VOCABULARY ENRICHMENT IN TEACHING RUSSIAN AS A FOREIGN LANGUAGE: COGNITIVE, COMMUNICATIVE, AND DIGITAL APPROACHES

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Introduction. The rapid development of medical education, the increasing complexity of clinical interactions, and the growing internationalization of healthcare require learners to communicate with precision, clarity, and cultural awareness. For medical students studying Russian as a foreign or second language, communicative competence constitutes not merely an academic skill but a practical necessity. Russian remains a key language of medical documentation, clinical practice, and professional communication in many regions of Central Asia. However, numerous linguistic, cognitive, and pragmatic barriers hinder students' ability to participate effectively in medical discourse. The integration of terminological clarity, discourse competence, and strategic communication skills is therefore essential for preparing students to function confidently in real clinical settings. This study focuses on how medical students develop communicative competence through lexicographic, discourse-based, and simulation-supported approaches. By analyzing students' performance, terminology usage, and interactional patterns, the research identifies weaknesses in their communicative repertoire and proposes a comprehensive instructional framework.

Research Methods. The research methodology combines linguistic description, comparative analysis, lexicographic interpretation, and discourse analysis. Linguistic description enables the identification of terminology-related errors, syntactic inaccuracies, and semantic misinterpretations observable in student-produced texts and oral interactions. Comparative analysis is employed to contrast theoretical definitions found in medical dictionaries with their functional realization in natural clinical discourse. This reveals discrepancies between textbook terminology and authentic usage. Lexicographic interpretation involves systematic work with bilingual and monolingual medical dictionaries, terminological glossaries, and corpora, helping determine how students understand and apply medical terms. Discourse analysis focuses on communicative patterns in simulated doctor–patient conversations, examining how students structure explanations, ask questions, and interpret patient responses. This multifaceted methodology creates a holistic picture of how communicative competence evolves in the context of medical Russian.

Conclusion. The findings of the study demonstrate that the development of communicative competence in medical Russian cannot be achieved through isolated linguistic instruction alone. Instead, it requires an integrated pedagogical model that systematically combines terminological precision, discourse coherence, sociocultural awareness, and strategic communication skills. The analysis of students' oral and written performance revealed that many challenges arise from insufficient understanding of polysemous medical terms, limited familiarity with functional usage, and difficulties in organizing clinical information into a coherent narrative. This confirms that terminology must be introduced not merely as lexical items, but as components of authentic clinical discourse.

The research further showed that simulation-based training—whether through standardized patients, VR environments, or guided role-play—significantly enhances students' ability to apply terminology correctly, manage patient interactions sensitively, and maintain professional communicative behavior. Such practice creates realistic communicative conditions in which learners must interpret symptoms, ask clarifying questions, structure anamnesis logically, and present diagnostic conclusions coherently. These activities bridge the gap between theoretical knowledge and practical communication skills, supporting the internalization of linguistic and pragmatic competence.

Lexicographic training emerged as an equally important component of communicative development. Work with bilingual dictionaries, terminological glossaries, and corpus-based examples enables learners to understand the precise meaning, usage boundaries, and functional equivalents of clinical terms. This type of work reduces ambiguity, strengthens lexical accuracy, and contributes to the formation of a stable professional vocabulary.

Overall, the study concludes that communicative competence in medical Russian should be developed as a multifaceted and dynamic construct that evolves through continuous interaction between linguistic knowledge and real communicative experience. The integration of lexicographic tools, discourse-based methodology, and simulation technologies offers an effective framework for preparing students for professional communication in Russian-speaking healthcare environments. Implementing this comprehensive approach enhances the clarity, accuracy, and cultural appropriateness of students' communication and supports their broader academic and clinical success.

Keywords: medical communication, terminological competence, lexicography, discourse analysis, communicative strategies, medical Russian, simulation training.

Introduction. Medical communication requires students to develop linguistic, cognitive, and interactional abilities that support effective clinical practice. As the complexity of clinical terminology and patient communication increases, students must learn to understand and apply specialized vocabulary in real medical contexts. They often face difficulties interpreting polysemous terms, distinguishing clinical meanings from everyday meanings, and using terminology accurately in diagnostic descriptions. Effective teaching must therefore integrate terminology instruction with clinical communication tasks, lexicographic support, and exposure to authentic discourse. Since medical dialogue must be structured and coherent, students need explicit training in discourse organization, including presenting symptoms, medical history, treatment plans, and clinical recommendations.

Materials and methods. The methodological foundation of the study is based on an integrated approach that combines linguistic, lexicographic, comparative, and discourse-analytic methods to examine how medical students acquire communicative competence in Russian. Linguistic analysis was used to identify typical lexical, grammatical, and semantic difficulties encountered in students' written case histories, clinical narratives, and oral diagnostic explanations. This included the examination of terminological inaccuracies, misuse of polysemous words, and syntactic structures commonly used in medical discourse. A lexicographic approach supplemented the analysis by evaluating how students worked with bilingual dictionaries, terminological glossaries, and electronic medical reference tools. By comparing dictionary definitions with students' actual usage in clinical tasks, the study identified gaps in terminological comprehension and the tendency to rely on everyday meanings rather than specialized professional definitions. Comparative analysis further enhanced the research by contrasting the theoretical presentation of medical terminology in textbooks with its functional use in authentic clinical communication, revealing that memorized terms were not always applied correctly in real diagnostic situations.

