

Analyzing Communicative Needs of Medical Representatives and Designing Strategic Course for them

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Abstract

Effective communication is pivotal for medical representatives to convey complex medical information to healthcare professionals. Medical representatives are facing many hurdles to meet the current standard of International level. So, it has become significantly essential to draw attention of pharmaceutical industry towards that issue and plan something effective for developing proficiency in language skills of medical representatives. This mixed methods study investigated the communicative needs of MRs in the pharmaceutical industry, identified gaps in the existing training and designed a strategic course to enhance their communicative effectiveness. A survey of 100 medical representatives, semi-structured interview with 10 doctors and observation in natural settings revealed significant communicative needs including clarity, concision, technical knowledge and interpersonal skills. Existing training programs were found lacking in contextualized language practice and scenario based training. Medical representatives need to possess specific communication skills to communicate effectively with the healthcare experts. Critical communication abilities are found to include product understanding, responding to objections, and developing rapport. The findings of the study are the communication abilities of medical personnel can be greatly enhanced by a customized training program. The study's conclusions highlight the necessity of continuing to engage in communication skills training, which has broad implications for the pharmaceutical sector. Pharmacists can improve performance, customer satisfaction, and patient care by determining the medical representative's communication needs and creating tailored training courses.

Keywords: English for Medical representatives (MR); Communicative Needs; Training Needs; Strategic Communicative Course

1. Introduction

There are many reasons in Pakistan for medical representatives to learn English language to fulfill their professional needs. They can complete different tasks easily and effectively by using English. The current Syllabi of English in Pakistan is not up to the mark of medical professionals. According to the present study, the medical representatives are more inclined to learn English, so that they can improve their spoken skills, communicative competence and communicative performance. This situation faced the need of designing ESP course for them in Pakistan, as they have to deal with a specific class for their specific purpose. They have to launch and foster their company products and convince people about the effectiveness of the desired product. English language can help them than any other language. The medical representatives are supposed to do certain activities like attending meetings, giving presentations and briefings. It is important to note that they stand in need of verbal and written links with doctors, chemistry officers, customers and medical organizations. English is the single global language for communication now. The call for English for occupational purposes (EOP) is growing rapidly which demands for such employees who have mastery of English in their specific line of work. The aim of the present study is to find out basic English skills and communication needs of medical personnel.

1.1 Background of the Study

Kang (2004) further stated that knowing the language is crucial for medical practitioners. According to Kurfürst (2005), English is a language that medical students must learn in order to succeed in their studies. This includes reading textbooks and periodicals to get ready for tests, as well as participating in class discussions and meetings. Throughout their schooling and in their future employment as doctors, they also need to learn how to write prescriptions, medication charts, and patient records in English. English for Medical Purposes (EMP) has therefore grown in significance. According to Frinculescu (2009), the aforementioned characteristics of English that no other language could match allowed for widespread publications in the language. International and American periodicals produce the most renowned medical publications and highly respected works in the disciplines of science, medicine, and technology in English. According to Csillia (2009), American media and cultural sovereignty increased the availability of American English products globally, resulting in the production of roughly 1.3 billion English speakers by the end of the 20th century who are more or less fluent (Ratmo, 2020). It is imperative currently for medical staff to provide professional care to their patients through effective communication. To meet this need, a tailored English language-training program must be developed, with the appropriate modules needed to provide them with the necessary knowledge and abilities (Mahwish, 2012). At this level, studying English is more about acquiring and using the language of practice and social ties within the profession than it is about learning. Ahmadi & Sajjadi (2012) focused on the impact of language proficiency training on medical professionals during their in-service English education. Faculty members' overall English proficiency can be greatly improved by in-service education, which can also help them become more proficient in each specific skill. The explorations of the contemporary researches affirm the increasing compulsion of designing effective communication course for the health professionals including nurses, doctors, clinical assistants, pharmacists, and medical representatives.

1.2 Research Questions

1. What is the average rate of using English among medical representatives in their professional settings?
2. What type of professional tasks do Medical representatives perform regarding interpersonal communication?
3. What is the medical representative's contemporary English language competency level in terms of speaking, listening, reading and writing?
4. What perspectives do different medical discourse communities have on studying English in medical college?

