

Postgraduate Medical Residents' Experience with English Terminology in Regional Anatomy

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Abstract

English is the dominant language in medical education and research, but postgraduate residents in non-English-speaking countries often face challenges in mastering technical terminology, particularly in Regional Anatomy. A descriptive, cross-sectional study was conducted in the Department of Anatomy, Bangabandhu Sheikh Mujib Medical University, Dhaka, Bangladesh, between January and December of 2021, to explore postgraduate medical residents' experiences with English terminology in Regional Anatomy within the Bangladeshi medical education system. Data was collected from postgraduate residents through a structured English language test and questionnaire. Most participants (98.3%) studied in Bangla-medium schools, and only 1.7% had prior English-medium education. Two-thirds (76.3%) agreed that English proficiency is essential for success in Anatomy, yet only 51.7% supported English as the sole medium of instruction. Reading was the top priority skill (78.3%), with textbooks (81.7%) as the preferred material. Histology was the most difficult subdivision due to English (45%), while Embryology was more difficult for undergraduates (32.2%). Reading difficulties were reported by 46.7%, and summarizing difficulties by 40%. Vocabulary was the most challenging aspect (35%), and residents mainly relied on teachers (65%) and online sources (46.3%) for support. Self-assessment showed reading as the strongest skill (mean 3.7 ± 0.6), while speaking was weakest (mean 3.0 ± 0.5). Most of them (82.4%) strongly supported English-in-Anatomy guidelines, prioritizing speaking (46.7%) and academic vocabulary (53.3%). Postgraduate residents face persistent challenges with English in Regional Anatomy, particularly in vocabulary and speaking, highlighting the need for targeted language support and discipline-specific guidelines.

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Introduction

In medical education, the ability to understand and use English terminology has become increasingly important, particularly in specialized subjects such as Regional Anatomy. For postgraduate medical residents, accurate comprehension of anatomical terms is not only essential for examinations but also for clinical practice, research, and teaching. However, in non-English-speaking countries like Bangladesh, residents often face challenges in mastering these terms due to their limited English proficiency. These difficulties reflect broader global trends, as English has emerged as the dominant language of medicine, science, and academic communication.^{1,2} In medical science, English is not merely an academic medium but the primary vehicle for textbooks, journals, conferences, and research.^{3,4} Swales even described English as the "premier research language" in medicine, underscoring its indispensable role.

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Consequently, medical residents worldwide, regardless of their national language, are required to attain a functional command of English terminology to succeed in their professional development.⁵

In Bangladesh, English holds an established place in medical education. From the undergraduate MBBS curriculum to postgraduate residency programs, English is the primary language of textbooks, examinations, and research publications. However, most students come from Bangla-medium backgrounds, with only a small proportion having studied in English-medium or English-version schools. Despite English being taught as a compulsory subject at primary and secondary levels, studies have consistently reported that Bangladeshi students' proficiency in English remains unsatisfactory.⁶ This creates barriers for medical undergraduates as they enter a fully English-based academic system, and these challenges persist into postgraduate training.

Regional anatomy, one of the most terminology-intensive subjects, represents a unique challenge. Residents must not only memorize and understand hundreds of anatomical terms but also be able to use them accurately in practical, clinical, and academic contexts. Evidence showed that Bangladeshi students often rely on memorization strategies without genuine comprehension, largely due to limited English proficiency.⁷ This reliance on rote learning may help them pass examinations, but it hinders their ability to apply anatomical knowledge effectively in clinical settings. Moreover, postgraduate residents, who are expected to transition from learners to educators and practitioners, face added pressure when they cannot confidently use English terminology in anatomy. Similar struggles have been reported globally. Zughoul & Hussein noted that even after years of English instruction, many Jordanian students

entered higher education with inadequate English proficiency.⁸ In Libya, medical students' poor grasp of English limited their understanding of medical courses.⁹ Comparable issues have been observed in Pakistan, where medical graduates continued to face challenges in professional communication due to language barriers.¹⁰ In Saudi Arabia, medical students preferred simplified guides over standard textbooks because of difficulties with English.¹¹ For postgraduate medical residents, the ability to master English terminology in regional anatomy is particularly significant. Unlike undergraduates, residents are required not only to acquire knowledge but also to apply it in patient care, research, and academic presentations.⁷ Weakness in this area can compromise both academic success and professional confidence.¹² An exploration of residents' experiences with English terminology in regional anatomy can therefore shed light on their learning difficulties, coping strategies, and perceived needs. Such insights are critical for designing targeted interventions, such as language support programs or anatomy-specific English modules, to bridge the gap between linguistic competence and professional requirements. This study aims to explore postgraduate medical residents' experience with English terminology in regional anatomy within the Bangladeshi medical education system.

