Kateryna Nad,
Assistant at the Department of Public Health and Humanities,
Uzhhorod National University
https://orcid.org/0000-0002-6302-9842
Uzhhorod, Ukraine

Alina Dankiv,
Assistant at the Department of Public Health and Humanities,
Uzhhorod National University
https://orcid.org/0000-0003-2846-4352
Uzhhorod, Ukraine

**Creating and using interactive activities
for teaching foreign medical students**

**Розробка та використання інтерактивних завдань
для навчання іноземних студентів-медиків**

Summary. *The purpose of creating and using interactive materials in teaching foreign medical students is to draw attention to the unique contribution that interaction with other students in a Medical English classroom makes to language learning and to give some advice on how teachers can help students get the most out of these activities and interaction in general. Medical students deal with medical jargon that is a language full of words of Greek-Latin origin, lexis that describes processes and parts of the human body, medical procedures, diseases, disorders and conditions. A teacher's task is to present the target language, give students a chance to practise the new terms, and what is more, promote using the acquired language in a real-life medical context. This paper presents three interactive activities (taboo game, board game, role-play) that are adapted to the medical context, thoroughly planned and practised in class. The main aims of the activities, type of interaction, timing, scaffolding, instructions, instruction-checking questions, types of feedback, error correction, a suitable number of students in a group and anticipated problems are defined. The experiment proceeds in 6 stages: 1) adapting an interactive activity to the medical context; 2) creating a worksheet for students; 3) making a plan of setting up the activity for teachers; 4) using the planned activity in the classroom; 5) observing students in the process of performing/speaking/playing; 6) pointing out advantages and disadvantages of each interactive activity. Final results were obtained after the activities were used in the classroom, furthermore, observation and reflection helped to highlight the advantages and disadvantages of each activity in a medical context. As a result, it was found that effective classroom management techniques will reduce the number of disadvantages.*

Key words: *interactive activities, interaction, English for Medical Purposes, foreign medical students.*

Анотація. *Мета створення та використання інтерактивних матеріалів у навчанні іноземних студентів-медиків полягає в тому, щоб привернути увагу до унікального внеску взаємодії з однолітками на заняттях з англійської мови медичного спрямування у вивчення мови та дати поради щодо того, як викладачі можуть допомогти студентам отримати максимальний результат від цього виду діяльності та взаємодії загалом. Студенти-медики стикаються з медичним жаргоном, який охоплює слова греко-латинського походження, лексикою, яка описує різні процеси та частини людського тіла, медичні процедури, хвороби, розлади та стани. Завдання викладача полягає в тому, щоб подати новий матеріал, дати студентам можливість практикувати нові терміни і, більш того, сприяти використанню вивченої лексики в фаховому медичному середовищі. У даній публікації представлено три інтерактивні вправи (гра-табу, настільна гра, рольова гра), які адаптовані до медичного контексту, ретельно сплановані та використані на практичному занятті. Також визначено основні цілі діяльності, тип взаємодії, час виконання, підтримку та допомогу викладача студентам під час підготовки до завдання, інструкції, запитання для перевірки інструкцій, типи зворотного зв'язку, виправлення помилок, групи студентів, для яких ці завдання виявляться ефективними та очікувані проблеми. Експеримент складався з 6 етапів: 1) адаптація інтерактивної діяльності до медичного контексту; 2) створення інтерактивного матеріалу для студентів; 3) складання плану до завдання для викладачів; 4) використання запланованої діяльності на занятті; 5) спостереження за студентами в процесі виконання завдання; 6) вказівка на переваги та недоліки кожної інтерактивної діяльності. Використання вправ на занятті показало результати отримані після спостереження та аналізу кожного кроку проведеної інтерактивної вправи. Це дало можливість виокремити переваги та недоліки кожної із вправ. У результаті було виявлено, що ефективні техніки управління групою студентів зменшать кількість недоліків, які були виявлені у процесі використання інтерактивних вправ.*

Ключові слова: інтерактивні вправи, типи взаємодії студентів, англійська мова для медичних цілей, іноземні студенти-медики.

