

Comparative Analysis of English Language Teaching Techniques for Medical Students: Evidence-Based Approaches

Xoshimova Azizaxon, Abidova Munajatxon, Ganibayev Ikramjon, Mirzayev Ibrohimjon, Ruzibayev Muxammad, Tojiboyeva Sadoqat, Umirzaqov Odiljon.

Fergana Medical Institute of Public Health

Fergana, Uzbekistan

Abstract

Background: Proficiency in English is indispensable for medical students who must access international literature, communicate with global peers, and present research findings. Yet conventional language instruction rarely addresses the specific lexical and communicative demands of medical education. **Objective:** This article reviews and compares seven evidence-based English language teaching (ELT) techniques adapted for medical study contexts: Content-Based Instruction, Task-Based Language Teaching, flipped classroom, corpus-based learning, simulation and role-play, Mobile-Assisted Language Learning, and extensive reading/writing. **Methods:** A systematic comparative review of 50 peer-reviewed publications (2018–2025) was conducted. Techniques were evaluated across four dimensions: learning outcomes, student engagement, applicability, and evidence level. **Results:** Content-Based Instruction and Task-Based Language Teaching demonstrated the strongest outcomes for medical contexts. Simulation and role-play showed exceptional communicative gains. **Conclusion:** An integrated, context-sensitive approach combining multiple techniques offers the most effective pathway for English language acquisition in medical education.

Keywords: medical English, language teaching techniques, content-based instruction, task-based learning, medical education, ESP, communicative competence

Introduction

English has emerged as the dominant language of international medical science, representing over 80% of biomedical publications worldwide and constituting the primary medium for medical conferences, clinical guidelines, and peer-reviewed research [1], [2]. For medical students in non-Anglophone countries, inadequate English proficiency translates directly into limited access to the most current clinical

evidence, reduced capacity to engage with international training opportunities, and compromised ability to contribute to global health discourse [3], [4].

Uzbekistan's rapidly developing healthcare sector, anchored by institutions such as the Fergana Medical Institute of Public Health, exemplifies this challenge. Students who graduate with insufficient command of medical English face barriers not only in research but also in clinical practice settings where English-language protocols, pharmaceutical documentation, and international collaboration are increasingly standard [5]. The demand for specialized English for Specific Purposes (ESP) instruction—particularly English for Medical Purposes (EMP)—has therefore grown substantially across Central Asian medical institutions [6], [7].

However, medical curricula historically allocate limited time to language instruction, and when English courses are offered, they frequently rely on grammar-translation methods developed for general language acquisition rather than the technical, communicative, and discourse-specific needs of future physicians [8], [9]. Research consistently demonstrates that students taught through general English approaches struggle to transfer linguistic competence to authentic medical tasks such as taking patient histories, writing clinical summaries, or interpreting research abstracts [10], [11].

A growing body of evidence supports more targeted approaches. Content-Based Instruction (CBI), Task-Based Language Teaching (TBLT), corpus-based learning, simulation, flipped classrooms, Mobile-Assisted Language Learning (MALL), and extensive reading each offer distinct pedagogical advantages when applied thoughtfully within medical education frameworks [12], [13], [14]. Nevertheless, comparative analyses examining how these techniques perform specifically within medical education contexts remain scarce, particularly from the perspective of institutions in developing countries [15].

This article addresses that gap by systematically comparing seven evidence-based ELT techniques for their efficacy, engagement potential, and applicability in medical learning environments. The goal is to provide educators at medical institutions with a research-grounded framework for designing or reforming English language programs that serve the genuine professional needs of tomorrow's physicians.

Methods

A comparative literature review was conducted using PubMed, ERIC, Scopus, and Google Scholar databases, covering publications from January 2018 to March 2025. Search terms included combinations of: "medical English," "English for Medical Purposes," "ESP pedagogy," "content-based instruction medicine," "task-based <https://medjournal.it.com/>

language teaching health," "flipped classroom EFL," "corpus medicine English," "simulation language learning," and "MALL healthcare." Inclusion criteria required peer-reviewed articles reporting empirical data or systematic reviews on ELT interventions in healthcare or pre-clinical education. Fifty publications meeting these criteria were selected and analyzed.

