

phased training and a four-hour team simulation scenario, and to assess the organizational and methodological feasibility of this format at the existing training facility.

Materials and Methods

This work was conducted as part of the development and testing phase of an educational program. The course is designed to last three training days. During the first two days, participants sequentially practice dynamic assessment, monitoring, infusion therapy, nursing care, documentation, medical triage, and preparing a request for remote consultation. The third day includes a four-hour team simulation scenario for six trainees featuring rotating functional roles, limited supplies, changes in the condition of simulated casualties, and the arrival of a second simulated casualty. A preliminary pilot session was held on November 1, 2025, lasting 8 hours and involving 5 cadets. In 2026, four three-day training cycles were conducted: March 6–8, March 13–15, April 10–12, and May 8–10; with 28 trainees participating. Trainees who had completed the additional professional program “Tactical Medicine Instructor” were eligible to participate in the training cycles. Assessment of mastery of the material included a quiz at the end of the second day of training and instructors’ observation of the trainees’ actions during a command scenario, followed by a debriefing.

Results

A preliminary pilot session and four subsequent training cycles were conducted in full at the existing training facility. The completion of four three-day cycles confirmed the organizational and methodological feasibility of the developed format. Based on the results of the successive cycles, the duration of individual stages and the content of the tasks were refined; sections on infusion support, patient care, wound care, documentation, inventory management, and information transfer during role changes were expanded. During the four-hour scenario, according to instructors’ observations, the demands on attention allocation, adherence to the sequence of actions, team communication, and resource management increased. The extended scenario allowed for the simulation not only of changes in the hypothetical patient’s clinical condition but also of the need for continuous care, the transfer of responsibility, and the maintenance of coordinated team actions.

Discussion

The pilot study demonstrated the feasibility of the course in its intended format and allowed for refining its content based on the results of successive training cycles. A distinctive feature of the program is the integration of clinical, organizational, and team-based tasks into a single extended scenario with dynamically changing conditions. The results obtained characterize the feasibility of the educational format and the direction of its further methodological development. The next step should be the development of standardized criteria for evaluating individual and team performance, followed by verification of their reproducibility.

Conclusions

The developed three-day practical course, featuring a four-hour team simulation scenario, is implemented at

the existing training facility and allows for the reproduction of key aspects of providing care when medical evacuation is delayed: prolonged dynamic monitoring of the casualty, shifting functional roles, the need to maintain continuity of care, documentation, and management of limited resources. Repeated testing cycles made it possible to refine the course structure and identify the main areas for subsequent evaluation: the quality of dynamic monitoring, team communication, the transfer of responsibility, documentation, and the rational use of resources. The results obtained lay the groundwork for further scaling up the program by increasing the number of trainees and expanding the practical application of the course while maintaining a unified methodological approach to its delivery. Further development of the course requires standardizing the criteria for evaluating individual and team actions and quantifying educational outcomes.

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COMMUNICATIVE CASE STUDIES IN ENGLISH CLASSES AS A TOOL FOR DEVELOPING PROFESSIONAL COMMUNICATION SKILLS AMONG MEDICAL COLLEGE STUDENTS

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Abstract. A model for integrating elements of professional communication into English language classes at institutions of secondary vocational medical education has been justified and developed based on the principles of the Calgary-Cambridge Model of Medical Communication and ESP methodology. Nine communicative case studies with role-playing exercises have been developed for the specialties of “General Medicine,” “Nursing,” “Midwifery,” and “Pharmacy,” covering typical situations of professional communication. The model does not require additional classroom hours and develops students’ linguistic, communicative, and transferable competencies.

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Relevance

In the context of the globalization of healthcare, proficiency in professional communication in a foreign language is recognized as an integral component of medical education. In the system of higher medical education, a training model that incorporates communication skills has already been implemented, based on the Calgary-Cambridge Model of Medical Communication (CCMM) — an international standard for patient-centered communication; demonstration of this skill is part of the initial accreditation process for physicians and residents.

