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Enhancing Oral Proficiency and Medical Communication in Medical English for Non-Native Speakers through Collaborative Strategies: A Case Study at Grigol Robakidze University

Lamara Kadagidze
Dr. of Education Sciences, Professor
Grigol Robakidze University, Tbilisi, Georgia

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Abstract

The research presented herein explores the effectiveness of a collaborative teaching approach in enhancing oral proficiency and medical communication in Medical English for non-native speaker students. A case study was conducted at Grigol Robakidze University (GRUNI) with first-year Medical Program (MP) students enrolled in a Medical English course, delivered through a partnership between a non-native speaker instructor and a native English language expert. Unlike a completely new initiative, this course was designed as a continuation of Medical English I, addressing the specific challenges identified during the previous semester. Students had already received prior instruction in Medical English, and their needs were carefully analyzed before implementing the revised course. The research employed a mixed-methods approach, utilizing surveys and interviews to evaluate students' progress, satisfaction, and perceptions of the course. Quantitative data focused on students' self-assessed proficiency levels and confidence, while qualitative feedback provided deeper insights into their learning experiences. Results indicated significant improvements in students' confidence and proficiency, with 60% reporting high confidence in presenting

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medical topics in English after the course. The collaborative teaching model, combining native and non-native instructors, was highly regarded by students (80% considered it very effective). Additionally, students identified reading academic texts and improving oral presentation skills as the most beneficial aspects of the course. The study highlights the value of integrating diverse teaching methodologies to enhance both linguistic skills and communication strategies in medical contexts. Based on student feedback, recommendations include increasing interactive learning opportunities such as role-playing exercises and peer-led discussions to further engage students in real-world medical scenarios.

Keywords: Medical English, collaborative teaching, language proficiency, healthcare communication

Introduction

The importance of proficiency in Medical English has grown significantly in today's globalized healthcare environment, as medical professionals are increasingly required to communicate effectively in English. This is especially true for non-native speaker students, who often face unique challenges in mastering both the linguistic and communicative aspects of medical language (Meuter et al., 2015; Ismaiel et al., 2023). Medical English encompasses a wide range of language skills, including specialized vocabulary, syntax, and communication strategies used in doctor-patient interactions, professional exchanges among healthcare providers, and academic medical literature. The ability to effectively convey complex medical information in English is critical not only for academic success but also for future professional practice.

Despite its significance, teaching Medical English to non-native speakers is a challenging endeavor due to the breadth of topics covered and the specific communication needs within the medical field. Traditional teaching approaches often focus primarily on vocabulary acquisition or basic language skills, neglecting the need for students to develop effective communication strategies in real-world medical scenarios (Fakoya et al., 2023). The proposed study aims to explore the effectiveness of a collaborative teaching approach, where both native and non-native speaker instructors contribute to the learning process, in improving oral proficiency and medical communication skills among non-native speaker students.

The significance of English for Medical Purposes (EMP) within the broader framework of English for Specific Purposes (ESP) has gained considerable attention in recent academic research. As Milosavljević, Vuletić, and Jovković (2015) highlight, EMP has emerged as a vital component of medical education for non-native speakers, particularly given the global

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dominance of English in medical discourse. They advocate for a curriculum that focuses on real-world situations, ensuring students can apply medical terminology and linguistic structures in professional healthcare settings. This approach emphasizes linguistic competence through content- and context-based curricula, preparing students to communicate effectively in their future roles as healthcare professionals. Their study supports the argument that a flexible, needs-based EMP curriculum is essential for addressing the varying language proficiency levels among medical students.

Building on this, Widiatmoko (2014) emphasizes the importance of conducting a comprehensive needs analysis to ensure that classroom pedagogy aligns with the specific demands of medical practice. He proposes integrating authentic materials that mirror real-world medical environments, allowing students to engage with the language in a meaningful context. By conducting thorough needs assessments, educators can identify the language skills and competencies that medical students require, facilitating the development of targeted curricula. Such an approach not only enhances linguistic proficiency but also builds students' confidence in using English in medical settings. Moreover, Widiatmoko emphasizes collaborative learning as a key pedagogical strategy, suggesting that group activities simulating teamwork in medical scenarios can develop language skills and interpersonal competencies essential for the medical profession.

The literature also emphasizes the role of collaborative strategies in fostering student engagement in medical English learning. For instance, Gvenetadze (2022) highlights the benefits of small group work and collaborative projects in improving communication skills, critical thinking, and teamwork. These insights support the creation of interactive learning environments that enable students to develop linguistic competence and the professional communication skills essential in medical settings.

Recent studies continue to highlight the effectiveness of scenario-based learning and inclusive teaching environments in EMP curricula, particularly in medical education. Kadagidze (2024) explores this through a "Professional English and Communication" course at East-West Teaching University in Tbilisi, Georgia, where structured role-plays and real-world scenarios were used to improve communication skills among medical students. Kadagidze's study demonstrated significant gains in both linguistic proficiency and student engagement, with role-plays fostering greater confidence and active participation among diverse learners. These findings resonate with Widiatmoko's (2014) advocacy for authentic, needs-based learning materials that simulate real medical contexts, as well as Gvenetadze's (2022) insights into the value of collaborative projects in cultivating communication skills and cultural awareness. Kadagidze's (2023) work underscores the importance of designing adaptable EMP courses that cater to

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diverse linguistic backgrounds while emphasizing practical, communicative competence in healthcare settings.

In a similar vein, Hekmati et al. (2020) highlight the critical language needs of medical students, including terminology, communication skills, and comprehension of medical texts. They advocate for curriculum adjustments that incorporate collaborative tasks to bridge language proficiency gaps and increase students' confidence in using Medical English in practical settings. These findings echo those of Sujana et al. (2020) and Iqbal et al. (2012), who emphasize the need for integrated English language training within medical curricula to address the gap between desired and actual English proficiency levels among medical students. This necessity extends beyond language improvement to encompass effective patient care and professional interaction, thereby making it a vital component of medical education.

