

USING AUTHENTIC VIDEOS TO IMPROVE 4TH YEAR MEDICAL STUDENTS' COMMUNICATION SKILLS WITH PATIENTS IN ENGLISH ON THE APPROACH OF CONTENT AND LANGUAGE INTEGRATED LEARNING (CLIL)

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ABSTRACT

This study was carried out to determine the extent to which authentic videos within a CLIL framework improve 4th-year medical students' English communication with patients and to explore students' perceptions of this approach. Action research was designed at Thai Nguyen University of Medicine and Pharmacy among 55 fourth-year students completed a CLIL intervention that integrated authentic doctor-patient videos into EMP lessons. Outcomes were measured with OSCE-style communication tasks (pre/post) and a perception questionnaire (5-point Likert scale). The results of the study shows that students' OSCE communication scores improved significantly from pre-test ($M = 26.65$, $SD = 4.99$) to post-test ($M = 31.35$, $SD = 3.86$), $t(54) = -17.41$, $p < .001$; mean gain = 4.69 points. Pre-post scores were strongly correlated ($r = .93$, $p < .001$). Perception data indicated high engagement and perceived value of authenticity (e.g., visually engaging videos M up to 5.00; real-life scenarios $M = 4.89$), with reported gains in appropriate medical language use ($M = 4.59$), vocabulary ($M = 4.56$), cultural/pragmatic awareness ($M = 4.85$), and pronunciation/intonation ($M = 4.27$). Speaking confidence improved moderately ($M = 3.80$). Learner autonomy indicators were mixed, suggesting a need for additional scaffolding. It is concluded that authentic videos embedded in CLIL significantly enhanced students' English-medium clinical communication and were positively received, particularly for realism, linguistic development, and pragmatic competence. To maximize impact, video-based input should be paired with structured speaking practice and autonomy-supportive tasks. Findings inform EMP curriculum design, teacher training, and assessment reform toward performance-based evaluation.

Keywords: CLIL, authentic video, English for Medical Purposes, doctor-patient communication, OSCE, action research, Vietnam.

1. INTRODUCTION

In the context of globalization and increasingly deep international integration in the medical field, the competence to communicate in English has become an essential skill for healthcare professionals. According to Silverman et.al (2013), effective communication between medical professionals and patients is a fundamental component of quality healthcare. For non-native English-speaking medical students, proficiency in English is not only a necessary soft skill but also an important factor contributing to improving the quality of health care (Wright et al., 2018). It is also essential to ensure accurate diagnoses, build rapport with patients, and provide clear

explanations of medical conditions and treatments. However, in Vietnam in general and Thai Nguyen University of Medicine and Pharmacy in particular, many students still have difficulty using English flexibly and effectively in specialized communication situations, especially in the context of clinical examination and treatment as a result of lack of specialized vocabulary, lack of confidence in real-life interactions, and limited access to real-world materials (Nguyen, 2022). Recently, Content and Language Integrated Learning (CLIL) has been widely applied in many countries as an effective approach to simultaneously develop specialized knowledge and language competence. Coyle et.al (2010), defined CLIL as an instructional approach that integrates subject-specific content with language learning, fostering both professional and linguistic competence. In the field of medical education, CLIL enables students to develop English communication skills while engaging with authentic medical content. One particularly effective method of implementing CLIL is through the use of authentic videos, which expose students to real-life medical interactions, natural speech patterns, and essential medical terminology (Dalton-Puffer, 2011). This study aims at examining the role of authentic videos in improving medical students' English communication skills within a CLIL framework. It also explores how video-based learning can enhance listening comprehension, spoken fluency, and pragmatic competence in patient interactions (Pérez Cañado, 2012). The results of the study are expected not only to contribute to the development of medical English teaching programs at universities but also to provide a practical basis for applying the CLIL method in training medical human resources in the integration era.

2. LITERATURE REVIEW

2.1 Content and Language Integrated Learning (CLIL)

CLIL is an educational approach that involves teaching content subjects through a foreign language, thereby fostering both conceptual understanding and language development (Coyle, Hood, & Marsh, 2010). In the medical field, this dual focus supports students in mastering medical knowledge while simultaneously acquiring the English skills necessary for communication with international peers, literature access, and patient care.

