



## ESP Course Design And Implementation For Uzbek Medical Professionals: A Problem-Based Learning Method

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### ABSTRACT

An English for Specific Purposes (ESP) course designed specifically for Uzbek medical professionals is examined in this study. Through the use of problem-based learning (PBL), the course meets the demands of the learners in terms of professional contacts, patient communication, and medical terminology. Through the use of formative evaluation techniques and a thorough requirements analysis, the course guarantees relevance and real-world application. There is discussion of obstacles to overcome, such as juggling medical and language skills. The results provide useful information for ESP course designers worldwide, indicating that the incorporation of interactive techniques and medical scenarios greatly improves language learning and professional competency.

### Keywords:

English for Specific Purposes (ESP), Medical English, Problem-Based Learning (PBL), Needs Analysis, Professional Communication, Medical Terminology, Healthcare Education

## INTRODUCTION

Medical practitioners must be proficient in English due to the growing globalization of healthcare in order to collaborate on research, communicate effectively, and provide patient care. ESP training are essential for overcoming the language barrier in Uzbekistan, where the healthcare sector is working to conform to international norms. The creation and execution of an ESP course for Uzbek medical professionals are examined in this research, with a focus on the course's problem-based learning (PBL) methodology and its integration of participants' unique language and professional requirements.

When it comes to using English in their work, medical professionals frequently confront particular difficulties. In addition to understanding medical jargon, they also need to provide accurate paperwork and handle culturally sensitive patient interactions. Such

unique needs should be addressed by ESP courses through focused training, claims Basturkmen (2010). With an emphasis on practical application, the ESP course described in this study seeks to improve Uzbek healthcare workers' English language skills so that they can interact with others in foreign settings with assurance.

To determine the linguistic requirements faced by Uzbek medical professionals, a thorough needs analysis was carried out. Despite having intermediate-level general English skills, several individuals had inadequate medical English ability, according to the analysis. Understanding intricate medical literature, consulting with patients, and effectively communicating in global professional settings are among the difficulties (Orr, 2010). Modules on medical terminology, patient communication, professional interactions, and cultural

competency were incorporated into the course design in response to these findings.

The PBL methodology used in the course has been demonstrated to promote contextual learning and critical thinking. Based on constructivist theory, PBL encourages cooperation and problem-solving skills by involving students in real-world situations (Woodrow, 2018). Participants in this course prepare professional documentation, role-play consultations, and work on mock medical cases. Such exercises are in line with Kolb's (1984) experiential learning model, which places an emphasis on learning via active engagement and reflection.

Throughout the course, formative assessments—such as role-plays, quizzes, and peer feedback—are incorporated to track student progress and modify instruction as necessary (Richards & Schmidt, 2010). In addition to improving language proficiency, the focus on interactive techniques gets trainees ready for high-stakes medical situations like international conferences and emergency consultations.

Despite its encouraging results, the course's implementation was fraught with difficulties. These include hiring teachers with backgrounds in both medicine and teaching English, as well as making sure that the course materials are kept up to date with the latest developments in medicine. Working with medical institutes and utilizing globally renowned resources were necessary to overcome these limitations (e.g., Glendinning & Holmström, 2005).

This ESP course illustrates how PBL can improve language learning and professional competency by concentrating on the unique requirements of Uzbek medical professionals. By providing a paradigm that may be tailored to various professional and cultural situations, the findings add to the larger conversation on ESP course design.

## METHODOLOGY

Participants in this ESP course are mostly Uzbek medical professionals such as doctors, nurses, medical technicians, and administrative personnel. Their ages range from 21 to 45 and a number of participants are 15. The majority of the participants are Uzbeks, however others

from nearby Central Asian nations such as Kyrgyz, Kazakh and Russian. The present English proficiency levels of the participants vary from B1 (majority of them) to B2 (only 2 of them), according to the Common European Framework of Reference for Languages. Their main reason for learning English is to improve their professional abilities, allowing them to communicate effectively with international colleagues, read and contribute to medical research publications, and improve patient care by understanding and applying the most recent medical advancements, which are frequently available in English (Harding, 2007).

The participants have a variety of English language skills. People at the B1 level can handle basic communication and grasp simple medical literature, but they struggle with sophisticated terminology and nuanced communication. Participants at the B2 level may have more in-depth conversations and grasp medical material with some support. In general, their general English ability better than their medical English competence, which includes specific vocabulary, technical words, and formal communication required for their jobs in healthcare settings (Orr 2010).