The evolving landscape of EMP underscores the importance of diverse pedagogical strategies to meet the linguistic and practical needs of medical students. Doykova (2019) emphasizes the benefits of adapting EMP courses through blended learning approaches, which combine traditional instruction with digital resources to cater to varying proficiency levels and learning preferences. Her research highlights how blended learning enhances student motivation by providing varied instructional formats and supports the development of specialized vocabulary, listening skills, and familiarity with authentic medical texts. Doykova advocates for the continuous refinement of EMP curricula based on student feedback and needs assessments, ensuring that course content remains relevant and effectively prepares students for real-world medical communication. This learner-centered approach promotes language proficiency and cultivates critical thinking and problem-solving abilities essential for professional medical practice.

Karimnia and Khodashenas (2018) contribute further to this discussion by identifying a gap between students' perceived needs and existing ESP curricula, advocating for more student-centered course design. This perspective aligns with the broader educational trend toward adaptable, needs-focused instruction, as emphasized by Widiatmoko. The importance of tailoring EMP curricula to address diverse linguistic needs is further supported by studies such as Yuldasheva, Tuhtaboyeva, and Shamsiddinova (2021), who propose including authentic materials and collaborative projects to foster problem-solving and decision-making skills.

In addressing the challenges faced by instructors, Elgindi and Hoque (2022) note that novice teachers often struggle with the specialized language of medical English and unfamiliar teaching methodologies. This finding underscores the importance of professional development for EMP instructors, who must possess both linguistic and medical expertise to teach non-native speakers effectively. This pedagogical challenge reinforces the argument for

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collaboration between medical professionals and language instructors to ensure that EMP courses are both linguistically rigorous and practically relevant.

The emphasis on real-world applications, communicative approaches, and targeted language skills reflects the growing necessity for medical students to be proficient in English to succeed academically and professionally. Studies such as those by Milosavljević et al. (2015), Karimnia and Khodashenas (2018), and Widiatmoko (2014) advocate for the development of curricula that are context-driven, needs-based, and aligned with professional requirements, particularly in listening and speaking. The communicative teaching approach (CTA) emphasizes practical, interactive methods that prepare students for real-life medical scenarios. These findings resonate in studies by Pavel (2014) and Yuldasheva et al. (2021), who advocate for learner-centered strategies and diverse teaching methodologies to foster language acquisition and application.

The present article builds on these insights by proposing a collaborative pedagogical model to enhance Medical English oral proficiency and communication among non-native speakers. To examine the effectiveness of this collaborative pedagogical model, the following section outlines the research methodology, detailing the study design, participant selection, instructional framework, and assessment methods employed to evaluate students' Medical English oral proficiency and communication skills.

II. Methodology

The Medical Program (MD) at Grigol Robakidze University (GRUNI) is an English-language curriculum designed for international students, including both native and non-native English speakers. The program offers a comprehensive medical education, preparing students to navigate a global healthcare environment. The student cohort is diverse, representing various countries, which fosters a dynamic and enriching learning atmosphere. The curriculum spans several years, with all courses taught in English, ensuring that students from different linguistic backgrounds develop proficiency in medical terminology and communication within a healthcare context.

Although the program is primarily targeted at international students, GRUNI also admits a limited number of Georgian students. In the 2023-2024 academic year, 15 Georgian students enrolled in the MD program in English, comprising a small proportion of the larger cohort. This integration of Georgian students within the diverse group enriches the learning experience through cross-cultural interactions.

The inclusion of Georgian students reflects GRUNI's commitment to providing high-quality medical education while also addressing the specific needs of non-native English speakers. These students receive three terms of

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English language instruction with a focus on Medical English, which runs concurrently with their medical courses. This approach ensures that the students gain both the necessary linguistic skills and the medical knowledge required to succeed academically and professionally.

The diverse composition of the MD program cohort highlights the importance of specialized language instruction that supports effective communication in medical contexts. To enhance students' ability to articulate complex medical information, a collaborative teaching approach was introduced in the spring semester of the 2023-2024 academic year. Initial observations revealed that first-year MD students in the English-medium Medical English program struggled to maintain a medical focus in their oral presentations, often deviating toward general topics. This issue became particularly evident during the fall semester of Medical English I, as students faced challenges in selecting appropriate medical content for presentations and processing extensive academic medical texts. These students, who had already undergone national exams (with an English language exam corresponding to the B1 level of the Common European Framework of Reference for Languages (CEFR)) and received English language instruction for three terms, were preparing for more advanced coursework alongside their international peers.

To address these difficulties, a collaborative initiative was launched in the spring semester of the same academic year during Medical English II. This initiative brought together a non-native English Language Teaching (ELT) instructor specializing in foreign language teaching methodology and a native English language expert (majored in English Literature) appointed by the US Embassy under the US Fulbright English Language Assistant (ETA) Program, who served a year-long tenure at GRUNI. This collaboration emerged from the necessity to help students articulate complex medical concepts more clearly and effectively. A visiting fellow’s expertise was instrumental in refining the students’ ability to organize and deliver medical content in their presentations while also providing strategies to manage and comprehend extensive medical texts. By integrating literary analysis techniques with targeted remedial instruction, we aimed to enhance students' ability to interpret medical literature critically and present their findings with confidence.

The course itself spanned one semester (15 weeks), with 3-hour weekly sessions. The materials used were designed by the instructors based on textbooks, medical journals, and online resources, with content tailored to the students’ current academic needs. The curriculum, focusing on medical English with an emphasis on real-world communication strategies, was developed exclusively for this study and, although not fully shared, examples of authentic course materials are provided in the article below.

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A central feature of this instructional approach was the incorporation of literary analysis techniques to help students better understand complex medical texts. The visiting fellow's expertise in literature provided a unique perspective on analyzing written material, which was adapted to meet the demands of medical content. Techniques such as thematic analysis were employed to help students identify core themes within medical texts and understand their implications for clinical practice. This approach helped bridge the gap between general reading strategies and the specialized reading skills needed for medical literature. It also provided a framework for organizing and structuring oral presentations, ensuring that students remained focused on medical topics and could develop content with greater specificity.

