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FROM WORD KNOWLEDGE TO COMMUNICATIVE USE: DEVELOPING MEDICAL STUDENTS' LEXICAL COMPETENCE THROUGH CONTEXTUALISED TASKS

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Abstract

Lexical competence is an essential component of English for Medical Purposes (EMP), enabling medical students to understand specialised vocabulary and use it appropriately in academic and professional communication. However, the memorisation of medical terms does not necessarily ensure their accurate use in meaningful communicative situations. This article aims to develop a contextualised methodological framework for integrating lexical instruction with communicative practice in introductory medical English courses. Drawing on a conceptual analysis of research on vocabulary knowledge, medical English instruction, and English for Specific Purposes, the article distinguishes lexical recognition, productive retrieval, contextual appropriateness, and retention as related dimensions of lexical competence. A three-stage instructional framework is proposed, comprising lexical preparation, situated communicative practice, and reflective consolidation. The framework incorporates picture-based activities, guided

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role-plays, information-gap tasks, and feedback-supported vocabulary retrieval. Particular attention is given to first-year medical students, whose professional vocabulary needs must be addressed without presupposing advanced clinical knowledge. The article contributes a theoretically informed framework for instructional design and identifies directions for empirical investigation. Its effectiveness requires validation through classroom-based research.

Keywords: Lexical competence, English for Medical Purposes, medical vocabulary, communicative tasks, contextualised learning, vocabulary retention, English for Specific Purposes.

1. Introduction

English is an important resource for accessing medical research, participating in international academic communication, and preparing future healthcare professionals for professional interaction. Consequently, English for Medical Purposes (EMP) has become a relevant area of English for Specific Purposes (ESP), focusing on the language requirements of medical education and healthcare communication. One of the main challenges in EMP instruction is the development of lexical competence. Medical students need to acquire vocabulary related to anatomy, hospital departments, medical equipment, healthcare professions, symptoms, and routine patient interactions. Nevertheless, knowing the meaning of a word does not automatically enable learners to use it accurately in context.

For example, students may recognise the word appointment but struggle to use the collocation make an appointment. Similarly, memorising the definition of symptom does not necessarily mean that learners can formulate

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appropriate questions about a patient's condition. Such examples demonstrate the distinction between vocabulary knowledge and the ability to use vocabulary for communicative purposes. This distinction is particularly important for first-year medical students, who may have limited experience of clinical communication. Their English lessons should introduce professionally relevant vocabulary through accessible situations without requiring advanced medical knowledge.

Research on vocabulary learning has explored the dimensions of lexical knowledge and the challenges learners encounter when acquiring specialised vocabulary (Nation, 2001; Cui et al., 2024). Studies of EMP materials have also considered the relationship between teaching resources, authentic language, and instructional task design. Despite these contributions, an important methodological question remains: how can lexical preparation, communicative practice, and subsequent vocabulary consolidation be systematically integrated into introductory medical English instruction?

The aim of this article is to develop a contextualised framework for supporting medical students' lexical competence through communicative situations.

The objectives are to:

1. identify the dimensions of lexical competence relevant to EMP;
2. establish the pedagogical role of contextualised communicative tasks;
3. propose a staged instructional framework for medical English classes; and
4. identify assessment criteria for future empirical evaluation.

The article is conceptual and methodological in nature. It proposes an instructional framework rather than reporting experimental findings.

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2. Literature Review

2.1. Lexical competence and vocabulary knowledge

Lexical competence involves more than recognising individual words. It includes knowledge of word form, meaning, grammatical behaviour, collocations, and appropriate use. Nation (2001) presents vocabulary knowledge in terms of form, meaning, and use. This framework is relevant to medical English because learners must understand specialised terms and use them in appropriate grammatical and communicative contexts. For instance, knowing the words patient, temperature, and take does not necessarily ensure the correct production of take a patient's temperature. Learners also need to acquire conventional combinations of words and understand their functions in professional communication.

Lexical competence can therefore be examined through several related dimensions:

- **Lexical recognition:** understanding a word when it is encountered.
- **Productive retrieval:** recalling and producing the word independently.
- **Contextual appropriateness:** selecting vocabulary suitable for a particular situation.
- **Collocational accuracy:** combining words in conventional ways.
- **Retention:** retrieving vocabulary after a period of time.