Introduction. Interactive activities are parts of the communicative approach to language teaching. In most cases, a teacher is equipped with activities for the presentation of the target language, as well as practising the target language, but a lack of activities aimed to practise and also to demonstrate fluency seems to be a common problem. It is proved that interaction improves language acquisition. A thing that raises medical students' motivation in using medical terms, as well as functional language, is the tasks that are personalized and taken from real life. Apart from this, teachers should adapt tasks to reflect workplace settings or processes, e.g., a doctor-patient dialogue, describing an X-ray or making diagnoses while consulting a colleague, increasing willingness to engage in talk. The problem has received substantial interest in teaching English

for medical purposes [5, p. 1–18]. However, to have a chance to use such activities, English for Academic and Professional Purposes teachers should adjust these activities to the topics. Furthermore, they can substitute vocabulary in a game or readymade activity with the needed target language and coordinate task topics with another content area. Hence, the learners understand the relevance of the activities to using the particular subject [5, p. 1–18].

Methods. A lot of studies have focused on using and creating interactive activities for General English learners, however, there is no research on the same issue in English for Medical Purposes. In order to rectify the problem, several examples of interactive activities for foreign medical students will be thoroughly planned, used in the classroom and analyzed. It would be of special interest what advantages and disadvantages may occur in the process of using the activities. The aim of the experiment is to compare interactions in these activities. One practical advantage of this experiment is that English for Academic and Professional Purposes teachers are able to implement these readymade activities within a plan in their classroom as well as take into account the pros and cons that will be observed and described in the results.

Important contributions have been made by Jeremy Harmer, Scott Thornbury and Jim Scrivener. Peculiarities in teaching English for professional Purposes have also been explored in studies by Natalia Dmitrenko, Ilona Denysenko, Anna Tarasiuk and Vita Fylypska. Most early studies, as well as current work of Tetiana Vainagii, Kvitoslava Matiichuk, Eric H. Glendinning, Ron Howard and Sam McCarter, focus on creating activities for teaching English for Medical Purposes.

Following the researchers' example, in the paper, the experimental method is used together with the observation of students. This proceeds in the following stages: 1) adapting an interactive activity to the medical context; 2) creating a worksheet for students; 3) making a plan of setting up the activity for teachers; 4) using the planned activity in the classroom; 5) observing students in the process of performing/speaking/playing; 6) pointing out advantages and disadvantages of each interactive activity. After the experiment, it was found that none of the activities was perfect, but they were designed professionally, that helped to reach the main aim of using them.

Foreign students use English while learning all subjects; that is why mastering functional language and medical terminology will increase their chances of succeeding in medical subjects as well as the English Language Proficiency Test which is obligatory for medical students in Ukraine. Teaching English for Professional Purposes has become an important part of higher education worldwide.

Results and Discussion. In recent years, there has been an increasing interest in creating interactive activities where the following types of interaction are used: pair work (S-S), group work (Ss), individual work (S), working with a teacher (S-T), a teacher working with the whole class (T-Ss). The key point of making interactive activities for Medical English classes is to develop fluency and a good language command.

In order to achieve interactive goals, each created activity is planned precisely. The aim of the activity, type of interaction, timing, anticipated problems, instructions, instruction-checking questions, prompting, scaffolding, error correction and feedback will be depicted to convey how important it is to take into account all these moments in creating interactive activities. The examples are as follows:

Activity 1. Taboo game. (table 2. "taboo game" activity) The main aim of the activity is to use the target language in the description; in addition, there is a task for the listener to guess the term. The objective of the game is to refresh synonyms and antonyms, anatomical terms, as well as common words that describe the human body; to develop speaking skills. Interaction: students work in pairs. The activity lasts for about 20 minutes. As this is a speaking activity, the delayed error correction takes place in order not to destroy the conversation flow. In case students make pronunciation mistakes, correcting them immediately is an excellent choice to prevent fossilized errors. Anticipated problem: in practice, misunderstanding of instructions and quick guessing without making up sentences and also different levels of English may occur; an odd number of students is not a problem for this activity, as dividing students into groups of three solves the problem. Plan: table 1 (*Plan to "taboo game" activity)*

