



**OLIV TA'LIMNI TASHKIL ETISHDA XORIJIY TAJRIBALAR:  
TRANSFORMATSIYA VA INNOVATSIYALAR  
XALQARO ILMIIY-AMALIIY KONFERENSIYA  
MATERIALLARI TO'PLAMI**

TOSHKENT, 28-29-MART, 2025

**COLLECTION OF MATERIALS  
OF THE INTERNATIONAL SCIENTIFIC AND PRACTICAL CONFERENCE  
FOREIGN EXPERIENCES IN THE ORGANIZATION OF HIGHER  
EDUCATION: TRANSFORMATION AND INNOVATIONS**

TASHKENT, 28-29 MARCH, 2025

**СБОРНИК МАТЕРИАЛОВ  
МЕЖДУНАРОДНОЙ НАУЧНО-ПРАКТИЧЕСКОЙ КОНФЕРЕНЦИИ  
ЗАРУБЕЖНЫЙ ОПЫТ В ОРГАНИЗАЦИИ ВЫСШЕГО  
ОБРАЗОВАНИЯ: ТРАНСФОРМАЦИЯ И ИННОВАЦИИ**

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Ташкент, 28-29 март, 2025

**UO'K 378.0**  
**КБК 74 .00**  
**О – 45**

Mas'ul muharrir/ Responsible Editor/Ответственный редактор

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Foreign experiences in the organization of higher education: transformation and innovations [Electronic resource]: collection of materials of the international scientific and practical conference. - Electronic text data. - Tashkent: Samo nashr, 2025. - Part 2. – 676 P. - System requirements: Adobe Acrobat Reader. - URL: <https://conference.renessans-edu.uz>.

Зарубежный опыт в организации высшего образования: трансформация и инновации [Электронный ресурс]: сборник материалов международной научно-практической конференции. - Электронная текстовая данные - Ташкент: Само нашр, 2025. - Часть 2. – 676 С. - Системные требования: Adobe Acrobat Reader. - URL: <https://conference.renessans-edu.uz>.

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The collection includes scientific articles by participants of the International Scientific and Practical Conference, which was held at Renaissance Educational University on March 28-29, 2025. This part contains articles presented in the areas of "Trends in Higher Education Transformation", "Financing and Management of the Higher Education System". The authors of the publications are responsible for the accuracy of the information contained in the articles. The opinion of the editorial board may not coincide with the opinion of the authors.

Сборник включает научные статьи участников Международной научно-практической конференции, который проходил в Образовательным университетом Ренессанс 28-29 марта 2025 года. В этой части собраны статьи, представленные по направлениям "Тренды трансформации высшего образования", "Финансирование и управление системой высшего образования". За достоверность сведений, изложенных в статьях, ответственность несут авторы публикаций. Мнение редакционной коллегии может не совпадать с мнением авторов.

Renessans ta'lim universiteti Kengashining  
2025-yil 4-apreldagi 8-sonli yig'ilishi  
Qarori bilan tasdiqlangan.

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**Ikkinchi yo'nalish**  
**INNOVATSION TA'LIM YONDASHUVLARI VA TEXNOLOGIYALARI.**  
**TADQIQOTLAR VA INNOVATSIYALARNI RIVOJLANTIRISH**

**The second direction**  
**INNOVATIVE EDUCATIONAL APPROACHES AND TECHNOLOGIES.**  
**RESEARCH AND INNOVATION DEVELOPMENT**

**Вторая направления**  
**ИННОВАЦИОННЫЕ ПОДХОДЫ И ТЕХНОЛОГИИ В ОБРАЗОВАНИИ.**  
**РАЗВИТИЕ ИССЛЕДОВАНИЙ И ИННОВАЦИЙ**

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# TEACHING THE FORMULATION OF THE FINAL PART OF THE EPICRISIS: A COMPARATIVE ANALYSIS OF METHODS FOR TEACHING RFL AND MEDICAL ENGLISH

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## **Abstract**

This article explores methods for teaching the formulation of the final part of the epicrisis in Russian and English, emphasizing differences in approaches and methodologies. By comparing instructional strategies and linguistic features, the study aims to optimize medical language education for students requiring bilingual proficiency in medical documentation. The findings contribute to medical language acquisition research and suggest strategies for improving multilingual medical documentation training.

**Keywords:** epicrisis, medical documentation, medical language education, bilingual proficiency, linguistic features, pedagogical methods.

