www.jrspelt.com

Journal for Research Scholars and Professionals of English Language Teaching

ISSN: 2456-8104 Impact Factor: 6.895 (SJIF)
Vol. 10 | Issue 56 | July 2026 www.jrspelt.com

Designing a Task-Based English for Pharmacy Module for Patient Counselling: An ESP Framework for B. Pharm Students in India

Dr. Jay A Ranpura (jayranpura@gmail.com)
Associate Professor, Department of Liberal Arts Studies, P P Savani University, Surat, Gujarat, India
Dr. Shivangi D Oza (shivangioza29@gmail.com)
Assistant Professor, Department of English, Sheth P T Mahila College of Arts & Home Science, Surat, Gujarat, India

Copyright: © 2026 by the authors. Licensee JRSP-ELT (2456-8104). This article is an open access article distributed under the terms and conditions of the **Creative Commons Attribution Non-Commercial 4.0 International License.** (https://creativecommons.org/licenses/by-nc/4.0/). **Crossref/DOI:** https://doi.org/10.54850/jrspelt.10.56.002

Abstract: *Patient counselling is a vital part of pharmacy practice, yet English instruction for B.Pharm. students in India often remains limited to general communication skills rather than profession-specific interaction. This paper proposes a task-based English for Pharmacy module designed to help students communicate medicine-related information clearly, accurately, and sensitively in patient counselling contexts. Using a literature-informed pedagogical design approach, the study draws on English for Specific Purposes, Task-Based Language Teaching, pharmacy communication needs, and good pharmacy practice expectations. The proposed framework includes six classroom units focusing on prescription-label explanation, dosage instructions, precautions and side effects, elderly-patient counselling, patient queries, and complete pharmacist-patient role-play. It also offers a practical assessment rubric for evaluating accuracy, clarity, vocabulary, fluency, politeness, empathy, and responsible handling of patient doubts. The paper concludes that pharmacy-oriented English instruction should move beyond generic soft-skills training and adopt authentic, patient-centred tasks that prepare learners for academic, clinical, and community pharmacy communication.*

Keywords: B. Pharm Students, Communication Skills, Educational Needs, ELT, ESP, Patient Counselling, TBLT

Article History: **Received: 12 July- 2026;** **Accepted: 20 July-2026;** **Published/Available Online: 30 July- 2026**

1. Introduction

The English language skill is a significant component of professional preparedness for pharmacy students especially those working internationally like Indian pharmacists who need to interact effectively with physicians, nurses, industry experts, patients, caregivers, and regulators. The pharmacy student should be able both comprehend as well communicate this information easily even for a layman audience, right. It's particularly important for outpatient visits as well when a doctor explains how much it should be taken daily, weekly, monthly etc. what precautions need taking away from medications that are not consumed on time; their expiration date & shelf life of drugs also matter greatly here.

The Pharmacy Council of India's B. Pharm. syllabus includes Communication Skills as a course intended to prepare pharmacy students to interact effectively with healthcare professionals and work as part of a professional team (Pharmacy Council of India 2014). Similarly, good pharmacy practice guidelines recommend that pharmacists should provide information about medicines and health-related issues and communicate in ways that patients can understand. This implies there are no other skills of pharmacists besides those required for their profession including healthcare management as well.

Nevertheless, most of our pharmacology classes are more holistic than specific ones at this time these days. Students can practice grammar, paragraph writing, presentations, or interview skills, but they usually have little exposure to pharmacy-specific communicative tasks. A recent JRSP-ELT study on Indian pharmacy students identified oral communication gaps such as limited vocabulary, pronunciation anxiety, grammatical uncertainty, lack of speaking practice, and curriculum mismatch. The result implies an evolution away from universal English teaching, towards more specialized ones which are relevant for pharmacists' communication needs specifically as professionals.

The English of specific purposes are helpful as they start from students' educational needs, which is what we require here. Instead of viewing English as an independent topic, ESP links language teaching to discourse,

genres, vocabulary, and function of a specific field. This is about task design for pharmacists including medication info delivery to patients; counseling skills as well professionalism when interacting with clients professionally etc.

The task-based approach would be ideal here as this method emphasis on communicative language use during lessons, which fits well with our situation best. A student does more than just learn terms like dosing instructions, precautions & side effects from an English language course on medication administration at graduation setting. They learn to use such phrases in real-life communication contexts greeting a patient, asking about symptoms, explaining how to take a medicine, checking understanding, and responding politely to concerns.

