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Formation of future doctors' readiness for intercultural interaction in Kyrgyzstan

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Abstract. This article addressed the pressing issue of developing future doctors' readiness for effective intercultural interaction within the multicultural society of Kyrgyzstan. The aim of the study was to analyse contemporary approaches to fostering intercultural competence among medical students and to develop recommendations for integrating these approaches into the educational process. To achieve this objective, both qualitative and quantitative methods were employed, including content analysis of medical university curricula and a survey of senior students from the I.K. Akhunbaev Kyrgyz State Medical University and Osh State University (N = 347). The study revealed that the cultural, linguistic, and religious diversity of Kyrgyzstan's population has a direct impact on the quality of healthcare delivery. According to the survey results, 68% of respondents reported frequent difficulties in communicating with patients due to language barriers, while 57% had encountered conflicts arising from differing perceptions of illness and traditional treatment methods. Furthermore, 92% of the participants indicated a lack of systematic courses on intercultural communication within their academic programmes. This is supported by the content analysis, which showed that less than 1% of subjects include modules on ethnopsychology or medical anthropology. The authors propose specific measures for modernising medical education, including the introduction of a compulsory module titled "Intercultural Aspects of Medicine", training academic staff in cross-cultural teaching methodologies, and fostering a multicultural environment in universities through exchange programmes and the establishment of "Ethno-Clubs". It was found that students with practical experience in multinational clinics demonstrated intercultural sensitivity levels 34% higher than those without such experience. The findings of this study have practical value for medical universities, the Ministry of Health, and international organisations, contributing to improved quality in medical education and enhanced interethnic interaction within Kyrgyzstan's healthcare system

Keywords: professional readiness; multicultural environment; pedagogical challenge; cultural competence; medical education; tolerance

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INTRODUCTION

Modern society is evolving in the context of globalisation, which contributes to the active expansion of intercultural contact across all areas of life, including healthcare. For Kyrgyzstan, as a multi-ethnic state, this creates specific conditions in which medical professionals regularly interact with representatives of diverse cultures. As a result, the need to prepare future doctors for professional activity in a culturally diverse environment is increasing. The development of intercultural competence among medical students is becoming a crucial task for the medical education system and represents a significant pedagogical challenge (Kozubovska *et al.*, 2022). A review of the literature suggests that addressing this challenge requires the implementation of modern educational approaches, such as active learning methods, the integration of intercultural components into academic curricula, and the development of practical experience. Successfully addressing this issue will enhance the quality of medical care in culturally diverse contexts and strengthen interethnic harmony in society.

In recent years, medical education in Kyrgyzstan has been actively evolving with a focus on training professionals capable of working effectively in multinational and multicultural environments. A key aspect of this process is the development of intercultural competence among future doctors. A group of researchers, O. Heller *et al.* (2023), conducted a mixed-methods study exploring the attitudes of medical students in Kyrgyzstan towards family medicine. The findings revealed that while future doctors generally recognise its significance within the healthcare system, they also note existing gaps in their educational training, particularly in the area of intercultural communication, which hinders effective interaction with patients from various ethnic and cultural backgrounds in Kyrgyzstan's multi-ethnic society. A. Samigullina *et al.* (2024), in their research on the digital transformation of adaptation processes for international students in Kyrgyz medical universities, explored the development of an expert system aimed at improving student integration into the educational environment, taking into account cultural characteristics and needs. This, in turn, supports the development of intercultural competence. In a study by U. Kadyrkulova & G. Abylasynova (2020), dedicated to reforms in Kyrgyzstan's medical education system, the authors emphasised the need to include intercultural training in academic programmes so that future doctors can work effectively in culturally diverse settings.

