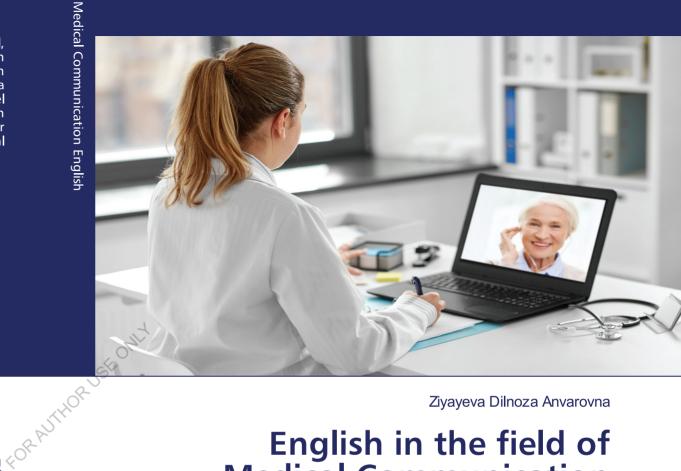The expansion of international cooperation in the economic, political, scientific, technical, cultural, and educational fields requires a modern graduate of a higher educational institution to actively speak a foreign language, which is reflected in the qualification characteristics of a specialist. This monograph represents one of the requirements for the level of training of a graduate in the field of "Healthcare" is that the specialist in his professional activities must use knowledge of the English language for professional communication (oral and written) and work with original literature in the specialty.

Medical Communication English

Ziyoyeva Dilnoza Anvarovna is hard working talented junior researcher an English teacher of Bukhara State Medical Institute after Abu Ali ibn Sina. She is creative, demanded, except English knows Korean and German languages.

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English in the field of Medical Communication

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ANNOTATION

In modern society, foreign language communication is becoming a mandatory competency that a future qualified specialist must master to carry out professional activities, and therefore there is a need to increase the role of the "Foreign Language" discipline in non-linguistic faculties of universities, taking into account professional specifics and the emergence of new modern methodological recommendations for teachers. For a modern specialist in the field of medicine, to fully obtain the necessary knowledge, it is very important to know a foreign (English) language at a fairly good level to possess modern knowledge and skills, as well as to communicate with foreign colleagues and understand modern scientific publications and research, conducted mainly in English-speaking countries. This study is devoted to studying the characteristics of teaching a professionally oriented foreign language to medical university students.

CONTENTS

Forword

Knowledge of foreign languages in a rapidly developing world economy. The new Government of Uzbekistan recognizes the importance of knowing a foreign language in higher and professional education, aiming to increase the efficiency of educational institutions and increase the level of higher education. This recognition stems from the recognition that effective communication and the use of international knowledge and resources are critical to stimulating economic growth and fostering academic excellence. Universities and institutes across the country are incorporating foreign language courses into their curriculum, offering students intensive language programs and language-focused electives. In addition, cooperation with well-known international universities has been established in order to provide exchange programs and collaborative research opportunities for students, young researchers to immerse themselves in the international academic environment and improve their language skills.

To support these efforts, the government runs foreign language training programs and offers scholarships to students studying a foreign language. These initiatives are aimed at educating a generation of multilingual economists who can effectively participate in the world economy and contribute to the sustainable development of Uzbekistan.

Relevance of the study. The expansion of international cooperation in the economic, political, scientific-technical, cultural and educational spheres requires a modern graduate of a higher education institution to actively know a foreign language, which is reflected in the specialist's qualifications. One of the requirements for the level of training of a graduate in the field of "Health Care" is that a specialist in his professional activity can use English for professional communication (oral and written) and to work with original literature in the specialty should use.

The goals of foreign language studies at universities and institutes are determined by the communicative and cognitive needs of future specialists. The purpose of foreign language teaching in higher and professional education is to acquire communicative competence for students, the level of which, at certain stages of language learning, enables them to use the foreign language both in practical (production and scientific) activities and independently on their own allows you to use it for getting knowledge. Students achieve communicative competence is the formation and improvement of language skills, including the development of lexical skills.

The author of the foreword is Davlatova Muhayyo, doctor of philosophy (PhD), associate professor

INTRODUCTION

In modern society, foreign language communication is becoming a mandatory competency that a future qualified specialist must master to carry out professional activities, and therefore there is a need to increase the role of the "Foreign Language" discipline in non-linguistic faculties of universities, taking into account professional specifics and the emergence of new modern methodological recommendations for teachers. For a modern specialist in the field of medicine, to fully obtain the necessary knowledge, it is very important to know a foreign (English) language at a fairly good level to possess modern knowledge and skills, as well as to communicate with foreign colleagues and understand modern scientific publications and research, conducted mainly in English-speaking countries. This study is devoted to studying the characteristics of teaching a professionally oriented foreign language to medical university students.

The relevance of the study. The expansion of international cooperation in the economic, political, scientific, technical, cultural, and educational fields requires a modern graduate of a higher educational institution to actively speak a foreign language, which is reflected in the qualification characteristics of a specialist. One of the requirements for the level of training of a graduate in the field of "Healthcare" is that the specialist in his professional activities must use knowledge of the English language for professional communication (oral and written) and work with original literature in the specialty.

The objectives of a university foreign language course are determined by the communicative and cognitive needs of specialists. The goal of the course is for students to acquire communicative competence, the level of which at certain stages of language training allows them to use a foreign language practically both in professional (industrial and scientific) activities and for self-education. One of the ways students achieve communicative competence is the formation and improvement of language skills, which include the development of lexical skills.

Knowledge of foreign language vocabulary and communication in the professional sphere ensures a specialist's ability to dialogue with others, the ability

to comprehend and understand what unites him with a partner, and the ability to convey his thoughts to his interlocutor, exchange information and the results of work.

It should be noted that in the theory and practice of teaching foreign language vocabulary in the medical field at a medical university, there are several contradictions:

- between the need of modern society for the personality of a specialist capable of perceiving, assimilating, and successfully using lexical knowledge and speech skills in the process of improving foreign language communication and insufficiently developed the theoretical basis for the formation of lexical skills when teaching foreign language vocabulary in the medical field to medical students;

- between the need to create a structured corpus of foreign language lexical units in the medical field that meets the needs of the future specialist, and the existing practice of teaching foreign language vocabulary in the professional field, which does not take into account interdisciplinary connections;

- between modern requirements for improving the quality of teaching a foreign language as a means of professional communication and insufficiently developed methods for teaching foreign language vocabulary in the medical field;

- between the requirements of the university course program for teaching a foreign language to the mastery of a graduate specialist in a foreign language as a means of intercultural professional communication and the insufficient level of development of foreign language skills necessary for professional communication in a foreign language among graduates of a non-linguistic (medical) university.

Taking into account these contradictions and the results of the analysis of existing research in the field of teaching English language in the medical field, it can be assumed that at present, in the methodology of teaching a foreign language in non-linguistic universities, there is a lack of research that allows scientifically substantiating the methodology for teaching English language vocabulary in the medical field, taking into account the specifics of training at medical school. In this regard, the problem of teaching English language communication in the medical

field to medical students through the selection and systematization of a corpus of foreign language lexical units becomes urgent.

The study object - teaching the English language to medical students. This research investigates the methods, strategies, and outcomes of teaching foreign languages to students, covering aspects such as classroom instruction, curriculum design, educational technologies, student-teacher interactions, language proficiency assessment, and the effectiveness of teaching methodologies.

The study subject - Professional-oriented English language education for medical university students. This study focuses on investigating the specialized language education tailored for students in medical universities. It delves into the methods, curriculum design, and outcomes associated with teaching foreign languages specifically geared toward medical professionals.

The study aims to theoretically substantiate and develop a methodology for teaching a foreign language (English) in the medical field to medical students. In the process of researching the problem, the following hypothesis was put forward: teaching foreign language of the medical field to medical students will be effective if:

- give a psychological and pedagogical justification for the selection of foreign language vocabulary of the medical field for teaching medical students;

- develop criteria for selecting foreign language lexical units in the medical field for training medical students;

- based on the developed selection criteria, create a methodological classification of the corpus of foreign language in the medical field;

- taking into account the methodological classification of the corpus of foreign language in the medical field, develop a set of exercises for teaching foreign language vocabulary in the medical field, aimed at developing the lexical skills of medical students.

The formulated goal, object, subject, and hypothesis of the study determined the need to solve the following tasks:

1) study and analyze the general state of teaching foreign languages in the medical field;

2) identify and justify the selection criteria for foreign language lexical units in the medical field;

3) create a methodological classification of the corpus of foreign language in the medical field;

4) select foreign language lexical units of the medical field and form a corpus of foreign language vocabulary of the medical field for teaching 1st and 2nd-year medical students based on English;

5) highlight the stages of formation of communicative skills when teaching 1st and 2nd-year medical students English language speaking in the medical field;

6) create a set of exercises for teaching 1st and 2nd-year medical students English in the medical field;

7) test the methodology for teaching foreign language in the medical field to medical students and analyze its practical effectiveness.

To solve the problems and test the hypothesis, the following research methods were used: theoretical analysis of psychological, pedagogical, linguistic, and methodological literature on the research problem; analysis of the pedagogical activities of foreign language teachers; written and oral forms of survey (conversations, questionnaires, testing); pedagogical observation and generalization of personal teaching experience; experiential learning in student groups; methods of mathematical and statistical processing of experimental data obtained during the study.

The hypothesis of this study is that teaching a professionally oriented language will be more effective if methodological recommendations for the development of all types of speech activity, taking into account medical specifics, are applied.

The research methods: are theoretical – analysis, synthesis, classification; empirical – observation, questioning, experiment. The theoretical significance of the study lies in generalizing the material on the topic and highlighting the problem.

The practical significance of this study is that the concept of the developed exercises and methodological recommendations can be used in the future when teaching foreign languages not only to students of medical universities but also to students of other specialties.

The structure of study work: By following this research is comprised of three significant sections - all containing their respective intros and outros. Breaking down each chapter into smaller subchapters helps readers better comprehend the overall study.

In the chapter I, an extensive review of scientific, methodological, and pedagogical literature pertinent to the research topic is conducted. This involves a comprehensive examination of existing studies, theories, and instructional methodologies relevant to foreign language education, with a particular focus on the context of medical university students.

In the chapter II, a detailed compilation of exercises catering to diverse forms of speech activity is presented. These exercises are meticulously crafted to accommodate the unique nuances and specialized terminology inherent to the medical field. Furthermore, the chapter incorporates the execution of an experiment to assess the efficacy of these exercises in enhancing language proficiency among medical students. Additionally, methodological recommendations specifically tailored for teaching foreign languages to students of medical universities are provided, drawing upon insights garnered from the experiment and informed by pedagogical best practices.

The third chapter delves into the sophisticated methodologies employed in the acquisition of medical vocabulary, emphasizing the integration of linguistic skills with practical communication scenarios. It explores the dynamic strategies that facilitate the assimilation of complex medical terms and their application in real-world healthcare settings, thereby bolstering the communicative proficiency of medical professionals.

Apart from that the research contains a total number of 136 pages which encompasses a reference cited section along with appendices featuring a

comprehensive glossary list furthermore various tables alongside diagrams. It also offers implications and recommendations for future research and practice. The study finishes with a summary of the study's key themes and contributions.

CHAPTER I. ENGLISH LANGUAGE AS THE LANGUAGE OF PROFESSIONAL INTERACTION FOR FUTURE MEDICAL SPECIALISTS

1.1. Professional-oriented Foreign Language Instruction for Students in Medical Universities

Globalization as a social process affects all social spheres, including education. International integration, new technologies, and changes in social life - all this has influenced the changes in the sphere of foreign language learning and teaching. changes in the sphere of foreign language learning and teaching. Educational programs, standards, new educational programs, standards, new opportunities in learning, the level of students' motivation to learn a foreign language is increasing. learning, the level of students' motivation aimed at learning a language, as well as the requirements for the level of learning in all types of speech activity. activities. "The new socio-economic and political situation requires the realization in society of a language policy in the field of foreign-language The new socio-economic and political situation requires the realization of a language policy in the field of foreign language education in society, aimed at satisfying both public and personal needs about foreign languages" [8, 7]. The modern world poses harsh conditions to which it is necessary to be able to quickly adapt, think creatively, maximize the realization of themselves in professional activities, interact with people, and constantly self-develop; this is greatly facilitated by learning a foreign language. of a foreign language.

In this regard, the relevance of studying a foreign language, in particular English, is quite obvious, both for students of non-linguistic specialties and for students of medical universities. In modern society, foreign language communication is becoming a mandatory competence that a future qualified specialist must master to carry out professional activities, and therefore there is a need to increase the role of the "Foreign Language" discipline in non-linguistic faculties of universities, taking into account professional specifics. According to the Foreign Language Course Program for universities of non-linguistic specialties,

compiled by professors of the Moscow State Linguistic University, teaching a foreign language at a non-linguistic university is a mandatory component of the professional training of a specialist in any profile, and proficiency in a foreign language is one of the indicators of the degree of general education of a modern person. Language in this case is a means of increasing the competence and personal and professional development of students. A professionally oriented approach to teaching a foreign language (hereinafter referred to as a foreign language) involves the formation in future specialists of new skills and abilities, relevant knowledge, and opportunities that will help them develop in their professional field, adapt to changes in society and the profession, and also advance in the labor market. According to P.I. Obraztsov, "the essence of professionally oriented foreign language teaching lies in its integration with special disciplines to obtain additional professional knowledge and form professionally significant personality qualities" [34, 3]. Foreign language competence ensures the student's readiness to use the acquired knowledge in a professional environment. Proficiency in a foreign language becomes the key that helps you achieve success in your profession.

It makes sense to mention here one of the most modern approaches in education, 21st Century Skills, that is, 21st Century skills, and specifically, learning skills, that is, learning skills. These include skills such as

1) critical thinking - a key skill that allows you to analyze information, draw conclusions, form personal opinions, and make decisions;

2) creativity – the process of generating ideas, allows you to see new solutions to a problem, leads to innovation;

3) cooperation (collaboration) - joint work, involves mutual assistance, reaching compromises, the best possible solution to the assigned tasks;

4) communication – the most necessary skill, the exchange of information, ideas, and experience.

In addition to the above skills, a specialist, as a professionally competent person, must have the following skills and abilities:

1) search, analysis, processing, and competent use of foreign language sources of information;

2) solving professional problems;

3) combining acquired knowledge with existing knowledge, applying knowledge in the professional field of activity;

4) having a sufficient level of foreign language proficiency for professional and personal communication with native speakers for mutual transfer of knowledge and experience.

Learning a foreign language helps develop these essential skills, which in turn help professionals achieve success in their professional lives. They should be the goal of teaching foreign languages at university.

One of the main ways to develop communicative competence among students, including medical university students, is the formation and improvement of language skills, which include the development of lexical skills. Good command of professional vocabulary gives students and specialists ample opportunities, for example, the ability to dialogue, the ability to convey their thoughts, and exchange information. However, at present, experts note some contradictions in the theory and practice of developing communicative competence and teaching foreign language vocabulary to students of non-linguistic faculties, in particular, medical students. These include the following points:

1) Modern society needs a specialist who is capable of perceiving, assimilating, and correctly using lexical knowledge and communication skills, however, the theoretical basis for the formation of lexical skills in medical students is not sufficiently developed;

2) There is a need to create a voluminous and structured corpus of foreign language lexical units (LU) of the medical field for training a future specialist, taking into account interdisciplinary connections, however, at the moment, the practice of teaching professional vocabulary does not sufficiently take into account interdisciplinary connections;

3) Today, the requirements for improving the quality of teaching a foreign language as a means of communication are high, but at the same time, the methodology for teaching foreign language vocabulary is not sufficiently developed;

4) The real level of development of communicative competence among graduates of medical universities does not meet the requirements of the program established by the university.

Taking into account the above, it can be noted that at the moment the development of communicative competence, including teaching foreign language vocabulary, is a rather difficult task. A large percentage of vacancies in the modern labor market require knowledge of a foreign language, often for professional contacts with colleagues from other countries. Naturally, for many professional purposes, stereotypical school reading using a dictionary, communicating using a phrase book, or business correspondence using machine translation is not enough. For a modern specialist, it is important to be able to communicate freely in writing and orally, as well as to use international experience in work. Creative development, according to sociologists, is one of the most necessary abilities that the modern world requires from specialists, however, without achieving a high level of proficiency in a foreign language, this is more difficult to achieve.

However, professionally oriented foreign language teaching is still not at a good enough level and faces problems such as

1) a shortage of teachers with sufficient knowledge due to the lack of special training in language departments;

2) the number of hours in the program allocated for studying a foreign language;

3) outdated programs for studying foreign languages, as well as an insufficient amount of high-quality educational literature;

4) lack of interest and motivation of students to learn a foreign language;

5) different levels of foreign language proficiency in the group;

6) a shortage of adapted specialized texts that would help students develop reading skills in their specialty and master special vocabulary;

7) there is almost no opportunity to include students in the communication environment in a foreign language; etc.

In many educational institutions, students and graduates can read specialized literature, but it is difficult for them to freely express their thoughts in a foreign language in the same way as in their native language. They often cannot use correct vocabulary and formulate statements.

The problems described above are quite clearly manifested when it comes to teaching foreign languages to medical students. Training a specialist in the field of medicine at the moment also requires knowledge of a foreign language, in particular English, for several reasons: firstly, mastery of modern medical technologies and knowledge is almost impossible without knowledge of a foreign language, since the vast majority of scientific publications and modern research are carried out in English, and most of them are not translated into Russian. Also, a large number of documents scientific literature, and textbooks have not been translated into Russian. Consequently, specialists who do not speak the language at the proper level have almost no opportunity to update their knowledge and skills. Secondly, the communication component: international conferences and seminars, and communication via online platforms with foreign colleagues also place high demands on the training of medical university students. In addition, from the very first courses, doctors need to learn to work with English-language web pages containing background information on evidence-based medicine (for example, UpToDate, Cochrane, PubMed, FDA) to update their knowledge. It can also be noted that in addition to being a tool for acquiring knowledge, learning a foreign language has an educational function, which is aimed at developing the intellectual potential of a future specialist and a respectful attitude towards the cultural differences of other peoples.

Today, we can note the rapid and intensive growth in the development of medical science; accordingly, new goals and objectives are being put forward in the training of future specialists. They are reflected in the state standards for higher professional medical education. Here is an excerpt from the State Educational

Standard for the specialty "General Medicine". According to the standards, as a result of studying the compulsory part of the educational cycle, the student must:

Be able to:

1) communicate in a foreign language on professional and everyday topics;

2) translate foreign professional texts;

3) independently improve oral and written speech, and replenish vocabulary.

Know:

1) a lexical minimum of 4000 educational lexical units of a general and terminological nature (for a foreign language);

2) basic medical and pharmaceutical terminology in Latin and foreign languages.

According to I.Yu. Markovina, "the requirements for medical university graduates, which are contained in the new State Educational Standards, are formulated in the form of general cultural and professional competencies. Proficiency in a foreign language is necessary for the formation of universal, general cultural, and professional competencies" [23, 54]. Below are some competencies from the State Educational Standard in the specialty "General Medicine", for which knowledge of a foreign language is required:

- able and ready to study scientific, medical, and paramedical information, domestic and foreign experience on the topic of research, prepare abstracts, reviews, and reports; participate in solving individual research and scientific-applied problems, comply with basic information security requirements;

- has a readiness to communicate orally and in writing in Russian and foreign languages to solve problems of professional activity;

- capable and ready to form a systematic approach to the formation of medical information, based on the comprehensive principles of evidence-based medicine, based on finding solutions using theoretical knowledge and practical skills to improve professional activities;

- capable and ready to participate in the development of modern theoretical and experimental research methods.

The standard course at the Faculty of Medicine in many medical universities is currently 72 hours. That is, the teacher is faced with the task of developing the necessary competencies in students in a short time, but self-education should also play a large role in learning. This situation does not contribute to the full and comprehensive development of foreign language communication skills, foreign language competence in general, professional growth, and self-development of future medical specialists. This also negatively affects the educational motivation of doctors, since students often do not see the point in taking a short course. Many domestic researchers, for example S.G. Ter-Minasova, have repeatedly stated the need to increase the time required to complete a foreign language course at medical universities. I.Yu. Markovina is also of the opinion that teaching a foreign language in one form or another must be continued both in senior years and at the postgraduate stage. [I.Yu. Markovina].

Elements of foreign language teaching in non-linguistic universities appeared around the middle of the 20th century. At that time, the creation of the necessary educational and methodological aids was carried out by such researchers as L.I. Chaurskaya, Z.M. Tsvetkova, E.V. Roshchina, I.L. Beam, M.V. Lyakhovitsky and others. The researchers concluded that reading specialized, possibly adapted literature increases students' interest and helps them develop speaking and writing skills in a foreign language. I would like to note that for medical students, studying foreign literature is doubly necessary, because, as noted earlier, most of the research is and has been conducted in a foreign language.

