PHILOLOGICAL SCIENCES

CHALLENGES OF TEACHING ENGLISH FOR SPECIFIC PURPOSES IN MEDICINE

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Introduction.

In today's globalized world, healthcare systems are increasingly confronted with linguistic and cultural diversity among both patients and medical professionals. The English language, which has effectively become the international language of medicine, plays a key role in clinical communication, medical education, scientific activity, and interprofessional interaction. However, for a significant proportion of medical professionals and students, English is not their native language, which creates numerous challenges in the delivery of medical care [5, 10].

Insufficient command of English in the clinical environment has a direct impact on patient safety, the quality of diagnostics, the effectiveness of treatment, and adherence to ethical standards. Research shows that language barriers can lead to misdiagnoses, the incorrect use of medications, delays in treatment, and incomplete informed consent from patients [4, 5]. At the same time, communication difficulties negatively affect the professional development of medical workers, increase levels of stress and emotional burnout, and reduce the quality of interdisciplinary cooperation [10].

A particularly vulnerable group is medical students and healthcare professionals for whom English is a second language. In the clinical environment, they are expected not only to possess general linguistic competence, but also to use

professional terminology accurately, communicate effectively with patients, colleagues, and mentors, and respond quickly under conditions of clinical uncertainty. Inadequate language preparation can lead to reduced confidence, limited participation in clinical processes, and a decline in the quality of learning [1, 6].

In this regard, scientific interest is growing in the study of the impact of language barriers in clinical practice, the effectiveness of educational strategies for teaching medical English, the role of professional interpreters, and institutional approaches to ensuring linguistic equity in healthcare. Particular attention is drawn to studies that analyze the experience of students, doctors, and patients in multilingual environments and propose practical ways of improving communication [3, 8, 9].

Aim.

The aim of this study is a comprehensive analysis of the challenges associated with the use of English as a non-native language in clinical practice, as well as an assessment of the influence of language competence on the quality of medical care, patient safety, and the professional training of medical workers [1–10].

Materials and methods.

The materials for this study were the findings of contemporary scientific publications devoted to the problems of linguistic communication in healthcare, in particular works analyzing the impact of insufficient English proficiency on clinical practice, patient safety, the effectiveness of education, and the organization of medical care [1–10]. The work draws on data from qualitative and quantitative studies, systematic reviews, surveys of students and medical workers, as well as the results of analyses of educational programs.

Particular attention has been paid to materials devoted to clinical education, the training of international students, the role of professional interpreters, the language policy of medical institutions, and the effectiveness of intercultural communication [1, 5, 6]. The methodological basis consisted of an integrative analytical processing of research findings followed by a thematic analysis of the main problems and trends.

Results and discussion.

The results of the analyzed studies convincingly indicate that insufficient

command of English is one of the key factors negatively affecting patient safety. Linguistic difficulties often lead to the misinterpretation of symptoms, errors in prescribing treatment, and delays in the provision of medical care [4]. In a clinical environment, where decisions often have to be made rapidly, even minor linguistic misunderstandings can have serious consequences [10].

This problem is particularly acute among students and young doctors for whom English is not a native language. Studies show that they frequently experience difficulties during clinical rotations, especially in communicating with patients, writing medical documentation, and participating in team discussions [1, 6]. A low level of linguistic confidence reduces their engagement, hinders their professional development, and has a negative effect on the quality of clinical training.

Another important aspect is the impact of language barriers on patients. The inability to clearly express symptoms or understand a doctor's recommendations often causes anxiety, mistrust of the medical system, and a decline in treatment adherence [10]. Many studies emphasize that patients with limited language proficiency more frequently encounter errors in treatment and have worse clinical outcomes [4, 5].

Researchers pay particular attention to the role of professional interpreters. It has been established that the use of qualified medical interpreters substantially improves the quality of communication, reduces the risk of errors, and increases patient satisfaction [5]. At the same time, a lack of financial resources, the limited availability of interpreters, and organizational difficulties often force medical workers to rely on informal translations or digital tools, the effectiveness of which remains limited [2].

The studies also demonstrate the importance of integrating language preparation into medical education. The introduction of courses in medical English, intercultural communication, and language ethics makes it possible to significantly improve students' readiness for real clinical practice [6, 8, 9]. Interdisciplinary and collaborative approaches to teaching, which combine the participation of native speakers, language-training specialists, and clinical instructors, have proven especially effective [9].

At the same time, research points to a number of limitations of current educational models. Among them are an insufficient number of practical sessions, limited attention to the development of oral speech, and the absence of systematic assessment of students' language competence [1, 7]. Often, educational programs focus only on theoretical aspects, without taking into account the real communicative needs of the clinical environment.

Institutional barriers constitute a separate problem. A lack of clear policies on language support, the absence of standards for assessing language competence, and limited funding significantly complicate the implementation of effective solutions [2, 7]. Research also indicates the need for improvement in interprofessional communication, since language difficulties negatively affect not only interaction with patients, but also the work of medical teams [10].

At the same time, the findings point to the positive potential of innovative approaches. The use of digital technologies, telemedicine, interactive learning platforms, and simulation methods contributes to the improvement of language skills and increases students' confidence [8, 9]. It is also important to obtain feedback from students and instructors for the continuous improvement of educational programs.

Conclusions.

The problem of using English as a non-native language in clinical practice is multifaceted and has a substantial impact on the quality of medical care, patient safety, and the professional development of healthcare workers. The results of the analyzed studies convincingly demonstrate that language barriers cause errors in diagnosis, delays in treatment, communication difficulties, and a decline in the level of trust between patients and medical staff [4, 5, 10].

Effectively overcoming these problems requires a comprehensive approach that includes the development of medical workers' language competence, the introduction of professional interpreting services, the improvement of educational programs, and the formulation of clear institutional policies [6–9]. A particular role is played by the integration of language preparation into medical education in the early stages of training.

Further research should be directed toward evaluating the long-term effectiveness of language interventions, developing standardized tools for assessing language competence, and exploring the possibilities of digital technologies in overcoming language barriers [5, 7]. Ensuring linguistic accessibility in healthcare is not only an educational task, but also an important condition for achieving fairness, safety, and a high quality of medical care.

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