

DEVELOPING COMMUNICATIVE COMPETENCE IN MEDICAL STUDENTS THROUGH TASK-BASED MEDICAL ESP INSTRUCTION

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Abstract: The demand for effective communication between doctor and patient is increasing, making communication skills important especially medical field. English language was often being taught with traditional teaching method which focuses mainly grammar and reading comprehension, without exposure to real-life communication practice. This study highlights the benefits of Task-Based Language Teaching (TBLT) in a Medical English for Specific Purposes (ESP) course on improving students' speaking skills in medicine. This study consists of 40 medical students and data was collected pre and post speaking evaluation, through interviewing student and observing their classroom. This study concludes that through TBLT method medical students are more likely to improve their communicative competence and perform better in real-life clinical situations.

Keywords: ESP in medicine, TBLT, medical students, communicative competence

Introduction

Nowadays, being able to communicate effectively has become important in foreign language education. In medicine also communication skill is a professional necessity together with linguistic skill. Speaking precisely with empathy are being required from doctors while interacting with patients. That said, English classes still focuses on mainly grammar instructions and reading and translating academic texts, with limited emphasis on real-world communication. Medical English is one of the branch English for Specific Purposes (ESP) that helps students to develop their language skills in professional medical education. However, traditional teaching methods can be the sources that fail to meet medical student's need while interacting in patient consultations, medical briefing and case study discussions.

In that case, Task-Based Teaching approach can be practical alternative. By exposing students in meaningful real-life tasks in professional situations, TBLT may stimulate students' communicative ability more efficiently rather than traditional methods only.

The aims of this study to find out the outcomes of using task-based Medical ESP instructions in fostering students speaking skills in medicine.

The research questions:

1. Is the Medical ESP instruction is helpful for enhancing student's communicative abilities?
2. Which components of communicative competence show the most significant improvement?
3. What do student think about task-based instruction in Medical ESP course?

LITERATURE REVIEW

English for Specific Purposes emerged to meet students' academic and professional needs. Hutchinson and Waters (1987) states that ESP is not a product but a method that focuses on students' goal for learning. Dudley-Evans and St. John (1998) also highlights that ESP course need to be created and designed based on learners' need and target professional contexts.

Medical ESP is a branch that focuses on professional documentation, terminology for medicine and doctor-patient communication.

Hymes (1972) introduced the concept of communicative competence and Canale and Swain (1980) who identified four components further expanded this concept:

1. Grammatical competence
2. Sociolinguistic competence
3. Discourse competence
4. Strategic competence

In Medical ESP, communicative competence is the ability to give an explanation of diagnoses clearly, ask appropriate questions with proper responding to patients and showing empathy.

Task-based language teaching

Task-Based Language Teaching is based on communicative language teaching principles and emphasizes authentic, goal-oriented activities. Unlike traditional instruction that focuses on forms, TBLT prioritizes meaningful communication and encourages learners to use language as a tool for practical goals. The main idea of TBLT is that language acquisition happens more effectively when learners interact purposefully instead of just practicing grammar in isolation.

In Medical ESP, TBLT is especially relevant because medical practice involves task-oriented activities. A doctor's daily tasks include interviewing patients, diagnosing illnesses, explaining treatment options, and working with colleagues. These activities can be turned into classroom tasks that mimic real clinical situations.

A typical TBLT lesson has three stages: the pre-task phase, the task cycle, and the language focus stage. In the pre-task phase, students learn about the topic and key vocabulary. During the task cycle, learners work individually or in groups to

complete a communicative task, like conducting a patient interview or discussing a medical case. The language focus stage allows students to think about their language use and receive feedback.

By repeatedly engaging with realistic tasks, students gradually build fluency, confidence, and awareness of professional language. TBLT changes the classroom dynamic from teacher-centered instruction to learner-centered interaction, which boosts student autonomy and motivation.

Methodology

This study used a quasi-experimental research design to look at how effective task-based instruction is in Medical ESP courses. The research took place at a medical university in Uzbekistan over twelve weeks. A total of forty-eight second-year medical students took part in the study. The students were split into two intact groups: an experimental group and a control group, with each group having twenty-four students. Both groups had similar English proficiency levels, which were measured by a placement test given at the start of the semester. The control group received traditional Medical English instruction that followed a standard ESP textbook. Lessons mainly focused on reading comprehension, vocabulary exercises, translation tasks, and grammar explanations. Speaking activities were limited and mostly involved controlled practice. In contrast, the experimental group received instruction based on Task-Based Language Teaching principles. The curriculum included communicative tasks that represented real medical situations. The teacher served as a facilitator, guiding students through interactive activities instead of giving long explanations. To assess communicative competence, pre-test and post-test speaking assessments were given. Students were evaluated using a rubric that looked at fluency, coherence, vocabulary range, interaction skills, and professional language use. Additionally, student perception questionnaires were given at the end of the intervention to collect qualitative data about their thoughts on task-based instruction.

