Influence of the "Doctor–Patient Dialogues" Club on the Development of Oral Speech among International Medical Students

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Abstract

Oral communicative competence is a critical yet frequently underserved dimension of medical education for international students studying in a non-native language. Proficiency in biomedical knowledge alone is insufficient for effective clinical practice; students must also develop the ability to communicate clearly, empathetically, and precisely with patients and colleagues in the target language. This study investigates the influence of the "Doctor–Patient Dialogues" extracurricular club on the development of oral speech skills among international medical students enrolled at a medical university in Kyrgyzstan.

Forty first- and second-year international students participated in weekly one-hour club sessions over a three-month period. Sessions incorporated role-played doctor–patient consultations, clinical case discussions, medical vocabulary exercises, pronunciation and fluency drills, and structured peer and instructor feedback. A mixed-methods approach was employed, combining pre- and post-intervention oral speech assessments, systematic observational recording, and structured questionnaire data.

Results demonstrated significant improvements across all measured dimensions of oral competence: speech fluency, medical vocabulary breadth and accuracy, pronunciation clarity, and self-reported confidence in clinical communication. Over 80% of participants reported reduced anxiety during simulated patient consultations, and most noted that skills developed in the club transferred to real clinical settings. Findings support the integration of structured extracurricular dialogue clubs into medical curricula as a cost-effective, experiential supplement to formal language instruction.

Keywords: *oral speech development, international students, medical communication, doctor–patient interaction, language learning, dialogue club.*

Аннотация (Russian Abstract)

Развитие навыков устной речи играет очень важную роль для иностранных студентов-медиков, обучающихся в новой языковой среде. Знание медицины является необходимым, однако для эффективного общения с пациентами также требуется умение ясно и внимательно выражать свои мысли.

Практика ролевых диалогов в клубе «Диалоги врача и пациента» повлияла на развитие речи студентов. В исследовании приняли участие сорок иностранных студентов, которые каждую неделю практиковали реальные ситуации общения между врачом и пациентом. Полученные результаты показали заметные улучшения: речь стала более плавной, увеличился словарный запас, улучшилось произношение, а уверенность студентов в диалогах значительно возросла.

Ключевые слова: *развитие устной речи, иностранные студенты, медицинская коммуникация,*

взаимодействие врача и пациента, изучение языка, диалоговый клуб.

1. Introduction

International medical students studying in non-native language environments face a dual educational challenge: they must acquire complex biomedical knowledge while simultaneously developing sufficient proficiency in the language of instruction and clinical practice to communicate effectively with patients, peers, and healthcare teams. The consequences of communication failure in clinical contexts are serious, ranging from misdiagnosis arising from incomplete history-taking to patient distress caused by unclear or impersonally delivered information. For this reason, oral communicative competence must be treated as a core component of medical education rather than a peripheral concern.

Conventional medical curricula address language development primarily through formal academic instruction: lectures, textbook study, and written examinations. These pedagogical formats, while essential for knowledge transfer, offer limited opportunities for the kind of spontaneous, interactive oral practice that underpins genuine communicative fluency. Students who have mastered medical terminology in written form frequently struggle to deploy that knowledge in real-time spoken exchanges, particularly under the pressure of simulated or actual clinical encounters.

Extracurricular learning environments that prioritise experiential, conversation-based practice offer a promising complementary route to oral language development. Role-play, in particular, has been extensively documented as an effective technique for developing clinical communication skills: it allows learners to rehearse difficult conversations in a low-stakes setting, to receive immediate feedback, and to internalise communication strategies through repeated, varied practice. When role-play is embedded within a structured peer community, the additional benefits of social learning — mutual correction, shared observation, and collaborative reflection — further accelerate development.

The "Doctor–Patient Dialogues" club, established at Osh International Medical University in Kyrgyzstan, was designed to address precisely this gap. Operating as a voluntary extracurricular initiative, the club provides international medical students with a regular, structured forum for practising clinical communication through simulated doctor–patient encounters. This study examines the club's impact on participants' oral speech development over a three-month period, with the aim of contributing evidence to the growing literature on experiential language learning in medical education.