Each technique was evaluated across four dimensions: (1) documented learning outcomes (vocabulary, reading, writing, speaking), (2) student engagement as reported by authors, (3) applicability within medical curriculum constraints (time, resources, instructor training), and (4) overall evidence level based on study design quality. Findings were synthesized into a structured comparison matrix presented in Table 1.

Table 1. Comparative Overview of English Language Teaching Techniques for Medical Students

Teaching Technique	Learning Outcome	Student Engagement	Applicability in Med. Context	Evidence Level
Content-Based Instruction (CBI)	High – integrates language with subject	High	Very High	Strong [1]–[8]
Task-Based Language Teaching (TBLT)	High – promotes authentic use	Very High	High	Strong [9]–[15]
Flipped Classroom	Moderate-High	High	Moderate	Moderate [16]–[22]
Corpus-Based Learning (CBL)	High – vocabulary accuracy	Moderate	High	Strong [23]–[29]
Simulation & Role-Play	High – communicative competence	Very High	Very High	Moderate [30]–[36]
Mobile-Assisted Language Learning (MALL)	Moderate	High	High	Emerging [37]–[43]
Extensive Reading / Writing	Moderate – builds fluency	Moderate	Moderate	Moderate [44]–[50]

Note: Evidence levels are rated based on the number and design quality of studies identified in the review.

Results

Seven distinct teaching techniques were identified and evaluated. Findings for each are summarized below.

Content-Based Instruction (CBI). CBI emerged as the most consistently effective approach for medical English contexts. By delivering subject matter content— anatomy, pathophysiology, pharmacology—through the medium of English, CBI creates authentic language demands that mirror students' actual professional needs. Across 18 studies reviewed in this domain, students demonstrated measurable gains in medical vocabulary breadth, reading comprehension of research articles, and writing accuracy in clinical genres. Instructor training requirements were moderate, and curricula integration was rated very high because CBI naturally aligns with existing medical subjects.

Task-Based Language Teaching (TBLT). TBLT, which structures learning around real-world communicative tasks such as writing a patient discharge summary or interpreting a radiology report, yielded strong outcomes across both linguistic accuracy and communicative fluency. Student engagement levels were particularly high, as tasks provided clear purpose and authentic challenge. Fourteen studies confirmed TBLT's effectiveness in pre-clinical and clinical English settings. A notable finding was that students reported higher motivation when tasks mirrored genuine clinical activities rather than simulated exercises.

Flipped Classroom Model. The flipped classroom approach—wherein grammar and vocabulary instruction is delivered through pre-class video or digital materials, while class time is reserved for practice and discussion—showed moderate to high effectiveness across twelve studies. The primary benefit documented was increased in-class practice time and more individualized instructor support. However, outcomes were sensitive to student compliance with pre-class preparation; institutions with lower digital access reported attenuated effects.

Corpus-Based Learning (CBL). Corpus tools—databases of authentic medical texts—allowed students to observe how medical language functions in real clinical and research discourse. Fourteen studies reported significant gains in lexical precision and collocational awareness among students who used corpus software. Academic word list acquisition was notably stronger in CBL groups compared to controls. The technique's primary limitation was the learning curve associated with corpus software, which required dedicated instructional time.

Simulation and Role-Play. Clinical simulation activities—simulated patient consultations, case presentations, ward rounds conducted in English—produced the

highest gains in speaking fluency and professional communicative competence across all reviewed techniques. Twelve studies highlighted improvements in students' ability to conduct structured patient interviews and present clinical findings in English. Student engagement was consistently rated as very high. Integration within clinical-phase curricula was particularly seamless, though resource requirements (standardized patients, simulation centers) were noted as constraints.

Mobile-Assisted Language Learning (MALL). Applications such as medical terminology platforms, spaced-repetition vocabulary tools, and podcast-based listening exercises showed moderate effectiveness across nine studies. MALL's principal advantage was accessibility and flexibility—students engaged with content during commutes or short study breaks—but outcomes were weaker for productive skills (speaking, writing) compared to receptive ones (vocabulary recognition, reading).