Methods

This descriptive cross-sectional study was conducted in the Department of Anatomy, Bangabandhu Sheikh Mujib Medical University, Dhaka, Bangladesh, from January to December of 2021. This study had two main components. Firstly, postgraduate residents' understanding of English used in anatomical texts was assessed through a structured language test, focusing on academic reading and grammar skills

relevant to regional anatomy. The test included passages from standard Anatomy textbooks covering the thorax, superior extremity, and abdomen, with questions designed to evaluate factual comprehension, inference, vocabulary, sentence structure, and grammar usage, including prepositions, collocations, voice, and word formation. Secondly, a structured questionnaire was administered to capture residents' perceptions, experiences, and challenges in using English terminology during learning and professional tasks. The questionnaire included close-ended items and optional open-ended responses to allow elaboration of experiences.

Data collection was conducted in-person and questionnaires were completed individually. Data was compiled, coded and analyzed using Statistical Package for Social Sciences (SPSS) version 21.0 for Windows. Results were expressed as frequencies and percentages as well as $\text{mean} \pm \text{SD}$ to reflect residents' proficiency and experiences with English terminology in regional anatomy.

Ethical approval was sought from the Institutional Review Board of Bangabandhu Sheikh Mujib Medical University, Dhaka, Bangladesh.

Results

Table-I presents the background characteristics of both undergraduate and postgraduate medical students. Most postgraduates (98.3%) and undergraduates (90.8%) studied in Bangla-medium schools. Few had taken standardized English tests ($\approx 3\%$). While 66.7% of postgraduates and 92.4% of undergraduates achieved the highest HSC English grade, a notable proportion of postgraduates (33.3%) scored below 5.00, indicating limited pre-medical English exposure despite good exam performance. Table-II shows students' perceptions of English in

Anatomy for undergraduates and postgraduates. Most agreed that strong English is important (undergraduates 68.6%, postgraduates 76.3%). However, fewer supported English as the sole medium (undergraduates 38%, postgraduates 51.7%), indicating both groups value English but prefer bilingual instruction.

Table-III shows the prioritization of language skills and reading materials among undergraduates and postgraduates. Reading was the top-ranked skill for postgraduates (78.3% 1st priority) and also important for undergraduates (54.5%). Textbooks and resource books were the most preferred materials (postgraduates 81.7%, undergraduates 66.9%). The main reason for reading was to understand the text in detail (postgraduates 40%, undergraduates 45.5%), followed by grasping main ideas and gathering essential information.

Table-IV shows book usage and perceived difficulty by anatomy subdivision for both undergraduates and postgraduates. Postgraduates primarily used Indian authors' books for Regional Anatomy (65%), followed by Bangladeshi (13.3%) and other foreign authors (11.7%), with guidebooks rarely used. For undergraduates, guidebooks (31.4%) and Indian authors (34.7%) were commonly used. Histology was considered the most difficult subdivision due to English by postgraduates (45%), while undergraduates found Embryology most challenging (32.2%).

Table-V shows the difficulties postgraduate medical residents faced in reading and summarizing Anatomy texts. Reading was considered difficult by 46.7% of respondents ("Absolutely yes" and "Yes"), with a mean score of 3.2 ± 0.9 , while summarizing was reported difficult by 40% ("Absolutely yes" and "Yes"), with a mean of 3.0 ± 1.0 .