The article by D. Kozhogulova (2016) addressed the challenges and prospects of diversity-oriented education in Kyrgyzstan, highlighting the importance of equipping students with intercultural communication skills for successful professional activity in a multi-ethnic society. The author stresses the value of implementing the "Multilingual and Multicultural Education" programme in public educational institutions, aimed at fostering tolerance and strengthening interethnic relations. Although the study by K. Nagymzhanova *et al.* (2024) focused on the development of intercultural communication among international medical students in Kazakhstan, its findings are also relevant for Kyrgyzstan, as the research confirmed that developing such skills promotes a better understanding of cultural differences and improves communication with patients.

The article by G. Orozalieva *et al.* (2021) explored the formation of intercultural competence in future teachers. While the study targets pedagogical education, its conclusions about the importance of intercultural training are also applicable to medical education, as future doctors likewise require intercultural communication skills. As noted by J. Betancourt *et al.* (2002), cultural competence in healthcare comprises a set of knowledge, skills, and attitudes that enable the delivery of appropriate and high-quality care to patients from diverse cultural backgrounds. Similarly, R. Thackrah & S. Thompson (2013) stressed that the concept of cultural competence continues to evolve and that it is necessary to acknowledge its dynamic nature, aiming for intercultural sensitivity and critical reflection on healthcare workers' own cultural positions.

Kyrgyzstan, as a country with rich ethnic and cultural diversity, faces an important task – preparing medical professionals capable of effectively engaging with patients of different nationalities, religious beliefs, and cultural traditions. In the context of globalisation and increasing migration, the issue of cultural adaptation in healthcare is becoming increasingly relevant. Medical professionals in Kyrgyzstan provide daily care to patients from various ethnic and cultural communities – Kyrgyz, Uzbeks, Russians, Tajiks, and others (Abramzon, 1946). Each of these groups possesses unique perceptions of health, illness, and treatment methods, requiring doctors to have not only professional qualifications but also the ability to consider cultural nuances in order to build trustful relationships with patients. However, research shows that the current medical education system in the country does not sufficiently equip future doctors with intercultural communication skills.

This issue is particularly pronounced during the educational process in medical universities. Future doctors must not only be able to provide competent medical care but also find common ground with representatives of different cultural groups (Karpenko, 2022). At the same time, the current curriculum does not always address the necessity of cultivating intercultural sensitivity and tolerance among students. As a result, many graduates are not fully prepared for practice in culturally diverse settings. This highlights the urgent need to reform approaches to medical education. It is essential to integrate disciplines and methods into academic programmes that promote the development of intercultural competence. This involves not only introducing specialised courses but also rethinking pedagogical methods to foster students' respect for cultural differences, empathy, and readiness for open and respectful dialogue with patients from various ethnic and religious backgrounds. The aim of this study was to analyse existing approaches and methods for developing intercultural competence among future doctors in Kyrgyzstan and to propose

recommendations for integrating these approaches into the educational process of the country's medical universities.

MATERIALS AND METHODS

This study employed a comprehensive research design, incorporating both qualitative and quantitative methods for data collection and analysis. The empirical and informational basis of the research was formed through: content analysis of academic curricula from medical higher education institutions in Kyrgyzstan (specifically, the I.K. Akhunbaev Kyrgyz State Medical University and Osh State University); a review of relevant scientific publications concerning the development of intercultural competence in medical education; international reports and recommendations from the World Health Organization (WHO, n.d.) and UNESCO (2006) related to intercultural communication in healthcare; and primary empirical data obtained through a student survey.

Content analysis was conducted to systematise and examine the curricula of medical universities in the Kyrgyz Republic with the aim of identifying the presence and extent of disciplines or modules dedicated to developing intercultural competence. In particular, the study analysed the academic plans and syllabi of the I.K. Akhunbaev Kyrgyz State Medical University and Osh State University. Additionally, 28 scholarly publications on intercultural competence in medicine were analysed to identify essential components of training, such as culture-specific knowledge (e.g. understanding traditional health beliefs among Kyrgyzstan's ethnic groups, the role of religious practices) and communication skills (e.g. techniques for overcoming language barriers, non-verbal communication strategies).

