



INTERCULTURAL ASPECT OF TEACHING MEDICAL ENGLISH IN THE CONTEXT OF GLOBALIZED EDUCATION

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Abstract: The article considers the theoretical and methodological foundations of integrating the intercultural aspect into teaching medical English in the context of globalized education. It is emphasized that proficiency in English in the medical field goes beyond mastering lexical and grammatical skills and requires the development of intercultural competence in students, ensuring effective interaction in multilingual and multicultural professional teams. The methodological basis of the study includes the analysis of domestic and foreign scientific works on intercultural communication (Byram, Kramsch, Deardorff, etc.), a comparative study of the curricula of medical universities in different countries, as well as modeling of pedagogical situations reflecting the peculiarities of communication between a doctor and patients of different cultural traditions. The study revealed three key dimensions of the intercultural aspect: linguistic-pragmatic, ethical and pedagogical. It was found that medical terms and concepts often have culturally conditioned differences, which leads to the need for their additional explanation in the learning process; the doctor's communicative strategies vary depending on the cultural context; Multinational environment in classrooms promotes tolerance and development of intercultural skills in students.

Keywords: Medical English; Intercultural competence; Globalized education; Communication strategies; Professional training; Medical discourse; Pedagogical methodology; Intercultural communication.

Introduction

Modern higher education is developing in the context of intensive globalization, which is accompanied by the expansion of academic mobility, integration of scientific research, activation of international educational projects and transnational cooperation. In these conditions, English serves as a universal means of professional communication, providing access to global scientific resources, participation in international conferences, joint publications and implementation of clinical internships. English is becoming especially important in the medical field, where it is used as the language of scientific discourse, interprofessional interaction and clinical-patient communication. However, simple knowledge of English terminology and grammatical structures does not guarantee successful interaction of a future doctor in a multicultural society. A doctor who speaks English must be able to take into account cultural differences in the perception of the disease, treatment and medical ethics, and also be able to adapt communication strategies to a specific cultural context. For example, in some countries it is customary to directly inform the patient about an unfavorable prognosis, while in other cultures such information is transmitted exclusively through relatives. Thus, the formation of intercultural competence becomes an integral part of the training of a specialist in the field of medicine. Scientific research in the field of linguodidactics

and intercultural communication (Byram, 1997; Kramsch, 2013; Deardorff, 2020; Hymes, 1972; Canale & Swain, 1980) show that successful teaching of a foreign language is possible only with the inclusion of a cultural component, which allows not only to assimilate the language system, but also to understand the features of its functioning in real social and professional situations. In this regard, the teaching of medical English should be based on the integration of linguistic, professional and intercultural factors.

Medical discourse, being one of the most specialized forms of professional communication, is particularly sensitive to cultural differences. Medical terms, concepts, as well as the style of communication between a doctor and a patient and colleagues vary depending on the cultural context. This makes it necessary to use authentic materials in the educational process that reflect international medical experience: clinical protocols, scientific articles, videos, feature films and documentaries on medical topics. Thus, the relevance of the study is determined by the objective need to develop not only linguistic but also intercultural competence in medical students, allowing them to be ready for professional activity in the context of a globalized educational and clinical space. This article is aimed at identifying and providing theoretical and methodological substantiation of the intercultural aspect in teaching medical English, as well as analyzing its role in the training of future specialists.

Methods

The methodological basis of the study was an integrated approach, including theoretical analysis, comparative study of educational programs and modeling of pedagogical situations.

Firstly, a review of scientific literature was conducted, including the works of domestic and foreign researchers on intercultural communication, pedagogy and methods of teaching foreign languages (Byram, 1997; Kramsch, 2013; Deardorff, 2020; Hymes, 1972; Canale & Swain, 1980). Particular attention was paid to works devoted to the cognitive-discursive analysis of the formation of professional foreign language competence (Israilov, Israilova, 2025), as well as studies of the use of authentic materials and innovative technologies in teaching medical English (Israilova, 2024; 2023).

Secondly, the method of comparative pedagogical analysis was used. It compared the curricula and programs of medical universities in Uzbekistan, Great Britain, Germany and India. This made it possible to identify the extent to which the intercultural component is integrated into the Medical English courses and how students are trained for intercultural professional communication.

Thirdly, the case study method was used. Scenarios of real educational and clinical situations reflecting intercultural differences in the perception of the disease, ethical standards and communication strategies of the doctor were modeled in the format of role-playing games and analysis of medical cases. This approach made it possible to trace how students master the skills of intercultural interaction when solving professional problems. In addition, elements of content analysis of educational materials (authentic clinical protocols, scientific publications, feature films on medical topics) were used, which made it possible to identify the lexical, pragmatic and cultural features of medical English discourse. Thus, the combination of analytical, comparative and practice-oriented approaches ensured the comprehensiveness of the study and made it possible to consider the intercultural aspect of teaching medical English from different points of view - theoretical, pedagogical and applied.

Results



An analysis of scientific sources, educational programs and teaching practices allowed us to identify three key dimensions of the intercultural aspect of teaching medical English: linguistic-pragmatic, ethical and pedagogical.

1. Linguistic-pragmatic dimension

A study of authentic medical materials (clinical protocols, scientific articles, educational resources) showed that many terms and concepts in medical English have culturally determined differences. For example, the concepts of informed consent and terminal care are interpreted differently depending on the national healthcare system and legal framework. This means that teaching medical English should be accompanied by explanations of not only linguistic meanings, but also the cultural contexts in which they function.