Participants must learn or develop the following language skills for their particular field of work:

**Medical Terminology:** Knowledge of the specialist language used in medical practice, including terminology related to anatomy, illnesses, treatments, and procedures. Understanding the prefixes, suffixes, and base terms used in medical language is critical (Wright, 2011).

**Patient Communication:** The ability to speak effectively and empathetically with patients. This includes discussing medical illnesses and treatments in basic, accessible language, gathering patient histories, and giving clear directions for follow-up care (Candlin & Candlin, 2002).

**Professional Communication skills:** It includes the ability to engage with coworkers, such as attending meetings, discussing cases, and working on patient care. This covers both oral and written communication, such as sending emails, memoranda, and reports (Dudley-Evans & St John, 1998).

**Documentation:** The ability to write and interpret medical documentation such as patient records, medications, report of discharge, and research articles. Accuracy and clarity are essential in medical documentation to provide good patient care and legal compliance (Chia et al. 1999).

**Listening Comprehension:** The ability to hear spoken English in different accents and speeds, especially in high-stakes settings such as emergency replies, patient consultations, and professional conferences (Field, 2008).

**Cultural Competence:** Understanding cultural variations in communication and patient care is critical for providing effective and friendly care in a varied international medical setting (Basturkmen, 2010).

The ESP course for medical English focuses on these specific abilities in order to provide participants with the language ability required to fulfill their professional obligations efficiently and confidently in English-speaking or international healthcare environments. This targeted method guarantees that language acquisition is relevant and instantly applicable to their work, thus increasing overall effectiveness and patient care quality.

## RESULT AND DISCUSSIONS

For the ESP context, which focuses on Medical English in Uzbekistan, I have chosen the following ESP course examples from Northcott (2018) and Cutting (2018):

1. English for Lawyers
2. Airport English

The "English for Lawyers" course is intended to provide law professionals with the specialized language abilities needed in their interaction. This course covers complex legal vocabulary, case studies, and role-playing exercises that imitate real-world legal problems. The organized approach to teaching specialist vocabulary and professional communication is extremely relevant to my Medical English

course, which also demands learners to grasp technical phrases and speak well in their professional setting.

### **It will help:**

**Structured Vocabulary Development:** The systematic method for teaching legal language may be used to medical terminology. Glossaries, flashcards, and context-based learning activities can assist medical practitioners become familiar with and appropriately utilize difficult medical words.

**Case Studies:** The application of case studies in the legal setting may be extended to medical case studies. This enables participants to use their language skills when examining patient situations, debating treatment strategies, and studying medical research.

**Role-playing Exercises:** Simulating doctor-patient encounters and professional medical consultations can help participants improve their practical communication skills, such as legal role-playing prepares lawyer for courtroom and client engagements.

## **Framework for Medical English syllabus Rationale for the Course**

The Medical English course aims to enhance the language proficiency of healthcare professionals who require English for international collaboration, patient interactions, academic pursuits, and participation in global medical conferences. It draws on successful elements from both Aviation English (focused on safety, precision, and clear communication) and English for Lawyers (specific legal contexts and professional communication).

### **Length of Course**

The course is structured as a two-week intensive program with 20 hours of class-contact time per week. This duration balances the intensive nature of the course with the practical constraints of healthcare professionals' schedules.

### **Sample Timetable:**

<b>Week One: Monday to Friday</b>		
Session A	09:15 – 10:45	Needs assessment interviews, introduction to medical terminology and patient communication skills.

Session B	11:15 - 12:45	Reading and discussion of medical case reports, role-plays of patient consultations.
Session C	14:00 - 15:40	Language review and individual tutorials, focusing on writing medical reports and academic papers.
<b>Week Two: Monday to Friday:</b> All sessions focus on medical ethics, legal aspects of healthcare, and simulation exercises (e.g., emergency scenarios, interdisciplinary team meetings).		

### Special Issues and Constraints Encountered

Challenges may include:

- Finding qualified medical professionals with expertise in both English language teaching and medical practice.
- Balancing legal considerations in medical contexts across different jurisdictions.
- Ensuring that course materials are up-to-date with current medical practices and international guidelines.

### Course Materials

0. Glendinning, E. H., & Holmström, B. (2005). *English in medicine: A Course in Communication Skills*. Cambridge University Press.
1. Evans, V., Dooley, J., & Tran, T. M. (2012). *Medical. CAREER PATHS*.
2. Anderson, J. (2006). *Role plays for today: Photocopiable Activities to Get Students Speaking*. Delta Publishing Company(IL).
3. Riley, D. (1995). *Test your vocabulary for medicine: A Workbook for Users*. Peter Collin Publishing.