The collaboration also included remedial instruction targeting specific skill areas identified during the first semester. The non-native ELT specialist provided targeted instruction in medical terminology and facilitated role-playing exercises simulating real-world medical scenarios, thus reinforcing students' communicative competencies in context. These exercises were designed to enhance students' ability to navigate professional medical interactions in English, which is essential in the English-medium program. At the same time, the native-speaking visiting instructor assisted students in refining their reading strategies and content development techniques, guiding them in structuring their presentations to better reflect the depth and specificity of medical topics.

By integrating these various instructional strategies, the collaborative approach addressed immediate learning needs while establishing a foundation for ongoing improvements in Medical English instruction. The co-teaching model allowed for real-time adjustments to the curriculum based on student progress and feedback, creating a dynamic learning environment responsive to the evolving demands of the course. This pedagogical framework not only supported the development of students' language skills but also fostered a deeper engagement with the content, equipping them with the tools necessary to succeed in an English-medium medical program.

The next section will explore how these strategies were practically implemented in the classroom, detailing the co-teaching sessions and student-centered activities that characterized the collaborative learning experience.

The implementation of the collaborative approach in the Medical English course at GRUNI involved a series of structured activities and methodologies designed to enhance students' understanding and use of medical terminology. This section outlines the distinct roles of each educator in the collaborative teaching model, the specific classroom activities conducted, and resources developed to support students' learning.

In the collaborative teaching model, each educator played a distinct yet complementary role. The non-native-speaking instructor focused on the

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technical aspects of language use, emphasizing medical terminology and effective presentation skills. This included teaching students how to engage critically with medical texts and develop coherent presentations that adhered to academic standards. Conversely, the native-speaking instructor, with a background in literature, provided invaluable insights into cultural context and communication strategies.

To promote the students' understanding of medical English and the holistic approach to healthcare, a variety of practical activities were implemented during the course. For example, a well-rounded exercise served as an effective warm-up activity at the beginning of the course, designed to stimulate students' engagement and recall. The exercise involved completing a table titled "Memories of...," which prompted students to reflect on their best and worst memories related to various topics, including elementary school, English lessons, and holidays. This activity encouraged students to share personal experiences, fostering a sense of community within the classroom (Banville, 2023, p.3).

Following the warm-up, students engaged with a text discussing recent research on bacterial memory. The associated tasks were multifaceted, including reading comprehension, vocabulary matching, and discussion questions. For instance, students matched key terms from the text, such as "unearthed," "ubiquitous," and "mechanism," with their definitions (Banville, 2023, p.4). This not only reinforced their vocabulary but also facilitated comprehension of the scientific content.

In a subsequent discussion segment (Banville, 2023, p.14), students reflected on the implications of bacteria possessing a form of memory and the broader significance of bacteria in life on Earth. Questions such as "What do you know about bacteria?" and "What can we do to keep harmful bacteria away?" prompted critical thinking and encouraged students to articulate their thoughts and opinions.

In addition to these comprehensive exercises, role-playing scenarios were employed to provide practical application of language skills in real-world contexts[1]. One scenario focused on doctor-patient interactions, emphasizing a patient-centered approach during interviews (See appendix 1).

Students practiced active listening, empathetic communication, and shared decision-making, guided by specific interviewing guidelines that included establishing rapport, using open-ended questions, and respecting cultural differences. This immersive approach allowed students to practice medical English in a realistic setting, preparing them for future patient interactions.

[1] The guidelines and cases for the patient-centered interviewing scenario were developed by the author of the article for use in the 'Professional English and Communication I' course at East-West University in Tbilisi, Georgia, in 2023

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The course commenced with a series of exercises focusing on word formation, where students explored the relationship between verbs and nouns in medical terminology, such as "convalesce" and "convalescence", "resuscitate" and "resuscitation", etc. (A & C Black, 2006, p. 8) Students were encouraged to construct sentences that integrated both forms, reinforcing their understanding of how these terms are utilized in clinical contexts. Additional exercises targeted the use of adjectives and phrasal verbs, further enriching their vocabulary related to medical practice.

A critical component of the course was the development of presentation topics, which enabled students to engage deeply with contemporary issues in medicine. Each student received personalized consultation and guidance from the non-native English instructor during additional tutorial hours, ensuring that they not only understood the content but could also effectively communicate it. The targeted methodology implemented was a blend of task-based learning and scaffolding techniques, which progressively supported students in developing their presentation skills. The process began with topic selection, where students were encouraged to choose subjects relevant to their interests and future medical practice, thereby increasing motivation and ownership of their learning.

Subsequently, structured feedback sessions focused on the organization of content, clarity of language, and the use of medical terminology. This approach allowed students to refine their presentations iteratively, with each draft receiving constructive feedback aimed at enhancing both linguistic accuracy and depth of subject matter. The non-native English instructor facilitated this process by providing language support, such as strategies for paraphrasing complex medical terms, improving sentence structure, and employing effective rhetorical devices for academic presentations. Through these consultations, students learned to integrate research findings, engage with visual aids, and deliver coherent, well-paced presentations, some of which are demonstrated in Figure 1. (See the topics[2] developed in Appendix 2).

As the course progressed, the integration of diverse teaching methodologies proved essential in enhancing students' engagement with medical English. The collaborative efforts of both educators created a dynamic learning environment, where students were encouraged to apply their knowledge in practical contexts. Building on the foundation established through structured activities, the native-speaking TEA fellow's contributions added further depth to the curriculum, enriching the students' understanding of the healthcare system and cultural nuances in medical communication.

[2] The sources for the topics are accessible via Breaking News English at the following link: https://breakingnewsenglish.com/health.html.

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Figure 1.

A native speaker TEA fellow's contributions included sharing personal experiences with the healthcare system in the United States, detailing the intricacies of medical treatment, and discussing the role of health insurance. This enriched students' understanding of the American healthcare system while highlighting important cultural nuances.