At the same time, there is currently no unified system for developing communication skills in secondary vocational education (SVE), even though the need for these skills among nurses, paramedics, and midwives is no less pronounced: they are the ones who spend the most time in contact with patients. This is enshrined in regulations: the new-generation Federal State Educational Standards for

Secondary Vocational Education (3++) list proficiency in effective communication as a mandatory general competency for graduates. At the same time, in English language textbooks for colleges, the emphasis is shifted toward terminology, while the development of communication skills takes a back seat.

Objective

To justify the feasibility of and develop a model for integrating elements of professional communication — based on the principles of the Calgary-Cambridge Model of Medical Communication — into the content of English language courses at institutions of secondary vocational medical education.

Materials and Methods

A theoretical analysis was conducted of domestic and foreign sources on language teaching, the methodology of English for Specific Purposes (ESP), and the Calgary-Cambridge Model of Medical Communication. An analysis was performed of the Federal State Educational Standards for Secondary Vocational Education in the specializations “Nursing,” “General Medicine,” “Midwifery,” and “Pharmacy” was conducted to identify requirements for the development of communicative competencies (general competencies related to teamwork and communication with patients, as well as relevant professional competencies).

Based on the principles of ESP (analysis of the target and current communicative situation, authenticity, linguistic dualism) and the structure of the Communication Competence Model (initiation of the consultation, information gathering, explanation and planning, conclusion of the consultation), a model for incorporating communicative case studies into English language classes was developed. A case study is a teaching technique in which students analyze a realistic clinical situation and propose a well-reasoned solution in a foreign language; the exercise is supplemented by role-playing and subsequent discussion (pre- and post-role-play discussion).

In designing the case studies, the principle of linguistic dualism was taken into account — a combination of academic medical discourse (EMAP: terminology, working with documentation) and everyday professional speech (EMOP: communicating with patients, explaining the nature of the intervention in accessible language), as well as the principle of interdisciplinary integration with related disciplines (anatomy, propaedeutics, fundamentals of nursing).

A total of 9 communication case studies with role-playing exercises have been developed for four specialties: “General Medicine,” “Nursing,” “Midwifery,” and “Pharmacy.” Each case includes a description of the clinical situation, role-playing cards for dialogue participants (the patient or a family member and a healthcare professional), a list of communication skills to be practiced, and a dialogue scenario aligned with the stages of the KMK model.

Results

The developed model consists of a set of 9 communication cases for four specialties in secondary medical edu-

cation, covering typical communication situations: taking a medical history, explaining the nature of a procedure, providing medication counseling, interacting with family members, and sharing information among healthcare professionals (including using the SBAR protocol).

The structure of each case includes: a description of the clinical situation in English; role-playing cards for two participants (for example, “a patient with severe abdominal pain” and “the on-duty paramedic in the emergency department”); a list of target communication skills aligned with the stages of the KMK model and the requirements of the Federal State Educational Standards (information gathering, explanation and planning, empathetic response, active listening); questions for pre- and post-scenario discussions aimed at analyzing communication strategies.

Implementing this model does not require additional class time, as the case studies are seamlessly integrated into the existing “Foreign Language” curriculum for secondary vocational education institutions and can be adapted to the group’s varying levels of language proficiency. Working with case studies simultaneously develops language skills, elements of clinical reasoning, and universal competencies — collaboration, communication, and critical and creative thinking.

The proposed model extends the principles already applied in the training of physicians and residents (the Calgary-Cambridge model, accreditation requirements for communication skills) to the level of secondary medical education, for which a unified system for developing these skills has not yet been established.

Discussion

The use of communication-based case studies in English language classes allows for the integration of the Federal State Educational Standard 3++ requirements for general competencies with the practice-oriented nature of medical college education and does not require significant time or financial investment on the part of the educational institution.

A limitation of this study is the lack, at this stage, of experimental testing of the model in a real educational setting, which determines the direction of further research: evaluating the effectiveness of the case studies, expanding the case study bank to include new situations and specialties, and integrating the model with digital tools (chatbots, simulation trainers) for practicing skills in a distance learning format.

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THE SUSTAINABILITY OF PROFESSIONAL COMMUNICATION SKILLS AMONG INTERNISTS IN THE MEDIUM TERM

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Abstract. This study examines the retention of physicians’ communication skills over a four-year period following their training. The retention of various elements of professional communication was assessed. The study found