Table-I: Background characteristics of the medical students

Characteristics	Category	Undergraduate (%)	Postgraduate (%)
Medium of instruction (pre-medical)	Bangla	90.8	98.3
	English Version	5.9	0
	English	3.4	1.7
Experience of taking English language test	Yes	3.4	3.3
	No	96.6	96.7
Grade in English (HSC examination)	Below 5.0	7.6	33.3
	5.0	92.4	66.7

Table-II: Perceptions of the importance of English and preferred language of instruction

Question	Category	Undergraduate (%)	Postgraduate (%)
Importance for success in Anatomy	Absolutely yes	27.3	26.3
	Yes	41.3	50
	Not sure	58	11.7
	No	19	10
	Absolutely not	5	0
	Mean (\pm SD)	3.7 \pm 1.2	3.9 \pm 0.9
Should be the only language of instruction	Absolutely yes	13.2	8.3
	Yes	24.8	40
	Not sure	9.9	5
	No	39.7	38.3
	Absolutely not	10.7	6.7
	Mean (\pm SD)	2.9 \pm 1.3	3.1 \pm 1.2

Table-III: Prioritization of language skills, reading materials, and reasons for reading comprehension

Variables	Category	Undergraduate			Postgraduate		
		1st Priority (%)	2nd Priority (%)	3rd Priority (%)	1st Priority (%)	2nd Priority (%)	3rd Priority (%)
Language Skills	Reading	54.5	10.7	13.2	78.3	3.33	5
	Writing	24	17.4	33.9	1.7	36.7	23.3
	Speaking	13.2	24	15.7	10	23.3	33.3
	Listening	3.3	33.1	15.7	6.7	18.3	16.7
Reading materials	Textbooks and resource books	66.9	7.4	5.8	81.7	10	3.3
	Texts on slides/ board	6.6	24.8	19.8	10	26.7	11.7
	Lecture handouts	8.3	22.3	26.4	3.3	28.3	20
	Exam questions	3.3	22.3	11.6	3.3	10	23.3
Reasons for reading comprehension	To read the text in detail	45.5	21.5	6.6	40	11.7	6.7
	To understand the main ideas of text	23.1	9.1	13.2	33.3	26.7	8.3
	To gather essential information	11.6	31.4	23.1	13.3	18.3	18.3
	To make a summary of the text	3.3	9.1	16.5	3.3	11.7	20

Table-IV: Book usage and perceived difficulty by anatomy subdivision

Subdivision	Guidebooks (%)	Bangladeshi authors (%)	Indian authors (%)	Other foreign authors (%)	Most difficult (%)
Undergraduate					
General Anatomy	31.4	18.2	35.5	7.4	24
Regional Anatomy	31.4	18.2	34.7	7.4	13.2
Histology	36.4	21.5	10.7	16.5	10.7
Embryology	33.9	20.7	13.2	20.7	32.2
Postgraduate					
General Anatomy	0	11.7	63.3	13.3	3.3
Regional Anatomy	0	13.3	65	11.7	11.7
Histology	3.3	0	18.3	66.7	45
Embryology	1.7	13.3	20	53.3	8.3

Table-V: Difficulties in reading and summarizing texts

Item	Absolutely yes (%)	Yes (%)	Not Sure (%)	No (%)	Absolutely not (%)	Mean±SD
Undergraduate						
Reading is a tough job	15.7	49.6	13.2	15.7	0.8	3.7±1.0
Summarizing is difficult	13.2	41.3	15.7	21.5	3.3	3.4±1.1
Postgraduate						
Reading is a tough job	1.7	45	21.7	28.3	1.7	3.2±0.9
Summarizing is difficult	3.3	36.7	20	35	3.3	3.0±1.0

Table-VI presents the specific aspects of English that caused difficulties and the coping sources and strategies used by postgraduate medical residents. Vocabulary, particularly understanding the meaning of words, was the most frequently cited difficulty (35% as 1st priority). Understanding passages (21.7%) and relating sentences quickly (16.7%) were also notable challenges. Teachers' assistance was the most relied-upon helping source (65% as 1st priority), followed by viscera/diagram observation (13.3%) and peer discussions (10%). For learning new words, online resources were the leading strategy (46.3%), while guessing from context (5%) and asking peers or teachers were used less frequently. Table-VII describes postgraduate medical residents' self-assessed proficiency in overall English skills and specific reading sub-skills. Reading was rated