A significant contribution to the teaching of professionally oriented language was made by the Soviet researcher M.V. Lyakhovitsky, author of a textbook for philological universities on methods of teaching foreign languages, who explained the principle of professional orientation in teaching a foreign language. He believed that studying a foreign language is a way to increase the level of erudition and education within the specialty. The main areas of training, according to

Lyakhovitsky, were the following: the development of oral speech based on specialized topics, reading special texts, studying the required minimum vocabulary in the specialty, and the creation of manuals by teachers to activate grammatical and lexical material.

In the 60s of the 20th century, researcher E.V. Roshchina considers a foreign language as a means of developing a specialist's professional orientation and emphasizes the existence of a relationship between students' desire to acquire special knowledge and success in mastering a language. In her work "Functions of a Foreign Language as an academic subject in the university education system," she points out that a foreign language is an effective means of career guidance in a non-linguistic university, which "has great potential for formative influences" [E.V. Roshchina, 1978, p.3 -6]. According to Roshchina, to be able to realize this potential, it is necessary to fulfill certain conditions, for example: to formulate the goals of foreign language speech activity, to develop in students the skills and abilities to creatively solve assigned problems, to ensure a favorable environment and atmosphere in the educational community.

Subsequently, the system of professionally oriented foreign language training underwent various changes. For example, in the '70s – '80s, much attention was paid to specialized informative texts and the development of exercises for them. Learning to read literature during this period was the main goal of language teaching. S.K. Folomkina distinguishes the following types of reading: viewing, skimming, searching, and studying (global reading or reading for details). I would like to dwell a little more on these types of reading. The purpose of introductory reading is to become familiar with new information. In this way, they read scientific or fiction literature without resorting to dictionaries or studying unfamiliar vocabulary, if the meaning can be roughly understood from the context. Search reading is necessary to find information in the text and does not involve detailed study. Scanning reading involves quickly skimming a text to evaluate it and gain an overall understanding of the topic. Study reading involves a detailed reading of the text, searching for

unfamiliar words, and analyzing grammatical structures. Each of these types contributes in its way to improving written language comprehension skills.

In addition to teaching reading, in the 80s, researchers such as E.V. Sinyavskaya and T.Yu. Polyakova began to say that to successfully master a foreign language, it is necessary to take into account the personal interests and needs of students. In this regard, it was necessary to revise the content of educational materials and change the course of the educational process. The textbooks of that time did not contain a lot of useful and exciting information, including authentic texts, and regional and cultural information that could maintain students' interest in learning the language.

In the 90s and until now, attitudes towards language learning have changed significantly. The main goal was to teach language as a real means of communication. More modern technologies are beginning to be used and new methods are being introduced. Interest in the language is growing both in general and among specialists. The process of teaching real communication becomes one of the methodological requirements for the process of teaching a foreign language as a whole. Many researchers began to develop this direction (communicative methodology), such as E.I. Passov, I.A. Zimnyaya, I.L. Beam, a team of researchers from the Institute of Russian Language. A.S. Pushkin, and many others. As the name implies, the purpose of this technique is to teach a foreign language and assimilate a foreign culture through communication. E.I. Passov formed the principles of communicative teaching of foreign languages:

1) The principle of speech orientation - learning through communication. The entire educational process is carried out primarily in the target language. In the exercises, a large amount of grammar and vocabulary is accumulated with subsequent implementation. The lesson should have a practical orientation;

2) The principle of functionality - the obligatory focus of speech activity on all aspects of the language, since in the process of communication they are interconnected. It is unacceptable to study any one aspect of a language separately from the others;

3) The principle of citationality - the selection of educational material that would correspond to real-life situations and that could interest students;

4) The principle of novelty - the use of a variety of working techniques, different speech situations, and speech material;

5) The principle of personal orientation - each student has individual speech characteristics;

6) The principle of collective interaction – active communication between students and the teacher, joint resolution of complex issues and problematic situations;

7) The principle of modeling - determining the amount of knowledge that the teacher can effectively and at the proper level transfer to students.

The communicative approach still ranks high in popularity among many foreign language teachers; however, it is believed that at the present stage of professionally oriented foreign language teaching in non-linguistic departments, a new approach to the content of training is needed. The focus of training should be guided by the latest research and achievements in various fields of activity that concern the professional interests of students. It is necessary to structure the learning process in such a way that the level and quality of their language acquisition are proportionate and consistent with their professional goals and objectives so that in the future young specialists can more easily adapt to the conditions of professional activity in a new cultural and information space. All of this should contribute to the development of students, both professional and personal.

In the modern world, a foreign language course at a non-linguistic university involves the creation of a flexible, differentiated, individualized approach to learning, which would give future specialists the opportunity to expand their knowledge and quickly adapt to the new information space.

1.2. Psychological and Pedagogical Underpinnings of Professionally Oriented Foreign Language Instruction for Medical Students

Education and training are psychological processes, therefore, knowledge of the psychological foundations of learning is the basis for pedagogy. At the intersection of psychology and pedagogy, a science such as educational psychology arose, which describes the psychological characteristics of students in order to increase the effectiveness of pedagogical measures used in foreign language classes.

One of the most important problems faced by students in non-linguistic faculties, including in medical universities, is motives and motivation for learning a foreign language. In the field of higher professional education, the attitude towards a foreign language is very ambiguous, since despite the fact that a foreign language is important for obtaining the knowledge necessary in modern society, many students still consider it a subject of secondary importance. In this regard, one of the main tasks of the teacher is to strengthen the pedagogical impact on students, as well as stimulate interest and motivation for learning. First, let's turn to the very concepts of motive and motivation.

Motives are stimulating factors that determine human behavior in various situations. There are positive motives that effectively influence the educational process:

1) *Cognitive motives.* They are aimed at the subject of study. They are characterized by an orientation towards mastering new knowledge and mastering methods of acquiring new knowledge;

2) *Motives of goals.* They focus on taking action to achieve a specific goal;

3) *Procedural and content motives.* The meaning of activity is the activity itself. (For example, interesting and unusual teaching techniques, such as games, can play a role in the formation of 18 of these motives.);

4) *Motives of self-affirmation.* Associated with self-esteem, and ambition;

5) *Status motives.* They can be implemented, for example, when using competitive elements in a lesson. The desire to be better than others often

motivate students to try their best. (However, I would like to note that competitive elements cannot "work" for all students, since not all people have the desire to compete and be better than others.).

The formation of motives is influenced by both various internal motivations and external conditions. However, among students of non-linguistic profiles, a situation is often observed when external motives prevail over internal ones. For most medical students (as well as for many students at non-linguistic universities), foreign language study is limited to the university curriculum and is undertaken only to obtain good grades and credit at the end of the course. They perceive a foreign language as a "minor subject" that is not studied with the same diligence as, for example, anatomy or histology. According to many researchers, the problem is that students do not understand their role in the learning process. They perceive a foreign language as something imposed by teachers, something that will never be useful to them. Therefore, the teacher needs to pay attention to what is important for people of this age and their personality traits, what values are inherent in students, their relationships, attitudes, and based on this, create conditions for awakening students' interest in the language.

In addition, it is necessary to reduce the level of anxiety and fear that often appear in students when studying a foreign language, for example, fear of new grammatical rules or pronunciation features. In general, it is important to create a discipline program that would meet the interests, capabilities, and needs of modern students. Moreover, the interests, emotions, and needs of not only students but also the teacher are important since it is quite difficult to interest a student when the teacher has no interest in the subject and no emotions towards it. In addition, it is very important not to "scare off" students with harsh phrases about the upcoming test or exam in a foreign language, since in this case, they will develop negative attitudes and motives aimed only at passing, and not gaining new knowledge.

Educational psychology also pays close attention to educational motivation, as a set of motives that regulate educational activities.

The general concept of motivation is the urge to action, a psycho physiological process, and also the ability of a person to actively satisfy his needs. A.K. Markova believes that motivation performs such functions as encouraging, directing, and organizing behavior, giving it personal meaning and significance. According to I.A. Zimnya, motivation as a psychological and pedagogical phenomenon can be perceived as follows:

1) A set of motivations that cause and determine activity;
2) The process of education, the formation of motives, and the characteristics of the process that stimulate and maintain behavioral activity at a certain level.

E.P. Ilyin believes that motivation is a mental process that transforms external influences into internal motivation. According to scientists, motivation is a kind of incentive process for performing any action, something for which a person strives to achieve a certain goal.

Learning motivation is part of the concept of motivation as a whole. The term "learning motivation" can also be understood in different ways. A.K. Markova and A.B. Orlov in their work "Motivation for Learning and its Upbringing in Schoolchildren" understand that the motive of educational activity the student's focus on certain aspects of educational work, associated with an internal attitude towards it. From this, we can conclude that learning motivation is, for the most part, a psychological factor influencing the learning process. This is the basis of the pedagogical process. It fully influences the effectiveness of foreign language teaching and the formation of foreign language professional competence. This is the component of educational activity that gives it direction, and meaningfulness, stimulates, organizes, and determines its success (S.I. Arkhangelsky). It is one of the professionally significant personal characteristics and can be both an indicator and criterion for the success of the development of a future specialist.

When learning a foreign language, you need to understand that without an internal feeling of the need to study it, it will be quite difficult for a student to learn the language. Accordingly, when forming motivation, there is no need to offer ready-made goals and motives for learning, but it is necessary to create conditions under

which students will have their own motives and goals, and it is also necessary to maintain them at a fairly good level so that "burnout" does not occur (one of the signs of which is lack of motivation).

In addition, the main period of studying a foreign language at a medical university occurs in the first year (not counting the possible independent work of the student), when a complex process of adaptation to the university occurs, and former schoolchildren are faced with completely new circumstances and environment for them, and they have not yet a clearly expressed attitude towards the future profession and understanding of its importance. Also, they often cannot independently control their behavior and psychological well-being, cannot immediately find the optimal balance of work and rest, and have problems with independent management of life when moving from home conditions to living conditions in a hostel. It often happens that in such conditions and due to the sharply increased academic load, first-year medical students perceive English classes as an interfering factor, as something unnecessary. Therefore, from the very first lessons of the English language, it is important for the teacher not only to provide students with ready-made goals for studying a foreign language but to allow them to set their own goals and objectives. A clear and precise goal statement will help students determine their priorities, implement their plans, and make decisions. They must understand that the more clearly their goals are defined, the more effective their foreign language learning activities will be. The teacher needs to convey to students the importance of goal setting and make them understand that it involves meeting such requirements as:

1) A clear formulation of goals (which in turn must be specific, measurable, realistic, achievable, and have deadlines and means for their implementation);
2) Dividing a large goal into several small tasks for easier implementation;
3) Persistence in achieving the goal;
4) Constant maintenance and verification.

With proper goal setting, it will be easier for students to maintain learning motivation in the classroom, and they will perceive English lessons as another additional means to achieve the main goal - to become a good specialist in the

medical field. Motivation to study a foreign language can be external and internal (According to E.I. Passov).

External motivation is associated with external circumstances, with the prospects for personal development, as well as the so-called social motivation, that is, factors influencing people's desire to perform any action (reward, praise, money, prestige). It focuses on achieving the final result. Internal motivation comes from the person himself, his immediate desire to act, in this case, learn a foreign language. Here, learning a language is an end in itself, and does not depend on a person's relationship with the people around him and the world as a whole. With internal motivation, the learning process itself and its quality are important. From this, we can conclude that the teacher must, first of all, give students a mindset of internal motivation to help them develop a desire to learn a foreign language, and not to get good grades or have status after graduating from university. It is believed that for the full-fledged high-quality implementation of educational activities, both external and internal motives are necessary.

The idea of one's successful future professional activity as a doctor can become one of these internal motives that give meaning to learning a foreign language. At the same time, the student must understand the need to include a foreign language in the specialty, and accordingly, the role of the teacher here is to convey this need to the student. In addition, the teacher must find additional materials on topics that may be of interest to students, taking into account not only professional interests, but also personal ones. You can also encourage students to independently search for additional educational or non-educational materials in a foreign language, for example, films or stories in the original language. In order to direct students to possible activities in the future (related to a foreign language), it is necessary to create learning situations similar to situations in professional activities, for example, reading and translating scientific articles on medical topics, writing articles, studying foreign clinical recommendations, etc. d. It is also important to orient students towards independent study and the formation of needs for the constant expansion of their professional and general knowledge and horizons.

In order to study the motivation and attitude of medical university students towards a foreign language and its study at the university and beyond, we conducted a survey. 42 respondents aged from 18 to 26 years took part in the survey. Below are questions about the attitude of medical students to the study of a foreign language and the most common answers:

1) ***Does a professional in the medical field need to speak a foreign language?*** (about 80% positive answers, 2 respondents were not sure);

2) ***For what purposes do you need a foreign language?*** (summarizing the answers, we can highlight the following goals: reading articles and textbooks, participating in international conferences; getting more opportunities; communicating with foreign patients; translating texts and scientific articles; communicating with foreigners; for an internship; for a comprehensive study of one's profession);

3) ***What hinders you when studying a foreign language?*** (lack of free time; lack of sufficient funds; inability to organize oneself; lack of desire; dislike of language);

4) ***What language are you studying at university and what additional language would you choose?*** (about 80% are studying/studied English, German, French, and Spanish were chosen as additional languages);

5) ***What is the most significant problem in the study?*** (lack of practice; lack of experience of the teacher and incorrect teaching strategy; non-use of authentic quality textbooks; complexity; laziness; lack of time; lack of motivation; fatigue; embarrassment when speaking; lack of interest; poor organization of the learning process);

6) ***Are there enough hours and semesters devoted to studying foreign languages at your university?*** (about 40% of respondents answered positively; problems with the quality and organization of training were noted, as well as the reluctance of teachers to teach foreign languages);

7) ***Does foreign language training meet your requirements?*** (it can be noted that the absolute majority gave a negative answer).

Then questions about student motivation will be given:

1) **Is fluency in a foreign language important to you personally?** (a positive answer was given by 93% of respondents);

2) *What motivates you to study a foreign language?* (The following is a summary of the main answers):

- Opportunity to communicate with foreign colleagues, attend international conferences;
- The ability to search for up-to-date information about clinical recommendations, treatment methods, and medications in modern English-language sources;
- Reading professional literature, articles, additional information, also reading fiction in the original; the ability to watch films and TV series in the original;
- Successes of other people; the need to "be in trend";
- Beautiful and understandable authentic textbooks;
- The desire to study well and not have problems in future work;
- Desire to move;
- Development of oneself as an individual; the desire to do science;
- Requirements of employers;
- Love for medicine.

Taking into account the survey results, specific conclusions can be drawn. In general, most students have a desire and goals for studying a foreign language, despite some difficulties, but the number of hours and quality of training at the university does not meet the desired requirements. Having analyzed the answers received to questions about student motivation, we can come to the conclusion that approximately half of the respondents are motivated mainly by external factors, but internal motivation is also present. Motivation is at a fairly high level, but for the most part it is aimed at achieving success and at the additional opportunities that a foreign language provides (for example, watching films and reading fiction). But at

the same time, there are also educational and cognitive motives, which indicates that the level of understanding of the importance of studying among students is already above average.

One of the effective means of increasing interest and motivation in the process of learning a foreign language is individualization. In this regard, we can quote K.D. Ushinsky "If pedagogy wants to educate a person in all respects, then it must first get to know him in all respects." This idea has not lost its relevance at the present time and is still considered one of the main postulates of organizing an individual approach in educational and educational activities, including in professionally oriented training. Very often, foreign language teachers in non-linguistic universities are faced with a situation where in the same conditional group there are students with different levels of language training, and it is quite difficult for the teacher to reach a compromise and make sure that he can work with both "strong" and "weak" students. He needs to be very flexible in choosing methodological material for classes and selecting individual assignments.

In general, **individualization of learning** is the organization of the educational process in which the choice of methods, techniques, and pace of learning is determined by the individual characteristics of students. The Russian Pedagogical Encyclopedia provides the following definition: "Individualization of learning is the organization of the educational process taking into account the individual characteristics of students; allows us to create optimal conditions for the realization of the potential of each student. And about. carried out in a collective educational setting. work within the framework of general objectives and training content. (Russian Pedagogical Encyclopedia, edited by V. G. Panov, 1993) This is one of the pressing problems of teaching methodology, not only in higher educational institutions but also in schools, incl. linguistic the problems of an individual approach in education were of interest to such authors as L.S. Vygotsky, P.Ya. Galperin, B.G. Ananyev and others. They considered the learning process as a set of activities between a teacher and a student in cooperation, which is influenced by motivation to learn. It is believed that an individual approach makes it possible to

develop the student's strengths and abilities and helps eliminate difficulties in the learning of individual schoolchildren and students.

One of the conditions that helps to implement an individual approach to learning is differentiation. In the Brief Dictionary of Pedagogical Concepts, this term has the following definition: "Differentiation of education is the orientation of educational institutions towards students (students) achieving the appropriate level of knowledge, skills, and abilities based on taking into account their development, inclinations, abilities and interests." (A brief dictionary of pedagogical concepts, Konyaeva E.A., Pavlova L.N.). According to Selevko, differentiation of teaching (differentiated approach to teaching) is:

1) Creating a variety of learning conditions for different schools, classes, and groups to take into account the characteristics of their population;

2) A set of methodological, psychological, pedagogical, organizational, and managerial measures that ensure training in homogeneous groups. (Encyclopedia of educational technologies, Selevko G.K.)

It is expressed in taking into account the language training of students, their potential capabilities, setting personal goals that are significant for them, and developing independent work skills. This is one of the most difficult tasks for a teacher, especially when working with a group of students of different levels: it is often unclear how to create a work program so that it is not difficult for "weak" students, and not too easy for "strong" students, how to combine frontal, individual and group work in class. In addition, it is obvious that not everyone has the same ability to study a foreign language, moreover, the assimilation of educational material can proceed in different ways; Some students may find it easier to memorize lexical items, while others may find it easier to work with audio recordings or text. In addition, all students have different mindsets and temperaments. Taking into account all these features and putting them into practice is not an easy task for a teacher.

The following points can be highlighted as the goals of differentiated training in vocational education:

- Creating suitable conditions for identifying the inclinations and developing the student's abilities;
- Satisfaction of cognitive needs, and formation of qualities inherent in a future specialist;
- Impact on the formation of individual creative and professional potential of the individual.

The tasks facing a teacher introducing a differentiated approach to teaching a foreign language include:

- Prevent or close gaps in students' knowledge, skills, and abilities;
- Approximately equalize the group of students in language training;
- Develop the abilities and interests of students;
- Involve the emotional sphere in the course of work in the classroom (stimulate students to show emotions, and provide material that evokes an emotional response);
- Use study time rationally;
- Involve students in active mental activity;
- Realize the central idea of education - the student's knowledge of himself as a person and personality, as a subject of relations with the world and other people.

1.3. Development of a Professional English Lexicon among Students in Medical Faculties

The famous Soviet translator and teacher R.K. Minyar-Belaruchev in his work "Methodological Dictionary. An explanatory dictionary of terms for teaching foreign languages" gives the following definition of the concept of "thesaurus": a set of data in any field of knowledge. He explains that in linguistics and methodology, this term is used to denote a systematic vocabulary necessary for communication on a given topic. [R.K. Minyar-Beloruchev, 29 1996]. Initially, the thesaurus was understood as a monolingual dictionary. For example, in the New Dictionary of Methodological Terms and Concepts E.G. Azimov and A.N. Shchukin's thesaurus is:

- A dictionary reflecting semantic connections between words, terms and other elements of language;
- A systematized set of concepts of a certain branch of science. [E.G. Azimov, A.N. Shchukin, 2009].

Thus, a thesaurus can be defined as a system of knowledge of an individual or a group about the world, in particular about the field of professional activity.

This study examines the formation of a professionally oriented English-language thesaurus among medical students, that is, the "medical language". This is a type of special English (English for special purposes), used by doctors, scientists, paramedics, pharmacists, etc. in the process of performing professional activities.

The problem of forming a professional thesaurus among medical students is closely related to the problem of forming the future specialists themselves in the field of medicine, the level of their professional consciousness and behavior, as well as clinical thinking. As mentioned above, a thesaurus can be defined as a system of knowledge of an individual in the field of professional activity. The process of theoretical learning in this case can be represented as the process of forming a foreign language professionally oriented thesaurus in the student's linguistic consciousness with the development of lexical and grammatical competence.

It should be noted that when teaching professionally-oriented English, teaching types of **speech activity** should be preceded by work on the formation of a professionally-oriented English-language thesaurus, that is, in essence, work should first be carried out on students' mastery of vocabulary (terminology), taking into account professional specifics.

The main tasks in the formation of a professional English-language thesaurus for medical students:
- Formation of professional competence based on knowledge of medical terminology;
- Development of clinical thinking;
- Development of skills in using English-language sources of medical information;

- Formation of professional medical vocabulary.

When forming a professional English-language thesaurus for medical students, it is necessary to take into account the following factors:

- The choice of materials that are poorly adapted or authentic, which would correspond to the personal and professional interests of medical students;
- The development of students' self-esteem, self-analysis, and self-development skills;
- The teacher plays the role of an assistant, including during independent work, offering materials, and creating favorable conditions for learning.

