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A STUDY ON DIFFICULTIES IN TEACHING ENGLISH FOR MEDICAL PURPOSES FOR STUDENTS AT A UNIVERSITY OF MEDICINE AND PHARMACY IN VIETNAM

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ABSTRACT

The objectives of this study were to find out the difficulties of English teachers in teaching English for specific purpose for medical students at Thai Nguyen university. A cross sectional descriptive study was carried out with the participation of 9 English teachers teaching the medical doctor training program at Thai Nguyen University of Medicine and Pharmacy in Vietnam. The results of the study showed that teaching English for Medical Purposes to Medical Doctor students at Thai Nguyen University of Medicine and Pharmacy is facing many difficulties from three main aspects: learners, lecturers, and some other related factors such as mixed ability class, lack of facilities to support interactive teaching and realistic simulation. Solutions for these problems were then proposed to improve these activities.

Keywords: English for specific purpose (ESP), English for medical purpose, mixed ability class, lack authentic materials, medical terminologies.

1. INTRODUCTION

1.1. Statement of the Problem

In the context of globalization and deep international integration, the need to use English as an academic tool and professional communication is becoming increasingly urgent, especially in the field of Medicine. Medical English not only plays an important role in accessing modern medical knowledge but also serves as a bridge to help medical students improve their research capacity and work in an international environment (Ferguson, 2013). Therefore, teaching medical English to medical students is receiving special attention at medical training institutions in Vietnam.

However, in reality, the teaching of this subject still faces many difficulties, both from lecturers and students. International studies have shown that teaching medical English often faces many challenges. Medical English is highly specialized, requiring learners to master the terminology system, specialized text structure and the ability to apply it in clinical practice (Candlin & Mercer, 2001). Hyland (2006) emphasized that teaching medical English needs to integrate specialized knowledge and adjust to the level of learners. This poses a great challenge for English teachers – who often lack a specialized medical background (Basturkmen, 2010).

At Thai Nguyen University of Medicine and Pharmacy - a key medical training institution in the midland and mountainous region of the North - the issue of improving the quality of teaching specialized English for medical students is an urgent issue. Based on that reality, this study aims to survey, classify and analyze some typical difficulties in teaching specialized English for medical students at Thai Nguyen University of Medicine and Pharmacy. Based on the research results, the article proposes some recommendations to improve teaching effectiveness, contributing to improving the quality of specialized English training in the school.

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2. LITERATURE REVIEW

There are several studies in the world on the difficulties in teaching ESP. They are divided into three main groups: (1) difficulties related to students; (2) difficulties related to lecturers; (3) and difficulties related to the learning environment and other difficulties.

Teaching English for Medical Purposes is a special field in teaching specialized English, requiring lecturers to face many challenges arising from learners, teachers themselves, as well as the teaching environment.

On the learners' side, medical students often encounter many difficulties due to the big differences between English and Vietnamese in terms of linguistics, especially the medical terminology system of Latin or Greek origin (Hyland, 2006). In addition, the tight schedule, study pressure and exams in the medical training program make students not prioritize learning specialized English (Nguyen & Pham, 2020). Students' motivation to learn English is also affected by the lack of real-life usage environments, as well as limited awareness of the role of EMP in future careers (Le, 2019).

From the lecturers' side, the biggest difficulty is often the lack of textbooks that are suitable for the characteristics of medical students and specific learning objectives (Basturkmen, 2010). Many textbooks used are not specifically compiled for the Vietnamese context or have not been updated with modern medical knowledge. Some other teaching materials have in-depth content that exceeds the understanding capacity of both lecturers and students, while simple textbooks do not meet professional requirements (Basturkmen, 2010). In addition, specialized English lecturers are often not trained in medical knowledge, leading to limitations in explaining terminology, guiding reading comprehension of specialized documents or simulating professional communication situations (Dudley-Evans & St John, 1998). Teaching methods are also a problem – many lecturers still apply traditional teaching methods, lacking interaction and practice, making it difficult to motivate students to learn (Nguyen, 2021).

Environmental factors are also a significant barrier. Large classes with students with uneven English proficiency make it difficult for lecturers to control teaching progress and effectiveness (Hutchinson & Waters, 1987). At the same time, the lack of supporting facilities such as medical simulation rooms, digital academic software, or extracurricular activities related to EMP reduces the ability to apply knowledge to practice (Candlin & Mercer, 2001).

Combining the above factors shows that teaching English for medical purposes is a complex process, requiring support not only from lecturers but also from training programs, facilities and appropriate academic policies.

3. RESEARCH METHODOLOGY

3.1. Research subjects

12 lecturers from department of foreign languages who are teaching specialized English courses for medical students attended this study

3.2. Research methods

- This study uses a cross-sectional descriptive research method.
- Data collection: A survey questionnaire was used to collect information to answer the research questions. Lecturers participating in the study were sent a link to a survey to answer questions related to difficulties in teaching specialized English to medical students.

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- Data analysis method: After being completed, the data will be entered into the computer and processed using SPSS software version 20.0.