According to Dalton-Puffer (2007), CLIL enhances learners' cognitive engagement and offers authentic contexts for language use, which are critical for deep and lasting learning. Llinares, Morton, and Whittaker (2012) further emphasize that CLIL fosters discourse competence, allowing students to develop genre-specific language, such as case reporting and patient interviews.

In the Vietnamese context, CLIL is still an emerging methodology in higher education. However, studies suggest that it holds great potential for bridging the gap between language education and the needs of specialized fields such as medicine (Nguyen, 2020).

2.2 The Role of Authentic Videos in Language and Medical Education

Authentic videos are materials originally produced for purposes other than language teaching—such as real patient consultations, documentaries, or interviews—and they offer rich linguistic and cultural input (Sherman, 2003). In medical education, such videos provide students with exposure to genuine doctor-patient interactions, allowing them to see how medical English is used in context, including tone, empathy, clarification techniques, and non-verbal cues.

Several studies have confirmed the benefits of using authentic videos for language learning. Herron et al. (1995) found that authentic audiovisual materials significantly improve listening

comprehension and contextual vocabulary acquisition. In the field of medical English, Chan (2012) highlights that exposure to authentic consultations helps learners develop not only linguistic but also pragmatic competence, which is critical in-patient communication.

Furthermore, authentic videos are powerful tools in improving medical students' communication skills in English within the CLIL framework. They expose learners to real-life clinical interactions, integrating language use with professional content, which enhances both linguistic competence and medical communication strategies. Videos provide contextualized language input, demonstrating tone, empathy, and non-verbal cues essential in patient-centered care (Kiely, 2014). Moreover, they increase learners' motivation and engagement by presenting meaningful, relevant scenarios (Cinganotto & Cuccurullo, 2016). This dual focus on content and language supports the development of confident, culturally aware communicators ready for global healthcare settings.

2.3 Combining CLIL and Authentic Videos in EMP Instruction

Integrating authentic videos into CLIL lessons for EMP instruction leverages the strengths of both approaches. Lorenzo (2007) argues that CLIL supports knowledge construction and language acquisition when accompanied by meaningful, context-rich input. When students watch authentic medical videos within a structured CLIL lesson, they can analyze discourse, observe communication strategies, and rehearse professional interactions in a safe learning environment. Banegas (2012) and Bremner (2010) note that this integration enhances motivation, engagement, and the development of clinical communication skills. Tasks such as role-play, peer discussion, and reflective learning can follow the video viewing to reinforce skills and promote active language use.

Given the increasing need for competent English communication among Vietnamese medical students, this pedagogical strategy has the potential to transform EMP instruction by aligning it more closely with the real-world demands of clinical practice.

2.4. Students' perceptions in language study

Students' perceptions are often considered an important factor reflecting the level of acceptance, motivation, and perceived effectiveness of a new learning method. In the context of communication skills development, positive perceptions often translate into higher engagement, increased confidence, and improved learning outcomes (Gray & DiLoreto, 2016).

Authentic videos, such as interviews, medical consultations, and real-life conversations, have been widely recognized as a powerful tool in language education because they expose learners to natural speech, pragmatic use of language, and cultural nuances (Sherman, 2003; Wagner, 2010). When students perceive such materials as relevant and realistic, they are more likely to participate actively and transfer the acquired communication skills to real-life contexts (Herron et al., 2002). Furthermore, research has shown that students generally hold positive perceptions toward the use of authentic audiovisual resources. For example, Albiladi and Alshareef (2019) reported that learners perceived authentic materials as motivating and effective in bridging the gap between classroom learning and real-world language use. Similarly, Gilmore (2007) found that authentic input increased students' awareness of discourse features and improved their communicative competence. These findings suggest that fostering positive perceptions of authentic videos is critical for developing medical students' communication skills in English, particularly in clinical and patient-centered interaction.

2.5. Conceptual framework

Authentic Videos (Input)

- Real-life language use
- Medical communication
- Verbal & non-verbal cues



Students' Perceptions (Mediator)

- Perceived effectiveness
- Motivation & engagement
- Authenticity & applicability



Communication Skills Outcomes

- Linguistic competence
- Pragmatic competence
- Confidence in communication

3. METHODOLOGY

3.1. Research questions

1. To what extent does the use of authentic videos within a CLIL framework improve 4th-year medical students' communication skills with patients in English?
2. What are students' perceptions of learning communication skills with patients in English through authentic videos?

