The OSCAR PUBLISHING Services
International Journal of Pedagogics

VOLUME Vol.06 Issue02 2026
PAGE NO. 23-26
DOI 10.37547/ijp/Volume06Issue02-06

Medical Terminology In Language Education At Medical Universities Of Europe And The Republic Of Uzbekistan

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Received: 10 December 2025; **Accepted:** 12 January 2026; **Published:** 07 February 2026

Abstract: This article examines Latin and medical terminology as an applied component of professional language education for future physicians within the competency-based model of higher education. Using a comparative approach, it analyzes contemporary practices of teaching Latin and medical terminology in medical universities of Europe (within the framework of the Bologna Process and quality assurance culture) and in the Republic of Uzbekistan (taking into account the multilingual educational environment and current methodological trends). The study demonstrates that the effectiveness of terminological education increases when instruction shifts from a traditional grammar–translation model to a morphemic and terminoelement approach (decoding terms through prefixes, roots, and suffixes), interdisciplinary integration (anatomy–propaedeutics–clinical disciplines), and digital learning support (LMS-based drills, spaced repetition, and error analysis).

A structured model of terminological competence for future physicians is substantiated, including lexico-semantic, word-formation, normative, clinical-communicative, and digital components. Practical recommendations are proposed for designing a “Latin-based Medical Terminology” module in medical universities of Uzbekistan based on international research on digital interventions and regional studies on terminological literacy.

Keywords: Latin language, medical terminology, terminological literacy, morphemic analysis, language education, medical university, Bologna Process, Uzbekistan, digital pedagogy, professional communication.

Introduction: Medical terminology is a key instrument of professional thinking and communication. It ensures accuracy in describing anatomical structures, pathological processes, diagnostic procedures, and pharmacotherapy. At the same time, medical language is not merely a neutral vocabulary system, but a complex cognitive and communicative structure in which terms function as standardized carriers of scientific knowledge.

Historically, Latin and Greco-Latin elements served as the central mechanism for the systematization of medical concepts. For this reason, even in the context of the current dominance of English in scientific publications, basic naming patterns and word-formation models continue to preserve classical morphemic structures.

The language of medicine may therefore be regarded as a specific professional code characterized by stable historical and functional features. These characteristics are thoroughly described in studies devoted to medical discourse and professional communication.

However, educational practice still faces a methodological conflict. A high terminological load in the first years of medical training (anatomy, histology, physiology, pharmacology) is combined with a limited number of classroom hours, multilingual instruction (in Uzbekistan: Uzbek, Russian, English, and the Latin layer), and a traditional teaching model focused mainly on grammatical rules rather than operational skills.

As a result, students often rely on formal memorization, demonstrate weak transfer of knowledge to clinical communication, commit decoding errors, and experience a decrease in confidence in professional interaction. International research on digital interventions and linguistic approaches to medical terminology shows that

systematic instruction in the “rules of terminological language” improves students’ ability to decode terms and increases their confidence in communication, which is directly related to patient safety.

METHODOLOGY

The present study employs the following methodological approaches: comparative and contrastive analysis of European and Uzbek educational models; analytical review of international and regional scholarly publications; pedagogical modeling of terminological competence and modular curricula; synthesis of practical recommendations.

Within the modern paradigm of medical education, Latin should be considered in functional terms.

Basic anatomical and partially pharmaceutical nomenclature is traditionally fixed in Latin forms in many countries. This contributes to international standardization and professional interoperability.

Greco-Latin elements function as a universal “constructor” of clinical terminology (for example, -itis, -osis, -algia; hyper-/hypo-; cardio-/neuro-), ensuring semantic transparency and predictability.

Medical terminology ensures precision in professional communication and standardization of documentation. The ability to explain terms in different registers (for colleagues and for patients) becomes an integral part of professional competence.

Among these functions, the word-formation function is currently of central importance. Students encounter new terms faster than they can memorize them; therefore, the ability to decompose and reconstruct meaning is critically important.

Regional linguodidactics increasingly operates with the concept of “terminological literacy” as a component of professional competence. This concept includes: knowledge of basic medical terms and their meanings; understanding of word-formation models; normative correctness of forms; appropriate use in professional genres (case history, epicrisis, case presentation);ability to paraphrase and explain terminology. Thus, terminological literacy involves not only “knowing a word” but also understanding its structure, function, and communicative value.

Consequently, the Latin course in medical universities should not be regarded as a purely philological discipline but as an instrument for forming terminological competence within professional language education.

European educational reforms associated with the Bologna Process emphasize program comparability, modularity, learning outcomes, and academic mobility. UNESCO reviews highlight the historical dynamics of these reforms and their influence on higher education transformation.

In language education, this leads to a rethinking of the role of Latin. Instead of long grammar-oriented courses, compact “Medical Terminology (Latin-based)” modules are introduced, focused on measurable competencies. WFME standards for Basic Medical Education emphasize that standards should serve as a framework for program development and evaluation rather than as rigid regulations. They must be adapted to local contexts.

From this perspective, the presence or absence of Latin as a separate discipline is not decisive. What is crucial is whether educational programs ensure learning outcomes relevant to clinical communication and professional safety.

European accreditation approaches also link ESG and WFME frameworks as the basis for evaluating program quality.

Uzbekistan is characterized by a multilingual educational environment. Students simultaneously work with Uzbek and Russian, and increasingly English academic discourse, while medical terminology remains predominantly Greco-Latin. This creates a dual burden: interlingual translation and intralingual morphemic decoding. Under these conditions, Latin functions as a “structural bridge” enabling students to correlate national equivalents with international terminological models. Studies on terminological literacy emphasize its importance as a component of professional competence for future physicians.