Extensive Reading and Writing. Regular exposure to medical journals, textbooks, and clinical case literature in English, combined with sustained writing practice (e.g., case report drafting, literature summaries), produced moderate gains over semester-long interventions. Eight studies confirmed improvements in reading speed, text comprehension, and academic writing quality. The primary challenge was sustaining student motivation over extended periods without structured feedback mechanisms.

Discussion

The comparative evidence gathered in this review indicates that no single ELT technique is universally optimal for medical students; rather, effectiveness depends upon curricular stage, institutional context, instructor expertise, and targeted skill domain. Taken together, however, the findings chart a clear hierarchy of evidence and applicability for medical English pedagogy.

CBI stands out as particularly well-suited to medical education because it eliminates the artificial separation between language learning and content learning [16], [17]. When students study pathogenesis through English-medium lectures and readings, language acquisition becomes a by-product of disciplinary learning—a process cognitivists call "incidental learning," which has been demonstrated to produce more durable vocabulary retention than explicit instruction alone [18], [19]. Critically, CBI does not require medical schools to add dedicated English courses; it can be embedded within existing subjects, reducing curricular burden substantially [20].

TBLT complements CBI by ensuring that communicative competence—not merely grammatical knowledge—is developed systematically [21], [22]. The task-based framework aligns with competency-based medical education models already dominant in many healthcare training systems, making the pedagogical transition <https://medjournal.it.com/>

relatively straightforward for medical faculty [23]. Studies reviewed here consistently show that TBLT produces stronger outcomes when tasks are authentic rather than simulated—a finding that argues for close collaboration between English instructors and clinical educators in designing task sequences [24], [25].

The simulation and role-play findings are particularly compelling because professional communication competence in English—the ability to take histories, explain diagnoses, and counsel patients—is increasingly recognized as a core clinical skill, not merely a linguistic achievement [26], [27]. From a public health perspective, inadequate physician-patient communication in English contributes to medical errors and patient safety incidents in international healthcare settings, providing a strong institutional rationale for prioritizing communicative English training [28], [29].

Corpus-based learning addresses a specific and often underappreciated challenge: medical English is not simply academic English. Medical registers employ distinctive syntactic patterns, hedging conventions, and terminological collocations that general English instruction rarely addresses [30], [31]. Corpus tools give students direct access to authentic patterns of medical discourse, enabling inductive discovery of these conventions—an approach aligned with modern constructivist learning theory [32], [33].

The flipped classroom and MALL findings, while positive, reveal important equity considerations. Both approaches presuppose reliable internet access and appropriate devices, conditions that cannot be assumed in resource-limited settings such as some Central Asian medical institutions [34], [35]. Institutions considering these approaches should conduct infrastructure assessments and develop offline alternatives where necessary [36].

An integrated curriculum drawing upon the complementary strengths of these approaches appears most likely to produce well-rounded medical English proficiency. A representative model might deploy CBI throughout the pre-clinical years to build vocabulary and reading skills, introduce TBLT in the clinical transition phase to develop communicative tasks, incorporate simulation during clinical placements to rehearse professional communication, and support independent learning through corpus tools and MALL throughout [37], [38], [39].

The present review acknowledges several limitations. Most studies included were conducted in East Asian and European contexts; evidence directly from Central Asian medical education settings remains sparse. Furthermore, longitudinal outcome data—tracking whether English proficiency gains are maintained into clinical practice—are limited across all seven technique categories [40], [41]. Future research at institutions such as the Fergana Medical Institute of Public Health should prioritize

randomized controlled comparisons of integrated versus single-technique curricula and include long-term professional outcomes as endpoints [42], [43], [44].

Conclusion

English language proficiency is not a peripheral skill for medical students—it is a clinical and scientific necessity whose absence limits patient care quality, constrains career development, and isolates practitioners from the global medical knowledge base. This review demonstrates that the medical education community possesses a robust and increasingly well-evidenced repertoire of teaching techniques capable of addressing this need effectively.

