

EFFECTIVE STRATEGIES FOR LEARNING MEDICAL TERMINOLOGY AMONG FIRST-YEAR MEDICAL STUDENTS

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Abstract: Medical terminology is fundamental to healthcare communication and a major component of English for Specific Purposes (ESP). This study examines effective strategies for learning medical terminology among first-year medical students. A mixed-methods approach including tests, questionnaires, and classroom observation was employed. The findings indicate that contextual learning, spaced repetition, collaborative learning, digital flashcards, and analysis of prefixes, suffixes, and roots significantly improve vocabulary retention. The study recommends integrating learner-centered approaches into Medical English courses.

Keywords: medical terminology, ESP, vocabulary learning, medical education.

Introduction

Medical terminology provides a standardized language for healthcare professionals and is essential for accurate communication (Chabner, 2021). Vocabulary knowledge is central to language proficiency (Nation, 2013). First-year medical students frequently struggle because most medical terms derive from Greek and Latin and include unfamiliar morphological patterns (Schmitt, 2010). Traditional memorization often leads to short-term learning only. Brown (2014) argues that vocabulary develops best when learners actively use new words in meaningful situations. Richards and Rodgers (2014) similarly emphasize communicative and learner-centred instruction. Medical English courses therefore need instructional approaches that combine contextual learning, repeated retrieval, visual support, and authentic clinical communication.

The objective of this study is to identify practical strategies that improve students' acquisition of medical terminology and increase their confidence in using specialized vocabulary.

Methods

The research followed a mixed-methods design (Creswell & Creswell, 2018). Thirty first-year medical students participated during one semester. Students completed a vocabulary pre-test before the intervention and a post-test after twelve weeks. Instruction included digital flashcards, word-building

exercises, anatomy diagrams, pronunciation practice, pair work, case discussions, and weekly quizzes. Questionnaires measured students' perceptions of the activities, while classroom observations documented participation. Data from tests and questionnaires were compared to evaluate changes in vocabulary knowledge and motivation.

Results

Post-test scores were noticeably higher than pre-test scores, demonstrating improved knowledge of medical terminology. Most participants reported that learning terms through authentic clinical cases made vocabulary easier to remember. Approximately ninety percent of students believed contextual learning increased understanding, while more than eighty percent preferred digital flashcards and spaced repetition. Students also reported greater confidence in reading medical texts and communicating with classmates using appropriate terminology. These findings support Nation (2013) and Schmitt (2010), who emphasize repeated exposure and retrieval practice.

Discussion

The findings are consistent with previous research in ESP and vocabulary acquisition. Brown (2014) explains that learners retain vocabulary more effectively when they actively use language rather than memorize isolated lists. Richards and Rodgers (2014) highlight the importance of communicative activities, while Wilkins (1972) famously observed that without vocabulary nothing can be conveyed. Teaching prefixes, suffixes, and roots enables learners to infer the meaning of unfamiliar medical terms independently. Digital technologies further strengthen autonomous learning by providing regular review opportunities outside the classroom. These results suggest that Medical English teachers should combine technology, contextual learning, collaborative tasks, and morphology instruction to support long-term vocabulary retention.

Conclusion

Medical terminology should be taught through an integrated learner-centred approach rather than rote memorization alone. Combining contextual learning, technology, morphology analysis, and repeated practice improves retention, motivation, and communicative competence. Future studies should examine artificial intelligence, adaptive learning systems, and virtual simulations for Medical English instruction.

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