LITERARY TEXTS AS A TOOL FOR DEVELOPING COMMUNICATIVE COMPETENCE: TEACHING BULGARIAN TO FOREIGN MEDICAL STUDENTS

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Abstract: *The acquisition of Bulgarian for medical students with different native languages constitutes a significant challenge in the training of international students. Engaging in dialogue with the patient to achieve an accurate diagnosis foregrounds the physician's professional communication skills and underscores their central role within the dynamics of social interaction. Given its significance for the reciprocal nature of communication in clinical discourse, the competence under examination is essential for fostering both a therapeutic alliance and an emotionally supportive psychological relationship between doctor and patient. The methodology applied in the study is based on the communicative competence of the physician, that is, on the combination of functional and individual language knowledge, skills, experience, value orientations, and attitudes that allow the physician to demonstrate adaptability and key abilities in a specific communicative situation. For the diagnostic and treatment process to be effective, it is necessary for the doctor not only to follow the narrative thread of the patient's history and listen to their complaints, but also to try to understand the context of their life, their fears, their motivation for treatment, and their perception of health. This makes the considered scientific issue significant and relevant for the modern educational discourse on the methodology of teaching Bulgarian, as well as other foreign languages for specific purposes. Statistical analyses and experimental results from the implementation of the three-module pedagogical model proposed in the article are presented. It is concluded that the piloting and validation of the proposed three-module pedagogical model provide a basis for its effective application in medical education.*

Keywords: *Bulgarian as a foreign language; literary texts; medical students.*

Introduction

The successful communication is based on linguistically correct and normatively mastered language tools and their appropriate and communicatively directed application in different life and professional situations (texts). In the specialized scientific sources (Georgieva 32), the mastery of the listed skills directs towards acquiring discourse competence for reading and understanding medical documentation and it is an element of the doctor's professional, communicative competence. It includes the ability to perceive and produce spoken and written discourse characterized by cohesion and coherence, and which adheres to the conventions of various genre forms. As a result of the mutual understanding with the patient, a shared perspective related to the treatment is formed, and a therapeutic plan is outlined.

The scientific interest in creating the current article was provoked by the challenges of teaching generally used and specialized language to foreign

students in the multilingual auditoriums of the Medical University – Pleven. The social significance and relevance of the studied issue can also be formulated in the context of the proven importance of interpersonal communication, as well as the stable therapeutical and emotional and psychological connection within the physician–patient relationship, which is related to that. The relevance and practical value of the research can be justified at different levels in connection with the necessity of the development of communicative skills for professional communication of future doctors. Verbal communication determines the model of the doctor–patient relationship. In the three main areas of modern medicine – prevention, treatment, and rehabilitation – communication is influenced by internationalization and mobility within higher medical education.

The central hypothesis of this research posits that employing a pedagogical toolkit that incorporates literary texts into the instruction of Bulgarian as a foreign language for medical students enhances the development of communicative competence, thereby contributing to greater effectiveness and higher quality in professional communication within clinical practice. The outcomes obtained, together with the theoretically substantiated patterns derived from the analysis of scientific sources, highlight significant issues relevant not only to medical theory and practice but also to the pedagogy of Bulgarian as a foreign language. The experimental data provide grounds to present and justify an educational model that humanizes communication in medical practice in a Bulgarian-speaking environment through introducing literary texts and their analysis, explicating the sociocultural stereotypes and relationships. The model is an original authorial construction, and it is practically applicable.

Until now, these issues have not been the subject of independent systemic interpretation in scientific literature, nor have they been addressed through conceptually grounded and empirically supported arguments in the pedagogical practice.

Research Questions
The article provides a scientific rationale for the advantages of applying the proposed authorial model in the training of medical students. This model contributes substantially to the acquisition of ethical norms and verbal communication skills in medical practice. Given that communicative competence is an essential component of a physician's ability to conduct effective clinical communication with patients who are native speakers of the language, its development is of critical importance.

To achieve this aim, the following research questions can be formulated: (1) According to which principles are literary texts containing medical case studies selected? (2) What are the leading rules for constructing

a pedagogical model for the successful use of literary texts in teaching Bulgarian to medical students for the development of communicative competence? (3) What is the most effective approach for piloting the pedagogical model in order to demonstrate its effectiveness?

The subject of the scientific research is working with literary texts to form communicative competence when conducting training procedures in Bulgarian language for medical students, non-Bulgarian native speakers. The starting point of the study is to determine whether and how the problem is interpreted in a theoretical and a practical aspect. For this purpose, a brief review was conducted of the body of scientific literature on the research topic.

Research Topic

With the increase in mobility within the European Higher Education Area (EHEA), the process of internationalization in Bulgarian universities is deepening. In this dynamic environment, communication between doctors and patients, representative of different linguacultural communities, is increasingly often oriented toward searching for interdisciplinary approaches of interaction, enriched with the methods of the literary analysis.

