PROBLEM-BASED LEARNING IN MEDICAL ENGLISH: DEVELOPING PROFESSIONAL COMMUNICATIVE COMPETENCE

Nasimova Shahnoza Ziyodullayevna
An ESP teacher
Tashkent State of Medical University
The department of Uzbek and foreign languages №1

Abstract. This thesis examines the potential of PBL for developing future physicians' communicative competence in Medical English. Drawing on established work in communicative competence, English for Specific Purposes, medical communication, and PBL, the paper argues that clinically oriented problem situations create meaningful conditions for purposeful language use. The paper concludes that PBL can provide an effective methodological bridge between Medical English instruction and the communicative demands of professional medical practice, particularly in the development of dialogic speech.

Keywords: Problem-Based Learning, English for Medical Purposes, Medical English, communicative competence, professional communication, future physicians, dialogic speech.

Introduction. Effective communication is central to medical practice. Physicians must obtain information, explain conditions, negotiate decisions, provide recommendations, and interact with patients and colleagues. Consequently, English for Medical Purposes (EMP) cannot be reduced to the acquisition of medical terminology or grammatical accuracy. It should prepare learners to use English appropriately and purposefully in professional contexts.

This understanding corresponds with the development of communicative competence theory. Hymes (1972) shifted attention from purely structural knowledge toward the appropriate use of language in social

contexts, while Canale and Swain (1980) conceptualized communicative competence as a multidimensional construct. Later, Celce-Murcia et al. (1995) incorporated linguistic, discourse, sociocultural, actional, and strategic dimensions, providing a particularly useful framework for professionally oriented language education. Within English for Specific Purposes, the importance of contextualized professional communication has been increasingly recognized. Ferguson (2012) notes that EMP encompasses both language education for healthcare professionals and research into communication in medical settings. Salager-Meyer (2014), in her review of the development of EMP, similarly demonstrates that medical English has developed as a specialized area of applied linguistics concerned with the particular discourse demands of medicine.

Main part. PBL is characterized by learning through complex problems that require learners to activate prior knowledge, identify learning needs, investigate information, and collaboratively construct solutions. In medical education, students typically work in small groups under the guidance of a facilitator, followed by individual study and subsequent discussion of the problem.

The effectiveness of this process is not simply attributable to the presence of a “problem”. Schmidt, Rotgans, and Yew (2011) argue that PBL promotes learning through the activation of prior knowledge and opportunities for elaboration within small-group interaction. Dolmans et al. similarly emphasize the constructive, self-directed, collaborative, and contextual nature of PBL.

These characteristics make PBL particularly relevant to EMP. A clinical case can function simultaneously as a “medical learning problem and a communicative language task”. For example, students presented with a patient experiencing chest pain may need to ask follow-up questions, discuss possible diagnoses, interpret clinical information, and explain their reasoning in English.

The language is therefore not an additional exercise surrounding the medical content; it becomes the medium through which the problem is investigated.

Results. Pedagogical Implications. The integration of PBL into Medical English requires carefully designed clinical problems that are appropriate to both learners' medical knowledge and their English proficiency. Rather than providing predetermined dialogues, teachers can create situations containing incomplete or conflicting information that require students to communicate in order to reach a solution. A PBL-based EMP cycle can therefore be conceptualized as:

Clinical problem → group discussion → identification of information gaps → individual investigation → collaborative discussion → clinical solution → reflection and language feedback. This structure allows Medical English to function as a "professional communication tool". It also corresponds with evidence that communication training in healthcare can contribute to communication performance and professional self-efficacy (de Sousa Mata et al., 2021).

However, PBL should not be interpreted as automatically producing effective language learning. The design of the problem, teacher facilitation, linguistic support, group interaction, and assessment criteria are crucial. Schmidt et al. (2011) emphasize that the effectiveness of PBL depends on the mechanisms through which learners engage with problems and elaborate knowledge.

Conclusion. Problem-Based Learning offers a theoretically grounded approach to integrating Medical English with professional communication. For future physicians, the greatest value of PBL may therefore lie not simply in increasing medical vocabulary or general speaking fluency, but in developing the ability to use Medical English dialogically and purposefully in professional situations. The integration of PBL with communicative competence theory

provides a promising theoretical foundation for developing problem-based clinical tasks aimed specifically at future physicians' dialogic speech.

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