The main concept associated with a professional thesaurus is the term. A term is a word or phrase that denotes a concept from different fields of knowledge. A word acting as a term often has an equivalent in another language [1, 405]. A term is a word endowed with the function of denoting a scientific concept that, together with other concepts of a given branch of science or technology, constitutes one semantic system [28, 140]. Professional thesaurus, the conceptual apparatus is formed gradually during professional training, and it becomes the basis for the formation of an English-language professional thesaurus. Therefore, in teaching medical students a foreign language and developing a professional English-language thesaurus, it is necessary to use poorly adapted and authentic medical (including chemical, biological) texts.

Learning English in integration with chemistry, biology, anatomy, etc. involves working with literature in the specialty, independent work in order to obtain additional information. This interdisciplinary approach to teaching a foreign language helps to expand the terminological thesaurus of students and allows them to form a professional vocabulary.

In addition to medical texts, the formation of a professionally oriented thesaurus is also facilitated by:

- The formation of the teacher or students, together with the teacher, of a short list of medical terms in English with translation into Russian, often used in the process of professional training;

• Use of studied terms when performing exercises, discussions, debates, dialogues, etc.;

• Independent use of knowledge by students in the process of professional activity.

Thus, we can conclude that a high level of formation of a professionally oriented English-language thesaurus and mastery of medical English vocabulary is the goal of teaching professionally oriented English language teaching to medical students.

Conclusion of Chapter I

Summarizing the above, it can be noted that the main goal of vocational education is to create conditions for a specialist to master the skills necessary for future professional activities, as well as to satisfy society's need for qualified specialists with versatile professional and general skills. Teaching a professionally oriented foreign language to students of non-linguistic faculties and medical students, in particular, is one of the most important aspects in the formation of foreign language communicative competence of future specialists.

One of the most important factors in the development of foreign language competence among medical students is the formation of a professional foreign language medical thesaurus. Also, a key psychological aspect when teaching a foreign language in general, and medical students in particular, is motivation, which orients students towards the final result of cognitive activity when learning a foreign language, which is foreign language communicative competence.

CHAPTER II. EXPERIMENTAL SECTION. METHODOLOGICAL RECOMMENDATIONS FOR DEVELOPING ALL TYPES OF SPEECH ACTIVITIES FOR STUDENTS IN MEDICAL UNIVERSITIES

2.1. Types of Speech Activities and the Development of Exercises for Them

This chapter discusses teaching all types of **speech activity**, classification of exercises for all types of speech activity, examples of developed exercises for each type of speech activity for language training of medical students, outline of one lesson for medical students, experiment and testing of the experiment.

First, it is necessary to reveal the essence of the concepts of "speech activity" and "types of speech activity."

Speech activity is an active, purposeful process of transmitting and receiving a message, which is mediated by the language system and determined by the communication situation. In the works of L.V. Shcherba one can find the following definition: Speech activity is one of the three aspects of language along with the psychological "speech organization" and "language system"; "linguistic material", which includes the sum of individual acts of speaking and understanding. This understanding of the definition of speech activity is associated with the widespread use of foreign language teaching methods. languages the concept of "types of speech activity." (speaking, listening, reading and writing). Training in all types of speech activity forms the basis of teaching a foreign language.

The methodology for teaching a foreign language takes the following definitions of types of speech activity as the main ones:

- Speaking is a productive type of speech activity, with the help of which oral verbal communication is carried out;
- Listening (listening) – a receptive type of speech activity, which is associated with the perception and understanding of oral messages;
- Writing is a productive type of work, which provides the expression of thoughts in graphic form;

- Reading – a receptive type of speech activity associated with the perception and understanding of written text.

As is clear from the definitions, productive types of speech activity include processes associated with the generation of speech (oral and written), and receptive types – associated with its perception. In modern methods of teaching foreign languages, interconnected training in all four types of speech activity is recommended. The features of such an interconnected relationship include the following points:

- Ensuring the simultaneous development of all types of speech activity, each of them develops from the beginning and contributes to the development of others;
- Organization of training within a certain sequence and based on a series of exercises;
- Training in types of speech activity is organized on general language material;
- Receptive types of speech activity must precede productive ones (that is, first listening and reading, then speaking and writing);
- Listening causes more difficulties for students than reading, but they must be alternated;
- Writing is considered more difficult than speaking, so speaking tasks should precede writing.

Comprehensive training in types of speech activity provides several options for the order of completing tasks by type of speech activity:

- reading - listening - speaking - writing;
- listening – reading – speaking – writing;
- listening – speaking – reading – writing.

In practice, in the educational process, these variants of schemes cannot always be fully implemented, and often in one lesson the types of speech activity are combined in pairs, for example: reading and listening, listening and speaking, reading-writing, etc. Next, each type of speech activity will be briefly discussed

separately, in the following order: listening - reading - speaking - writing, and possible examples of exercises for an English language course for medical university students will also be given.

Listening training and examples of exercises:

As a means of teaching, listening is used as a way of introducing new language material and as a means of memorizing language material in the process of listening comprehension.

Listening is considered the most difficult type of speech activity, according to E.N. Solovova, for a number of reasons:

- "Listening conditions in a real speech situation (interference, acoustics, external noise);
- Individual characteristics of speech (voice, timbre, tempo);
- Linguistic features (unfamiliar vocabulary, idiomatic expressions, terms, abbreviations)" [46, 220].

The main goals of listening in foreign language teaching include the following:

- development of the ability to listen and understand foreign language speech;
- expansion of vocabulary and passive vocabulary of students;
- development of the ability to understand the meaning of a statement;
- development of the ability to highlight the necessary and important in the flow of speech;
- development of auditory memory and reaction.
  The skills that should be developed during listening are usually:
- determine the main topic of the message, highlight the main idea;
- identify keywords;
- divide the text into semantic parts, establish logical connections between them;
- keep a recording while listening;

- use information (in pictures, tables) given before listening.

Work with listening should include several stages: instructions before listening and a preliminary task, the process of perceiving an audio text, tasks after the text. The peculiarities of listening tasks for medical students are that, due to the specifics of this specialty, it is necessary to include in the course such practice-oriented tasks and speech situations that would correspond to real situations that a future doctor may encounter, for example, an initial appointment, compiling anamnesis (medical history), re-appointment, discharge from the hospital, typical questions from patients, etc.

During the preparatory, pre-text stage, the teacher sets the goal of preparing students to perceive the text, introducing them to the topic, and removing possible grammatical or lexical difficulties. At this stage, there may be tasks such as forecasting by title, by illustrations or by keywords, as well as a preliminary discussion of the topic of the text.

The second stage of listening, text, may contain such types of exercises as: fill out a table, complete a sentence, number illustrations, insert missing words, listen to a dialogue and answer questions about it.

The third stage, after listening, usually includes the following exercises: marking true and false statements, briefly retelling the content, answering questions, organizing a dialogue on a similar topic. The goals of this stage: monitoring the understanding of what was listened to, developing the connection between listening and speaking, listening and writing.

Below are examples of exercises at all three stages.

Exercise

1) Pre-text stage, preparation for task execution:

Please familiarize yourself with the task provided in Table, which is an inquiry form. Take a moment to review it. Are there any aspects of the task that are unclear to you? Are there any unfamiliar terms or words that you would like clarification on? Based on the information presented in Table, what do you anticipate your task to entail?

Field	Information
Surname	
First name	
Age	
Sex	
Marital Status	
Occupation	
Present Complaint	

2) Textual Stage, Task Setting, and Direct Listening of the Fragment:

Your task is to listen to a dialogue between a doctor and a patient. As you listen, complete all the sections.

3) In the post-textual stage, it is important to assess students' comprehension of the listened text. At this stage, the following discussion can be conducted:

- How did the doctor initiate the interview?

- Provide some important details from the doctor's interview.

In addition to this, students can be paired up to devise dialogues similar in theme (in this case, composing a brief medical history) and enact them.

Teaching reading, types of reading, and examples of exercises:

"Reading is the process of perception and semantic processing of information graphically encoded according to the system of a particular language" [17, 5]. "The main purpose of reading is visual perception and understanding of information. Reading is always a purposeful process, it is aimed at extracting information contained in a recorded speech work - a text" [50, 125]. The task of reading, as a type of speech activity, is the ability to read an unfamiliar text, then extract the necessary information and use the information received.

The ability to read, especially in a foreign language, provides students with ample opportunities, for example, enriching their inner spiritual world, mastering new information, including regional information, and the opportunity to learn more

about the culture of other countries. In particular, for medical students, the advantages of reading in English are the ability to understand the texts of foreign journals, articles, and research texts in the field of medicine, also search through authoritative medical sources about studies and drugs (for example, UpToDate, Cochrane, Pubmed), understanding foreign clinical recommendations and comparing them with domestic ones, development of critical thinking.

S.K. Folomkina identifies the following skills associated with reading text:

● Highlight individual elements of the text (main idea, supporting words, key facts, distinctive details);

● Summarize the facts, establish the main and secondary, and establish connections between them;

● Correlate individual parts of the text, and arrange them in logical or chronological order;

● Conclude what you read, and establish the idea and intent of the text;

● Interpret, that is, understand the subtext.

Folomkina emphasizes that an experienced reader possesses these skills at the level of automaticity.

At the moment, there are quite a few classifications of reading. I.A. Bredikhina in the textbook "Methods of Teaching Foreign Languages. Teaching Basic Types of Speech Activity." gives the following classifications:

• "Analytical (detailed) and synthetic (holistic perception);

• By the degree of involvement of the native language (translated and untranslated); 3) By the amount of material and degree of elaboration (intensive and extensive);

• By form of organization (individual and frontal, classroom and home);

• According to the purpose and nature of the reading process (viewing, familiarization, studying, searching)" [6, 98].

"In this work, only types of reading will be considered according to the purpose and nature of the process, each of which is characterized by specific goals and a different attitude to the degree of understanding of the text" [6, 92]:

- Viewing (highlighted in the Russian typology by S.K. Folomkina);
- Introductory (in the Western typology of skimming);
- Search (in the Western typology scanning);
- Studying (global reading/reading for details).

As the basis for this classification, Folomkina took the basic needs of readers: viewing text, familiarizing themselves with the content, searching for information, and detailed study. [6, 98]

First, let's consider the first type of reading, viewing. It is used at the first acquaintance with the text to determine the availability of the necessary information and to select materials for a specific purpose. This type is characterized by three main tasks: determine the topic of the text; questions stated in the text; and find out what interest this text is of. The following subtypes of review reading are also distinguished:

- Summary (to highlight the main thoughts and key points);
- Abstract (highlighting the most basic content of the text;
- Overview (to highlight the main idea of the text, but not in the case when it is expressed implicitly);
- Indicative (to establish whether the information contained in the text represents any interest or necessity for the reader);

When teaching the scanning type of reading to medical students, the student is expected to work independently while working on projects in a foreign language, writing essays, and writing scientific articles. The medical student looks through the headlines of articles and other sources on topics of interest to him, briefly and quickly scrolls through the text of the source and independently determines whether he needs to work with this source, gives an internal assessment of "necessary" - "not necessary", "interesting" - "not interesting" [26, 402].

In work, this type of reading in a foreign language is the authenticity of the material. The following tasks can be given as examples of exercises for review reading:

1. Look at the title of the text and guess what it is about;

2. Read the text quickly and define the theme of the text;

3. What issues are represented in the text?

4. State some key points in the text;

5. What kind of information can you get from the text?

The introductory type of reading (Skimming) is defined in a collective monograph edited by Mirolyubov A.A. "as reading with understanding of the main content. The student gets acquainted with the text in order to form a general idea of its content and meaning, as well as to navigate it and identify the most essential information" [26, 345]. The result of skimming is an understanding of the main content of the text, the author's argumentation, and basic facts. L.V. Shcherba wrote about this type of reading: "Every educated person should have this skill, but it is especially necessary for scientists, engineers, students, as well as everyone who must follow foreign literature in one area or another" [53, 67].

Skimming is a type of reading without prior instructions for further use of information; it is simply taken into account and remembered involuntarily. It can be used both for reading fiction and special literature in a foreign language. In the first case, the student reader simply uses this type of reading for relaxation; in the case of specialized literature, he tries to find information on a necessary issue without the goal of obtaining the most complete and clear idea of the subject. In this case, skimming is accompanied by the following reader ratings: "new" - "known", "interesting" - "uninteresting", "clear" - "incomprehensible".

The degree of understanding of the text during introductory reading depends on many factors, for example, on the complexity of the text, on the psychological state of the student at a given time, on the level of knowledge of the subject, on the level of knowledge of the foreign language, on the presence of interfering factors, etc. In addition, this type of reading does not involve the use of dictionaries and

returns to previous parts of the text. If, while reading, a student does not understand any facts, this nevertheless does not prevent him from understanding the main essence of what was written, the main content of the text.

When teaching skimming, not only to medical students, but also to students in general, it is important to pay attention to the fact that their main task is to understand the main content of the text, without paying active attention to the details of the text. During the learning process, for students in general, and for medical students in particular, this type of reading of specialized literature occurs more slowly than when reading, for example, fiction, since the process is slowed down professionally, in particular by medical vocabulary, as well as grammatical structures that students who do not have a very high level of knowledge of a foreign language cannot immediately understand.

Work with this type of reading should continue by monitoring what is read. Typically, this control is carried out orally, in the form of discussions and questions about the text, or by performing exercises related to the content of the text. It is also necessary to identify students' personal opinions or attitudes towards information, if the text suggests this.

To teach introductory reading to medical students, texts of an average level of complexity, of various directions from different areas of medicine, which can be taken from medical journals, regular and electronic, can be selected. Also, to maintain interest in a foreign language, articles from popular science publications or even excerpts from fiction books can be used.

Below are some exercises for this type of reading.

Tasks for text 1 (Appendix B):

- *Define the main theme of the text and its general idea;*
- *Define the structure of the text, divide it into an introduction, main parts, and conclusion, and decide how can you title each part;*
- *Find some keywords in each section;*
- *What do you think of the information given in the text?*

- *Read the text again and say whether the statements below are true, false, or not stated:*

  1. Emotional support animals should pass special training and only after that they may be helpful for people with anxiety or depression;

  2. Investigators used only shelter animals for this study;

  3. The study was conducted in Europe;

  4. Patients who participated in the study lived in different conditions;

  5. Researchers have been studying the level of participants' stress for a year;

  6. Investigators found out that the level of stress became lower but some of the participants still feel lonely;

  7. Indices of cortisol and oxytocin changed significantly after participants had been playing or talking with their pets for 10 minutes;

  8. Researchers can state that pets can help all people with anxiety and depression.

  2) Tasks for text 2 (Appendix B):

- *What is the main idea given in the text?*
- *Can you make up the other title for the text?*
- *Can you explain in a few sentences what the placebo effect is?*
- *Do you know people with the problem described in the text?*
- *Which paragraphs give the main information about the problem?*
- *Work in pairs. Make up 5 questions and answer them one by one.*

The next type of reading that will be considered in this work is search (scanning). This is a type of reading whose purpose is to search the text for specific relevant information (for example, dates, numbers, definitions, facts). The result of such reading is, selective understanding of what is read. According to S.K. Folomkina, the main difference between this type of reading and browsing is that the reader does not seek to form a general idea of the content of the text, even in those parts of it that he examines in search of the necessary information. Many parts

of the text with this type of reading may not be read, since after finding the information, the reader moves on to the next section of the text. Some researchers call the search mode "diagonal" reading. It is most often used when reading scientific and professional texts. According to Martha Maxwell's research, scanning skill is the ability to quickly find specific details and facts. [55]

When teaching scanning, the task of searching for information should be set by the teacher. When teaching medical students this type of reading, you can also use articles from scientific and popular science medical journals, as well as when teaching introductory reading. The following are tasks for the search type of reading:

Tasks for text 2 (Appendix B):

- The text consists of 11 paragraphs (A-K). Find which paragraph contains the following information and then explain:

1) *some people are more likely to have alcohol intolerance;*

2) *effect of alcohol on blood vessels;*

3) *true symptoms of allergy to alcohol;*

4) *a possible but not true solution to the author's problem;*

5) *the author has a problem that makes things worse;*

6) *the reason for Asian flush;*

7) *the problem is not an alcohol itself;*

- State which two of the following statements are false:

1) *Asian flush is common only for Asian people;*

2) *Alcohol has a vasoconstrictive effect;*

3) *Placebo usually doesn't work;*

4) *Antihistamine was quite helpful for the author;*

5) *Alcohol intolerance is a lot more common than an allergy to alcohol.*

The last type of reading considered in this work is **studying (Global reading or reading for details)**. This type of skill is very important for English language learners. This type involves a complete and accurate understanding of the information contained in the text. In the collective monograph edited by A.A.

Mirolyubov, this type is called reading with full understanding of what is being read. In the process of studying reading, information is comprehended, interpreted, and compared with existing knowledge [26, 67].

When studying reading, the reader tends to reread individual fragments or phrases and pronounce the text to himself. The text is read slowly, attention is focused not only on the content, but also on the vocabulary and grammar that are used in this text. With the learning type of reading, students actively use the dictionary, since a complete understanding of the meaning of the text is necessary.

During and after reading, the reader comprehends what he has read and forms his own point of view on a problematic issue in the text (if there is such a question). In the future, after using this type of reading in class, it is possible to organize a lesson-discussion or lesson-debate on this topic; also write an essay or essay. In this type of reading, texts serve not only as a source of information, but also as material for the acquisition of lexical and grammatical material, as well as for the development of other types of speech activity, such as speaking and writing.

Below are a few exercises for this type of reading:

1) **Task 1** (text 3, Appendix B)

Read the text thoroughly. Try to:

- *find international words;*
- *find words derived from Latin;*
- *describe and translate underlined words;*

2) **Task 2** (text 3, Appendix B)

Answer the following questions:

- *Are mobile phones really dangerous? Find proofs or contradictions;*
- *What happened in May 2016, according to the text?*
- *Find some information about how we should use our mobile phones?*

Home reading

In addition to the four types of reading usually used in foreign language classes, the method of teaching a foreign language often uses this type of reading as home reading. It is also one of the aspects of language training of students. Reading fiction is quite a useful activity, since it is one of the ways to get acquainted with the culture, history, and way of life of other peoples. In addition, home reading of fiction is a means of increasing vocabulary, memorizing grammatical structures, lexical combinations and stylistic devices. Also, home reading can be one of the ways to increase the interest and motivation of students when studying a foreign language and a way to encourage students to express their opinions. S.K. Folomkina believes that "the language of literary works, which complies with all norms and rules, is a necessary example in the process of learning a foreign language" [49, 200]

Home reading is independent reading by students during the extracurricular time of a literary work in a foreign language of the teacher's choice with its discussion in class [28, 58].

For home reading you can use:

- Adapted literature;
- Poorly adapted literature;
- Authentic literature.

The texts of the proposed books must be linguistically accessible and rich in information. When working on home reading, students should use not only bilingual and monolingual dictionaries, but also a dictionary of synonyms and antonyms, a phraseological dictionary, and an encyclopedic dictionary. When working with home reading when teaching medical students, it is necessary to take into account not only personal interest, but also professional interest, therefore, we consider it advisable to choose poorly adapted or authentic books with characters engaged in medical activities or on medical topics for home reading by doctors.

Below is a short list of books that are suggested to be used:

1) A.J. Kronin - The Citadel (Archibald Cronin - The Citadel);

2) A.J.Kronin – Shannon's Way (Archibald Cronin – Shannon's Way);

3) A.Hailey – The final diagnosis (Arthur Hailey – The last diagnosis);

4) J. Worth – Call the midwife (Jennifer Worth – Call the midwife);

To develop exercises within the framework of this work, we chose the work of J. Worth - "Call the Midwife." Immediately before working on the text, it is advisable to give students the following tasks:

- *Read and translate the title of the book. What do you think it is about?*

- *Find some interesting information about the author of the book.*

- *Was the job of a midwife really difficult in the 20th century? Is it easier now?*

Express your opinion. Next comes the stage of working on the text of a work of art. At this stage, it makes sense to assign students to read one chapter per week. It is advisable to give the following tasks (examples of exercises for the first chapter):

1) Read the first chapter of the book (6 pages). Write down and translate all the new words.

2) What can we learn about the main character of the book from the first chapter? Illustrate in detail.

3) Characterize the setting in the chapter.

4) Work in pairs. Make up 5 questions, the answers of which may serve as the retelling of the chapter. Give your questions to your partner. A partner answers in writing.

5) Think about what questions could you ask the main character if you have a chance.

Speaking training and examples of exercises:

As stated earlier, speaking is a productive type of speech activity, with the help of which oral verbal communication is carried out. This type of speech activity is based on lexical, grammatical, and pronunciation skills. Expressing thoughts orally is the content of speaking. According to E.I. Passov, speaking as a speech product is characterized by logic, structure, information content, productivity and expressiveness [37, 45]. Today, the development of speaking skills is one of the main tasks in the methodology of teaching a foreign language, since it is fundamental for

the development of communication skills. For medical students, oral communication skills, not only in their native language but also in a foreign language, are also necessary in their future professional activities.

