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DEVELOPING AN A1-LEVEL MEDICAL ENGLISH COURSEBOOK FOR UZBEK LEARNERS: AN ESP-BASED PEDAGOGICAL MODEL

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In many medical universities, beginner learners often feel a gap between the English they learn in class and the language used in real hospital settings. Students often mention that they can remember grammar rules or individual words, but they struggle to use them when speaking to patients, teachers, or classmates during medical practice. Even simple phrases – such as “Please roll up your sleeve for the injection” – can feel challenging to say in real situations. In Uzbekistan, this challenge is common because most medical students start with very basic English and have limited opportunities to practice professional (medical) communication at an early stage. When they suddenly face hospital-based tasks, many students feel unsure about what to say and how to say it. This highlights the need for beginner-friendly materials that introduce hospital language in simple and realistic ways. The coursebook A1-Level Medical English which we have prepared responds to these challenges by carefully selecting and sequencing language aspects which help learners build professional communication from the earliest stages. The purpose of the book is not only to provide medical vocabulary at a beginner level, but to help students feel that English is connected to their real professional identity. From the first pages, learners meet authentic dialogues such as “I am a new medical student” or “The pharmacy is on the first floor”, which immediately place them inside the hospital environment they will work in. This human-centered, context-based approach reduces fear and builds confidence. The book follows ESP principles but adapts them to the local Uzbek context, making the learning experience both accessible and meaningful for A1-level students.

The structure of the coursebook is intentionally simple yet professionally oriented. Throughout sixteen thematic units, the book introduces essential grammar and vocabulary through real-life hospital situations. Instead of teaching grammar seperately, structures such as a/an, plurals, to be, WH-questions, demonstratives, and imperatives are included naturally into meaningful sequences. For example, learners study the use of “a” and “an” through medical tools they see every day—a stethoscope, a thermometer, an inhaler, an oxygen mask. Plural forms are introduced not through abstract examples but through familiar objects such as patient records, hospital gowns, medical gloves, and blood samples that learners always see in clinical practice. This approach helps grammatical patterns make practical and meaningful rather than being restricted with theoretical rules.

Communication plays an important role throughout the book. In the “First Day in the Hospital” dialogue, students enter a simple and real hospital scene. A receptionist says, “Good morning. Can I help you?” and a nurse asks, “Do you know your department?” or “Do you need any help?” The language is very basic, but it matches real conversations in a hospital. Students can see themselves in these situations, which builds confidence and makes English learning closer to their future work. Another important component is the Patient Profile unit. Here, learners practice simple WH-questions that medical staff normally ask patients, such as “What is your full name?”, “When is your date of birth?”, “What is your address?”, “How old are you?”, “What is your blood type?”, “Where do you feel pain?”, and “What medicines do you take?”

While completing the activity, students collect realistic patient information including phone number, marital status, temperature, weight, height, and allergies. Beginners often avoid asking questions in English, but this unit shows them how simple and natural these structures can be in real hospital settings. As a result, students feel more confident and begin using WH-questions more actively. Also, imperatives, which are essential for medical communication, are taught through practical instructions. Instead of general classroom examples, the book provides authentic phrases such as “Roll up your sleeve”, “Take a deep breath”, “Please lie down”, “Don’t move!”, “Open your mouth”, “Show me your hand”, and “Check for a pulse.” These short commands help learners understand how medical staff communicate during basic examinations and procedures. The vocabulary related to medical equipment – stretcher, wheelchair, oxygen mask, thermometer, gloves, bandages – is practiced again through simple demonstratives. Learners work with clear A1-level patterns like “This isn’t a bed. It’s a stretcher.”, “Is this a thermometer?”, “Are these gloves?”, “Those are bandages.”, and “That is an oxygen mask.” Students then work with real or model objects in the simulation room, learning to use them naturally, which makes the practice more meaningful, realistic, and connected to actual clinical settings. A notable strength of the coursebook is the Basic English section. Many medical students struggle not because medical terms are too advanced, but because foundational English knowledge is missing. This section thoughtfully includes numbers, colors, body parts, everyday verbs, irregular plurals, months, and time expressions. Although these topics are simple, they form the essential foundation without which medical English becomes overwhelming. By giving students a chance to review basics, the coursebook demonstrates a deep understanding of beginner learners’ needs and ensures that no student falls behind.

To conclude, the A1-Level Medical English Coursebook is more than a vocabulary list or grammar guide; it is a pedagogical bridge that connects beginner English learning with real medical communication. Its clear structure, culturally appropriate explanations, and realistic hospital scenarios make it highly effective for Uzbek learners who may feel unprepared for English-medium professional tasks. By grounding grammar in authentic contexts, integrating speaking tasks, and providing a foundational Basic English section, the book creates a learning environment where even A1-level students can interact confidently and meaningfully. Its human-centered approach, simple explanations, and repeated exposure to real hospital language help students build both competence and confidence. As a result, the coursebook serves as a valuable model for future materials in medical English and other specialized fields, demonstrating that even the earliest stages of language learning can – and should – be deeply connected to the learner’s future profession.

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