Within the current understanding of interaction, the bilateral interaction process in medical practice is of major importance for establishing a therapeutic and emotional-psychological connection. As a result, a higher efficacy of the examination, consultation, diagnosis and treatment is achieved. Without denying the use of high technology and robotics in medicine, we must emphasize on the fact that the rise of new tech and artificial intelligence is taking away some of the emotional human aspects of being a doctor and moving it away from the idea of a caring and empathetic connection with patients. The danger of disrupting direct human contact with the affected individual is significant, and physicians who are closest to the patient are clearly aware of this risk. Therefore, academic education and continuous professional qualification alone are not sufficient for the practice of the medical profession. It is equally necessary to develop communication skills for professional interaction and to instil values such as humanity, compassion, empathy for pain and suffering, and dedication to professional duty.

In the teaching of Bulgarian language for foreign medical professionals, in the context of humane communication between doctor and patient, the inclusion of literary texts has the potential to address the learning objectives, tasks, and educational priorities in training and preparation for authentic health communication. In contrast to the excessive scientificity in medicine, where these are formulated clearly, concretely, argumentatively, purposefully, and logically, literature conveys values and ideas through images, symbolism, and literary devices, allowing the learner to reach conclusions on their own. In this way, students not only become familiar with

valuable works from the Bulgarian literary tradition, but also – with the support of the teacher – develop personal and communication skills that are essential for practicing the medical profession in the three main areas of modern medicine: prevention, treatment, and rehabilitation.

Literature Review

As a result of the outlined filters as a starting point in the theoretical justification of the hypothesis, three conceptual communication models among people are presented. They serve as a basis for the analysis and interpretation of the complex mechanisms of human communication and form the theoretical framework for explaining the processes of transmission, perception, interpretation, and understanding of information.

The three components in Aristotle's model: ethos (Gr. έύοζ – character and credibility), logos (Gr. λόγος – rational arguments: word (speech), idea, and reasoning) and pathos (Gr. πάθος – emotional impact) form the basis of successful communication and persuasion, with everyone playing a different role. The effective communication can be executed when combining them (Aristotle 23). Harold Lasswell's social communication model proposes a matrix of five questions, to which every message should answer in order to ensure effective and meaningful communication: Who (says it)? – the communicator (organizes and controls the communicative act); What (is said)? – the message (the content); How (through what information channel)? – visual, auditory, kinesthetic, tactile; To whom? – the audience; What effect? – the result (changes/does not change the behavior of the recipient) (Laswell 9-21). As a result of criticism towards the model, one more question was added to the description of the communication model: "Why?" as it unveils the hidden motives of a given action. The question "Why?" is essential precisely because the motives provide a deeper understanding of the nature of the actions, rather than their observation and analysis. In this way, the Model of the 5 W's is expanded to the Model of the 6 W's (Botirova 77-78).

It is appropriate to synthesize Niklas Luhmann's theory of social systems and their communication in the aspect of the current study as: the systems generate, send, and receive information marks from the surrounding world and they communicate among each other in that way. The specific import/export of information (the exchange of signals) is realized through the principles of self-reference and in reference. The author understands self-reference as setting individual standards by the system which happens under the influence of the surrounding environment. Because of the pressure of the environment, a resetting of standards is necessitated, which N. Luhmann calls inoreference. In that way, the external signals appear as repetitions and are introduced, not objectively, but as they are understood by the affected system (Atanasov 64).

Forming meaning and significance in clinical dialogue is a distinct manifesto of applicability of Luhmann's communication theory in contemporary medicine. This similarity is reflected in the correspondence between N. Luhmann's selections – information, utterance, and understanding (Luhmann 251-259) – and the key functions of health communication – reporting medical information, interpretation, and impact. When interacting with the ill person, the doctor extracts specific semantic expressions and meanings of illness through their description and self-evaluation. In the context of the ability to listen, comprehend, and understand both the words and the emotions of the patient "the conceptualization of the illness and the terms related to it are different in the Bulgarian language and the other languages" (Chomakovska 229). The effectiveness of communication

> depends on the vocabulary, language, phrases, the structure and clarity, speaking speed, diction, tone, rhythm, and volume. Non-verbal communication is comprised of affective and expressive actions, and it includes elements of gestures, facial expressions, eye contact, body language, and the adopted posture. (Petkova 32)

To the thus presented communication models, the facet of Rita Charon's narrative medicine is added (Charon 2022 15). Narrative medicine is an interdisciplinary approach in healthcare that unites clinical practice and humanitarian sciences with the goal of better understanding the patient and their experiences through telling stories and using narrative techniques (Tasheva 7-9). The medical meaning of the term patient narrative is in the context of contemporary empruntology means an account, a story, a narration. The medical connotation adds two other meanings to the term: patient narrative and biographical narrative. The concept of narrative medicine, built upon contemporary understanding of communication and the doctor-patient relationship, adds to, but also enriches, the understanding of the personalized communicative approach in medical aid with the clarification that attention and the establishment of good psychological contact is the starting point in patient care.

