INTERDISCIPLINARY APPROACHES TO TEACHING MEDICAL ENGLISH: INTEGRATING HUMANITIES, ART, AND TECHNOLOGY

Florentin CRĂINEANU
West University of Timișoara, Romania
Daniel DEJICA
Politehnica University Timișoara, Romania

Abstract: English for Medical Purposes (EMP) has traditionally emphasized clinical terminology and standardized communication, yet the growing interdisciplinarity of healthcare demands broader pedagogical approaches. This article proposes an exploratory framework for EMP instruction that integrates medical humanities, art-based pedagogy, and technology-enhanced learning. Drawing on models such as Content and Language Integrated Learning (CLIL), Task-Based Learning (TBL), Case-Based Learning (CBL), and Problem-Based Learning (PBL), the study highlights how empathy, ethical reasoning, and intercultural sensitivity can be cultivated alongside linguistic proficiency. While the research remains in progress and its proposals require empirical validation, it contributes to ongoing debates in EMP pedagogy by advocating for a holistic curriculum that prepares learners to communicate effectively, think critically, and engage compassionately in global healthcare contexts. Future directions include empirical testing, corpus-based analysis, and interdisciplinary collaboration to refine and implement the proposed framework.

Keywords: English for Medical Purposes (EMP), Medical humanities, Art-based pedagogy, Educational technology, Interdisciplinary learning, Pedagogical models (CLIL, TBL, CBL, PBL), Research-in-progress, Intercultural competence

1. Introduction

In today's globalized healthcare landscape, effective communication in English has become a core professional competency rather than a supplementary skill. English for Medical Purposes (EMP), as a specialized branch of English for Specific Purposes (ESP), has traditionally emphasized clinical terminology, procedural language, and standardized communication protocols. Yet, the increasing interdisciplinarity of medicine—where science intersects with ethics, empathy, and technological innovation—requires a broader pedagogical vision.

This article argues for a transformative framework in EMP instruction, one that integrates medical humanities, art-based learning, and technology-enhanced methodologies. Such an approach not only strengthens linguistic proficiency but also cultivates emotional intelligence, ethical reasoning, and intercultural sensitivity—qualities essential for compassionate and competent medical practice. By drawing on diverse disciplines, educators can design EMP curricula that reflect the complexity of real-world healthcare and prepare learners to engage with it holistically.

The discussion is structured into five interconnected sections. First, the role of medical humanities in EMP is examined, highlighting how ethics, empathy, and narrative medicine can be embedded into language instruction. Second, art-based pedagogy is explored, focusing on the use of visual arts, film, and literature to foster observational

BUPT

skills and emotional engagement. Third, the potential of technology-enhanced learning—including artificial intelligence, immersive simulations, and gamified platforms—is analyzed as a means of creating adaptive and interactive EMP environments. Fourth, pedagogical models such as Content and Language Integrated Learning (CLIL), Task-Based Learning (TBL), Case-Based Learning (CBL), and Problem-Based Learning (PBL) are presented as frameworks for interdisciplinary integration. Finally, the conclusion synthesizes these insights and positions the study as research in progress, acknowledging its limitations while outlining directions for future inquiry.

By weaving together these diverse strands, the article contributes to ongoing debates in EMP pedagogy and opens pathways for further research into holistic, humanistic approaches to medical language education.

2. Medical Humanities: Empathy, Ethics, and Narrative Medicine

The medical humanities have emerged as a vital interdisciplinary field that bridges clinical science with human experience, offering perspectives from literature, philosophy, ethics, and the arts. Their integration into English for Medical Purposes (EMP) instruction provides a framework for cultivating not only linguistic competence but also the emotional and ethical sensibilities required for effective medical communication (Bleakley, 2015; Shapiro et al., 2009).

Traditional EMP curricula often emphasize technical vocabulary and procedural fluency, yet they risk overlooking subtleties of tone, cultural nuance, and emotional resonance that shape patient–provider interactions. Embedding ethical case studies, patient narratives, and bioethical debates into EMP instruction allows learners to engage with morally complex scenarios, reflect on the human impact of medical decisions, and develop sensitivity to diverse cultural values. Such activities—whether through role-play, debate, or reflective writing—encourage learners to use English not merely as a tool for information exchange but as a medium for ethical dialogue and empathetic engagement (Greenhalgh & Hurwitz, 1999; Dejica, 2013).

