



METHODS OF TEACHING ENGLISH TO MEDICAL STUDENTS

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Abstract. *English proficiency is increasingly important for medical students because contemporary medical education depends on international research, evidencebased guidelines, professional collaboration, and communication across linguistic and cultural boundaries. However, teaching English to medical students differs from teaching general English: learners need language that supports academic study and future clinical work. This article discusses major approaches to English for Medical Purposes (EMP), including needs analysis, communicative language teaching, taskbased learning, case-based learning, problem-based learning, role-play and simulation, content-based instruction, genre-based writing, vocabulary development, and technology-enhanced learning. It argues that no single method is sufficient for all learning outcomes. Effective instruction combines explicit language teaching with meaningful professional tasks, structured feedback, and assessment aligned with real communication demands.*

Keywords: *English for Medical Purposes; English for Specific Purposes; medical students; communicative language teaching; task-based learning; simulation; medical terminology; assessment.*

English has a prominent role in medical education and professional knowledge exchange. A substantial amount of medical literature, clinical guidance, conference communication, and international collaboration is conducted in English. Medical students may need to read research abstracts, understand lectures, discuss clinical cases, present findings, and communicate with patients or colleagues in multilingual settings.



Nevertheless, students who study medicine often face a demanding curriculum, a large volume of specialist terminology, and limited time for language learning. Their English levels may also differ considerably. Some students can read scientific texts but hesitate to speak; others communicate fluently in everyday situations but struggle with formal academic language, abbreviations, or the careful wording required in clinical communication. English for Specific Purposes (ESP) provides a useful starting point because it organizes language instruction around learners' goals, contexts, and communicative needs. English for Medical Purposes (EMP) is a specialised area of ESP that focuses on language used in medical study, research, and healthcare-related communication.

The central argument of this article is that English teaching for medical students should be professionally relevant, communicative, and systematically assessed. The strongest course design combines several methods: direct teaching of language forms and terminology, interaction built around meaningful tasks, realistic clinical scenarios, reading and writing of medical genres, and guided use of digital resources. The aim of this article is to review practical methods for teaching English to medical students and to propose a coherent framework for integrating them into an EMP course. The article uses a narrative, literature-informed approach.

The discussion is organised around five questions: What language needs do medical students have? Which methods can address those needs? How can medical content be integrated without sacrificing language learning? How should progress be assessed? What principles can guide course planning? The recommendations are intended for university English instructors, medical educators, and curriculum designers. Needs Analysis and Course Design should precede the selection of teaching methods. Teachers need to identify students' current abilities, target tasks, professional interests, and learning constraints. A needs analysis can include diagnostic tests, questionnaires, interviews, classroom observation, consultation with medical subject teachers, and analysis of authentic texts used in the medical curriculum.



The analysis should distinguish between present needs and target needs. Present needs concern what students can currently do in English and where they experience difficulty. A first-year student may need foundations in pronunciation, word formation, common medical roots, and basic descriptions of body systems. A senior student may need to explain symptoms, present a differential diagnosis in a classroom case, interpret research findings, or participate in a simulated handover. Consequently, the same textbook or sequence of activities may not suit every cohort.

Communicative Language Teaching (CLT) gives priority to using language to convey meaning and achieve communicative purposes. In an EMP classroom, students should not only know a term or grammatical structure but also be able to use it appropriately in context. Activities may include pair interviews, information-gap tasks, short presentations, group discussions, explanations of anatomical functions, and questions about a medical text. For example, students can work in pairs to describe symptoms without showing one another a written prompt. One student explains the location, onset, duration, and severity of a symptom; the partner asks follow-up questions and records the information. The activity develops question formation, listening, clarification strategies, and relevant vocabulary. A follow-up stage can ask students to report the information accurately using appropriate clinical phrasing.

CLT also highlights pragmatic competence. In healthcare communication, language must be clear, respectful, and sensitive to the listener. Students should practise checking understanding, avoiding unnecessary jargon when addressing a layperson, and responding empathetically. Compare “You have hypertension” with a more accessible explanation such as “Your blood pressure is higher than the recommended range.” The choice depends on the audience and context.

