SPEAKING IN ENGLISH FOR MEDICAL PURPOSES - THE TEACHERS' POINT OF VIEW

Anișoara POP[1]

Abstract
In order to bridge the gap between current training and the real needs of future medical specialists likely to communicate in an international context, the formation of speaking skills in Medical English (ME) should be approached from a complex bio-medical (BM), academic (A), and humanistic (H) perspective. To validate this hypothesis, the current study capitalises on the expertise and questionnaire-based feedback of a group of Romanian and international ME teachers (N=35) with a desire to find common ground for the consolidation of speaking as pivotal for the medical field and bring it closer to real-life international situations of future physicians and the practice of humanism, albeit this may currently mean different things in different national/local contexts.

Keywords*:* Medical English(ME)/English for Medical Purposes (EMP); oral communication, speaking for bio-medical purposes; speaking for academic purposes; needs analysis.
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1. Introduction

According to medical sociology and anthropology, oral communication plays a crucial role in clinical care (Atkinson, 1995: 108), effective communicators being intrinsic to high-quality medical performance (Ranjan et al., 2015). Oral communication in English is a core ability that medical students will rely on in their future careers whether at the patient's bedside communicating specialised knowledge to non-professionals through the practice of humanism, or while conferring with other physicians and healthcare staff, during international meetings and participation in scientific events. In terms of speaking in English for medical purposes (EMP), research distinguishes between professional medical communicative needs on the one hand and academic/research communication needs on the other (Kayaoglu and Dag Akbas, 2016: 69). Different factors may contribute to poor ME speaking such as syllabus content, methods/approach, and the fact that, at least in many Romanian programmes, English is studied during the first and/or second year when students may not be either fully motivated or aware of its importance for their future jobs as they struggle with the excessive workload in the pre-clinical curriculum (Triff and Triff, 2014). Likewise, syllabi are focused on medical vocabulary acquisition and grammar practice rather than communication

[1] Anișoara POP, *George Emil Palade* University of Medicine, Pharmacy, Science, and Technology of Târgu Mureș, Romania, anisoara.pop@umfst.ro.

(Pop, 2016:205). The new ME communication paradigms stipulate that EMP should be taught from the perspective of medicine and professional needs, even though in many situations, current practices and curricula often emphasise the formation of academic skills and terminology acquisition only (see: Hull, 2004 quoted by Wiertlewska, 2019: 223), not reflecting on what doctors usually communicate for (Poedjiastutie and Puspitasari, 2019).

This paper hypothesises that, should it strive to be relevant to future medical specialists likely to function and communicate in an international medical environment, the formation of speaking skills in EMP needs to be approached from a synergistic professional, i.e. bio-medical, academic (research and continuous formation), and humanistic perspective (patient-centred) rather than a more limited local context.

2. Bio-medical (BM) versus academic (A) needs in ME speaking

Speaking for bio-medical purposes employs the language of the patient community, and uses semi-technical vocabulary, conversational registers, and informal talk to patients and family members. Sometimes this presupposes understanding local pronunciation/accents and most of the time relating to patients who are in pain (Butow and Sharpe, 2013). Examples of good practices of oral professional communication with patients include offering detailed explanations of procedures and treatment schemes in typical situations. The effects of good oral communication skills have been amply documented and pertain to compliance with treatment (Sharkiya, 2023) and a positive impact on the patient's well-being: psychology, mental health, tolerance power, and quality of their life (Stewart, 1995).

At the same time, patient-related communication includes listening to and honouring the patient's (hi)stories, reflecting, and validating their feelings (Charon, 2011), counselling patients with tact and clarity, and expressing empathy and compassion. Besides medical knowledge, this implies a much deeper human understanding (Loh and Sivalingam, 2008; Mureșan et al., 2018: 11). From this last perspective and with insufficient human interaction drastically hampered by the supremacy of technology (Hulail, 2018), many specialists propose a return to the oslerian model of "humanism" in medicine (Dominiczak, 2014:800*).* This trend of medical communication that underlines the importance of humanism and the humanities (H) for the practice of medicine (Carr et al., 2021) has received great attention lately, being considered key for the formation of the future professionals' humanistic values, skills, behaviours, and attitudes of self-reflection, ethical reflexivity, narrative reasoning, observation, identification, compassion, and empathy.