To provide a deeper understanding of students' communicative performance, the study employed discourse analysis and pedagogical observation. Discourse analysis focused on simulated doctor–patient dialogues, role-play activities, and VR-supported clinical scenarios, examining how students asked questions, interpreted patient responses, structured medical reasoning, and expressed empathy. This helped identify weaknesses in the organization of clinical discourse, such as incomplete anamnesis, lack of chronological sequencing, and insufficient cohesion between diagnostic elements. Pedagogical observations conducted during simulation sessions allowed the researcher to assess learners' strategic communication skills, including their ability to paraphrase, clarify misunderstandings, and compensate for lexical gaps. The empirical data consisted of written assignments, oral examination recordings, standardized patient interviews, and results from terminology tests collected over one semester. Both

qualitative techniques—such as error categorization and discourse evaluation—and quantitative measures—such as frequency counts and improvement indicators—were applied to ensure objectivity and reliability. Through this multi-method research design, the study obtained a comprehensive picture of how linguistic accuracy, terminological mastery, pragmatic awareness, and communicative strategies interact in the development of medical Russian proficiency.

***Results*.** The results of the study show that medical students experience difficulties mainly in three areas: terminological accuracy, discourse organization, and sociocultural appropriateness. Learners frequently confuse similar medical terms and struggle to apply dictionary definitions correctly in clinical contexts. Analysis of written and spoken tasks revealed that many students produce fragmented or incomplete symptom descriptions and case histories, indicating insufficient mastery of professional discourse patterns. Sociocultural challenges were also observed, particularly in expressing empathy, formulating polite requests, and using culturally appropriate communication strategies in doctor–patient interactions. At the same time, the introduction of lexicographic training, model clinical texts, and simulation-based activities led to noticeable improvements: students demonstrated clearer terminology usage, more coherent narrative structure, and greater confidence in communicative situations. Overall, the results confirm that communicative competence develops most effectively when terminology work is integrated with contextualized practice and simulation-enhanced interaction.

Discussions. The findings of the study reveal that developing communicative competence in medical Russian requires more than mastering isolated vocabulary or grammatical structures; rather, it depends on the integration of terminological precision, discourse coherence, sociocultural appropriateness, and strategic flexibility. Students demonstrated that they often understand the dictionary meaning of a term but struggle to use it with its correct functional load within clinical discourse. This supports the view that terminological learning must be tied to real communicative contexts. When learners encounter terms in authentic materials—such as clinical histories, diagnostic explanations, and doctor–patient dialogues—they begin to internalize not only semantic meaning but also the pragmatic and structural requirements of professional medical communication. The difficulties observed in structuring anamnesis, maintaining logical sequencing, and transitioning between diagnostic components indicate that discourse competence needs targeted instruction. Medical communication follows a predictable narrative logic, and explicit teaching of genre structures, model texts, and discourse markers proved effective in helping students produce clear and coherent clinical narratives. Additionally, the sociocultural challenges identified in the study—particularly in expressing empathy, politeness, and communicative tact—demonstrate that pragmatic norms must be taught alongside terminology and grammar to ensure effective patient-centered interaction.

A further important conclusion from the study is that simulation-based training significantly enhances students' communicative readiness and professional confidence. Unlike traditional classroom tasks, simulation requires learners to apply terminology, discourse strategies, and interactional skills in real time while managing unpredictable responses from patients. Standardized patient encounters and VR-supported clinical scenarios provided students with opportunities to practice clarification techniques, adjust communication strategies, and demonstrate professional demeanor. The analysis indicates that students exposed to simulation-based activities showed improvement in all dimensions of communicative competence, including lexical accuracy, pragmatic sensitivity, and discourse organization. Digital tools, such as audio dictionaries and interactive platforms, also contributed positively by supporting independent learning and repeated pronunciation practice, reinforcing lexical retention and reducing communication anxiety. Overall, the discussions highlight that communicative competence develops most effectively when linguistic, cognitive, pragmatic, and technological elements are combined into a unified instructional system. This integrated approach ensures not only linguistic correctness but also professional communicative behavior suitable for real clinical environments.

Conclusion. The results of the study confirm that the development of communicative competence in medical Russian is a complex process requiring the integration of linguistic, terminological, sociocultural, and discourse-based skills. Students' difficulties with accurately interpreting medical terms, constructing coherent clinical narratives, and applying culturally appropriate communication strategies demonstrate that traditional, theory-focused instruction is not sufficient on its own. Effective learning occurs when terminology is introduced in authentic contexts, supported by lexicographic analysis, and reinforced through structured discourse models. This approach helps students build a more precise understanding of functional meanings and apply them confidently in clinical reasoning and diagnostic explanation.

Furthermore, the study highlights the decisive impact of simulation-based and interactive learning on professional communication development. Participation in standardized patient interviews, VR/AR clinical scenarios, and guided role-play sessions allowed students to apply terminology, negotiation strategies, and clinician–patient communication techniques in real-time situations. Such experience bridges the gap between academic knowledge and practical application, fostering confidence, accuracy, and communicative flexibility. Therefore, an integrated instructional model—combining lexicographic training, discourse practice, sociocultural awareness, and simulation technology—proves to be the most effective way to cultivate communicative competence in medical Russian and prepares future medical professionals for successful and safe interaction in clinical environments.

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