research is significantly increased if they are based on experimental data.

To develop vocational skills, each EG student received one of the following tasks:

To write declension of all the singular and plural nouns and masculine nouns with the ending -us and -er.

- To reconcile 2 noun masculine nouns with adjectives and adjectives ending in -us and -er.
- To write declension of all the singular and plural nouns and adjectives of the middle kind with the ending -um.
- To create ambiguous and long-term medical terms using nouns and adjectives of the 2 nd pronunciation of the male and middle kind.
- To create clinical terms using the Greek equivalents of nouns of the 2 nd cancellation.
- To identify adjectives belonging to group I. Find the basis of the adjective.
- To write declension of the adjectives (I-II groups) in the singular and plural.
- To harmonize adjectives of group I and adjectives with nouns, to form ambiguous or long-standing anatomical, histological, pharmaceutical terms.
- To form past participles from the four verbs.
- To reject past participles in singular and plural.
- To use past participles in prescription expressions.

After completing individual tasks, students exchanged results for their classmates to test. Thus, the future doctors performed two exercises, which led them to an in-depth study of Latin. After all, they were responsible not only for their own level of training, but also for the adequacy of assessing the knowledge of their groupmates. In the assignments the students were offered terms that had been studied in the courses of the disciplines «Human Anatomy», «Histology» and «Pharmacology».

During the discussions with the teachers of these disciplines it was found that EG students are better at learning the educational material, since they already have the knowledge and skills to build complex terminological constructs.

The results of the formation of the cognitive orientation component of the future doctors' professional speech readiness to use medical terminology are shown in Table 1.

A comparative analysis of the indicators of Table 3 shows

more significant changes in the formation of the cognitive orientation component among the students of EG. According to the high-level indicators, the number of students increased from 26,00% to 28,65% in the CG, and from 23,71% to 44,33% in the EG.

In the average level in CG there was an increase in the number of such students from 22,92% to 26,04%, and in EG – a decrease from 24,23% to 15,46%, which is explained by a significant increase in the number of future doctors with high level.

According to the indicators of satisfactory level in CG there was an increase in the number of students from 29,69% to 31,77%, while in EG the number of such students decreased slightly from 30,93% to 29,38%.

The low level in both categories of groups decreased the number of such students: in CG – from 22,39% to 13,54%, and in EG – from 21,13% to 10,83% (Table 3).

Table 3: The results of the formation of the cognitive orientation component of the future doctors' professional-speech readiness to use medical terminology.

Groups and number of students	SC	Formation levels of the cognitive orientation component of future doctors' professional-speech readiness to use medical terminology								AR
		high		average	satisfactory	low				
		NS	%	NS	%	NS	%	NS	%	
	EC	48	25	44	22.92	57	29.69	43	22.39	3.51
CG – 192 st.	FC	55	28.65	50	26.04	61	31.77	26	13.54	3.7
EG – 194 st.	EC	46	23.71	47	24.23	60	30.93	41	21.13	3.51
	FC	86	44.33	30	15.46	57	29.38	21	10.83	3.93

At the average rate in CG there was an increase from 3,51 to 3,70 (by 0,19 points), and in EG –more significant – from 3,51 to 3,93 (by 0,42 points), which is by 0, 23 points higher than in CG.

Changes in the formation of the cognitive orientation component of the future doctors' professional-speech readiness to use medical terminology are shown in Figure 1.
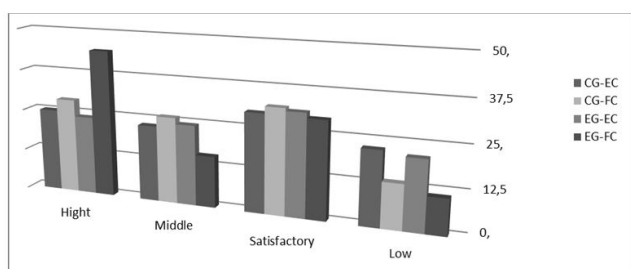

Figure 1: Dynamics of changes in the formation of the cognitive orientation component of professional-speech readiness of future doctors to use medical terminology.

The analysis of the diagrams shows that the use of our methodology in the direction of the implementation of the second pedagogical condition in the experimental groups leads to a significant increase in the number of

students with a high level of formation of this component.

