



TEACHING MEDICINE VOCABULARY THROUGH TPR METHOD FOR ESP LEARNERS

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Abstract: This study explores the effectiveness of the Total Physical Response (TPR) method in teaching medical vocabulary to English for Specific Purposes (ESP) learners. Forty intermediate-level medical students and nurses in Uzbekistan were divided into an experimental group taught using TPR and a control group taught with traditional methods (e.g., flashcards, translation). Over eight weeks, the TPR group associated vocabulary with physical actions, while the control group used conventional techniques. Pre-tests, post-tests, and retention tests assessed vocabulary acquisition, and surveys evaluated learner engagement and confidence. Results showed the TPR group significantly outperformed the control group in post-test and retention test scores. TPR learners also reported higher engagement and confidence. Findings suggest TPR enhances vocabulary retention and engagement, making it a valuable approach for ESP medical English instruction. Further research is needed to address its applicability to abstract terms and broader contexts.





Key words: Total Physical Response, English for Specific Purposes, medical vocabulary, vocabulary acquisition, kinesthetic learning, language teaching

Introduction

English for Specific Purposes (ESP) tailors language instruction to professional needs, such as medical English for healthcare professionals. Medical vocabulary, with its complex terminology and Latin/Greek roots, challenges non-native English speakers. Traditional methods like rote memorization often yield poor engagement and retention.

Total Physical Response (TPR), developed by James Asher, uses physical movement to reinforce language learning, leveraging kinesthetic memory for better retention. While effective in general language teaching, TPR's potential in ESP medical vocabulary instruction is underexplored.

This study evaluates TPR's effectiveness in teaching medical vocabulary to ESP learners, focusing on retention, engagement, and confidence. How does TPR compare to traditional methods in improving medical vocabulary acquisition among ESP learners?

Methods

Forty ESP learners (20 medical students, 20 nurses) at a Uzbek medical university participated. All were intermediate English learners (B1-B2 CEFR), aged 18–35, with no prior TPR experience.

A quasi-experimental design assigned participants to an experimental group (n=20, TPR) or a control group . The intervention spanned 8 weeks with two 60-minute sessions weekly.

Fifty high-frequency medical terms (e.g., "syringe," "hypertension") were selected based on medical English curricula. TPR activities involved physical actions (e.g., mimicking injection for "syringe"), while the control group used textbooks, flashcards, and translation.

Procedure





- 1. Pre-Test: A vocabulary test (matching and cloze) assessed baseline knowledge.
- 2. Intervention: The TPR group learned via instructor-led actions and reenactment; the control group used traditional methods.
 - 3. Post-Test: The same test evaluated immediate acquisition.
 - 4. Retention Test: A delayed test (4 weeks post-intervention) measured retention.
 - 5. Survey: A Likert-scale survey assessed engagement and confidence.

Data Analysis: Paired t-tests compared pre- and post-test scores. Retention test scores and survey responses were analyzed for quantitative and qualitative insights.

Results

Vocabulary Acquisition:

- Pre-Test: No significant difference between
- Post-Test: TPR group scored higher
- Retention Test: TPR group retained more than control

Engagement and Confidence:

- TPR group reported higher engagement than control.
- 90% of TPR learners felt "confident" or "very confident" using terms in professional scenarios, vs. 60% for control.

Qualitative Feedback: TPR learners found the method "engaging" and "memorable"; control learners described traditional methods as "monotonous."

Interpretation: TPR significantly improves medical vocabulary acquisition and retention compared to traditional methods, likely due to its multisensory approach. Higher engagement and confidence suggest TPR reduces anxiety in ESP contexts.





Implications: TPR can enhance ESP medical English curricula by making learning interactive and relevant. Instructors can design TPR activities simulating clinical tasks to align with professional needs.

Limitations: The small sample size and single-institution setting limit generalizability. TPR may struggle with abstract terms (e.g., "prognosis") lacking clear physical representations.

Future Research: Larger, multi-site studies and hybrid TPR approaches could address these limitations and explore broader ESP applications.

TPR is an effective, engaging method for teaching medical vocabulary to ESP learners, with potential to improve professional communication in medical settings.

References

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