SPOKEN MEDICAL ENGLISH AND THE WAYS TO DEVELOP IT

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Research relevance: Medicine is a discipline not only about doing laboratory research and hypothetical reasoning, but also dealing with people. That is why improving spoken medical English oral skills is really important for non-native English-speaking medical students that are willing to migrate or practice overseas.

Objective: To observe the various optimal methods of learning spoken medical English; to make the student able to translate from doctor-doctor to doctor-patient discourse.

Materials and methods: Linguistic research papers about spoken medical English.

Results: Comparing to passive language skills (such as listening and reading), improving oral skills requires the communication with real people. So, firstly, students should not only have a great range of vocabulary, but also be communicative and socialized. This is also important for getting along with patients due to their psychological feature: as many studies demonstrate, patients prefer dealing with those medical professionals who can speak their language fluently.

The most commonly used method of practicing spoken medical English is simulation: doctor-patient or nurse-patient dialogues. «Patients» try to express the subjective experience of their illness and how it influences their daily lives, whereas «doctors» strive to direct the course of the interview so as to reach a diagnosis. So students playing these roles use specific terminology together with using ordinary “simple” phrases.

The second method of developing one’s spoken medical English skills is participating in medical conferences as a listener. The lectures consist of data based on medical researches, so they include big amount of official medical terminology both with spoken one. The lecturers while explaining commonly use not only the speech, but also the animation and signs that serve for better accepting the information.

Finally, the most complicated (but mostly preferred by students whose grade include clinical practice) method is consulting the patients. It is a fact that non-medical workers do not understand the official medical language, so they need the doctors to use simpler words in their explanation of diagnosis as well as in administrating the treatment. This process demands good knowledge of spoken medical English.

Conclusions: Spoken medical English is commonly required for consulting foreign patients or for being a doctor in non-medical society. Studying it can include different methods, such as role-play between students, listening to audio/video/live conferences and, lastly, working with real patients. Using these ways of learning is helpful for those medicos who would like to work abroad and/or do a research (that consist of great quantity of consultations) for completing their degree.

References:

1. Самсонова, И. В., et al. "Вертебрально-базилярная недостаточность: проблемы и перспективы решения." Вестник Витебского государственного медицинского университета 5.4 (2006): 5-15.
2. Шутеева, Т. В. "Современные подходы к вопросам коррекции когнитивных и эмоциональных расстройств у пациентов с хронической ишемией мозга." Российский медицинский журнал 21 (2017): 1507-1510.