A survey was conducted among fourth- to sixth-year students at the I.K. Akhunbaev Kyrgyz State Medical University and Osh State University between October and December 2024 using a questionnaire hosted on the Google Forms platform. The total sample included 347 respondents (KSMU: n = 215; OSU: n = 132). These institutions were selected due to their leading role in training medical professionals in the country. A purposive (non-random) sampling method was employed. Inclusion criteria were: (1) current enrolment in the 4th-6th year of study; and (2) clinical practice experience (i.e. having interacted with patients). The survey link was distributed through university dean's offices and academic advisors and subsequently shared in student chat groups. The response rate was approximately 68% of those invited who met the inclusion criteria.

The questionnaire consisted of four blocks:

- Block A: Socio-demographic data (e.g. year of study, university, and optionally, ethnic self-identification);
- Block B: Questions on experience with intercultural interaction during clinical practice, self-assessed readiness, and common challenges when interacting with patients from different cultural, linguistic, and religious backgrounds (e.g. "How often do you encounter patients whose culture/language differs from yours?" with options: "Very often", "Often", "Sometimes", "Rarely", "Never");
- Block C: Open-ended questions designed to elicit qualitative data on specific difficulties in intercultural communication and student suggestions for improving training (e.g. "Describe a memorable case of intercultural misunderstanding with a patient. How did you resolve it, if at all?");
- Block D: An adapted intercultural sensitivity scale based on the MILKS model (Model of Intercultural Learning, Knowledge, and Skill) by A. Fantini & A. Tirmizi (2006). The adaptation process included cultural and contextual validation by three experts in intercultural communication and medical pedagogy, pilot testing (n = 30), and modifications to ensure contextual relevance for Kyrgyzstan. The reliability of the adapted scale was confirmed with a Cronbach's alpha coefficient >0.8, indicating strong internal consistency. Respondents rated their agreement with statements (e.g. "I feel confident when communicating with patients from other cultures") using a 5-point Likert scale ("Strongly disagree" to "Strongly agree").

Quantitative data from the survey were processed using IBM SPSS Statistics 28. Descriptive statistical methods (frequency analysis and percentage calculations) were applied to characterise the challenges students faced. For the analysis of qualitative data collected via open-ended questions (Block C), thematic analysis was used to identify key issues and suggestions raised by respondents. Responses were coded, recurring themes and patterns were identified, and general categories were formed.

The study was conducted in strict accordance with the ethical principles of the WMA Declaration of Helsinki (1964). The research protocol was approved by the Ethics Committee of the I.K. Akhunbaev Kyrgyz State Medical University (Protocol No. 3, dated 15 September 2024). Student participation was voluntary and anonymous, with informed consent obtained in advance.

RESULTS

Kyrgyzstan, a multi-ethnic state with more than 80 ethnic groups, provides unique conditions for medical practice. This study confirmed that the cultural, linguistic, and religious diversity of the population directly affects the quality of healthcare delivery. A survey of students (N = 347) revealed the following key challenges:

- Language barriers: 68% of respondents reported frequent difficulties communicating with patients who did not speak Kyrgyz or Russian, leading to errors in medical history taking;
- Cultural discrepancies: 57% experienced conflicts due to differences in perceptions of illness, traditional treatment methods (especially among Uzbek and Tajik communities), and the role of the family in decision-making;
- Educational resource gap: 92% noted the absence of systematic intercultural communication courses in the curricula of KSMU and OSU.

A comparative analysis of the curricula at KSMU and OSU showed that fewer than 1% of courses include modules on ethnopsychology or medical anthropology, and there

are no standardised practical sessions for developing skills in multicultural simulations. These findings align with the conclusions of U. Kadyrkulova & G. Abylasynova (2020) and O. Heller *et al.* (2023), confirming a systemic gap in training. As emphasised by L. Kuvaeva (2025), cultural competence is not an add-on but a fundamental element of medical professionalism in multi-ethnic societies. Without its incorporation, healthcare effectiveness in ethnically mixed regions (such as Osh and Batken Regions) remains low.

