

IMPLEMENTATION OF THE COMMUNICATIVE SYSTEM-ACTIVITY APPROACH IN TEACHING SPECIALIZED MEDICAL TERMINOLOGY AT MEDICAL UNIVERSITIES

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Abstract

In the contemporary globalized era, English has firmly established itself as the primary medium for international professional communication, showcasing an unstoppable trajectory of expansion. Given that the human brain exhibits its highest cognitive capacity and neuroplasticity for language acquisition during the first half of life, implementing structured language learning early within professional education is paramount. This paper evaluates the communicative system-activity approach as a highly efficient and progressive methodology for teaching English medical terminology within higher medical education. The efficiency of this framework is well-documented through its 15–20 year track record in European educational paradigms. Furthermore, this study highlights the recent, significant integration of communicative methodologies into the language education system of Uzbekistan, showcasing positive pedagogical shifts.

Keywords: communicative methodology, Medical English, interactive methods, system-activity approach, professional communication.

Introduction

The role of English as a global *lingua franca* demands a paradigm shift in how professional languages are taught in non-linguistic universities. In medical education, mastery of specialized terminology is not merely an academic requirement but a vital clinical skill. Traditionally, vocabulary acquisition relied heavily on rote memorization. However, modern cognitive science emphasizes that language acquisition is most effective when synchronized with active mental processes during early adult development. Therefore, integrating a structured methodology that simulates real-world medical communication is vital for modern medical undergraduates.

Theoretical Framework of the Communicative System-Activity Approach

The communicative system-activity approach treats language learning not as a passive absorption of grammatical structures, but as an active, interconnected, and organized system of simulated professional interaction. Under this framework, the English language is learned within simulated speech environments that mirror authentic clinical settings.

This approach optimizes the interaction between various learning components:

- The linguistic system of the target language (English).
- A comparative, conscious analysis between the native language and English.
- Systemic speech mechanisms, including speech production, perception, and professional interaction.
- The text as a fundamental unit of communicative discourse.

Consequently, this method fosters comprehensive language proficiency by harmonizing general educational goals with specific communicative requirements, group interactions, and situational contexts relevant to the medical field.

Historical Context and European Standards (CEFR Development)

The roots of modern communicative methodology trace back to the initiatives of the Council of Europe in the 1960s and 1970s, which aimed to enhance foreign language education across the continent. By the 1980s, these initiatives culminated in the creation of standardized target levels of language proficiency (originally designed for adults and subsequently adapted for higher education institutions).

Prominent researchers such as J. van Ek and J. Trim identified essential components for language mastery, which remain fundamental to contemporary communicative language teaching (CLT) frameworks:

Component	Description / Clinical Application
Labeled Situations	Simulating interactions with patients, administrative staff, and medical colleagues.
Language Functions	Expressing certainty, explaining clinical diagnoses, or showing empathy.
General Meanings	Quantifying symptoms, describing anatomical space, and determining time/duration of illnesses.
Specific Meanings	Categorizing thematic vocabularies such as personal identity, health status, and care plans.
Verbal Interactions	Standardized medical consultations, history-taking, and peer-to-peer case presentations.

Core Competences in Professional Language Acquisition

To achieve pragmatic adequacy and communication efficiency in medical English, students must develop a multi-layered matrix of competences:

- **Linguistic Competence:** The structural command over medical vocabulary and discourse markers.
- **Sociolinguistic Competence:** The capacity to adapt language registers based on the clinical situation (e.g., speaking to a child patient vs. writing an academic case report).
- **Discursive Competence:** The ability to construct coherent, logical sequences in medical reporting and documentation.
- **Strategic Competence:** Developing compensatory strategies to overcome lexical gaps during real-time speech production (e.g., paraphrasing a medical term a patient might not understand).
- **Socio-cultural and Social Competence:** Familiarity with the cultural nuances of healthcare systems in English-speaking nations and a readiness to collaborate globally.

Conclusion

The shift toward a communicative system-activity approach represents a crucial evolution in medical English instruction in Uzbekistan. Moving away from traditional translation-heavy methods toward active, context-based communication allows medical universities to produce graduates who are not only linguistically competent but globally competitive. Relying on the established multi-level evaluation scales of European frameworks ensures that language acquisition is measurable, pragmatic, and tailored to modern clinical demands.

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