

TEACHING A FOREIGN LANGUAGE AND SOFT SKILLS AT A MEDICAL UNIVERSITY: MOVING FROM VOCABULARY TO LIVE CONVERSATION

Kuznetsova EB ✉

Yaroslavl State Medical University, Yaroslavl, Russia

This article explores how learning a foreign language helps medical students develop soft skills. The author proves it is necessary to move beyond rote vocabulary learning and shows that a foreign language creates a distant environment for developing empathy, tact and the ability to conduct a delicate professional dialogue. The article examines three useful activity types: ethical dilemma case studies, role-play activities, and debates. A system for their integration into the educational process is proposed, and the teacher's role as a guide for ethical communication is discussed. The text emphasizes how the professional identity of a doctor grows through technical mediation skills and careful self-reflection on their daily clinical practice.

Keywords: soft skills, medical education, foreign language, empathy, ethical dilemmas, case method, role-playing, debates, technological mediation, professional communication

✉ **Correspondence should be addressed:** Ekaterina B Kuznetsova
Revolutsionnaya St., 5, Yaroslavl, 150000, Russia; kuropatka@mail.ru

Received: 04.08.2026 **Accepted:** 11.08.2026 **Published online:** 22.08.2026

DOI: 10.24075/medet.2026.022

Copyright: © 2026 by the authors. **Licensee:** Pirogov University. This article is an open access article distributed under the terms and conditions of the Creative Commons Attribution (CC BY) license (<https://creativecommons.org/licenses/by/4.0/>).

ЯЗЫКОВАЯ ПОДГОТОВКА И SOFT SKILLS В МЕДИЦИНСКОМ ВУЗЕ: ОТ ТЕРМИНОВ К ЖИВОМУ ДИАЛОГУ

Е. Б. Кузнецова ✉

Ярославский государственный медицинский университет, Ярославль, Россия

Статья посвящена проблеме формирования мягких навыков (*soft skills*) у студентов-медиков в процессе обучения иностранному языку. Автор обосновывает необходимость выхода за рамки традиционной терминологической подготовки и показывает, что иностранный язык как дистанцирующая среда создает уникальные возможности для развития эмпатии, тактичности и умения вести деликатный профессиональный диалог. В работе детально анализируются три эффективных формата работы: разбор кейсов с этическими дилеммами, ролевые игры и дебаты. Предлагается система их интеграции в учебный процесс, а также обсуждается роль преподавателя как фасилитатора этически ответственной коммуникации. Особое внимание уделяется связи с компетентностью технологической медиации и необходимостью рефлексивной практики для становления профессиональной идентичности врача.

Ключевые слова: мягкие навыки, медицинское образование, иностранный язык, эмпатия, этические дилеммы, кейс-метод, ролевые игры, дебаты, технологическая медиация, профессиональная коммуникация

✉ **Для корреспонденции:** Екатерина Борисовна Кузнецова
ул. Революционная, д. 5, г. Ярославль, 150000, Россия; kuropatka@mail.ru

Статья поступила: 04.08.2026 **Статья принята к печати:** 11.08.2026 **Опубликована онлайн:** 22.08.2026

DOI: 10.24075/medet.2026.022

Авторские права: © 2026 принадлежат авторам. **Лицензиат:** РНИМУ им. Н. И. Пирогова. Статья размещена в открытом доступе и распространяется на условиях лицензии Creative Commons Attribution (CC BY) (<https://creativecommons.org/licenses/by/4.0/>).

For decades, teaching a foreign language in medical universities has been based on three pillars such as terminology, reading annotations, and written translation of protocols. The student focused on memorizing diseases, treatments, and procedures, as well as distinguishing *hypertension* from *hypotension*, and believed that it was sufficient. Historically, doctors mostly communicated through written texts; they rarely attended conferences, and treating patients from other countries was quite unusual. Today, the situation is totally different. Medical university graduates can work in international clinics, join worldwide research teams, and treat patients from all over the world. In this context, even the most expansive vocabulary proves entirely insufficient.

Recent studies have clearly proven this. Even if a doctor is fluent in medical terms, they often struggle with simple things, like expressing sympathy, communicating unfavorable diagnoses, or easing anxiety during interactions with aggressive

individuals. Without these *soft skills* [1], even perfect medical English remains practically useless. The doctor speaks fluently, but nobody listens, because no real empathy is seen.