Moreover, the native-speaking instructor introduced students to common hospital abbreviations through an engaging session titled "Abbreviations, Meanings, and Purposes: TRIVIA Time!" Examples included OT (Occupational Therapist), RN (Registered Nurse), SW (Social Worker), RPN (Registered Psychiatric Nurse), LPN (Licensed Practical Nurse), and others. For each abbreviation, he provided its full version along with contextual sentences to facilitate understanding. This approach not only helped students decode medical terminology but also encouraged them to consider which specialist they might be interested in and why, enhancing their grasp of the practical applications of these terms in real-world scenarios (See Figure 2.)[3].

[3] Figures 2, 3, and 4 are sourced from the PowerPoint presentations developed by the English Language Fellow for the Medical English II course at Grigol Robakidze University.

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Figure 2.

To enhance the students' understanding of medical English and the holistic approach to healthcare, a variety of practical activities were implemented during the course. One notable exercise involved a role-play scenario titled "Calling the Doctor," where students practiced simulating conversations between a medical office assistant and a patient (Hull, 2010). Another valuable task involved pharmacy interactions, where students simulated dialogues at a pharmacy counter (Hull, 2010). These activities familiarized students with common medical terminology and conversational structures while emphasizing the importance of patient communication in the healthcare setting. Each dialogue included highlighted vocabulary, which students were encouraged to guess the meanings of before the instructor provided definitions. Following this, comprehension checks were conducted through targeted questions, allowing students to summarize the content in 2-3 sentences. This exercise reinforced their understanding of medical terminology and fostered discussions comparing the dialogue with typical interactions between doctors and patients in Georgia, highlighting both similarities and differences.

Furthermore, students engaged with complex authentic texts. For example, a text from the World Health Organization (WHO) defines health as a "state of complete physical, mental, and social well-being" (Hull, 2010) (See Figure 3.). Accompanying activities encouraged students to reflect on how health is defined in their own context, specifically in Sakartvelo (Georgia), and to prioritize various factors influencing health, such as biological, psychological, sociological, environmental, and spiritual considerations. This exercise aimed to deepen their understanding of health from a holistic perspective, encouraging critical thinking and discussion about health promotion and disease prevention.

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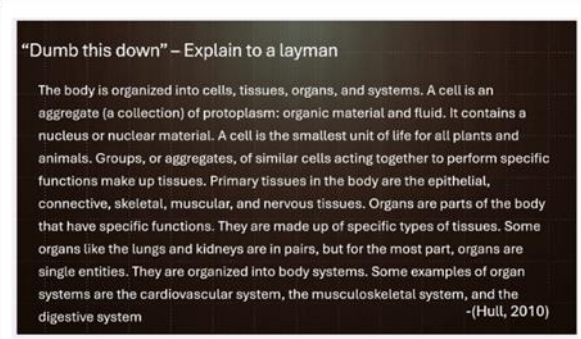

Figure 3.

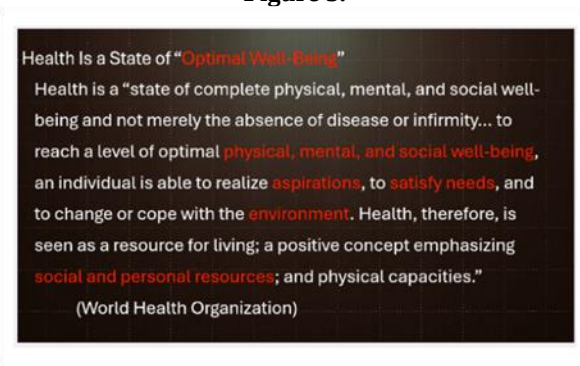

Figure 4.

Another text related to medical concepts, such as the organization of the human body, guided students through a "dumbing down" exercise, simplifying complex sentences into more accessible language. For instance, students learned to articulate that "the body is organized into cells, tissues, organs, and systems" (Hull, 2010) by breaking down each component's definition and function (See Figure 4.). This methodology was consistently applied across various texts, emphasizing comprehension through summarization, vocabulary building, and contextual comparison. These exercises promoted critical thinking about health and medicine, encouraging students to reflect on how these concepts are represented in both Western and Georgian healthcare practices.

Throughout the course, a variety of learning materials and resources were developed to support students' language acquisition and comprehension of medical concepts. These included:

- Custom worksheets focusing on medical terminology and practical applications.
- Audio recordings for listening exercises to enhance pronunciation and comprehension.
- Visual aids illustrating key medical concepts and vocabulary.
- Role-play scenario strategies, guidelines, and cases to practice.

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- Structured guidelines for preparing and delivering presentations, ensuring that students were well-equipped to convey their topics effectively.

In conclusion, the collaborative teaching approach at GRUNI not only improved students' medical English proficiency but also fostered a deeper understanding of healthcare-related topics. The integration of diverse teaching methodologies and the distinct roles of each educator contributed to a rich learning environment, preparing students for future challenges in the medical field.

Results

The evaluation of the collaborative teaching approach implemented in the Medical English course was conducted using a combination of surveys (see Appendix 3) and interviews (see Appendix 4) with 15 first-year Medical Program (MP) students. These evaluation instruments were designed to assess student progress, satisfaction, and perceptions regarding the teaching methods used, as well as to identify potential areas for improvement.

The survey was structured with both quantitative and qualitative components to capture a comprehensive picture of student experiences. The quantitative section comprised multiple-choice questions aimed at evaluating students' self-assessed improvement, confidence, and satisfaction with the teaching approach. For instance, students were asked to rate their initial proficiency in Medical English, the effectiveness of the collaborative teaching methods, and their confidence levels in presenting medical topics in English both before and after the course. The qualitative section invited open-ended responses, enabling students to share insights on specific skills gained, challenges encountered, and suggestions for enhancing the course.

This mixed-method approach—combining statistical data with detailed personal feedback—was particularly effective in providing both broad trends and in-depth qualitative insights into student learning outcomes.

The survey results revealed significant improvements in students' confidence and proficiency in Medical English. Initially, only 47% of students rated their proficiency as high, with the remaining 53% considering it average (See Pie Chart 1). However, after completing the course, the majority of students (60%) reported feeling very confident, while 40% felt confident in presenting medical topics in English (see Pie Chart 2). This dramatic shift indicates the positive impact of the collaborative teaching approach on student self-assurance in their language skills.