The above-mentioned work is an attempt at developing ESP based on tasks of patients' counseling delivery among B. Pharm. graduates from India. It's more of theory-based pedagogy than empiricism as well. It's aimed at providing an instructional resource which may then form part of your course material as taught by English language instructors; pharmacists' trainers etc.

Research Gap

Existing research has identified communication difficulties among pharmacy students, particularly in speaking and professional interaction. However, there is still a need for a structured, classroom-ready ESP module that translates these findings into practical teaching units for patient counselling communication.

Objectives of the Paper

1. To examine the relevance of ESP and task-based pedagogy for pharmacy communication.
2. To identify key patient counselling situations that require English communication.
3. To propose a task-based English for Pharmacy module for B. Pharm. students.
4. To suggest practical assessment criteria for evaluating pharmacy-specific communication tasks.

Research Questions

1. What pharmacy-specific communication needs should be addressed in English courses for B. Pharm. students?
2. How can Task-Based Language Teaching be adapted for patient counselling communication?
3. What classroom tasks can help students explain drug information in simple, accurate, and patient-friendly English?
4. How can pharmacy-specific communication tasks be assessed meaningfully?

2. Review of Literature

2.1. English for Specific Purposes and Professional Communication

English for Specific Purposes (ESP) is based on the concept that language teaching should address the specific educational, vocational, and career requirements of students. ESPs are unlike any other form of learning where languages have been considered objective entities that can be taught regardless their contexts-of-use and so on…. Vocabulary-grammar-discourse-genre communication task-situation of application is what it does for students studying English as a second language (ESL). Dudley-Evans and St John describe ESP as a method aimed at meeting the requirements of students and employs the techniques, exercises, and language structures of the field it targets.

It's more pertinent for careers as learners who've been drilled on how they'll perform at work beyond just passing exams. English language skill has a lot more than just studying at college & preparing exams as well. The students might have a need for explaining medications usage, answering questions from patients interacting with health care providers preparing presentation attending interview understanding regulation clinical information. Thus, an English language program for pharmacists must go past basic proficiency to acquire more specialized skills needed by practitioners of this profession.

www.jrspelt.com
Journal for Research Scholars and Professionals of English Language Teaching
ISSN: 2456-8104 Impact Factor: 6.895 (SJIF)
Vol. 10 | Issue 56 | July 2026 www.jrspelt.com

According to Hutchinson and Waters, ESP is a learning-oriented strategy where course design starts by understanding what learners require the language for. It's vital as a pharmacist student since he/she has an impact on her/his writing skills due to pharmacological work experience/under graduation studies, etc. In fact, writing of medications for patients is quite another thing compared with lab reports studies and books as well on pharmaceutics. Every scenario requires varying degrees of intricacy, formality, precision as well as knowledge about target group/readership levels.

2.2. Communication Needs in Pharmacy Education

Communication is also considered a significant part of pharmacists' training & work experience development professionally speaking. The Pharmacy Council of India's B. Pharm. syllabus includes Communication Skills as a course that prepares pharmacy students to interact effectively with doctors, nurses, dentists, physiotherapists, and other health workers (Pharmacy Council of India 2014). It means it was recognized by pharmacists for formal use during their education courses at a hospital setting, really speaking. Nevertheless, there is a problem of connecting it better as an example for pharmacists' work-related skills development.

It is more evident from counseling of patients. Medical professionals are usually intermediaries of healthcare with patients' minds. They might have questions about taking medications, side effects, and when they should see their doctor. Good pharmacy practice guidelines emphasize that pharmacists should provide information about medications and health-related problems to patients in a way that they can comprehend. It needs neither expertise, nor skill of simplifying data so that they are correct as well incorrect at same time.

The FIP/IPSF booklet on counselling, concordance, and communication also emphasizes the need to integrate communication and patient counseling skills into pharmacy education. This advice is consistent with a position of treating communications education as an exercise course instead, indeed. English should be used for real-life scenarios like counseling, not just vocabularies & general conversation abilities of students at school level.

2.3. Task-Based Language Teaching as a Pedagogical Framework

Task-Based Language Teaching (TBLT) is an effective pedagogical base to develop pharmacy-specific English teaching. Language is used by students of TBLT for completing functional activities similar those found on a social media platform like Facebook. Rather than starting off by discussing grammatical concepts first; our lesson is about communication from day one. Students have a task of negotiating meanings; they must learn about facts as well choose proper language terms for their tasks completion which should be result-based.