Here comes the paradox. It turns out that mastering a foreign language like English is actually an excellent precondition for developing *soft skills*. When speaking a non-native language, students have to weigh every word, control their intonation, and closely monitor their interlocutor's reaction. This state of heightened awareness serves as an ideal training ground for developing empathic communication skills [2]. Moreover, foreign language classes offer a safe space to simulate stressful professional scenarios without actual consequences, allowing students to practice emotion management. According to some data, the practice helps reduce the risk of professional burnout even before the student crosses the threshold of the clinic [2].

The ethical constituent of technological mediation represented by the meaningful use of digital tools should

permeate the entire system of teaching a foreign language at a medical university [3]. However, let's focus on the practical aspects: how three specific methods such as case studies, role-play activities, and debates can turn a regular language lesson into a masterclass in professional communication, teaching students to act not merely as translators, but as real doctors who speak a foreign language with genuine empathy.

CASES WITH ETHICAL DILEMMAS: WHEN WORDS FUNCTION AS DIRECT ACTIONS

In medical education, the case method is not a new idea. It is used across clinical departments to practice diagnostic skills and treatment strategies. The tool, however, functions differently in a language learning class. At this point, the case is no longer just a test of protocols. It turns into a moral dilemma where every word in English matters deeply.

Here is a real-life example. Students review the medical history of a dying cancer patient in English. The patient decides to discontinue treatment and enter a hospice. Relatives insist on continuing the fight for survival and seek a medical consultation. The doctor must choose a position and decide how to talk to the patient. The problem has to be solved without using their native tongue.

At first glance, it may seem like a total cliché: *"I hear you," "I understand your decision,"* and *"Let's discuss what matters most to you"*. But experience proves that a single phrase is not enough. Students quickly realize that they need to find words that take into account the patient's wishes and avoid hurting the feelings of family members. How to object politely? How to offer an alternative without pressure?

In this case, we come across an important observation, which is confirmed by colleagues from other Universities [4]: students often perceive empathy in communication as a "ritual", as if all what they need is uttering a standard phrase. Real empathy, however, is not just about words. That is why our case studies are aimed at not just memorizing remarks, but at analyzing the situation from different angles, testing various approaches, and discussing how words can either hurt or heal.

An "Ethical audit" is one of the favorite methods of students [3]. When the method is used, several online articles are selected in advance. They contain deliberate ethical violations such as missing references, clinical photos used without patient consent, or links to ads instead of serious sources. The group tries to find all inaccuracies and suggest a corrected option. The task does not only improve cognitive skills but also develops professional integrity, the ability to critically verify information and distinguish true data from untrue ones. In the context of digitalization, this is of particular relevance.

The peer-review method is widely used in the educational process. Students are provided with a brief text in English and a list of ethical criteria to decide whether it should be published [3]. This task is challenging, as students must consider conflicts of interest, statistical accuracy, and respect for subjects' rights. Analyzing such cases goes beyond merely learning vocabulary. It involves the issues of professional responsibilities and how written words can shape medical practice.

Moreover, it has been established that case studies are more effective beyond in-class learning. Thus, students should keep a log of their ethical dilemmas, recording situations with ambiguous data or moments of discomfort encountered while reading [3]. This practice enables transformation of external knowledge into internal belief, which is more valuable than pure memorization of terms.

ROLE-PLAYING: NOT JUST A GAME BUT A CHANCE TO TRY A NEW PROFESSION

Unlike the case method aimed primarily at the cognitive educational component, role-playing games activate the emotional and sensory sphere of the student. The student happens to be involved in the dynamics of a real professional interaction while turning from an external observer to a direct participant whether it is a doctor, a patient, a relative or a nurse. In such scenarios, students experience tangible physical and mental reactions — tachycardia when delivering a diagnosis, difficulty speaking when answering tough questions, or unease when facing criticism from colleagues. Crucially, all these reactions occur while communicating in a foreign language, which significantly heightens both cognitive and emotional stress.

How does it work? In a role play, a language is not abstract any longer. It becomes a tool, a shield, a bridge, and a medicine. It all depends on the situation. The students forget about cases and tenses. They only think about how to sound softer, not to offend a patient, help him understand the most important issues without suppressing him. During these intense times, when feelings are strong and words are hard to find, a true shift happens. The language becomes tangible, visceral, and alive.

We have tried many different approaches in our work. They included an informed consent, talking to relatives next to the resuscitation ward, and interdisciplinary consultation (or a multidisciplinary team meeting) where a therapist, a surgeon and an oncologist argue about the treatment strategy. According to the research of colleagues [4], attempts to solve difficult tasks are highly effective for the development of their skills. Meanwhile, it is essential not just to perform a task but also to provide qualitative feedback. Apart from the traditional analysis of language-related mistakes, it is critically important to review such ethical aspects as being polite and kind during a conflict, and listening attentively to what the other person says. Providing such feedback requires sensitivity and honesty.