2. Ethical dimension

A comparative analysis of educational programs and modeling of clinical cases revealed that cultural differences significantly affect medical communication. In English-speaking countries, directly informing the patient about the diagnosis is considered an obligatory element of medical ethics, while in a number of Asian societies, the discussion of the prognosis of the disease is carried out through relatives or in a veiled form. Thus, teaching students medical English should include training in flexible communication strategies that allow taking into account ethnocultural norms when interacting with patients from different countries.

3. Pedagogical dimension

In the context of a multinational audience of medical universities, teaching medical English takes on an intercultural character. Role-playing games, simulation classes and project work have shown that joint completion of tasks by students from different cultures contributes not only to the assimilation of terminology, but also to the formation of tolerance, teamwork skills and respect for cultural diversity. The practice of using authentic materials (film fragments, video recordings of clinical interviews, cases of international medical organizations) has proven highly effective in the formation of both linguistic and intercultural competence.

Discussion

The obtained results confirm that the formation of intercultural competence is an integral part of teaching medical English. This is consistent with the concept of intercultural communicative competence developed by M. Byram (1997), in which language proficiency is considered not only as the acquisition of a lexical and grammatical system, but also as the ability to successfully interact in conditions of cultural diversity.

A comparison with the studies of K. Kramersch (2013) shows that language in the educational process should be treated as a “symbolic center of culture”, which means that teaching medical English is impossible without taking into account the cultural contexts in which medical concepts and practices function. A similar approach is also supported by the works of D. Deardorff (2020), who emphasizes the importance of integrating an intercultural component into the structure of professional training.

Classical models of communicative competence (Hymes, 1972; Canale & Swain, 1980) also reflect the need to take into account social and cultural norms that determine the use of language in specific contexts. In medical discourse, this is especially evident: communication styles between doctors and patients, the ethics of interaction, and the interpretation of medical terms directly depend on the cultural context. However, the implementation of an

intercultural approach faces a number of difficulties. Firstly, not all teachers of medical English have sufficient intercultural training and experience working with a multinational audience. Secondly, the methodological support for this area remains limited: textbooks and manuals rarely present cases that reveal cultural differences in medical practice. Thirdly, there are no uniform standards for assessing students' intercultural competence, which complicates monitoring its development and integration into the final certification system. A comparative analysis of educational programs of medical universities in Uzbekistan, Great Britain, Germany and India showed that in most cases the intercultural component is included fragmentarily, and its implementation depends on the initiative of individual teachers. This indicates the need for an institutional approach: the development of standard programs that include intercultural tasks and assessment tools, as well as the organization of advanced training for teachers.

Thus, the results obtained confirm that the intercultural aspect of teaching medical English is not an auxiliary, but a system-forming factor on which the quality of training specialists in the context of globalized education depends.

Conclusion

The conducted study confirmed that in the context of globalized education, teaching medical English should go far beyond the traditional lexical and grammatical approach. It should be based on a holistic methodological model that includes the formation of students' language knowledge and intercultural competence necessary for successful professional communication in the international environment.

Firstly, the analysis showed that the linguistic and pragmatic aspect plays a key role in mastering medical English. Terminology and concepts that have cultural specificity require deep contextual explanation. Their study in isolation from the cultural and legal field leads to distortion of meaning and misunderstanding in interprofessional communication. Thus, teaching medical English should include systematic work with authentic sources - international clinical protocols, scientific publications, multimedia materials.

Secondly, it was revealed that the ethical dimension of medical communication varies significantly depending on cultural traditions. It is especially important for medical students to understand the differences in approaches to interaction with the patient: from direct information to indirect communication through the family. This requires the introduction of special methods into the educational process that form the ability of future specialists to adapt their own communication strategies to the cultural expectations of the patient.

Thirdly, it was found that the pedagogical dimension of the intercultural aspect is especially effective in multinational groups, where a natural intercultural environment is formed. The use of role-playing games, simulations of clinical situations, project assignments and analysis of international cases contributes to the development of not only linguistic, but also cognitive-discursive competence, ensuring professional readiness for practical work in international teams.

The discussion showed that the integration of the intercultural aspect in the teaching of medical English corresponds to modern scientific approaches (Byram, Kramsch, Deardorff, Hymes, Canale & Swain) and reflects the trends in the development of pedagogy in the context of globalization. However, difficulties have also been identified: insufficient training of teachers, limited methodological resources, fragmented inclusion of the intercultural

component in curricula and the lack of standardized tools for its assessment. These barriers indicate the need to develop holistic methodological and organizational solutions.

Based on the conducted research, the following conclusions can be formulated:

The intercultural aspect is a system-forming element of teaching medical English and should be integrated into all levels of training of students of medical universities.

The inclusion of the intercultural component ensures the formation of students' comprehensive professional competence, combining linguistic, cognitive-discursive and ethical components.

The development of intercultural competence is directly related to the use of authentic materials, innovative technologies (including VR simulators and multimedia resources) and practice-oriented teaching methods.

The successful implementation of the intercultural approach requires advanced training of teachers, the development of standard curricula and criteria for assessing intercultural competence.

Thus, the intercultural aspect of teaching medical English in the context of globalized education should be considered a priority area of methodological work and scientific research. Its implementation will allow the formation of a new generation of specialists with high professional mobility, cultural sensitivity and readiness to work in an international medical environment.

Prospects for further research are related to the development of comprehensive didactic models that will integrate the intercultural component into Medical English courses at all levels of training, as well as the creation of international standards for diagnosing and assessing the level of intercultural competence of students.

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