Based on a thorough content analysis of medical curricula and relevant academic literature, as well as qualitative data collected through the open-ended questions of the survey (Block B), the essential components required for preparing future doctors for effective intercultural interaction were identified. These elements comprise three key components. Firstly, culture-specific knowledge, which involves an in-depth understanding of traditional health beliefs among the main ethnic groups in the Kyrgyz Republic, such as Kyrgyz, Uzbeks, and Dungans. Particular attention should be paid to the influence of religious practices – such as namaz (ritual prayer) and fasting – on adherence to treatment regimens, as well as to sensitive aspects like the prohibition of autopsies in Islam, which, according to data, result in conflicts in forensic medical practice in 75% of cases. Secondly, the development of communication skills, including techniques for effectively overcoming language barriers. This includes the use of professional interpreters and the acquisition of basic medical vocabulary in Uzbek and Tajik – skills that are especially relevant in the southern regions of the country. This component also involves mastering non-verbal communication, with sensitivity to cultural taboos, such as the prohibition of handshakes with women in conservative families (Shcherban & Dolynay, 2024). Thirdly, the implementation of practice-oriented learning methods. These include the analysis of clinical case studies based on real-life intercultural conflict situations (e.g., refusal of blood transfusion on religious grounds), and role-playing exercises involving cultural representatives. A pilot implementation of these methods at Osh State University showed that 89% of students reported a significant increase in confidence in their intercultural communication skills.

The critical importance of internships in multi-ethnic healthcare institutions was emphasised: although only 12% of students had such experience, 98% considered it highly valuable. Further analysis using the adapted MILKS intercultural sensitivity scale ($\alpha > 0.8$) revealed that students ($n = 41$) with practical experience in multinational clinics demonstrated 34% higher levels of intercultural sensitivity than those without such exposure. This finding supports E. Baikina's (2024) argument that competency develops through immersive experience, not solely theoretical instruction.

To address the identified shortcomings in the training of future doctors and to enhance the effectiveness of intercultural interaction in medical practice, specific and comprehensive measures have been proposed across several key areas. Modernisation of the academic curriculum includes the introduction of a mandatory module entitled "Intercultural Aspects of Medicine", totalling 72 academic hours. The main focus of this module should be on studying ethnomedical traditions and the culturally conditioned behaviours of patients in the Kyrgyz Republic, as well as on examining the legal aspects of informed consent, taking into account local cultural norms and values. As part of this initiative, the development of open educational resources (OER) in both Kyrgyz and Russian is planned. These resources will include clinical case studies with local specificity and are part of a project supported by the World Health Organization (WHO, n.d.).

Alongside curricular updates, the training of academic staff is of critical importance. Specialised training sessions must be provided for 100% of teaching personnel from clinical departments on cross-cultural education methodologies. This professional development will be carried out in partnership with international programmes such as Erasmus+ (n.d.), allowing for the integration of global best practices into the teaching process. Significant attention should also be devoted to creating a multicultural educational environment in universities. This will be realised through exchange programmes for students and faculty between regions of Kyrgyzstan with pronounced ethnic diversity (e.g. Batken and Osh regions), as well as with other Central Asian countries (such as Kazakhstan and Uzbekistan). A particularly important initiative involves the creation of "Ethno-Clubs" as platforms for constructive dialogue and experience-sharing between local and international students. According to experience from the Kyrgyz State Medical University, such clubs contributed to a 40% reduction in stereotyping within the student community.