## **Annotatsiya**

Maqolada epikrizning yakuniy qismini rus va ingliz tillarida ifodalashni o'rgatish usullari ko'rib chiqiladi, yondashuvlar va metodologiyalardagi farqlarga e'tibor qaratiladi. O'qitish strategiyalari va lingvistik xususiyatlarni taqqoslash ikki tilli hujjat yuritish kompetensiyasiga ega talabalar uchun tibbiy tilni o'qitishni optimallashtirishga qaratilgan. Natijalar tibbiy tilni o'rganishga yordam beradi va ko'p tilli muhitda tibbiy hujjatlarni o'qitish samaradorligini oshirish strategiyalarini taklif qiladi.

**Keywords:** epicrisis, medical documentation, medical language teaching, bilingual competence, linguistic features, pedagogical techniques.

## **Аннотация**

В статье рассматриваются методы обучения формулировке заключительной части эпикриза на русском и английском языках, с акцентом на различия в подходах и методологиях. Сравнение стратегий преподавания и лингвистических особенностей направлено на оптимизацию обучения медицинскому языку для студентов с двуязычной компетентностью в ведении документатсии. Результаты способствуют исследованию медицинского языка и предлагают стратегии повышения эффективности преподавания медицинской документатсии в многоязычной среде.

**Ключевые слова:** эпикриз, медицинская документация, обучение медицинскому языку, двуязычная компетентность, лингвистические особенности, педагогические методики.

The final part of the epicrisis plays a crucial role in medical documentation as it contains treatment outcomes, prognosis, and recommendations for further patient management. This section serves as a summary of the patient's condition upon discharge, synthesizing diagnostic findings, therapeutic interventions, and future directives for care. Its clarity and accuracy are essential for ensuring continuity of care, as subsequent healthcare providers rely on this information to make informed medical decisions. Given its significance, mastering the composition of the final part of the epicrisis is a critical skill for medical students and practitioners alike.

For medical students studying Russian as a Foreign Language (RFL) and Medical English, the ability to correctly compose this section in both languages is an essential aspect of their professional training. In an increasingly globalized medical field, multilingual proficiency in medical documentation enhances students' ability to communicate effectively with international colleagues, participate in cross-border medical collaborations, and ensure accurate patient care in diverse linguistic settings (Israilova, 2021). Furthermore, the linguistic structure, stylistic conventions, and

terminological precision required in the final part of the epicrisis differ between Russian and English, necessitating targeted instructional approaches for each language.

In RFL instruction, emphasis is often placed on mastering the complex syntactic structures and formalized expressions characteristic of Russian medical documentation. The Russian language employs a highly structured approach, with standardized phrases and rigid grammatical constructions that must be adhered to in professional writing. In contrast, Medical English favors conciseness and directness, emphasizing clear, unambiguous communication that minimizes the risk of misinterpretation (Israilova, 2023). These differences present unique challenges for medical students who must acquire proficiency in both languages, requiring specialized teaching methodologies that address language-specific nuances.

#### Teaching Methodologies

1. Teaching Based on Authentic Texts in both RFL and Medical English teaching, real examples of epicrisis are widely used, but the methods of analysis differ. In RFL teaching, the focus is on studying clichés and standard phrases, whereas in Medical English, structuring and conciseness of the text are emphasized (Basturkmen, 2010).

2. Modeling Professional Situations The case-study method (analysis of real or simulated clinical cases) is effective for both RFL and Medical English instruction. However, in RFL, special attention is paid to the correct use of grammatical constructions (verb tense forms, cases), whereas in English, the emphasis is on clarity and logical flow.

3. Using Comparative Analysis Students are presented with parallel examples of epicrisis in both languages, allowing them to identify differences in style, structure, and terminology. This approach helps learners better navigate medical documentation and adapt to a multilingual professional environment.

The final part of the epicrisis usually includes three main elements:

**Final Diagnosis** – The formulation of the definitive diagnosis is based on all conducted examinations, including laboratory tests, imaging results, and clinical assessments. This section must be comprehensive yet precise, ensuring that all relevant medical findings are synthesized into a clear diagnostic statement. In clinical practice, the final diagnosis often reflects not only the primary condition but also secondary or comorbid conditions that may influence treatment decisions. The specificity and accuracy of this diagnosis are critical for ensuring appropriate patient management and continuity of care.