1.3 Significance of the study

The study's findings would be useful in future research projects analyzing the demands of various medical representatives in various academic fields, including dentistry, pharmacy, and nursing, with regard to English as a Foreign Language (EFL). They can gain insightful knowledge that will help to improve the language environment in their particular industries. Similarly, the findings and suggestions of this study can help other medical schools and institutions in Pakistan and elsewhere. This study significantly add to the collection of

linguistic requirements for medical representatives. In order to compare and contrast the current linguistic environment of medical learners in Pakistan with other ESP settings worldwide, ESP practitioners and researchers can refer to the empirical database provided by this study. Consequently, the wider structure of ESP in language instruction may profit from the application of this study. It will make it simpler and more quickly for representatives to obtain advanced literary resources and stay current on current affairs. It would offer beneficial support in passing internationally recognized language exams and tests, such as the TOEFL, GRE, or IELTS, as well as degrees in a related field of study. It will equip medical representatives with the language capabilities they need.

1.4 Methodological Framework

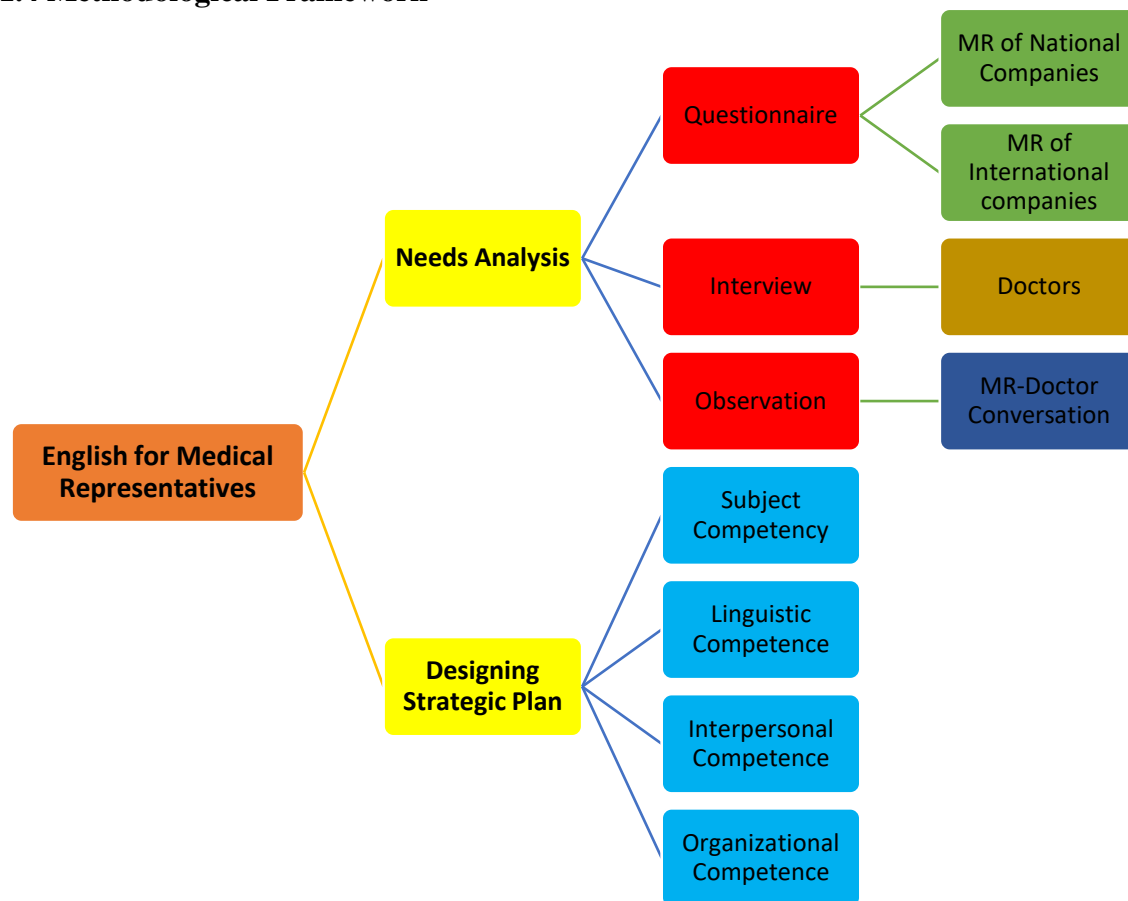


Figure 1. Methodological Framework

2. Literature Review

Kumar, V .et al. 2020 put stress on the importance of blended learning for developing language skills of medical representatives. Glendinning, E.et al.2020 in (A Course for Healthcare Professionals) focused on offering comprehensive ESP course materials. Stuart, M. 2022, provided practical guidance on ESP teaching for medical professionals. By using ESP, language teachers must take on a collaborative role in which they collaborate with content teachers. But when utilizing this strategy, this is one of the primary challenges for language teachers (Luo& Garner, 2017). In order to design realistic learning objectives for ESP,