PROCEDURE

The intervention lasted twelve weeks and included two ninety-minute sessions each week. At the start of the study, both groups took a speaking pre-test to evaluate their baseline communication skills in medical situations. The test involved a simulated patient interaction and a brief case discussion. During the semester, the control group followed the textbook units. Their instruction mainly focused on reading medical texts, identifying terminology, answering comprehension questions, and practicing grammar related to medical communication. In contrast, the experimental group took part in structured task-based lessons. Each lesson started with an introduction to a medical scenario, such as a patient showing symptoms of a respiratory infection. Students received minimal language input and were encouraged to use what they already knew. They then worked in pairs or small groups to simulate

consultations, discuss potential diagnoses, and suggest treatment plans. After completing the tasks, the class discussed their experiences, where the instructor offered corrective feedback and pointed out helpful language expressions. As the semester progressed, tasks became more complex, pushing students to show greater fluency and interaction skills. By the end of the twelve weeks, students could perform extended consultations with little help from the teacher. At the end of the intervention, both groups took the same speaking assessment as a post-test.

RESULT

At the start of the study, the pre-test results showed no statistically significant difference between the experimental and control groups. In medical settings, both groups showed limited fluency and interactional competence but moderate grammatical knowledge. Pupils frequently faltered, frequently used phrases they had learned, and found it difficult to carry on lengthy discussions.

Significant differences between the two groups were observed after the twelve-week intervention. Longer and more cohesive responses during simulated consultations showed that the experimental group had significantly improved their fluency. Students were able to address patient concerns, pose follow-up questions, and give organized explanations of medical conditions. They improved the accuracy and contextual fit of their use of formal language.

DISCUSSION

The results of this study show that in medical ESP settings, task-based language teaching can greatly improve communicative competence. When compared to students who received traditional instruction, students who took part in the task-based instructional program demonstrated measurable improvements in their fluency, interactional competence, and professional language use. These findings lend credence to the theoretical framework put forth by researchers studying communicative language teaching, who contend that genuine communication and meaningful interaction promote language acquisition.

Discourse competence development was one of the experimental group's most notable gains. Students improved their ability to logically organize medical consultations, starting with greetings, moving on to questioning about symptoms, and ending with suggested treatments.

The improvement of strategic competence was another significant result. When they lacked specialized vocabulary in the early sessions, many students found it difficult and often paused or switched back to their native tongue. But as the intervention went on, students started using communication techniques like asking for clarification, paraphrasing, and checking for accuracy. This implies that task-based learning promotes adaptive communicative behavior in addition to enhancing language proficiency.

The control group, on the other hand, primarily improved in vocabulary recognition and grammatical accuracy. Despite being crucial parts of communicative competence, these factors did not always result in better interactive performance. This result draws attention to a significant drawback of form-focused training in ESP contexts, where professional communication necessitates the use of spontaneous language.

CONCLUSION

The current study looked at how medical students taking a Medical ESP course developed their communicative competence in relation to task-based language teaching. The results show that task-based learning can greatly improve students' professional vocabulary use, discourse organization, fluency, and interactional skills. The task-based approach gave students more meaningful opportunities to participate in real-world medical communication scenarios than traditional textbook-based instruction did.

The experimental group's improvement highlights how crucial it is to match language training with professional practice. Medical students need to be able to use language skills dynamically in clinical settings; they need to know more than just the words. Task-based instruction creates a learning environment that reflects the communicative demands of the real world by modeling real-world doctor-patient interactions and case discussions.

The study also emphasizes the educational benefits of learner-centered approaches in ESP settings. Students gain confidence and independence as language users when they actively engage in role-playing and problem-solving exercises. In medical settings, where compassionate and transparent communication can have a direct impact on patient outcomes, this boosted confidence is especially important.

The results suggest that in addition to traditional language instruction, Medical ESP curricula should include structured task-based activities. University instructors and curriculum designers should think about updating the course materials to incorporate interactive communication exercises, group case analyses, and simulated consultations.

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