2. Materials and Methods

2.1 Participants

The study recruited 40 international medical students enrolled in their first or second year at Osh International Medical University, Kyrgyzstan. All participants were pursuing their medical degree in a language other than their mother tongue. Students were aged between 18 and 24 years and represented diverse national backgrounds, including India, Pakistan, Bangladesh, and several African nations. Participation in the club and in the study was entirely voluntary; all students provided informed consent prior to enrolment.

2.2 Intervention: The Doctor–Patient Dialogues Club

The club met once weekly over a period of three months, with each session lasting approximately 60 minutes. Sessions were facilitated by a language instructor and a clinical supervisor and followed a consistent structure designed to maximise active speaking time while ensuring pedagogical coherence. Each session comprised four sequential components: an opening warm-up dialogue activity; structured role-play of a doctor–patient consultation scenario drawn from common clinical presentations; a vocabulary and pronunciation focus exercise; and a closing feedback and reflection round involving both peer and instructor input.

The specific activities incorporated within sessions included the following: role-played doctor–patient consultations based on realistic clinical scenarios; discussion of clinical cases from the perspective of communication strategy; targeted medical vocabulary exercises emphasising accurate usage in spoken context; pronunciation and fluency drills focused on common medical terms and consultation phrases; and structured peer and instructor feedback on spoken performance.

2.3 Research Design and Data Collection

A mixed-methods design was employed to capture both quantitative changes in measurable oral speech parameters and qualitative shifts in student experience and self-perception. Three data collection instruments were used. First, standardised oral speech assessments were administered at the beginning and end of the three-month intervention period. These assessments evaluated four dimensions of spoken performance: fluency (measured by speech rate, pause frequency, and self-repair patterns); medical vocabulary accuracy and breadth; pronunciation clarity; and discourse management in simulated clinical interaction. Second, systematic observational records were maintained across all club sessions, documenting student participation patterns, recurring communication difficulties, and evidence of progressive skill development. Third, a structured questionnaire was administered at the conclusion of the intervention to collect students' self-reported perceptions of communicative improvement, anxiety levels in clinical communication contexts, and the perceived transferability of club-developed skills to real clinical settings.

2.4 Ethical Considerations

The study was approved by the institutional review board of Osh International Medical University. All participants provided written informed consent and were informed of their right to withdraw from the study at any time without academic consequence. Participant data were anonymised prior to analysis. No financial incentives were offered for participation.

3. Results

3.1 Oral Speech Assessment Outcomes

Comparison of pre- and post-intervention oral speech assessment scores revealed statistically meaningful improvements across all four measured dimensions. The most pronounced gains were observed in medical vocabulary accuracy and fluency, followed by improvements in pronunciation clarity and discourse management. Table 1 summarises the key outcome data.

Outcome Dimension	Pre-Intervention Mean Score	Post-Intervention Mean Score	Observed Change
Speech fluency	54.2 / 100	73.8 / 100	+19.6 points
Medical vocabulary accuracy	58.7 / 100	79.4 / 100	+20.7 points
Pronunciation clarity	61.0 / 100	76.5 / 100	+15.5 points
Discourse management	50.3 / 100	70.1 / 100	+19.8 points

Table 1. Pre- and post-intervention oral speech assessment scores across four dimensions (n = 40).

3.2 Fluency and Vocabulary Development

Prior to the intervention, many participants demonstrated hesitant speech patterns characterised by frequent pauses, false starts, and reliance on a limited range of vocabulary items when attempting to describe symptoms or ask clinical questions. By the end of the three-month period, observational records documented a marked reduction in pause frequency and self-repair episodes during role-played consultations. Students who had initially struggled to sustain extended clinical exchanges began producing longer, more coherent discourse sequences. Medical vocabulary usage became both more accurate and more varied, with participants increasingly deploying domain-specific terminology in contextually appropriate ways rather than resorting to general descriptive language as a substitute.

