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Integrating Specialist Terminology into English Language Teaching for Medical Students

A conceptual and methodological article

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Abstract

Teaching specialist terminology requires more than translating professional words into a first language. Learners need to understand how terms function in texts, combine with other words, and change according to audience and communicative purpose. This article examines the integration of specialist vocabulary into English language teaching, with medical education as its principal context. It uses a focused narrative analysis of selected publications on English for Specific Purposes, technical vocabulary, language course design, and learning techniques. On this basis, the article proposes a teaching sequence that links needs analysis, contextual presentation, guided practice, communicative application, and delayed retrieval. Original classroom examples illustrate how medical students can move from recognizing a term to using it in patient interviews, case presentations, and professional consultations. A task-based assessment framework is also proposed to distinguish knowledge of meaning from appropriate spoken and written use. The contribution is a practical synthesis rather than an experimentally validated intervention. Its central proposition is that terminology instruction should connect lexical precision with communicative performance and repeated opportunities for recall. The proposed model requires classroom evaluation before claims about its effectiveness can be made.

Keywords: English for Specific Purposes; specialist terminology; medical English; vocabulary teaching; communicative competence; retrieval practice; assessment.

1 Introduction

Medical students encounter English in textbooks, research abstracts, lectures, and professional exchanges. Their language needs therefore extend beyond knowledge of general vocabulary. A learner may recognize the word diagnosis in a reading passage while remaining uncertain about how to ask a relevant question, describe a symptom, or summarize a case. This gap gives terminology instruction a practical purpose: specialist words must become resources for understanding and communication.

In this article, specialist terminology refers to words and multiword expressions whose meanings or uses are associated with a professional field. Medical examples include inflammation, medical history, and shortness of breath. Some items appear highly technical, whereas others consist of familiar words with a specific professional function. Instruction must therefore address both recognizable technical forms and less conspicuous combinations that learners need when performing professional tasks.

The pedagogical problem is how to connect terminological knowledge with meaningful language use. Translation lists can establish an initial link between a word and its meaning,

but they provide limited information about pronunciation, grammatical behavior, collocation, or audience. A teaching sequence organized around professional tasks can make these additional dimensions visible. Medical education offers a useful setting for examining this relationship because communication regularly moves between technical descriptions and accessible explanations.

2 Conceptual Background

2.1 Needs analysis and professional purposes

Hutchinson and Waters (1987) frame English for Specific Purposes as an approach concerned with learning needs and the design of appropriate courses. For terminology instruction, this perspective directs attention to what learners must do with language. A course preparing students to read research reports may prioritize different expressions from a course preparing them for spoken patient interviews. The relevant question is therefore which vocabulary enables learners to complete their target activities, rather than how many difficult words a syllabus can contain.

A practical needs analysis can combine a short learner questionnaire, an initial speaking task, and consultation with a subject teacher. Students can identify situations in which they struggle, while the teacher examines samples of required texts and classroom assignments. The resulting vocabulary selection should reflect communicative usefulness, curricular relevance, and learner readiness. The present article proposes these procedures as a workable classroom approach, rather than treating them as a standardized diagnostic instrument.

2.2 The boundaries of technical vocabulary

Chung and Nation (2004) compared approaches to identifying technical vocabulary in an anatomy text. Their analysis shows why technical vocabulary cannot be identified reliably through unusual appearance alone: words shared with general English can also carry disciplinary significance. This finding supports careful attention to context when teachers select vocabulary. In medical English, an apparently familiar word may require explicit instruction because its professional use differs from the meaning a learner already knows.

2.3 Connecting vocabulary study with language use

Nation (2007) identifies four complementary strands in language courses: meaning-focused input, meaning-focused output, language-focused learning, and fluency development. Applied to specialist terminology, this framework suggests that explicit word study should accompany opportunities to understand messages, express ideas, and use familiar language more smoothly. A lesson might consequently combine reading a short case, examining selected expressions, conducting an interview, and repeating a summary with reduced support. This classroom sequence is an adaptation proposed here, rather than a procedure tested in Nation's article.

Retention also deserves attention. Dunlosky et al. (2013) identify practice testing and distributed practice as learning techniques with broad educational utility. For terminology teaching, this provides a rationale for asking learners to retrieve words after intervals instead

of relying entirely on repeated exposure. It does not establish that a particular review schedule will produce a specific improvement among medical students. The timing, task format, and classroom conditions still require local evaluation.

3 Methodology

This article adopts a conceptual and methodological design based on a focused narrative reading of four selected publications. The sources were chosen purposively because they address four complementary issues: the orientation of ESP courses, identification of technical vocabulary, balance in language instruction, and learning techniques relevant to retention. The review is selective rather than systematic. It does not claim exhaustive coverage of the literature, formal quality appraisal, or a reproducible database search protocol.