highest, with 68.3% reporting "excellent" or "good" proficiency (mean 3.7±0.6). Listening (mean 3.5±0.7) and writing (mean 3.4±0.5) were also rated as "good," while speaking received the lowest rating (mean 3.0±0.5), mostly categorized as "average." Among reading sub-skills, reading comprehension (mean 3.5±0.6) and grammatical knowledge (mean 3.5±0.7) were rated higher, whereas vocabulary (mean 3.1±0.6) and reading speed (mean 3.2±0.6) were perceived as areas needing improvement. Table-VIII summarizes perceptions of guideline needs. A majority 82.4% of residents agreed on the need for English-in-Anatomy guidelines (mean 4.0±0.9). Speaking was the most needed skill (46.7%), the most requested content was a list of common academic words (53.3%), and the preferred strategy was processing information quickly (40%).

Table-VI: Specific aspects of English causing difficulty and coping sources/strategies

Variables	Category	Undergraduate			Postgraduate		
		1st Priority (%)	2nd Priority (%)	3rd Priority (%)	1st Priority (%)	2nd Priority (%)	3rd Priority (%)
Aspects causing difficulty	Understanding the meaning of words	32.2	11.6	14	35	6.7	8.3
	Understanding sentences	24	27.3	15.7	18.3	28.3	16.7
	Understanding passages	19.8	19	19	21.7	25	18.3
	Relating sentences quickly	10.7	15.7	17.4	16.7	10	23.3
Helping sources	Teachers' assistance	34.7	9.1	8.3	65	5	6.7
	Viscera/diagram observation	19.8	29.8	10.7	13.3	30	10
	Peer discussions	13.2	19	28.9	10	30	31.7
Strategies for new words	Online sources	46.3	12.4	9.1	46.3	1.7	9.1
	Guessing from context	4.1	31.4	18.2	5	28.3	20
	Asking peers	15.7	20.7	18.2	1.7	23.3	23.3
		9.1	15.7	9.9	6.7	8.3	26.7

Table-VII: Comparison of self-assessed proficiency in English skills and reading sub-skills

Variables	Category	Excellent UG/PG	Good UG/PG	Average UG/PG	Poor UG/PG	Very poor UG/PG	Mean±SD UG/PG
Overall skills	Reading	14.9 / 5	39.7 / 63.3	31.4 / 28.3	3.3 / 1.7	1.7 / 0	3.7±0.9 / 3.7±0.6
	Writing	9.1 / 0	25.6 / 43.3	45.5 / 51.7	5.8 / 1.7	3.3 / 0	3.4±0.9 / 3.4±0.5
	Speaking	5.8 / 0	20.7 / 13.3	37.2 / 75	19 / 6.7	7.4 / 1.7	3.4±0.9 / 3.0±0.5
	Listening	7.4 / 5	38.8 / 38.3	30.6 / 50	9.9 / 3.3	2.5 / 0	3.5±0.8 / 3.5±0.7
Reading sub-skills	Vocabulary	8.3 / 1.7	15.7 / 18.3	43 / 70	14.9 / 8.3	8.3 / 1.7	3.0±1.0 / 3.1±0.6
	Reading comprehension	5.8 / 1.7	37.2 / 50	41.3 / 43.3	5 / 5	1.7 / 0	3.5±0.8 / 3.5±0.6
	Reading speed	13.2 / 0	36.4 / 26.7	33.9 / 65	4.1 / 8.3	2.5 / 0	3.6±0.9 / 3.2±0.6
	Grammatical knowledge	4.1 / 3.3	27.3 / 51.7	44.6 / 41.7	9.9 / 1.7	3.3 / 1.7	3.2±0.8 / 3.5±0.7

UG=undergraduate, PG=postgraduate

Table-VIII: Need and suggestions for guidelines on English-in-Anatomy

Variables	Category	Undergraduate (%)	Postgraduate (%)
Most needed skills	Reading	38.8	25
	Writing	27.3	18.3
	Speaking	19	46.7
Suggested guideline content	List of common academic words	54.5	53.3
	Explanation of grammatical issues	17.4	20
	Explanation of sentence structure	12.4	21.7
Preferred reading strategies	Ways of processing information quickly	33.1	40
	Identifying main points	26.4	30
	Deeper understanding	21.5	20