Drawing upon established concepts in foreign language pedagogy for the development of communicative competence reveals, first, the potential to integrate literary texts into the instructional process for medical students. Second, it enables the identification of methodological principles that may support the construction of a functional model, adaptable to the specific requirements of Bulgarian language preparation for medical purposes.

When teaching through literary texts, behaviourist-oriented practices have been employed:

1. The grammar–translation method, which "is based on an understanding of language as a system; the aim of instruction is the reading of

literature, and the main unit of teaching is the sentence" (Tuymurodovna, Ruzievna 280).

2. The textual–translation method, which developed in parallel with the grammar–translation method. Its intention is to link language instruction with general education and to foster logical thinking. For this purpose, classical literary works by Lessing, Goethe, and Schiller are read in the learners' native language. These texts are then translated literally, and the vocabulary is repeated multiple times in a mechanical manner (Kuldasheva 185–186).

3. The conscious–comparative method. In this method, work with texts is communicatively oriented; in other words, the emphasis is placed on the development of communicative competences. In this way, students establish connections between different types of speech activity and gain an understanding of the significance of linguistic phenomena and the methods for their application in speech, while also relying on their native language (Tuymurodovna, Ruzievna 280).

In recent decades, communicative approaches and methods that incorporate literary texts in foreign language teaching, influenced by constructivism, have been recognized. The leading principle in the communicative method is acquiring the language as a means of communication in real-life situations (Morar, Boştină-Bratu, Negoescu 165), i.e., language is a tool for communication, and its mastery is a skill, and not knowledge.

Education, based on text (Text-Based Instruction), is a modification of the communicative approach, with one notable difference being the integration of connected texts in the curriculum content. In the literature (Dvořáčková 30-31) it is also known as the Genre-based approach. Within it, communicative competence is interpreted as a competence that is manifested in the skills for understanding speech (audio recordings) or written narrative (fairy tales, stories, fables, etc.) texts.

Methods
The review of the methodological knowledge accumulated over the decades, and the gained pedagogical experience provides rounds to conclude that there is interest in using literary texts in classical methodological approaches.

• **Participants**
Profiles of Foreign Medical Students and Hospitalized Patients
The survey parameters cover five key aspects:
1) Target Groups
Based on their first language, two students' target groups are identified:

1. Students whose first language is **not** a Slavic language;

2. Students whose first language is another Slavic language.

Within this statistical framework, the following were studied:

• **Hospitalized patients**

Based on their proficiency in the target language, the following groups were distinguished:

• **Native speakers** (patients);

• **Language learners** (students).

2) Under What Conditions (Duration and Context):

• The training takes place within a **6-year full-time medical program** at the Medical University of Pleven. Instruction under the proposed pedagogical model in the **English-language program (ELP)** spans **three years (six semesters),** covering the 1st to 3rd year. The subject **"Bulgarian Language"** is studied by **foreign students whose native language is non-Slavic** during the first, second, and third years. In the **Bulgarian-language program (BLP),** students **whose native language is another Slavic language** study the subject for **one year (two semesters)** in the first year only.

• The training is conducted in a context where learners are **constantly developing and surpassing previous personal and academic states.**

3) In What Environment (Mono- or Multicultural):

• **Classroom training** in preclinical and clinical subjects takes place in a **bilingual environment**, combining the **mediating language** and the **target language;**

• **Out-of-class training** is carried out in a **multicultural environment**;

• **Practical sessions** (including Bulgarian language classes), **internships,** and **pre-graduation practice** are conducted in a **multicultural context** both in and outside the classroom.

4) Experimental Bases for Conducting the Study and Training

• **Medical University – Pleven** (a medium-sized university in a medium-sized Bulgarian town);

• **First and Second Clinical Bases of Dr. Georgi Stranski University Hospital – Pleven** (a large hospital in a medium-sized Bulgarian town).

5) Duration

• The study covers a **6-year period: 2018 – 2023.**

300 respondents (students at Medical University – Pleven (MU-Pleven) where Bulgarian is taught as a foreign language to master's students in medicine) were engaged in the research. Of these, 210 (divided into 17 groups) study in the second year, first semester of the English-language program (ELE), and 90 (divided into 8 groups) are in their first year, first semester of the Bulgarian-language program (BLE) at MU-Pleven. The first group of students is from 32 countries, and most of them speak two or three languages. The second group of students is from North Macedonia, Serbia,

and Ukraine, and are native speakers of a different language from Bulgarian. The participants from MU-Pleven included in the project represent 20% of the total number of foreign students at the university.

The summarized demographic data show that at the time of the survey the group of students was represented by 165 women (57.49%), 127 (44.25%) men, 5 (1.74%) of the respondents did not indicate anything in this column. The largest group of the surveyed – 72 (24.2%) were at the age of 19, followed by the ones at 20 and 21 (21.2% and 15.2%). The research found that the largest number of students were from Italy, followed by the students from Macedonia, Ukraine, United Kingdom, and India.