Ellis states that tasks should be centered around meaning, there should be some kind of communicative gap, learners rely on their own language resources, and there is a clear outcome other than practicing language forms. That's why, it can be considered as a good fit of TBLT with respect to EFP (English for pharmacists). The doctor doesn't just talk about syntax like pharmacists but solves problems for patients' care prevention of abuse & proper use medicines are concerned with.

In other instances, a class exercise might have asked them about taking antibiotics with meals and what time they should be taken. Another task may require students to counsel an elderly patient who forgets doses frequently. It needs language precision; however, it does need orderliness as well emotions for compassion, expression (clarity), reiterating things repeatedly and verifying comprehension. A TBLT enables them to practice each other's skills effectively as well.

2.4. Pharmacy-Specific English in the Indian Context

The pharmacists of India are linguistically varied as well educated at various levels coming out there. Students might be able to comprehend technical information while writing, however they are hesitant when expressing that same information orally in English. It's significant as well since successful pharmacists are more likely now

not so much by their skills but also through good communication of science between various groups, they need help with that task perhaps.

The research article 'oral language gap of pharmacists' from India was studied by researchers at JSRP-ELT. The study found low vocabulary, pronunciation anxiety, grammatical uncertainty, lack of practice, and curriculum mismatch as major barriers to effective oral communication. This matters as these results prove it's more than just poor command over basic language skills, really speaking. Instead of that, learners need organized chances for practicing skills related to a particular profession based on what they are going-to-do later out-of-pocket.

The same study also notes that pharmacy curricula need structured, discipline-specific spoken English training involving tasks such as patient counselling, drug explanation, presentations, mock interviews, and group discussions. The suggestion is an immediate foundation of this work as well. However, this research finds out about an intercommunication deficit it is aimed at addressing another educational stage - design of tasks based ESP for use within pharmacy education programs (B. Pharm.).

2.5. Synthesis and Research Gap

According to literature, there are 3 major things. First, ESP is suitable for pharmacy education because it begins with learners' specific academic and professional needs. Second, pharmacy communication, especially patient counselling, requires clear, accurate, polite, and patient-friendly English. Third, TBLT deals a practical method for converting these communication needs into classroom tasks.

However, there remains a gap between identifying communication needs and designing usable classroom materials. Existing research has discussed the importance of communication skills in pharmacy education and has identified the difficulties faced by pharmacy students. Yet there is still a need for a structured, adaptable, and classroom-ready English for Pharmacy module focused specifically on patient counselling. The present paper responds to this gap by proposing a task-based ESP framework for B. Pharm. students in India.

3. Rationale for a Task-Based English for Pharmacy Module

The need for a task-based English for Pharmacy module arises from the gap between general communication training and the specific communicative responsibilities expected in pharmacy practice. Pharmacy students may learn grammar, presentation skills, or general professional communication, but patient counselling requires a more focused set of abilities. A pharmacist must be able to explain medicine-related information in a way that is accurate, brief, polite, and understandable to patients with different levels of health literacy.

Patient counselling is not just a spoken communication. It involves listening to the patient, identifying the problem, explaining directions clearly, checking whether the patient has assumed in same manner, and responding to doubts without creating fear or confusion. For example, a pharmacy student should be able to explain the difference between "Take one tablet twice daily after meals" and "Take one tablet whenever you feel pain." Such communication requires linguistic precision as well as professional responsibility.

The Pharmacy Council of India identifies communication skills as part of B. Pharm. training, particularly for interaction with healthcare professionals and teamwork (Pharmacy Council of India 2014). In addition, good pharmacy practice guidelines highlight the pharmacist's responsibility to provide information about medicines and health-related issues in a patient-understandable manner (FIP/WHO 2011). These expectations show that pharmacy consultation should not remain a peripheral device of soft skill. It should be treated as a functional professional proficiency.

Task-Based Language Teaching offers an effective way to address this requirement because it allows students to practise language through realistic situations. Instead of teaching pharmacy vocabulary as a list of isolated terms, a task-based module places students in communicative situations such as explaining dosage, warning about side effects, responding to a patient's hesitation, or advising an elderly patient about medicine storage. In this way, students learn both what to say and how to say it.

www.jrspelt.com
Journal for Research Scholars and Professionals of English Language Teaching
ISSN: 2456-8104 Impact Factor: 6.895 (SJIF)
Vol. 10 | Issue 56 | July 2026 www.jrspelt.com

An activity-oriented ESP model can be used on multiracial classes as well. Students with stronger English proficiency can extend their responses, while students with limited confidence can begin with guided statements and gradually move toward individual communication. This makes the module adaptable for B. Pharm. classrooms in India, where learners may come from different linguistic, regional, and educational backgrounds.