Task-Based Language Teaching (TBLT) organises learning around tasks in which learners use language to reach a meaningful outcome. Ellis (2003) and Nunan (2004) describe task-based approaches in which meaning-focused activity, learner interaction, and an outcome beyond the mere display of a language form are central.



In medical English, tasks can resemble professional or academic activities while remaining appropriate for the learners' level.

A task sequence may include three stages. Before the task, the teacher introduces the context, activates prior knowledge, and pre-teaches essential language. During the task, students work toward an outcome, such as completing a patient-history form, explaining a health-promotion message, or presenting the key points of an abstract.

For example, a group might receive a fictional case summary containing a patient's age, main complaint, symptom duration, and relevant background. Students must agree on a concise oral presentation using a specified structure.

Tasks should be authentic in purpose, not necessarily complex in every detail. A beginner can complete a simplified task with a word bank and sentence frames, while an advanced learner can synthesise several sources and respond to questions. Teachers should avoid allowing medical knowledge to overshadow the language objective.

Case-Based Learning (CBL) uses a particular case to prompt analysis and discussion. Problem-Based Learning (PBL) begins with a problem that learners investigate, often through collaborative inquiry. Both approaches can create a meaningful context for medical English because students need to ask questions, explain evidence, compare possibilities, and justify conclusions. A teacher might present a short case about a fictional patient who reports a cough and fever. Students identify unknown vocabulary, formulate questions, distinguish stated facts from assumptions, and prepare a short summary. The language focus might include symptom descriptions, time expressions, modal verbs for cautious statements, and phrases such as "The information suggests..." or "Further information would be needed to...".

Case-based activities encourage students to integrate reading, speaking, listening, and writing. They can also foster collaboration and critical thinking. Yet cases may be ineffective if they are too difficult, medically ambiguous, or



linguistically overloaded. Teachers should limit the number of new terms, make the task objective explicit, and debrief both content and language.

Role-play allows students to practise defined roles in a controlled environment. Simulation adds a more structured scenario, often with a checklist, timed stages, or specific communication goals. In EMP, these methods are particularly useful for practising introductions, open and closed questions, clarification, explanations, consent-related language, and the organization of spoken information. A basic patient-interview role-play can assign one student the role of a patient with a fictional symptom card and another the role of a student clinician. The interviewer practises greeting the patient, asking about the main concern, clarifying duration and severity, and summarising the information.

The teacher should provide a safe learning environment in which mistakes are treated as information for improvement. Students should not be asked to disclose personal health information or imitate distressing experiences. Scenarios must protect privacy and avoid stereotyping patients by age, gender, disability, ethnicity, or social background. Where clinical realism is used, a qualified medical educator can review the scenario. Simulation should not be limited to doctor–patient dialogues. Medical students also need to practise handing over information, asking a colleague for clarification, explaining a poster, presenting a case, and participating in a team discussion. These activities develop discourse organisation and interactional competence.

Medical terminology is a defining feature of EMP, but vocabulary should not be taught only through bilingual lists. Students need to understand word meaning, pronunciation, spelling, word formation, collocations, register, and use in context. Teaching common prefixes, suffixes, and roots can help learners recognise unfamiliar words, although word-part analysis does not replace checking a term's meaning in context. A useful vocabulary cycle includes presentation, noticing, retrieval, and use. First, students meet a term in a diagram, short text, or spoken explanation. Next, they identify its form and meaning, record pronunciation, and



examine common combinations. Later, they retrieve the word from memory through spaced quizzes, flashcards, matching tasks, or short explanations. Finally, they use it in a sentence, case summary, or oral presentation.

Teachers should distinguish technical terms from plain-language equivalents. “Myocardial infarction” may be appropriate in a scientific report, while “heart attack” may be more suitable in patient-facing communication. Students should practise choosing language for the audience and purpose. Collocations are also important: learners should notice combinations such as “administer medication,” “present with symptoms,” “conduct a study,” and “obtain a sample.”