4. RESEARCH RESULTS AND DISCUSSION

4.1. Difficulties related to students

Table 1: Student-related difficulties

Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
Students lack motivation to study	12	5	5	5.00	.000
Students' schedules are packed with subjects in the program and exam pressure	12	4	5	4.33	.500
Valid N (listwise)	12				

One of the prominent difficulties that English teachers encounter when teaching English for medical purposes comes from the students, as clearly shown in the survey data. Specifically, the variable “Students lack motivation to learn” has an absolute mean score of 5.00, with a standard deviation of 0.000, indicating that all survey participants completely agree that students lack motivation in learning English for medical purposes.

In fact, some students are not aware of the important role of English in reading international documents, communicating in international hospital environments, or in scientific research. At the same time, many students only consider specialized English as a secondary subject, not directly related to passing clinical subjects or exams because many of them come from mountainous provinces, with the mentality of not using English after graduating and returning to their hometowns, leading to a loss of motivation to study. This leads to a series of consequences such as students learning to cope, not actively participating in discussions, asking questions, or doing group exercises, and lecturers having difficulty applying active learning methods. This not only makes it difficult to implement lectures but also requires lecturers to spend more time encouraging or adjusting teaching methods to attract learners' attention. This is a worrying issue, because the lack of initiative and interest from learners will directly affect the effectiveness of teaching as well as the ability to acquire specialized knowledge in English.

In addition, the factor “Students’ busy study schedule and exam pressure” was also rated high, with an average score of 4.33 and a standard deviation of 0.500, reflecting that the majority of survey participants agreed with this statement. The medical training program is known to be rigorous, with a large number of subjects, many hours of theory, practice and clinical study. The research results also showed that all surveyed lecturers agreed that due to having to spend a lot of time on clinical practice, hospital shifts, and studying other specialized subjects (Anatomy, Physiology, Internal Medicine, Surgery, etc.), many students are often tired, doze off, and do not have the spirit to attend class after having to work at night. The overloaded study schedule along with the exam pressure from medical subjects leaves students with little time and mind to study specialized English. In this context, English is often placed behind the core subjects, leading to a lack of priority in learning and making it more difficult for teachers to maintain students' attention and commitment to learning.

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4.2 Teacher-related difficulties

Table 2: Difficulties from the teachers themselves

Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
Lecturers lack knowledge of specialized medical subjects	12	3	5	4.11	.601
Lack of teaching materials and reference materials	12	4	5	4.22	.441
Valid N (listwise)	12				

In addition to the difficulties from the students, the teachers themselves also face many challenges in the process of teaching English for the medical profession, especially in terms of expertise and teaching materials

The survey data shows that the difficulty due to lack of knowledge of medical subjects is assessed with an average score of 4.11, with a standard deviation of 0.601, indicating a relatively high level of consensus from the survey participants. This reflects a common reality: many English teachers, despite having solid language pedagogical expertise, are not properly trained in medical knowledge and do not have a clear understanding of core medical knowledge such as anatomy, physiology, pathology and technical terminology, making it difficult for them to design appropriate lectures, select accurate materials and explain specialized academic content to students, as well as understand and accurately convey specialized terminology and provide realistic simulation situations (such as doctor-patient conversations or clinical case discussions). In the same view, Hutchinson & Waters (1987) argued that in teaching English for professional purposes, "language cannot be separated from technical content" and that a lack of background knowledge will affect teaching effectiveness. Basturkmen (2010) in his study also pointed out that many English teachers "have great difficulty in grasping specialized content and often have to depend on subject experts to understand the lesson content".

In addition, the issue of “Lack of teaching materials and reference materials” also stands out with an average score of 4.22 and a standard deviation of 0.441, showing that most lecturers agree that they are lacking appropriate resources for teaching. The lack of updated materials and learning resources suitable for students’ levels makes it difficult for lecturers to develop lectures, design learning activities and conduct assessments. In particular, when specialized medical materials in English are often highly academic and not specifically compiled for learners of English as a second language, selecting and adjusting content becomes even more challenging. Current reality shows that in Vietnam, specialized English materials are at a level that is too high for students’ levels, only focusing on vocabulary, and lacking exercises to develop practical communication skills such as patient consultation and discussions between doctors. There are almost no resources for writing skills such as writing referral letters, admission letters, clinical case descriptions, and medical records, as well as listening and speaking skills such as taking medical histories, examining and diagnosing, discussing tests, diagnoses, or treatments, whether in textbooks, audio, or video formats. Master (2005) notes that the lack of materials “prevents the development of an effective

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curriculum and reduces the ability to train students in a career-oriented way." Tsou & Chen's (2014) study also found that "the lack of ESP teaching materials that are appropriate to the socio-cultural characteristics of learners makes teaching ineffective."