Narrative medicine, a cornerstone of the medical humanities, emphasizes the importance of storytelling in clinical practice. It trains healthcare professionals to listen attentively to patients' stories, construct coherent case histories, and communicate diagnoses with compassion. In the EMP classroom, narrative medicine can be introduced through reading and writing patient narratives, engaging with literary texts that explore illness and healing, and reflective exercises that deepen learners' self-awareness. Texts such as Tolstoy's *The Death of Ivan Ilyich*, Gilman's *The Yellow Wallpaper*, or essays by physician-writers like Atul Gawande provide rich material for discussion, vocabulary acquisition, and emotional insight (Gawande, 2014; Sacks, 1985). These narratives expose learners to authentic language use while inviting them to consider the psychological and existential dimensions of medical care.

The integration of medical humanities into EMP instruction yields significant cognitive and linguistic benefits. Learners develop discourse competence as they navigate complex conversations, sharpen critical thinking by analyzing ethical tensions and narrative structures, and enhance intercultural sensitivity through exposure to diverse perspectives. This approach aligns with broader pedagogical trends in EMP that emphasize interdisciplinarity, learner-centered design, and ethical awareness (Crăineanu & Dejica, 2025). Recent studies also highlight the role of mental translation in shaping communicative competence, showing how learners' internal translation

BUPT

strategies influence their ability to participate effectively in dialogue and patient-centered communication (Dejica & Toma, 2025). In particular, communicative competence emerges as a central outcome, as learners learn to balance linguistic accuracy with empathy, responsiveness, and ethical sensitivity in medical interactions.

Ultimately, embedding medical humanities into EMP transforms language learning into a humanistic endeavor. It prepares future healthcare professionals to communicate with clarity, compassion, and conscience, reinforcing the idea that medical English is not only about terminology but also about the values and empathy that underpin effective patient care.

3. Art-Based Pedagogy: Visual Thinking Strategies, Film, and Literature

Art-based pedagogy offers a powerful and often underutilized avenue for enriching English for Medical Purposes (EMP) instruction. By incorporating visual arts, film, and literature into the language classroom, educators can engage learners on emotional, cognitive, and linguistic levels simultaneously. These modalities foster observational acuity, interpretive thinking, and nuanced communication—skills indispensable in clinical settings where precision, empathy, and cultural awareness intersect (Bleakley, 2015; Kress & van Leeuwen, 2021).

Visual Thinking Strategies (VTS), originally developed for art education, have found meaningful applications in medical training and language learning alike. In EMP contexts, VTS involves guided discussions around artworks, prompting learners to describe what they see, interpret meaning, and justify their observations in English. This process enhances descriptive vocabulary and syntactic fluency while cultivating attentiveness and collaborative dialogue. When applied to medical-themed artworks—such as Rembrandt's *The Anatomy Lesson of Dr. Nicolaes Tulp* or Frida Kahlo's *The Broken Column*—VTS stimulates conversations about anatomy, pain, ethics, and historical representations of illness, all while reinforcing language skills (Kress & van Leeuwen, 2021; Ciobanu & Dejica, 2025a, Ciobanu & Dejica, 2025b).

Film and media provide another rich resource for EMP instruction, offering authentic dialogue, emotional depth, and cultural context. Films portraying medical environments and ethical dilemmas—such as *Wit*, *Patch Adams*, *The Doctor*, or *Contagion*—can be used to develop listening comprehension, expand medical vocabulary, and provoke critical discussion. Learners analyze character interactions, reflect on professional conduct, and debate moral dimensions of care, all within the framework of English language practice. Film scenes can also be repurposed for role-play, transcription exercises, or multimodal analysis, making them versatile tools for both receptive and productive language skills (Hyland, 2005; Crăineanu & Dejica, 2025).