requirements evaluation involves collecting information and follow-up with learners and other actors, which makes the work challenging. Nevertheless needs analysis remains the cornerstone for the production of instructional resources, pedagogical content, and delivery strategies that encourage greater motivation and achievement among learners (Amelia, 2017). According to Javed (2013), the goal needs of the ESP learners should be regarded while developing the course of study, as English for Academic Purposes (EAP) and Business English are presently the primary sectors. Using a combination of qualitative techniques and semi structured interviews,

In accordance with Algofaili (2019), Saudi Arabia's King Abdul-Aziz Military Academy trainees were incompetent and discovered hard to interact with others in English. This motivated them to take part in English classes subsequent graduating. They got to the conclusion that instructors lack prepared ESP courses and may not be informed about educating English. Findings showed that taking English language classes are also highly recommended for making significant language acquisition progress. Hashmi, Rajab, and Sandi conducted research in 2020 in the dentistry faculty of a Saudi Arabian institution. The findings indicated that students were aware of their situational constraints and had an overwhelmingly favorable mindset towards learning the English language; thus, it is essential to consider their "desires" into consideration while designing an English language course for dental students. Furthermore, they illustrated how English language educators have integrated interactive English activities into their ESP courses. According to the results of Alum's (2016) study on the importance of English instruction for Turkish public order police officers, all police officers who currently operate should be taught a particular type of the language. English language necessities for public order police personnel working in a tourist destination. The survey highlighted that these police officers desperately need to enhance their speech and listening capabilities. The rapid-fire speech of foreign visitors and their unknown terminologies presented a significant listening problem for them. It was quite hard for them to express themselves in English due to their insufficient comprehension of it is the syntax and structure. The study recommended all students take specific courses in English.

Basturkmen (2010) highlighted that "The determination of language capabilities is used in determining and refining the content for the ESP course". Quite similarly, Askari Arani's second study conducted in 2005 aimed to investigate attitudes and obstacles related to EMP learning via ICT (Information and Communications Technology). A critical first step in creating training programs that work is analyzing the communicative needs of medical representatives (Kwak et al., 2017). A thorough examination of the literature, however, reveals a number of flaws and areas in need of improvement. According to Braithwaite et al. (2017), the emphasis on individual abilities frequently restricts the investigation of the communicative needs of medical representatives, disregarding the influence of organizational culture and setting. According to Tackett et al. (2017), there is a chance that the focus on technical expertise could overshadow the significance of empathy and emotional intelligence in effective communication. Specialized training programs are necessary since the communicative requirements of medical representatives can change based on the audience and context (Kaplan et al., 2017). Additionally, the application of technology—like virtual reality—may improve the efficacy and engagement of training (Seymour et al., 2017).

3. Research Methodology

The study adopted descriptive framework to undergo the investigation. The researchers collected answers to the primary and secondary questions via use of a questionnaire format. The researchers intended to employ an approach to convenient sampling. Medical representatives from national and multinational companies were the population for whom the researchers designed a questionnaire. Before delivering the questionnaires, the researchers conducted an initial investigation. A semi structures interview was taken from 10 doctors to know their views about the communicative performance of medical representatives. Researchers observed professional meetings between doctors and medical representatives in a natural setting without letting them informed that they were being observed. While response reviews, pertinent response categories, and theme recognition were used to evaluate the open-ended questionnaire items qualitatively, the results obtained from the closed-ended questionnaire stuff were statistically examined using the statistical program SPSS (Statistical Package for Social Sciences). The researchers maintained the criteria of ethical consideration e.g. confidentiality, anonymity, purposeful involvement, conscious consent, potential for harm and results reporting. Validation of tools were checked through pilot study and expert opinion.