At the other end of the EMP speaking continuum is the component of academic purposes (A) whose role is more evident when physicians either follow an academic career teaching in English-as-a-medium-of-instruction programmes (EMI), carry out

research/interships, participate in decision-making with peers abroad, and present at international scientific events. Academic medical communication whether in the doctor's native language or English is based on a different register and style than BM. It employs the so-called technical/medical vocabulary or medical jargon such as the one encountered in specific genres of conference presentations or clinical practice during ward rounds and oral case presentations (Haber and Lingard, 2001; Williams and and Surakanti, 2016).

EMP teachers assess their learners' needs for class oral communication and respond to the identified needs with appropriate syllabi, course design, flexible content, materials, and activities. However, until the beginning of the 21st century, little attention was paid to communication needs related to treating international patients (BM) at least in local/national contexts and more to the communication needs for professional training or peer communication (A). A needs analysis survey carried out locally about 10 years ago with a group of 180 physicians who reflected on their communicative needs (Pop, 2016: 214) demonstrated that speaking was mainly academic-related. This situation has changed especially with the COVID pandemic, the expanding phenomenon of migration including physicians seeking better professional and personal opportunities, but also because of a stringent shortage of healthcare professionals in countries such as the UK, Canada, and the dependence on international medical graduates to fill gaps in the healthcare workforce, which is expected to increase in the coming years (Campbell-Page et al., 2013)

Even though teachers are aware that the significance of acquiring EMP oral communication skills can hardly be underrated, they function in diverse national and institutional contexts and under different restrictions of inflexible curriculum and syllabi, limited allotted time to practice speaking, insufficient resources versus compulsory ones, not to mention the challenges posed by language specificity and teachers' (limited) subject knowledge. The ever-expanding internalisation and connectedness of activities in the medical field as well as the obvious necessity of a teacher to meet the needs of ME students in such a critical and complex professional field justifies the validity of a more synergistic approach to forming EMP speaking skills at international level versus a biased/limited local perspective.

3. Method

Needs analysis (NA), an integral part of pedagogical decision-making processes, can target the learners, the teachers/teachers or the users (physicians in our case) who reflect prospectively or retrospectively on their EMP needs (Pavel, 2014). The current NA consisted of a questionnaire-based survey of international ME teachers to identify their perceptions of the relative importance of the three major biomedical, academic/research, and humanistic areas in the formation of EMP communication ability.

To gauge the teachers' perceptions regarding EMP speaking, a 17-item questionnaire was designed using Google Forms, including Likert ranking-scale quantitative questions and qualitative interpretive or exploratory aspects. The questionnaire (https://forms.gle/76jcEeJErnu8WjBHA) was distributed by email and social media groups to EMP teachers from Romania, Hungary, Slovakia, Czech Republic, but also through a Facebook Group of Medical English Teachers with members worldwide. Responses (N=35) were collected anonymously due to GDPR provisions during February-March 2023, which is why a correlation between answers and national/international context can only be presumed. Assessed language learning needs to be focussed on speaking as a major productive language skill (Kayaoglu and Dag Akbas, 2016: p.69). The analysis follows a multidimensional approach and examines EMP teachers' practices in terms of the following variables covering the three BM, A, and H areas: use of already published courses or creating local materials, time constraints and use of autonomous synchronous or asynchronous online speaking platforms, content orientation towards bio-medical versus academic purposes and research or humanistic performance, speaking in an international/intercultural context, and the teacher's preparedness to deal with these issues.

The questionnaire items were categorised thematically as:

A. Demographics:

a. Competency level of students in the group (mixed ability groups, advanced, other) - Q1,
b. Type of materials used in teaching EMP (follow a coursebook, design own materials, other) - Q2,

B. Speaking-related variables:

- amount of time dedicated to class speaking activities – 6 item Likert scale (from *hardly enough* – to *plenty of time*) Q3,
- relevance of speaking activities to future real-life tasks – Q4,
- importance of speaking skills to future professional life – Q5, i.e., speaking orientation for biomedical professional purposes versus speaking for academic and research purposes or both;
    - open-ended qualitative answer requiring an explanation of the reasons for the choice in the previous question (Q6),
- autonomous speaking (Q7) and
    - platforms/apps employed for autonomous speaking (Q8).