The main goal of teaching speaking is the formation and development of the skill to carry out oral communication in various situations. Medical school students, as part of their training in this type of speech activity, must be able to conduct a dialogue of a personal and professional nature (for example, a dialogue with a patient or with a colleague), talk and reason about medical topics, and lead a discussion using argumentation and facts supported by scientific research. In general, medical students should have a level of language that would allow them to communicate in a wide range of speech situations and to use the language in a manner that takes into account professional and personal interests.

According to Minyar-Beloruchev, there are three types of speaking:

- non-variable (ready-made phrases);
- variable (combination of clichéd phrases);
- free (independent production of speech works).
- Speaking as a type of speech activity has several specific features:
- motivation, since when a person speaks, there is always a motive for speaking.

Here there is communicative motivation (the need for communication inherent to a person) and situational (the need to "intervene" in a speech situation, to express one's opinion);

- Activity. Speaking is an active process; activity ensures the manifestation of initiative in a speech situation, which is important for achieving the goals of communication;
- Focus. With any utterance, the speaker has some goal (to convince, prove, support, etc.);
- Connection with the activity. The content of speaking is firmly connected with areas of human activity;

- Connection with the communicative function of thinking. The mental function is subordinated to the speech act;
- Connection with the individual. Each personality is individual, and individuality, among other things, is manifested in communication;
- Situationally. Speech units are correlated with the main components of the communication process. A speech unit can change the communicative task and influence the course of communication;
- heuristic. Speech activity is unpredictable, the communication situation can constantly change and has many options and outcomes.

The content of teaching speaking consists of language material, areas of communication, communication situations, speech skills, knowledge about the culture and characteristics of the country of the language being studied, and general educational skills.

Externally, the structure of speaking consists of several parts:

1) *Motivational* (need, motivation, goal);

2) *Analytical-synthetic* (preparation of the implementation of the intention of the statement.) At the stage of analysis when speaking in a foreign language, students need to select the necessary words; here the selection of lexical and grammatical structures takes place. At the synthesis stage, include them in your speech to implement the speech plan; here the grammatical construction of the phrase takes place.

3) *Control-executive* – external design of the statement.

The success of learning to speak depends on several factors, such as:

- The development of speaking skills (phonetic and lexical);
- Creation of teaching motives;
- Implementation of communication situations;
- Individual characteristics of students (attention, interest). Because speaking is a rather complex type of speech activity, difficulties may arise when learning to speak, for example:

- Students may experience psychological "blocks", they may be embarrassed to speak in a non-native language, afraid of making mistakes (in order to reduce embarrassment and fear, it is necessary to create a positive and friendly atmosphere in the classroom, let students understand that mistakes are not the worst thing; also, other students should not be allowed to sharply criticize others);

- The meaning of a speech task is not always obvious (it is necessary to help students, provide support in the form of tables, diagrams, pictures, and make the speech instructions short and clear);

- Knowledge and experience do not allow one to speak out on any given issue or problem (to avoid this problem, it is necessary to give assignments taking into account the real information and life experience of students; also use visual teaching aids);

- "Language barrier" and errors associated with it: students may accidentally switch to their native language;

- When teaching a group with different levels of language proficiency, there is a possibility that some students will be more active than others (it is necessary to use different types of work, and create game situations).

There are two forms of speaking: monologue and dialogic speech. Let us consider them in more detail in the context of teaching foreign languages at a medical school.

1) Monologue speech is a form of communication that is realized in oral and written form, in contrast to dialogic speech. It has a detailed character, is distinguished by logic and consistency of expression. It is non-situational, non-reactive (does not require a response) [28, 78]. A monologue is a complex form of speech, consisting of sentences logically and consistently interconnected and united by a single content, built by one person who determines the structure, linguistic means and composition of the statement, which serves for the purposeful transmission of information. According to I.A. Bredikhina, the unit of teaching

monologue speech is super-phrase unity (a segment of speech in the form of a sequence of two or more sentences united by a common theme) [6, 93].

Unlike dialogue, monologue uses less non-verbal information such as gestures, body language, etc. Also, the difference between a monologue and a dialogue is that this is a planned and programmed type of speech. It has a one-sided nature of communication, a continuous nature, and a low level of emotionality. According to linguistic characteristics, a monologue is characterized by a detailed presentation of thoughts, the presence of connecting elements, monotony, and proximity to written speech.

Monologue skill implies the ability to speak consistently, logically, coherently, to the point, clearly and clearly, and correctly, as far as language skills allow. It must be complete, holistic and expressive. Researchers such as A.K. Artykbaeva, N.V. Dolgalova, O.G. Rezel identify such functional types of monologue speech as: message, reasoning, and description. It is assumed that when teaching monologue speech in a foreign language, students must have the following skills and abilities:

- Master different types of monologue speech;
- Transmit the content of the information received;
- Reason about facts, giving arguments and examples;
- Draw conclusions based on the information received.

To master monologue speech medical school students, need special knowledge from various fields of medicine, a vocabulary corresponding to this knowledge, as well as at least minimal skills in using various types of syntactic and grammatical constructions for the competent construction of statements. When teaching monologue speech to medical students, various aids can be used, such as:

- Visual aids (illustrations, photographs, posters);
- Texts (scientific, medical, popular science);
- Sayings (Latin proverbs and sayings previously studied by medical students as part of the discipline "Latin language and basics of medical terminology");
- Speech situations close to real medical situations;

- Plan, and scheme of utterance.

2) Dialogue speech is the leading form of verbal communication. According to Minyar-Beloruchev, dialogical speech is oral speech, which is realized in the form of dialogue, the main characteristics of which are situational (attachment to a specific situation) and reactivity (the use of ready-made phrases, response lines, and cliches) [28, 64]. The purpose of this type of speaking is the verbal interaction of two or more communicators who take turns acting as a speaker and a listener. The product of this interaction is a dialogue or polylogue.

According to I.A. Bredikhina, the unit of teaching dialogical speech is dialogical unity (the set of two adjacent utterances related to each other in content and form.) [6, 89].

The features of dialogical speech include:

- Polythematic nature and the ability to "switch" from one topic to another;
- Understatement
- Addressing another participant in a dialogue or polylogue;
- General conversational style, a large role of intonation and gestures.

Here are some differences between dialogical and monologue speech:

• **Linguistic differences:** dialogic speech is characterized by the use of a large number of colloquial clichés, the brevity of constructions, the predominance of simple sentences, and the use, most often, of a conversational style. Monologue speech is characterized by extensiveness, information content, the predominance of complex sentences and grammatical structures, and a bookish and written style.

• **Extralinguistic differences:** gestures, body language, and facial expressions play a much larger role in dialogue, unlike monologue. When teaching, it is necessary to emphasize the existence of differences in gestures and body language in different cultures.

• **Psychological differences:** unlike monologue speech, dialogic speech is almost impossible to plan (except in cases when teaching dialogue), it is more

emotional, expressive, and unpredictable. Monologue speech is planned, consistent, logical, and complete.

Teaching dialogical speech is usually built based on a sample dialogue associated with a communication situation close to the real one. It is recommended to vary the forms of dialogues and the forms of working with them: dialogue-discussion, dialogue-conversation, dialogue-scene; paired dialogue between students, paired dialogue with the teacher, group conversation, group discussion. During the learning process, the ability to request information, respond to cues, and use clichés should be developed. Dialogue speech is taught to medical students on the basis of situations on professional medical topics, such as: dialogue between the attending physician and the patient, initial appointment, repeat appointment, discharge from the hospital, discussion between colleagues, exchange of information between colleagues, dialogue between a doctor and a junior medical worker, debates on any controversial medical topic, etc.

Examples of dialogic speech exercises:

1) Read the dialogue in pairs, then translate. Explain underlined words.

Patient: Good morning, Dr. Ford. May I come in?

Doctor: Yes, please come in.

P: Thank you. My name is Douglas Adams.

D: What have you come in for today, Mr.Adams?

P: I've been having some pain in my joints, especially the knees.

D: How long have you been having the pain?

P: I'd say it started three or four months ago. It's been getting worse recently.

D: Are you having any other problems like weakness, fatigue or headaches? P: Well, I've certainly felt under the weather.

D: Right. How much physical activity do you get? Do you play any sports?

P: Some. I like to play tennis about once a week. I take my dog on a walk every morning.

D: OK. Let's have a look. Can you point to the area where you are having pain?

P: It hurts right here.

D: Please stand up and put weight on your knees. Does this hurt? How about this?

P: It hurts!

D: It seems you have some inflammation in your knees. However, there's nothing broken.

P: That's a relief!

D: Just take some ibuprofen or aspirin and the swelling should go down. You'll feel better after that.

P: Thank you!

2) Fill in the gap with a word or phrase from the dialogue:

- *I've had a lot of _____ for more than a week. I'm really tired!*
- *Are you feeling _____ the weather today?*
- *I'm afraid I have some _____ around my eyes. What should I do?*
- *Could you please put your _____ on your left foot?*
- *Take some _____ and stay home for two days.*
- *Are you having any pain in your _____?*

3) Make up the dialog on the similar theme. Try to use the following words: stomach, fever, queasiness, dizziness, diarrhea.

4) Think of the phrases that could be said by the doctor. Doctor: … Adams: I have a high fever and a splitting headache.

Doctor: ...

Adams: Yes, it's 39°C. I took three aspirins, but they didn't work.

Doctor: … Adams: (sound of a cough)

Doctor: You have the flu. You need to stay in bed for three days. I'll write out a prescription for you. ...There you go. Take this to the drugstore.

Teaching writing and examples of exercises

According to E.N. Solovova, in linguistics writing is understood as a graphic system as one of the forms of expression. The methodology involves students mastering the graphic and spelling systems of a foreign language to record speech and language material for the purpose of better memorization and as an assistant in mastering oral speech and reading [46, 189].

According to Minyar-Beloruchev, "writing is a productive type of speech activity, the object of which is written speech. When learning to write, a distinction is made between:

- Mastering the graphic and then the orthographic systems of the language;
- Mastery of written language as a means of communication" [28, 54]

The objects of studying written speech are sentences, paragraphs, and text. The goal of teaching writing is the formation of written communicative competence, which includes mastery of written signs, content, and form of written speech work.

The objectives of teaching writing are to develop in students the following skills and abilities:

- Build language models by grammatical, lexical, and spelling norms;
- Use a set of speech

There are three fundamental stages of learning written language:

- Mastery of graphics and spelling;
- Mastering the structure of sentence construction;
- Mastery of writing as a means of communication.

The written form of communication is similar in characteristics to oral monologue speech, but at the same time it is more detailed, complex in structure, and logically connected. It also does not have intonation emphasis or gestural support. Written speech is always more thoughtful, it always takes longer to plan and correct. It is believed that it is written tasks that best contribute to the acquisition of lexical and grammatical skills.

Writing began to be considered an effective means of mastering speaking a foreign language only relatively recently. Previously, the ability to express thoughts in writing was not a learning goal. However, the situation has changed significantly with the advent of the Internet and strengthening international connections. At the moment, in the methodology of teaching a foreign language, writing is considered to be as important a type of speech activity as the others, as the role of written communication has grown. It, like speaking, is a productive type of speech activity, but there are a number of significant differences between them:

- When writing, the writer cannot see the immediate reaction of the reader, in contrast to the situation of the speaker and the listener, therefore written speech is usually more complete, justified, detailed, to ensure its correct understanding by the reader;

- When writing, it is impossible to express intonation and highlight any words with a voice, therefore the writer must resort to careful syntactic construction of phrases, to the selection of grammatical and lexical means;

- The writer is almost unlimited in time, unlike the speaker, he always has the opportunity to check the correctness and adequacy of what is written. Written speech is more logical and varied. This is especially noticeable in educational situations, when, when performing oral tasks, students may repeat the same phrases and forget to structure their statements logically and correctly.

Dictation is considered one of the effective methods of teaching writing in a foreign language. Dictation is an exercise in recording or translating text perceived by ear, which is used to control students' spelling [28].

The most common types of dictations:

1) *Vocabulary.* This type of dictation develops the ability to perceive words by ear, and in addition helps to expand the vocabulary of students;

2) *Text.* Used to develop lexical, spelling, punctuation and grammatical skills. Today it is considered one of the most popular methods of testing students' literacy.

Requirements for dictations:

- In the case of text dictation, the first time the text is read in its entirety;
- The complexity of the text must correspond to the level of language training of students;
- The teacher must speak the text clearly and clearly;
- At the end of the dictation, the text is read again.

In the case of using dictations in a foreign language lesson for medical students, you should use:

- For vocabulary dictation: medical terms, 10-15 terms per dictation (symptoms, diseases, body parts); can be pronounced in Russian or English;
- For text dictation: short and simple articles on a medical topic.

Examples of dictation exercises for medical school students:

1) Examples for vocabulary dictation:

- Body parts and organs: bronchi, cartilage, digestive system, duodenum, intestines, iris, knuckle, pharynx, retina, coccyx;
- Diseases and disorders: pneumonia, rhinitis, diphtheria, measles, typhoid, hemophilia, atherosclerosis, hyperopia, apnoea, influenza;
- Symptoms: heartburn, constipation, diarrhea, drowse, hiccup, pus, queasiness, indigestion, jaundice, nausea.

2) Example for text dictation:

SYSTEMS OF THE BODY

There are several main systems of the body: the skeletal, the muscular, the nervous, the digestive, the respiratory, the urinary, the endocrine and the reproductive systems.

The skeletal system consists of the bones of the body and ligaments and cartilages, which join them. The chief function of the skeletal system is structural.

The muscular system consists of the skeletal muscles and their associated structures. The main function of this system is to move us about.

The nervous system consists of the brain and spinal cord, nerves, ganglia and receptors. It is a complex information system with all the necessary means for receiving, processing and communicating information.

The circulatory system consists of the heart and blood vessels and the blood, which is pumped through the blood vessels by the heart. Its function is mainly that of transportation system: the nutrients, oxygen, special substances which are required by cells are carried by the blood stream; and the cellular wastes and sometimes other materials produced by the cells are carried away by the blood stream.

The digestive system consists of the alimentary canal and a number of associated glands.

The respiratory system consists of the lungs, the air passages leading to them and associated structures. Its main function is to convey oxygen to the lungs, where it can enter the blood stream and to remove carbon dioxide, which escapes from the blood into the lung spaces.

The urinary system consists of the kidneys which produce urine by removing nitrogenous and other wastes from the blood: the two ureters, which convey the urine away from the kidneys; the urinary bladder, where the urine is stored until it is discharged; and the urethra through which the urine is discharged.

The endocrine system consists of a number of glands throughout the body, which produce regulatory substances called hormones. The endocrine system serves to regulate a large number of activities.

However, dictations are most often a way to test students' literacy. Teaching productive writing at a non-linguistic university includes the ability to make written reports in a foreign language, write essays, conduct business correspondence, take notes, write statements, fill out questionnaires, etc. In particular, medical students, after completing a foreign language course at a university, should be able to conduct business correspondence with foreign medical colleagues to exchange information, write a report and presentation for a scientific conference, write an anamnesis (medical history) of a patient, compose an article for a scientific journal, and etc.

An example of tasks for developing writing:

3) Imagine you are to write an article for a newspaper about a preparation without proven effectiveness.

4) Let us discuss which preparations without proven effectiveness you know? Have you ever used some of them?

5) Think which medicine you would like to write about. Search for some articles you can refer to. You can use PubMed (https://pubmed.ncbi.nlm.nih.gov), UpToDate (https://www.wolterskluwer.com/en/solutions/uptodate) or any other competent source.

6) Make up the title of the article. Remember that it should be short but informative.

7) Finish the following sentences:

- *The main purpose of the article…*
- *The idea of the designed article…*
- *The study was to…*
- *To investigate…*
- *To determine…*

6) Write an abstract for your article, which should contain about 50-100 words. It should answer the question: "What should readers know after reading this article?"

7) Study some expressions of how you may finish your article:

- *In summary…*
- *In conclusion…*
- *This investigation found that…*
- *This study highlights…*

8) Write the article. You should remember that this article should be appropriate for common reader, not for scientists.

2.2. Experimentation and Validation of Methodological Approaches to Enhancing Speech Competencies among Students in Medical Universities

During this study, in accordance with the hypothesis and objectives of the study, a pedagogical experiment was conducted. Experimental work was carried out on 23 1st-2nd year students of medical universities in the field of general medicine, who were divided into two groups: experimental (12 people) and control (11 people). The experiment was carried out over one month (4 weeks). At the first stage of the experiment, a survey was conducted to find out the level of interest and motivation in learning English in the specialty, difficulties and problems arising in the learning process. Below are the questions from the questionnaire and some generalized answers:

Survey

Questions	Answers
Do you think you need knowledge of the English language in real life and professional activities?	1) Yes, because nowadays there is more modern information on foreign websites;
	2) Yes, I would like to watch movies in the original;
	3) Not sure;
	4) I would like to continue education abroad in the future;
	5) Yes, because drug effectiveness studies are conducted in English;
	6) Yes, everyone thinks that nowadays it is impossible without knowledge of the English language.
Are you generally interested in learning English?	1) Yes, but it's more interesting to do it independently, not in university;
	2) Often it's quite boring;
	3) Yes, it's quite interesting;
	4) No, I often skip English classes.
What forms of work in English language classes do you prefer?	1) Individually;

Questions	Answers
	2) Individually or in pairs (most answers);
	3) When the whole group participates.
What do you find most interesting in the educational process in English language classes?	1) Reading;
	2) Group discussions;
	3) Essays or something similar;
	4) Role-playing dialogues;
	5) Tests;
	6) Nothing is liked.
What hinders you when learning English?	1) Lack of time
	2) Large number of other disciplines and information to remember;
	3) Uninteresting textbooks;
	4) Lack of desire;

Based on the results of the survey, the following conclusions can be drawn: students from both groups believe that learning English is important, but some of them (five people) are not sure about the real purpose of studying it; the rest of the students consider English an important part of their future professional activities. Many people face problems such as lack of time and desire to learn English. However, in general, it can be argued that the level of motivation of many students is above average. 71 In addition to the questionnaire, at the first stage of the experiment, an entrance test was conducted for two groups in order to find out the approximate level of proficiency in medical terminology. For this purpose, the following tasks were developed:

1) Match the following symptoms with their definitions:

1) constipation *a) feeling or sickness as caused by bad food*

2) dizziness *b) a spasm of respiratory muscles*

3) faint *c) a redness and swelling attended with heat, pain*

4) fatigue *d) yellowness of the skin and the whites of the eyes*

5) heartburn	e) difficult or infrequent emptying of the bowels
6) hiccup	f) a burning sensation in the stomach from indigestion
7) inflammation	g) to become senseless and motionless
8) itch	h) weariness form bodily or mental exertion
9) jaundice	i) feeling as if everything were turning around
10) nausea	j) a sensation in the skin causing a desire to scratch

2) Give names of the 10 following diseases in your native language:

chicken pox, rubella, measles, mumps, lockjaw, whooping cough, vertigo, ulcer, rupture, dandruff.

The criterion for assessing the completion of these tasks was the ratio of the number of correct answers to the total number (first task) and the ratio of the number of correctly translated terms to the total number of terms.

Based on the results of the entrance testing, it can be stated that the students in the experimental and control groups showed approximately the same results (60-70% correct answers).

For the second stage of the experiment, developed exercises for all types of speech activity were used. Group online classes were held for the experimental group, lasting 1 hour, every two days on the Zoom and Skype platform, and students also did homework. At the same time, students from the control group studied according to the regular program. In addition to the developed exercises, students were offered a list of frequently used medical terms in English for memorization and translation (see Appendix A) on the following topics:

Number of terms for each topic:

Topics	Number of Terms
Organs and body parts	60
Inflammations	25
Contagious diseases	23

Topics	Number of Terms
Blood diseases	4
Heart diseases	10
Thyroid gland/endocrine system diseases	6
Eye diseases/disorders	8
Respiratory system diseases	9
Ear diseases	5
Digestive system diseases	13
Skin diseases	15
Urinary and reproductive system diseases	10
Mental disorders	15
Other	10
Common symptoms	20

Students were also offered home reading in English. The work of art by J. Worth – Call the midwife (J. Worth – Call the midwife) was used as material for individual home reading. Students were asked to study one chapter every week, therefore, during the experiment, students read and studied four chapters from this book. While working on the book, students also completed exercises that were tested in person (through work on the Zoom and Skype platforms).

Below is a summary of one of the lessons that was conducted during the experiment:

Plan of an English lesson for medical students on the topic *"Contagious diseases".*

Level of preparation: B1-B2

Aims: mastering students' knowledge on the topic "Contagious diseases", using the studied lexical units, preparing students to write a short article about any infectious disease;

Objectives: develop writing skills, develop the ability to express thoughts logically and grammatically correctly, use a set of speech cliches, formulas typical for writing an article, develop skills in using literature sources in English and extracting information;

Aspects of language: vocabulary and grammar;

Types of RD: writing, speaking, reading Lesson progress:

1) Greeting.