4. Materials and Methods: Framework Design Approach

This paper implements a conceptual and pedagogical design methodology. It does not report experimental data, classroom intervention findings, student surveys, or participant responses. As an alternative, it develops a task-based ESP module through a literature-informed assessment of communication needs in pharmacy, ESP principles, task-based pedagogy, and patient counselling expectations.

The framework has been designed through four steps. First, the communicative needs of pharmacy students were identified from existing literature and professional expectations. Studies on pharmacy students' communication challenges indicate that learners often face difficulty in vocabulary use, pronunciation, fluency, grammatical accuracy, and confidence during professional oral communication (Panigrahi and Mohapatra 2025). Second, patient counselling was selected as the central communicative context because it connects language use with patient safety, medicine adherence, and professional responsibility.

Third, the principles of English for Specific Purposes were used to align the module with pharmacy-related communicative circumstances. ESP course design begins with the specific needs of learners and links language teaching with the discourse and activities of the target discipline (Dudley-Evans and St John 1998). Fourth, Task-Based Language Teaching was used as the pedagogical foundation because it encourages learners to use language for meaningful outcomes rather than only for form-based practice (Ellis 2003).

The proposed framework is intended for undergraduate B. Pharm. students in India. It may be tailored by English teachers, communication skills faculty, and pharmacy educators according to the level of learners, available classroom hours, institutional syllabus, and assessment pattern. The module is not presented as a fixed syllabus but as a flexible pedagogical model that can be integrated into Communication Skills, Professional English, ESP, or value-added training courses for pharmacy students.

The design of each task follows a simple classroom sequence: pre-task preparation, guided language input, task performance, feedback, and reflection. The pre-task stage establishes the situation and key expressions. The guided input stage delivers useful vocabulary, sentence patterns, and patient-friendly explanations. During task performance, students complete a role-play, explanation, counselling exchange, or problem-solving activity. The feedback stage centers on clarity, accuracy, politeness, fluency, and patient understanding. Finally, reflection encourages students to notice what they communicated well and what they need to improve.

The framework therefore relates three dimensions: pharmacy content, communicative purpose, and language performance. Pharmacy content ensures that the task remains relevant to the discipline. Communicative purpose ensures that students speak or write for a real professional reason. Language performance ensures that students develop appropriate vocabulary, sentence structure, tone, and fluency. This combination creates the proposed module both discipline-specific and pedagogically practical.

5. Proposed Task-Based English for Pharmacy Module

The suggested module is designed as an adaptable classroom framework for B. Pharm. students. It may be used as part of a Communication Skills course, ESP course, bridge course, value-added programme, or pharmacy-specific English training module. The module is not proposed to replace the existing pharmacy curriculum. Rather, it is meant to increase the language component by connecting English instruction with authentic pharmacy communication situations.

The module follows the principles of English for Specific Purposes because it is organised around the professional communicative needs of pharmacy students rather than general language practice alone (Dudley-

www.jrspelt.com
Journal for Research Scholars and Professionals of English Language Teaching
INTERNATIONAL STANDARD SERIAL NUMBER INDIA
ISSN: 2456-8104 Impact Factor: 6.895 (SJIF)
Vol. 10 | Issue 56 | July 2026 www.jrspelt.com

Evans and St John 1998). It also follows a task-based approach because each unit requires learners to complete a meaningful communicative task such as explaining a prescription label, giving dosage instructions, warning about side effects, or responding to patient doubts (Ellis 2003).

The module is constructed around six units. Each unit includes a patient-related situation, a communication goal, language focus, classroom task, and expected learning outcome.

