



DEVELOPING MEDICAL STUDENTS' ENGLISH-LANGUAGE CLINICAL COMMUNICATION COMPETENCE THROUGH SIMULATED CLINICAL SCENARIOS

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Abstract. *This paper examines the pedagogical potential of simulation-based doctor-patient interactions in teaching English to medical students. Drawing on international studies, it proposes a three-stage instructional model integrating language learning with clinical practice, together with scenario-based tasks and criteria for assessing communication skills. The model comprises a preparatory stage devoted to topic-specific terminology and patient-friendly explanatory expressions, a stage of simulated clinical encounters in which students rotate through the roles of doctor, patient and observer, and a stage of criterion-based reflection supported by video recording or an observation checklist. The paper is theoretical and methodological in character: it does not report the results of a pedagogical experiment conducted by the author, but proposes an approach for practical implementation on the basis of a review of existing research.*

Keywords: *medical English, professional communicative competence, clinical simulation, doctor-patient communication, role-play, feedback, Calgary-Cambridge guide.*

INTRODUCTION

In contemporary medical education, learning English involves more than memorising terminology. Future physicians need to perform communicative tasks in international clinical settings, including taking a medical history, clarifying patients' complaints, explaining examination procedures and communicating recommendations in accessible language. A disconnect between language learning and the development of professional competence can make it difficult for students to apply theoretical knowledge in authentic situations. Integrating English lessons with clinical scenarios is therefore an important pedagogical priority (Kurtz & Silverman, 1996:83-89).

The Calgary-Cambridge framework proposed by Kurtz and Silverman divides the clinical consultation into clearly defined stages, making it possible to teach and



observe communication systematically (Kurtz & Silverman, 1996:83-89). Subsequent research suggests that role-play in medical second-language learning can support learner motivation and awareness of the patient's perspective (Yu et al., 2023:1163267).

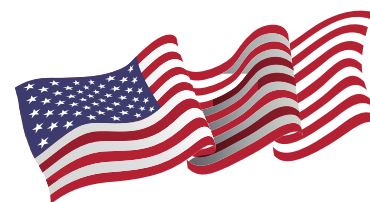
The aim of this paper is to provide a theoretical and methodological rationale for a clinical simulation-based instructional model designed to develop medical students' professional communication skills in English. The methods included a comparative analysis of international scholarly literature, the systematisation of communicative tasks and pedagogical modelling of the learning process (Codron et al., 2025:21-23; Eklics et al., 2024:301-312). This paper does not report the results of a pedagogical experiment conducted by the author; rather, it proposes an approach for practical implementation based on a review of existing research.

MAIN PART

On the basis of the analysis, a three-stage model is proposed: preparation, clinical communication and reflection. At the first stage students learn key topic-specific terminology, polite question forms and patient-friendly explanatory expressions, such as «What brings you here today?», «Could you describe the pain?» and «Let me explain the next step.» It is essential to adapt these expressions to the patient's age and condition and to the purpose of the consultation, since the structure of the consultation itself determines which communicative function is required at each point (Kurtz & Silverman, 1996:85).

At the second stage students complete simulated clinical encounters of five to seven minutes, rotating through the roles of doctor, patient and observer. Tasks may include eliciting complaints and a medical history from a patient with abdominal pain, explaining lifestyle recommendations to a patient with high blood pressure, or checking a patient's understanding of medication instructions. Students focus not only on selecting appropriate words but also on active listening, asking clarifying questions and verifying patient comprehension. Role rotation allows them to consider patient needs from different perspectives (Yu et al., 2023:1163267).

At the third stage feedback is provided using a brief video recording or an observation checklist. The suggested assessment criteria are: opening and closing the consultation; using open-ended and clarifying questions; ensuring the accuracy of medical information; speaking clearly and appropriately in English for the patient; and demonstrating empathy and professional communication etiquette. A three-level scale - «not demonstrated»,



«partially demonstrated» and «demonstrated independently» - would enable students to track their progress (Kurtz & Silverman, 1996:86).

A study of English workshops with simulated patients at the University of Angers reported reduced student apprehension about speaking English with patients (Codron et al., 2025:21-23). Experience with simulated patients in Hungary also highlights the importance of joint feedback from language teachers and clinicians (Eklics et al., 2024:301-312). These findings should not simply be transferred to local curricula; instead, the approach must be adapted to students' language proficiency and to the available teaching resources.

CONCLUSION

Clinical simulation is a promising teaching tool that connects English learning with medical practice. Structuring instruction around essential language resources, role-played clinical encounters and criterion-based reflection provides opportunities for targeted practice of professional communication (Kurtz & Silverman, 1996:83-89; Eklics et al., 2024:301-312). Future studies should test the model's effectiveness by comparing pre- and post-intervention scores on a clinical communication rubric in experimental and control groups (Yu et al., 2023:1163267).

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