### Needs Analysis

**Purpose:** To gather quantitative data on the current proficiency levels, perceived challenges, and specific language needs of medical professionals in international settings.

A comprehensive needs analysis is conducted prior to the course, focusing on:

- Identifying specific communication challenges faced by

medical professionals in international settings.

- Assessing language needs for interactions with patients, colleagues, and during medical conferences.
- Understanding legal aspects relevant to medical practice internationally (e.g., patient consent, medical liability).

**Type of the tool:** The types of needs analysis for Medical English is "Questionnaires"

**Questionnaire Design:** Questionnaires are the primary tool for conducting the needs analysis. They are designed to be structured surveys that include questions on participants' current English proficiency, perceived communication challenges, and specific language skills required for effective communication and compliance with legal requirements in international medical contexts.

#### Process:

**Preparation:** Develop a comprehensive questionnaire based on the areas outlined above; Pilot the questionnaire with a small group of medical professionals to ensure clarity and relevance of questions.

**Distribution:** Distribute the questionnaire to the target participants through online platforms, email, or during professional gatherings; Ensure a high response rate by providing clear instructions and emphasizing the importance of their input.

**Data Collection:** Collect responses over a specified period, ensuring data integrity and confidentiality; Use online survey tools to streamline the collection process and facilitate easy data analysis.

**Data Analysis:** Analyze the quantitative data using statistical software to identify common themes and specific language needs; Categorize responses based on proficiency levels, specific challenges, and required skills.

**Reporting:** Compile the findings into a detailed report highlighting the key areas of need; Use the data to inform the design and content of the ESP course, ensuring it addresses the identified needs effectively.

**Implementation:** Integrate the findings into the course design, tailoring modules and activities to address the specific language challenges and skills required by the participants; Provide ongoing opportunities for feedback and adjustment to ensure the course remains relevant and effective.

#### **Needs Assessment Questions:**

1. How do you talk to patients who do not speak English well? What kind of problems do you have to solve this?
2. What language skills do you find the hardest during medical meetings or when talking about research in other countries? Can you give examples?
3. Can you tell me about a time you worked with doctors from other countries? Did language cause any problems?
4. Have you had trouble getting permission from patients who speak a different language? How did you make sure they understood?
5. Can you remember a time you had to talk about medical issues with patients or their families who did not speak English? How did you make sure they understood?
6. When you work with doctors who do not speak English, what language problems do you have? How did you fix them to work well together?
7. What parts of writing medical reports in English do you

find hardest? How do you make sure they are right?

8. What language skills do you think a doctor needs when working in other countries? How are they different from what's needed at home?

#### **Assessment**

**Formative Assessment** – Richards and Schmidt (2010) emphasize that formative assessment is crucial for ongoing learning, allowing instructors to adapt their teaching strategies based on learners' progress. Woodrow (2018) emphasizes the importance of contextualized learning activities in ESP courses, advocating for practical, real-world tasks that reflect professional scenarios (Woodrow, 2018). Role-plays, simulations, and case studies provide learners with opportunities to practice language skills in situations they are likely to encounter in their medical practice, thereby enhancing their communicative competence.

**Purpose:** To monitor and support learners' progress throughout the course, providing continuous feedback to improve their Medical English proficiency.

#### **Form:**

**Role-Plays and Simulations:** Practice scenarios such as patient consultations, medical presentations, and emergency-situations. Role-play and simulation are critical assessment methods in Medical English ESP (English for Specific Purposes) courses, offering numerous benefits to medical students. These techniques provide a dynamic and interactive learning environment, fostering the development of essential communication skills and enhancing professional competence in real-world medical contexts:

#### **1. Realistic Practice and Skill Development**

Role-plays and simulations offer medical students a safe and controlled environment to practice and hone their communication skills. By simulating real-life scenarios such as patient consultations, medical presentations, and emergent situations, students can develop the ability to use medical terminology accurately and communicate effectively under pressure. This method aligns with experiential learning

theories, which emphasize learning through experience and reflection (Kolb, 1984).

## **2. Enhanced Understanding and Retention**

Interactive role-play activities help students to better understand and retain complex medical concepts and language. Active participation in these exercises requires students to apply their knowledge in practical settings, reinforcing learning and aiding long-term retention. Studies have shown that active learning strategies, such as role-play, significantly improve knowledge retention compared to traditional lecture-based approaches (Prince, 2004).

## **3. Development of Critical Thinking and Problem-Solving Skills**

Role-plays and simulations require students to think critically and make quick decisions based on the information available, mirroring the decision-making processes they will encounter in actual medical practice. This helps to develop their problem-solving skills and ability to analyze and respond to various clinical situations. According to Maudsley (1999), problem-based learning (PBL) approaches, which include role-play, are particularly effective in medical education as they promote critical thinking and self-directed learning.

