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REVIEW ARTICLE

MEDICAL HISTORY TAKING IN TEACHING ENGLISH FOR MEDICAL PURPOSES: A KEY COMMUNICATION SKILL FOR FUTURE HEALTHCARE PROFESSIONALS

Nataša Šelmić

Department of General Education Subjects, English Language, University of Niš Faculty of Medicine, Niš, Serbia

Effective doctor-patient communication is central to medical practice, and medical history forms a large part of it. Medical history taking, as the most frequently performed task by physicians, is, therefore, referred to as the most effective and adaptable tool in clinical practice. Adequate communication and interpersonal skills include active listening, demonstrating empathy, providing appropriate counseling, delivering clear therapeutic instructions, and building firm, trust-based relationships. Strengthening doctor-patient communication can enhance patient participation, improve adherence to treatment plans, boost satisfaction, and optimize healthcare utilization. In the English for Medical Purposes (EMP) course, medical history taking represents an integrative part of the curriculum and syllabus at the Faculty of Medicine, University of Niš. The course aims to introduce students to Medical English as an aid to patient-doctor communication, help them acquire medical vocabulary, master questioning techniques and linguistic patterns, thus preparing them for effective communication. This paper explores the significance of medical history taking in EMP instruction and highlights linguistic aspects that will assist students in improving their communication skills.

Keywords: medical history taking, English for medical purposes, medical vocabulary, communication skills

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Correspondence to:
Nataša Šelmić
Department of General Education Subjects, English Language
University of Niš Faculty of Medicine
Bulevar dr Zorana Đinđića 81, Niš, Serbia
E-mail: natasa.selmic@medfak.ni.ac.rs

INTRODUCTION

Effective doctor-patient communication is central to medical practice, and medical history forms a large part of it. Medical history taking, as the most frequently performed task by physicians, is, therefore, referred to as the most effective, perceptive, and adaptable tool in clinical practice (1). Evidence has demonstrated that effective history taking increases patient satisfaction, enhances treatment adherence, and results in better health outcomes (2).

A medical history is a structured approach to eliciting information from the patient about their symptoms, past medical conditions, family history, and lifestyle factors. The most prominent functions include establishing rapport with patients, facilitating accurate diagnosis and treatment planning, and enhancing interdisciplinary communication among healthcare teams.(3).

There are three principal stages in a clinical conversation between a doctor and a patient. The first stage refers to the doctor-patient dialogue, involving language for asking questions, confirming details, and exploring the main signs and symptoms presented by the patient. The second stage involves physical examinations, where further instructions and procedures are defined. The third stage includes establishing the diagnosis, adherence to the treatment plan, and use of medications. The development of the language skills required to carry out these interactions contributes to communicative competence, empowering learners to use language for meaningful communication (4).

This paper examines how medical history taking is integrated into EMP teaching and highlights linguistic aspects that will assist students in improving their communication skills.

THE USE OF MEDICAL HISTORY TAKING IN THE ENGLISH FOR MEDICAL PURPOSES COURSE

Medical history taking is an integrative part of the English for Medical Purposes (EMP) course at the Faculty of Medicine, University of Niš. The course aims to help students appreciate the need to use precise medical terminology and language when interacting with patients and colleagues. In addition, it covers the best practices for using Medical English in different healthcare contexts to achieve effective, clear, and courteous communication.

Good communication and interpersonal skills include active listening, demonstrating empathy, providing appropriate counseling, delivering clear therapeutic instructions, and building good, compassionate relationships with patients. Strengthening doctor-patient communication can enhance patient participation, improve adherence to treatment plans, boost satisfaction, and optimize healthcare utilization. Ultimately, effective communication plays a vital role in delivering high-quality care and achieving better health outcomes. These basic clinical skills play a crucial role in medical practice to ensure optimal outcomes and patient satisfaction, which are fundamental aspects of healthcare delivery (5).

For EMP learners, history taking requires both linguistic and communicative competence. They are supposed to acquire specialized terminology, ask open-ended questions, and possess active listening skills. In this way, a connection between specialist subjects and language learning can readily be perceived by students — integration of content and context is achieved, where content provides a source of interest and motivation to learn, and the content is made accessible through language instruction (6).

The structure of medical history taking

A medical history generally consists of the following structural elements:

General information, including name and surname of the patient, date of birth;

The opening in which the doctor greets the patient, builds initial rapport, and identifies the main issues for which the patient is seeking medical attention:

What seems to be the problem?

What has brought you here today?

The history of the present illness in which the physician gathers information by asking a series of questions to prompt the patient to describe their current issues in detail:

How long have they/has it been bothering you?

How long have you had them/ it?