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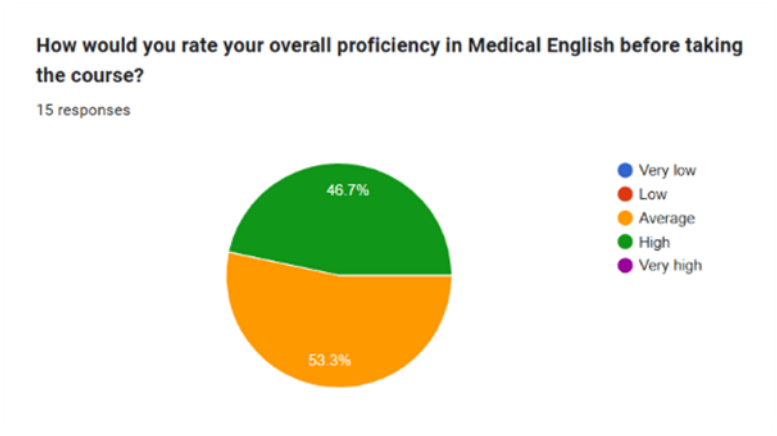
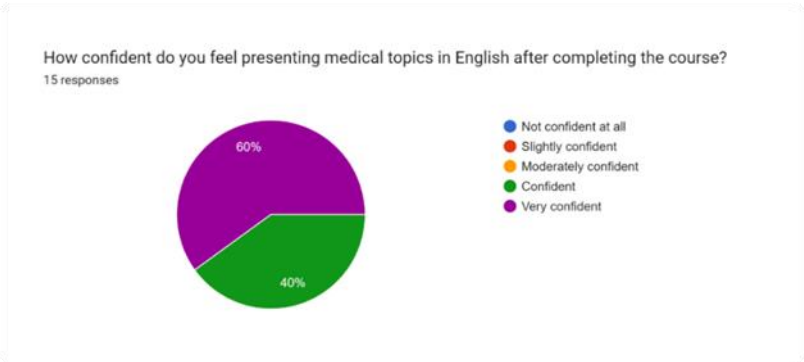
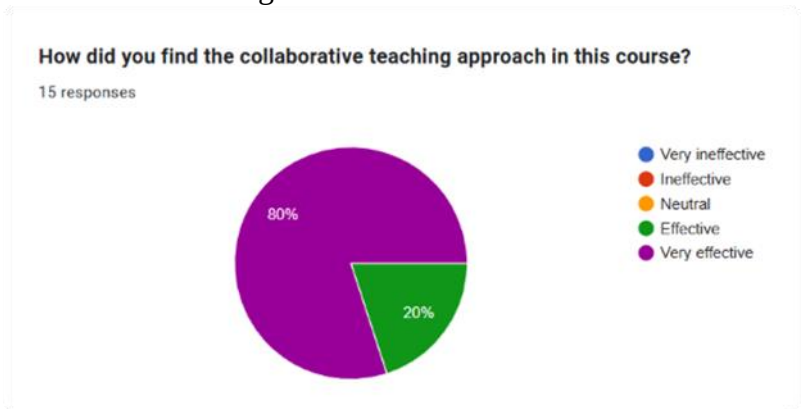


Pie Chart 1.



Pie Chart 2.

Furthermore, 80% of students regarded the collaborative teaching method as very effective, with 100% of participants affirming that the partnership between native and non-native instructors was highly successful (See Pie Chart 3). This feedback supports the value of incorporating diverse teaching styles and experiences, especially when dealing with specialized content such as Medical English.



Pie Chart 3.

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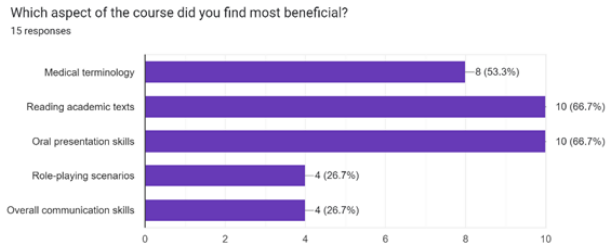
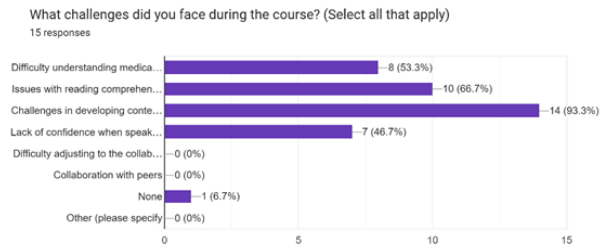
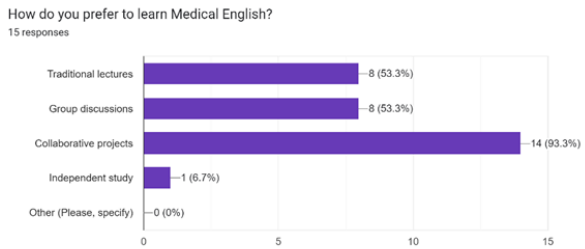
In terms of course content, students expressed the most significant benefit from reading academic texts and improving oral presentation skills, each with 67% of students identifying these as the most advantageous aspects of the course. The next most beneficial area was medical terminology, with 53% of students highlighting its importance (see Graph 1). Challenges primarily revolved around developing content for presentations (93%) and understanding complex medical texts (67%) (See Graph 2.). These findings suggest a need for more focused support in content development and reading strategies. The incorporation of a collaborative approach was favored, with 93% preferring this method over traditional lectures or independent study, indicating a strong student endorsement of the course's interactive and integrative structure (See Graph 3.).



Graph 1.



Graph 2.



Graph 3.