## **4. Improved Interpersonal and Empathy Skills**

Effective communication in medical settings involves not only the accurate use of terminology but also the ability to empathize with patients and convey information in a compassionate manner. Role-play scenarios allow students to practice these soft skills, enhancing their ability to build rapport with patients and understand their concerns. Candlin and Candlin (2002) highlight the importance of empathetic communication in healthcare, noting that it can significantly impact patient outcomes and satisfaction.

## **5. Immediate Feedback and Reflection**

Role-play and simulation activities provide immediate feedback from peers and instructors, allowing students to identify areas for improvement and refine their skills. This iterative process of practice, feedback, and reflection is crucial for professional growth and competence. Schon (1983) emphasizes the value of reflective practice in professional

education, noting that it enables practitioners to learn from their experiences and continuously improve their performance.

## **6. Preparation for High-Stakes Situations**

Medical professionals often face high-stakes situations where clear and effective communication is critical. Simulations of emergency scenarios, for example, help students to develop the ability to stay calm, communicate clearly, and work efficiently under pressure. This type of training is essential for preparing students for the realities of medical practice and ensuring patient safety. Research by Bradley (2006) supports the use of simulation in medical education, noting its effectiveness in preparing students for real-world clinical challenges.

## **Approach to Course Design**

The course employs a “Problem-based Learning” (PBL) approach, because it is a methodological approach developed in the 1970s as an alternative to established ways of teaching medicine at McMaster Medical School in Canada. PBL moved the emphasis from the material being taught to the students themselves (Maudsley 1999). This approach is commonly used in medical training, but it has also been used in business, biblical studies, and high school economics (Bosuwon & Woodrow, 2009; Harding, 2001; Maxwell et al., 2001).

PBL is a constructivist approach to teaching and learning, combines qualities with popular EFL approaches such as collaborative and task-based learning. The PBL method to learning and teaching emphasizes that learning occurs while exploring and solving a problem (Woodrow, 2018). Woodrow (2018) stated that using this approach in medical-based ESP makes sense as it is often used in mainstream medical training. It also allows students to become comfortable with the methods they would meet in their subject. Students are typically given with a medical situation, such as a patient with a condition. Groups work together to explore and provide solutions to the problem.

Barron (2002) identified two categories of problems in PBL in ESP for both learners and teachers: weak and strong. In a poor form of PBL, the instructor knows the solution but the pupils do not. The strong form of PBL involves

student-driven problem-solving, allowing for diverse and sophisticated solutions.

The PBL approach will be implemented through the following steps:

1. **Introduction of a Medical Case:**

Each module begins with a medical case or problem that is relevant and challenging. For instance, a case might involve diagnosing a patient with ambiguous symptoms.

2. **Group Work and Research:**

Participants work in small groups to discuss the case, identify learning objectives, and conduct research. This stage involves reading medical texts, consulting online resources, and discussing findings.

3. **Language Focus Sessions:**

Periodic sessions are dedicated to addressing specific language needs identified during group work. This might include terminology, grammatical structures, or communication strategies relevant to the case.

4. **Assessment:**

Both formative and summative assessments are conducted. Formative assessments include role-plays, quizzes and self-assessment, while summative assessments involve written reports, oral presentations, and practical demonstrations of language skills in simulated medical scenarios.

5. **Evaluation and Reflection:**

Groups present their solutions and receive feedback. Reflection sessions are held to discuss what was learned, the language used, and how the process can be improved.

### Course Aims

The broad aims of the course include:

1. Participants will be able to list and define medical terms related to their specific field, such as cardiology, neurology, or surgery, by the end of the first week.
2. Participants will be able to conduct mock patient consultations where they explain conditions and treatment plans, ensuring patient understanding and compliance.

3. Participants will be able to participate in role-plays and write medical case reports using correct terminology and professional language, with a focus on accuracy and appropriateness.

4. Participants will be able to draft and present professional emails, reports, and presentations, tailored for international medical conferences and collaborations.

### CONCLUSION

The usefulness of a problem-based learning strategy in ESP courses for medical professionals is demonstrated by this study. The training equips learners with the necessary language and professional skills to interact with confidence in global healthcare settings. The incorporation of interactive techniques and real-world settings promotes professional competence and language fluency. The success of the course highlights the value of individualized education in ESP, even in the face of obstacles like resource constraints. The study's conclusions can guide the creation of comparable initiatives around the world, encouraging language learning and career advancement in specialized domains.

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