

Assessing Language Proficiency in Medical English Among Medical University Students: Challenges and Solutions

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Abstract

Assessing language proficiency is essential in the acquisition of a foreign language. For example, in general English, there are certain standards that help evaluate English proficiency. However, it would not be a proper assessment if the same standards were used to test medical English proficiency. Language proficiency in medical English is a critical yet complex skill for medical students, particularly those studying in non-English-speaking countries. This paper explores the possible challenges students face in acquiring medical English and proposes solutions for effective assessment. The study employed both qualitative and quantitative methods, combining surveys, proficiency tests, and interviews. The findings highlight common difficulties such as medical jargon, listening comprehension, and academic writing that students face while acquiring medical English, as well as challenges in assessment test validity, domain-specific vocabulary, and communication skills. The study also suggests tailored assessment methods and pedagogical strategies to enhance medical English proficiency.

Keywords: Medical English, language proficiency, assessment, medical students, ESP (English for Specific Purposes).

Introduction

A globalized world demands continuous learning and constant updates to knowledge. As in every field, medical personnel need to update their knowledge, and one key to this is being proficient in medical English. Medical English is essential for medical students who aim to work in international settings or use medical articles in English. However, assessing language proficiency in medical contexts presents unique challenges. Measurements that test general English may not provide an accurate score for specialized vocabulary, communicative competence in the medical field, and the critical thinking required in medical interactions. This paper examines these challenges and explores solutions tailored to the medical field.

Methods

The mixed-methods approach was used to assess the proficiency of medical students in English. The study involved 60 first-year medical students from the Tashkent Pediatric Institute.

- **Instruments:**

- A standardized medical English proficiency test (based on Occupational English Test – OET, 2025)
- A student survey on perceived difficulties in learning medical English
- Semi-structured interviews with 20 students to explore learning challenges in depth

- **Procedure:** The proficiency test and surveys were administered online. Interviews were conducted face-to-face.

- **Data Analysis:** Quantitative data were analyzed using descriptive statistics, and qualitative data were coded to identify key themes.

Results

Table 1: Performance of Students in Medical English Proficiency Test (n=60)

Proficiency Area	Average Score (%)	Standard Deviation
Medical Vocabulary	72	8.5
Listening Comprehension	65	10.2
Reading Comprehension	78	7.1
Writing (Case Reports)	60	9.8
Speaking (Doctor-Patient)	58	11.3

- **Strongest Areas:**

Reading Comprehension (78%) had the highest average score, indicating that students were relatively proficient in understanding written medical texts. The standard deviation (7.1) suggests that most students performed consistently in this area.

Medical Vocabulary (72%) also showed a solid performance, meaning students had a good grasp of medical terminology. However, a standard deviation of 8.5 suggests some variability in individual performance.

- **Moderate Challenges:**

Listening Comprehension (65%) was lower than reading and vocabulary, indicating that students faced difficulties understanding spoken medical English. The higher standard deviation (10.2) suggests significant differences in students' listening abilities, possibly due to exposure to different accents and speech speeds.

- **Major Challenges:**

Writing (Case Reports) (60%) had a relatively low average score, suggesting that students struggled with structuring and expressing medical information in written form. The standard deviation (9.8) indicates considerable variability in students' writing proficiency.

Speaking (Doctor-Patient) (58%) had the lowest average score, highlighting difficulties in verbal communication, particularly in medical consultations. The highest standard deviation (11.3) suggests that some students were significantly weaker than others, possibly due to a lack of confidence or limited speaking practice.

Survey and interview data revealed key challenges:

- **Medical Terminology Overload:** Many students struggled with memorizing and correctly using medical terminology in class discussions, during activities, or while giving presentations.
- **Listening Difficulties:** Accents and fast-paced speech from medical professionals posed comprehension issues.
- **Writing Challenges:** Structuring case reports and clinical notes was difficult due to complex grammar, vocabulary usage, and technical language.

Assessment of Medical English Proficiency

An effective evaluation should consist of five key standards: reliability, validity, practicality, authenticity, and washback (Brown, 2004). For instance, a valid assessment ensures that a medical English test accurately measures a student's ability to use medical terminology and communicate effectively, rather than just their general English skills. Therefore, frameworks like IELTS or CEFR are not suitable assessment tools for medical institutions. The assessment should accurately evaluate the knowledge and skills covered in the lecture or class (Giménez, 1996). Transitioning from traditional written exams to competency-based evaluations that incorporate real-world activities, such as patient consultations and medical presentations, fosters practical skill development.

References

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