Table 1. Population Framework

Population	Area
Healthcare Providers	Bahawalpur
Former Medical Representatives	Civil Hospital Bahawalpur
Expert Instructors	Victoria Hospital Bahawalpur

3.2 Instrumentation

Questionnaire, Interviews and Observation were used as data collection instruments for the current study. Through email invitations, social media groups, and trade associations, 100 medical representatives received links to online surveys. Responses were also collected in hard copy also. The objective of a survey was to gather specific information from participants through a structured series of enquiries.

Table 2. Description of Questionnaire

No	Sections	Statements	Items	Scale
1.	Section 1	6 statements	Closed Ended	5 point
2.	Section 2	7 statements	Closed Ended	5 point
3.	Section 3	10 statements	Closed Ended	5 point
4.	Section 4	10 statements	Closed Ended	5 point
5.	Section 5	8 statements	Closed Ended	5 point
6.	Section 6	16 statements	Closed Ended	5 point
7.	Section 7	15 statements	Closed Ended	5 point
8.	Section 8	15 statements	Closed Ended	5 point

9.	Section 9	5 statements	Closed Ended	5 point
10.	Section 10	9 statements	Closed Ended	5 point

Observation tool was used to gather the data in natural setting. Investigators usually observe the participants in their natural settings free from direct intervention, and then compiled qualitative data from what researchers saw. Researchers were able to look at behavior as it developed over time through observations made in real-life environments. Observer has documented non-numerical, descriptive information regarding the activities, trades, and dispositions of participants. Researcher gained a comprehensive understanding by observing social dynamics, environmental factors, and nonverbal signs. There was no chance of response bias or socially acceptable answers because participants were not asked questions directly. Setting up interviews was an excellent method to get knowledge about how settings affect second language acquisition. For the participants, it established a pleasant and peaceful setting. It facilitated confidentiality and emphasized the objective of the study. A semi-structured interview from doctors was taken regarding their views and suggestions about medical representative's communicative needs and language capabilities.

3.3 Framework of Analysis

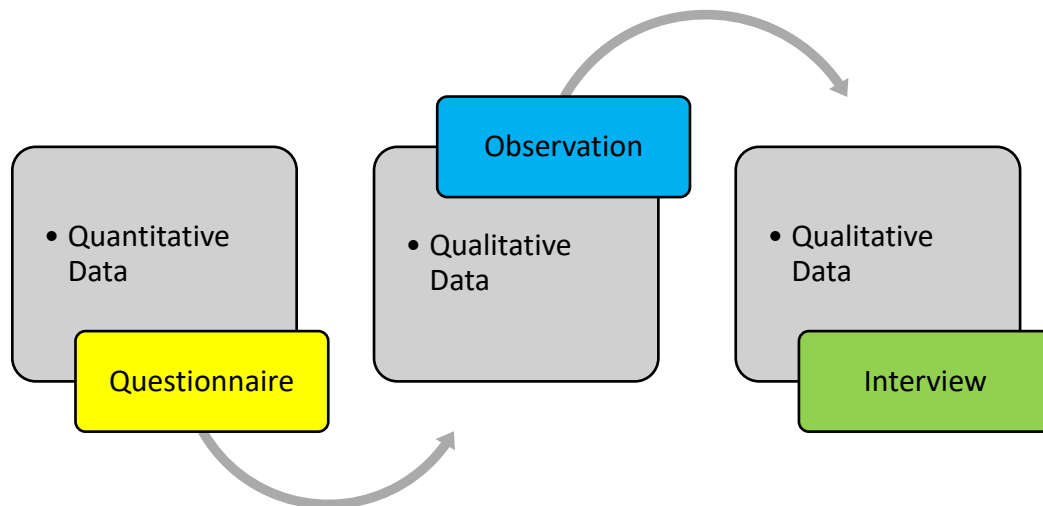


Figure 2: Data Collection Tools

Questionnaire was developed in the form of an online survey and data was collected online from medical representatives. Furthermore, data was also collected in hard form by distributing questionnaire to gain more authentic and accurate information. Afterwards observation checklist was prepared to have deep understanding about the interaction and communication between doctors and medical representatives with the help of silent observation. A semi-structured interview of doctors was also conducted to know reviews about medical representative's language capabilities and proficiencies.