The analysis followed three stages. First, the publications were read for principles relevant to selecting, presenting, practising, and assessing professional vocabulary. Second, these principles were considered in relation to typical language tasks in medical education. Third, an instructional sequence and assessment framework were developed as a practical synthesis. The synthesis is organized around an analytical distinction between recognition, controlled production, and communicative use. These categories guide the proposed design; they are not reported as measured learner outcomes.

All sample tasks and dialogues in the article were created for illustration. No participants were recruited, no classroom intervention was conducted, and no test scores were collected. Consequently, the discussion presents design propositions and anticipated implementation issues rather than empirical findings. Medical examples serve language-learning purposes and do not constitute clinical protocols. The methodological contribution lies in connecting established pedagogical ideas with concrete, reviewable classroom activities that subsequent research can examine.

4 Proposed Instructional Framework

4.1 Selecting and presenting target vocabulary

The proposed framework begins with one communicative objective and a manageable group of expressions. For a lesson on taking a symptom history, the objective could be to ask about the location, duration, and nature of a complaint and report the answers clearly. Suitable vocabulary might include symptom, discomfort, persistent, intermittent, and medical history. Selection should remain sensitive to proficiency: introducing an unfamiliar term together with several unfamiliar grammatical patterns may make the activity unnecessarily difficult.

Contextual presentation can begin with a brief fictional exchange. For example: Doctor: “What brings you here today?” Patient: “I have had a cough for several days.” Doctor: “Is it persistent or does it come and go?” Students identify the complaint and the information the questions seek before analysing individual expressions. Presenting a communicative purpose first gives learners a reason to attend to vocabulary. The teacher can then explain meaning, pronunciation, word class, and the sentence patterns needed for the next task.

A useful vocabulary record contains more than an English term and its translation. Students can add a short definition, a common combination, an example sentence, and an accessible

paraphrase. For symptom, the record might include describe a symptom and "The patient described several symptoms." For intermittent, it could include intermittent discomfort and the paraphrase "coming and going." These entries show how a word participates in a message rather than treating it as an isolated label.

4.2 Linking technical terms to audience

Students should also practise choosing expressions for different listeners. A professional summary might use dyspnea, while a patient-facing question may use shortness of breath. The instructional goal is to develop awareness of audience and clarity, rather than to establish a universal preference for one expression. Learners should consider whether the listener understands the terminology and whether clarification is needed. A successful response can preserve the intended meaning while using language appropriate to the situation.

Word-part analysis can support selected items. Teachers may use cardiology and cardiovascular to illustrate a recurring element, while explaining that recognizing a component does not guarantee a complete definition. Students should verify the meaning of the whole expression through a suitable dictionary or course text. Likewise, pronunciation work should combine listening, attention to stress, and use in short phrases. The target is intelligibility in the task; pronunciation practice should help students communicate a term without consuming the entire lesson.

4.3 Moving from guided practice to interaction

Guided practice should require learners to make decisions about meaning and use. A matching exercise can connect expressions with concise definitions, followed by sentence completion that tests a relevant combination. For instance, students choose between take a medical history and do a medical history, then use the preferred expression in a short description of an interview. The teacher explains that learning a professional noun includes learning the verbs and grammatical patterns that commonly accompany it.

Sentence-building activities can gradually remove support. Learners first arrange supplied words, then complete a frame, and finally produce a sentence from a brief note. A note such as "cough; three days; worse at night" can lead to "The patient has had a cough for three days, and it is worse at night." Different accurate versions should be accepted. Assessment should reward preserved meaning and appropriate expression rather than agreement with a single model sentence.

An information-gap interview gives this vocabulary a communicative function. One learner receives a fictional patient card, while a partner receives a blank history form. The interviewer must ask questions to complete the missing information, and the patient answers without showing the card. Roles then change. The teacher listens for the target expressions and notes examples for feedback. Such tasks should use invented cases so that participation does not require students to disclose personal health information.

4.4 Case presentation and consultation tasks

A case presentation transfers vocabulary from question-and-answer interaction into organized

reporting. Students receive a short fictional case and prepare a one-minute summary covering the presenting concern, relevant history, and information still needed. A simple model is: “The patient reports intermittent discomfort. The symptoms began two days ago. Further details about the duration of each episode are needed.” The activity assesses how learners organize and communicate supplied information; it does not require independent diagnosis.

A consultation task can then distribute information between two students acting as colleagues. One summarizes the case, while the other asks for clarification using expressions such as “Could you clarify the main concern?” or “What additional information is available?” After feedback, pairs repeat the exchange with a new case. The second attempt provides a chance to apply corrections while retaining the communicative purpose. Removing a sentence frame or shortening preparation time should depend on readiness rather than a fixed expectation that every learner progresses at the same rate.