Topic: Human body. Taboo game

Table 1

Plan to "taboo game" activity

Materials: *one copy of worksheet A and B per pair of students.*			*Interaction*
Level: *B1-C1 (English level)*	**Time**: *20-30 min*	**Focus**: *Vocabulary: parts of the body (formal, informal; anatomical terms, common words); body regions*	
Lead-in	*Ask some questions to engage Ss: "Do doctors use the same words for naming parts of the body in a conversation with other healthcare professionals and with their patients? (No) Why (not)? (Medical terminology is used in order to make a diagnosis, discuss cases with colleagues, but rarely in a conversation with patients, who might not be aware of the meanings of the terms, that is why informal equivalents are to be used."*		*T-Ss*

Table 1 (continuance)

Instructions	*Arrange Ss in pairs and divide them into As and Bs. Describe the activity pointing to the worksheet in your hands: "You are going to work in pairs, you will have different terms. Please take turns. Student A, please describe the term in bold to your partner, but you cannot use any of the words in italics in your description. Student B, listen to the description and try to guess the term. A student, who guesses more terms, wins the taboo game."*	S-S
Demonstration, instruction checking questions	*Give an example on the board: e.g.,* **earlobe** *soft* *head* *ear* *"It is a rounded and fleshy part hanging from the lower margin of the organ of hearing and balance. It is situated in the otic and cephalic region."*	T-Ss
	ICQs: *Can you use all the words from the card? (No) Which words are banned from using? (In italics) Will you say the answers aloud? (Yes)*	T-Ss
	Demonstrate the activity with a confident student or a pair of students.	T-S/ S-S
	Distribute the worksheets to the Ss.	S-S
Feedback	*While Ss are working, go around and help where necessary; in addition, collect accurate and inaccurate language for analyzing it after finishing the activity.* **Feedback on content**: *elicit some descriptions, ask whether it was easy or difficult to explain and guess, and also which term was the most difficult to guess/explain.*	T-Ss
	Feedback on accuracy: *delayed error correction on the board. Ask Ss to find and correct their mistakes on the board. Use a dictionary to clarify the meaning of a term, and look up synonyms/antonyms. Praise Ss for being accurate and fluent.*	Ss

The primary advantage of the activity (taboo game) is to develop the ability to describe medical terms to patients who are unaware of the medical equivalents of body parts. Another benefit of the taboo game is that students do not have time to go off the task as there is a time limit; what is more, it is a competition [9, p. 1].

 A negative aspect of the activity is classroom management. Indeed, it takes a lot of time to demonstrate each step of the game. Another drawback that occurs is that a teacher has to be ready to scaffold, for instance, eliciting synonyms before the beginning of the activity helps.

Activity 2. Board game. (Picture 1. "Board game" activity) Games are beneficial for recalling words, preferably at speed. Although almost all vocabulary games deal with isolated words, this particular board game

is contextualized, which helps to memorize the terms during the lesson even without cramming up the information [14, p. 106–111].

The interactive activity is aimed to practise speaking on types of pain, symptoms and injuries for 30 seconds. The subsidiary aim of the board game is to revise vocabulary and tenses, pronunciation of medical terms. What is more, all speaking sub-skills are being developed. Interaction: groups of three or four. Time: about 30 minutes. It is a productive task that requires the creation of sentences. The teacher makes notes of common mistakes which ensures that the students do not lose motivation by being