3.4 Strategic Course of English for Medical Representatives

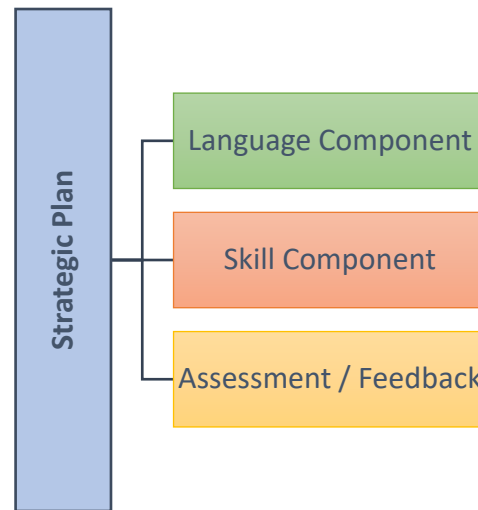


Figure 3: Outline of Strategic Course

4. Data Analysis

The data was obtained from 100 medical representatives with equal proportion of national and international pharmaceutical companies.

Table 3: Need for Strategic Course

Need for designing strategic course for medical representatives							
Participants	Statistical description	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Mean Score
National companies	Frequency	12	14	6	10	8	3.24
	Percentage	24	28	12	20	16	
Multinational Companies	Frequency	10	21	6	7	6	3.44
	Percentage	20	42	12	14	12	
Total	Frequency	22	35	12	17	14	3.34
	Percentage	22	35	12	17	14	

Table 3 presents the results of Analyzing communicative needs of medical representatives and designing a strategic course for them. It shows that 24% of medical representatives from national companies are strongly agree in favor of emphasizing communicative needs for medical representatives, 28% are in support of agree category, 12% medical reps are neutral in their views so we can say they are almost agreed in favor of designing a course for them to enhance their spoken skills. Data further shows that 20% are not willing to support this need for developing communicative needs of medical representatives and 16% are strongly disagree. The total mean score of medical representatives from National companies is 3.24. There are 20% medical representatives from multinational companies who are strongly agree, 42% are agree, 12% come under neutral category while 14% disagree and 12% medical reps are strongly disagree. Total mean score of multinational companies are 3.44. Total frequency of strongly agree is 22, agree is 35. Neutral is 12, disagree is 17 and 14 is the frequency of strongly

disagree. Total mean score is 3.34 which indicates that majority of the participants were slightly agree regarding the statement.

Table 4: English Language Proficiency

English language proficiency status of the respondents							
Participants	Statistical description	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Mean Score
National companies	Frequency	15	12	8	10	5	3.44
	Percentage	30	24	16	20	10	
Multinational Companies	Frequency	12	15	15	5	3	3.56
	Percentage	24	30	30	10	6	
Total	Frequency	27	27	23	15	8	3.5
	Percentage	27	27	23	15	8	

Table 4 outlines the results of the statement regarding existing English proficiency medical representatives. It shows that 30% of medical representatives from national companies are strongly agree in favor of emphasizing communicative needs for medical representatives, 24% are in support of agree category, 16% medical reps are neutral in their views so they are almost agreed in favor of designing a course for them to enhance their spoken skills. 20% are not willing to support this need for developing communicative needs of medical representatives and 10% are strongly disagree. The total mean score of medical representatives from National companies is 3.44. There are 24% medical representatives from multinational companies who are strongly agree, 30% are agree, 30% come under neutral category while 10% disagree and 6% medical reps are strongly disagree. Total mean score of multinational companies are 3.56. Total frequency of strongly agree is 27, agree is 27. Neutral is 23, disagree is 15 and 8 is the frequency of strongly disagree. Total mean score is 3.5 which indicates that majority of the participants were slightly agree regarding the statement.

Table 5: Patient Centered Communication Skills

Analyzing communicative needs of medical representative and designing a strategic course							
Participants	Statistical description	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Mean Score
National companies	Frequency	14	11	13	8	4	3.46
	Percentage	28	22	26	16	8	
Multinational Companies	Frequency	12	14	11	8	5	3.4
	Percentage	24	28	22	16	10	
Total	Frequency	26	25	24	16	9	3.43
	Percentage	26	25	24	16	9	

Table 5 shows the result of Analyzing communicative needs of medical representatives and designing a strategic course for them. It shows that 28% of medical representatives from national companies are strongly agree in favor of emphasizing communicative needs for medical representatives. 22% are in support of agree category, 26% medical reps are neutral in their views so we can say they are almost agreed in favor of designing a course for them to

enhance their spoken skills.16% are not willing to support this need for developing communicative needs of medical representatives and 8% are strongly disagree. The total mean score of medical representatives from National companies is 3.46. There are 24% medical representatives from multinational companies who are strongly agree, 28% are agree, 22% come under neutral category while 16% disagree and 10% medical reps are strongly disagree. Total mean score of multinational companies are 3.4. Total percentage of strongly agree is 26%, agree is 25%. Neutral is 24%, disagree is 16% and 9% is of strongly disagree. Total mean score is 3.43 which indicates that majority of the participants were slightly agree regarding the statement.