The implementation of these measures is not only educationally, but also economically justified. The pilot launch of these initiatives at KSMU, planned for 2025, will require an investment of 28 million Kyrgyz soms. These funds will be allocated for equipping a simulation centre and compensating experts involved. However, as calculations by A. Samigullina *et al.* (2024) show, every som invested in the development of intercultural training for medical personnel has the potential to reduce costs related to conflict resolution and misunderstandings in healthcare institutions by 3.7 soms.

Systematically integrating these strategies will substantially improve the quality of care in multi-ethnic communities and strengthen the physician's role as a mediator of cultural dialogue. This aligns with the Sustainable Development Goals (2015) – SDG 3 (Good Health and Wellbeing) and SDG 10 (Reduced Inequalities) – underscoring the global significance of the issue. It should be noted that the primary barriers in intercultural healthcare communication remain language gaps, cultural differences in health beliefs and treatment practices, the family's role in therapy, stereotypes, and unconscious biases – all exacerbated by a lack of cultural competence and awareness among students and staff. Therefore, preparing future doctors for intercultural engagement is not only a vital pedagogical requirement

but a key step toward building a more tolerant, equitable, and effective healthcare community in Kyrgyzstan.

DISCUSSION

The present study clearly demonstrated that in today's globalised world – characterised by increasing migration and cultural diversity – the development of intercultural competence among future medical professionals is not merely desirable but an essential component of professional training (UNESCO, 2006). In the context of multi-ethnic Kyrgyzstan, where healthcare professionals interact daily with patients from diverse ethnic, linguistic, and religious backgrounds, the ability to communicate effectively across cultural boundaries directly impacts the quality and safety of medical care (Iskakov, 2016; Choyubekova & Sadamkulova, 2019). The absence of adequate intercultural training leads to significant challenges, ranging from language barriers and miscommunication to conflicts rooted in differing perceptions of health, illness, and treatment practices (Batyrov, 2024). The empirical data from this study, gathered through a student survey, corroborates these concerns, revealing substantial gaps in current curricula and highlighting the urgent need for systemic reform.

As noted by N. Sirota *et al.* (2015), effective intercultural communication in medicine is not only a matter of ethics and patient respect but also a practical necessity for achieving better clinical outcomes. Research shows that culturally competent physicians are more likely to build trust with their patients, which results in better treatment adherence and a reduction in medical errors (Paez *et al.*, 2009; Raza *et al.*, 2024). Moreover, investment in the development of these skills has proven economic benefits, helping to reduce costs associated with conflict resolution and repeat visits due to misunderstandings or distrust in the healthcare system (O'Byrne *et al.*, 2008; Spînu, 2024).

The measures proposed in this study – modernisation of curricula, targeted teacher training, and the creation of a multicultural educational environment – offer a comprehensive approach to addressing the identified issues. The introduction of specialised modules and the use of practice-oriented methods, such as clinical case studies and role-playing exercises, provide students not only with theoretical knowledge but also the opportunity to engage with realistic interaction scenarios, as discussed by Yu. Logvinov *et al.* (2018) and J. Divakaran (2025). Establishing an intercultural environment in universities, including exchange programmes and informal student clubs, contributes to the development of empathy and reduction of stereotyping at an interpersonal level, which is fundamental for fostering true cultural sensitivity (Ratzmann, 2019; Yogeeswaran *et al.*, 2020; Nasie, 2023).

Thus, preparing future doctors for intercultural interaction is not merely an educational objective but a strategic priority for improving the national healthcare system and promoting social well-being. It is a process that demands sustained efforts from the academic community, government bodies, and international partners. Nevertheless, its outcomes will contribute to the creation of a more effective, humane, and tolerant healthcare community – one that is capable of responding with dignity and competence to the challenges of a multicultural society.

CONCLUSIONS

The findings of this study convincingly underscored the critical importance of developing intercultural competence among future physicians within Kyrgyzstan's multi-ethnic and multicultural society. It has been shown that successful and ethical medical practice in such a context requires not only strong clinical knowledge, but also the vital ability to account for the cultural, ethnic, and religious differences of patients. Survey results revealed that 68% of respondents face significant communication difficulties due to language barriers, while 57% regularly encounter conflict situations arising from differing cultural perceptions of health, illness, and traditional healing practices. These figures highlight a clear deficiency in training related to intercultural interaction.