In this statistical framework, 111 hospitalized patients were also surveyed regarding their opinion on the formation and level of communicative competence of the student-interns. Differentiated by gender, the respondents were as follows: men: n=72, 73.9%, to women: n=29, 26.1%. The majority of the hospitalized patients were between the ages of 61-91 (52%).

Research Design

To realize the research, which is carried out in the border field between medicine, literature, and linguodidactology, the convergent-divergent approach was utilized (Petev 13). To conduct the study, a communicative-cultural approach was used. Its application to the object of research suggests investigation and analysis of the theoretical and practical aspects of the chosen scientific problematic field. The approach is distinctly phenomenological – it gathers sensation, perception, notion, and thought into the unified construct of the phenomenon and associates the meaning of this concept with consciousness (Kanke 73).

The research design applied a mixed-method research approach characterized as **communicative and culture-based** (Valova 328; Valova 817). The approach integrates leading theories for intercultural communication, analyzed as a process of communicative interaction between individuals who are natives of different cultural and language codes, who adhere to established norms of behavior, customs, and traditions in local culture, and who conform to the linguistic etiquette accepted by the society in which they were raised. The approach has been used to explore various theoretical and practical aspects of teaching Bulgarian as a foreign language to future medical professionals.

To justify and prove the overall concept in the framework of the approach, methods of analysis, comparison, and synthesis were applied, with the help of which is carried out: (1) a review of existing regulatory, programmatic, and scientific information sources; (2) research, systematization, and analysis of points of view of key terms and concepts of the language and of the foreign language teaching in pedagogical practice; (3)

analysis and synthesis of the reasons necessitating the development of a communicatively focused model for forming a professional-communicative competence, incorporating a methodological set of tools, applicable in the university preparation of master's students in medicine from different countries.

Theoretical-research tasks are solved through the outlined methods, and as a result, the author's point of view is conceptualized concerning the proposed pedagogical model for further development and refinement of the communicative competence of medical students for whom the Bulgarian language is not native.

The studied scientific and regulatory sources were selected according to the following criteria: to present communication models among people; to consist of teaching models that include literary texts in foreign language teaching; to be situated in the research field of medical humanitarianism.

Instruments and Procedure

In order to investigate the impact of the applied pedagogical model, an experiment was conducted in a real learning environment, which included four key stages (see Figure 1).
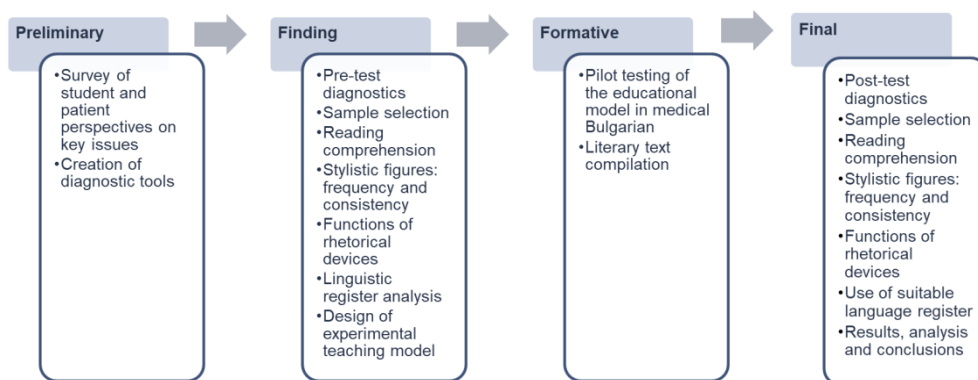

Figure 1. Stages of a pedagogical research [authors' contribution]

The empirical research employed both quantitative and qualitative methods, including: 1) Survey of student and patient opinions. 2) Knowledge and skills testing. 3) Educational model development. 4) An experimental procedure.

Additionally, mathematical and statistical techniques were utilized to process, analyze, compare, evaluate, and present the data obtained from the surveys and tests: Cronbach's alpha, Student's t-test, Mann-Whitney test, Kolmogorov-Smirnov test and the Shapiro-Wilk test. Comparative analysis

was conducted from the achieved learning results after the work implementation process with literary texts from classical and contemporary Bulgarian literary discourse, included as an additional module in the curriculum of foreign students in medical programs.

The empirical data obtained during the ascertainment and exploratory stage provides grounds for highlighting the next questions: 1) what is the level of language proficiency according to the CEFR, 2) which are the identified shortcomings and the opportunities for addressing them. These questions led to the decision to conduct more in-depth studies of the literature on the subject.

Results

The results from the first survey give grounds for the conclusion that the surveyed students from the two programs have equivalent Bulgarian language proficiency at the start of the academic year (see Figure 2).