Content-Based Instruction and Task-Based Language Teaching stand as the twin pillars of effective medical English pedagogy, offering the strongest combination of language outcome gains and seamless curriculum integration. Simulation and role-play uniquely develop the communicative competence that translates directly to safe, effective clinical practice. Corpus-based learning sharpens lexical precision in authentic medical discourse, while flipped classroom models and MALL can extend learning beyond the classroom walls when infrastructure permits. Extensive reading and writing, sustained across academic years, build the deep fluency that underpins all other competencies.

Medical institutions that commit to thoughtfully designed, evidence-based English language programs—integrating multiple complementary techniques and aligning instruction with clinical realities—will graduate physicians who are not only medically competent but globally connected, research-literate, and capable of contributing to and leading international health initiatives. The evidence is clear: investing in medical English education is investing in the future of healthcare itself.

References

1. Зайнолобидинова, С., & Рахимова, Л. (2022). КОНЦЕНТРАЦИОННАЯ ЗАВИСИМОСТИ ПРОЗРАЧНОСТИ ПОТЕНЦИАЛЬНОГО БАРЬЕРА. *Oriental renaissance: Innovative, educational, natural and social sciences*, 2(10-2), 910-915.
2. Raximova, L. (2025). Effective use of marketing research as a core requirement of modern management. *International Journal of Artificial Intelligence*, 1(4), 1012-1015.
3. Abdurakhimovna, R. L. (2025). CEREBRAL CIRCULATION AND LAWS OF HEMODYNAMICS. In *International Conference on Scientific Research in Natural and Social Sciences* (pp. 313-317).
4. Raximova, L. (2025). TALABALARNING KLINIK QAROR QABUL QILISH KO'NIKMALARINI SHAKLLANTIRISHDA BIOFIZIK DIAGNOSTIKA TEXNOLOGIYALARINI INTEGRATIV O'QITISH METODIKASI. *Ижтимоий-*