An important methodological trend is interdisciplinary integration. Knowledge of Latin and terminology supports the study of core medical disciplines and facilitates understanding of underlying concepts. Regional research also presents approaches to teaching Latin in medical universities based on professional orientation and interactive methods. One of the strongest arguments in favor of the morphemic

approach is its measurability. Corpus-based research by Le and Miller (2020) identified 136 high-frequency medical morphemes and proposed them as a manageable learning target. Instead of memorizing thousands of isolated terms, students master a limited set of productive elements that allow them to decode a wide range of terminology.

Studies in Teaching and Learning in Nursing demonstrate that teaching medical terminology as a "language system" using digital tools is effective. mLearning prototypes and enquiry-based learning improve decoding skills and professional communication.

Digital learning environments are optimal for: spaced repetition; micro-testing; accumulation and correction of typical errors; individualized learning trajectories.

Differences. In Europe: dominance of modular formats; strong outcomes-oriented culture; systematic program validation. In Uzbekistan: autonomous first-year Latin courses; stronger multilingual challenges; greater need for comparative strategies. Regional studies emphasize the role of terminological literacy in professional competence.

Author's Model of Terminological Competence

Terminological competence is conceptualized as an integrative result comprising five components: Lexico-semantic; Word-formation (morphemic); Normative; Clinical-communicative; Digital.

This model corresponds to quality-assurance frameworks emphasizing contextual relevance and measurable outcomes.

Upon completion of the module, students should be able to: decode clinical terms using terminoelements; construct and translate basic anatomical phrases; apply terminology in oral and written professional discourse; recognize and correct typical errors; use digital learning resources.

Suggested Content: introduction to terminology; grammar minimum; natomical terminology; clinical terminology; pharmaceutical terminology; communicative genres.

Teaching methods include morpheme mapping, case-based learning, error-based learning, and spaced repetition.

Assessment methods include:

1. entry diagnostic testing;
2. formative weekly quizzes;
3. practical examination (decoding, translation, case presentation);
4. final mini-glossary project.

If instruction remains predominantly grammatical, a gap emerges between formal knowledge and clinical applicability. Digital tools are effective only when supported by structured feedback and interdisciplinary integration.

CONCLUSION

Latin in contemporary medical education should be regarded as an applied instrument for developing terminological competence that ensures accurate professional communication and transferability to clinical practice. The European model emphasizes modularity, measurable outcomes, and interdisciplinary integration. For Uzbekistan, the most promising approach is the "Latin-based Medical Terminology" model with a morphemic core, clinical integration, and digital support. Implementation of this model will enhance learning efficiency, reduce classroom overload, and ensure measurable quality in medical education.

REFERENCES

1. Agency for Health Professions and Graduate Schools. (2021). Handbook for the accreditation of medical education programs (ESG + WFME 2020). AHPGS Press.
2. Crosier, D., & Parveva, T. (2013). The Bologna process: Its impact in Europe and beyond. UNESCO International Institute for Educational Planning.
3. Le, C. N. N., & Miller, J. (2020). A corpus-based list of commonly used English medical morphemes for students learning English for specific purposes. English for Specific Purposes, 58, 102–121. https://doi.org/10.1016/j.esp.2020.01.004
4. McAllister, N. (2023). Decoding medical terminology: Implementing digital teaching innovations to support nursing students' academic and clinical practice. Teaching and Learning in Nursing, 18(1), 12–18. https://doi.org/10.1016/j.teln.2022.07.004
5. McAllister, N., Tavener-Smith, T., & Jackson, J.

(2025). Leveraging an mLearning prototype to teach medical terminology to nursing students: A linguistic approach. Teaching and Learning in Nursing, 20(1), e84–e90. https://doi.org/10.1016/j.teln.2024.08.006

6. McAllister, N., Tavener-Smith, T., & Williams, J. (2022). Roots, prefixes, and suffixes: Decoding medical terminology using an online enquiry-based learning intervention. Teaching and Learning in Nursing, 17(2), 92–98. https://doi.org/10.1016/j.teln.2021.09.005
7. Shidlovskaya, O. V. (2019). Terminological literacy as a significant component of professional competence of future physicians. CyberLeninka. https://cyberleninka.ru
8. World Federation for Medical Education. (2020). WFME global standards for quality improvement: Basic medical education. WFME Office.
9. Wulff, H. R. (2004). The language of medicine. Journal of the Royal Society of Medicine, 97(4), 187–188.
10. 10. Абдуллаева Р.М. Коммуникационные Технологии Языкового Обучения В Медицинском Вузе Central Asian Journal of Medical and natural sciences Volume: 03 Issue: 06 | Nov-Dec 2022 ISSN: 2660-4159 https://cajmns.centralasianstudies.org/index.php/CAJMNS/article/view/117
11. Abdullaeva R.M., The issues of translation of medical terminology from Russian into Uzbek American Journal of Philologocal Sciences(ISSN - 2771-2273) Volume: 04 Issue 05 Pages 21-26 (2024:7-907)
12. Abdullaeva R.M., Лексико-семантические особенности медицинской терминологии в узбекском языке Vol. 3 No. 10 (2024): International Journal of Formal EducationISSN: 2720-6874 Pages 96-100 http://journals.academiczone.net/index.php/ijfe
13. Abdullaeva R.M., The peculiarities of Uzbek medical terminology: historical roots, modern trends and linguistic features International Journal Of Literature And Languages. Vol.05 Issue03 2025NO. 100-102DOI 10.37547/ijll/Volume05Issue 03-26