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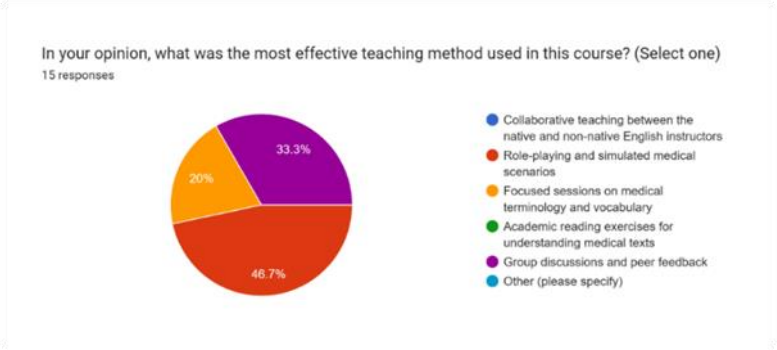
The qualitative feedback gathered from interviews provided additional valuable insights. Students reported notable gains in their understanding of communication practices in healthcare across different cultural contexts, particularly the United States. This was a key aspect of their development, as they noted how such cross-cultural knowledge could enhance their medical practice. Additionally, many students highlighted the expansion of their medical vocabulary as a major benefit of the course, as it directly supported their academic and clinical aspirations.

Several students emphasized the development of critical skills, such as text analysis and teamwork, as particularly beneficial. However, they also expressed a desire for more interactive learning experiences, such as role-playing scenarios, group discussions, and student-led activities. These elements were seen as crucial for making the course more engaging and interactive, which could potentially improve overall learning outcomes.

Based on student feedback, several adjustments are planned for future iterations of the course. One prominent suggestion was to increase the number of role-playing exercises to simulate real-life medical scenarios more frequently. In response, plans are in place to incorporate these activities more regularly, addressing the 47% of students who found this method the most effective (see Pie Chart 4). Additionally, more group discussions and peer feedback sessions will be introduced, as these were strongly recommended by students to make the course more engaging and collaborative.



Pie Chart 4.

Another area of focus will be enhancing workshops dedicated to practical writing skills. Peer review and collaborative writing activities are being considered to deepen students' engagement with academic texts, allowing them to apply their knowledge in a supportive, interactive environment.

Discussion

The present study aimed to evaluate the effectiveness of a collaborative teaching approach in enhancing the oral proficiency and medical

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communication skills of non-native English-speaking medical students at Grigol Robakidze University (GRUNI). A key aspect of this study was that the course implemented in the second semester was not an entirely new program but rather a refined and targeted instructional model developed in response to student difficulties identified during Medical English I. The collaborative effort between a non-native English language instructor and a native English language expert was instrumental in addressing these challenges, particularly in improving students' ability to navigate academic medical texts and deliver structured oral presentations.

A central feature of the instructional methods employed in Medical English II was the integration of task-based learning (TBL), scaffolded instruction, and interdisciplinary collaboration. The course combined guided reading exercises for academic medical texts, structured oral presentation training, and interactive discussion sessions led by both instructors. The non-native instructor provided linguistic scaffolding, breaking down complex medical texts into manageable parts, while the native English expert facilitated discourse-level improvements, helping students refine their argumentation, coherence, and rhetorical strategies. Role-playing exercises and peer feedback sessions further reinforced students' communication skills in professional medical contexts. Additionally, students engaged in progressive oral assignments, beginning with informal discussions and culminating in structured, research-based medical presentations.

Another crucial point to highlight is the timing of the survey, which was conducted in early October 2024, several months after the course concluded in June 2024, just before the start of the fall semester (2024–2025). This timing ensured that students were not influenced by upcoming final exams and could provide a more reflective assessment of their learning experience. By the time of the survey, students had completed the course and were no longer subject to immediate assessments, reducing the likelihood of response bias related to pleasing the instructor or concerns about grades. While self-reported data always carry some degree of potential bias, this approach helped mitigate concerns about socially desirable responses.

The findings from both quantitative surveys and qualitative interviews indicate significant improvements in students' confidence and proficiency in Medical English. The substantial improvement in students' self-reported confidence and proficiency in presenting medical topics in English is a central outcome of this study. The shift from only 47% of students rating their proficiency as high to 60% feeling very confident after completing the course indicates that the collaborative teaching method positively impacted their learning experience. This finding suggests that collaborative approaches in language education foster an interactive learning environment, enhancing student motivation and engagement. Specifically, the integration of native and

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non-native instructors, as highlighted by the students, appears to have played a pivotal role in facilitating a more inclusive and culturally rich learning environment. This dynamic partnership not only helped improve students' technical language skills but also exposed them to diverse teaching methodologies that enhanced their learning experiences.

The positive response to the collaborative method also reinforces the idea that such frameworks are particularly effective in addressing the specialized needs of medical English education. Medical English, with its unique lexicon and cultural contexts, presents challenges for non-native speakers that go beyond standard language learning. As evidenced in the results, students reported gains in both academic reading and oral presentation skills, which are crucial for their future academic and clinical success. The results underscore the potential of collaborative teaching in fostering a more comprehensive approach to Medical English, blending linguistic competence with cultural and professional readiness.

However, the study also uncovered certain challenges that suggest areas for improvement. The students' difficulties in developing content for presentations and understanding complex medical texts indicate that the course's design could benefit from more targeted support in specific academic skills. While the collaborative approach was appreciated, the findings suggest that additional workshops or resources focused on critical thinking, content development, and text analysis could alleviate some of these challenges. Moreover, the suggestion from students for more interactive learning experiences, such as role-playing scenarios and group discussions, reflects the growing demand for experiential learning in higher education. By incorporating these activities, future iterations of the course could further promote student engagement and deepen their understanding of medical communication in a real-world context.

Additionally, the qualitative feedback revealed that students appreciated the exposure to healthcare communication practices in different cultural contexts, which is particularly relevant in an increasingly globalized medical field. Understanding cultural differences in medical communication enhances students' intercultural competence, a vital skill for their future careers. The ability to effectively communicate across cultural boundaries is becoming increasingly important, and fostering these skills early in medical education is essential.

