

Eureka Journal of Language, Culture & Social Change (EJLCSC)

ISSN 2760-4926 (Online) Volume 2, Issue 3, March 2026



This article/work is licensed under CC by 4.0 Attribution

<https://eurekaopenaccess.com/index.php/3>

ISSUES OF DEVELOPING GRAMMATICAL AND LEXICAL SKILLS IN MEDICAL STUDENTS

Vakhobova Oygul Bakhodirjon kizi
Master Student of the Faculty Foreign language and
Literature Exact and Social Sciences University

Abstract

The development of grammatical and lexical skills is one of the central challenges in teaching English to medical students. Since future healthcare professionals are expected to communicate accurately, interpret specialized texts, and participate in academic and clinical discourse, language instruction in medical education must address both general linguistic competence and domain-specific communicative needs. This article examines the main issues involved in developing grammatical and lexical skills in medical students and identifies the pedagogical conditions that influence this process. The study employed a qualitative classroom-based approach, including observation of medical English classes, analysis of student written work, vocabulary tasks, and reflective feedback from learners. The findings reveal that medical students commonly experience difficulty in mastering professional terminology, using grammar accurately in context, distinguishing between general and specialized vocabulary, and transferring passive vocabulary into active speech. In addition, interference from the native language, limited communicative practice, and the density of medical discourse often slow down language acquisition. The discussion emphasizes that grammatical and lexical competence should not be taught separately but integrated through contextualized, profession-oriented tasks. The article concludes that the most effective way to develop these skills is through systematic exposure to authentic medical texts, repeated vocabulary recycling,

Eureka Journal of Language, Culture & Social Change (EJLCSC)

ISSN 2760-4926 (Online) Volume 2, Issue 3, March 2026



This article/work is licensed under CC by 4.0 Attribution

<https://eurekaopenaccess.com/index.php/3>

grammar instruction linked to clinical communication, and task-based learning that reflects real professional situations.

Keywords: Grammatical skills, lexical skills, medical English, professional communication, ESP, vocabulary development, grammar instruction.

Introduction

In contemporary medical education, English has become an essential instrument of academic and professional development. Medical students need English not only to read textbooks and research articles, but also to understand international terminology, communicate with colleagues, present clinical cases, and engage in continuing professional education. For this reason, the development of grammatical and lexical skills occupies a key place in English for Specific Purposes instruction for future healthcare professionals. Despite the recognized importance of language competence, many medical students face persistent difficulties in acquiring the grammatical structures and lexical units necessary for successful professional communication. These difficulties stem from the specific nature of medical discourse, which combines complex terminology, precision of meaning, impersonal style, condensed syntax, and high communicative responsibility. Unlike learners in general English courses, medical students must master both everyday academic language and a large body of specialized vocabulary. They are also expected to use grammar not in isolation, but as a tool for case description, diagnosis presentation, patient interaction, and professional writing. The problem becomes even more significant when grammatical and lexical skills are taught mechanically, without sufficient contextualization. In such cases, students may memorize individual terms or grammatical rules but remain unable to apply them in authentic communication. This gap between knowledge and use shows that language teaching in medical education must be closely connected with the communicative situations students are likely to encounter in their studies and future careers.

Eureka Journal of Language, Culture & Social Change (EJLCSC)

ISSN 2760-4926 (Online) Volume 2, Issue 3, March 2026



This article/work is licensed under CC by 4.0 Attribution

<https://eurekaopenaccess.com/index.php/3>

Methods

This study employed a qualitative classroom-based design focused on the analysis of language learning difficulties among medical students studying English for professional purposes. The research was conducted through observation of classroom interaction, examination of student assignments, and analysis of typical errors found in written and oral tasks. The methodological approach was interpretive and descriptive, as the aim was not to measure language proficiency statistically but to identify recurring instructional problems and pedagogical patterns.

The participants were medical students enrolled in English classes oriented toward professional communication. The instructional materials included medical reading texts, terminology exercises, grammar-focused assignments, short case descriptions, role-play tasks, and teacher-prepared worksheets. Data were collected from several sources: classroom observations, student written responses, vocabulary tests, sentence-building tasks, and reflective comments from learners concerning the challenges they experienced while studying medical English. The analysis focused on two main dimensions. The first dimension was grammatical competence, including the use of tenses in medical contexts, passive constructions, modal verbs, conditionals, article usage, and sentence structure in academic and clinical communication. The second dimension was lexical competence, including terminology acquisition, understanding of word formation, use of collocations, distinction between general and specialized vocabulary, and the transition of vocabulary from receptive recognition to productive application. To ensure interpretive consistency, recurring patterns in student performance were grouped into thematic categories. These categories were then examined in relation to typical features of medical discourse and the pedagogical conditions under which language learning took place.

Eureka Journal of Language, Culture & Social Change (EJLCSC)

ISSN 2760-4926 (Online) Volume 2, Issue 3, March 2026



This article/work is licensed under CC by 4.0 Attribution

<https://eurekaoa.com/index.php/3>

Results

The analysis revealed that the development of grammatical and lexical skills in medical students is hindered by several interconnected issues.