According to the research results, Russian researchers often note that patients can lose their personal identity, which makes it important to study what helps doctors and patients interact well [5]. The researchers point out three types of empathy. They include cognitive (when you know how another person feels), emotional (when you share their feelings) and behavioral (when you help) [5]. Role playing allows to train all the three levels at the same time, as the student should understand the situation and respond adequately in a foreign language.

Role-playing games help people develop empathy very well. This is true when you repeat the stories many times with new partners and get advice from multiple teachers [6]. When the lessons can not be included into the educational process on a regular basis, even a limited number of qualitatively conducted role-play games can ensure significant results.

Regarding technology, people remain skeptical about AI chatbots replacing real human interaction [7], even though some research explores using them to practice dialogue. Empathy is a unique human quality that is developed while interacting with a real person only. Thus, traditional role games are preferable.

DEBATES: LEARN TO ARGUE IN ORDER TO NEGOTIATE

The debate is our third educational format. Students use English in a structured argument. They defend opposing positions, supporting their own views while refuting their opponent's arguments. It is a focused exercise in developing

critical thinking and persuasion skills. Though it may seem that debates are inconsistent with the image of a diplomatic physician, they are essential. Medical practice contains numerous examples without the only true solution. They include the issues of life prolongation at any cost or its quality, ethics of distributing deficient resources, truth and compassion while reporting the diagnosis. In this case, at least two reasonable points of view always exist.

Debates help future doctors build their own views. They teach students to back up those views with logic, listen to others attentively, and respect opposing points without making personal remarks. Speaking a non-native language makes this much harder. You must pronounce medical words right, build complex sentences, and use soft phrases like “*one might argue*”, “*while it is true that...*”, and “*nevertheless*” to sound less harsh. You also need to refer to ethics and study results.

We carefully select our topics for debate, such as whether euthanasia respects freedom or breaks the rule to do no good, if a doctor may hide bad news from a psychologically unstable patient, and how to share donor organs fairly. In these debates, cultural, religious, and professional views inevitably lead to strong arguments. Debating in a foreign language helps students remain composed. They must choose words with care. This reduces strong emotions and keeps the conversation organized. In the process, a teacher acts not as a judge, but as a supporter who guides the discussion, helps formulate the thoughts and asks clarifying questions.

At the end of the discussions, we often ask students to write an essay, but with an unusual condition: they need not to defend their own point of view, but to argue for the opponent's position instead. This approach works best to grow empathy. Seeking strong points for a new view helps us understand why people act differently. This builds true professional tolerance.

HOW CAN THE FORMATS BE UNITED WITHIN A SINGLE MEANINGFUL SYSTEM?

Each of the three educational formats helps achieve specific goals. To reach the highest level of efficiency, they must be linked together in a step-by-step logical chain. We use a spiral approach. First, we study real cases to learn the topic, master key terms, and grasp the core ideas of ethical problems. This is followed by *role-playing games*. These games let people use their new knowledge in real, highly charged situations. The final stage is represented by *debates*. They help students

develop abstract thinking, prove their points of view and fight off critics.

The complexity of tasks scales with the students' year of study. First- and second-year students study simple cases with clear ethical standards to master standard expressions. Graduate students deal with complex challenges with unclear answers that take into consideration legal rules and cultural traditions.

As it was mentioned in the previous article [8], building skills in technological mediation helps people grow deeper critical thinking abilities. The described formats allow to achieve this exact outcome.

CONCLUSION

The traditional model of memorizing and translating words no longer works. It produced text experts who feel unprepared for live social contact. Medicine is, however, mostly about talking, sharing ideas, and meeting people.

Soft skills like empathy, tact, and active listening are no longer just nice extras for your resume. They are now a core part of being a true professional. It may sound strange that a foreign language is an excellent practice tool for that. It forces you to be conscious, reflective, and attentive to the word.

We have presented three practical models. The cases sharpen the mind, role-playing engages the emotions, and debates build the skill of conversation. Individually, these tools are helpful. Combined, they build a space where students learn to talk like real doctors. Now they do it with a professional skill, the right mindset, and deep responsibility.

To make it work, the teacher has to play another role. They are no longer transmitters of knowledge, but facilitators, creators of a safe space where you can make mistakes, reflect, and try. The ethical component of previously mentioned technological mediation [3] should go through all stages of work, from setting the task to the final reflection. When a teacher embraces this approach, students gain more than a language certificate. They gain a genuine ability to build trusting relationships with patients and coworkers across the globe.