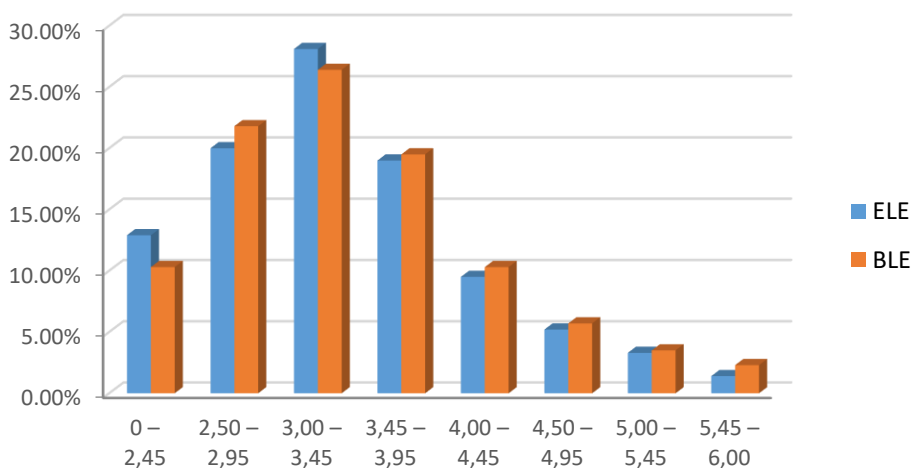Entry-level test assessing Bulgarian language proficiency.

Figure 2. *Results of the entry-level test assessing Bulgarian language proficiency (CEFR level A1 [authors' contribution].*

In the preliminary stage of the study, two surveys were conducted to examine the opinions and evaluations of different target groups on key issues, related to the communicative competence of the students. The first survey examined the viewpoints of medical students enrolled in both Bulgarian- and English-language programs, focusing on the following criteria:

- Proficiency in Bulgarian language;
- Application of Bulgarian in academic and clinical contexts;
- Linguistic and Communicative challenges in interaction with native speakers.

The next step outputs result on the learners' achievements (see Table 1). After the application of the experimental pedagogical model (see Figure 1), a significant difference was statistically observed in the results of the students according to the following criteria:

1. Text comprehension and the selection of correct statements related to the text's content.

A student's t-test was applied to verify hypotheses about the availability of a statistically significant difference between two average values. In the table, the results of four such tests have been summarized. The average number of points, dispersion, and the number of students has been indicated. In the study, we worked with a risk of 5% or 0.05. In this case, all four values of the p-value are lower than 0.05, which gives us reason to conclude that the differences between every pair of average values were statistically significant (see Table 1).

Table 1. *Comparison between the average results of the students from the control groups (CG) and experimental groups (Exp.G) [authors' contribution]*

	Iinput level, ELE.CG	Iinput level. ELE.ExpG	Iinput level. BLE.CG	Iinput level. BLE.ExpG	Output level, ELE.CG	Output leve,. ELE.ExpG	Output level, BLE.CG	Output level. BLE.ExpG
Comparison between the average results of the students from the control groups and experimental groups								
Mean	8.1	7.2	7.8	8.4	8.9	11.1	9.6	11.6
Dispersion	0.3222	0.1778	0.6222	0.4889	0.5444	0.1000	0.4889	0.2667
t Stat	4.0249		-1.8000		-8.6662		-7.2761	
P(T<=t) one-tail	**0.00039724**		**0.04432216**		**0.00000004**		**0.00000046**	
t Critical one-tail	1.73406361		1.73406361		1.73406361		1.73406361	

Table 2 illustrates the understanding of the communication context. When comparing the results of the students at the entry-exit levels (see Table 1), the Wilcoxon test is used for paired samples. A total of 4 tests were conducted – one for each pair of students. In table 2 the results from the Wilcoxon test are presented.

Table 2. *Orientation in the communicative situation: input-output level: ELE/BLE (Wilcoxon signed-rank test) [authors' contribution]*

	ELE CG	ELE ExpG	BLE CG	BLE ExpG
Z	-2.2711	-2.12132	-2.2711	-2.23227
Asymp. Sig. (2-tailed)	0.023141	0.033895	0.023141	0.025597

Finding and extracting certain information from the text is also examined. The analysis continues with hypothesis testing for the difference between average values in two related samples. In our study, as related we consider the results of each group of students at entry and exit level, as they represent the same individuals at two different moments. A total of 4 tests were conducted using the Wilcoxon test for hypotheses testing with related samples (see Table 3).

Table 3. *Finding and extracting certain information from the text: input-output level: ELE/BLE (Wilcoxon signed-rank test) [authors' contribution]*

	ELE CG	ELE ExpG	BLE CG	BLE ExpG
Z	-2	-2.2360	-2.2360	-2.3333
Asymp. Sig. (2-tailed)	0.0455	0.02534	0.02534	0.01963

Table 4 illustrates the result of frequency assessment in the use of comparisons.