Reading is essential because medical students need to access textbooks, guidelines, research abstracts, and educational resources. Teaching should move beyond translating every sentence. Students can practise predicting content from headings, identifying the main claim, distinguishing evidence from interpretation, recognising definitions, and summarizing key information. A reading lesson can follow a before-during-after sequence. Before reading, students discuss the topic and review a small number of key terms. During reading, they identify the purpose of each paragraph, locate specified information, or annotate unfamiliar language. After reading, they produce a summary, answer evidence-based questions, or explain the findings orally.

Listening tasks can use lectures, interviews, educational videos, or teacher-recorded explanations. Students may first listen for the general idea, then listen for specific details, and finally compare notes or reconstruct the main message. Medical lectures often contain dense noun phrases, abbreviations, and unfamiliar pronunciation, so notetaking and clarification strategies should be taught explicitly.

Authentic material is valuable only when it is accessible and purposeful. Teachers may shorten or annotate a text, but should preserve its central meaning and identify adaptations. Copyright, privacy, and the reliability of medical information must also be considered. Teaching Medical Writing and Presentation Skills need to write summaries, case reports, reflective notes, abstracts, emails, and research



assignments. They also need to present information clearly to peers and academic audiences. Genre-based instruction helps learners recognise how different texts are organised, what language they use, and what purposes they serve. A writing lesson can begin with a model text. Students identify its sections, typical phrases, verb tenses, linking expressions, and degree of formality. They then plan their own text, draft it, receive feedback, and revise it. For example, students can summarise a short research abstract using a structure that covers background, objective, method, main result, and conclusion. Oral presentations benefit from a similar scaffold: define the purpose, organise a clear beginning and sequence, explain visual material, signal transitions, and conclude with key points. Students should practise answering questions and acknowledging uncertainty. Teachers can use a rubric that assesses organisation, comprehensibility, terminology, pronunciation, and response to questions. Feedback should identify strengths and offer a small number of actionable next steps.

Writing and presentation activities should be integrated with reading and speaking rather than treated as isolated skills. A sequence might ask students to read an abstract, discuss it in groups, write a concise summary, and deliver a two-minute presentation. Such integration gives learners repeated exposure to the same concepts and language in different forms.

Digital tools can extend practice beyond limited classroom time. Learning-management systems, online dictionaries, flashcard applications, quizzes, audio recordings, video conferencing, and collaborative documents can support vocabulary review, listening practice, peer feedback, and self-directed learning. A flipped classroom can assign a short video, reading, or vocabulary activity before class so that classroom time is available for interaction, problem-solving, and feedback.

Technology should be selected according to the learning objective rather than novelty. A flashcard application may support spaced retrieval, but it cannot by itself teach empathetic interviewing. A video can model communication, but students need followup tasks to notice language and practice it. Digital learning also raises issues



of access, distraction, privacy, and information quality. Not all students have reliable internet access or personal devices. Alternative low-bandwidth or printed materials should be available. Students should be taught to evaluate online medical sources, distinguish educational material from commercial content, and avoid entering identifiable patient information into public tools. Assessment should measure the outcomes the course is designed to develop. If a course aims to improve clinical interviewing, a grammar-only test is insufficient. A balanced assessment plan may include diagnostic testing, formative checks, performance tasks, and a final portfolio. Diagnostic assessment establishes a baseline; formative assessment guides improvement; summative assessment evaluates achievement against stated criteria.

Performance tasks may include a short patient interview, an oral case summary, a reading-to-write task, a presentation, or a simulated handover. Analytic rubrics make expectations visible by separating dimensions such as task completion, comprehensibility, vocabulary, grammatical control, organisation, pronunciation, and interaction. Medical content accuracy can be assessed separately when appropriate, ideally with input from a subject specialist. Feedback should be timely, specific, and usable. “Improve your English” is too broad to guide action.

Assessment must also be fair. Students should know the task format and criteria in advance. Teachers should distinguish language proficiency from factors unrelated to the intended construct, while still maintaining professional standards for clarity and accuracy. A portfolio containing drafts, recordings, reflections, and revised work can show development over time better than a single high-stakes test.