Table 6: Reading Comprehension Analysis

Analyzing communicative needs of medical representative and designing a strategic course

Participants	Statistical description	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Mean Score
National companies	Frequency	8	11	13	10	8	2.66
	Percentage	16	22	26	20	16	
Multinational Companies	Frequency	11	15	10	9	5	3.54
	Percentage	22	30	20	18	10	
Total	Frequency	19	26	23	19	13	3.1
	Percentage	19	26	23	19	13	

Table 6 shows the result of Analyzing communicative needs of medical representatives and designing a strategic course for them. It shows that 16% of medical representatives from national companies are strongly agree in favor of emphasizing communicative needs for medical representatives, 22% are in support of agree category, 26% medical reps are neutral in their views so we can say they are almost agreed in favor of designing a course for them to enhance their spoken skills. 20% respondents are not willing to support this need for developing communicative needs of medical representatives and 16% are strongly disagree. The total mean score of medical representatives from National companies is 2.66. There are 22% medical representatives from multinational companies who are strongly agree, 30% are agree, 20% come under neutral category while 18% disagree and 10% medical reps are strongly disagree. Total mean score of multinational companies are 3.54. Total percentage of strongly agree is 19%, agree is 26%. Neutral is 23%, disagree is 19% and 13% is of strongly disagree. Total mean score is 3.1 which indicates that majority of the participants were slightly agree regarding the statement.

Table 7: Vocabulary Acquisition

Analyzing communicative needs of medical representative and designing a strategic course

Participants	Statistical description	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Mean Score
National companies	Frequency	10	12	13	9	6	3.22
	Percentage	20	24	26	18	12	
Multinational Companies	Frequency	12	14	14	6	4	3.48
	Percentage	24	28	28	12	8	
Total	Frequency	22	26	27	15	10	3.35
	Percentage	22	26	27	15	10	

Table 7 shows the result of Analyzing communicative needs of medical representatives and designing a strategic course for them. It shows that 20% of medical representatives from national companies are strongly agree in favor of emphasizing communicative needs for medical representatives. Data shows that 24% respondents are in support of agree category, 26% medical reps are neutral in their views so we can say they are almost agreed in favor of designing a course for them to enhance their spoken skills. 18% are not willing to support this need for developing communicative needs of medical representatives and 12% are strongly disagree. The total mean score of medical representatives from National companies is 3.22. There are 24% medical representatives from multinational companies who are strongly agree, 28% are agree, 28% come under neutral category while 12% disagree and 8% medical reps are strongly disagree. Total mean score of multinational companies are 3.48. Total percentage of strongly agree is 22%, agree is 26%. Neutral is 27%, disagree is 15% and 10% is of strongly disagree. Total mean score is 3.35 which indicates that majority of the participants were slightly agree regarding the statement.

Table 8: Writing Skills Evaluation

Analyzing communicative needs of medical representative and designing a strategic course

Participants	Statistical description	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Mean Score
National companies	Frequency	11	11	14	10	4	3.3
	Percentage	22	22	28	20	8	
Multinational Companies	Frequency	13	11	16	5	5	3.44
	Percentage	26	22	32	10	10	
Total	Frequency	24	22	30	15	9	3.31
	Percentage	24	22	30	15	9	

Table 8 shows the result of Analyzing communicative needs of medical representatives and designing a strategic course for them. It shows that 22% of medical representatives from national companies are strongly agree in favor of emphasizing communicative needs for medical representatives. Data shows that 22% are in support of agree category, 28% medical reps are neutral in their views so we can say they are almost agreed in favor of designing a course for them to enhance their spoken skills. 20% are not willing to support this need for developing communicative needs of medical representatives and 8% are strongly disagree. The total mean score of medical representatives from National companies is 3.3. There are 26% medical representatives from multinational companies who are strongly agree, 22% are agree, 32% come under neutral category while 10% disagree and 10% medical reps are strongly disagree. Total mean score of multinational companies are 3.44. Total percentage of strongly agree is 24%, agree is 22%. Neutral is 30%, disagree is 15% and 9% is of strongly disagree. Total mean score is 3.31 which indicates that majority of the participants were slightly agree regarding the statement.