Despite the promising findings, the study's limitations warrant attention. The small sample size of 15 first-year students limits the generalizability of the results, as it only reflects the experiences of a particular cohort. Future studies should aim to include a larger, more diverse sample to provide a more comprehensive view of the effectiveness of the collaborative teaching approach across various student demographics. Furthermore, the

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reliance on self-reported data introduces potential biases, as students may have overestimated their progress or provided responses that align with perceived course objectives. To mitigate this, future research could incorporate objective assessments of student language proficiency, such as standardized tests or peer evaluations. Longitudinal studies would also provide valuable insights into the long-term impact of the collaborative teaching approach on medical students' oral proficiency and their ability to apply medical English in clinical settings.

Another limitation is the absence of instructor perspectives in the evaluation. While the study focused on student feedback, future research could benefit from including input from instructors involved in collaborative teaching. Understanding the challenges and benefits from the instructor's viewpoint could provide a more balanced and holistic evaluation of the teaching method. Instructor insights could also guide improvements in the course structure, ensuring that the collaborative teaching approach is equally beneficial for both students and faculty.

Conclusion

In conclusion, the findings of this study support the effectiveness of a collaborative teaching approach in enhancing the oral proficiency and medical communication skills of non-native English-speaking medical students. The integration of native and non-native instructors, along with a focus on specialized content and intercultural communication, proved to be a valuable component of the course. However, the study also highlights areas for further improvement, such as the need for more interactive learning activities and targeted support for complex academic skills. By addressing these areas and expanding the study's scope, future research can further explore the potential of collaborative teaching in the context of Medical English education.

The results underscore the importance of continuous adaptation and improvement in teaching methodologies to meet the evolving needs of medical students in a globalized world. Integrating feedback from both students and instructors will be key to refining the course and ensuring that students are equipped with the language and communication skills necessary for success in their medical careers. Ultimately, this study contributes to the growing body of research on collaborative learning in medical education, offering valuable insights for educators aiming to enhance the effectiveness of Medical English instruction for non-native speakers.

Despite the positive findings, it is important to acknowledge the limitations of the study. The sample size of 15 first-year MD students is relatively small and may not fully represent the experiences of all medical students at Grigol Robakidze University (GRUNI). Consequently, the results should be interpreted with caution, as they reflect the experiences of a specific cohort of students.

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Additionally, the reliance on self-reported data introduces potential biases. Students may have overestimated their progress due to social desirability or a tendency to align their responses with perceived course objectives. Although the qualitative interviews helped mitigate this limitation, future studies could benefit from larger, more diverse samples and the inclusion of longitudinal assessments to better understand the long-term effects of the collaborative teaching approach on medical English oral proficiency and intercultural competence.

Finally, while the study focused primarily on student feedback, future research could also examine the perspectives of instructors involved in similar collaborative frameworks. Understanding the challenges and benefits from the perspective of the teaching staff could provide a more holistic view of the effectiveness of these methodologies.

This article aimed to present the case of Grigol Robakidze University and the measures undertaken to address the specific challenges faced by our non-native English-speaking medical students. By documenting this experience, we sought to enhance educational outcomes within our own institutional context, recognizing that localized solutions often require customized interventions. While the findings are context-specific, we welcome the possibility that this experience may inform similar efforts elsewhere. If our approach proves beneficial to others facing comparable challenges, we would only appreciate the broader impact of our work.

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Appendices:

Appendix 1.

Patient-centered interviewing guidelines:

1. Establish Rapport: *Begin by introducing yourself, greeting the patient warmly, and creating a welcoming environment. Use open and nonjudgmental body language to convey attentiveness and respect.*
2. Active Listening: *Pay close attention to the patient's words, tone, and nonverbal cues. Demonstrate active listening by maintaining eye contact, nodding, and using verbal cues to show understanding and encouragement.*
3. Open-Ended Questions: *Use open-ended questions to encourage the patient to express their concerns, experiences, and feelings. This helps to gather comprehensive information and allows the patient to tell their story in their own words.*
4. Reflective Listening: *Reflect back the patient's emotions and concerns to show empathy and understanding. Paraphrase or summarize their statements to ensure accurate comprehension and to validate their experiences.*
5. Empathy and Validation: *Show empathy by acknowledging and validating the patient's emotions, experiences, and concerns. Use empathetic statements such as, "I understand this must be challenging for you" or "It sounds like you're feeling worried about this."*
6. Explore Patient's Perspective: *Understand the patient's beliefs, values, and expectations regarding their healthcare. Ask questions to gain insight into their understanding of their condition, their goals, and their preferences for treatment.*
7. Shared Decision-Making: *Involve the patient in the decision-making process by presenting them with treatment options, explaining the risks and benefits, and considering their preferences. Help them weigh the pros and cons and make informed decisions that align with their values and goals.*
8. Summarize and Check Understanding: *Summarize the key points of the conversation to ensure mutual understanding. Encourage the patient to ask questions or seek clarification if needed.*
9. Respect Cultural and Individual Differences: *Be sensitive to cultural, religious, and individual differences. Adapt your approach and communication style to meet the patient's needs and preferences.*
10. Patient-Centered Follow-up: *At the end of the encounter, discuss the next steps and follow-up plan with the patient. Ensure they understand any instructions, medications, or referrals. Offer them an opportunity to ask further questions or express any additional concerns.*

Case 1:

Background

Patient: Sarah, a 16-year-old with a chronic illness, feeling isolated and unsupported in managing her condition.

Medical Details

Sarah has a rare autoimmune disorder that requires regular monitoring and treatment. She feels socially isolated and struggles with adherence to her treatment plan.

Rare Autoimmune Disorder:

Symptoms:

1. **Fluctuating Symptoms:** Symptoms may vary and can affect different organs over time.
2. **Fatigue:** Persistent and overwhelming fatigue.
3. **Joint Pain:** Pain and stiffness in the joints.
4. **Skin Rashes:** Unexplained skin rashes or changes.
5. **Organ Involvement:** Depending on the specific disorder, there may be involvement of organs such as the kidneys, lungs, or heart.