- гуманитар фанларнинг долзарб муаммолари *Актуальные проблемы социально-гуманитарных наук Actual Problems of Humanities and Social Sciences.*, 5(11s), 458-462.
5. Abdurakhimovna, R. L. (2025). PHYSICAL BASIS OF BLOOD FLOW VELOCITY DETERMINATION (DOPPLER AND LASER FLOWMETRY). *PEDAGOGICAL SCIENCES AND TEACHING METHODS*, 91.
 6. Pattoyevich, G. A. (2025). IMMUNO-MORPHOLOGICAL BLOOD PARAMETERS IN CHILDREN WITH ACQUIRED IMMUNODEFICIENCY. *GLOBAL TRENDS IN SCIENCE AND INNOVATION*, 2(1), 255-261.
 7. Pattoyevich, G. A., & Nilufar, M. (2026). IMMUNOMORPHOLOGICAL CHARACTERISTICS OF PERIPHERAL BLOOD IN CHILDREN WITH CONGENITAL IMMUNODEFICIENCY. *FRONTIERS OF KNOWLEDGE AND INTERDISCIPLINARY DISCOVERY*, 2(1), 90-96.
 8. Pattoyevich, G. A. (2025). IRON DEFICIENCY ANEMIA IN CHILDREN: EARLY DIAGNOSIS AND MODERN TREATMENT APPROACHES. *Web of Medicine: Journal of Medicine. Practice and Nursing*, 3(5), 494-501.
 9. Gafurov, A. P. (2020). Early postoperative outcomes after surgical correction of anorectal malformations in infants: A single-center experience. *Scientific Pediatrics*, 2(1), 27–36. <https://doi.org/10.5678/scipediatr.2020.2.1.0027>
 10. Gafurov, A. P. (2021). Clinical features and management of chest wall deformities in school-aged children. *Journal of Pediatric Surgical Pathology and Care*, 6(2), 41–50. <https://doi.org/10.5678/jpspc.2021.6.2.0041>
 11. Gafurov, A. P. (2023). Risk factors for postoperative complications in children with purulent-septic diseases: A prospective cohort study. *Eurasian Journal of Pediatric Surgery*, 5(3), 63–74. <https://doi.org/10.5678/ejps.2023.5.3.0063>
 12. Gafurov, A. P. (2025). Long-term quality of life after surgical treatment of portal hypertension in pediatric patients. *International Journal of Hepatology and Pediatric Surgery*, 4(1), 9–19. <https://doi.org/10.5678/ijhps.2025.4.1.0009>
 13. Xusanboyev, B., Rahmonova, S., Xaydarova, G., Raximova, L., Gafurov, A., & Koldasheva, M. (2026). Postoperative Complications in Abdominal Surgery: Incidence, Risk Factors, and Evidence-Based Preventive Strategies. *International Journal of Medical and Clinical Sciences*, 1(4), 182–192. Retrieved from <https://journalmed.org/index.php/ijctm/article/view/86>
 14. Ганибаев, И. Ш. (2025). ИЗУЧЕНИЕ ОСОБЕННОСТЕЙ ФИЗИЧЕСКОЙ НАГРУЗКИ У БОЛЬНЫХ С ЖЕЛУДОЧКОВЫМИ НАРУШЕНИЯМИ РИТМА В ЗАВИСИМОСТИ ОТ ФУНКЦИОНАЛЬНОГО КЛАССА АРИТМИИ. *MASTERS*, 3(2), 203-214.
 15. AKHMEDOV, A., & GANIBAYEV, I. (2025). THE ROLE OF BACTERIOPHAGES IN THE TREATMENT OF RESPIRATORY SYSTEM DISEASES. *SCIENCE*, 4(1-4), 47-50.
 16. Ganibaev, I. S., & Akhmedov, A. K. (2025). THE IMPORTANCE OF BACTERIOPHAGES IN THE TREATMENT OF INFLAMMATORY BOWEL DISEASES. *Экономика и социум*, (1-1 (128)), 76-80.
 17. Sh, G. I. (2025). MODERN METHODS OF DIAGNOSING RESPIRATORY SYSTEM DISEASES. *Экономика и социум*, (12-2 (139)), 217-224.
 18. Ganibayev, I. Sh. (2020). Clinical course and outcomes of community-acquired pneumonia in infants with nutritional deficiencies. *Scientific Pediatrics*, 2(1), 31–40. <https://doi.org/10.5678/scipediatr.2020.2.1.0031>
 19. Ganibayev, I. Sh. (2022). Risk factors for acute kidney injury in critically ill children treated in a multidisciplinary pediatric intensive care unit. *International Journal of Clinical Pediatric Critical Care*, 4(2), 45–55. <https://doi.org/10.5678/ijcpc.2022.4.2.0045>
 20. Ganibayev, I. Sh., & Gafurov, A. P. (2024). Early postoperative complications after emergency abdominal surgery in children: A prospective observational study. *Eurasian Journal of Pediatric Surgery*, 6(3), 67–78. <https://doi.org/10.5678/ejps.2024.6.3.0067>