One of the key conclusions is the urgent need for the systematic integration of intercultural education into the medical higher education curriculum. Content analysis demonstrated that fewer than 1% of courses include modules on ethnopsychology or medical anthropology, and 92% of students report a complete lack of formal intercultural communication courses. The incorporation of such training would enable healthcare professionals to communicate effectively with patients from diverse ethnic backgrounds and prevent conflicts stemming from cultural misunderstandings. The practical value of this research lies in the provision of specific recommendations for improving medical education. These include the introduction of specialised courses and workshops in intercultural communication, the active use of role-playing exercises, and practice-based sessions grounded in real clinical case studies. The effectiveness of these methods is supported by evidence from the pilot implementation of role-play at Osh State University, where 89% of students reported a significant increase in confidence in their intercultural communication skills. Moreover, while only 12% of surveyed students had undertaken internships in multi-ethnic healthcare institutions, 98% of them considered the experience to be critically important. This is further supported by findings showing that students with such experience demonstrated 34% higher levels of intercultural sensitivity than their peers without this exposure. These measures will help future physicians to develop not only theoretical knowledge of cultural diversity, but also essential practical skills for applying that knowledge in everyday clinical settings. A key indicator of the success of such training is not only a reduction in stereotyping – evidenced by a 40% decrease in such tendencies through the "Ethno-Clubs" initiative at KSMU – but also increased patient satisfaction with culturally respectful and responsive care.

Furthermore, the study identified the need to establish an effective system for assessing and monitoring the level of intercultural competence among medical professionals.

This will allow for progress to be tracked and educational approaches to be adjusted accordingly. It is also essential to regularly update teaching materials and methodologies to reflect the evolving social, cultural, and technological landscape of modern society. Future research should focus on a deeper analysis of how intercultural training impacts the quality of healthcare across various regions of Kyrgyzstan, taking into account their specific ethnic and cultural composition. Additionally, exploring and adapting best practices from international medical education institutions will contribute to developing the most effective and sustainable approaches to training future doctors in the context of Central Asia.

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Кыргызстандагы болочоктогу дарыгерлердин маданияттар аралык өз ара аракеттешүүгө карата даярдыгын калыптандыруу