Good afternoon, are you doing well today? I hope, everyone is ready for the hard work. Today we are going to fix our vocabulary about contagious diseases. I hope that everyone remembered to learn or at least read that list that I have given you last week. (Appendix A)

2) "Warming up" exercise on knowledge of lexical units on the topic "Contagious diseases":

First of all, we are to check how do you remember English names of contagious diseases. I will tell you the variant in your native language, and you give me quickly the English variant. Agree? Ok, we are working in a chain-like way. (Teacher says one word in native language, students try to recall it in English)

3) Exercise: make 12 sentences with words from the home list (Appendix A):

Ok, nice work. Now let us turn to the next task. I want you to make up 12 sentences in your notebooks, using any words from our list (Appendix A). Be careful and don't forget about grammar. Try to use different grammatical constructions from those that we have already learned and try not to make your sentences too easy. I'll give you about 20-25 minutes. Please, try to write your sentences in English directly, don't translate them from Russian. You may use dictionaries on your phones. (Students start working) After finishing this task, please give me your notes.

4) Exercise to develop oral speech:

Please look at the blackboard. You see four Latin provers. Choose one of them, then translate it into English and Russian. Your task is to explain it and express your own opinion in the couple of minutes.

- Natura sanat, medicus curat;

- Contraria contrariis curantur;

- Dolor animi gravior est, quam corporis dolor;

- Medica mente, non medicamentis;

5) *Clarification of homework and completion of the lesson:*

Well, I suppose we should stop now. I would like to give you some tips about your homework for the next lesson. It will be quite long so you'll have two weeks to complete the assignment. Imagine that you are to write an article for popular-science magazine. Could you please choose one of the diseases that we have recently learned and tell me now which one did you choose, while I give you printing copies from the other book with important information. You can see some rules, tips, set phrases, useful words and structure that will help you to make your article pleasant to read. Remember that you are writing for the wide audience, it should be understandable for everyone. Everyone choose their disease? (Students say which disease they have chosen; teacher gives copies) Alright, well, at home you should formulate the theme of your future article, because you cannot write about just a disease. You may write about its course and treatment, or about the history of the disease. It should be a bit more than one sheet of paper, but not too long.

Do you have any questions? (if yes, teacher answers the questions). Alright, we stop now, thank you for your hard work today, see you next week.

At the end of the experiment, a control session was conducted to determine the level of training of medical students in four types of speech activity. To assess the quality of reading and understanding of professionally oriented texts on medical topics, an article in English on a current topic was used (see Appendix B). After reading the article, the first control task on the text was to translate and explain or find synonyms for the underlined words in the text of the article.

Then they were asked to choose which of the 10 statements below are false and true:

- The reality of motherhood is always worse than expectation;

- Mothers with depression get full support from the society;

- Family focused therapists work with women with postnatal depression;

- People often think that if a woman has afterbirth depression, it means she is a bad mother;

- Some women are sure they should not be a mother;

- The majority of mothers don't hide their condition;

- Parents usually share equal responsibilities while caring for their child;

- The problem of afterbirth depression is discussed widely alongside with mental problems in general;

After this, it was proposed to answer questions based on the text:

1) Describe the "expectations" and "reality" of being a mother.

2) What is the primary source of being ashamed and guilty for postnatal depression?

3) What women with postnatal depression are afraid of?

4) What can be done in order to support women?

The criterion for the development of the ability to understand the content of a text is determined by the ratio of the number of given correct answers to questions to all questions, as well as correct answers to statements to the total number of statements. The results of the level of understanding of professionally oriented text are presented in the table:

Level of understanding of professionally oriented text in English

Experimental Group	Control Group
73% (questions), 80% (statements)	48% (questions), 65% (statements)

Having analyzed the results obtained, we understand that, in general, students in the experimental group mastered the ability to understand the content of a text and extract the necessary information from it to a greater extent than students from the control group. To assess the level of proficiency in medical terminology, an excerpt was made from the list of frequently used medical terms in English (see Appendix

A). First, students were offered a translation from English into their native language of 15 randomly selected terms from the list.

The criterion for mastering professional terms is determined by the ratio of the number of correctly translated terms to the total number of terms: bladder, bone marrow, loin, scabies, measles, pertussis, goiter, strabismus, ulcer, jaundice, hernia, hives, infertility, miscarriage, nausea.

The results of the level of understanding of professionally-oriented text are presented in the table:

Level of proficiency in medical terminology in English

Experimental Group	Control Group
77%	58%

To assess the level of development of speaking skills (monologue speech) in English, students were asked to express a personal opinion on one of the proposed topics/issues:

- *Sport and its impact on people's health;*
- *Evidence-based medicine versus homeopathy;*
- *Why people still trust traditional medicine?*
- *What should be done to decrease the risk of occurrence of postnatal depression?*
- *What impact do pets have on their owners?*

The criteria for the development of speaking skills (monologue speech) were: the ability to structure a statement, the level of use of terminology, the correct use of terms in the context, the ability to refer to research on a given problem. In general, at the end of this control task, conclusions were drawn that students from the experimental group and the control group completed the task approximately equally, but students from the experimental group spoke more confidently and better structured their statements.

As the last control task, to test their writing skills, students were asked to write an essay of 200-250 words on the topic "My way to become a doctor: the past, the present and the future." The criteria for the development of writing skills were the ability to structure a written statement, the logic of a written statement, as well as the number of spelling and grammatical errors.

At the final stage, an oral survey of the experimental group was conducted based on the results of the classes. In general, most of the students from the experimental group gave positive feedback, many (more than half) noted increasing motivation and interest in learning a foreign language.

Based on the results of the experiment, the following methodological recommendations can be formulated:

1) Mastering the language of a specialty in the process of teaching a foreign language should include the development and improvement of skills of all types of speech activity using authentic medical materials and exercises for them;

2) Reading poorly adapted and authentic medical texts and performing accompanying exercises is an effective way to form a professional English-language thesaurus for medical students, broaden their professional horizons, and professional picture of the world, as well as a way to increase motivation and interest.

3) Reading medical articles published in scientific journals promotes familiarity with grammatical structures, lexical units, as well as new technologies in the field of medicine;

Conclusion of Chapter II

Conclusions on the second chapter When writing this chapter, the concept of "speech activity" was considered and all types of speech activity were described. Thus, the types of speech activities include listening, reading, speaking, and writing. At the same time, four types of reading are distinguished: viewing, introductory,

searching, and studying (in the Western typology, skimming, scanning, and reading for details).

Also, in the process of writing this chapter, exercises were developed for each type of speech activity. The basis for most of the exercises was authentic texts of articles from scientific, medical, and popular science magazines. Based on some exercises, an outline of one lesson was compiled.

During the work, a pedagogical experiment was conducted. The purpose of this experiment was to find out the effectiveness of the developed exercises for training medical university students. The experiment involved two groups, one of which performed the exercises we developed for several weeks. At the end of the experiment, a control lesson was conducted with specially designed tasks to test the acquired knowledge. In general, based on the results of this test, positive trends can be noted in the experimental group, including an increase in interest in the subject and level of motivation.

CHAPTER III. ADVANCED STRATEGIES IN MEDICAL COMMUNICATION AND LANGUAGE ACQUISITION FOR HEALTHCARE PROFESSIONALS

3.1. Integrative Techniques for Mastering Medical Terminology and Enhancing Communicative Efficacy in English for Medical Purposes

This subchapter delves into the sophisticated methodologies employed in the acquisition of medical vocabulary, emphasizing the integration of linguistic skills with practical communication scenarios. It explores the dynamic strategies that facilitate the assimilation of complex medical terms and their application in real-world healthcare settings, thereby bolstering the communicative proficiency of medical professionals.

Integrative techniques for medical terminology acquisition encompass a variety of approaches that aim to enhance the learning experience by combining different methods and learning styles. One such technique is the use of multimedia resources, which can include interactive software, videos, and audio recordings that allow learners to engage with medical terminology in different contexts. Another approach is the application of contextual learning, where students learn new terms by seeing them used in real-life medical scenarios, such as case studies or simulations.

Collaborative learning is also a key integrative technique, where students work together in groups to learn and discuss medical terms, which can improve retention and understanding through peer discussion and teaching. Mnemonics, another effective tool, helps in memorizing complex terms by associating them with familiar words, phrases, or concepts. Additionally, the incorporation of spaced repetition software in study routines can aid in the long-term retention of medical vocabulary by reminding learners to review terms at optimal intervals.

Furthermore, **problem-based learning (PBL)** is an integrative method that presents students with real-world problems to solve, encouraging them to apply medical terms in practical situations, thus reinforcing their understanding. The use of role-playing exercises, where students act out medical scenarios using the

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appropriate terminology, can also be beneficial. This not only helps in memorizing the terms but also in understanding their proper usage in a communicative context. Moreover, integrating language learning strategies such as the lexical approach, which focuses on the study of chunks of language rather than individual words, can be particularly useful for medical terminology that often comes in standardized phrases or collocations. The use of concept maps is another technique that allows learners to visually organize and relate medical terms to each other, enhancing their grasp of the language's structure.

The incorporation of feedback mechanisms, where learners receive immediate correction and explanation, ensures that mistakes are addressed promptly, which is crucial for accurate and effective communication in the medical field. These integrative techniques, when combined, provide a comprehensive and multifaceted approach to mastering medical terminology, essential for any healthcare professional.

Applying integrative techniques to your learning can significantly enhance your acquisition of medical terminology. Start by incorporating multimedia resources into your study routine. This could involve using educational software that offers interactive activities, watching videos that explain medical procedures, or listening to audio recordings of medical dialogues. These resources provide varied contexts that can help solidify your understanding of new terms.

Next, engage in **contextual learning** by integrating medical terms into real-life scenarios. Participate in case studies or simulations that mimic clinical settings. This approach helps you understand not just the meaning of the terms but also their application in a practical environment.

Collaborative learning is another powerful tool. Study with peers, form discussion groups, and teach each other new terms. This social aspect of learning can improve retention and make the process more enjoyable.

Mnemonics are a time-tested method for memorizing complex information. Create associations between medical terms and familiar words or phrases. This

technique leverages your existing knowledge to make new information more memorable.

Creating effective mnemonics for medical terms involves a blend of creativity and strategic memory techniques. The first step is to understand the term's meaning and break it down into its parts, such as prefixes, roots, and suffixes. This not only aids in creating a mnemonic but also enhances your understanding of medical terminology as a whole.

One popular method is using **acronyms,** where you take the first letter of each word or component of the term to create a new, memorable word. For instance, the acronym RICE stands for Rest, Ice, Compression, and Elevation, a treatment method for injuries. Another technique is the creation of acrostics, sentences where the first letter of each word stands for a part of the term you need to remember.

1. **The method of loci**, also known as the memory palace, is a powerful technique where you visualize placing items you want to remember along a path in a familiar location, such as your home. Each item represents a piece of information linked to a specific spot, and walking through this mental path can help recall the terms.

2. **Rhymes and songs** can also be effective, especially for terms that are difficult to remember. The rhythm and melody make the information more engaging and easier to recall. Visual mnemonics is another tool, where you create a mental image that links the term to a visual representation, which can be particularly useful for those with a strong visual memory.

3. **Chunking** is a method where you group information into 'chunks' that are easier to remember as a whole rather than as individual pieces. This is useful for long or complex medical terms. Mind maps can also help organize and visually represent the relationships between different terms.

4. For spelling mnemonics, you can create a **phrase or sentence** where the first letter of each word represents a letter in the term you're trying to remember. This is particularly useful for terms that are difficult to spell.

Incorporating these mnemonic devices into your study routine can greatly enhance your ability to remember and recall medical terminology. It's important to experiment with different techniques to find what works best for you, as everyone's memory works differently. With practice, you'll find that mnemonics can make learning medical terms more efficient and even enjoyable. For more detailed examples and techniques, exploring resources that specialize in medical mnemonics can provide a wealth of information and inspiration.

A classic example of a medical mnemonic is used to remember the cranial nerves and their respective functions. The mnemonic is: "Oh, Oh, Oh, To Touch And Feel Very Green Vegetables, AH!" This corresponds to the twelve cranial nerves in order:

1. Olfactory (sense of smell)

2. Optic (sight)

3. Oculomotor (eyelid and eyeball movement)

4. Trochlear (innervates superior oblique, turns eye downward and laterally)

5. Trigeminal (facial muscles including chewing; facial sensations)

6. Abducens (turns eye laterally)

7. Facial (controls most facial expressions; secretion of tears and saliva; taste)

8. Vestibulocochlear (auditory - hearing; vestibular - balance)

9. Glossopharyngeal (taste; senses carotid blood pressure)

10. Vagus (senses aortic blood pressure; slows heart rate; stimulates digestive organs; taste)

11. Accessory (controls trapezius & sternocleidomastoid, controls swallowing movements)

12. Hypoglossal (controls tongue movements)

Medical mnemonics serve as invaluable tools for students and professionals to memorize complex and voluminous medical information. Here are a few examples across different medical topics:

- For **cardiology**, the mnemonic "PQRST" can be used to remember the features of a normal ECG wave: P-wave, QRS complex, and T-wave.

- In **respiratory medicine**, "COPD" helps recall the components of Chronic Obstructive Pulmonary Disease: Chronic bronchitis, Obstructive bronchiolitis, Parenchymal destruction, and Dynamic hyperinflation.

- In **gastroenterology**, the phrase "Dull, Aching, Gnawing, Hunger-like pain" can help remember the typical features of peptic ulcer pain.

- For **neurology**, the mnemonic "SOAP BRAIN MD" can be used to remember the causes of seizures: Structural, Other (metabolic), Atrophy, Poisoning, Blood (hemorrhage), Reactive (post-ictal), Autoimmune, Infection, Neoplasm, Mental status change, and Degenerative.

- In **endocrinology**, "HARD PANS" can be used to remember the causes of Cushing's syndrome: Hypercortisolism, Adrenal adenoma, iatrogenic (steroids), Disease of the pituitary (Cushing's disease), Paraneoplastic, ACTH-secreting, non-pituitary tumor, and Steroid-producing tumor.

- For **hematology**, the mnemonic "A FAT BAT" can help recall the causes of macrocytic anemia: Alcohol, Folate deficiency, Aplastic anemia, Thyroid disease, B12 deficiency, liver disease, and Thalassemia.

- In **rheumatology**, "PAIN" is used for the side effects of steroids: Psychiatric problems, Avascular necrosis, Infections, and Necrosis of the skin.

These mnemonics are just a starting point, and there are many more available that cover a wide range of medical topics. For a comprehensive list of mnemonics, you can explore resources like Geeky Medics, Oxford Medical Education, and the extensive list available on Wikipedia. These resources offer mnemonics for various medical fields including surgery, pediatrics, psychiatry, and more, providing a rich repository of memory aids to support learning and recall in medical education.

Each phrase or word in the mnemonic stands for the name of a cranial nerve and helps recall its sequence and primary functions. Mnemonics like this are particularly useful in medical fields where a large amount of information needs to be memorized and recalled quickly and accurately. They serve as effective memory aids, especially in high-pressure situations such as examinations or clinical practices. By associating complex information with simple, easy-to-remember phrases,

mnemonics can significantly enhance the learning and retention of medical terminology. Remember, the key to an effective mnemonic is that it should be personal and memorable to you, so feel free to create variations that help you remember best.

Incorporate spaced repetition software into your study habits. These programs remind you to review material at strategically timed intervals, which is proven to aid in long-term retention. Spaced repetition software is a transformative tool for mastering medical terminology, an essential element for anyone in the healthcare field. By utilizing algorithms that adapt to individual learning patterns, these programs schedule reviews of material at optimal intervals, effectively reinforcing memory retention. This technique is grounded in the psychological principle of the **spacing effect**, which suggests that information is more easily recalled if it's studied a few times over a long period rather than repeatedly in a short period.

For medical students and professionals, this method can be particularly beneficial. The vast array of terms and definitions can be overwhelming, but spaced repetition software can make the task more manageable. It allows for the gradual building of knowledge, ensuring that terms are not only memorized but also understood in context. This is crucial in a field where precision and accuracy can have significant implications for patient care.

Moreover, these programs often come with customizable features, allowing users to tailor their study experience. Whether it's adjusting the frequency of reviews, the complexity of the terms, or the format of the quizzes, learners can set up their study sessions to match their learning style. Some software even includes gamification elements to keep motivation high, turning the daunting task of learning medical terminology into an engaging and interactive experience.

Incorporating spaced repetition into study habits can lead to profound improvements in long-term retention of medical terminology. It's a strategy that respects the natural learning process, giving the brain the time it needs to encode information into long-term memory. For medical professionals, whose careers

depend on the accurate recall of information, leveraging such technology can be a game-changer, leading to better outcomes for their education and, ultimately, for their patients.

I can inform you about some of the highly regarded spaced repetition software that many users find helpful for studying medical terminology.

For instance, **Space** - Spaced Repetition is a flashcard app that allows for a high degree of customization, including adding images and collaborating with others on flashcard decks. Another option is **Remote**, which integrates flashcards into documents for a seamless study experience, allowing you to practice within a document and then review using a spaced repetition system.

Brainscape is another platform that offers a vast collection of medical flashcards and utilizes a sophisticated algorithm to tailor the learning experience to your individual needs. Additionally, apps like **AnkiDroid Flashcards, Memrise,** and **Quizlet** are often mentioned among the best spaced repetition apps, each offering unique features to enhance learning and retention. It's worth exploring these options to see which one aligns best with your learning style and study goals. Remember, the effectiveness of these tools can be greatly influenced by how they are used, so it's important to commit to a consistent study routine when using spaced repetition software.

Problem-based learning (PBL) is particularly effective for applying medical terminology in a practical context. Engage with real-world problems that require the use of medical terms, thereby reinforcing your understanding through application. Problem-Based Learning (PBL), is instrumental in bridging the gap between theoretical knowledge and practical application. By engaging with real-world scenarios, students are compelled to utilize medical terminology in context, which significantly enhances retention and understanding. PBL scenarios often simulate clinical situations, requiring the learner to navigate complex medical language while seeking solutions to health-related issues. This active learning strategy not only solidifies one's grasp of medical terms but also develops critical thinking and

problem-solving skills essential in the medical field. Furthermore, PBL encourages collaborative learning, as students typically work in groups to discuss and resolve the presented cases, promoting peer-to-peer interaction and the exchange of knowledge. Such dynamic learning environments foster a deeper comprehension of medical language as students articulate their thoughts and reasoning, thereby reinforcing their learning.

Additionally, PBL can be supplemented with technology, such as virtual simulations, which provide an immersive experience where learners can apply medical terminology in simulated patient encounters. This integration of technology enhances the realism of the learning experience, making the application of medical terminology more tangible and memorable. Overall, the use of integrative techniques like PBL in the study of medical terminology is a powerful approach that prepares students for the real-world demands of healthcare professions, ensuring they are not only familiar with the necessary vocabulary but are also adept at employing it in practical, clinical settings.

Role-playing exercises can also be beneficial. Act out medical scenarios using the appropriate terminology to improve both your memory of the terms and your ability to use them in communication. Role-playing exercises are a highly effective educational tool, particularly in the medical field where the application of theoretical knowledge in practical situations is crucial. By engaging in simulated medical scenarios, students and professionals alike can enhance their grasp of complex terminology and procedures. This active learning strategy not only reinforces memory retention of medical terms but also cultivates the participants' communicative competence in a clinical context. Through the enactment of these scenarios, individuals are provided with the opportunity to practice and refine their diagnostic and decision-making skills in a controlled, risk-free environment. Furthermore, role-playing allows for immediate feedback and reflection, enabling learners to identify areas for improvement and to internalize lessons learned during the exercise. The collaborative nature of these exercises fosters teamwork and the development of interpersonal skills, which are essential in the healthcare setting.

Role-playing can bridge the gap between theoretical knowledge and real-world application, making the learning process more engaging and relevant. It encourages critical thinking and problem-solving, as participants must navigate unexpected developments within the scenarios. This method of experiential learning also accommodates various learning styles, allowing individuals to learn by doing, seeing, and discussing, thus catering to a wider range of preferences and enhancing the overall educational experience. In summary, role-playing exercises in medical education serve as a dynamic and multifaceted approach to learning, offering numerous benefits that extend beyond mere memorization of terminology to the development of practical, communicative, and cognitive skills vital for success in the healthcare profession.

This is an example of a medical role-playing scenario:

Scenario Title: "Emergency Response in a Cardiac Arrest Situation"

Background: You are a medical intern working in a large hospital's emergency department. It's a busy shift, and suddenly, a patient is wheeled in exhibiting signs of a cardiac arrest.

Roles:

- Medical Intern (You)

- Attending Physician

- Nurse

- Paramedic

- Patient's Family Member

Objective: The primary objective is to stabilize the patient using Advanced Cardiac Life Support (ACLS) protocols and to effectively communicate with the team and the patient's family.

Situation: The patient is a 65-year-old male with a history of heart disease, presenting with chest pain, shortness of breath, and loss of consciousness. The paramedics have initiated CPR and delivered one shock with an automated external defibrillator (AED).

Task:

1. As the medical intern, you must quickly assess the situation, continue CPR, and prepare to administer medications as directed by the attending physician.