4.3 Difficulties related to environment and other factors

Table 3: Difficulties related to the learning environment and other factors

Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
Differences between Vietnamese and English	12	4	4	4.00	.000
Complex and difficult to pronounce medical terminology	12	4	5	4.11	.333
Lack of opportunities and environments for students to practice	12	4	5	4.44	.527
Lack of materials to design learning outcome assessment tools	12	4	4	4.00	.000
Lack of competency framework to assess specialized skills in medicine	12	4	5	4.33	.500
Overcrowded classrooms and students with different levels	12	4	5	4.33	.500
Valid N (listwise)	12				

In addition to factors related to learners and teachers, the survey results also showed a series of difficulties related to the nature of specialized language, teaching environment, and assessment of learning outcomes in teaching English for medical purposes.

First of all, the variable "Differences between Vietnamese and English" achieved an average score of 4.00 with a standard deviation of 0.000, showing that all the surveyed lecturers completely agreed with this statement. The differences between the two languages, especially in syntactic structure, specialized vocabulary and logical expression, are a major barrier for both teachers and learners. In the same view, Swales (1990) pointed out that cultural and linguistic differences between the mother tongue and the second language are barriers to teaching and learning English for medical purposes. In addition, according to research by Nguyen & Le (2020), medical students in Vietnam often have difficulty converting language thinking when approaching academic content in English, leading to the phenomenon of rote learning of terminology without understanding the nature.

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In addition, the difficulty related to medical terminology has an average score of 4.11, reflecting a fairly high consensus among lecturers. Medical English vocabulary contains many words of Greek and Latin origin, with difficult pronunciation and specialized meanings, which pose significant obstacles in the teaching and learning process. This result is consistent with the finding of Bosher & Smalkoski (2002), which emphasized that non-native medical students often have difficulty with medical terminology because it requires both phonetic knowledge and in-depth technical understanding.

Another prominent issue is "Lack of opportunities and environment for students to practice", with an average score of 4.44 – the highest among the survey variables in this table. Practice is an essential part of teaching English for professional purposes, especially for fields that require specialized communication such as medicine. However, medical students have little opportunity to practice English in real clinical situations because hospitals in Thai Nguyen usually do not have foreign patients. This finding is consistent with the study of Hyland (2006), who pointed out that specialized English is only truly effective when taught in specific practice contexts and with real interactions.

n terms of assessment, the lack of language resources to design a set of assessment tools for learning outcomes and the lack of a competency framework for assessing specialized skills in medicine" had mean scores of 4.00 and 4.33, respectively, indicating that lecturers have difficulty in building a suitable assessment system. Assessment of English for medical purposes cannot be limited to a simple vocabulary or grammar test, but also needs to assess the ability to apply the language in professional situations, such as communicating with patients, writing clinical reports, or reading and understanding specialized documents. However, as noted by Basturkmen (2010), most English teachers have not been trained to develop competency-based assessment tools, leading to assessments that do not accurately reflect students' actual abilities.

Finally, the difficulty related to "Overcrowded classes and students with different levels of proficiency" was also highly rated (Mean = 4.33), reflecting a common reality in medical education. higher education in Vietnam. Large classes make it difficult to personalize learning activities and control the quality of interactions. At the same time, differences in English proficiency among students reduce the effectiveness of interactive teaching methods, such as group work or case discussions, which are central to ESP teaching. Research by Carver (1983) and Hutchinson & Waters (1987) also emphasized that the unevenness in learners' proficiency is one of the biggest challenges in teaching English for specific purposes.

5. CONCLUSION

5.1. Conclusion

The study has shown that teaching English for medical purposes to medical students at Thai Nguyen University of Medicine and Pharmacy is facing many difficulties from three main aspects: learners, lecturers, and some other related factors.

On the students' side, the lack of motivation to learn and the pressure of overloading with specialized subjects have negatively affected their access to specialized English. Many students do not fully understand the role of English in medical practice and future career development, leading to a passive and coping learning attitude.

On the lecturers' side, the most prominent difficulties are the lack of specialized medical knowledge and the lack of appropriate teaching materials. Although English lecturers have language skills, they are not formally trained in medicine, which limits their ability to convey

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specialized content and design teaching activities that are close to clinical practice. In addition, the current system of textbooks and learning materials has not been standardized, and most of them are not suitable for the level and actual needs of learners. In addition, the teaching environment also has many limitations such as large classes, differences in student levels, lack of facilities to support interactive teaching and real-life simulation, reducing the effectiveness of teaching and learning.

5.2. Solutions and recommendations

To improve the quality of teaching English for medical students at the school, the study proposes the following solutions:

Enhance students' learning motivation: Organize seminars, workshops, integrate practical assessment forms such as presentations, simulated clinical conversations into the test content to create interest and connect professional knowledge.

Professional training for lecturers: Create conditions for lecturers to participate in specialized seminars to grasp the terminology and context used in the profession and cooperate with specialized lecturers to design practical lectures.

Develop appropriate learning materials: Establish a group to develop textbooks, specialized learning material banks and promote digitalization of documents to support self-study.

Improve teaching conditions: Reduce class size, classify classes by level and equip more equipment to support simulation and interactive teaching. Design extracurricular activities such as specialized English clubs and seminars to increase opportunities to practice and use English in environments close to professional reality.

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