Unit	Patient Counselling Situation	Communication Goal	Language Focus	Classroom Task	Expected Outcome
1	Understanding and explaining a prescription label	To explain medicine name, dose, timing, and duration	Dosage words, frequency expressions, simple instructions	Students read a sample prescription label and explain it to a patient in simple English	Students can explain basic prescription information clearly
2	Giving dosage instructions	To tell the patient how and when to take medicine	Imperatives, sequencing words, time expressions	Students counsel a patient on taking tablets, syrup, or drops	Students can give step-by-step dosage instructions
3	Explaining precautions and side effects	To communicate warnings without creating fear	Cautionary expressions, modal verbs, polite advice	Students explain common side effects and precautions for a given medicine	Students can explain risks in a calm and patient-friendly manner
4	Counselling an elderly patient	To simplify information and check understanding	Repetition, empathy, confirmation questions	Students role-play counselling an elderly patient who forgets doses	Students can use slow, clear, and supportive communication
5	Responding to patient doubts	To answer common patient questions politely	Question handling, reassurance, clarification	Students respond to patient doubts about missed doses, food restrictions, and storage	Students can handle patient queries with clarity and confidence
6	Complete pharmacist-patient interaction	To combine greeting, counselling, explanation, and closure	Fluency, politeness, clarity, professional tone	Students perform a complete pharmacy-counter role-play	Students can conduct a basic patient counselling conversation

Table 1

5.1. Unit 1: Explaining a Prescription Label

The first unit introduces students to the language of prescription labels. Many pharmacy students understand prescription details in technical terms but may struggle to explain the same information to a patient in simple English. This unit directs students to identify essential details such as medicine name, dosage, route of administration, timing, frequency, and duration.

A model classroom task may give students a prescription label such as: “Take one tablet twice daily after meals for five days.” Students first identify the key information and then explain it orally in patient-friendly language: “You should take one tablet after breakfast and one tablet after dinner. Please continue it for five days.” The focus is not only on correctness but also on clarity and simplicity.

Helpful expressions for this unit may include:

Function	Sample Expressions
Explaining dosage	“Take one tablet…” / “Use two drops…”
Explaining frequency	“once a day” / “twice a day” / “every six hours”

www.jrspelt.com
Journal for Research Scholars and Professionals of English Language Teaching
ISSN: 2456-8104 Impact Factor: 6.895 (SJIF)
Vol. 10 | Issue 56 | July 2026 www.jrspelt.com

Function	Sample Expressions
Explaining timing	"after meals" / "before breakfast" / "at bedtime"
Explaining duration	"for three days" / "until the course is complete"
Checking understanding	"Is that clear?" / "Would you like me to repeat it?"

Table 2

This unit supports the pharmacist's responsibility to provide medicine-related information in a form that the patient can understand (FIP/WHO 2011).

5.2. Unit 2: Giving Dosage Instructions

The subsequent unit focuses on how students can give dosage instructions in a clear order. Patients may become confused when instructions involve timing, food, repetition, or multiple medicines. So, pharmacy students must learn to organize information rationally.

The classroom task may involve pair work. One student act as the pharmacist and the other as the patient. The pharmacist explains how to take a medicine using sequencing markers such as "first," "then," "after that," and "finally." For example, in the case of an oral rehydration solution, the learner may say: "First, mix the full packet in one liter of clean water. Then stir it properly. Drink small amounts frequently. Do not keep the solution for more than 24 hours."

This task facilitates students move from fragmented sentences to organized patient counselling. It also encourages them to avoid overly technical expressions where simpler language is more suitable.

5.3. Unit 3: Explaining Precautions and Side Effects

The third unit deals with one of the most sensitive aspects of patient counselling: explaining precautions and side effects. Students must learn to communicate cautions accurately but calmly. If the explanation is too technical, the patient may not understand it. If it is too alarming, the patient may become anxious or stop taking the medicine.

This unit trains learners to use polite and balanced expressions such as:

Purpose	Patient-Friendly Expression
Giving a warning	"Please avoid taking this medicine on an empty stomach."
Mentioning a common side effect	"You may feel a little sleepy after taking this medicine."
Advising medical help	"If the problem continues, please consult your doctor."
Giving precaution	"Please do not drive after taking this tablet if you feel drowsy."
Reassuring the patient	"This does not happen to everyone, but it is better to be careful."

Table 3

The task may involve giving students a medicine scenario and asking them to explain two precautions and one possible side effect in simple English. This develops accuracy, empathy, and audience awareness.

5.4. Unit 4: Counselling an Elderly Patient

The fourth unit focuses on communication with elderly patients. Elderly patients may need slower explanation, repetition, larger written instructions, or confirmation of understanding. The aim is to train students to use respectful, patient, and supportive communication.