3.3 Pronunciation and Discourse Management

Improvements in pronunciation clarity were linked both to the dedicated pronunciation drills incorporated within sessions and to the increased overall volume of spoken practice. Peer feedback proved particularly effective in this domain: students reported that hearing their own pronunciation reflected back through peer imitation and correction was more immediately

actionable than instructor correction alone. Discourse management — encompassing the ability to open and close consultations appropriately, to manage turn-taking, and to redirect conversations when necessary — showed substantial improvement, with post-intervention assessments indicating that students had developed a more confident and purposeful approach to structuring clinical interactions.

3.4 Student Self-Report and Perceived Transfer

Questionnaire data revealed strongly positive self-reported outcomes. Over 80% of respondents indicated that participation in the club had substantially reduced their anxiety in simulated patient consultations, with many noting a generalised reduction in communication apprehension that extended beyond club sessions. A majority reported that the skills developed through club participation had transferred to real clinical settings, including ward rounds, outpatient consultations during placements, and interactions with clinical supervisors. Representative student responses highlighted the value of repeated, low-pressure practice in building the kind of automatic communicative competence that formal instruction alone had not produced.

4. Discussion

The results of this study provide evidence that structured extracurricular dialogue clubs can produce meaningful improvements in the oral communicative competence of international medical students within a relatively short intervention period. The gains observed across all four assessed dimensions — fluency, vocabulary, pronunciation, and discourse management — are consistent with the broader second language acquisition literature, which identifies regular, interactive, meaning-focused oral practice as a primary driver of spoken language development.

The role-play format employed in the club proved particularly effective for this population. Medical role-play provides a context in which the language demands of the activity are simultaneously authentic and manageable: scenarios are drawn from clinically relevant situations that students will encounter in practice, but the absence of real patients removes the high-stakes pressure that can inhibit risk-taking and experimentation in genuine clinical settings. This combination of authenticity and psychological safety appears to be central to the club's effectiveness, creating conditions in which students are willing to attempt difficult communicative tasks, make and learn from mistakes, and progressively internalise more sophisticated language use.

The role of peer interaction in driving improvement deserves particular emphasis. Observational data indicated that students frequently modelled and adopted communication strategies from peers who were slightly more advanced in their spoken development, a process consistent with Vygotskian notions of the zone of proximal development. Peer feedback on pronunciation and vocabulary usage was often experienced as less threatening than instructor correction, and observational records suggested that students were more likely to immediately attempt to apply

peer-generated corrections in subsequent practice turns.

The study's limitations should be acknowledged. The sample size of 40 students, drawn from a single institution, limits the generalisability of findings. The three-month intervention period, while sufficient to demonstrate initial gains, does not permit conclusions about the long-term durability of improvements or the trajectory of development beyond the intervention window. The absence of a control group means that some portion of observed improvement may be attributable to general language exposure over the semester rather than specifically to club participation. Future research employing randomised controlled designs, larger samples across multiple institutions, and extended follow-up periods would strengthen the evidence base for this type of intervention.

5. Conclusion

This study demonstrates that participation in the "Doctor–Patient Dialogues" extracurricular club produces significant and measurable improvements in the oral communicative competence of international medical students. Gains were observed in speech fluency, medical vocabulary accuracy, pronunciation clarity, and clinical discourse management, and were corroborated by strongly positive student self-reports of reduced communication anxiety and successful transfer of skills to real clinical contexts.

These findings carry clear implications for medical education policy and curriculum design. Structured extracurricular dialogue clubs represent a pedagogically sound, resource-efficient, and student-centred mechanism for addressing the oral language gap that formal medical curricula frequently leave unresolved. Their integration into the broader support infrastructure provided to international medical students — alongside academic language support and clinical skills training — would enhance students' preparation for the communicative demands of clinical practice and ultimately contribute to safer, more effective patient care.

Medical institutions hosting significant numbers of international students are encouraged to consider the establishment of similar clubs as part of a holistic approach to student development. Further research should examine optimal session frequency, ideal group composition, and the most effective feedback modalities, as well as the long-term impact of participation on clinical communication outcomes beyond the period of formal medical training.

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