These dimensions should not be treated as identical. A learner may recognise a term but fail to use it spontaneously or appropriately.

2.2. Medical vocabulary and contextualised instruction

Medical terminology can be challenging because it includes specialised meanings, complex word forms, abbreviations, and expressions that occur frequently in particular professional contexts.

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Cui et al. (2024) reviewed research on vocabulary memorisation in EMP and discussed approaches to supporting medical vocabulary learning. Their work provides a useful foundation for considering the strategies learners use and the instructional conditions under which vocabulary is acquired.

Contextualised instruction connects vocabulary with meaningful language use. For example, students learning the terms reception desk, waiting room, and laboratory can practise these words by describing a hospital map or asking for directions.

Such tasks provide a reason to retrieve vocabulary and combine it with other language resources. However, communicative practice should not replace explicit instruction. Learners may first require definitions, pronunciation guidance, model sentences, and controlled practice.

Effective vocabulary instruction can therefore integrate explicit explanation with contextualised application and repeated retrieval.

2.3. Communicative tasks in EMP

ESP instruction aims to address the linguistic needs associated with specific academic or professional contexts. In EMP, this means that vocabulary and language activities should reflect the communication requirements of medical learners.

Suitable activities include role-plays, information-gap tasks, picture descriptions, collaborative dialogues, and guided problem-solving. These tasks can provide opportunities for learners to use vocabulary for identifiable purposes.

However, interaction alone does not guarantee lexical development. Students may complete an activity while avoiding unfamiliar vocabulary or repeatedly using a limited range of expressions. Therefore, communicative tasks should

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specify target vocabulary, provide appropriate support, and incorporate feedback.

The present article addresses this methodological issue by proposing a framework that connects lexical instruction with purposeful interaction and consolidation.

3. Methodology

This article adopts a conceptual and methodological approach based on the analysis and synthesis of research on lexical knowledge, vocabulary learning, and EMP instruction.

The analysis focused on three questions:

1. Which dimensions of lexical competence should be addressed in medical English instruction?
2. How can communicative tasks encourage the contextualised use of medical vocabulary?
3. How can vocabulary learning be organised to include practice, feedback, and subsequent retrieval?

Relevant pedagogical principles were synthesised into a three-stage instructional framework. Each stage was defined according to its instructional purpose, classroom activities, and intended learning outcomes.

The article does not constitute a systematic review or report original experimental data. The proposed framework should therefore be understood as a theoretically informed methodological model whose effectiveness requires empirical evaluation.

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4. Results and Discussion

4.1. A three-stage framework for lexical competence development

The proposed framework integrates lexical preparation, communicative application, and reflective consolidation.

Stage	Main focus	Suggested activities	Intended outcome
Lexical preparation	Form, meaning, pronunciation, collocations	Picture matching, definitions, model sentences	Initial lexical understanding
Communicative application	Purposeful use of target vocabulary	Role-play, information-gap tasks, pair work	Contextualised lexical production
Reflective consolidation	Feedback, correction, retrieval	Error correction, summaries, follow-up quizzes	More accurate and retrievable vocabulary

The stages are interconnected. Learners may return to lexical preparation when difficulties arise during communication, while consolidation activities may reveal vocabulary that requires further instruction.

4.2. Stage 1: Lexical preparation

The first stage introduces vocabulary needed for a particular communicative task. Selection should reflect lesson objectives, students' proficiency levels, and the professional relevance of the topic.

For example, a lesson on hospital departments may introduce reception desk, waiting room, examination room, laboratory, pharmacy, and emergency department.

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Students can match these terms with pictures, practise pronunciation, and examine model sentences. The teacher can also introduce useful expressions such as ask for directions, wait in the waiting room, and go to the emergency department.

This stage establishes the lexical resources required for subsequent interaction. It also allows the teacher to identify difficulties with meaning, pronunciation, or collocation before students undertake more demanding tasks.

4.3. Stage 2: Communicative application

During this stage, learners use target vocabulary to achieve a communicative objective.

Example activity: Finding Your Way Around a Hospital

Target vocabulary: reception desk, laboratory, pharmacy, waiting room, examination room.

Objective: Ask for and give directions within a hospital.

Students work in pairs and receive hospital maps containing different missing information. They ask questions and explain locations to complete their maps. A sample exchange is provided below:

Student A: Excuse me, could you tell me where the laboratory is?