A model role-play may involve an elderly patient who has been prescribed medicine for blood pressure but often ignores whether the medicine should be taken in the morning or at night. The learner playing the pharmacist role must explain the instruction slowly, repeat the key point, and check understanding.

Useful expressions may include:

www.jrspelt.com
Journal for Research Scholars and Professionals of English Language Teaching
ISSN: 2456-8104 Impact Factor: 6.895 (SJIF)
Vol. 10 | Issue 56 | July 2026 www.jrspelt.com

Function	Sample Expressions
Showing respect	"Please take your time."
Repeating gently	"Let me explain it once again."
Simplifying	"This tablet is for your blood pressure."
Checking understanding	"Can you please tell me when you will take this medicine?"
Giving written support	"I will write the timing clearly on the packet."

Table 4

This unit is important because patient counselling requires not only language accuracy but also sensitivity to the patient's age, confidence, and understanding.

5.5. Unit 5: Responding to Patient Doubts

This unit prepares students to respond to common patient doubts. Patients may ask questions such as: "What should I do if I miss a dose?" "Can I take this with milk?" "Should I stop when I feel better?" "Can I take this with my other medicine?" Pharmacy students need to respond clearly, and they should also know when to advise the patient to consult the doctor.

This unit may be taught through a question-card activity. Each patient receives a doubt card, and the pharmacist must respond politely. The aim is not to encourage students to give unsafe medical advice but to train them in safe, responsible, and clear communication. When the issue requires medical judgement, students should learn to say: "Please consult your doctor before making any change."

This unit also supports professional ethics because pharmacists must recognize the limits of their role while still helping the patient understand medicine use.

5.6. Unit 6: Complete Pharmacist-Patient Role-Play

The final unit combines all previous units into one complete counselling interaction. Students perform a pharmacy-counter role-play that includes greeting, identifying the prescription, explaining dosage, mentioning precautions, responding to doubts, checking understanding, and closing the conversation politely.

A sample role-play structure may be:

Stage	Communicative Action	Example
Opening	Greet the patient	"Good morning. How may I help you?"
Prescription check	Confirm medicine details	"This medicine is for fever and body pain."
Dosage explanation	Explain how to take it	"Take one tablet after food, twice a day."
Precaution	Give safety advice	"Please do not take more than the prescribed dose."
Query handling	Answer doubt	"If you miss a dose, do not take two tablets together."
Understanding check	Confirm patient understanding	"Could you please repeat the timing once?"
Closing	End politely	"Please consult your doctor if the fever continues."

Table 5

This final task allows learners to practise pharmacy communication as a complete professional interaction rather than as separate language fragments. It also allows teachers to assess fluency, clarity, vocabulary, politeness, and patient-friendly explanation in an integrated manner.

6. Suggested Assessment Rubric for Pharmacy-Specific Communication Tasks

A task-based English for Pharmacy module needs an assessment method that goes beyond grammar improvement alone. In patient counselling, students must be assessed on their capability to communicate

www.jrspelt.com
Journal for Research Scholars and Professionals of English Language Teaching
ISSN: 2456-8104 Impact Factor: 6.895 (SJIF)
Vol. 10 | Issue 56 | July 2026 www.jrspelt.com

medicine-related knowledge clearly, accurately, politely, and responsibly. So, the assessment should consider both language performance and professional communication behaviour.

The subsequent rubric may be used by English teachers or pharmacy communication instructors while assessing role-plays, counselling tasks, prescription explanation activities, or pharmacy-counter simulations.

Assessment Criteria	Excellent 4	Good 3	Satisfactory 2	Needs Improvement 1
Accuracy of Information	Explains dosage, timing, precautions, and instructions correctly	Gives mostly correct information with minor omissions	Gives basic information but misses some important details	Gives unclear, incomplete, or inaccurate information
Clarity of Explanation	Uses simple, patient-friendly English with clear sequencing	Mostly clear, with occasional complex or awkward expressions	Meaning is understandable but lacks smooth explanation	Explanation is confusing or difficult for the patient to follow
Use of Pharmacy Vocabulary	Uses relevant pharmacy terms appropriately and explains them when needed	Uses some relevant terms correctly	Uses limited vocabulary but communicates basic meaning	Struggles to use appropriate pharmacy-related words
Fluency and Confidence	Speaks naturally with good flow and confidence	Speaks with some hesitation but maintains communication	Frequent pauses but message is partly communicated	Unable to continue the interaction confidently
Politeness and Empathy	Shows respectful tone, patience, and concern for the patient	Maintains polite tone in most parts of the interaction	Politeness is present but mechanical or limited	Tone sounds abrupt, careless, or unsuitable
Checking Understanding	Actively checks whether the patient has understood	Checks understanding once but not consistently	Rarely checks patient understanding	Does not check understanding
Handling Patient Doubts	Responds clearly and responsibly; refers to doctor when needed	Responds to most doubts appropriately	Gives short or incomplete responses	Avoids questions or gives unsafe/unclear responses