2. You will need to call out clear instructions to the nurse for medication preparation and delivery.

3. You must also assist the attending physician in intubation and continue to monitor the patient's vital signs.

4. Throughout the scenario, you will need to provide updates and explanations to the patient's family member in a compassionate and understandable manner.

Actions:

- Perform high-quality CPR, ensuring proper chest compressions and minimal interruptions.

- Administer appropriate medications, such as epinephrine or amiodarone, as per ACLS guidelines.

- Prepare for potential defibrillation, ensuring safety protocols are followed.

- Assist in intubation if the patient's airway is compromised.

- Communicate effectively with the team, calling out actions and responding to the attending physician's instructions.

- Provide emotional support and clear information to the patient's family, explaining the steps being taken to stabilize their loved one.

Debrief: After the scenario, there will be a debriefing session where the team discusses the actions taken, communication effectiveness, and areas for improvement. This reflection is crucial for learning and preparing for real-life medical emergencies.

This scenario is designed to test and improve clinical skills, teamwork, communication, and the ability to work under pressure. It provides a realistic and challenging environment for medical professionals to practice and refine their response to critical situations. Role-playing such scenarios is invaluable in preparing for the unpredictable nature of emergency medicine.

Consider adopting **the lexical approach**, which focuses on learning language in chunks, such as phrases or collocations, rather than individual words. This is

especially useful for medical terminology, which often comes in standardized phrases. The lexical approach, which emphasizes learning language in chunks like phrases or collocations rather than individual words, is particularly beneficial for medical terminology due to its standardized nature. This method allows learners to grasp the interconnectedness and common usage patterns of medical terms more effectively. By focusing on phrases and collocations, students can better understand the context and nuances of medical language, enhancing their ability to communicate accurately in healthcare settings.

This approach is supported by various sources:

- A study on a pragmatic and empirical approach to medical terminology instruction highlights a qualitative shift in Latin medical terminology instruction, emphasizing the importance of a comprehensive understanding of medical language.

- Another source discusses the theoretical aspects of medical terminology, emphasizing that both terms and ordinary words are subject to the general laws of a language system, highlighting the significance of lexical units in medical terminology [57].

- Furthermore, an article on the lexical features of borrowed vocabulary in the formation period of medical terminology in Russia delves into the linguistic characteristics of medical borrowed terms, shedding light on the importance of understanding the lexical nuances in medical language.

In conclusion, adopting a lexical approach, focusing on learning the medical language in chunks like phrases and collocations, is highly advantageous for mastering the intricacies and standardized nature of medical terminology.

Use concept maps to visually organize and relate medical terms. This can enhance your understanding of how terms are interconnected within the medical field. Concept maps are valuable tools for visually organizing and relating medical terms, enhancing the understanding of how these terms are interconnected within the medical field. By creating concept maps, individuals can represent complex relationships between medical concepts, aiding in the visualization of hierarchies, connections, and dependencies among various terms. This visual representation

facilitates a deeper comprehension of medical terminology and promotes a more holistic understanding of the interconnectedness of medical terms.

The sources provided emphasize the significance of concept maps in medical education:

- Concept maps play a crucial role in teaching critical thinking skills to nursing students and helping them understand the relationships between different nursing concepts.

- Studies highlight the effectiveness of concept mapping in improving students' decision-making skills, clinical judgment, and ability to apply knowledge in healthcare settings [58].

- Concept maps are instrumental in structuring medical terminology, illustrating how terms are interconnected within specific medical contexts like risk factors for cardiovascular diseases [59][60].

Utilizing concept maps to visually organize and relate medical terms is a powerful strategy to enhance learning and comprehension in the medical field by elucidating the intricate relationships between various terms and concepts.

Finally, ensure that you have a feedback mechanism in place. Whether it's through a digital platform or a study group, getting immediate correction and explanation for any mistakes is crucial for accurate and effective communication. By combining these techniques, you can create a robust and dynamic learning experience that caters to different learning styles and helps you master medical terminology more effectively. Remember, the key to successful learning is consistency and engagement with the material in a variety of ways.

3.2. Evaluating the Impact of Cross-Cultural Interactions on the Effectiveness of English Communication in Multinational Medical Environments

In this subchapter, the focus shifts to the analysis of cross-cultural communication within diverse medical contexts. It examines how cultural nuances influence the conveyance and reception of information among international healthcare providers and patients. The section aims to provide a comprehensive overview of the challenges and solutions to achieving effective communication in English amidst the global landscape of medical practice.

Cross-cultural interactions play a pivotal role in the effectiveness of English communication within multinational medical environments. The intricate tapestry of global healthcare necessitates a profound understanding of cultural nuances that can significantly impact the conveyance and reception of information. This subchapter delves into the complexities of such interactions, exploring the multifaceted challenges that arise when healthcare providers and patients from diverse backgrounds converge. Proficiency in English, often regarded as the lingua franca of the medical community, does not inherently guarantee effective communication. Cultural barriers can distort the intended message, leading to misunderstandings that may compromise patient care. It is imperative to evaluate the subtleties of language use, non-verbal cues, and cultural expectations that shape the dynamics of medical discourse. This analysis seeks to unravel the layers of cultural context that influence communication strategies, to enhance clarity and comprehension in a multicultural setting.

Effective communication in English in international medical settings is not solely a linguistic challenge but a cultural one. The ability to navigate the cultural landscape of patient-provider interactions is as crucial as linguistic competence. Healthcare professionals must be equipped with cultural intelligence to interpret and respond to the cultural cues of their patients appropriately. This subchapter will examine case studies and current research that highlight the successes and pitfalls of cross-cultural communication in healthcare. It will also propose practical strategies for improving English communication skills that are sensitive to cultural differences.

The analysis of cross-cultural communication within diverse medical contexts sheds light on how cultural nuances impact the effectiveness of English communication in multinational medical environments. Understanding the influence of cultural differences on the conveyance and reception of information among international healthcare providers and patients is crucial for fostering effective communication in English within the global landscape of medical practice.

Key points from the provided sources that are relevant to this evaluation include:

1. **Cultural competence** is essential for providing effective healthcare across diverse cultures, emphasizing the importance of understanding one's own and patients' cultural backgrounds to achieve mutual understanding in patient encounters.

2. **The LEARN model (Listen, Explain, Acknowledge, Recommend, Negotiate)** for cross-cultural communication offers a practical framework to enhance patient interactions and build mutual understanding, particularly in multicultural healthcare settings [61].

3. **Challenges in cross-cultural communication** can lead to adverse patient outcomes, such as misdiagnosis or lower treatment adherence, highlighting the significance of addressing cultural differences in medical encounters [62].

4. **The power difference between Western physicians and immigrant patients,** influenced by culture, can impact communication dynamics, emphasizing the need for healthcare providers to be aware of cultural norms and values to facilitate effective communication.

5. **Immigrant patients** may prefer direct communication styles and interactions with physicians of their ethnic origin, underscoring the importance of recognizing and respecting cultural preferences in medical settings [63].

The analysis of cross-cultural communication in multinational medical environments underscores the importance of cultural competence and effective

communication strategies, such as the LEARN model, to navigate cultural nuances and ensure successful English communication in diverse healthcare settings. Understanding and addressing cultural differences are essential for optimizing patient care and outcomes in a globalized medical landscape.

Cultural competence

Healthcare providers can receive cultural competence training through various programs designed to enhance their ability to understand, communicate with, and effectively interact with patients across different cultures. Such training typically includes learning about cultural diversity, health disparities, and how culture affects health beliefs, practices, and outcomes. Providers can access these programs through online platforms, workshops, or continuing education courses offered by medical institutions, healthcare systems, or professional organizations.

For instance, online resources such as the U.S. Department of Health and Human Services Office of Minority Health provide free, accredited continuing education programs. These programs cover a range of topics, including cultural competency, health literacy, and language access services. Similarly, healthcare organizations may offer training modules that focus on cultural awareness, social determinants of health, and language services to support equitable healthcare for all.

In addition to formal training programs, providers can engage in self-directed learning by reading relevant literature, attending conferences, and participating in cultural exchange programs. Some institutions also incorporate cultural competency training into their residency programs, ensuring that new healthcare professionals are equipped with the necessary skills from the onset of their careers. Providers can benefit from practical experiences such as role-playing scenarios, case studies, and interactive discussions that simulate real-life situations. These experiential learning opportunities allow providers to apply their knowledge in a controlled environment, receive feedback, and develop strategies for overcoming cultural barriers in communication.

Ultimately, the goal of cultural competence training is to foster an inclusive healthcare environment where all patients receive high-quality care regardless of

their cultural background. By committing to continuous learning and improvement in this area, healthcare providers can significantly enhance their ability to serve diverse populations and reduce health disparities. For more detailed information on available training options and resources, healthcare providers can explore the offerings from various healthcare organizations and accredited educational providers.

The LEARN model

The LEARN model, which stands for Listen, Explain, Acknowledge, Recommend, and Negotiate, provides a practical framework for improving cross-cultural communication in healthcare settings. This model aims to enhance patient interactions, promote mutual understanding, and address cultural nuances effectively, especially in multicultural healthcare environments.

Key points from the provided sources that support the effectiveness of the LEARN model include:

- The LEARN model focuses on a process for improved communication rather than the dissemination of specific cultural information, emphasizing the fundamental need for enhanced communication in cross-cultural patient-physician interactions.

- Healthcare providers who have integrated the LEARN model into their practice have reported improvements in communication, increased awareness of cultural issues in medical care, and better patient acceptance of treatment plans, highlighting the positive impact of this framework on patient outcomes.

- By following the steps of the LEARN model, healthcare professionals can actively listen to patients, explain information clearly, acknowledge cultural differences, recommend appropriate treatment plans, and negotiate mutually agreeable solutions, fostering effective communication and understanding in diverse healthcare settings [64].

The LEARN model serves as a valuable tool for healthcare providers to navigate cross-cultural communication challenges, enhance patient interactions, and

promote mutual understanding in multicultural healthcare environments. By incorporating the principles of the LEARN model, healthcare professionals can build rapport, address cultural differences sensitively, and deliver patient-centered care effectively across diverse cultural backgrounds

Challenges in cross-cultural communication

In the realm of medical communication, cultural challenges are manifold and can significantly affect the quality of healthcare delivery. Language barriers stand as one of the most formidable obstacles, where differences in language can lead to misinterpretations of symptoms, misdiagnoses, or inappropriate treatment plans. Cultural differences further complicate interactions, as varied norms, beliefs, and practices influence patients' perceptions of health and illness, potentially leading to reluctance to accept certain treatments or express concerns.

Non-verbal communication, which includes body language, gestures, and facial expressions, also carries distinct cultural meanings and can either facilitate or impede understanding. For instance, in some cultures, direct eye contact is considered disrespectful, while in others, it is a sign of honesty and engagement. The presence of an interpreter, while helpful, can introduce another layer of complexity, as nuances may be lost in translation, and the flow of conversation becomes less natural. The role of the family in patient care is another cultural aspect that varies widely. In some cultures, family members play a central role in decision-making for the patient, which can conflict with medical practices that prioritize patient autonomy. Additionally, healthcare providers may encounter ethical dilemmas when cultural practices conflict with medical advice or legal requirements.

Patients' behavior about doctors' advice is also influenced by cultural backgrounds. Some patients may follow a doctor's instructions without question, while others may seek alternative opinions or treatments in line with their cultural beliefs. This can lead to challenges in ensuring adherence to treatment plans and can affect the outcome of medical interventions. Moreover, the atmosphere of the clinical encounter itself is shaped by cultural dynamics. A healthcare provider's

ability to create a welcoming and respectful environment can greatly influence the patient's comfort level and willingness to share sensitive information. Research indicates that bringing together healthcare professionals' and patients' perspectives on cross-cultural encounters can provide a deeper understanding of these difficulties and highlight ethical aspects that should receive more attention in clinical practice and research.

The specific cultural challenges in medical communication are diverse and complex, requiring healthcare professionals to possess not only linguistic skills but also cultural competence. By acknowledging and addressing these challenges, medical practitioners can improve the effectiveness of their communication, leading to better patient care and outcomes in a multicultural world. To further explore these challenges, one can refer to studies that provide insights into the difficulties and ethical considerations of cross-cultural medical communication.

The power difference between Western physicians and immigrant patients

The power difference between Western physicians and immigrant patients, influenced by culture, can significantly impact communication dynamics in healthcare settings. This disparity implies that physicians are often perceived as having significant authority, leading patients, especially immigrants of non-European origin, to wait for encouragement from the doctor to speak freely. This dynamic can hinder open communication and mutual understanding between healthcare providers and immigrant patients. It underscores the importance of healthcare providers being cognizant of cultural norms and values to bridge this power gap and facilitate effective communication in cross-cultural medical encounters. Immigrant patients may have difficulties understanding medical terminology in languages other than their native language, which can further complicate communication and highlight the need for sensitivity to cultural differences to ensure effective healthcare delivery.

Some common cultural norms and values that may impact communication between Western physicians and immigrant patients include:

- *Power Distance:* In non-Western cultures, there is often a significant power difference perceived between physicians and patients, where the physician is seen as holding substantial authority. This can influence communication dynamics, with patients from these cultures waiting for cues from the physician to speak freely, contrasting the more open communication style expected by Western physicians.

- *Collectivistic Orientation:* Immigrants from non-Western countries, such as those of non-European origin, Africans, Asians, and Pacific Islander Americans, often possess a culture of collectivistic orientation. This orientation emphasizes group harmony and interdependence, leading to a greater power distance between individuals. This can affect how patients interact with physicians and express their concerns.

- *Respect for Elders:* In some cultures, particularly among senior immigrants from Asia and the Middle East, addressing elders by their first name may be perceived as disrespectful. This cultural norm can impact the communication dynamics between healthcare providers and immigrant patients, influencing how respect and authority are perceived in interactions.

- *Language and Communication Style:* Immigrant patients may face challenges in understanding medical terminology communicated in languages other than their native language. Differences in communication styles, such as directness or indirectness, can also affect how information is conveyed and received between Western physicians and immigrant patients.

- *Gender Norms:* Gender norms and expectations, influenced by cultural traditions and religious beliefs, can create barriers in communication, especially between female patients and male health professionals. Gender segregation based on cultural norms may impact the comfort level and communication dynamics in healthcare encounters.

These cultural norms and values play a significant role in shaping communication patterns and expectations between Western physicians and immigrant patients, highlighting the importance of cultural competence and

awareness in healthcare settings to facilitate effective and respectful communication [65].

Immigrant patients

The sources provided highlight the significance of recognizing and respecting cultural preferences in medical settings, particularly regarding communication styles between immigrant patients and physicians. Immigrant patients may indeed prefer direct communication styles and interactions, especially with physicians from their ethnic origin. This preference underscores the importance of acknowledging and accommodating cultural differences to facilitate effective communication and build trust in healthcare encounters. By understanding and respecting these cultural preferences, healthcare providers can create a more inclusive and patient-centered approach that enhances the quality of care and patient outcomes in multicultural medical settings.

Immigrant patients may encounter various challenges when communicating with healthcare providers, especially in cross-cultural medical settings. Some of these challenges include:

- *Language Barriers:* Limited proficiency in the language spoken by healthcare providers can hinder effective communication, leading to misunderstandings, misinterpretations of symptoms, and difficulties in expressing health concerns accurately.

- *Cultural Differences:* Variations in cultural norms, values, and communication styles between immigrant patients and healthcare providers can create barriers to understanding. Differences in non-verbal communication, perceptions of authority, and expectations in healthcare interactions may impact the quality of communication.

- *Health Literacy:* Immigrant patients may have varying levels of health literacy due to differences in educational backgrounds, access to healthcare information, and familiarity with the healthcare system. This can affect their ability to comprehend medical instructions, navigate healthcare services, and make informed decisions about their health.

- ***Access to Healthcare Services:*** Immigrant patients may face challenges related to access to healthcare services, including financial constraints, lack of health insurance, transportation issues, and unfamiliarity with the healthcare system's procedures and requirements.

- ***Stigma and Discrimination:*** Immigrant patients may experience stigma or discrimination based on their cultural background, language proficiency, or immigration status. This can lead to reluctance to seek medical care, fear of judgment from healthcare providers, and reduced trust in the healthcare system.

- ***Trauma and Mental Health:*** Immigrant patients may have experienced trauma related to migration experiences, war, persecution, or resettlement challenges. Mental health issues such as post-traumatic stress disorder (PTSD), anxiety, and depression can impact communication with healthcare providers and the disclosure of sensitive information.

Addressing these challenges requires healthcare providers to adopt culturally sensitive practices, provide language interpretation services, offer patient education materials in multiple languages, promote diversity training for staff members, and create a welcoming and inclusive environment for immigrant patients to ensure effective communication and quality care delivery [66].

The effectiveness of English communication in multinational medical environments is inextricably linked to the quality of cross-cultural interactions. As the medical community becomes increasingly globalized, the need for culturally competent communication strategies becomes more pronounced. By addressing the challenges and embracing the solutions presented in this subchapter, healthcare providers can foster an environment where clear, compassionate, and effective communication is the norm, ultimately leading to better patient outcomes and a more harmonious medical community.

Conclusion of Chapter III

In the intricate tapestry of modern healthcare, where globalization has blurred geographical boundaries and cultural diversity is ubiquitous, effective communication stands as the cornerstone of quality patient care. Chapter III has traversed the landscape of cross-cultural interactions within multinational medical environments, delving deep into the nuances that shape the effectiveness of English communication in diverse healthcare settings. Through an exploration of cultural competence, the LEARN model, challenges in cross-cultural communication, the power dynamics between Western physicians and immigrant patients, and the unique needs of immigrant populations, this chapter has elucidated the multifaceted nature of communication in the global medical arena.

Cultural competence emerges as a fundamental requirement for healthcare providers seeking to navigate the complex web of cultural differences inherent in modern healthcare delivery. The ability to understand and appreciate the diverse backgrounds of both patients and colleagues is paramount for fostering mutual respect and trust, key ingredients in effective communication. As highlighted throughout this chapter, cultural competence encompasses not only linguistic proficiency but also a deep understanding of the social, religious, and historical factors that shape patients' health beliefs and behaviors. By recognizing and respecting these cultural nuances, healthcare providers can tailor their communication strategies to better meet the needs of diverse patient populations, ultimately improving health outcomes and patient satisfaction.

Central to the discourse on cross-cultural communication is the LEARN model, a practical framework that guides healthcare professionals in navigating the complexities of patient interactions across cultural divides. By emphasizing active listening, clear explanation, acknowledgment of cultural differences, recommendation of appropriate treatment plans, and negotiation of mutually agreeable solutions, the LEARN model provides a roadmap for building rapport and fostering understanding in multicultural healthcare environments. Through case studies and empirical research, this chapter has underscored the efficacy of the

LEARN model in enhancing communication, increasing cultural awareness, and improving patient outcomes, thus solidifying its place as a valuable tool in the arsenal of healthcare providers.

However, the path to effective cross-cultural communication is not without its challenges. Language barriers, cultural differences, and power dynamics between healthcare providers and immigrant patients can complicate interactions and hinder the delivery of quality care. As elucidated in this chapter, the impact of cultural norms on communication styles, the role of family in patient care, and the influence of gender dynamics underscore the need for healthcare providers to possess not only linguistic skills but also cultural intelligence. By acknowledging and addressing these challenges head-on, healthcare professionals can create a more inclusive and patient-centered approach to care that transcends cultural boundaries.

Of particular significance is the recognition of the power differential between Western physicians and immigrant patients, a dynamic influenced by cultural norms and values. This power asymmetry can create barriers to open communication and mutual understanding, underscoring the importance of healthcare providers being cognizant of cultural nuances in their interactions with patients. By bridging this gap through cultural competence and sensitivity, healthcare professionals can foster an environment of trust and collaboration that is conducive to effective communication and improved health outcomes.

Moreover, immigrant patients, comprising a significant portion of diverse healthcare populations, present unique communication challenges that necessitate tailored approaches. Language barriers, cultural differences, health literacy disparities, and access to healthcare services are among the key factors that healthcare providers must navigate when interacting with immigrant populations. By acknowledging and accommodating these challenges, healthcare providers can create a more inclusive and equitable healthcare environment that addresses the diverse needs of immigrant patients.

In conclusion, the effectiveness of English communication in multinational medical environments is intricately intertwined with the quality of cross-cultural

interactions. By embracing cultural competence, leveraging the principles of the LEARN model, and addressing the challenges inherent in cross-cultural communication, healthcare providers can foster an environment where clear, compassionate, and effective communication is the norm. Through continuous learning, self-reflection, and a commitment to cultural sensitivity, healthcare professionals can bridge cultural divides, improve patient outcomes, and contribute to a more harmonious and inclusive medical community. As we look to the future of healthcare delivery in an increasingly globalized world, the lessons learned from Chapter III serve as a guiding beacon for navigating the complexities of cross-cultural communication and advancing the principles of patient-centered care.