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Аннотация. Бул макалада Кыргызстандагы көп маданияттуу коом шарттарында болочоктогу дарыгерлердин натыйжалуу маданияттар аралык өз ара аракеттенүүгө даярдыгын калыптандыруу маселеси каралган. Изилдөөнүн максаты – медициналык студенттердин маданияттар аралык компетенттүүлүгүн калыптандыруунун заманбап ыкмаларын талдоо жана аларды билим берүү процессине интеграциялоо боюнча сунуштарды иштеп чыгуу болгон. Максатка жетүү үчүн сапаттуу жана сандык методдор колдонулган, анын ичинде медициналык ЖОЖдордун окуу программаларына контент-аналитикалык талдоо жана И.К. Ахунбаев атындагы Кыргыз мамлекеттик медициналык университетинин жана Ош мамлекеттик университетинин жогорку курсунун студенттерин (N = 347) сурамжылоо жүргүзүлгөн. Изилдөөнүн жыйынтыгында, Кыргызстандагы калктын маданий, тилдик жана диний ар түрдүүлүгү медициналык жардам көрсөтүүнүн сапатына түздөн-түз таасир этери аныкталды. Сурамжылоонун жыйынтыгы боюнча, респонденттердин 68 %ы тил тоскоолдуктарынан улам бейтаптар менен баарлашууда кыйынчылыктарга көп учурашарын, ал эми 57 %ы оорунун кабылдоосундагы жана салттуу дарылоо ыкмаларына болгон мамиленин айырмачылыгынан келип чыккан жаңжалдарга туш болгонун билдиришти. Мындан тышкары, респонденттердин 92 %ы окуу программаларында маданияттар аралык коммуникация боюнча системалуу курстар жок экенин айтышкан. Бул контент-аналитикалык изилдөө менен да ырасталып, дисциплиналардын 1 %тен азы гана этнопсихология же медициналык антропология боюнча модулдарды камтый турганы аныкталган. Макаланын авторлору медициналык билим берүүнү модернизациялоо боюнча так сунуштарды беришти. Аларга “Медицинанын маданияттар аралык аспекттери” аттуу милдеттүү модулду киргизүү, мугалимдерди кросс-маданий окутуу ыкмалары боюнча даярдоо жана ЖОЖдордо студенттердин маданияттар аралык тажрыйбасын кеңейтүү үчүн алмашуу программалары менен “Этноклубдарды” уюштуруу кирет. Изилдөөнүн жүрүшүндө улуттар аралык клиникаларда практика өткөн студенттердин маданияттар аралык сезимталдуулугу 34 %га жогору болору аныкталган. Бул изилдөөнүн жыйынтыктары медициналык ЖОЖдор, Саламаттык сактоо министрлиги жана эл аралык уюмдар үчүн практикалык маанеге ээ болуп, Кыргызстанда дарыгерлерди даярдоонун сапатын жогорулатууга жана саламаттык сактоо системасындагы этностор аралык өз ара түшүнүшүүнү жакшыртууга өбөлгө түзөт

Негизги сөздөр: кесиптик ишмердүүлүккө даярдык; көп маданияттуу чөйрө; педагогикалык маселелер; маданий компетенттүүлүк; медициналык билим берүү; толерантуулук

Формирование готовности будущих врачей к межкультурному взаимодействию в Кыргызстане

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Аннотация. В данной статье рассмотрена актуальная проблема формирования готовности будущих врачей к эффективному межкультурному взаимодействию в условиях поликультурного общества Кыргызстана. Целью исследования был анализ современных подходов к формированию межкультурной компетентности у студентов-медиков и разработка рекомендаций по их интеграции в образовательный процесс. Для достижения поставленной цели использовались качественные и количественные методы, включая контент-анализ учебных программ медицинских вузов и анкетирование студентов старших курсов Кыргызского государственного медицинского университета им. И.К. Ахунбаева и Ошского государственного университета (N = 347). Исследование выявило, что культурное, языковое и религиозное разнообразие населения Кыргызстана напрямую влияет на качество оказания медицинской помощи. По результатам анкетирования, 68 % респондентов отметили частые сложности в общении с пациентами из-за языковых барьеров, а 57 % сталкивались с конфликтами, вызванными различиями в восприятии болезни и традиционных методах лечения. Более того, 92 % опрошенных указали на отсутствие систематических курсов по межкультурной коммуникации в учебных программах, что подтверждается контент-анализом, показавшим, что менее 1 % дисциплин содержат модули по этнопсихологии или медицинской антропологии. Авторами предложены конкретные меры по модернизации медицинского образования, включая введение обязательного модуля «Межкультурные аспекты медицины», подготовку преподавателей по методикам кросс-культурного обучения и создание поликультурной среды в вузах через программы обмена и «Этноклубы». Установлено, что студенты с опытом практики в многонациональных клиниках демонстрируют уровень межкультурной чувствительности на 34 % выше. Результаты исследования имеют практическую ценность для медицинских вузов, Министерства здравоохранения и международных организаций, способствуя повышению качества подготовки врачей и улучшению межэтнического взаимодействия в системе здравоохранения Кыргызстана

Ключевые слова: готовность к профессиональной деятельности; поликультурная среда; педагогический вызов; культурная компетентность; медицинское образование; толерантность