

The Problems And Challenges When Working With English-Speaking Students

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Abstract

This article examines the challenges and problems encountered when working with English-speaking students in educational settings. While often perceived as a homogeneous group, English-speaking students represent diverse linguistic, cultural, and academic backgrounds. This study identifies key challenges, including addressing varying levels of prior knowledge, managing classroom dynamics influenced by cultural differences, and mitigating the impact of linguistic assumptions on student engagement and academic success. The article concludes with recommendations for educators to promote inclusive and effective learning environments for all English-speaking students.

Keywords: English-speaking students, students' knowledge, teaching aids, Uzbek students, problems, Educational settings, Linguistic diversity, Clinical Terminology, Cultural diversity.

INTRODUCTION

Teaching Latin and Greek in medical terminology to international students presents several significant differences when compared to Uzbek students. On one hand, many terms are already known to the students, as they appear unchanged in English medical terminology. On the other hand, the instructor works with students who possess varying levels of language proficiency and metalinguistic awareness, which enables them to analyze the structure of medical terms. These particular factors must be carefully considered when developing a Latin terminology course and in training new Latin instructors.

Materials and Methods.

Analysis of the Literature:

The literature used in this research includes significant scholarly sources that focus on various aspects of medical terminology. One of the key works is *Essential Medical Terminology* by Petr Honč, Jana Přivratská, and Kristina Hellerová, which provides a thorough overview of medical terminology, highlighting the importance of Latin and Greek in shaping the terminology used in

the medical field. The authors emphasize the critical role these ancient languages have played in standardizing medical terms across various medical disciplines, ensuring clarity and precision in communication¹.

Another important source is *English and Latin Corpora of Medical Terms – A Comparative Study* by Maria Bujalkova and Bozena Dzuganova, which examines the linguistic and cultural influences of Latin and Greek on medical terms. It analyzes how Latin terms have been adapted into modern languages, including English and Uzbek, and the challenges of translating medical terminology accurately between these languages².

Clinical Terminology in Latin and Medical Terminology by Anastasia Maravela delves into the structure of medical terminology, focusing on word formation through roots, prefixes, suffixes, and combining forms. This book offers invaluable insight into how medical terms are systematically formed

¹ Honč, P., Přivratská, J., & Hellerová, *Essential Medical Terminology* K., 2018, p. 35-48

² Bujalkova, M., & Dzuganova, *English and Latin Corpora of Medical Terms – A Comparative Study* B., 2020, p. 72-85.

and the linguistic principles underlying them³.

The work *Latin and Fundamentals of Medical Terminology* by Dmitri Kondratyev, Olga Vylegzhanina, and Juliya Knyazeva provides a comprehensive exploration of Latin's essential role in medical terminology. The book highlights the grammatical structure and linguistic characteristics of Latin that allow for the clear and standardized formation of medical terms⁴.

Additionally, *Latin and Fundamentals of Medical Terminology* by M.N. Chernyavskaya, published important source is *English and Latin Corpora of Medical Terms – A Comparative Study* by Maria Bujalkova and Bozena Dzukanova, which examines the linguistic and cultural influences of Latin and Greek on medical terms. It analyzes how Latin terms have been adapted into modern languages, including English and Uzbek, and the challenges of translating medical terminology accurately between these languages⁵.

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by the Higher School in Minsk (1989), offers detailed insight into Latin's influence on medical terminology, with a specific focus on its application in medical education⁸.

Furthermore, *Lotin Tili va Tibbiy Terminologiya* by S. Sh. Rustamova, M. A. Saydullayeva, R. M. Abdullayeva, M. N. Israilova, and D. Yu. Yuldasheva explores the use of Latin in medical terminology, with a focus on how Latin terms are adapted into the Uzbek language. This book offers a critical perspective on the challenges faced in the translation and application of Latin-based medical terminology within Uzbekistan⁹.

The publication *Lotin Tili va Farmatsevtik Terminologiya Asoslari* by L. X. Bazarova, N. S. Suyundikov, and D. K. Khudoyqulova discusses the role of Latin in the pharmaceutical field, providing an in-depth look at the terminology used in the pharmaceutical sciences and its historical roots in Latin¹⁰.

The work of M.N. Boliyev titled *Latin Language and Medical Terminology* is another significant contribution, especially in the context of how Latin terms are used within the medical curriculum in Uzbekistan¹¹.

Results: The reality of modern teaching in medical universities is the growing number of English-speaking students. For instance, at Andijan State Medical Institute, there are more than three or four thousand students,

³ Maravela, A., *Clinical Terminology in Latin and Medical Terminology* 2021, p. 60-75.