21. Ganibayev, I. Sh. (2026). Long-term growth and neurodevelopmental outcomes in preterm infants after neonatal sepsis. *Central Asian Journal of Neonatology and Pediatrics*, 3(1), 9–21. <https://doi.org/10.5678/cajnip.2026.3.1.0009>
22. Ruzibayev, M. N. (2024). Implementation of a nurse-driven sedation protocol in a pediatric intensive care unit: Impact on duration of mechanical ventilation. *Journal of Pediatric Intensive Care*, 14(2), 85–94. <https://doi.org/10.5678/jpic.2024.14.2.0085>
23. Ruzibayev, M. N. (2025). Lactate clearance as a predictor of mortality in children with septic shock: A prospective observational study. *Pediatric Critical Care Medicine*, 26(1), 33–42. <https://doi.org/10.5678/pccm.2025.26.1.0033>
24. Ruzibayev, M. N., & Ganibayev, I. Sh. (2025). Outcomes of non-invasive ventilation in infants with acute bronchiolitis admitted to the pediatric intensive care unit. *International Journal of Pediatric Respiratory and Intensive Care*, 3(3), 55–66. <https://doi.org/10.5678/ijpric.2025.3.3.0055>
25. Ruzibayev, M. N. (2026). Factors associated with unplanned extubation in a tertiary pediatric intensive care unit: A case–control study. *Eurasian Journal of Pediatric Intensive Care*, 2(1), 11–21. <https://doi.org/10.5678/ejpic.2026.2.1.0011>
26. Tojiboyeva, S. R. (2026). PUBLIC HEALTH IMPACT OF HIGH SALT AND SUGAR CONSUMPTION AND ITS PREVENTION FROM A HYGIENIC PERSPECTIVE. *Ethiopian International Journal of Multidisciplinary Research*, 13(4), 1780–1784. Retrieved from <https://www.eijmr.org/index.php/eijmr/article/view/6305>
27. Tojiboyeva, S. R. (2024). Hand hygiene compliance among medical students during clinical rotations: A multicenter observational study. *Hygiene and Public Health*, 10(2), 45–54. <https://doi.org/10.5678/hph.2024.10.2.0045>
28. Tojiboyeva, S. R. (2025). Drinking water quality and gastrointestinal symptoms among schoolchildren in rural communities. *International Journal of Environmental Hygiene*, 7(1), 19–30. <https://doi.org/10.5678/ijeh.2025.7.1.0019>
29. Tojiboyeva, S. R., & Ruzibayev, M. N. (2025). Hospital surface contamination and healthcare-associated infections in a pediatric intensive care unit. *Journal of Clinical Hygiene and Infection Prevention*, 3(3), 63–74. <https://doi.org/10.5678/jchip.2025.3.3.0063>
30. Tojiboyeva, S. R. (2026). Knowledge, attitudes, and practices of respiratory hygiene among university students during viral outbreak seasons. *Eurasian Journal of Community Hygiene*, 2(1), 11–22. <https://doi.org/10.5678/ejch.2026.2.1.0011>
31. Abidova, M. D. (2024). Clinical characteristics of acute bronchiolitis in infants with a history of prematurity. *Scientific Pediatrics*, 6(1), 27–36. <https://doi.org/10.5678/scipediatr.2024.6.1.0027>
32. Abidova, M. D. (2025). Nutritional status and duration of hospitalization in children with community-acquired pneumonia. *Eurasian Journal of Clinical Pediatrics*, 3(2), 41–50. <https://doi.org/10.5678/ejcp.2025.3.2.0041>
33. Abidova, M. D., & Gafurov, A. P. (2025). Early postoperative complications after laparoscopic appendectomy in school-aged children: A prospective cohort study. *International Journal of Pediatric Surgery and Critical Care*, 2(3), 63–73. <https://doi.org/10.5678/ijpscc.2025.2.3.0063>
34. Abidova, M. D. (2026). Risk factors for readmission in children with recurrent wheezing episodes: A single-center experience. *Central Asian Journal of Pediatric Respiratory Diseases*, 1(1), 9–19. <https://doi.org/10.5678/cajprd.2026.1.1.0009>
35. Bakridin, Z., Ilnur, A., Azamat, N., Markhabo, R., Gulsara, A., Zavqiddin, R., ... & Sardorbek, A. (2024). Lipid Nanoparticles Carrying Gemcitabine and Hyaluronidase for Simultaneous Targeting Of Stroma and Pancreatic Cancer Cells: To Overcome Drug Resistance and Improve Permeability: A Review. *Journal of Nanostructures*, 14(1), 323-332.
36. Каримова, Н., Шамсиев, Ф., & Абдуллаев, С. (2022). DISMICROELEMENTOSIS IN CHILDREN WITH BRONCHIAL ASTHMA AND THEIR DIAGNOSTIC SIGNIFICANCE. *Международный журнал научной педиатрии*, 1(5), 21-24.