CONCLUSION

In today's professional training environment, developing proficiency in communicating in a foreign language has become crucial, and medical school students are no different in adapting to this new trend. Incorporating foreign language teaching focused on professional settings is a current trend in language education methods. In the present globalized society, it is almost unimaginable to think of a professional without some degree of skill in a foreign language, especially English, at a minimum intermediate level. Proficiency in language is now a necessary qualification for jobs in various industries, including healthcare, rather than just a nice-to-have skill. Proficiency in a second language is now a measure of a person's complete level of education. With the introduction of new technologies and research methods, healthcare professionals are required to have a strong command of the English language, which is indicative of their professional literacy and competency.

During our research process, we have effectively reached our target, met our goals, and confirmed our research hypothesis. We have clarified that the success of English communication in multinational medical settings depends heavily on the quality of cross-cultural interactions. Healthcare providers can create a standard of clear, empathetic, and efficient communication by adopting cultural competence,

utilizing the LEARN model principles, and addressing cross-cultural communication challenges. By dedicating themselves to always learning, reflecting, and developing cultural awareness, healthcare providers can connect different cultures, enhance patient results, and help create a more unified and diverse medical community.

Looking ahead at healthcare delivery in a more globalized world, the knowledge from Chapter III guides us in navigating cross-cultural communication challenges and maintaining patient-centered care principles. The importance of healthcare providers changing their communication methods to match their patients' diverse cultural backgrounds is highlighted by the lessons learned. By promoting a culture of mutual respect and understanding, healthcare providers can improve patient satisfaction, reduce care disparities, and cultivate inclusivity in healthcare environments.

Moreover, the outcomes of our research indicate that the ideas explained, practices created, and methodological suggestions offered can have applications beyond the field of medicine. The methods used to improve English communication in diverse medical settings can be applied to other fields that do not focus on language. The concepts of cultural competence, attentive listening, and awareness of cross-cultural nuances are relevant everywhere and can enhance students' educational experiences in various fields.

Essentially, our research highlights the transformative power of successful cross-cultural communication in healthcare environments. Healthcare professionals can provide fair, caring, and top-notch care to patients from various backgrounds by valuing diversity, promoting cultural understanding, and prioritizing patient-centered care. As we start our path to a more inclusive and interconnected future, we should remember the lessons we have learned and strive to build healthcare settings where communication plays a role in healing, understanding, and unity.

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APPENDICES

APPENDIX A

List of frequently used medical terms in English

Organs and Body Parts	
English Term	**Translation**
abdomen	живот, брюшная полость
kidney	почка
Achilles tendon	ахиллово сухожилие
kneecap	коленная чашечка
Adam's apple	кадык
knuckle	сустав пальца
appendix	аппендикс
larynx	горло, гортань
artery	артерия
ligament	связка

English Term	Translation
biceps	бицепс, двуглавая мышца
liver	печень
bladder	мочевой пузырь
loin	поясница
bone marrow	костный мозг
lymphatic system	лимфатическая система
breast	грудь
nape	затылок
bronchi	бронхи
navel	пупок
cardiovascular system	сердечно-сосудистая система
nostril	ноздря
cartilage	хрящ
pancreas	поджелудочная железа
chest	грудь
pelvis	таз
digestive system	пищеварительная система
pharynx	глотка
dimple	ямочка
quadriceps	4-главая мышца
duodenum	12-перстная кишка
reproductive system	репродуктивная система
earlobe	мочка уха
respiratory system	дыхательная система
endocrine system	эндокринная система
retina	сетчатка
esophagus	пищевод

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English Term	Translation
rib cage	грудная клетка
forearm	предплечье
shin	голень
gall bladder	желчный пузырь
shoulder blade	лопатка
genitals	гениталии
sinus	пазуха, синус
groin	пах
sole	подошва, ступня
intestines	кишечник
spinal cord	позвоночник
iris	радужная оболочка
spine (spinal column)	позвоночный столб
joint	сустав
spleen	селезенка
coccyx, tailbone	копчик
urinary system	мочеполовая система
tendon	сухожилие
vein	вена
thyroid gland	щитовидная железа
vessel	сосуд
triceps	трицепс, трехглавая мышца
vocal cords	голосовые связки

Inflammations

English Term	Translation
meningitis	менингит

English Term	Translation
appendicitis	аппендицит
nephritis	нефрит
arthritis	артрит
otitis	отит
bronchitis	бронхит
pancreatitis	панкреатит
conjunctivitis	конъюнктивит
pericarditis	перикардит
cystitis	цистит
pharyngitis	фарингит
dermatitis	дерматит
pleuritis	плеврит
endometritis	эндометрит
pneumonia	пневмония
enteritis	энтерит
poliomyelitis	полиомиелит
gastritis	гастрит
pyelonephritis	пиелонефрит
hepatitis	гепатит
radiculitis	радикулит
laryngitis	ларингит
rhinitis	ринит
maxillary sinusitis	синусит
tonsillitis	тонзиллит

Infectious/contagious/transmissive diseases

English Term	Translation
rotaviral gastroenteritis	ротавирусная инфекция
chicken pox	ветряная оспа
rubella	краснуха
cholera	холера
salmonellosis	сальмонеллез
diphtheria	дифтерия
scabies, itch	чесотка
encephalitis	энцефалит
Scarlet fever	скарлатина
herpes, zoster	герпес
small pox	оспа
leprosy	проказа
syphilis, pox	сифилис
measles	корь
tetanus\lockjaw	столбняк
parotitis, mumps	паротит, свинка
thrush, candidiasis	кандидоз, молочница
pediculosis, lice infestation	педикулез
tuberculosis	туберкулез
plague (pneumonic, bubonic)	чума (легочная, бубонная)
typhoid	тиф
rabies	бешенство
whooping cough\pertussis	коклюш

Blood diseases

English Term	Translation
anemia (anaemia)	анемия

English Term	Translation
h(a)emophilia	гемофилия
hemorrhagia	геморрагия
thrombocytopenia	тромбоцитопения
heart attack	сердечный приступ
iodine deficiency	дефицит йода
diabetes	диабет
goiter	зоб
hypothyreosis	гипотериоз
diabetes	диабет
lactose intolerance	непереносимость лактозы

Heart diseases	
English Term	**Translation**
aneurysm	аневризм
angina pectoris, breast pang	стенокардия
arteriosclerotic heart disease, ischemic\coronary heart disease	ИБС, ишемическая болезнь сердца
heart failure	сердечная недостаточность
hypertension	гипертензия
hypotension	гипотензия
stroke, apoplexy	апоплексия, инсульт
thrombosis	тромбоз

Thyroid gland diseases (+endocrine system)	
English Term	**Translation**
iodine deficiency	дефицит йода
diabetes	диабет
hyperthyroidism	гипертиреоз

English Term	Translation
hypothyroidism	гипотиреоз
goiter	зоб
thyroiditis	тиреоидит
Graves' disease	болезнь Грейвса
Hashimoto's thyroiditis	тиреоидит Хашимото
thyroid cancer	рак щитовидной железы

Eye diseases	
English Term	**Translation**
astigmatism	астигматизм
cataract	катаракта
Color blindness	цветовая слепота, дальтонизм
glaucoma	глаукома
heterochromia	гетерохромия
hyperopia	дальнозоркость, гиперметропия
myopia	миопия, близорукость
strabismus	косоглазие

Respiratory system	
English Term	**Translation**
acute respiratory disease	ОРЗ
acute respiratory viral infection	ОРВИ
asthma	астма
cold, rhinitis, runny nose	насморк, ринит
dyspnea	диспноэ, одышка
flu\influenza	грипп
pneumonia	пневмония

Ear diseases	
English Term	**Translation**
perforated eardrum	поврежденная барабанная перепонка
loss of hearing	потеря слуха
otitis	отит
vertigo	вертиго
wax plug	серная пробка

Urinary and Reproductive System	
English Term	**Translation**
cystitis	цистит
ectopic pregnancy	внематочная беременность
endometriosis	эндометриоз
infertility, sterility	бесплодие
kidney failure	почечная недостаточность
kidney stone disease	почечный камень
polycystic ovary syndrome	синдром поликистозных яичников

Skin diseases	
English Term	**Translation**
acne	акне
alopecia, baldness	алопеция, облысение
blister	волдырь
boil	нарыв
burn, scorch	ожог
eczema	экзема
hives, nettle-rash	крапивница, уртикария
lichen	лишай
lupus, erythematosis	волчанка, эритематоз

English Term	Translation
pimple, white-head, black-head	гнойник, пустула

Mental disorders	
English Term	**Translation**
allotriophagy (pica)	аллотриофагия, извращение вкуса
Alzheimer's disease + dementia	болезнь Альцгеймера, деменция
amnesia	амнезия, потеря памяти
anorexia	анорексия
autism	аутизм
bipolar disorder	биполярное расстройство
obsessive–compulsive disorder (OCD)	обсессивно-компульсивное расстройство
phobia	фобия
schizophrenia (split mind)	шизофрения

Others	
English Term	**Translation**
frostbite	обморожение
heat illness	тепловой удар
sun stroke	солнечный удар
cramp	судорога, спазм
motion sickness	укачивание
food poisoning	пищевое отравление
fracture	перелом
strain	растяжение сухожилия
sprain	растяжение
neurosis	невроз
delirium	бред

English Term	Translation
dyslexia, reading disorder	дислексия
nausea	тошнота, морская болезнь
hiccup	икота

These are translations of various medical terms categorized under different systems and disorders.

APPENDIX B

Text 1

Emotional support animals do emotionally support us.

A new study confirms the benefits we get from cats and dogs.

Written by Grace Wade, published in Popular Science, https://www.popsci.com/

(A)Humans have long shared the anecdotal benefits of animal companionship, but until recently research has been lacking. This is particularly true when it comes to the benefits of emotional support animals.

(B)This month, the first peer-reviewed, scientific study was published on the benefits of emotional support animals for those with serious mental illnesses, like chronic anxiety or depression. The study, which was conducted by researchers at the University of Toledo, found that one year after adopting, participants saw a significant reduction in depression, anxiety, and loneliness.

(C)Unlike service animals, emotional support animals need no formal training or certification. Yet they are still formally recognized by healthcare professionals as therapeutically necessary for people with certain conditions, like anxiety, depression, or addiction, that qualify as disabilities under the Fair Housing Act.

(D)"This study shows there is a place for emotional support animals in terms of them being partners in our health and well-being," says Janet Hoy-Gerlach, Ph.D.,

LISW-S, a professor of social work at the University of Toledo and lead investigator of the study.

(E)The study recruited participants through the Hope and Recovery Pet (HARP) Program, an initiative that places strays into homes as emotional support animals. The program was developed in 2010 by Hoy-Gerlach and is a partnership between the Humane Society and ProMedica, a large healthcare system. It now operates in 28 states. "The best part of the program is it's two-fold," says Hoy-Gerlach. "The program benefits people's health, and it gets shelter animals into good, loving homes."

(F)All participants in the study were considered low-income, had chronic mental illnesses, and lived alone. The Humane Society vetted candidates and conducted a home visit before matching them with an animal to ensure the pet's safety.

(G)Before participants adopted their emotional support cat or dog, they took a test assessing their anxiety, depression, and loneliness. Researchers also collected saliva samples to measure for three biomarkers of stress and bonding:

- Oxytocin, also known as the "love hormone." The brain releases it during bonding
- interactions which are why one experiences warm, fuzzy feelings when with loved ones.
- Cortisol, the primary stress hormone. Consistent over-exposure to cortisol increases one's
- risk of depression, anxiety, and heart disease, amongst other conditions.
- Alpha-amylase, an enzyme found in the saliva which can also indicate levels of stress.

(H)Researchers followed-up with participants at one month, three months, six months, nine months, and 12 months. In each follow-up they collected saliva samples, and then had the participants and their emotional support animal interact for 10 minutes, whether it was petting, playing, or talking. After the brief interaction, they collected another set of saliva samples. At the 12-month mark, everyone took

the same psychological test again to assess their mental well-being. Not only did the study find that participants had significantly lower levels of anxiety and depression one year after adoption, but they were also less lonely.

(I)Yet there weren't corresponding changes in the three saliva biomarkers. Although Hoy-Gerlach says there was a consistent pattern of oxytocin increasing and cortisol decreasing after participants interacted with their pets for 10 minutes, the trends weren't statistically significant. Hoy-Gerlach first came up with the idea for the study early in her social work career when she conducted risk assessments for people contemplating suicide. One of the many questions she asked was, 'What has stopped you from acting on these thoughts?' "I would get a lot of 'I couldn't do that to my kids' or 'It's against my faith." says Hoy-Gerlach. "But I also regularly got responses along the lines of, 'I don't want to leave my pet behind." As an animal lover herself, those responses intuitively made sense. But as a mental health professional, she realized none of her training or education ever mentioned animals as a means

of protecting and preserving human health. "And yet, the people I was talking with were citing their pets as the reason they were alive," says Hoy-Gerlach. "That's a really powerful thing, keeping someone alive."

(J)The present study lacked a control group and had a small sample size, so researchers cannot make wide, sweeping generalizations. But Hoy-Gerlach says this could be just the first study of many. "My hope is that [this study] will catalyze more research with more rigorous methods so we can better understand and leverage the benefits that can be had through emotional support

animals."

Text 2

Can I be allergic to alcohol?

Alcohol allergies are pretty rare, but intolerance is a lot more common.

Written by Sara Chodosh, published in Popular Science, https://www.popsci.com/

(A)Every time I enjoy a cold hard cider, I feel nauseated. Not immediately—first comes the congestion. Then I feel woozy. Then, hours later, my stomach churns. Everyone I know has made some variation of a joke about me being a lightweight, none of them funny, but my cousin gets exactly the same reaction. So I Googled it.

(B)Every result I found made some anecdotal reference to having some kind of alcohol allergy or intolerance, and I'll be honest, I jumped right on that explanation without much real proof. As a test, I took an antihistamine just before I drank the next time, and voilá—no reaction. This is not a particularly high standard of evidence. As a science journalist, I should know that. So I did what every good science writer does when they have a personal health issue: I turned it into a story. This story.

(C)First, I emailed some experts to see what they had to say about alcohol allergies. The news wasn't great for my supposed reaction.

(D)"True allergic reactions to alcohol, that includes wine, spirits, beer and the like, are not common," Clifford Bassett, the medical director of Allergy & Asthma Care of NY, explained to me. He noted a German questionnaire-based study that showed intolerance to alcohol, not an alcohol *allergy*, to be far more prevalent, and identified some of the components of wine (sulfites, tyramine) that may be the actual culprit. Ethanol itself did not seem to be to blame. Similarly, he said he's treated people who were actually sensitive to barley, hops, or malt rather than beer, or to fruits mixed into cocktails rather than the alcohol itself.

(E)Sarena Sawlani, medical director of Chicago Allergy & Asthma, agreed. "Any allergic reaction to an alcoholic drink would really need to investigate the content of the beverage first," she said, since most contain many other ingredients that you may be allergic to. Rye, hops, wheat, yeast, grapes, barley, gluten, and sulfites are all fairly common allergens that could be lurking in your alcoholic beverages, tricking you into thinking you're reacting to ethanol.

(F)True alcohol allergies also tend to be more severe than the congestion and nausea I experienced. Generally, you get hives, or even anaphylaxis. So perhaps

what I described was an *intolerance*, not an allergy to alcohol. (In recent years, people have become notoriously bad at distinguishing one from the other.)

(G)Alcohol intolerance in its most extreme form is often called Asian flush, even though it can strike people of any ethnic background. It's caused by a faulty version of an enzyme called aldehyde dehydrogenase. Normally, the ethanol in a cocktail gets broken down into aldehydes, another kind of organic molecule, by an alcohol dehydrogenase and then those aldehydes get broken down again by (you guessed it) an aldehyde dehydrogenase. Genetic mutations in both kinds of dehydrogenases are common, but it's the slow versions of aldehyde dehydrogenase that often cause the flushing. When it doesn't work, aldehydes build up and causes symptoms like facial redness (hence the flush), hives, a stuffy nose, nausea, and low blood pressure. It's more common in the Asian population simply because of genetics—families pass down the flawed enzyme, and it happens to have been propagated a lot in Asian communities. About a third of those with East Asian heritage have it.

(H)But there are other factors that put you at higher risk of alcohol intolerance. Those with asthma or hay fever are more likely to have it, as are those who are already allergic to grains or other foods (also, those with Hodgkin's lymphoma).

(I)It's also possible that my congestion is just a normal side effect of alcohol that I've convinced myself is an actual intolerance. Bassett notes that alcohol has a natural vasodilatory effect in the skin (that's why you feel warm when you start drinking), and that can also lead to short-term nasal congestion as the many blood vessels in your nasal cavity expand. Maybe I'm just misinterpreting the evidence. Acid reflux, a very common reaction to alcohol, also causes nausea, which could easily explain that issue. Allergy symptoms generally are subject to a strong placebo effect. Studies of allergic rhinitis (that's the nasal reaction to allergens) consistently show that placebos work quite well to treat a large fraction of allergy sufferers. One study even found that you can give patients a placebo, *tell them it's a placebo*, and it will still decrease their symptoms.

(J)It's worth noting that just because the placebo effect works doesn't mean that allergies are all in your head. Or rather, even if it does mean that, that doesn't imply allergies aren't real or meaningful. It just means that your brain is powerful, and can tamp down symptoms just by believing it can.

(K)I still don't know whether I have alcohol intolerance, but I do happen to have a food allergy—kind of. I have celiac disease, which is technically an autoimmune disorder that gives me an overblown reaction to gluten proteins. Preliminary research suggests that autoimmune diseases and allergies share common pathways inside cells, so perhaps that's my answer. Perhaps it's not. Here's what I do know: When I pop a Claritin before downing a glass of wine, I feel better. Maybe that's the placebo effect—but it doesn't hurt me, and I think it works. That's what the placebo effect is all about.

Text 3

Can talking on a mobile phone be hazardous to your health? It is difficult to know for sure. Some research suggests that heavy users of mobile phones are at a greater risk of developing cancerous brain tumors. However, many other studies suggest there are no links between cancer and mobile phone use.

The main problem with the current research is that mobile phones have only been popular since the 1990s. As a result, it is impossible to study long-term exposure to mobile phones. This concerns many health professionals who point out that certain cancers can take over twenty years
to develop. Another concern about these studies is that many have been funded by the mobile phone industry or those who benefit from it.

Over five billion people now use mobile phones on a daily basis, and many talk for more than an hour a day. Mobile phone antennas are similar to microwave ovens. While both rely on
electromagnetic radiation (EMR), the radio waves in mobile phones are lower in frequency. Microwave ovens have radio wave frequencies that are high enough to cook food, and they are also known to be dangerous to human tissues like those in

the brain. The concern is that the lower-frequency radio waves that mobile phones rely on may also be dangerous. It seems logical that holding a heat source near your brain for a long period of time is a potential health hazard.

Some researchers believe that other types of wireless technology may also be dangerous to human health, including cordless phones, wireless gaming consoles, and laptop or tablet computers with wireless connections. They suggest replacing all cordless and wireless devices with wired ones where possible. They also say that many cordless phones can emit dangerous levels of Electromagnetic Radiation even when they are not in use. They even suggest keeping electronic devices such as desk-top and tablet computers out of the bedroom, or at least six feet
from the head while we're sleeping.

A growing number of health professionals worldwide are recommending that mobile phone users err on the side of caution until more definitive studies can be conducted. They use the example of tobacco to illustrate the potential risks. Many years ago, people smoked freely and were not concerned about the effects of cigarettes on their health. Today, people know that cigarettes cause lung cancer, though it is still unknown exactly how or why. Some doctors fear that the same thing will happen with mobile phones. In May 2016, the UK's Independent newspaper reported on research by the US government's National Toxicology Program that showed a slight increase in brain tumors among rats exposed to the type of radio frequencies commonly emitted by mobile phones. This doesn't prove that mobile phones can cause brain tumors in humans, but it does show that it's possible. As a result, many experts now recommend texting or using headsets or speaker phones instead of holding a mobile phone to the ear.

This is what postnatal depression really feels like

Motherhood can be a source of joy, but it can also pose difficulties and challenges – particularly, in the postnatal period. It is a time when some mothers' emotional and physical endurance is pushed to the limit.

About 10% of pregnant women and 13% of women who have just given birth experience a mental illness, primarily depression and anxiety. In developing countries 20% of mothers experience clinical depression after childbirth.

Mothers who have mental health problems after giving birth, face the dual challenges of managing motherhood alongside their health issue. This balancing act can cause an internal conflict – but fears of being judged and shame around what they are experiencing can act as a barrier, which stops many women from seeking help. There is an expectation that having a baby will result in the rosy glow of motherhood. But postnatal depression can leave many women with a persistent feeling of deep sadness, and a loss of interest in life. This may reduce their ability to care for their baby, or may leave them with thoughts of self-harm or even suicide.

A mother's mask

We conducted interviews with mothers with mental health problems during the postnatal period. These were gathered as part of a larger study, which explored the family focused practice of health visitors who work with these women.

We found that while mothers wanted support, there were barriers to accepting it. The mothers we spoke to felt fear, shame and guilt about being a mother with poor mental health. These feelings led to the mothers covering up their deteriorating mental health, from family, friends and professionals.