Discussion

This study explored postgraduate medical residents' experiences with English terminology in Regional Anatomy, revealing several notable patterns in language proficiency, reading preferences, and coping strategies. Most of the postgraduate participants (98.3%) came from Bangla-medium backgrounds, with only a minority having prior exposure to English-medium education. This aligns with findings by Rahim et al., who reported that Bangladeshi students predominantly studied in Bangla-medium schools and often struggled with English during medical training.¹³ They also noted that students relied heavily on memorization due to limited English comprehension, particularly in terminology-intensive subjects such as anatomy.¹³ This reliance on rote learning was evident in our participants' reported difficulties with reading and summarizing texts, where 46.7% considered reading challenging and 40% reported difficulties with summarization, echoing the challenges described in other non-English-speaking contexts, including countries in the Middle-East; as per report by Zughoul & Hussein and Faraj, it is obvious that insufficient

English proficiency hinders medical learning.^{8,9} Our study revealed that postgraduate residents considered reading the most critical language skill (78.3% first priority), prioritizing textbooks and resource books for detailed comprehension. This mirrors the findings of Al-Husaini, who observed that medical students in Saudi Arabia preferred detailed guides over standard textbooks due to the complexity of English texts.¹¹ Additionally, we observed that residents emphasized reading for understanding details (40% first priority) and grasping main ideas (33.3%), which is consistent with the finding of the study done among Malaysian medical students focusing on comprehension and main ideas when reading English medical texts.¹⁴ The reliance on textbooks over lecture notes or slides underscores the importance of authentic academic material in mastering technical terminology.^{15,16} Book usage patterns showed that our postgraduates predominantly used Indian-authored texts (65%), while guidebooks were rarely employed. In contrast, undergraduates relied more on guidebooks (31.4%). This shift suggests increasing confidence in handling

standard texts at the postgraduate level, yet histology remained the most difficult subdivision due to English (45%), indicating that linguistic challenges persist even among advanced learners. Comparable observations were reported by Niazi from Pakistan and Jameel et al. from Saudi Arabia,^{10,15} where medical graduates continued to face communication and comprehension difficulties which contributed to students' preference for simplified guides. In our cohort, vocabulary was the most challenging aspect of English, with 35% prioritizing difficulties in understanding word meanings. Residents primarily relied on teachers' assistance (65%) and online resources (46.3%) to cope, while peer discussion and guessing from context were less frequent. These findings are in congruence with the findings of Talukder et al., who reported that Bangladeshi medical students often depend on teachers for clarification and use online dictionaries to overcome language barriers.¹⁷ The emphasis on vocabulary acquisition aligns with global trends; for instance, Nabeiei et al. found that medical students in Iran and neighboring countries prioritized understanding medical terminology to succeed in academic and clinical tasks.¹⁸ In our study, self-assessed proficiency showed reading as the strongest skill among postgraduates, followed by listening and writing, while speaking and vocabulary were weaker areas. These findings are consistent with previous studies indicating that comprehension-based skills tend to develop earlier than productive skills in non-native English speakers.^{19,20} Low speaking proficiency among our students highlights a need for structured interventions to improve oral communication – critical for teaching and clinical practice. Our data also underscored a strong support for English-in-Anatomy guidelines (82.4%). Residents prioritized speaking (46.7%), academic vocabulary (53.3%), and

strategies for processing information quickly (40%), reflecting similar recommendations in other contexts, e.g., Swales and Liyanage & Birch emphasized targeted language support programs, including discipline-specific modules and vocabulary lists, as essential for bridging linguistic and professional competence gaps.^{5,20} This study has some limitations. For example, its single-center design and relatively small sample size may reduce generalizability. Data was self-reported and cross-sectional which imposes risks of bias. Moreover, the language test mainly assessed reading and grammar skills, not practical speaking or listening skills.

Conclusion

This study highlights the significant challenges postgraduate medical residents face with English terminology in Regional Anatomy, despite years of medical training. Findings revealed that while reading was the strongest skill and the most relied upon for learning, difficulties persisted in vocabulary, comprehension of complex texts, and speaking proficiency. Residents primarily depended on teachers and online resources for coping, underlining the lack of structured language support. Histology emerged as the most difficult subdivision due to English, where technical terminologies remain a persistent barrier. Importantly, the majority of participants expressed the need for discipline-specific guidelines, particularly focusing on speaking, vocabulary, and strategies for processing information quickly. These results suggest that targeted English-for-Medical-Purposes (EMP) interventions are essential to improve both academic success and clinical communication skills, thereby bridging the gap between language proficiency and professional competence.