Table 6

This rubric exhibits the view that pharmacy communication is both linguistic and professional. A student may know the correct technical content but still fail to counsel effectively if the explanation is too complex, too fast, impolite, or not adapted to the patient's level of understanding. Good pharmacy practice needs pharmacists to communicate information in ways that patients can understand and use safely (FIP/WHO 2011). Thus, assessment must include clarity, empathy, and patient comprehension along with linguistic accuracy.

Score Range	Performance Level	Interpretation
24-28	Excellent	Student can perform patient counselling with clarity, accuracy, and confidence
18-23	Good	Student can manage most counselling situations with minor support
12-17	Satisfactory	Student can communicate basic information but needs more practice
Below 12	Needs Improvement	Student requires guided practice in both language and counselling structure

Table 7

For classroom use, the rubric may be simplified into five criteria: accuracy, clarity, vocabulary, fluency, and politeness. However, for formal assessment, the full rubric is preferable because it captures the complete nature of patient counselling.

6.2. Sample Assessment Task

A sample task can be given as follows:

www.jrspelt.com
Journal for Research Scholars and Professionals of English Language Teaching
ISSN: 2456-8104 Impact Factor: 6.895 (SJIF)
Vol. 10 | Issue 56 | July 2026 www.jrspelt.com

Situation: A patient has been prescribed an antibiotic to be taken twice daily after meals for five days. The patient asks whether the medicine can be stopped after two days if symptoms improve.

Student's Role: Act as the pharmacist. Explain the dosage, timing, duration, precaution, and answer the patient's doubt politely.

Expected Response Pattern:

The student should greet the patient, explain the medicine schedule, emphasis completion of the prescribed course, advise the patient not to stop the medicine without consulting the doctor, check understanding, and close the conversation politely.

A probable model response may be:

"Good morning. You need to take this tablet twice a day, once after breakfast and then after dinner, for five days. Please complete the full course even if you feel better after two days. Do not stop it on your own because the infection may not be fully treated. If you have any serious discomfort, please contact your doctor. Is the timing clear to you?"

This type of evaluation helps learners practise realistic, responsible, and patient-friendly English. It also prevents the activity from becoming a general speaking exercise with no pharmacy-specific focus.

7. Discussion

This project focuses on making English learning better related to pharmacists' careers and professions. Many college-level classes include a course on English that covers basic language structures like grammatical terms, essays and reports, speeches/rapports, and interview techniques & discussion skills, among others. They are helpful, but they may not fully prepare pharmacy students for situations where they have to explain medicine-related information to patients or carers.

An activity-orientated ESP course could overcome this through role-playing scenarios for learners. While teaching dosage directions for medication, answering questions from patients of any age is how people use their tongues like tools instead of theories and concepts. This is consistent with the ESP principle that language teaching should be shaped by the learner's specific academic and occupational needs.

It is responsive towards these intercommunication issues faced by Indian pharmacists as well. Panigrahi and Mohapatra found that pharmacy students have difficulty due to limited vocabulary, pronunciation anxiety, grammatical uncertainty, lack of practice, and mismatch between curriculum and professional communication needs. This plan tackles them with repetition of terms used at pharmacies, practice speaking as a pharmacist under supervision, and building self-confidence via simulations followed by evaluation from others.

One more significant aspect that this course stresses is issues related to accessibility for patients as well. The pharmacy student is familiar with some of these concepts like contraindications, side effects, doses. Nevertheless, patients might not understand these terms unless they are explained in simple language. Thus, pupils should be able to translate engineering concepts for an average person speaking English. In other words, instead of saying 'this drug causes drowsiness', a student can say, 'You might be sleepy, so do not drive after taking this drug.'

This restructuring forms a part of good healthcare counselling skills development. It's useful to Indian schools as well since there are no costly facilities needed here. Sample prescriptions label, medication strip, card for roles of a doctor/patient situation paper & assessment rating scale. Tasks could also work as a pair and/or group exercise; they are flexible enough to function well with bigger class sizes.