And with an expectation of happiness, the reality of parenthood mixed with suffering from postnatal depression can be a hard one to accept – as one of the mothers we spoke to explained: "I didn't feel a connection to the baby, and that was stressing me out even more. I was thinking I need to feel something here; I need to feel like fireworks going off here." (Mother of one, age37)

With this internal conflict, mothers describe feelings of guilt and shame about their mental health

problems, coupled with a belief that they were not deserving of motherhood: "I truly at times looked at these two kids and thought, you deserve better than me who is sitting here and can't get dressed for days. What sort of life am I giving you?" (Mother of two, age 34)

The mothers in our study also spoke about fearing the judgement of society, believing that society equates mental health problems with bad parenting: "I was getting more and more anxious. They're looking at me, they're thinking I'm a terrible mother, I am a terrible mother." (Mother of three, age 38)

One of the mother spoke about the fears that her children would be taken away from her if she told people how she was really feeling – believing that people would view her as "not being a fit mummy". Many of the mothers we spoke to talked about going to great lengths to hide their struggles with their mental health – from both their family, friends and the outside world: "You have that mask that you put on for society. And then you have days where you just don't want to wear that mask so you just stay in the house." (Mother of two, age 32)

The mothers also felt they are judged more harshly than fathers, due to widely held assumptions that women have instinctual love for their children.

The reality of motherhood

To some extent, western society has moved beyond traditional gender roles, yet mothers still predominately take on the bulk of care giving responsibilities for children. And as our research shows mothers feel stigmatized and fear judgement – which can result in them covering up their deteriorating mental health.

Our research also highlights how a lack of openness around mental health problems, can mean these women will not be identified and cannot receive appropriate support. Without support there is a risk that their mental health will deteriorate further, potentially resulting in negative outcomes for all the family.

Services need to develop a deeper understanding of the impact of poor mental health on mothers and provide opportunities for mums to openly discuss parenting and mental health, in a judgement free environment.

Assumptions and expectations of motherhood, also need to be re-examined, and discussed more openly with the general public, as the rosy glow of motherhood does not reflect the universal experience of all mothers.

GLOSSARY

Term	Definition
Lexical Approach	An approach to language learning that emphasizes the acquisition of language in chunks or phrases rather than individual words, particularly beneficial for mastering medical terminology due to its standardized nature.
Concept Maps	Visual tools used to organize and relate medical terms, facilitating a deeper comprehension of how terms are interconnected within the medical field.
Cultural Competence	The ability of healthcare providers to understand, communicate with, and effectively interact with patients across different cultures, including knowledge of cultural diversity, health disparities, and how culture affects health beliefs and practices.
LEARN Model	A practical framework for improving cross-cultural communication in healthcare settings, focusing on Listening, Explaining, Acknowledging, Recommending, and Negotiating to enhance patient interactions and promote mutual understanding, especially in multicultural healthcare environments.
Cross-Cultural Communication	The exchange of information between individuals from different cultural backgrounds, acknowledging and addressing cultural differences to ensure effective communication and understanding, particularly in healthcare settings with diverse patient populations.
Multinational Medical Environments	Healthcare settings that involve professionals and patients from different countries or cultural backgrounds, requiring awareness of cultural nuances and effective communication strategies to navigate cross-cultural interactions and optimize patient care.

Term	Definition
Language Barriers	Obstacles to effective communication caused by differences in language proficiency between individuals, which can lead to misunderstandings, misinterpretations of symptoms, and difficulties in expressing health concerns accurately, particularly in multicultural medical settings.
Non-Verbal Communication	Communication through gestures, facial expressions, and body language, carrying distinct cultural meanings that can either facilitate or impede understanding, especially in cross-cultural medical encounters where cultural norms and expectations influence communication dynamics.
Cultural Differences	Variations in cultural norms, values, and practices between individuals or groups from different cultural backgrounds, impacting communication styles, perceptions of authority, and expectations in healthcare interactions, particularly relevant in multinational medical environments.
Health Literacy	The ability of individuals to obtain, process, and understand basic health information and services needed to make appropriate health decisions, influenced by factors such as educational backgrounds, access to healthcare information, and familiarity with the healthcare system.
Immigrant Patients	Individuals who have migrated from one country to another, facing challenges related to language barriers, cultural differences, access to healthcare services, stigma, discrimination, trauma, and mental health issues, particularly in cross-cultural medical settings with diverse patient populations.
Power Distance	The perceived difference in authority or status between individuals or groups within a society, influencing communication dynamics and expectations, especially in cross-cultural medical encounters where patients may defer to healthcare providers based on cultural norms.
Collectivistic Orientation	A cultural orientation that emphasizes group harmony, interdependence, and social cohesion over individual autonomy, influencing communication styles, decision-making processes, and interactions with healthcare

Term	Definition
	providers, particularly relevant in multicultural healthcare settings.
Respect for Elders	A cultural norm emphasizing deference and reverence towards older individuals, affecting communication dynamics and perceptions of authority in healthcare interactions, particularly in cultures where addressing elders with respect is valued.
Gender Norms	Sociocultural expectations and roles associated with masculinity and femininity, influencing communication dynamics, preferences, and comfort levels in healthcare encounters, particularly relevant in cross-cultural settings where gender norms may vary.
Cultural Intelligence	The ability to understand and adapt to different cultural contexts, incorporating knowledge, awareness, and sensitivity to cultural nuances to navigate cross-cultural interactions effectively, particularly crucial for healthcare providers in diverse medical environments.
Continuing Education	Formal learning opportunities for healthcare providers to update their knowledge and skills, including programs, workshops, and courses focused on cultural competence, language access services, and diversity training, supporting ongoing professional development in healthcare settings.
Feedback Mechanism	A system or process for providing immediate correction and explanation of mistakes, crucial for accurate and effective communication, particularly in language learning and healthcare settings, to ensure continuous learning and improvement.
Healthcare Provider	An individual or organization involved in the delivery of healthcare services, including medical professionals, nurses, allied health professionals, and healthcare facilities, responsible for diagnosing, treating, and caring for patients' health needs.
Patient-Centered Care	An approach to healthcare that prioritizes the individual patient's preferences, needs, and values, involving active

Term	Definition
	participation in treatment decisions, clear communication, and respect for patient autonomy, fostering collaborative and personalized care delivery.
Health Disparities	Differences in health outcomes or access to healthcare services between individuals or groups, often influenced by social, economic, environmental, and cultural factors, highlighting systemic inequalities in healthcare delivery and outcomes.
Language Access Services	Services provided to facilitate communication between individuals with limited English proficiency and healthcare providers, including interpretation, translation, language assistance, and the provision of culturally appropriate healthcare materials.
Inclusive Healthcare	An approach to healthcare that ensures equitable access and quality of care for all individuals, regardless of their race, ethnicity, culture, language, socioeconomic status, gender identity, sexual orientation, or other personal characteristics, promoting diversity and reducing health disparities.
Ethical Considerations	Moral principles, values, and standards that guide ethical decision-making in healthcare, including respect for patient autonomy, beneficence, nonmaleficence, justice, and fidelity, addressing ethical dilemmas and ensuring ethical conduct in clinical practice.
Healthcare System	The network of organizations, institutions, professionals, and resources involved in delivering healthcare services to individuals and communities, including hospitals, clinics, primary care providers, insurers, government agencies, and public health organizations.
Equity in Healthcare	The principle of fairness and justice in healthcare, ensuring that all individuals have equal opportunities to access healthcare services, resources, and outcomes, irrespective of their background or social determinants of health, aiming to eliminate health disparities.

Term	Definition
Role-Playing Scenarios	Simulated situations in which individuals assume specific roles and interact with others to practice and improve their skills, knowledge, and behaviors, commonly used in education, training, and professional development, including medical education and communication training.
Simulation-Based Learning	An educational approach that uses simulated experiences to replicate real-world scenarios and allow learners to practice and develop skills in a safe and controlled environment, enhancing learning outcomes, retention, and transferability of knowledge and skills to real-life situations.
Interpersonal Skills	The abilities and behaviors individuals use to interact effectively with others, including communication, active listening, empathy, conflict resolution, teamwork, and interpersonal relationships, essential for building rapport, trust, and collaborative relationships in healthcare.
Healthcare Ethics	The branch of ethics that deals with moral principles, values, and dilemmas in healthcare, including patient autonomy, confidentiality, informed consent, end-of-life care, and allocation of resources, guiding ethical decision-making and professional conduct in clinical practice.
Multicultural Competence	The ability to work effectively with individuals and groups from diverse cultural backgrounds, including awareness, knowledge, and skills related to cultural differences, communication styles, beliefs, and practices, essential for providing culturally responsive and competent care in healthcare.
Empathetic Communication	A communication style characterized by understanding, sensitivity, and compassion towards others' emotions, feelings, and perspectives, involving active listening, validation, and acknowledgment of patients' experiences, fostering trust, rapport, and therapeutic relationships in healthcare.
Healthcare Training	Formal education, instruction, and skill development programs designed to prepare healthcare professionals for their roles and responsibilities, including medical school,

Term	Definition
	residency, fellowship, continuing education, and professional development activities, supporting lifelong learning and competence.
Professional Development	Activities and opportunities for individuals to enhance their knowledge, skills, and abilities in their chosen profession, including education, training, mentorship, networking, and self-directed learning, promoting growth, advancement, and excellence in professional practice.
Patient Education	The process of providing patients with information, resources, and support to help them understand their health conditions, treatment options, self-care practices, and healthcare resources, empowering patients to make informed decisions and actively participate in their care.
Cultural Sensitivity	Awareness, respect, and responsiveness to cultural differences, norms, values, and beliefs, allowing individuals to interact effectively and respectfully with people from diverse cultural backgrounds, particularly important in healthcare to ensure culturally competent and inclusive care.
Telehealth	The use of telecommunications technology, such as videoconferencing, remote monitoring, and mobile health apps, to deliver healthcare services remotely, enabling virtual consultations, diagnoses, treatment, and monitoring, increasing access to care and promoting health equity.
Healthcare Equity	The principle of fairness and justice in healthcare, ensuring that all individuals have equal opportunities to access healthcare services, resources, and outcomes, irrespective of their background or social determinants of health, aiming to eliminate health disparities.
Telemedicine	The use of telecommunications technology, such as videoconferencing, remote monitoring, and digital communication, to provide clinical healthcare services remotely, allowing for diagnosis, treatment, consultation, and follow-up care without the need for in-person visits, enhancing access to care.

Term	Definition
Health Literacy	The ability to obtain, understand, and use health information and services to make informed decisions about one's health, including knowledge of medical terminology, understanding of health risks, and proficiency in navigating healthcare systems, essential for optimal health outcomes.
Informed Consent	The process of obtaining permission from a patient or legal representative before conducting a healthcare intervention, treatment, or research procedure, involving disclosure of relevant information, comprehension of risks and benefits, and voluntary decision-making, ensuring patient autonomy and ethical practice.
Patient Autonomy	The right of patients to make informed decisions about their own medical care and treatment, based on their preferences, values, beliefs, and goals, central to the principle of respect for patient rights and self-determination in healthcare decision-making.
Patient Rights	Legal and ethical entitlements afforded to patients in healthcare settings, including the right to informed consent, privacy, confidentiality, dignity, respect, access to information, and participation in decision-making, ensuring patient-centered care and protection of individual autonomy.

TESTS

Here are 50 test questions with A, B, C variants. The correct answers are marked with an asterisk (*).

1. What is the primary objective of the scenario "Emergency Response in a Cardiac Arrest Situation"?
  A) To observe patient symptoms.
  B) To stabilize the patient using ACLS protocols.*
  C) To conduct a routine medical check-up.

2. Which action is NOT a part of the medical intern's tasks in the scenario?
  A) Continuing CPR.
  B) Administering appropriate medications as per ACLS guidelines.
  C) Preparing patient meals.

3. What is a key component of cultural competence training for healthcare providers?
  A) Learning advanced surgical techniques.
  B) Understanding cultural diversity and health disparities.*
  C) Practicing medical billing procedures.

4. Which model provides a practical framework for improving cross-cultural communication in healthcare settings?
  A) GREET model.
  B) LEARN model.*
  C) READ model.

5. What is a common challenge in cross-cultural medical communication?
  A) Language barriers.*

B) Cultural uniformity.

C) Overuse of medical jargon.

6. Which cultural value emphasizes group harmony and interdependence?

   A) Individualism.

   B) Collectivism.*

   C) Pluralism.

7. What is the role of the family in patient care in some cultures?

   A) They have no role in decision-making.

   B) They solely rely on healthcare providers.

   C) They play a central role in decision-making for the patient.*

8. What is essential for effective communication in multicultural medical settings?

   A) Ignoring cultural differences.

   B) Minimizing patient involvement.

   C) Cultural competence and awareness.*

9. What is an example of a non-verbal communication barrier?

   A) Direct eye contact.

   B) Clear hand gestures.

   C) Misinterpretation of body language.*

10. What is the goal of simulation-based learning in healthcare?

    A) To replace real-life clinical experiences.

    B) To provide controlled environments for practicing skills.*

    C) To reduce the need for medical education.

11. How can healthcare providers enhance their cultural competence?

    A) By avoiding interaction with patients from different cultures.

B) By engaging in cultural competency training and self-directed learning.*

C) By disregarding cultural differences altogether.

12. Which resource provides free, accredited continuing education programs on cultural competence?

A) U.S. Department of Agriculture.

B) U.S. Department of Health and Human Services Office of Minority Health.*

C) U.S. Department of Defense.

13. What is the LEARN model designed to improve?

A) Patient wait times.

B) Cross-cultural communication in healthcare settings.*

C) Administrative tasks in medical facilities.

14. What can language barriers lead to in medical communication?

A) Improved understanding.

B) Misinterpretations of symptoms, misdiagnoses, or inappropriate treatment plans.*

C) Enhanced patient-provider relationships.

15. Which cultural aspect can impact communication dynamics between Western physicians and immigrant patients?

A) Globalization.

B) Gender norms.*

C) Universal healthcare policies.

16. What is the significance of understanding cultural preferences in medical settings?

A) It has no impact on patient care.

B) It can lead to improved patient trust and outcomes.*

C) It complicates healthcare delivery.

17. Which cultural norm emphasizes addressing elders with respect?

A) Ageism.

B) Individualism.

C) Collectivism.*

18. What is a potential challenge immigrant patients may face in healthcare settings?

A) Limited access to healthcare services.

B) Comprehensive health insurance coverage.

C) High proficiency in the local language.*

19. What is the goal of providing language interpretation services in healthcare?

A) To add complexity to medical communication.

B) To hinder effective communication between patients and providers.

C) To facilitate understanding between patients and providers who speak different languages.*

20. How can healthcare providers create a welcoming environment for immigrant patients?

A) By enforcing strict cultural norms.

B) By promoting diversity training for staff members and offering patient education materials in multiple languages.*

C) By excluding immigrant patients from healthcare facilities.

21. What is the primary objective of cultural competence training for healthcare providers?

A) To reinforce stereotypes.

B) To enhance understanding and effective interaction with patients from diverse cultures.*

C) To ignore cultural differences.

22. Which model provides a practical framework for improving cross-cultural communication in healthcare settings?

   A) The DISCUSS model.

   B) The LEARN model.*

   C) The IGNORE model.

23. What challenges can arise from non-verbal communication in cross-cultural medical interactions?

   A) Non-verbal cues are universally understood.

   B) Different cultural meanings of non-verbal cues can facilitate or impede understanding.*

   C) Non-verbal communication is irrelevant in healthcare settings.

24. Why is it important for healthcare providers to acknowledge cultural differences?

   A) To ignore the patient's cultural background.

   B) To foster effective communication and understanding in diverse healthcare settings.*

   C) To impose their own cultural beliefs on the patient.

25. How can cultural norms impact communication styles between Western physicians and immigrant patients?

   A) Cultural norms have no effect on communication styles.

   B) Cultural norms can influence patients' perceptions of authority and expectations in healthcare interactions.*

   C) Cultural norms only affect patients' dietary preferences.

26. Which cultural value emphasizes group harmony and interdependence?

   A) Individualism.

B) Collectivism.*

C) Egalitarianism.

27. What challenges might immigrant patients face due to language barriers in healthcare settings?

A) Increased understanding of medical terminology.

B) Difficulties in expressing health concerns accurately and understanding medical instructions.*

C) Enhanced communication with healthcare providers.

28. What is one way healthcare providers can address the power difference between themselves and immigrant patients?

A) By reinforcing the power gap.

B) By being aware of cultural norms and values to bridge the gap and facilitate effective communication.*

C) By ignoring cultural differences altogether.

29. How can healthcare providers create a more inclusive approach for immigrant patients?

A) By disregarding cultural preferences.

B) By understanding and respecting cultural preferences to facilitate effective communication and build trust.*

C) By imposing their own cultural beliefs on patients.

30. What is the goal of providing patient education materials in multiple languages?

A) To hinder patient understanding.

B) To promote confusion among patients.

C) To facilitate understanding between patients and providers who speak different languages.*

31. Which type of training program can enhance healthcare providers' ability to understand and interact effectively with patients from diverse cultures?

A) Cultural insensitivity training.

B) Cultural competence training.*

C) Linguistic isolation training.

32. In cross-cultural medical interactions, what role does the LEARN model play?

A) It emphasizes cultural ignorance.

B) It provides a framework for improved communication and understanding.*

C) It encourages language barriers.

33. How do cultural differences impact the interpretation of non-verbal communication cues?

A) Cultural differences have no effect on non-verbal communication.

B) Different cultural meanings of non-verbal cues can either facilitate or impede understanding.*

C) Non-verbal communication is universally understood.

34. Why is it crucial for healthcare providers to acknowledge cultural differences in patient care?

A) To impose their own cultural beliefs on patients.

B) To foster effective communication and understanding in diverse healthcare settings.*

C) To reinforce stereotypes.

35. Which cultural value emphasizes the importance of group harmony and interdependence?

A) Individualism.

B) Collectivism.*

C) Egalitarianism.

36. What challenges might immigrant patients face due to language barriers in healthcare settings?

A) Enhanced communication with healthcare providers.

B) Difficulties in expressing health concerns accurately and understanding medical instructions.*

C) Increased understanding of medical terminology.

37. How can healthcare providers address the power difference between themselves and immigrant patients?

A) By reinforcing the power gap.

B) By being aware of cultural norms and values to bridge the gap and facilitate effective communication.*

C) By ignoring cultural differences altogether.

38. What approach can healthcare providers take to create a more inclusive environment for immigrant patients?

A) Disregarding cultural preferences.

B) Understanding and respecting cultural preferences to facilitate effective communication and build trust.*

C) Imposing their own cultural beliefs on patients.

39. What is one of the goals of providing patient education materials in multiple languages?

A) To promote confusion among patients.

B) To hinder patient understanding.

C) To facilitate understanding between patients and providers who speak different languages.*

40. What is the main objective of cultural competence training for healthcare providers?

A) To reinforce stereotypes.

B) To enhance understanding and effective interaction with patients from diverse cultures.*

C) To ignore cultural differences.

41. Which resource provides free, accredited continuing education programs on cultural competency for healthcare providers?

A) The U.S. Department of Health and Human Services Office of Minority Health.*

B) The American Academy of Linguistic Isolation.

C) The Cultural Insensitivity Institute.

42. How do role-playing scenarios benefit healthcare providers in cultural competence training?

A) By discouraging active learning.

B) By providing opportunities to apply knowledge in simulated real-life situations and receive feedback.*

C) By promoting cultural ignorance.

43. What does the LEARN model stand for?

A) Listen, Educate, Acknowledge, Respond, Negotiate.

B) Listen, Explain, Acknowledge, Recommend, Negotiate.*

C) Learn, Educate, Advocate, Reconcile, Navigate.

44. Why is it important for healthcare providers to be sensitive to gender norms in cross-cultural medical encounters?

A) To reinforce gender stereotypes.

B) To create barriers in communication.

C) To ensure patient comfort and facilitate effective communication.*

45. What is the significance of addressing cultural differences in medical settings?

A) To perpetuate misunderstandings.

B) To ensure equitable healthcare delivery and improve patient outcomes.*

C) To exacerbate cultural tensions.

46. Which cultural value emphasizes the importance of addressing elders with respect?

A) Egalitarianism.

B) Individualism.

C) Respect for Elders.*

47. What might be a consequence of immigrant patients facing stigma or discrimination in healthcare settings?

A) Increased trust in the healthcare system.

B) Reluctance to seek medical care and reduced trust in the healthcare system.*

C) Enhanced patient-provider communication.

48. How can healthcare providers promote understanding between patients and providers who speak different languages?

A) By ignoring language barriers.

B) By providing language interpretation services and patient education materials in multiple languages.*

C) By reinforcing linguistic isolation.

49. What challenges do healthcare providers face in communicating with immigrant patients?

A) Cultural insensitivity.

B) Difficulty in understanding cultural norms and values, language barriers, and differing communication styles.*

C) Cultural homogeneity.

50. What role does cultural competence training play in fostering an inclusive healthcare environment?

A) Reinforcing cultural stereotypes.

B) Enhancing understanding and respect for cultural differences to ensure all patients receive high-quality care.*

C) Ignoring cultural diversity.