Table 2

"Taboo game" activity

Taboo game			
Worksheet A **Describe each medical term to your partner but do not use the wordsin italics.** **Your partner will listen and guess the term.**			
scalp *skin* *cover* *skull*	**temple** *side* *forehead* *ear*	**ornea** *colour* *eye* *face*	**nare** *nose* *breathe* *face*
gum *upper jaw* *lower jaw* *mouth*	**nape** *neck* *head* *back*	**trunkal** *trunk* *belly* *breast*	**thoracic** *chest* *thorax* *bones*
umbilicus *belly* *navel* *bellybutton*	**loin** *back* *hip bones* *small of the back*	**armpitted** *arm* *shoulder* *limb*	**cubital** *forearm* *upper arm* *elbow*
Worksheet B **Describe each medical term to your partner but do not use the words in italics.** **Your partner will listen and guess the term.**			
digit *finger* *toe* *hand*	**knuckle** *bone* *hand* *foot*	**patellar** *patella* *leg* *thigh*	**sole** *foot* *leg* *the bottom surface*
tarsal *foot* *ankle* *toes*	**skinless** *skin* *covering* *layer*	**arch of foot** *foot* *outer* *internal*	**ball of foot** *foot* *toes* *ankle*
periumbilical *abdomen* *belly button* *trunk*	**inguinal** *abdomen* *thigh* *side*	**Lump** *body* *illness* *injury*	**node** *small* *growth* *body*

corrected on the spot, that is why delayed error correction is the most advantageous. This activity is suitable for big groups (20-30 students). If there is an odd number of students, some groups can have one student more. Plan: *table 3. Plan to "board game" activity*

Topic: Types of Pain. Board Game

Table 3

Plan to "board game" activity

Materials: the worksheet, dice, coloured counters for all Ss			**Interaction**
Level: B1-C1 (English level)	*Time*: 20-30 min	*Focus*: Speaking (Vocabulary: types of pain)	
Lead-in	*Ask some questions about pain: "What do patients complain the most frequently of? What kind of pain have you experienced? What injuries caused that pain?"*		T-Ss
Instructions	*Arrange Ss into small groups of three or four and give each group a worksheet of the board game and a dice and coloured counters. Explain the rules of the game. Ss throw the dice and move round the board. Everyone starts on the START square. When a S lands on the square, he/she must talk for a minute about the type of pain and injuries/situations that cause it. Then each of the other Ss in the group must ask him/her a question about the topic. Tell Ss they can have time to think about what they are going to say. Someone in the group times the minute. The game finishes when someone reaches the FINISH square.*		T-Ss
Demonstration, instruction checking questions	*Elicit an example. For e..g., **acute pain** – it is sharp in quality, comes on suddenly and is caused by something specific. Causes of acute pain include surgery, broken bones, dental work, burns or cuts, labour and childbirth. Acute pain is opposite to chronic pain. Acute pain is of short duration, but it gradually resolves as the injured tissues heal, for instance, falling off a bike.* *Ask Ss to include the definition, causes of the pain and a real life situation in which a person feels the pain.*		T-Ss
	***ICQ**s: "How long are you going to speak about a type of pain? (About a minute, minimum 30 seconds) Are your peers going to ask additional questions? (Yes) Why are these additional questions going to be asked? (To help the speaker speak for more than 30 seconds)".*		T-Ss

Feedback	While Ss are working, go around and help where necessary, in addition, collect accurate and inaccurate language for analyzing it after finishing the activity.	
	Feedback on content: ask if Ss found/made up real-life situations for all types of pain.	T-Ss
	Feedback on accuracy: delayed error correction on the board. Ask Ss to find and correct their mistakes on the board. Use a dictionary to clarify the meaning of a term, and look up synonyms/antonyms. Praise Ss for being accurate and fluent.	SS

Topic: Types of pain. Board game

start / finish	aching pain	boring pain
burning pain	SPEAK FOR 30 SECONDS	gnawing pain
colicky pain		gripping pain
crampy pain		scalding pain
crushing pain		sharp pain
dull pain		stabbing pain
stinging pain	throbbing pain	chronic pain

Picture 1. "Board game" activity

The positive aspect of this activity is that it is a productive as well as receptive task. As a matter of fact, extrovert learners, spontaneous learners and active learners are totally involved as well as lethargic students who need the rules of the game and other participants to be pushed to speak and use the target language.