Working from general to particular, the general topic orientation (humanistic - bio-medical – academic) was mapped into five major sub-classes: debates, simulations/role-plays, presentations, monologues, and other types (Q9). Sub-classes were associated with the most important categories of speaking activities:

- humanities-based topics: ethical debates (Q10) and their types (Q11), monologues and their types Q14),
- biomedical: simulations/role-plays and their types (Q12),
- academic: presentations and their types (Q13),

  - Other types and elaborating on them (Q10),
- Rating the importance of bio-medical, humanistic, and academic elements and their subsequent subskills for the formation of the speaking ability (Q15): giving instructions, giving bad news, explaining, counselling, cultural awareness vocabulary, grammar, integration with listening, accuracy, body language, voice management, active listening, empathising,
- Teacher's preparedness to deal with bio-medical, academic, and intercultural communication issues (Q16),
- Other comments/suggestions (Q17). Not actually a question, Q17 represents a valuable type of feedback that allows for the exploration of concepts and personal experiences in more detail.[2]

4. Results

To begin with, the proficiency level of students enrolled in medical programmes has marked a constant rise, which is meritorious, considering that these students will compete in the international healthcare market with graduates from EMI programmes (English as a Medium of Instruction). As evident from responses to Q1, quite often class realities are complex and include teaching to mixed-ability groups (62.9%). Only a third of the surveyed teachers (31.4%) teach only upper-intermediate and/or advanced students.

Most of the surveyed EMP teachers create their materials for the practice of speaking (56,3%), 15.6% follow a coursebook (or more), and a significant number (28%) opt for both, thus being able to tailor the speaking activity to their students' identified needs, level, and motivation. The amount of time dedicated to speaking, ranging from 1= *hardly enough* to 6= *plenty of time* is considered optimum for most of the teachers (62.8%), 22.9% do not perceive any impediment in this respect, while 13% feel the pressure of time in consolidating their students' speaking skills. Interestingly, in terms of correlations, teachers who estimate they **have enough time to form speaking skills** consider grammar practice significantly more important than integration with listening (Q15 – cc=0.467**; p=0.005), which is more time-consuming. They also believe they are well prepared to conduct doctor-patient interviews in EMP speaking (Q16 – cc=0.346*; p=0.045).

Overall, the speaking activities are perceived as **professionally relevant** to a large extent by 54.3% of the teachers, relevant by 17.1% while 28,6 are somewhat reticent (Fig.1).

[2] Many thanks to dr. Timea Nemeth, EMP Professor from *Pecs Medical University*, Hungary for her piloting and distributing the questionnaire through personal networks.

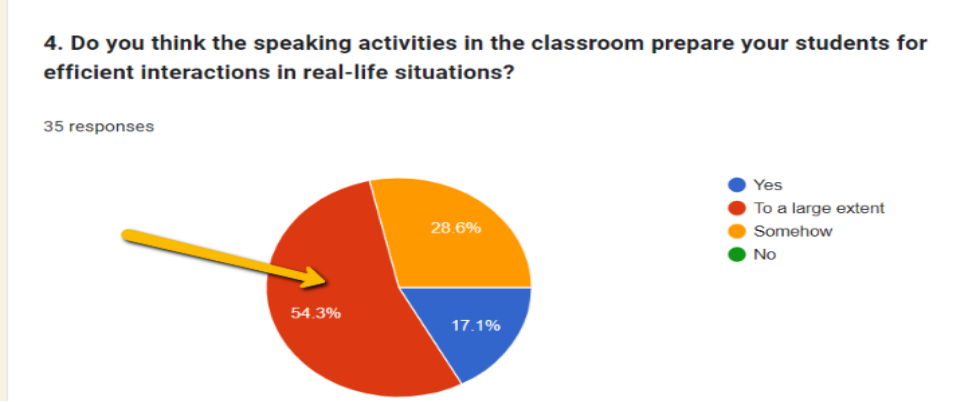

Figure 1. Students' preparedness for speaking effectively in real-life situations

Almost three thirds of the surveyed teachers (17.1% *yes* and 54.3% *to a large extent*) consider that the speaking activities adequately prepare their students for interactions in real-life situations (Q4). In light of answers to Q5 (Fig. 2) these context-specific activities for this share of respondents (71.4% in Q5) are targeting both speaking for medical professional purposes (i.e., talking with patients, families, and peers) and speaking for academic and research purposes (i.e., presenting at conferences, online case presentations). A significant number of respondents (14.3%) estimate that speaking for academic and research purposes is the most important speaking skill for their local context.