4.5 Review and independent practice

Review should revisit the target vocabulary through changing tasks. A teacher might introduce expressions in one lesson, revisit them in the following lesson, and include them in a later case activity. These intervals are an illustrative planning choice, not an experimentally established schedule. The task can progress from recalling a definition to completing a phrase and then producing a brief spoken response. This makes review relevant to the eventual communicative objective instead of limiting it to repeated translation.

Digital flashcards can support this sequence when their design requires an answer before the model appears. A card might present “Ask about when the symptom began” and invite a spoken question. Another can provide a short definition and request the relevant term. Audio examples are useful when students subsequently say the word in a phrase. Where devices or connectivity are limited, paper cards and pair questioning can preserve the same retrieval function. The learning task should determine the choice of technology.

5 Assessment and Feedback

The proposed assessment framework distinguishes three dimensions. Receptive knowledge concerns understanding a term in a short text or recording. Controlled productive knowledge concerns supplying a suitable word or expression with some support. Communicative use concerns selecting and employing vocabulary to complete a meaningful task. A learner may perform differently across these dimensions, so a single translation score should not be interpreted as evidence of complete terminological competence.

For a spoken interview or case presentation, teachers can rate four criteria separately: accuracy of meaning, appropriateness of word combinations, intelligibility, and completion of the communicative task. A proposed four-point scale ranges from 0, where the criterion is not demonstrated, to 3, where it is demonstrated independently and consistently within the task. The maximum total is 12. These descriptors are a classroom proposal requiring piloting and refinement; they are not a validated measurement instrument or a universal pass standard.

Feedback should identify a specific problem and provide an opportunity to act on it. If a learner selects an unsuitable verb, the teacher can model the expression and ask for a revised sentence. If vocabulary is accurate but the message is incomplete, feedback should address the

missing information. Students can maintain a short error log containing the original attempt, a correction, and a new example. A later activity should revisit these items so that feedback becomes part of learning rather than an endpoint after grading.

6 Discussion

The framework treats terminology as a component of professional communication. Its main design proposition is that vocabulary selection, classroom interaction, and assessment should share a common objective. When students learn expressions for a patient interview, subsequent activities should require them to ask relevant questions and summarize responses. A final test consisting only of unrelated word definitions would provide incomplete evidence of achievement. Alignment makes the intended outcome explicit and helps teachers decide which activities deserve limited classroom time.

The approach also identifies a productive role for the first language. A brief translation can clarify an unfamiliar concept efficiently, especially when students already know that concept through subject study. Translation should then lead into an English definition, phrase, or task. The pedagogical concern is whether students can subsequently understand and use the expression. Insisting on an English-only explanation regardless of comprehension may consume time without resolving the difficulty, whereas remaining entirely at the translation stage may leave communicative needs unaddressed.

Several implementation challenges require attention. Mixed-proficiency groups may need common core vocabulary alongside optional extension items. Less confident learners can use question prompts, while more proficient peers receive additional information to clarify or summarize. Subject knowledge also varies, so language teachers should avoid assuming that every student understands a clinical concept simply because its terminology appears in the syllabus. Collaboration with a medical subject teacher can help check the accuracy and curricular suitability of selected examples.

The framework has important limitations. Its source base is small and purposively selected, and its instructional activities have not been evaluated with a student sample. Evidence supporting a general learning technique cannot be treated as proof that the whole proposed model improves medical English. Furthermore, a polished classroom presentation may reflect rehearsal rather than flexible use. Assessment therefore needs an unfamiliar but comparable task and a later check of retention if teachers wish to examine transfer and durability.

Future research could compare two groups receiving similar target vocabulary, instructional time, and teacher support, while varying the organization of practice. Baseline assessment, immediate testing, and delayed testing would help distinguish initial learning from retention. Spoken tasks should be rated against clear descriptors, ideally by more than one assessor. Reporting participant characteristics, attendance, task materials, and scoring procedures would make the findings easier to interpret. Until such evidence is available, the framework should be presented as a plausible instructional proposal with practical applications rather than a demonstrated solution.

7 Conclusion

Specialist terminology instruction should help learners connect professional meanings with

purposeful language use. For medical students, knowing an English equivalent is only one part of this process. Learners also need to understand expressions in context, select suitable combinations, pronounce them intelligibly, and adapt their wording to patients or professional colleagues. The proposed framework addresses these requirements through needs-based selection, contextual presentation, guided production, communicative tasks, and opportunities for delayed recall.

The article contributes an integrated sequence and a classroom assessment proposal, illustrated through original medical English activities. Its practical implication is that teachers can organize vocabulary teaching around what students must accomplish with language, then collect evidence of understanding and use through complementary tasks. Because the article reports no intervention or learner data, the effectiveness of the complete sequence remains an open empirical question. Classroom piloting and transparent evaluation are necessary before stronger outcome claims can be justified.

Declarations

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