Literature and poetry deepen learners' engagement with language and human experience. Literary texts offer complex narratives and metaphors that illuminate the emotional and existential dimensions of illness, healing, and identity. In EMP instruction, works by physician-writers such as William Carlos Williams or Oliver Sacks can be used to explore medical terminology in context, stimulate reflective writing, and foster empathy. For instance, Sacks's *The Man Who Mistook His Wife for a Hat* invites learners to grapple with neurological disorders while practicing descriptive and analytical language. Poetry, with its condensed and evocative form, encourages learners to interpret and express complex emotions in English, reinforcing both linguistic and affective competence (Sacks, 1985; Shapiro et al., 2009).

BUPT

Art-based pedagogy thus transforms the EMP classroom into a space of aesthetic and ethical inquiry. It allows learners to connect language with lived experience, to see beyond the clinical surface, and to articulate the human stories embedded in medicine. By engaging with art, learners refine linguistic skills while cultivating empathy, imagination, and cultural literacy (Mali & Dejica, 2025)—qualities that define holistic healthcare professionals.

4. Technology-Enhanced Learning: AI, VR/AR, and Gamification

The integration of digital technologies into English for Medical Purposes (EMP) instruction has transformed the pedagogical landscape, offering new possibilities for personalization, immersion, and scalability. As healthcare itself becomes increasingly digitized, EMP classrooms must reflect this transformation by adopting tools that simulate clinical environments, personalize learning experiences, and foster interactive engagement (Grigoraș & Dejica, 2023; Grigoraș & Dejica, 2025).

Artificial intelligence (AI) has introduced unprecedented opportunities for adaptive learning. AI-powered platforms can analyze learner performance, identify patterns, and deliver personalized pathways. Intelligent tutoring systems provide real-time feedback, while natural language processing tools assess written and spoken language for accuracy and fluency. In EMP contexts, AI-driven chatbots and virtual patients simulate medical interviews, enabling learners to practice diagnostic questioning, active listening, and empathetic responses in safe, controlled environments (Bhushan et al., 2024; Kovacs & Dejica, 2025). These tools mirror the communicative challenges of real clinical encounters and democratize access to high-quality language instruction.

Virtual and augmented reality (VR/AR) further expand the possibilities for immersive learning. Simulations recreate hospital wards, emergency rooms, or operating theaters, allowing learners to engage with scenarios that require both language and decision-making skills. For example, a VR module may place learners in a multilingual emergency department where they must triage patients, communicate with colleagues, and respond to evolving situations—all in English. Such experiences foster situational awareness, interdisciplinary collaboration, and stress management, while reinforcing medical vocabulary and procedural language (Parmaxi, 2020; Kadri et al., 2025). The embodied nature of VR/AR supports kinesthetic learning, making abstract concepts more tangible and memorable.

Gamification introduces elements of play, competition, and reward into EMP instruction, increasing motivation and engagement. Scenario-based quizzes, interactive simulations, and vocabulary challenges transform passive learning into active problem-solving. Learners may earn points for correctly diagnosing a virtual patient, unlock new vocabulary sets by completing tasks, or collaborate in teams to solve public health puzzles. These gamified environments encourage experimentation, resilience, and peer interaction, while reinforcing linguistic and professional competencies (Pawar & Pawar, 2024; Ahmed et al., 2015).

Curriculum innovation in technical and specialized translation further underscores the need to integrate digital tools and adaptive strategies into translation and language disciplines (Grigoraș & Dejica, 2025). Moreover, localization and AI have already transformed global communication workflows, offering valuable insights for EMP instruction (Mali & Dejica, 2025). Workflow efficiency research also demonstrates how

BUPT

structured processes can be adapted to EMP pedagogy, ensuring both linguistic and professional competence (Pașcalău & Dejica, 2021).

In sum, technology-enhanced learning offers unprecedented opportunities to enrich EMP instruction. By strategically integrating AI, VR/AR, and gamification, educators can create dynamic learning ecosystems that prepare medical professionals for the communicative demands of a globalized healthcare system.