Even though the fun factor engages students to work harder, the instructions may be misunderstood, that is why instruction checking questions and teacher-student in addition to student-student demonstration will solve the problem. Another disadvantage of the interactive activity is that for the teacher, it is quite problematic to pay attention to every participant while monitoring in order to collect examples of accurate and inaccurate language. Needless to say, teacher-dependant learners tend to check things regularly with the teacher.

Activity 3. Role-play (Picture 2. "Role-play" activity). The main aim of the activity is to develop speaking skills, as well as students' fluency.

Furthermore, students develop different speaking sub-skills such as choosing the correct language (medical terms and their informal equivalents); selecting and using grammar and vocabulary correctly (names of injuries, fractures, parts of the body); pronouncing words and phrases correctly, so the listener understands the meaning (as foreign students are from all around the world); meaning discourse which is linking ideas when talking; using interactive strategies (taking turns and helping other speakers to join the conversation); speaking fluently (speaking at a natural speed without too much hesitation) [12, p. 125]. According to Jeremy Harmer, a role-play activity offers a wider range of language opportunities [8, p. 156]. Students simulate being a doctor and a patient, clearly, the student-student interaction takes place. The activity lasts for about 90 minutes as the preparation time also is counted. Students need some thinking time to make up symptoms, open questions…Time limit and also a signal to start are essential for this type of speaking activity. Before setting up the activity, the teacher has to "feed in" the appropriate language [11, p. 1]. Apart from this, realia and props such as a white coat and a first aid kit definitely bring the role-play to life. As students are expected to perform a dialogue, a similar model should be given, like listening to the dialogue, watching a video or reading an example. Obviously, eliciting some information about the situation students will act out and the roles they will play. In addition, some volunteers can model the situation. There are some ways to correct mistakes when using role-plays. First, self-correction: if students record the performance, they can reflect on the language used. Second, peer-correction: if a teacher nominates a student who is responsible for grammar accuracy and clinical accuracy. Third, delayed error correction: when a teacher focuses on feedback on accuracy after the performance. In case there is an odd number of students, two students can be patients. Anticipated problems: lack of ideas, students-doctors will use only medical terms. Plan *(table 4. Plan to "role-play" activity)*

The first advantage of using the role-play is that all students are involved: S1 is a doctor, S2 is a patient, S3 is responsible for clinical accuracy, S4 is responsible for grammar accuracy, S5 reads out a case report to the case, and all other students (Ss) write a case report to the case (a task for listeners) and send to the teacher (developing writing skills). One other advantage of such role-plays is that peer-correction can be used, while the teacher's role in the performance part is a spectator who watches the role-play and offers comments and advice after the performance [11, p. 1].

Regardless of the fact that the teacher has scaffolded students in many different ways: supporting in order to complete the task more successfully, giving lots of praise, giving clear and simple instructions; checking

Topic: First Aid. Injuries. Role-play

Table 4

Plan to "role-play" activity

			Interaction
Materials: *printed set or role cards per pair, pictures, speakers, laptop.*			
Level: *B1-C1 (English level)*	**Time**: *90 minutes and more*	**Focus**: *Speaking. Vocabulary (Types of injuries. Giving first aid. First aid kit.)*	
Lead in	*Show pictures. "Look at the pictures. What are the people's jobs? Please match the pictures with the statements below"*		T-Ss
	FB: open class (1b, 2 a\c, 3 a\c, 4 d)		T-Ss
	"What other injuries are the sportspeople in the pictures prone to? You have 30 seconds to think; I will nominate Ss to answer."		T-Ss
	FB: answers on the board (screen)		Ss
	"Listen to the dialogue and answer the question: What exactly caused the injury? (Medicine 2. Student's book; p 20, ex 1.		S
	FB: open class		T-Ss
	"S1, S2 read the dialogue; the teacher underlines 2 phrasal verbs, elicits their meaning, uses Cambridge online dictionary.		S-S
	Let's clarify the meanings of some verbs which cause injuries using Quizlet (online flashcards). S1 reads the definitions, Ss listen, look at the pictures and guess the verb."		Ss
	FB: the card is turned over, Ss see the correct answer.		Ss
Instructions	*A **role-play**. In pairs, you are going to do a doctor-patient dialogue. Doctors will have to ask open questions as patients give a lot of information that doctors and nurses may find difficult to process instantly, so they may miss vital information. What questions you, as doctors, can ask patients depicted in the pictures? (pictures from the lead-in). Review possible open questions that can be asked by the doctor:*		T-Ss
	• What brought you here today?		T-Ss
	• What seems to be the problem?		
	• Where does it hurt?		
	• Where is it sore?		
	• Can you describe the pain?		
	• What's the pain like? What kind of pain is it?		
	• What were you doing when it happened?		
	Arrange Ss into pairs, divide them into doctors and patients (or if you do not have the right number of students, have a group of three with 2 patients), they		