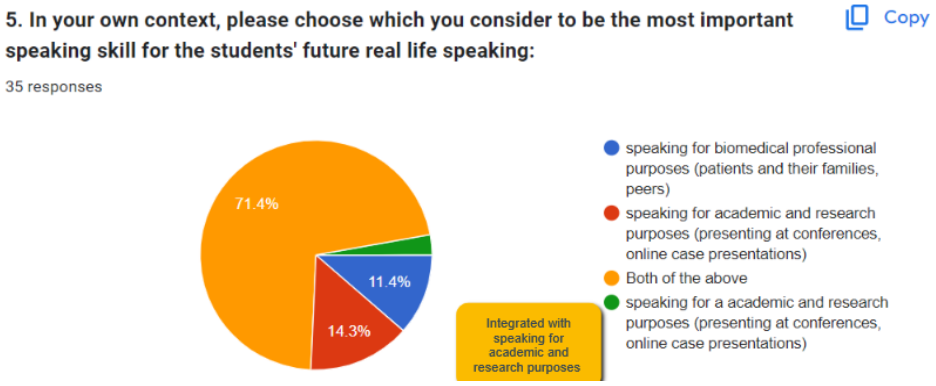

Figure 2. Speaking activities targeting speaking for *biomedical professional purposes* versus *speaking for academic and research purposes*

Q6 of the questionnaire invited respondents to explain briefly their choices in Q5 regarding the type/s of speaking they consider most relevant/predominant for their students as future healthcare professionals, either for biomedical professional purposes or academic and research purposes. Thematic content analysis of the short narrative answers to Q6 identified the main themes and patterns in terms of the content of the speaking activities:

- Primacy of the *academic component* in national contexts for both short and long-term since there are none or few English-speaking patients. However, physicians need to give conference presentations at local and international events, present research, and participate in trials or they hold teaching positions in English as a medium of instruction programmes (EMI):
  "Applying for a teaching position involves research, publication and defending a PhD".
  "Not many foreign patients to treat here, however, they may have to approach foreign doctors when referring different patients to medical services abroad".
- Speaking for *biomedical purposes* is important only for physicians who intend to work in an English-speaking international unit:
  "*Most of my students are more likely to work with Romanian patients, rather than with international ones. However, those who are going to work in larger cities/university centres might have international patients. I assume that they will make more use of their English speaking skills in academic circumstances."*
- *Both* – is supported by the majority of respondents. They balance academic with biomedical speaking skills without further comments regarding the timing and context of the students' future careers. This option is also selected as a function of context, being time-and-future career-dependent:
  "It will depend on the future career of the graduate. If he/she stays in the mother country, no English is needed, if he/she goes to work abroad, he/she will need to manage professional medical language as well as communication skills". *"It is hard to anticipate who is going to follow an academic career, so students should try to develop both skills".* "*While most doctors will probably employ their English speaking skills in their interaction with international patients and their families, sharing expertise in an increasingly multilingual context will require well-developed presentation skills, both during Med school (participating in student conferences) and as active medical professionals".*

Although the pressure of time in forming the speaking skill exists, both the medically- and academically-oriented types of speaking being time-consuming, they occupy a major place in the class configuration of most teachers since they *rarely* or *never* choose to encourage students to speak autonomously outside the classroom by offering them credit for it (57.1%) (Q7). The teachers who recommend autonomous speaking *frequently*, *many times*, and *occasionally* flip the speaking activities by using mobile devices (48.6%), social media (Facebook 37.1%), Padlet (28.6%), and other platforms that had been used for the course delivery during the pandemic (e.g., Teams). Still, asynchronous autonomous speaking remains largely unexploited in forming the speaking skill for the surveyed group of EMP teachers.

The frequent use of presentations (22%) and debates (18%) but also simulations and role-plays (22%) confirms the double academic and professionally-specific orientation in EMP class speaking. (Fig. 3).

