VARIETY OF METHODS FOR TEACHING MEDICAL ENGLISH

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Annotation. *This paper analyzes the main methods used in teaching Medical English. It discusses English for Specific Purposes (ESP), task-based language teaching (TBLT), case-based learning (CBL), role-plays and simulations, as well as genre-based writing instruction. Research shows that using these methods together helps medical students improve communication skills, including patient interaction and information exchange with colleagues.*

Key words: *Medical English, teaching methods, ESP, case-based learning, simulation, task-based learning, genre approach, clinical communication.*

Today, medicine is increasingly global, and the ability to communicate in English has become a key skill. Mistakes in describing a patient's condition, writing medical records, or giving instructions can affect patient safety. This makes the use of effective and modern teaching methods very relevant [4:12-34].

Many Medical English courses still focus mainly on grammar and vocabulary lists. This approach does not prepare students for real hospital communication. The main problem is the lack of integration: methods are used separately, and they are often disconnected from real-life clinical needs [2:45-62].

The aim of this study is to identify effective methods for teaching Medical English and to show how these methods can be combined to create a practical, integrated learning program [3:91-120].

According to our investigation the best results are achieved when several methods are combined:

- ESP and needs analysis – selecting materials that match the real needs of medical students [4:12-34].
- Task-based learning (TBLT) – practicing language through realistic tasks and communication [3:91-120].
- Case-based learning (CBL) – using patient cases to develop reasoning and communication [1:481-486].
- Simulation and role-play – practicing conversations with patients or colleagues in a safe environment [6:85-90].
- Genre-based writing – teaching the structure of medical documents like patient history, discharge summaries, and SOAP notes [5:76-95]. When applied together,

these methods help students use correct medical terms, speak clearly with patients, and write medical documents accurately.

As a conclusion we can say that, no single method is enough to prepare students for real-life communication. The best results come from combining several approaches in a step-by-step way. This prepares students for real work in hospitals, reduces errors, and improves patient safety.

The variety of methods for teaching Medical English is not a menu to pick from at random but a coherent toolkit whose components mutually reinforce one another. ESP design ensures relevance; TBLT turns relevance into goal-oriented performance; CBL injects reasoning under uncertainty; simulation rehearses safety-critical language; genre-based instruction stabilizes written communication; corpus-informed work sharpens phraseological precision; and blended delivery scales access and practice. The practical implication is clear: integrate these methods around authentic clinical tasks, scaffold progression from micro-skills to full simulations, and evaluate with rubrics that honor both language quality and clinical function.

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