Table 4. *Frequency assessment in the use of comparisons: input-output level: ELE/ BLE (Wilcoxon signed-rank test) [authors' contribution]*

	ELE CG	ELE ExpG	BLE CG	BLE ExpG
Z	-3.145	-3.217	-3.145	-3.217
Asymp. Sig. (2-tailed)	.002	.001	.002	.001

Table 5 presents the results of the assessment of the Stability/Stereotypeness of the comparisons based on the empirical significance levels of the conducted tests.

Table 5. Assessment of the stability/stereotypeness of comparisons: input-output level: ELE/BLE (Wilcoxon signed-rank test) [authors' contribution]

	ELE CG	ELE ExpG	BLE CG	BLE ExpG
Z	-3.025	-3.108	-3.126	-3.153
Asymp. Sig. (2-tailed)	.002	.002	.002	.002

The achievements were quantified by means of the difference in levels at the beginning and at the end of the BLE and ELE programmes. The result is presented in Table 6.

Table 6. *Differences between input-output levels: BLE and ELE programmes [authors' contribution].*

Program	Group	Input level	Output level	Δ
BLE	Contr. group	8.1	9.6	1.5
BLE	Exp. group	7.2	11.6	4.4
ELE	Contr. group	7.8	8.9	1.1
ELE	Exp. group	8.4	11.1	2.7

Interpretation of the obtained results and discussion
• Interpretation of the obtained results

A survey collecting the data from students and patients (see Figure 2) provides sufficient grounds to summarize:

Over half of the students (54.7%) assess their proficiency in Bulgarian as low to satisfactory by the end of the first academic year, indicating significant gaps in their knowledge of the target language. The students note that they experienced difficulties in communicating with patients because of the situational nature of the real communicative contexts in clinical environment.

Within the context of medical language education, the surveyed students identified several key barriers to achieving *effective communication with patients*, particularly of *verbal and non-verbal* nature. The most frequently reported challenges included *differences in linguistic means of communication* (91%), followed by a *low level of language and grammar knowledge* (*84%*), and *differences in the logical and linguistic structuring of texts* (81%). These findings point to significant linguistic and cognitive obstacles in clinical interactions, particularly for students who are still developing proficiency in the target language.

Additionally, 68% of respondents highlighted the critical need to substitute traditional *Greco-Latin terms* – often incomprehensible to laypersons – with accessible *Bulgarian synonyms* when communicating diagnoses to patients without medical training. This underscores the importance of patient-centered language use in clinical practice.

In terms of *sociolinguistic markers* shaping professional physician-patient discourse, students expressed a strong preference for *conciseness and brevity* (*78.0%*), *completeness and fullness* (77.0%), and *clarity and accuracy* (67.0%). These indicators reflect students' awareness of the communicative demands in clinical settings and support the need for targeted language training within medical curricula.

The second stage of the study involved a survey conducted among patients. The data obtained support several key conclusions. Nearly *two-thirds of the respondents (64%)* reported that student-doctors often *deviated from standard literary language norms*, which impeded the *transmission, comprehension, and interpretation* of critical medical information. Furthermore, *78%* of patients indicated that *students failed to provide accessible synonyms* for complex medical terminology, thereby limiting effective communication. According to *75%* of the respondents, the *interns' ability to appropriately and contextually apply figurative language* (e.g., comparisons, metaphors) within the medical discourse was insufficient. Significantly, a vast majority of patients (*93%*) emphasized that *communication with the physician* is a fundamental factor in the successful execution of the *diagnostic and therapeutic process*.

In terms of understanding the communication context, Table 2 shows that the empirical significance level is lower than the risk of error in all four pairs. That gives us reason to believe that a statistically significant error is observed in the median number of points from the entry-exit levels for students in each group.

The results from Table 3 show that out of all 48 students, only one of them had a lower result at the exit level compared to the entry level. Positive results are observed in the four groups, with the highest number being in the last group, where 8 out of 12 students have improved their result.

Table 4 shows that, without exception, every one of the students from each group has improved their result, which is reflected by the obtained scores. To what extent this indicated the presence of a statistically significant improvement in the median score can only be judged by the results in the following table. It presents the empirical significance levels if the conducted tests. The results of the four tests confirm the existence of a statistically significant difference between the median scores of students at the entry and exit levels, as the values remain within the acceptable threshold for alpha error (0.05) (see Table 4). This statistically significant difference is further substantiated by the comparison of median results at entry and exit levels (see Table 5). The most pronounced improvement is observed in the experimental group participating in the BLE program, which demonstrates a 4.4-point increase. By contrast, the experimental group in the ELE program records a more modest gain of 2.7 points (see Table 6).

Discussion
At the outset of the academic year, the performance levels of students in both the experimental and control groups were comparable. Following the training period, the experimental groups demonstrated significant improvement across the defined criteria and indicators. This outcome, supported by statistical

analysis, provides evidence of the effectiveness of the implemented experimental model.