When did they start?

The patient's past medical history, which includes significant illnesses, any previous surgeries or operations, and any ongoing health conditions:

Have you ever had this problem before?

Has there been any change in your health since your last visit?

The review of systems involves gathering information about current or past issues related to the different body systems.

Family history contains questions relating to diseases running in the family:

Does anyone else in your family suffer from this problem?
Are your parents alive and well?
Social history includes details about living arrangements, occupation, marital status, number of children, substance use, recent travel abroad, and exposure to environmental risks through recreational activities or pets:
Do you smoke?
How many cigarettes a day?
Do you use alcohol?
Do you exercise?
Medications, both regular and acute, including those prescribed by doctors, as well as over-the-counter drugs or alternative medicines:
Are you taking any medication at the moment?
Allergies to medications, food, latex, and other environmental factors:
Are you allergic to any medication? (7).

ROLE-PLAY AS A SIMULATION IN-CLASS ACTIVITY

Role-play as a form of simulation is regarded as an effective method for learning communication skills, wherein the importance of the social context of learning is emphasized. For a simulation to occur, the participants should assume their roles and responsibilities and carry out their duties to the best of their abilities within the given circumstances. Consequently, the participants and observers learn about the person or situation being acted out. In essence, each participant is creating part of the social context, establishing an environment in which they can examine their behavior or observe group dynamics (8). During in-class history-taking practice, students are divided into small groups, whereby one group assumes the role of a patient, and another assumes the role of a doctor. Carefully selected case reports provide an ideal ground for practising accurate, concise, and easily understood questions and giving instructions during doctor–patient interactions. The main objective is to allow students to integrate communicative and linguistic functions in a realistic clinical context. An interactive learning environment is a practical tool for clinical skills teaching. It supports the following specific aspects of medical communication:
Active listening: Participants are encouraged to listen actively to the "patient" and respond appropriately to the main complaints. In addition, they need to concentrate on the essential information relating to specific signs and symptoms of the disease.
Problem solving: Different scenarios and thinking of various possibilities of treatment or communication in medical practice enable students to develop critical thinking and decision-making skills.
Empathy: Empathy is an important trait that medical professionals should possess to foster patient confidence and cooperation. Role play is a useful technique for students to develop emotional sensitivity and understanding in real- life situations.
Knowledge acquisition: Role play is an effective way of learning as it makes students use theoretical knowledge in real-life situations and gain practical experience.
Effective communication: Regardless of whether it is delivering a diagnosis, bad news, or simply comforting a patient, role play enhances both verbal and non-verbal communication skills of the participants, particularly in multicultural environments (9).
A key linguistic requirement is the ability to appropriately use medical or professional terms and their non-professional equivalents. When communicating with patients, doctors must use clear and appropriate language while avoiding medical jargon, as this plays a crucial role in effective doctor-patient interactions. The way information is conveyed directly impacts patient satisfaction and adherence to treatment. By incorporating language tasks that emphasize linking technical and everyday terms, we can enhance students' awareness of the appropriate register for different situations and better equip them for real-life interactions.
Teaching students structured question frameworks like the SOCRATES or OLDCART patterns helps them develop a systematic approach to patient interviews in Medical English. These frameworks guide students in gathering comprehensive and relevant clinical information, ensuring clarity and precision in history taking.
SOCRATES (commonly used for pain assessment) stands for:
Site – Where is the pain located?
Onset – When did it start?
Character – What is the pain like (sharp, dull, burning, etc.)?
Radiation – Does the pain spread anywhere?
Associations – Are there other symptoms (nausea, fever, etc.)?
Time course – Has it changed over time?
Exacerbating/relieving factors – What makes it worse or better?
Severity – How bad is the pain on a scale of 1–10?

OLDCART (another pain assessment tool) stands for:
Onset – When did the symptoms begin?
Location – Where is the pain/symptom?

Duration – How long has it lasted?
Character – What does it feel like?
Aggravating factors – What makes it worse?
Relieving factors – What makes it better?
Temporal factors – Has it changed over time? (10).
By incorporating these language tasks into medical English training, students can enhance their ability to ask structured and correct questions, improving their communication skills and patient interactions.
Integrating medical history into EMP education increases students' motivation and improves communication, analytical, and critical thinking skills that positively affect learning practice. Because of the familiarity with the subject matter, active participation in the learning process is achieved. This approach is student-centred and content-based, enhancing students' interest in using different learning strategies. In addition, they can practise all language skills and the grammatical and semantic features of Medical English. Moreover, they acquire crucial social and communication skills indispensable for future training and professional development.

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Statement of Competing Interest

The author declares no conflicts of interest.

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