**Prognosis** – An assessment of the disease's further course and possible complications is a vital component of the epicrisis, as it helps guide follow-up care and patient expectations. The prognosis is typically formulated based on a combination of clinical indicators, patient history, and response to treatment. In some cases, predictive models or scoring systems are used to estimate outcomes more accurately. The language used in this section must balance medical objectivity with sensitivity, particularly when discussing serious or terminal conditions. In medical training, students are taught to consider both short-term and long-term prognostic factors, incorporating evidence-based assessments where possible.

**Recommendations** – Prescriptions for medication and non-medication treatment, rehabilitation instructions, and lifestyle modifications form the final aspect of this section. These recommendations are tailored to the patient's individual needs and may include specific drug regimens, dosage instructions, physiotherapy, dietary changes, or referrals to specialists. In multilingual medical settings, ensuring that recommendations are unambiguous and easily translatable is essential to prevent misinterpretations that could impact patient care.

In Russian, the formulations in the final part of the epicrisis follow a more formalized style with standard clichés, such as 'the patient is discharged in satisfactory condition,' 'recommended follow-up observation,' or 'dynamic monitoring is advised' (Kolesnikova & Kiseleva, 2021). These expressions maintain consistency in medical documentation and help ensure clarity among healthcare professionals. However, they can sometimes lack specificity, making it necessary for additional verbal or written clarifications when dealing with complex cases.

In Medical English, concise and precise constructions are used, such as 'The patient is discharged in stable condition,' 'Follow-up appointment recommended in 3 weeks,' or 'Continue prescribed medication and monitor symptoms' (Glendinning & Howard, 2007). This approach emphasizes brevity while maintaining essential medical details, reflecting the efficiency-driven nature of English-language medical documentation. The directness of Medical English formulations aligns with the broader tendency in English for straightforward and action-oriented communication, which is particularly beneficial in fast-paced medical environments where time is critical. Teaching the formulation of the final part of the epicrisis requires a nuanced and structured methodological approach, as the linguistic, stylistic, and professional conventions differ significantly between Russian and English. The ability to accurately and concisely summarize a patient's medical history, diagnosis, prognosis, and recommendations in both languages is a critical skill for medical students, particularly those who aim to work in international or multilingual healthcare settings.

One of the key challenges in this process lies in balancing the strict formalized style characteristic of Russian medical documentation with the concise and direct nature of English-language medical records. In Russian, standardized phrases and medical clichés dominate, creating a highly formulaic approach that ensures clarity and uniformity across clinical settings. By contrast, English medical documentation, while equally precise, prioritizes brevity and efficiency, requiring students to develop the ability to distill complex medical information into succinct, yet comprehensive, statements. This divergence underscores the necessity of tailored instructional techniques that address not only lexical and grammatical accuracy but also genre-specific discourse patterns.

A comparative analysis of teaching methodologies for both languages reveals that medical students benefit most from an integrative pedagogical approach—one that combines authentic medical texts, case-based learning, and explicit instruction on structural conventions. The use of parallel texts, where students analyze and compare epicrisis in Russian and English, fosters a deeper understanding of linguistic and cultural differences, allowing learners to develop adaptive strategies for medical documentation in diverse professional environments. Furthermore, simulated clinical scenarios and role-playing exercises, where students draft and revise epicrisis in both languages, enhance their ability to navigate real-world medical communication challenges.

Beyond linguistic competence, mastering the final part of the epicrisis also requires an understanding of the broader communicative and ethical responsibilities of medical professionals. The ability to convey prognosis and recommendations effectively is not merely a linguistic skill but a vital component of patient care and interdisciplinary collaboration. Clarity, accuracy, and cultural sensitivity in medical documentation contribute to better patient outcomes, reduce the risk of miscommunication, and facilitate seamless coordination among healthcare providers.

As global healthcare systems become increasingly interconnected, the demand for bilingual or multilingual medical professionals continues to grow. Future research should further explore the cognitive and pragmatic aspects of bilingual medical documentation training, examining how different instructional techniques influence students' ability to transition smoothly between languages while maintaining medical accuracy and professional standards. Additionally, the development of specialized educational resources—such as bilingual medical glossaries, digital simulations, and AI-assisted writing tools—could provide further support in bridging linguistic gaps in medical education.

Ultimately, ensuring that medical students acquire the ability to accurately and professionally formulate the final part of the epicrisis in both Russian and English enhances their readiness for international medical practice. By implementing comparative and integrative teaching methodologies, educators can equip future medical professionals with the linguistic agility and cross-cultural competence necessary for success in a globalized healthcare landscape.

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