First, one of the most visible problems is lexical overload. Medical students are exposed to a large number of specialized terms in a relatively short period of time. These terms are often derived from Greek and Latin roots, contain abstract meanings, and appear in long multi-component structures. As a result, students frequently memorize terminology mechanically without fully understanding semantic relations between terms. They may recognize words such as hypertension, myocardial infarction, or respiratory failure in reading tasks, but they often struggle to use them correctly in speaking and writing. This indicates a gap between receptive and productive lexical knowledge.

Second, the findings show that students experience difficulty differentiating between general academic vocabulary and specifically medical vocabulary. In many cases, they understand a term at the level of translation but cannot use it appropriately in context. They may know isolated lexical items such as symptom, treatment, diagnosis, or disorder, yet fail to form accurate combinations such as present symptoms, establish a diagnosis, or administer treatment. This suggests that lexical development is not only a matter of learning words, but also of mastering collocations, semantic compatibility, and discourse patterns.

Third, grammar remains a significant area of difficulty, especially when students are required to use structures functionally rather than theoretically. Passive constructions, which are highly frequent in scientific and medical writing, often create problems. Students tend to avoid them or construct them inaccurately. Similar difficulties were observed in the use of present simple and present perfect tenses when describing general medical facts versus completed clinical actions. Modal verbs also caused confusion, particularly in contexts involving advice, obligation, possibility, or recommendation, such as the patient should be monitored or the symptoms may indicate infection.

Eureka Journal of Language, Culture & Social Change (EJLCSC)

ISSN 2760-4926 (Online) Volume 2, Issue 3, March 2026



This article/work is licensed under CC by 4.0 Attribution

<https://eurekaoa.com/index.php/3>

Fourth, students demonstrated limited ability to integrate grammar and vocabulary simultaneously in professional tasks. When they focused on terminology, grammatical accuracy tended to decline. Conversely, when they concentrated on grammatical correctness, lexical choice became simpler and less precise. This shows that grammatical and lexical skills often develop unevenly and require integrated practice rather than separate instruction.

Fifth, native language interference was identified as an important factor. Students frequently transferred sentence patterns, article omission, or literal translations from their first language into English. This was especially evident in case descriptions, oral presentations, and translation-based exercises. Such interference affected both syntax and lexical choice, sometimes resulting in grammatically understandable but professionally unnatural expressions.

At the lexical level, one of the main difficulties is the transition from isolated word recognition to contextual use. For example, students may know the individual meanings of the words symptom, diagnosis, and treatment, yet still experience difficulty when using them in accurate professional combinations. This can be demonstrated through the following English–Uzbek pairs:

symptom — alomat

The patient has symptoms of pneumonia-Bemorda pnevmoniya alomatlari mavjud.

diagnosis — tashxis

The doctor confirmed the diagnosis after examination-Shifokor tekshiruvdan soʻng tashxisni tasdiqladi.

These examples show that vocabulary learning in medical education must include not only term memorization, but also the acquisition of stable collocations and sentence patterns. Students often understand a term in translation, but they need repeated contextual practice in order to use it productively.

At the grammatical level, one of the most important areas is the use of the passive voice, since it is highly frequent in academic and clinical discourse. Medical

Eureka Journal of Language, Culture & Social Change (EJLCSC)

ISSN 2760-4926 (Online) Volume 2, Issue 3, March 2026



This article/work is licensed under CC by 4.0 Attribution

<https://eurekaopenaccess.com/index.php/3>

students often find passive constructions difficult because such forms are less directly emphasized in everyday communication, yet they are essential in case reports, procedural descriptions, and scientific writing. The following bilingual samples illustrate this point:

The patient was admitted to the hospital yesterday-Bemor kecha shifoxonaga yotqizildi.

The medicine was prescribed by the cardiologist-Dori kardiolog tomonidan buyurildi.

Blood samples were taken in the morning-Qon namunalari ertalab olindi.

These sentences help students see that passive constructions are used to focus on the patient, procedure, or result rather than on the performer of the action. This is especially relevant in medical discourse, where objectivity and procedural clarity are highly valued.

Another important grammatical issue is the use of present simple and present perfect tenses. Medical students may confuse these forms because both can appear in scientific and clinical discourse, but they perform different functions. Present simple is commonly used for general facts, whereas present perfect is often used for recent changes or actions connected to the present moment.

Hypertension increases the risk of stroke-Gipertenziya insult xavfini oshiradi.

The patient has developed chest pain-Bemorda ko'krak og'rig'i paydo bo'lgan.

Another productive area for classroom practice is doctor-patient communication, where grammar and vocabulary are integrated in authentic interaction. Short bilingual clinical utterances can serve as models for oral training:

What symptoms do you have? -Sizda qanday alomatlar bor?

How long have you had this pain?-Bu og'riq sizda qancha vaqtdan beri bor?

Do you feel shortness of breath?-Sizda nafas qisishi bormi?