5. Pedagogical Models: CLIL, TBL, CBL, and PBL

To effectively integrate humanities, art, and technology into English for Medical Purposes (EMP), educators must adopt pedagogical models that support interdisciplinary learning and real-world application. Four frameworks—Content and Language Integrated Learning (CLIL), Task-Based Learning (TBL), Case-Based Learning (CBL), and Problem-Based Learning (PBL)—offer flexible, learner-centered approaches that align language acquisition with professional development (Littlewood, 2004; Marsh, 2002; Norman & Schmidt, 1992; Thistlethwaite et al., 2012;).

Content and Language Integrated Learning (CLIL) merges subject matter instruction with language learning, allowing students to acquire medical knowledge while practicing English in authentic contexts. In EMP, CLIL might involve studying anatomy, medical ethics, or public health policy through English-language materials and discussions. This dual-focus approach promotes deeper cognitive engagement, encourages the use of discipline-specific vocabulary, and fosters academic literacy. CLIL also supports intercultural competence, as learners navigate complex content across linguistic and cultural boundaries (Marsh, 2002; Hyland & Shaw, 2016).

Task-Based Learning (TBL) emphasizes the completion of meaningful tasks using the target language. In EMP, tasks are designed to mirror professional activities, such as conducting patient interviews, writing clinical reports, or presenting case studies. TBL encourages learners to focus on fluency and accuracy within purposeful communication, reinforcing both linguistic and pragmatic skills. By situating language use within realistic scenarios, TBL enhances learner motivation and confidence, while providing opportunities for feedback and reflection (Littlewood, 2004; González-Lloret 2017).

Case-Based Learning (CBL) centers on the analysis of clinical cases to drive inquiry and discussion. In EMP, learners engage with detailed patient scenarios that require diagnostic reasoning, ethical deliberation, and collaborative problem-solving—all conducted in English. CBL supports the development of medical discourse competence, as students learn to articulate symptoms, propose interventions, and justify decisions. It also fosters empathy and cultural sensitivity, as cases often involve diverse patient backgrounds and complex social dynamics (Thistlethwaite et al., 2012).

Problem-Based Learning (PBL) challenges learners to solve open-ended, interdisciplinary problems through research, dialogue, and critical thinking. In EMP, PBL might involve investigating global health issues, designing patient education campaigns, or developing communication strategies for multilingual clinical teams. This model promotes autonomy, creativity, and integrative thinking, encouraging learners to draw on multiple sources of knowledge—including language, ethics, and technology—to address real-world challenges (Norman & Schmidt, 1992).

Together, these pedagogical models provide a robust foundation for interdisciplinary EMP instruction. They enable educators to move beyond rote memorization and isolated grammar drills, toward a dynamic, context-rich learning environment where language is

BUPT

a tool for inquiry, collaboration, and professional growth. By aligning EMP with CLIL, TBL, CBL, and PBL, educators can cultivate learners who are not only proficient in English but also prepared to navigate the complexities of global healthcare with insight and integrity (Crăineanu & Dejica, 2025; Grigoraș & Dejica, 2025).

6. Conclusion: Toward a Holistic, Humanistic EMP Curriculum

As the boundaries between medicine, ethics, art, and technology continue to blur, the teaching of English for Medical Purposes (EMP) must evolve to reflect this complexity. Traditional models that focus solely on clinical terminology and procedural language are no longer sufficient to prepare learners for the multifaceted realities of contemporary healthcare. Instead, EMP instruction should embrace a holistic, interdisciplinary approach—one that integrates the medical humanities, art-based pedagogy, and digital innovation to cultivate both linguistic proficiency and humanistic competence.

The inclusion of medical humanities fosters empathy, ethical reasoning, and narrative sensitivity, enabling learners to engage with patients not merely as cases but as individuals with stories, values, and emotions. Art-based pedagogy deepens this engagement by developing observational skills, interpretive thinking, and emotional literacy through visual and literary media. Technology-enhanced learning, through AI, VR/AR, and gamification, offers immersive and adaptive environments that mirror the communicative demands of modern clinical practice. Supported by pedagogical models such as CLIL, TBL, CBL, and PBL, these content areas create a dynamic and learner-centered framework that aligns language instruction with professional identity formation.