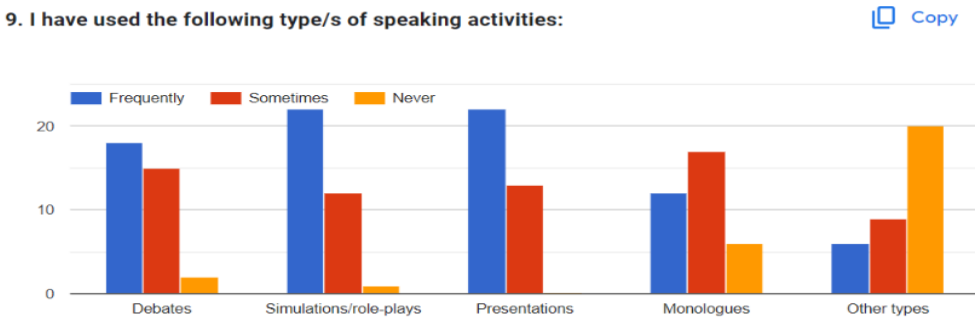

Figure 3. Types of speaking activities

A more refined insight into the constituency of speaking practices and also on the "*other types*" of activities (20%, Fig.3) is detailed by the open-ended answers in Q10. However, teachers offer more pedagogically- rather than content-specific answers, therefore, except for *c* or *f* below probably, feedback is less relevant for the hypothesised differentiation between bio-medical versus academic orientation in forming the speaking skill:

a) information completion, b) description and drawing, c) peer-testing on medical terms, d) interpreting (mother tongue – L2), e) watching a video integrated with recorded speaking, f) peer communication, guessing games, g) group discussions with negotiated conclusions and reporting to class.

By categorising the teachers' original, nuanced responses in Q10, the most relevant codes for the EMP speaking orientation with specific subskills were:

- *Focus on medical terminology:*
  - *explain: information completion; describing and drawing; students test each other on medical terms,*
  - synthesise: *watching a video clip and then recording answers to key questions,*
- *Research content – discuss, argue, negotiate, reflect: "discussing research articles in terms of main ideas"; "group discussions in which students share opinions and negotiate the group's conclusions, which are then presented to the class"; "pairwork in which students compare and discuss their answers to various tasks"; "I also teach interpreting, so I frequently ask my students to interpret in English. There are numerous ways how they can practise interpreting, but my main aim is to increase their L2 self-confidence".*

Ethical debates are part of the humanities-based orientation (H) in EMP speaking in the questionnaire. Debate topics that refer to *the right to refuse treatment, do not*

resuscitate (DNR), to feel or not to feel for the patient, and *doctors make mistakes* were selected by 68.8% of the respondents, which testifies to their relevance for the medical field and the teachers' preparedness and preference to carry them out. These were followed by physician-centred debates (62.9%) and the role of medicine as a science and an art (34.3%) or others: *conventional versus alternative medicine* (3), *nutrition and health, genetic engineering, surrogacy, euthanasia, intercultural issues, pro-life vs right to decide in case of unwished pregnancy.*

The doctor-patient interviews subscribing to the bio-medical orientation are the most important type of role-play (97.1%). Other types of interviews such as giving instructions to patients, physician interactions, telephone conversations, and conversations with family members can be the case. (Q12)

As far as the presentations are concerned (Q13), medical orientation is considered most important and therefore most frequently applied in the form of case presentations at the patient's bed or during ward rounds (88.6%), and presentation of a medical condition (2.9%). However, academic orientation can also be covered by presentations whenever students practise conference/abstract presentations (71.4%) or presentations of a medical article (48.6%). The humanistic component, representing 37.1% of the surveyed group, is illustrated by presenting lessons learnt from books or movies related to a medical topic.

Monologues or the reflective side of the medical profession are capitalised on by the surveyed EMP teachers primarily for the formation of biomedical skills by explaining a procedure/ therapy (82.9%) and for the humanistic formation of the future physicians through: reflections on the practice of medicine (48.6%), on their learning, avoiding burnout, frequently associated with the practice of medicine (31.4%), and narrative medicine as learning pedagogy (31.4). Likewise, reflections on a poem/movie/book (22.9%) bring the artistic, literary, and human dimensions to the art of medicine.