Following the experimental training, the greatest improvement was seen in students' ability to complete tasks related to orienting themselves within communicative situations, as well as in their skills to identify the subject of communication. A smaller but still positive progress was noted in tasks involving the identification of time, place, and the positioning of communication participants within these dimensions. Students trained through the experimental approach showed enhanced abilities to navigate unfamiliar texts, extract relevant information, and recognize key terms. They demonstrated better comprehension of the meaning when reading with a specific communicative purpose. Additionally, students in both experimental groups improved in their ability to evaluate more stable figurative expressions (such as idioms), whereas students in the control groups showed lower proficiency in this skill.

The correlation analysis comparing the *frequency* of figurative comparisons *before and after* applying the task-based approaches and analysis to literary texts revealed a strong correlation coefficient of 0.85. This indicates significant progress in students' understanding and evaluation of comparative structures, particularly in terms of their *stability* (idiomaticity).

Comparative analysis of the experimental results from both phases of the study showed a statistically significant difference between the experimental and control groups across various criteria. The most notable difference appeared in the initial assessment, where students in the BLE program scored an average of 8.4 points, while their ELE counterparts scored 7.2 points. At the final assessment, a significant difference between these two groups was also observed.

These findings strongly support the conclusion that the experimental training program – which incorporated literary analysis and systematic methods of working with literary texts – effectively enhances communicative competencies. The overall improvements between *entry* and *exit assessments*, as well as between *experimental* and *control groups*, demonstrate significant progress in student performance over the course of the training.

Experimental Model for Teaching Bulgarian Language as a Foreign Language for Medical Professionals

Through the creative interpretation of literary sources, a questionnaire collecting the data, and their analysis, an original model has been created, validated, and applied for teaching Bulgarian language as a foreign language for the purposes of medical education.

Figure 3 provides a graphical summary of the organizational structure, functional components, and cyclical dynamics of the experimental modular system designed for teaching Bulgarian to foreign medical students.

The constructed pedagogical model allows for effective work on the communicative aspect of speech acts (speech products) in two contexts:

- content-based – acquisition of general topics from the medical discourse

- sociolinguistic – mastery of communicative-behavioural models through productive development of basic communicative skills: reading, listening, speaking, and writing for the academic purposes of medicine.
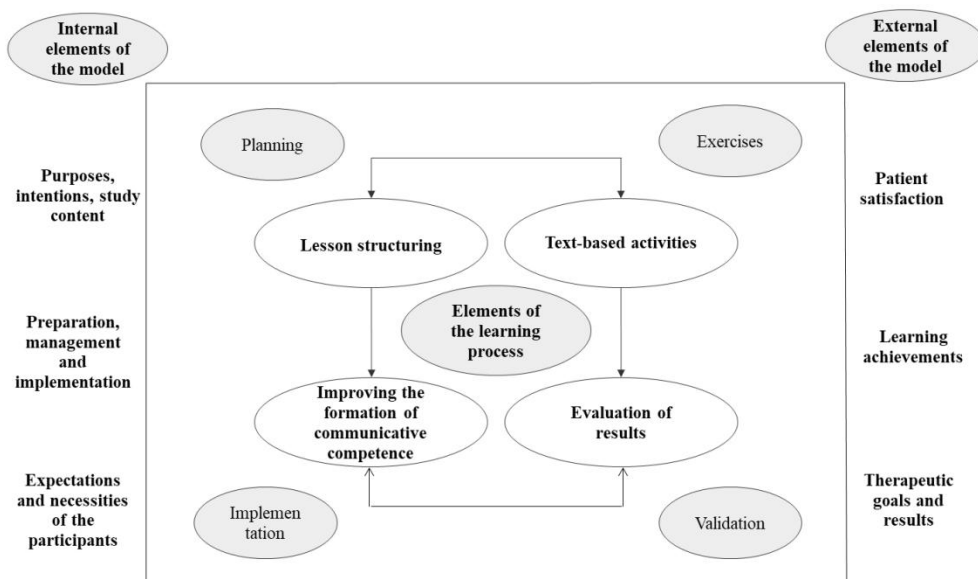

Figure 3. *Experimental model for developing communicative competence for medical professional applying literary analysis [authors' contribution]*

The model comprises the following **thematic modules:**

1. Reading literary texts featuring medical cases to explore characters' emotional and behavioural responses (acceptance and appraisal of the patient's illness and pain – enhancement of empathic competence).

2. Analysing texts that explore moral and ethical traits of characters (developing perception and assimilation of social values and norms at a psychological level).

3. Using literary texts to develop communicative competence on three levels: understanding, information exchange, and interpersonal interaction with patients (improving professional communicative skills).

The developed and tested model in a classroom environment is implemented across three stages – *before, during,* and *after* the work with literary texts and/or with fragments (excerpts) from them.

First Level: Tasks and Activities before Reading the Text (Pre-reading activities)

At this stage, the students, engaged in the research, complete tasks and activities that aid in reviving previous life and reading experience, activate existing linguistic and background knowledge on the topic of the provided literary text or the excerpt from it.