Student B: It is next to the examination room, opposite the waiting room.

Student A: Thank you. Where can I find the pharmacy?

Student B: It is near the main entrance, beside the reception desk.

Students then exchange roles and repeat the task.

This activity requires learners to retrieve target vocabulary, construct questions, and respond to another speaker. It also integrates vocabulary with prepositions of place and polite requests.

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Importantly, the task remains professionally relevant without requiring advanced knowledge of diagnosis or treatment. This makes it suitable for introductory medical English courses.

Other activities can serve different lexical objectives. Picture descriptions encourage naming and descriptive language, whereas guided role-plays allow students to practise routine interactions. Information-gap activities encourage learners to exchange information rather than simply repeat prepared sentences.

4.4. Stage 3: Reflective consolidation

The third stage focuses on feedback, correction, and subsequent vocabulary retrieval.

During communicative activities, teachers can observe students' language use and record recurring lexical errors. After the task, they can provide corrective examples and ask learners to revise their expressions.

For example:

Incorrect: The pharmacy is in the opposite of the reception desk.

Correct: The pharmacy is opposite the reception desk.

Students may then write a short summary, reconstruct the dialogue, or complete a vocabulary task in a subsequent lesson.

Delayed retrieval is particularly important because successful performance immediately after instruction does not necessarily indicate long-term retention. A follow-up assessment can help determine whether students can recall and use vocabulary after a period of time.

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4.5. Assessment of lexical competence

Assessment should distinguish between vocabulary recognition and the ability to use vocabulary in communication.

The following criteria may be applied:

Dimension	Assessment indicator
Lexical recognition	Correct identification of target words
Productive retrieval	Independent use of target vocabulary
Contextual appropriateness	Suitability of expressions for the situation
Collocational accuracy	Appropriate combinations of words
Retention	Retrieval of vocabulary after a delay

These dimensions can be assessed through vocabulary tests, oral tasks, written responses, and classroom observation.

For future empirical research, a pre-test and post-test design could be supplemented by a delayed post-test. The assessment instruments should be developed and validated before drawing conclusions about the effectiveness of the framework.

4.6. Methodological implications

The proposed framework has three principal implications for EMP instruction.

First, vocabulary should be selected according to students' learning needs and professional contexts. Beginning learners may benefit from familiar topics, such as hospital departments, healthcare professions, equipment, and appointments, before progressing to complex clinical communication.

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Second, explicit vocabulary teaching should be connected with purposeful use. Definitions and translation can establish meaning, while communicative tasks provide opportunities to retrieve and apply vocabulary.

Third, feedback and repeated retrieval should be incorporated into lesson planning. Without these elements, communicative activities may provide limited evidence of whether learners have developed accurate and durable lexical knowledge.

The framework thus offers a structured approach to connecting vocabulary knowledge with communicative performance. Nevertheless, its effectiveness cannot be established through conceptual analysis alone.

5. Limitations and Future Research

The principal limitation of this article is its conceptual design. The proposed framework has not been validated through a controlled classroom intervention, and no claims can be made about statistically significant improvements in lexical competence.

Future research should implement the framework in medical English courses and examine its outcomes using transparent procedures. A study could compare students receiving structured communicative vocabulary instruction with students receiving an appropriate alternative form of instruction.

The investigation could include baseline vocabulary testing, immediate post-testing, delayed assessment, and classroom observation. The analysis should distinguish lexical recognition, productive use, contextual appropriateness, and retention.

Learners' initial proficiency and prior medical knowledge should also be considered when interpreting the results. Such research would provide

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evidence about the framework's feasibility and potential contribution to EMP instruction.

6. Conclusion

Developing lexical competence in English for Medical Purposes requires more than memorising specialised terminology. Medical students must also retrieve words, combine them accurately, and use them appropriately in communicative situations.

This article has proposed a three-stage framework consisting of lexical preparation, communicative application, and reflective consolidation. The framework integrates explicit vocabulary instruction with role-plays, information-gap activities, picture descriptions, feedback, and subsequent retrieval.

Its particular relevance lies in the use of accessible professional contexts for introductory medical English learners. Such contexts allow students to practise medical vocabulary without requiring advanced clinical knowledge. The framework provides a methodological basis for designing and investigating communicative vocabulary instruction. Future empirical research is needed to determine whether it improves productive lexical use and delayed vocabulary retention.

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