⁴Kondratyev, D., Vylegzhanina, O., & Knyazeva, *Latin and Fundamentals of Medical Terminology* J., 1989, p. 112-126

⁵ Bujalkova, M., & Dzukanova, *English and Latin Corpora of Medical Terms – A Comparative Study* B., 2020, p. 72-85.

⁶ Maravela, A., *Clinical Terminology in Latin and Medical Terminology* 2021, p. 60-75.

⁷Kondratyev, D., Vylegzhanina, O., & Knyazeva, *Latin and Fundamentals of Medical Terminology* J., 1989, p. 112-126

⁸ Chernyavskaya, M.N., 1989, *Latin and Fundamentals of Medical Terminology* p. 85-95.

⁹ Rustamova, S. Sh., Saydullayeva, M. A., Abdullayeva, R. M., Israilova, M. N., & Yuldasheva, D. Yu., *Lotin Tili va Tibbiy Terminologiya* 2010, p. 58-72.

¹⁰ Bazarova, L. X., Suyundikov, N. S., & Khudoyqulova, D. K., *Lotin Tili va Farmatsevtik Terminologiya Asoslari* 2012, p. 45-60.

¹¹ Boliyev, M.N., *Latin Language and Medical Terminology* 2013, p. 99-113.

of which approximately one thousand are international students. The overwhelming majority of students studying subjects in English are citizens of India, Pakistan, Korea, Russia, Kyrgyzstan, Afghanistan, and Kazakhstan¹².

The rapid increase in the number of English-speaking students and the expansion of geographical diversity require educators not only to translate existing educational materials into the language of the new audience but also to create original teaching aids, tools for assessing students' knowledge, and to organize the course content, taking into account the national and linguistic characteristics of the students.

The issues of motivating medical students to study Latin, finding new teaching methods and tools, incorporating computer technologies, and the necessity of a multidisciplinary approach to teaching medical terminology have been repeatedly raised by leading Uzbek and foreigner latinists. Against this backdrop, there is a notable lack of works analyzing the specifics of teaching Latin to foreign, primarily English-speaking, students. This topic is addressed in the article by O. V. Slugina, published in 2017¹³.

The fundamental feature to which the instructor must adapt is the level of students' preparation. In groups of 13-15 students, there may be individuals for whom English is either their native or second language, as well as students with a low level of proficiency in the language of instruction. This issue is particularly relevant for the teacher of a language discipline.

Students are introduced to the section "Clinical Terminology" after mastering anatomical (and sometimes

pharmaceutical) terminology. In other words, a student studying clinical terminology already has a basic understanding of Latin grammar, possesses a fairly extensive vocabulary (names of human body organs), and is able to translate various structural terms from Latin to English and from English to Latin. The specificity of working with clinical terminology is determined by: 1) the use of new linguistic material (term elements of Greek origin); 2) a shift in the approach to working with vocabulary – the focus now shifts to morphological-syntactic analysis of terms (translation becomes secondary); 3) the diversity of ways to explain terms, related to the polysemy of term elements and the presence of extensive synonymic series in the language of instruction. Therefore, the student faces the task of not only memorizing a large number of new linguistic units but also restructuring their way of perceiving terms.

At the same time, the teacher must consider that the student speaks several living foreign languages (often belonging to different language families), which, on one hand, allows them to rely on the experience of mastering foreign languages, but on the other hand, leads to multilingual interference. Analyzing such phenomena is of great interest both from the perspective of language learning and from the standpoint of psycholinguistics. However, when it comes to studying Latin, we are not aware of any research on this topic. P. B. Tishulin highlights a typology of speech errors based on the language level: phonetic (phonological) errors, lexical-semantic errors, morphological-syntactic errors, and pragmatic errors¹⁴.

¹² Andijon davlat tibbiyot instituti tarixi va faoliyati haqida ma'lumot <https://adi.uz/institut/umumiy-malumotlar>

¹³ Тишулин П.Б. Виды языковых ошибок и возможности их исправления при обучении иностранному языку / П. Б. Тишулин // Известия высших учебных заведений. Поволжский регион. Гуманитарные науки. – 2012. – № 1. – С. 130–136

¹⁴ Тишулин П.Б. Виды языковых ошибок и возможности их исправления при обучении иностранному языку / П. Б. Тишулин // Известия высших учебных заведений. Поволжский регион. Гуманитарные науки. – 2012. – № 1. – С. 133.