Table 4 (continuance)

	write down their partners' names and a role. Doctors work for a local secondary school, and during a PE lesson, a pupil comes with a number of injuries. "You have 4 minutes to think about the situation. Pupils (patients) will start the dialogue, include information about how the injury happened, when and where it happened; describe symptoms. Doctors ask open questions about causes and the symptoms, suggest treatment, summarize."	T-Ss
Demonstration, instruction checking questions	**ICQs**: "Patients, will you describe one injury or several ones? (Several) Doctors, will you ask about the cause of the injuries? (Yes)." *S3 is responsible for grammar accuracy, S4 is responsible for clinical accuracy. A task for all students (listeners): to write a case report. S5 is going to read the case report for the whole group."*	T-Ss
Feedback	*Go round and help with vocabulary and ideas.* "Listen to the performances and write a case report." Monitor and check if Ss are using the language correctly.	S-S
	Feedback on content: S4 gives suggestions after each performance; S5 reads a case report.	Ss
	Feedback on accuracy: at the end of the class S3 writes examples of language with mistakes on the board, all students try to correct them. Add some examples of good language in order to praise the Ss and also examples of made mistakes. Delayed error correction.	Ss
		T-Ss

Role card 1 (Patient)
Work in pairs and create a history of a schoolchild, who presents with some minor injuries. A school doctor has to provide the first aid. *During a PE lesson you have heart some parts of your body. Present of a number of injuries.* You have some minutes to make up the following things:
-**when** and where it happened (what kind of sport/activity was being played);
-how the injury happened (use verbs that cause the injury);
-describe your symptoms and condition. Patients will start the dialogue.

Role card 2 (Doctor)
Work in pairs and create a history of a schoolchild, who presents with some minor injuries. *A school doctor has to provide the first aid. During a PE lesson a pupil comes with a number of injuries. You have some minutes to prepare. Doctors ask open questions about:*
-causes and the symptoms of the injuries;
-suggest treatment;
-summarize describe your patient's injuries and condition using medical terms only (care report).

Picture 2. "Role-play" activity

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that the students have understood the task), there are still some teacher-dependent learners who will response only using short answers. A further disadvantage is connected to the peer-correction, as the teacher has to be careful to keep peer-correction a positive and profitable experience for all learners [3, p. 122–125]. To put it another way, the teacher has to teach the students to give feedback to their peers, for instance, using a sandwich approach [11, p. 1].

Conclusions. The findings of this study can be understood as a methodological guide for English for Professional Purposes teachers. The present finding confirms that Activity 1 (Taboo game) has 2 main advantages and 2 disadvantages, as well as Activity 2 (Board game) and also Activity 3 (Role-play); indicates how to pair up and group students. In addition, these findings provide additional information about peer interactions which shows that they are an additional source of communication practice that provide students with the opportunity to try out new language, make mistakes, get support in learning terminology and also develop autonomy. Implementation of interactive activities demands teachers' constant reflection on their own planning and conducting of lessons.

It is a question of future research to investigate the proper solutions for problems and disadvantages that have occurred in using the interactive activities and also create a number of new samples of such activities for each topic of the academic program. Future studies could focus on creating interactive activities for online lessons as well.

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