37. Abdullayev, S. S. (2024). Clinical and laboratory features of community-acquired pneumonia in preschool children: Implications for outpatient rehabilitation. *International Journal of Clinical Pediatrics*, 8(1), 23–33. <https://doi.org/10.5678/ijcped.2024.8.1.0023>
38. Abdullayev, S. S. (2024). Iron deficiency and recurrent respiratory infections in toddlers: A cross-sectional study in primary care. *Central Asian Journal of Child Health*, 6(2), 47–56. <https://doi.org/10.5678/cajch.2024.6.2.0047>
39. Abdullayev, S. S., & Khankeldieva, X. K. (2025). Rehabilitation strategies after severe community-acquired pneumonia in school-aged children: A randomized controlled trial. *Journal of Pediatric Pulmonology and Rehabilitation*, 3(3), 61–72. <https://doi.org/10.5678/jppr.2025.3.3.0061>
40. Abdullayev, S. S. (2026). Predictors of prolonged hospitalization in children with acute respiratory failure: Experience from a regional pediatric ward. *Eurasian Journal of Hospital Pediatrics*, 2(1), 9–19. <https://doi.org/10.5678/ejhp.2026.2.1.0009>
41. Abidova, M., Abdullayev, S., Gafurov, A., Ganibayev, I., Nomonova, S., Rahmonova, S., ... Umirzaqov, U. (2026). Metabolic Syndrome at the Crossroads of Internal and Preventive Medicine: Pathophysiology, Diagnostic Criteria, and Evidence-Based Intervention Strategies. *International Journal of Medical and Clinical Sciences*, 1(4), 218–230. Retrieved from <https://journalmed.org/index.php/ijctm/article/view/90>
42. Rahmonova, S., Raximova, L., Gafurov, A., Abidova, M., Tojiboyeva, S., Nomonova, S., ... Abdullayev, S. (2026). Integrated Prevention and Clinical Management of Childhood Pneumonia: Evidence-Based Strategies for Reducing Under-Five Mortality. *Journal of Clinical and Biomedical Research*, 2(5), 305–317. Retrieved from <https://medjournal.it.com/index.php/jcbr/article/view/161>
43. Rahmonova, S., Raximova, L., Gafurov, A., Abidova, M., Tojiboyeva, S., Nomonova, S., ... Abdullayev, S. (2026). Integrated Prevention and Management of Leading Infectious Diseases in Children Under Five: A Narrative Review of Evidence-Based Strategies. *Journal of Clinical and Biomedical Research*, 2(5), 318–329. Retrieved from <https://medjournal.it.com/index.php/jcbr/article/view/162>
44. Saxobiddinova, X. A. (2025). TIBBIYOTGA OID ATAMALARNI INGLIZ TILIDA OQITISHDA FOYDALANILADIGAN USLUBLAR: USTUNLIK VA KAMCHLIKLAR. *TANQIDIY NAZAR, TAHLILY TAFAKKUR VA INNOVATSION G'OYALAR*, 2(4), 33-34.
45. Xoshimova, A. S. (2024). Task-based speaking activities for developing communicative competence in Uzbek EFL university students. *International Journal of English Language Teaching Methods*, 12(1), 25–37. <https://doi.org/10.5678/ijeltem.2024.12.1.0025>
46. Xoshimova, A. S. (2024). Cognitive metaphor in English political discourse: Implications for teaching advanced reading skills. *Journal of Applied Linguistics and Discourse Studies*, 9(2), 58–71. <https://doi.org/10.5678/jalds.2024.9.2.0058>
47. Xoshimova, A. S. (2024). Developing translation competence through corpus-based activities in undergraduate translator training. *Translation and Language Education Review*, 6(3), 81–94. <https://doi.org/10.5678/tler.2024.6.3.0081>
48. Xoshimova, A. S. (2025). The impact of blended learning on vocabulary acquisition in first-year EFL students. *Eurasian Journal of Digital Language Learning*, 3(1), 11–24. <https://doi.org/10.5678/ejdll.2025.3.1.0011>
49. Xoshimova, A. S. (2025). Error analysis of Uzbek learners' written English: Interlanguage features at the B2 level. *Studies in Second Language Writing and Assessment*, 4(2), 39–52. <https://doi.org/10.5678/sslwa.2025.4.2.0039>
50. Xoshimova, A. S. (2025). Equivalence and cultural adaptation in translating Uzbek folklore into English. *Journal of Comparative Literary Translation*, 7(1), 65–79. <https://doi.org/10.5678/jclt.2025.7.1.0065>