At the basis of the formation of the speaking skill (Q15) lay several discrete sub-skills, which have been categorised and rated in terms of perceived importance:

- *medical orientation*: explaining (N=29 *very important*), counselling (N=25 *very important*), giving instructions (N=24 *very important*), empathising (24 *very important*), active listening (22 *very important*), giving bad news (18 *very important*);
- both *academic* and *medical orientation*: vocabulary practice (N=25 *very important*);
- *humanistic* and *medical*: cultural awareness (14 *very important*, 18 *important*)

All teachers who participated in the survey consider they are prepared to conduct speaking activities related to academic [conference presentations (*well prepared* 29, *prepared* 2), medical content - doctor-patient interviews (*well prepared* 27, *prepared*

4), and case presentations (*well prepared* 19, *prepared* 7)]. However, in terms of **intercultural communication** the distribution (of 11 *well-prepared*, 6 *somewhat prepared*, and 3 *not prepared*) leaves space for a perceived niche for further professional training (Fig. 4).

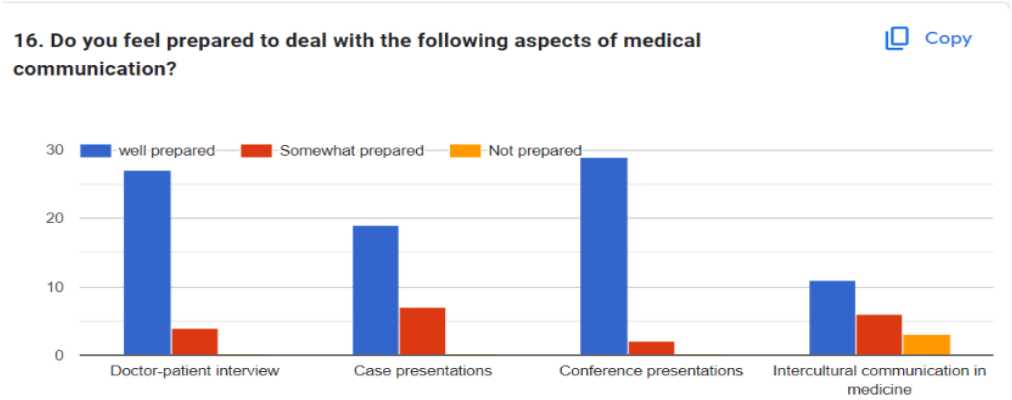

Figure 4. Self-perceived preparedness of surveyed teachers to form the EMP speaking skill

The qualitative data in Q17 describe in narrative form whatever the teachers considered important and was either not included in the questionnaire, or they felt they needed to explain in more detail. The in-depth insights were categorised according to recurrent themes into:

a) suggestions:
   - "*adding an international dimension*" to the EMP class either by working with "*real-life professionals that should survey language needs*" or in terms of speaking practice by pairing medical students with international students abroad or EMI students in a tandem speaking practice. To the same end, an important suggestion referred to inviting native speakers to class.
   - the "*importance of content and pedagogy":* " *building the inner motivation by making the students aware of the importance of oral communication skills, adapting language to the interlocutor (specialist or healthcare professional versus patient)* and *explaining to students the rationale behind the activities".*

b) questionable/to be avoided/"less comfortable to approach":
   - formation of intercultural and trans-cultural communication skills, justified by the teacher's lack of knowledge and scarcity of materials despite the doctors' likelihood of encountering more and more patients from a wide range of cultural backgrounds - *"I feel uncomfortable approaching intercultural communication in medicine; I do not feel I am prepared in this field".*
   - setting contextual priorities, not attempting to be exhaustive cramming too much within a limited amount of time – *"It would be good to work*

with real-life professionals in surveying the students' language needs and offer them real-life examples".

- challenges: *"Language teachers think they can make miracles and want to prepare every student for all possible situations in their future profession"; "Pairing them with EMI programme students does not function much since many of them have difficulties expressing themselves in English as well".*

5. Discussion

Customisation of the ME syllabus to the medical students' future occupational needs is a prerequisite to their successful performance in an international context. This paper hypothesised that speaking for EMP should be approached from a synergistic professional bio-medical orientation, academic, and humanistic perspective rather than a more limited local context that may favour a single orientation. The hypothesis was tested through a 17-item questionnaire by 35 Romanian and international ME teachers.