Table 9: Vocabulary Usage

Analyzing communicative needs of medical representative and designing a strategic course							
Participants	Statistical description	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Mean Score
National companies	Frequency	10	12	14	8	6	3.24
	Percentage	20	24	28	16	12	
Multinational Companies	Frequency	13	11	13	9	4	3.4
	Percentage	26	22	26	18	8	
Total	Frequency	23	23	27	17	10	3.32
	Percentage	23	23	27	17	10	

Table 9 shows the result of Analyzing communicative needs of medical representatives and designing a strategic course for them. It shows that 20% of medical representatives from national companies are strongly agree in favor of emphasizing communicative needs for medical representatives. Data shows that 24% medical representatives are in support of agree category, 28% medical reps are neutral in their views so we can say they are almost agreed in favor of designing a course for them to enhance their spoken skills. 16% are not willing to support this need for developing communicative needs of medical representatives and 12% are strongly disagree. The total mean score of medical representatives from National companies is 3.24. There are 26% medical representatives from multinational companies who are strongly agree, 22% are agree, 26% come under neutral category while 18% disagree and 8% medical reps are strongly disagree. Total mean score of multinational companies are 3.4. Total percentage of strongly agree is 23%, agree is 23%. Neutral is 27%, disagree is 17% and 10% is of strongly disagree. Total mean score is 3.32 which indicates that majority of the participants were slightly agree regarding the statement.

Table 10: Pronunciation Accuracy

Analyzing communicative needs of medical representative and designing a strategic course

Participants	Statistical description	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Mean Score
National companies	Frequency	10	12	14	7	7	3.22
	Percentage	20	24	28	14	14	
Multinational Companies	Frequency	12	12	11	9	6	3.30
	Percentage	24	24	22	18	12	
Total	Frequency	22	24	25	16	13	3.26
	Percentage	22	24	25	16	13	

Table 10 shows the result of Analyzing communicative needs of medical representatives and designing a strategic course for them. It shows that 20% of medical representatives from national companies are strongly agree in favor of emphasizing communicative needs for medical representatives. 24% are in support of agree category, 28% medical reps are neutral in their views so we can say they are almost agreed in favor of designing a course for them to enhance their spoken skills. 14% are not willing to support this need for developing communicative needs of medical representatives and 14% are strongly disagree. The total mean score of medical representatives from National companies is 3.22. There are 24% medical representatives from multinational companies who are strongly agree, 24% are agree, 22% come under neutral category while 18% disagree and 12% medical reps are strongly disagree. Total mean score of multinational companies are 3.3. Total percentage of strongly agree is 22%, agree is 24%. Neutral is 25%, disagree is 16% and 13% is of strongly disagree. Total mean score is 3.26 which indicates that majority of the participants were slightly agree regarding the statement.

5. Justification of the Research Questions

5.1 What is the average rate of using English among medical representatives in their professional and academic settings?

Findings obtained from the analyzed data reflect variety of responses regarding English communication practices among medical representatives. Depending on a number of variables, including the nation, industrial sector, job function, experience, and education, the typical usage of English by medical personnel varies greatly. 42.5% of medical professionals have intermediate level in English proficiency, with 21,1% have advanced level English proficiency. 81.2% of medical representatives prefer face-to-face interaction. 41.5% respondents prefer conversations on phone calls. 4.3% prefer emails. Findings of the current study indicate levels of experience are also quite important. A junior medical representative's rate is 60–70%, a mid-level representative's is 75–80%, a senior representative's is 85–90%, and an executive-level representative's is 95–100%. Junior medical representatives are those who have worked for three years or less. English competency is influenced by training and educational background as well. Medical representatives who hold advanced degrees or certificates typically exhibit higher proficiency in English.

