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TRANSLANGUAGING IN MEDICAL ENGLISH CLASSROOMS: EVIDENCE-BASED PEDAGOGICAL APPLICATIONS

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Abstract
Medical English students often encounter difficulties when learning specialised terminology and explaining clinical concepts in a foreign language. Translanguaging allows learners to use their existing linguistic resources to support understanding and develop professional communication skills. This article examines the application of translanguaging in Medical English classrooms through a review of relevant theoretical and empirical research. Particular attention is given to medical vocabulary acquisition, clinical case discussions, and doctor–patient communication. A recent quasi-experimental study involving 50 medical and health sciences students reported better retention of specialised vocabulary among students receiving bilingual instruction than among those taught exclusively in English at follow-up assessments (Alzahrani et al., 2026). These findings support further investigation of multilingual approaches in medical education. The article proposes practical classroom activities that combine multilingual support with structured English-language practice.
Keywords: translanguaging, Medical English, medical terminology, multilingual education, clinical communication.

Introduction

Medical students need to understand specialised terminology and communicate medical information accurately. However, learning complex terms in English can be challenging when students are more familiar with the relevant concepts in another language. Translanguaging offers a pedagogical approach through which learners can use their existing linguistic resources to develop new knowledge (García & Li Wei, 2014).

The relevance of this approach to medical education is discussed by Ortega and Prada (2020), who emphasise that effective healthcare communication requires more than knowledge of medical terminology. Healthcare professionals must also explain medical concepts in language that patients can understand. Therefore, translanguaging may be useful both in language classrooms and in clinical communication training.

This article examines how translanguaging can be incorporated into Medical English lessons to support terminology learning and communication skills.

Methods

A focused literature-based analysis was conducted using publications on translanguaging, bilingual instruction, and medical communication education. The analysis considered theoretical discussions of multilingual learning, a medical communication education article, and recent research on bilingual support for specialised vocabulary acquisition.

The proposed teaching activities are practical applications derived from the literature rather than independently tested interventions.

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Results

Learning medical terminology

One practical application of translanguaging is the use of familiar languages to clarify unfamiliar medical terms before students practise them in English.

For example, when teaching *hypertension*, students can first discuss its meaning in Uzbek or Russian, identify its medical definition in English, and then use the term in a clinical sentence: "The patient has a history of hypertension." The teacher can subsequently ask students to explain the condition in simple English.

Evidence relevant to this approach comes from Alzahrani et al. (2026), who compared English-only instruction with bilingual instruction among 50 medical and health sciences students. The study assessed vocabulary knowledge immediately after instruction and at one-week and one-month follow-ups. Although initial gains were similar, the bilingual-instruction group achieved significantly higher scores at the follow-up assessments, particularly in depth of vocabulary knowledge. This study supports the potential value of bilingual scaffolding, although it does not establish that every translanguaging technique will produce the same results.

Applying translanguaging to clinical cases

Translanguaging can also be incorporated into clinical case discussions. Students may initially clarify a patient's symptoms or discuss possible explanations using a familiar language before presenting their conclusions in English.

For example, a group analysing a case of diabetes mellitus can identify the main symptoms, discuss the patient's condition, and then prepare an English-language case summary. The final task should require students to use appropriate medical terminology and explain their reasoning clearly.

Ortega and Prada (2020) argue that medical communication training should recognise multilingual language practices and prepare students to communicate with patients whose linguistic preferences differ. This perspective supports the use of clinical scenarios that combine medical accuracy with patient-centred explanations.

Developing doctor–patient communication

A further application involves role-play activities. One student acts as a doctor, another as a patient, and a third observes the interaction. Students can use familiar languages during preparation, but the main role-play can be conducted in English when English communication is the learning objective.

The doctor must explain the diagnosis, describe a treatment plan, and check whether the patient understands the instructions. The observer evaluates clarity, appropriate terminology, and the ability to reformulate complex information in accessible language.

Alasmari and Alaqlobi (2025) examined translanguaging in healthcare education using survey data from 90 medical students and interviews with 10 students. Their analysis identified potential benefits for comprehension, cultural competence, and communication, while also highlighting concerns about inconsistent implementation and excessive reliance on familiar languages.

Discussion

The literature suggests that translanguaging can support Medical English instruction when its use is connected to specific learning objectives. Bilingual clarification may help students understand unfamiliar terminology, while clinical case discussions and role-play can provide opportunities to apply that knowledge in English.

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However, translanguaging should not replace English-language practice. If students complete every activity in their familiar languages, they may have fewer opportunities to develop professional communication skills in English. Teachers should therefore distinguish between activities intended to clarify meaning and activities intended to assess English proficiency.

The practical value of translanguaging lies in combining linguistic support with progressively more independent English use. Future classroom research should examine whether this approach improves medical vocabulary retention, oral communication performance, and students' ability to explain clinical information clearly.

Conclusion

Translanguaging offers a promising approach to Medical English teaching because it connects students' existing linguistic knowledge with specialised medical terminology and clinical communication. Research on bilingual vocabulary instruction and medical communication education provides a basis for exploring its practical applications. Nevertheless, its effectiveness should be evaluated through classroom-based studies, with particular attention to vocabulary retention, English-language performance, and patient-centred communication.

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