Proving the reliability of the obtained results and determining the reliability of the experimental study was based on the application of statistical methods of data processing pedagogical experiment. To test the hypothesis of the study was used to compare the variances and determine the F-Fisher criterion by formula 1. [10]:

$$F_{emp} = \frac{\sigma_1^2}{\sigma_2^2}$$

(1),

where σ_1^2 - greater variance, and σ_2^2 - less variance, which were determined during the introductory and final determination of the results of vocational training, i.e, the level of readiness of future doctors to use medical terminology.

The variances were calculated by the formula 2:

$$\sigma^2 = \frac{\sum f(x_i - \bar{x})^2}{N}$$

(2),

where is f: the number of students who have a certain level of professional-speaking readiness of future doctors to use medical terminology;?

$(x_i - \bar{x})$ - the difference between the digital value of each level (5; 4, 3, 2) and the value of the average (AR);

N is the number of students in those categories of groups (control or experimental) where the variance was calculated.

To verify the results obtained, we compared the empirical F-criterion of CG (Femp – CG) and EG (Femp – EG) with the indicators of theoretical F-criterion (Fkrit), whose numerical values are given in the standard table of A. Kiverialg [10].

Provided that the number of degrees of freedom (number of students in the minus group 1) is in the range from 24 to infinity and from 120 to infinity (as in our study (192-1=191 for CG and 194-1=193 for EG), then the Fkrit score for CG and EG should be around 1.0. The results of calculating the F-criterion for each component and the overall professional readiness of future physicians to use medical terminology.

A comparative analysis of the empirical index of the F-criterion of CG and EG with the determined limits of Fkrit showed the reliability of the results of the experimental study. Thus, Femp – CG with a value of 1,0 for all components for generalized results of vocational training of future physicians to use medical terminology is beyond the limit of 1.0. Positive changes in CG students in the formation of each component and, in general, the vocational readiness of future doctors to use medical terminology are due to the natural influence of the traditional educational process. For EG, Femp–EG values with a score of 1,004 for motivational value, 1,016 for cognitive orientation, 1,007 for functional and activity, 1,019 for personality and developmental components and 1,01 for generalized results confirms their validity and attests to their validity pedagogical conditions of vocational training of future doctors to use medical terminology [11-13].

For the in-depth and purposeful study of the problem of future doctors professional training to use medical terminology through the implementation of pedagogical conditions, an experimental study was conducted, which consisted of three stages: diagnostic, ascertaining and formative. At the diagnostic stage, an unsatisfactory state of professional-speech readiness of future physicians to use medical terminology was established: 113 (28,25%) students found a high level; an average of 111 (27,75%) future physicians; satisfactory level is characteristic of 117 (29,25%) students; a low level was found in 59 (14,75%) people. Provided that each of these levels was characterized by a certain number of points (high–5 points, average – 4, satisfactory–3, and low–2 points), then the average rate (AR) of the professional-speech skills of future doctors to use medical terminology at the diagnostic stage of the study was 3,7 points.

CONCLUSIONS

The analysis of the results of the ascertaining stage of the experiment showed that by the digital indicators of the formation of all components and, in general, the future doctors' professional and speech readiness to use medical terminology, CG and EG students entered the experimental study with the same indicators.

At the formative stage of the study, the effectiveness of the pedagogical conditions of professional training in the use of medical terminology of EG students during the study of subjects: «Latin language and basics of medical terminology», «Human Anatomy», «Histology», «Pharmacology» was experimentally tested. The author's methodology was based on the systematic use of innovative methods. The practical classes used a special database of thematically selected schemes, which reflected educational material in the discipline «Latin language and the basics of medical terminology», presented in close connection with anatomical, histological, clinical, and pharmaceutical terminology. Oral and written exercises were based on lexical material related to the profession of doctor or scientist in the field of medicine. This contributed to the formation of professional-speaking readiness of future doctors to use medical terminology. The classes used the technologies of development of critical thinking, interactive forms, and methods of teaching («Basket of concepts and terms», «Graphic schemes», «Fishbone», «Clusters», «Sinkwein», dialogue, demonstration and solving of situational problems, etc.), information technology tools. To activate students' self-educational activities, they organized a «Medical-terminological dictionary», which facilitated the formation of professional readiness of students to use medical terminology.

Thus, the effectiveness of the formation of future doctors' professional speech readiness to use medical terminology depends on the purposeful realization of certain pedagogical conditions, the developed structural-functional model, and the application of the method of students' professional training during the course «Latin and medical termiology basics», «Human Anatomy», «Histology», «Pharmacology».

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