Lower-confident pupils may start by offering ready-made answers, whereas those who are confident enough will be able to take on a greater range of counselling cases. However, there are some constraints of this programme. Because it's theoretical work rather than an analytical one, there is no data to show any progress for students

www.jrspelt.com
Journal for Research Scholars and Professionals of English Language Teaching
ISSN: 2456-8104 Impact Factor: 6.895 (SJIF)
Vol. 10 | Issue 56 | July 2026 www.jrspelt.com

here. This model should then undergo trial-and-error experiments conducted at schools for study purposes later on. The research could include pre-task / post-task speech tests, student reports, teachers' comments, and pharmacy professors' evaluations on this course material.

Future researchers may also compare task-based pharmacy communication training with traditional communication skills instruction. However, despite this limitation, it is an effective tool to convert recognized requirements of pharmaceutical communications as well as provide guidelines on how they can be taught effectively.

8. Conclusion

Counselling patients is a serious work-related responsibility for pharmacists, who are required to use English beyond its usual role on campus, making it an effective instrument for ensuring safety while communicating with clients. Explanation of dosing times, doses, periods, precautions, side-effects, neglect confusion by a doctor or pharmacist are closely related, as they promote proper medication use among patients through explanation skills, basically speaking.

The research work is an attempt at developing an ESP model based upon tasks that can be used by B.Pharm students. This project's plan includes 6 lesson plans covering topics such as medication label explanation, dosing directions, provision of advice for seniors, addressing their questions during an assessment process demonstration by a real pharmacist interacting with an actual client through full-blown practice sessions (role plays). The exercises aim at helping students progress beyond basic language skills of a person speaking as an Apache.

Majorly, this essay is about converting known communication requirements to an educational framework for use at the school level. ESP concepts are integrated with task-based teaching methods as well as requirements of pharmacists' communication skills that can be used by English language students & pharmaceutics trainers alike. Though this thesis doesn't provide any experimental evidence about teaching practices, it's an excellent basis of study that can be done through intervention-based research (IBR). Research could be done to evaluate this course with a pre test/post test on speaking skills of students as well as their feedback from teachers & pharmacists. These researchers may also investigate aspects of improving comprehension levels and self-confidence as well as precision rates whilst speaking professionally by pharmacists enrolled at a university level.

In general, then, English classes for pharmacists must also become curriculum orientated as well as professionally orientated with a focus on communication purposes, specifically speaking. The English as a foreign language course that focuses on tasks is helpful towards building up their linguistic skills needed while explaining complex medical concepts ethically & compassionately with patients' interests at heart.

References

Dudley-Evans, T., and St John, M. J. (1998). Developments in English for Specific Purposes: A Multi-Disciplinary Approach. Cambridge: Cambridge University Press.

Ellis, R. (2003). Task-Based Language Learning and Teaching. Oxford: Oxford University Press.

International Pharmaceutical Federation and International Pharmaceutical Students' Federation. (2012). Counselling, Concordance and Communication: Innovative Education for Pharmacists. The Hague: International Pharmaceutical Federation. Available at: https://www.fip.org/files/fip/HaMIS/fip_ipsf_pce_2nd_2012.pdf

International Pharmaceutical Federation and World Health Organization. (2011). Joint FIP/WHO Guidelines on Good Pharmacy Practice: Standards for Quality of Pharmacy Services. World Health Organization. Available at: https://www.who.int/docs/default-source/medicines/norms-and-standards/guidelines/distribution/trs961-annex8-fipwhoguidelinesgoodpharmacypractice.pdf

Hutchinson, T., and Waters, A. (1987). English for Specific Purposes: A Learning-Centred Approach. Cambridge: Cambridge University Press.

Panigrahi, S., and Mohapatra, D. (2025). Voices from the Lab: Addressing Oral Communication Gaps in Pharmacy Students of India. Journal for Research Scholars and Professionals of English Language Teaching, 9(51). https://doi.org/10.54850/jrspelt.9.51.007

Pharmacy Council of India. (2014). Rules and Syllabus for the Bachelor of Pharmacy (B.Pharm) Course. New Delhi: Pharmacy Council of India. Available at: https://www.pci.nic.in/pdf/Syllabus_B_Pharm.pdf

Conflicts of Interest: The author declares "No conflict of interest".