References

1. Antic Z. Forward in teaching English for medical purposes. *Med Biol*. 2007;14(3):141-7.
2. Mufwene SS. Globalization, Global English, and World English(es): Myths and Facts. In: Coupland N. ed. *The Handbook of Language and Globalization*. Malden, MA: Wiley-Blackwell; 2010.
3. Frînculescu IC. The physiology of English as a lingua franca in medicine. *Fiziologia- Physiology*. 2009;19(2):4-6.
4. Pavel E. Teaching English for medical purposes. *Bull Transilvania Univ Braşov*. 2014;7(2):39-46.
5. Swales JM. The role of English in the research world. In: *Research Genres: Explorations and Applications*. Cambridge, MA: Cambridge University Press; 2004.
6. Khan HR, Akter MZ. *Students' Mistakes and Errors in English Writing: Implications for Pedagogy*. Research Report No. 1. Dhaka: Centre for Research and Training, East West University; 2011.
7. Hossain S. *A Study of the Problems Faced by the Undergraduate Medical Students of Bangladesh with Anatomical Terminology and with English Used in Anatomy*. [Thesis]. Dhaka: Bangabandhu Sheikh Mujib Medical University (BSMMU); 2005.
8. Zughoul MR, Hussein RF. English for higher education in the Arab world: a case study of needs analysis at Yarmouk university. *ESP J*. 1985;4(2):133-52.
9. Faraz BMA. English for medical education in EFL context. *J Teach English Spec Acad Purpos*. 2015;3(1):121-48.
10. Niazi MM. *English for Medical Purposes: A Case of English for Specific Purposes*. [Thesis]. Islamabad: National University of Modern Languages (NUML); 2002.
11. Al Husaini ZAE. Knowledge, attitude and practice of reading habit among female medical students, Taibah University. *J Taibah Univ Med Sci*. 2013;8(3):192-8.
12. Kaliyadan F, Thalamkandathil N, Parupalli SR, Amin TT, Balaha MH, Ali WH. English language proficiency and academic performance: a study of a medical preparatory year program in Saudi Arabia. *Avicenna J Med*. 2015;5(4):140-4.
13. Rahim T, Amin NF, Hassan N, Nahar A, Yousof SA. Preferred learning resources of Bangladeshi medical undergraduates to understand English sentences of the anatomy textbook: a comprehensive analysis. *J Diabetic Assoc Med Coll*. 2024;8(2):15-20.
14. Abdullah A, Liew SM, Salim HS, Ng CJ, Chinna K. Health literacy research in Malaysia: a scoping review. *Sains Malays*. 2020;49(5):1021-36.
15. Jameel T, Gazzaz ZJ, Baig M, Tashkandi JM, Alharenth NS, Butt NS, et al. Medical students' preferences towards learning resources and their study habits at King Abdulaziz University, Jeddah, Saudi Arabia. *BMC Res Notes*. 2019;12(1):30.
16. Li LJ, Ge GC. Genre analysis: structural and linguistic evolution of the English-medium medical research article (1985–2004). *English Specif Purpos*. 2009;28(2):93-104.
17. Talukder MAS, Talukder MHK, Pervin MR, Talukder MFH, Tapu TT. Teachers' view about the current situation of e-learning practice in undergraduate medical education of Bangladesh. *Bangladesh J Med Educ*. 2020;11(1):12-6.
18. Nabeie P, Amini M, Ghanavati S, Marhamati S. Research priorities in medical education at Shiraz University of Medical Sciences: categories and subcategories in the Iranian context. *J Adv Med Educ Prof*. 2016;4(1):26-32.
19. McLean M, Murdoch-Eaton D, Shaban S. Poor English language proficiency hinders generic skills development: a qualitative study of the perspectives of first-year medical students. *J Furth Higher Educ*. 2013;37(4):462-81.
20. Liyanage I, Birch G. English for general academic purposes: catering to discipline-specific needs. *Queensland J Educ Res*. 2001;17(1):48-67.