There is still a lot of work ahead, including empirical testing, clear standards for judgment, and research into how advanced tools like neural networks impact mediation ethics [9]. But one can start right now by asking: What more can I teach my class today besides English? We believe the answer determines if the graduate can use the language as a working tool only or turn it into a core part of their professional motto.

References

1. Not taught in medical school but needed for the clinical job — leadership, communication and career management skills for final year medical students. PubMed. 2024.
2. Bayeva TA, Kubacheva KI, Sinitsyna TA. Obucheniye inostrannomu yazyku spetsial'nosti kak odin iz metodov regulyatsii psikhoomotsional'nogo sostoyaniya studentov meditsinskogo vuza. Sovremennaya nauka: aktual'nyye problemy teorii i praktiki. Seriya: Gumanitarnyye nauki. 2024; 11/2: 40–45. DOI: 10.37882/2223-2982. Russian.
3. Sur'yaninova YuA, Kuznetsova Ye B. Eticheskiye aspekty tekhnologicheskoy mediatsii v professional'noy deyatel'nosti prepodavatelya inostrannogo yazyka v meditsinskom vuze. Meditsinskaya etika. 2026; 2: 22–27. DOI: 10.24075/medet.2026.014. Russian.
4. The development, delivery, and evaluation of novel longitudinal empathy-focused communication skills training at a UK medical school. PMC. 2025. DOI: 10.1016/j.pecinn.2025.100436.
5. Volkova YeA, Yezhova, YuM, Varshaver NV. Rol' kommunikativnykh uprazhneniy v formirovaniy empatii sredstvami inostrannogo yazyka. CyberLeninka.
6. Hierarchically Structured Role-Playing Simulation as a Tool for Promoting Soft Skills in Veterinary Undergraduates. PubMed, 2025.
7. Müller Y, et al. Training Empathetic Communication Skills in Medical Students With a Role-Prompted GPT-4o Chatbot: Quasi-Experimental Intervention Study. JMIR Med Educ. 2026. DOI: 10.2196/88092.
8. Kuznetsova YeB, Sur'yaninova Yu A. Kompetentnost' tekhnologicheskoy mediatsii v vysshey shkole. Kazanskaya nauka. 2026; 1: 187–191. Russian.
9. Kuznetsova YeB, Sur'yaninova Yu A. Eksperimental'nyy proyekt issledovaniya formirovaniya kompetentnosti tekhnologicheskoy mediatsii studentov vuza. Global'nyy nauchnyy potentsial. 2025; 1(12(177)): 216–220. Russian.

Литература

1. Not taught in medical school but needed for the clinical job — leadership, communication and career management skills for final year medical students. PubMed. 2024.
2. Баева Т. А., Кубачева К. И., Сеницына Т. А. Обучение иностранному языку специальности как один из методов регуляции психоэмоционального состояния студентов медицинского вуза. Современная наука: актуальные проблемы теории и практики. Серия: Гуманитарные науки. 2024; 11/2: 40–45. DOI: 10.37882/2223-2982.
3. Сурьянинова Ю. А., Кузнецова Е. Б. Этические аспекты технологической медиации в профессиональной деятельности преподавателя иностранного языка в медицинском вузе. Медицинская этика. 2026; 2: 22–27. DOI: 10.24075/medet.2026.014.
4. The development, delivery, and evaluation of novel longitudinal empathy-focused communication skills training at a UK medical school. PMC. 2025. DOI: 10.1016/j.pecinn.2025.100436.
5. Волкова Е. А., Ежова Ю. М., Варшавер Н. В. Роль коммуникативных упражнений в формировании эмпатии средствами иностранного языка. CyberLeninka. Russian.
6. Hierarchically Structured Role-Playing Simulation as a Tool for Promoting Soft Skills in Veterinary Undergraduates. PubMed, 2025.
7. Müller Y, et al. Training Empathetic Communication Skills in Medical Students With a Role-Prompted GPT-4o Chatbot: Quasi-Experimental Intervention Study. JMIR Med Educ. 2026. DOI: 10.2196/88092.
8. Кузнецова Е. Б., Сурьянинова Ю. А. Компетентность технологической медиации в высшей школе. Казанская наука. 2026; 1: 187–191.
9. Кузнецова Е. Б., Сурьянинова Ю. А. Экспериментальный проект исследования формирования компетентности технологической медиации студентов вуза. Глобальный научный потенциал. 2025; 1(12(177)): 216–220.