At the same time, this study must be understood as research in progress. Its scope is exploratory, and its proposals remain provisional. Limitations include the absence of empirical validation, the need for broader corpus-based analysis, and the challenge of integrating interdisciplinary methods across diverse institutional contexts. Nevertheless, by synthesizing theoretical insights and pedagogical innovations, the article contributes to ongoing scholarly conversations in EMP and opens pathways for future inquiry.

Future research should pursue empirical studies that test the effectiveness of interdisciplinary EMP curricula, investigate learner outcomes in technology-enhanced environments, and explore the integration of medical humanities and art-based approaches across cultural contexts. Collaborative projects between linguists, medical educators, and technologists will be essential to refine these models and ensure their applicability in diverse healthcare systems.

Ultimately, this article advocates for a reimagined EMP curriculum—one that prepares learners not only to communicate effectively in English but to do so with compassion, creativity, and cultural awareness. By weaving together diverse disciplines and methodologies, educators can transform the EMP classroom into a space of inquiry, reflection, and growth, shaping future healthcare professionals who are fluent not only in the language of medicine but also in its humanity. The framework presented here is intended as a starting point for empirical validation rather than a definitive model, underscoring its status as research in progress.

References

1. Ahmed, M., Sherwani, Y., Al-Jibury, O., Najim, M., Rabee, R., & Ashraf, M. 2015. “Gamification in medical education.” Medical Education Online, 20, 29536. https://doi.org/10.3402/meo.v20.29536.

BUPT

2. Bleakley, A. 2015. Medical Humanities and Medical Education: How the Medical Humanities Can Shape Better Doctors. London & New York: Routledge.
3. Ciobanu, I., & Dejica, D. 2025a. “Communicative dimensions of educational marketing discourse: A conceptual and pragmatic exploration.” Professional Communication and Translation Studies, 18, 91-97.
4. Ciobanu, I., & Dejica, D. 2025b. 'Linguistic Characteristics of Educational marketing Discourse' in *Scientific Bulletin of the Politehnica University of Timişoara, Transactions on Modern Languages*, Vol. 24, No. 1 / 2025, Timișoara: Editura Politehnica, pp. 62-72.
5. Crăineanu, F., & Dejica, D. 2025. English for Medical Purposes: Evolution, Pedagogy, and Future Directions. Scientific Bulletin of the Politehnica University of Timișoara, Transactions on Modern Languages, 24(1), 353–366.
6. Dejica, D. 2013. “Mapping the translation process: The cultural challenge.” In H. Pârlog & L. Frentiu (eds.), Translating Across Cultures. Newcastle upon Tyne: Cambridge Scholars Publishing, pp. 11–28.
7. Dejica, D. & C. Eugeni, A. Dejica-Cartis (eds.) 2020. *Translation Studies and Information Technology - New Pathways for Researchers, Teachers and Professionals*. Timișoara: Editura Politehnica, Translation Studies Series.
8. Dejica, D & E. Meștereagă. 2025. 'Transformative Learning Beyond the Classroom: University Students’ Engagement with Out-of-Class Contexts in EFL', in *Annales Universitatis Apulensis. Series Philologica*, nr. 26/2025., pp. 222-232.
9. Dejica, D., & Toma, A. 2025. “Exploring the impact of mental translation on communicative language teaching and learning in Romanian schools.” Swedish Journal of Romanian Studies, 8(1), 103–109.
10. Frontiers in Digital Health. 2024. “Virtual reality and augmented reality in medical education: An umbrella review.” Frontiers in Digital Health, 6, Article 1365345. https://doi.org/10.3389/fdgth.2024.1365345.
11. Gawande, A. 2014. Being Mortal: Medicine and What Matters in the End. New York: Metropolitan Books.
12. González-Lloret, M. 2017. “Technology and task-based language teaching.” In S. Thorne & S. May (eds.), Language, Education and Technology. Encyclopedia of Language and Education. Cham: Springer. https://doi.org/10.1007/978-3-319-02237-6_16.
13. Greenhalgh, T., & Hurwitz, B. 1999. “Narrative based medicine: Why study narrative?” BMJ, 318(7175), 48–50. https://doi.org/10.1136/bmj.318.7175.48.
14. Grigoraș, C.-P., & Dejica, D. 2023. “Teaching EFL to the digital-born generation: Challenges and expectations.” Professional Communication and Translation Studies, 16, 160–165.
15. Grigoraș, P., & Dejica, D. 2025. “Bridging knowledge and practice: Pedagogical strategies and research directions for technical translation in the digital age.” Studii de Știință și Cultură, 21(3), 147–158.
16. Hyland, K. 2005. Metadiscourse: Exploring Interaction in Writing. London: Continuum.
17. Hyland, K., & Shaw, P. (eds.). 2016. The Routledge Handbook of English for Academic Purposes. London & New York: Routledge.
18. Kadri, M., Kaghat, F.-Z., Azough, A., & Zidani, K. A. 2025. “Immersive technologies vs. traditional methods in medical education: Enhancing spatial understanding and interactivity through AR and VR.” In M. Cohen (ed.), Augmented Reality – Situated Spatial Synergy. London: IntechOpen. https://doi.org/10.5772/intechopen.1010976.
19. Kovacs, Z., & Dejica, D. 2025. “Medical Translation in the Age of Neural Machine Translation: Standards, Assessment Models, and Romanian Perspectives.” Analele Universităţii Ovidius din Constanţa. Seria Filologie, issue 2/XXXVI/2025. Constanța: Ovidius University Press (in print).
20. Kress, G., & van Leeuwen, T. 2021. Reading Images: The Grammar of Visual Design (3rd ed.). London & New York: Routledge.