Several challenges commonly affect EMP instruction. First, classes may include students with different levels of English. Differentiation can include tiered reading texts, optional vocabulary support, mixed-ability pairs, sentence frames, and extension tasks for advanced learners. All students should work toward a shared communicative outcome, even if the level of support differs.

Second, teachers may have limited access to medical materials or specialist expertise. They can use publicly available educational resources, collaborate with



medical subject teachers, and create fictional cases based on topics already taught in the curriculum. Materials should be checked for accuracy and language level. Teachers should not present themselves as clinical authorities when their role is language instruction.

Third, the curriculum may provide few contact hours. Integration is therefore important: a single task can develop vocabulary, reading, speaking, listening, and writing. Short retrieval activities and structured independent study can reinforce classroom work. A manageable set of high-value phrases used repeatedly may be more effective than a long list of terms covered once.

Fourth, students may fear making mistakes in front of peers. Pair rehearsal, clear expectations, constructive feedback, and repeated attempts can reduce anxiety. Roleplay should be framed as practice rather than a test of clinical competence. Finally, the pressure to cover specialist terminology can lead to overemphasis on memorisation.

A practical EMP lesson can follow a flexible six-stage framework. Stage one is context setting: introduce a medical or academic situation and explain the language outcome. Stage two is input: provide a short text, audio clip, model dialogue, diagram, or vocabulary set. Stage three is language noticing: draw attention to useful phrases, grammar, pronunciation, and genre conventions. Stage four is guided practice: learners rehearse with prompts, sentence frames, or structured questions. For example, a lesson on describing pain could begin with a short fictional dialogue. Students identify expressions for location, severity, onset, and duration. They practise asking follow-up questions using a prompt card, then conduct a timed role-play. This framework is not a rigid formula. A reading-focused lesson may spend more time on text analysis, while a presentation lesson may devote more time to rehearsal and peer feedback. The essential principle is alignment: input, practice, task, and assessment should all support the stated learning outcome.

The methods reviewed in this article are complementary rather than competing. A key design challenge is balancing authenticity with accessibility. Fully



authentic clinical encounters are complex and may exceed students' linguistic or disciplinary knowledge. Simplified tasks can make participation possible, but they should preserve the communication purpose. Scaffolding—through model texts, glossaries, planning time, language frames, and staged practice—helps students progress toward more independent performance. Future institutional research could compare student performance before and after a structured EMP course, use validated rubrics, collect learner feedback, and examine whether improvements transfer to unfamiliar tasks. Such studies should report participant characteristics, course duration, instruments, and limitations. Until then, teachers should use evidence-informed principles while evaluating their own course through systematic observation and assessment.

Teaching English to medical students requires more than translating terminology or practising general grammar. Students need to use English to access medical knowledge, communicate information, participate in academic discussion, and prepare for professional interaction. An effective EMP course begins with needs analysis and measurable learning outcomes. No method is universally effective in every setting. The choice depends on students' proficiency, course objectives, time, available resources, and the intended communication context. Teachers should provide explicit language support, create realistic but safe practice opportunities, assess performance with transparent criteria, and use feedback to guide revision. Collaboration between language instructors and medical educators can strengthen relevance and accuracy.

REFERENCES

1. Buranova, D. (2023). Methodology of professional approach in English language teaching for medical students. *Foreign Languages in Uzbekistan*, 48(1). <https://doi.org/10.36078/1679552556>
2. Dudley-Evans, T., & St John, M. J. (1998). *Developments in English for Specific Purposes: A multi-disciplinary approach*. Cambridge University Press.



3. Ellis, R. (2003). Task-based language learning and teaching. Oxford University Press.
4. Hutchinson, T., & Waters, A. (1987). English for Specific Purposes: A learningcentred approach. Cambridge University Press.
5. Littlewood, W. (1981). Communicative language teaching: An introduction. Cambridge University Press.
6. Nunan, D. (2004). Task-based language teaching. Cambridge University Press.
7. Shermuxamadova, D. N. (2025). Teaching English for medical students: An effective approach to language acquisition. *Maktabgacha va maktab ta'limi*, 2025(12).