Within the bio-medical orientation (BM), the doctor-patient interviews (conducting anamnesis) which *are structured communicative events* (Webber, 1995:68), represent the most important type of speaking role-play (97.1%) whereas in a proportion of 88.6%, teachers consider that case presentations represent the most important speaking sub-skill (Q13). In the case of interviews, the focus is on the interplay between listening and asking appropriate open-ended versus Yes/no questions related to pain and symptoms and responding through reflection and validation techniques, whenever students practise patient SOAP-ing (subjective, objective, assessment, plan) during case presentations. This presupposes use of specific vocabulary while performing physicals, asking patients politely to perform movements, besides just finding out about aetiology and family/social/medical history. Monologues, in which students need to explain a procedure, test or a type of therapy (82.9%) to a patient or family member also subscribe to BM.

The second most important speaking skill is for academic purposes (A). In 71.4% of the cases, the surveyed teachers make conference presentations with their students or discuss medical articles (48.6%). Nonetheless, in terms of using technology, asynchronous autonomous speaking remains largely unexploited in the formation of speaking skills for the surveyed group of EMP teachers.

The humanistic component (H) helps students of the health professions to "better understand and critically reflect on their professions with the intention of becoming more self-aware and humane practitioners" (Shapiro et al., 2009). EMP teachers in the surveyed European countries entertain through the activities they organise and sub-skills they underline that humanism is an important component of medical formation. Humanism extends over a broad range of both bio-medical and academic speaking activities, from ethical debates to presentations of books or movies related

to a medical topic (37.1%). Monologues or the reflective side of the medical profession are used by the surveyed teachers as reflections on the practice of medicine (48.6%), and on books or movies (37.1%). They bring the human dimension and understanding to the art of medicine.

As evident from their qualitative insights and as encountered in their real practice of medicine, surveyed teachers apply the integration of speaking with writing tasks and transfer activities, using different language functions, such as: writing notes, referrals, slide presentation/case reports, telephoning (discussing with family members versus a specialist using different discourse techniques), explaining, breaking serious news, and manifesting empathy.

If teachers feel confident to carry out speaking activities in the bio-medical and academic fields, the survey has identified an important need and niche for EMP teachers' training in terms of intercultural communication. Quantitatively this need materialised in insufficient speaking practice with students. Qualitatively, it was expressed as a suggestion for adding an international dimension and cultural awareness to EMP speaking.

6. Conclusion

This paper has explored the perceptions of 35 international EMP teachers through a questionnaire about the importance of speaking for the medical profession, its purpose, means, and resources needed to bring it closer to real-life situations. EMP speaking relevance has been analysed in terms of bio-medical (BM), academic (A), and humanistic (H) orientation.

As hypothesised, both BM and A skills are important but they may be context-dependent. If current students' needs are to be met, a bio-medical orientation (BM) rather than only an academic-related approach is required. It seems slightly more likely today than a couple of years ago that future medical professionals will find themselves working in multicultural and multilingual environments where Medical English communication is used extensively. While in home countries the focus is on the academic (A) component, in international contexts, it is secondary. The importance of each role can also vary depending on one's career stage and the health system in which the future professionals will function. Speaking to patients is fundamental for immediate patient care and outcomes while speaking for research and academic purposes is vital for long-term advancements in medical science and education. Ideally, medical professionals should strive to excel in both areas to provide the best possible care and contribute to advancements in the field.

Insights also underline the necessity to cover the international, eclectic, and bio-humanistic needs (**H**) of future medical professionals in a continuum, with cultural competence and sensitivity to differences in communication styles and health beliefs as crucial elements for effective communication with the patients and their families.

Limited though it may be by the relatively small number of respondents, this is the first synergistic survey on EMP speaking with feedback from HE teachers reflecting an international context, thus representing a potential and valuable source of information for designing curricula and speaking syllabi for health professionals.

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The author

Anișoara Pop is Professor and PhD supervisor (habilitation) in the field of English language and linguistics at *GE Palade* University of Medicine, Pharmacy, Science and Technology, ORCID: https://orcid.org/0000-0001-6990-9990, Google scholar: https://scholar.google.com/citations?user=PO_VAzAAAAAJ&hl=en, Brain map: https://www.brainmap.ro/anisoara-pop