BUPT

21. Littlewood, W. 2004. “The task-based approach: Some questions and suggestions.” ELT Journal, 58(4), 319–326.
22. Marsh, D. 2002. CLIL/EMILE – The European Dimension: Actions, Trends and Foresight. European Commission.
23. Norman, G. R., & Schmidt, H. G. 1992. “The psychological basis of problem-based learning: A review of the evidence.” Academic Medicine, 67(9), 557–565. https://doi.org/10.1097/00001888-199209000-00002.
24. Parmaxi, A. 2020. “Virtual reality in language learning: A systematic review and implications for research and practice.” Interactive Learning Environments, 1–13. https://doi.org/10.1080/10494820.2020.1765392.
25. Pașcalău, R., & Dejica, D. 2021. “The efficient translation flow, a key to successful business.” Scientific Bulletin of the Politehnica University of Timişoara, Transactions on Modern Languages, 20(1), 51–57.
26. Pawar, V., & Pawar, D. 2024. “Gamification in medical education: A new approach.” Oral Oncology Reports, 9, 100209. https://doi.org/10.1016/j.oor.2024.100209.
27. Sacks, O. 1985. The Man Who Mistook His Wife for a Hat. New York: Summit Books.
28. Shah, T., Bhushan, M., Vyas, N., & Shingate, R. 2024. “AI-Powered personalised learning plans for intelligent tutoring systems.” International Journal for Research in Applied Science and Engineering Technology (IJRASET). https://doi.org/10.22214/ijraset.2024.62879.
29. Shapiro, J., Coulehan, J., Wear, D., & Montello, M. 2009. “Medical humanities and their discontents: Definitions, critiques, and implications.” Academic Medicine, 84(2), 192–198. https://doi.org/10.1097/ACM.0b013e3181938bca.
30. Thistlethwaite, J. E., Davies, D., Ekeocha, S., Kidd, J. M., MacDougall, C., Matthews, P., Purkis, J., & Clay, D. 2012. “The effectiveness of case-based learning in health professional education. A BEME systematic review: BEME Guide No. 23.” Medical Teacher, 34(6), e421–e444. https://doi.org/10.3109/0142159X.2012.680939.
31. Toma, A. & D. Dejica. 2023. 'Mental Translation and its Contribution to Communicative Language Teaching and Learning' in *Professional Communication and Translation Studies,* 16 / 2023, Timisoara: Editura Politehnica, pp. 120-126.
32. Williams, W. C. 1969. Selected Poems. New York: New Directions Publishing.

BUPT