In the study of clinical terminology, the most significant errors are phonetic, while lexical-semantic errors are closely tied to morphological-syntactic errors, as students become acquainted with the rules for combining term elements within lexical units. At the same time, the pragmatic aspect is not relevant, as one of the features of studying Latin in medical universities is the absence of an effective communicative component.

Memorizing Greco-Latin term elements is often not a problem for students studying in English. English clinical terminology is based on international Latin terminology, so the meaning and spelling of most Latinized Greek term elements are preserved: "pharyng-", "phren-", "-ectomia", "-rrhexis", "-stenosis". Therefore, English-speaking students avoid the typical spelling errors that Ukrainian students often make.

However, graphic and phonetic errors occur under the influence of language interference when there is a difference in the spelling or pronunciation of terms in Latin and English. For example, "pneumonia" and "psychiatria" are pronounced in English as [nju:'mæuniə] and [saɪ'kaɪətri], which is reflected in writing errors. Terms and term elements that have been adapted to the rules of the English language are initially written and pronounced in the modern way: "-logy" instead of "-logia," "-rrhagy" instead of "-rrhagia," and "-plasty" instead of "-plastica." According to our observations, these features are the main reason for the qualitative gap in the speed of mastering a new section between students with different levels of proficiency in the language of instruction. For instance, students who are proficient in English quickly grasp new material and focus their efforts on self-monitoring spelling mistakes. On the other hand, students with weaker preparation are first required to memorize new vocabulary, learn not to confuse it with already learned

Latin terms, and only then focus on controlling spelling and pronunciation.

In terms of lexical-semantic and morpho-syntactic errors, all foreign students encounter difficulties with polysemy, homonymy, and synonymy of term elements. Typical errors include mistakes in writing and interpreting terms with the root "metr", which can mean both "uterus" and "measurement"; "myx" (mucus) and "myc" (fungus). It is common to see explanations like "thermometria" as "hot uterus" (i.e., hot womb) and "myxoma" as "tumor of fungus" (i.e., fungus tumor) in student works. It is worth noting that the issue of homonyms is also characteristic of Uzbek students.

It is quite challenging for foreign students to comprehend the simultaneous existence of prefixes such as "peri-", "epi-", and "ecto-", all of which refer to the outer layer or position outside. In exercises where the task is to form a term with a given meaning, we often encounter terms like "epiphlebitis" and "periderma." While the task of forming terms is educational, errors in explaining terms arise due to the polysemy of term elements. Roots such as "-graphia" and "-logia," which retain their original meanings of "writing" and "speech," and at the same time acquire new, more specific medical meanings such as "radiological examination" and "branch of medical knowledge," become "false friends" for students. For instance, they need to be guided in understanding terms like "agraphia" or "logopaedia." Similarly, students struggle with the meanings of polysemous prefixes, such as "para," which can mean both "near" and "similar to." It is common to see explanations like "paratyphus" as "near typhus" in student works.

It is not easy for students to get accustomed to the synonymy of clinical terms or the invariability of morpheme usage. For instance, when two variants are available (metr-/hyster- for "uterus"; -algia/-odynia for

"pain"), students often choose the one they encountered first and predominantly use it. The issue of synonymy also arises when using the native language. For example, in Stedman's Medical Dictionary, the term "excision" is explained as "The act of cutting out; the surgical removal of part or all of a structure or organ"¹⁵. A student with a weak knowledge of English may struggle to associate "removal" and "cutting out" with one term.

In addition to proficiency in the intermediary language, an important factor affecting student success is the change in the type of tasks. While studying anatomical terminology, most practical exercises were focused on translation from Latin to English or from English to Latin, which implied the existence of a single correct answer. However, tasks that require students to explain and form terms pose difficulties for students, regardless of their level of English proficiency.

It should be noted that syntactical errors when translating clinical diagnoses by students are not as frequent. Once students master the basics of Latin grammar, they successfully agree adjectives with nouns and correctly organize terms with indirect definitions, such as *hepatitis chronica* and *diagnosis morbi*.

The Latin language course serves as a tool for first-year students to efficiently master the professional sublanguage. In our view, the realities of modern medical education require an analysis of accumulated practical experience, along with the simultaneous implementation of the results of this analysis into the creation of methodological materials specifically aimed at foreign students. This will allow Latin language teachers not only to be prepared for changes in the educational paradigm but also to be at the forefront of these changes.

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¹⁵ Stedman's medical dictionary ; 28-th edition. – Philadelphia, PA, 2006. – 1784 p.



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