Examples of Rare Autoimmune Disorders:

1. **Systemic Lupus Erythematosus (SLE):** Affects multiple organs, including the skin, joints, and internal organs.
2. **Scleroderma:** Characterized by hardening and tightening of the skin and connective tissues.
3. **Polyarteritis Nodosa:** Involves inflammation of the blood vessels.
4. **Wegener's Granulomatosis:** Affects the respiratory tract and kidneys.

Treatment Plan:

1. **Immunosuppressive Medications:** To suppress the overactive immune response.
2. **Corticosteroids:** Anti-inflammatory medications to manage symptoms during flares.
3. **Disease-Modifying Antirheumatic Drugs (DMARDs):** To modify the course of the disease.
4. **Biologic Therapies:** Targeted therapies to address specific components of the immune system.
5. **Symptomatic Treatment:** Addressing specific symptoms such as pain, skin issues, or organ complications.

Complications:

1. **Organ Damage:** Progressive damage to affected organs.
2. **Infections:** Increased susceptibility to infections due to suppressed immunity.
3. **Mental Health Impact:** Emotional and psychological impact due to chronic nature and unpredictable course of the disorder.
4. **Reduced Quality of Life:** Limitations in daily activities and challenges in maintaining a normal lifestyle.

Suggestions to the Patient:

1. **Medication Adherence:** Strict adherence to prescribed medications.
2. **Regular Follow-ups:** Regular appointments with healthcare providers for monitoring and adjustment of treatment plans.
3. **Self-Monitoring:** Awareness of symptoms and prompt reporting of any changes to the healthcare team.
4. **Lifestyle Adjustments:** Adopting a healthy lifestyle, including a balanced diet and regular, gentle exercise.
5. **Support Networks:** Seeking support from family, friends, or support groups to cope with the emotional challenges.

Appendix 2.

1. Revolutionary Anti-Bacterial Plastic: A New Tool in the Fight Against Superbugs. *Exploring innovative materials in infection control.*
2. Mind-Controlled Robotic Exoskeleton: A New Hope for Paralyzed Individuals. Investigating *advances in assistive technology.*
3. Unveiling Bacterial Memory: How E. coli Stores and Utilizes Environmental Information. *Examining microbial adaptation and memory.*
4. Clearing the Smoke: Understanding the Link Between Smoking and Vision Damage. *Analyzing the health impacts of smoking.*
5. Unlocking Energy: Strategies to Combat Chronic Fatigue Syndrome and Improve Sleep Quality. *Discussing approaches to improve patient well-being.*
6. Exploring the Human Hibernation Hypothesis: Insights from Early Ancestors and Ancient Bones. *Investigating historical human adaptations.*
7. Laughter as Medicine: The Role of Healthcare Clowns in Patient Care. *Assessing the therapeutic effects of humor.*
8. Meditation as Medicine: Harnessing the Mind-Body Connection to Combat Hypertension. *Exploring non-pharmacological treatment options.*
9. Unveiling the Silent Threat: The Presence and Impact of Microplastics in the Human Body. *Investigating environmental health issues.*
10. Unveiling the Sweet Trap: Exploring the Role of Fructose in Obesity and Appetite Regulation. Analyzing dietary impacts on health.
11. Sleeping Gender Gap: Exploring the Variations in Sleep Patterns Between Men and Women. *Researching sleep health disparities.*
12. Unveiling the Genetic Diversity of Identical Twins: Insights from DNA Mutations. *Investigating genetic research findings.*
13. Working Overtime: The Hidden Health Risks and Global Impact. *Examining the effects of work-related stress on health.*

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Appendix 3.

Survey Questions:

1. **How would you rate your overall proficiency in Medical English before taking the course?**
   a) Very low
   b) Low
   c) Average
   d) High
   e) Very high
2. **How did you find the collaborative teaching approach in this course?**
   a) Very ineffective
   b) Ineffective
   c) Neutral
   d) Effective
   e) Very effective
3. **Which aspect of the course did you find most beneficial?** (Select one)
   a) Medical terminology
   b) Reading academic texts
   c) Oral presentation skills
   d) Role-playing scenarios
   e) Overall communication skills
4. **How confident do you feel presenting medical topics in English after completing the course?**
   a) Not confident at all
   b) Slightly confident
   c) Moderately confident
   d) Confident
   e) Very confident
5. **How would you rate the effectiveness of the collaboration between the native and non-native teachers?**
   a) Very ineffective
   b) Ineffective
   c) Neutral
   d) Effective
   e) Very effective
6. **How do you prefer to learn Medical English?** (Select one)
   a) Traditional lectures
   b) Group discussions
   c) Collaborative projects
   d) Independent study
   e) Other (please specify)
7. **Would you recommend this collaborative approach to other students?**
   a) Definitely not
   b) Probably not
   c) Maybe
   d) Probably
   e) Definitely

Appendix 4.

Interview Questions:

1. **Can you describe a specific skill or knowledge you gained from this course that you found particularly helpful?**
2. **What challenges did you face during the course?** (Select all that apply)
   a. *Difficulty understanding medical terminology*
   b. *Issues with reading comprehension of medical texts*
   c. *Challenges in developing content for oral presentations*
   d. *Lack of confidence when speaking in English*
   e. *Difficulty adjusting to the collaborative teaching style*
   f. *Collaboration with peers*
   g. *None*
   h. *Other (please specify*
3. **In your opinion, what was the most effective teaching method used in this course?** (Select one)
   a. *Collaborative teaching between the native and non-native English instructors*
   b. *Role-playing and simulated medical scenarios*
   c. *Focused sessions on medical terminology and vocabulary*
   d. *Academic reading exercises for understanding medical texts*
   e. *Group discussions and peer feedback*
   f. *Other (please specify)*
4. **How did the collaborative approach influence your learning experience?** (Select all that apply)
   a. *Significantly improved my understanding of medical terminology*
   b. *Enhanced my ability to read and comprehend medical texts*
   c. *Made the learning process more engaging and interactive*
   d. *Helped me feel more confident in giving oral presentations*
   e. *Provided diverse perspectives and teaching styles*
   f. *Had little or no impact on my learning*
   g. *Other (please specify)*
5. **What suggestions do you have for improving this course in the future?**