The methodological work at this stage is focused on preparation for the initial reception of the text and a response to a pre-formulated question by the teacher. The following *methods* are used: an account, an exposition, and game-based approaches (crossword puzzles, word riddles, literary riddles). Depending on the type, *the means* that could be used are: a text, a multimedia presentation, or a textbook. *The teacher's activities* at this stage are various: prepares printed copies of the selected text, creates a presentation, compiles an explanatory dictionary and a bilingual dictionary. *The expected results* are: provoking an interest in the literary work; actualizing past life and reading experience, necessary for comprehending the proposed literary text; establishing a link with prior knowledge; pointing out examples from native fiction; developing the receptive skill of reading.

Second Level: Tasks and Activities During Work with the Text (Reading activities)

The work with the text at this stage is about developing comprehension and acquiring a general idea of the text, performing analysis, synthesis, and generalization of several sequential lessons.

The various activities and tasks stimulate the *active participation of the students* in the processes of perceiving and interpreting the literary text. The students discover the plot and the main compositional moments from the work, extract non-narrative elements, trace the development of the storyline, decode the conflicts and trace their resolution, make sense of the content of the work, formulate literary generalizations, and construct a coherent understanding of the humanistic and ethical messages of the author. Effective *methodological approaches* at this stage are: a heuristic discussion, explanation of the activities, reading with an assigned task, questions for information retrieval from the text, expressing personal reasonings, independent formulation of questions, etc. The used *means of teaching* at this stage are: a literary text, a bilingual dictionary, artworks, illustrations, and a textbook. *The teacher's activities*: presents the main moments of the plot; clarifies the elements of the composition (exposition, climax, resolution);

prepares questions in advance, focused on the analysis of the characters' traits; guides the educational literary analysis during reading and discussion; provides commentary on the language and style of the author; conducts vocabulary work. ***The expected results*** are the development of communicative activities: reading – listening – speaking. They are linked to achieving realistic goals for improving the knowledge about language units; for forming skills about: finding, processing and systematizing the information, for ordering paragraphs in the correct sequence, for comprehending the text as an integrated whole in terms of meaning, structure, and language, for creating short texts on the discussed topic, for relating the author's moral messages to specific medical cases, for participating in discussions.

Third Level: Tasks and Activities after Text Work (Post-reading activities)

At this stage, the students' perspectives of the studied work deepen, and the four main communicative skills are developed – reading, listening, speaking, and writing. Language skills for efficient communication in different sociocultural spheres of communication are further cultivated. Both traditional methods for assessment and evaluation of the receptive skills (listening) and the productive skills (speaking), as well as interactive approaches, are applied – mind maps, role-playing, and simulations.

The means of learning are various – textbooks and supplementary resources, a presentation, and artworks. As a result of the analysis and synthesis of the content of individual episodes and images, as well as the unification into one whole, the reader's perspectives about the work at this stage, the students reach the moment of solving moral and ethical problems in the work. They achieve that through the critical lens of professional and empathetical behaviour toward the moral dilemmas. ***The expected results*** are developing skills for: navigating communicative situations; transferring acquired vocabulary in the medical dialogue; and independent construction of a speech act, aligned with communicative intentions.

Conclusions

The study was conducted at the Medical University – Pleven and in the clinical facilities of Dr. Georgi Stranski University Hospital – Pleven, and the obtained results and conclusions apply only to one medical university and one healthcare institution, which constitute its limitations.

The results obtained eliminate any doubt that the method provides the language skills necessary for simultaneous use in both academic and clinical practice. Furthermore, they highlight the significant importance of precise pedagogical intervention in interaction with native speakers.

The data presented and their analysis clearly demonstrate that the inclusion of appropriate literary texts in language instruction supports the development of skills for expressing empathy towards patients (compassion, support, instilling confidence in a positive treatment outcome) and enhances students' competence in effective professional communication in real clinical situations.

The results obtained indicate that the proposed model achieves significant effects on the training of medical students across all specialisations (literary texts were selected with this focus in mind). The universality of the approach suggests that, following the selection of texts with an appropriate thematic focus, the proposed model could achieve similarly high effects if applied in other practice-oriented scientific fields (engineering, education, military sciences, etc.)

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The proposed approach has proved to be more effective than the traditional method for teaching Bulgarian language. Acquiring the spoken language is combined with the study of literary texts by Bulgarian authors. When creating and testing the model, the leading view is that literary works not only present the richness of linguistic life situations, but they also contain examples of the heritage of the national memory and culture. The model aids in the development and refinement of the necessary professional communication competences for interaction within a Bulgarian-speaking healthcare environment. Through engagement with literary texts, both the understanding of the linguistic, mental, ideological, and emotional world of local patients and of the nature of historical and societal processes is broadened, and the knowledge, skills, and competences are also complemented and built upon at the level defined as a mandatory standard within the CEFR.

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