Please take a deep breath.-Iltimos, chuqur nafas oling.

You need to undergo further examination.-Siz qo'shimcha tekshiruvdan o'tishingiz kerak.

Eureka Journal of Language, Culture & Social Change (EJLCSC)

ISSN 2760-4926 (Online) Volume 2, Issue 3, March 2026



This article/work is licensed under CC by 4.0 Attribution

<https://eurekaoa.com/index.php/3>

Such models are particularly valuable because they connect language learning with real professional tasks. They also help students move from passive knowledge of forms to active communicative use.

From a pedagogical perspective, the use of English–Uzbek samples supports several important learning outcomes. First, it reduces semantic uncertainty and helps students establish accurate conceptual links between languages. Second, it strengthens retention by placing vocabulary and grammar into meaningful professional contexts. Third, it develops contrastive awareness, allowing learners to identify where English and Uzbek structures coincide and where they differ. As a result, bilingual examples function not merely as translation aids, but as methodological tools that support the formation of professional communicative competence.

Discussion

The findings confirm that the development of grammatical and lexical skills in medical students is a complex and multidimensional process. It cannot be reduced to memorizing terminology lists or mastering grammar rules in a traditional form-focused manner. Medical English requires learners to operate within a discourse system characterized by precision, density, and professional responsibility. Therefore, both grammar and vocabulary should be treated as functional instruments of communication rather than abstract language components. One of the main implications of this study is that lexical competence in medical education must move beyond translation. Students may know the equivalent of a medical term in their native language, but this does not guarantee communicative competence. What is needed is a deeper understanding of how terms behave in context, how they combine with other words, and how they are used in specific genres such as case reports, consultations, instructions, and research articles. Vocabulary instruction should therefore include semantic grouping, collocational practice, word-formation analysis, and repeated contextual recycling. The same

Eureka Journal of Language, Culture & Social Change (EJLCSC)

ISSN 2760-4926 (Online) Volume 2, Issue 3, March 2026



This article/work is licensed under CC by 4.0 Attribution

<https://eurekaoa.com/index.php/3>

principle applies to grammar instruction. In professional language learning, grammar should not be taught as an isolated system detached from communicative purpose. For medical students, the value of grammar lies in its ability to structure information clearly and accurately. For example, passive voice is not simply a grammatical topic; it is a common way of presenting procedures and observations in scientific writing. Modal verbs are not just elements of formal grammar; they are central to expressing recommendation, probability, and necessity in clinical communication. When grammar is introduced through its professional function, students are more likely to understand its relevance and use it meaningfully. The issue of cognitive overload must also be considered. Medical students already work under intense academic pressure, and language learning becomes more effective when instructional materials are manageable, sequenced, and closely related to their field of study. This means that teachers should carefully select vocabulary, prioritize high-frequency professional expressions, and avoid presenting excessive terminology without communicative support. Incremental learning and regular revision are especially important in such contexts.

Conclusion

The development of grammatical and lexical skills in medical students is one of the core tasks of medical English instruction and one of its most demanding challenges. The study has shown that students face difficulties related to terminology overload, contextual misuse of vocabulary, insufficient command of grammar in professional discourse, native language interference, and limited communicative practice. These difficulties are interconnected and cannot be solved through isolated language exercises alone. The article argues that grammatical and lexical competence should be developed in an integrated, profession-oriented way. Medical students learn more effectively when vocabulary and grammar are embedded in authentic communicative situations

Eureka Journal of Language, Culture & Social Change (EJLCSC)

ISSN 2760-4926 (Online) Volume 2, Issue 3, March 2026



This article/work is licensed under CC by 4.0 Attribution

<https://eurekaopenaccess.com/index.php/3>

such as case analysis, patient interaction, academic reading, and clinical reporting. Teaching should therefore combine explicit explanation with repeated contextual use, encourage active production, and rely on materials that reflect the realities of medical discourse.

In conclusion, the successful development of grammatical and lexical skills in medical students requires a systematic pedagogical approach that links language form with professional function. Such an approach contributes not only to linguistic competence but also to the broader communicative readiness of future healthcare professionals.

REFERENCES

1. Basturkmen, H. (2010). Developing courses in English for specific purposes. Palgrave Macmillan. P-87
2. Coxhead, A. (2000). A new academic word list. TESOL Quarterly, P-100
3. Dudley-Evans, T., & St. John, M. J. (1998). Developments in English for specific purposes: A multi-disciplinary approach. Cambridge University Press. P-200
4. Ehsanzadeh, S. J., & Dehnad, A. (2024). Analysis of high-frequency errors and linguistic patterns in EFL medical students' English writing: Insights from a learner corpus. BMC Medical Education, 24, P-121
5. Hutchinson, T., & Waters, A. (1987). English for specific purposes: A learning-centred approach. Cambridge University Press. P-23
6. Larsen-Freeman, D., & Celce-Murcia, M. (2016). The grammar book: Form, meaning, and use for English language teachers (3rd ed.). P-12