5.2 What type of professional tasks do Medical representatives perform regarding interpersonal communication?

In order to communicate with a variety of stakeholders in a productive and instructional setting, medical personnel must be skilled in the English language. In this particular setting, tasks requiring proficiency in spoken English including presentations of products to medical professionals. Researchers' conversations about clinical trials transmit intricate medical information accurately regarding seminars and workshops on medical education, sales conferences with hospital executives, and staff training programs for pharmacies, deliveries during conferences and social gatherings, and cooperation with foreign associates. In the contemporary globalized healthcare environment, medical representatives need to be able to communicate with researchers, industry experts, and other healthcare professionals from a variety of linguistic and cultural backgrounds. Medical representatives must speak English fluently since it has emerged as the universal language of the global healthcare industry. They also need to get engage in conversations and case studies, teach people about medications and medical equipment, working together on research initiatives and highlight scientific abstracts and posters. Medical representatives can influence healthcare outcomes and improve their organization's reputation by communicating in English and exhibiting professionalism, experience, and cultural acuity.

5.3 What is the medical representative's contemporary English language level in terms of reading listening speaking and writing?

For the medical business to function effectively, it is imperative to evaluate the medical representatives' level of proficiency in modern English. Assessing their speaking, listening, writing, and reading abilities in particular offers important information about their language competency. The comprehension of medical literature, research articles, and technical documentation requires proficiency in contemporary English. Understanding talks, conferences, and seminars with medical experts. Product presentation, sales negotiation, and medical information communication done well. Writing clear, concise emails, reports, and promotional materials. The study offers practical suggestions for language training programs, professional development projects, communication strategy improvements, and industry-specific language support resources by examining the current English language proficiency of medical representatives. In listening, they demonstrate an average grasp of medical terminology and instruction-following skills, but struggle with complex discussions and nuanced communication (45- 55% proficiency). Speaking skills are not much developed, with medical representatives effectively conveying basic medical information but struggling with intricate discussions, idiomatic expressions, and subtle idea articulation (35-45% proficiency). Reading skills are relatively better, enabling medical representatives to comprehend medical texts, analyze data, and identify key findings. However, complex research articles and implicit meaning interpretation pose challenges (50-60% proficiency). Writing skills require improvement, as medical representatives struggle to construct persuasive proposals, utilize advanced vocabulary, and articulate complex ideas (30-40% proficiency).

5.4 What perspectives do different medical discourse communities have on studying English in medical college?

A variety of stakeholders, including administrators, patients, healthcare professionals, and policymakers, are part of the medical discourse community. Each has their own viewpoint on the place of English in medical education. Healthcare professionals understand the need of having a strong command of the English language in order to provide patients with excellent treatment, stay current on medical research, and collaborate with colleagues across borders. English language teaching is essential for creating curriculum that works, evaluating student proficiency, and offering mentorship, according to medical educators. Medical students are aware of the difficulties in learning medical English, but they also recognize how important it is for their future employment opportunities, specialized training, and efficient patient interactions. In order to uphold accreditation requirements, guarantee regulatory compliance, and advance patient safety, administrators and legislators emphasize that fluency in the English language is crucial. Proficiency in English is essential for researchers and academics to publish their work, collaborate internationally, and stay up to date with medical developments. Industry professionals acknowledge the significance of English language training for marketing, product development, and regulatory compliance. International collaboration, knowledge exchange, and tackling health inequities are among the top priorities for global health organizations when it comes to English language proficiency.

6. Conclusion

This study examined medical representatives' communication demands, and explored how well a targeted training program may improve their ability to communicate. The results highlight the value of product knowledge, responding to concerns, and developing rapport, and they place a premium on medical representatives receiving training in communication skills. The findings of the study have important ramifications for healthcare practitioners, educational programs, and pharmaceutical businesses. Pharmaceutical firms can improve medical representatives' performance by giving priority to training in communication skills

7. Recommendations

1. For medical representatives, pharmaceutical corporations should give priority to training in communication skills. Enhancing communication skills can be accomplished by frequent training and evaluation, as well as by including communication skills training into the onboarding process.
2. The development of medical representatives' communication skills must be closely monitored and evaluated and clear communication protocols must be established.
3. Training providers ought to create customized case studies and situations for communication skills and training. It is imperative to use skilled trainers with knowledge of the business and to offer continuing coaching and feedback. To guarantee that skills transfer to real-world situations smoothly, training providers should assess the success of their programs.
4. Training in communication skills should be provided, and healthcare professionals should offer comments on the communication abilities of medical representatives. Feedback from healthcare professionals should be sought.

5. With medical representatives, it is essential to promote candid communication and cooperative relationships. Future studies should look at how training in communication skills affects people over time, how training transfers to real-world situations, and how to create reliable evaluation instruments.

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