3.2. Subjects of the study

The subjects of the study include 55 fourth- year students who have four terms learning English in medicine and are willing to take part in the study.

3.3. Research methodology

Action research was selected for this study because it offers a flexible and reflective framework that empowers educators to directly improve their teaching practices while responding to learners' specific needs. As Burns (2010) emphasizes, action research is particularly effective in language classrooms where ongoing reflection and adaptation are essential. By integrating authentic videos into a CLIL-based curriculum, the study requires a method that supports iterative cycles of planning, acting, observing, and reflecting (Kemmis & McTaggart, 1988) to refine instructional strategies and enhance students' English communication skills in the real medical context. Action research provides teachers the opportunity to devise an intentional and systematic plan in order to closely examine their practice. Conducting action research puts teachers in control of their professional development. When teachers have ownership of the research process, specifically action research, learning can occur in numerous ways including trying new strategies, evaluating existing programs, expanding instructional repertoires, engaging in professional development, and most importantly helping teachers develop new pedagogical knowledge (Hensen, 1996). This

approach enables the teacher-researcher to be both a practitioner and an investigator, ensuring the intervention is contextually relevant and pedagogically sound.

The study followed the cycle of action research, which includes planning, action, observation, and reflection stages.

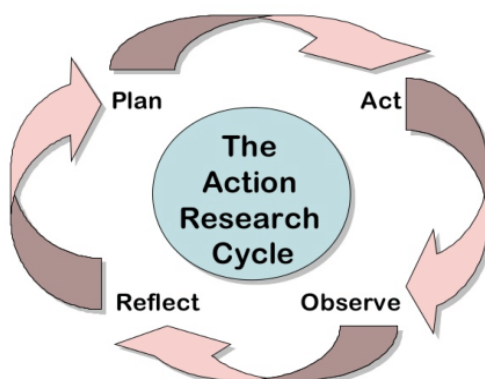


Figure 3.1. Nelson's AR cycle.

Taken from Nelson, D. (2014). Participatory action research: A literature review.

Nelson (2014) based his model of action research on the cyclical model proposed by Kemmis and McTaggart (1988), who classified the steps of action research as planning, acting, developing, and reflecting. Nelson (2014) also suggested that action researchers should engage in critical reflection throughout the research process, not only at the end.

3.3. Data collection instruments

In order to achieve the aims of the study and collect necessary data for the study, pre- and post-tests in the form of OSCE-style communication tasks were employed to objectively measure students' improvement in English communication skills with patients, providing a reliable means to compare their performance before and after the intervention (Hughes, 2003). Student questionnaires, incorporating both quantitative and qualitative items, offered insights into learners' perceptions, motivation, and self-assessed progress, which is essential in evaluating the affective and cognitive impact of CLIL-based instruction (Coyle, Hood, & Marsh, 2010).

After collection, data from questionnaire survey were analyzed by SPSS software and were interpreted by mean score interpretation by Best, J. W., & Kahn, J. V. (2006) as followed

Mean Score Interpretation (5-Point Likert Scale)

Mean Score Range	Interpretation
1.00 – 1.80	Strongly Disagree
1.81 – 2.60	Disagree
2.61 – 3.40	Neutral / Undecided
3.41 – 4.20	Agree
4.21 – 5.00	Strongly Agree

4. RESULTS AND DISCUSSION

4.1. Results of Pre-test and Post-Test

Paired Samples Statistics

	Mean	N	Std. Deviation	Std. Error
Pair 1 Pre-test	26.65	55	4.993	.673
Post-test	31.35	55	3.864	.521

The results of the Paired Samples Test analysis showed that the students' pre-test mean score was 26.65 (SD = 4.99), while the post-test mean score increased to 31.35 (SD = 3.86). The standard deviation is slightly lower in the post-test, indicating that students' performance became more consistent after the use of authentic videos. Thus, the post-intervention mean score was 4.69 points higher than before the intervention.

Paired Samples Correlations

	N	Correlation	Sig.
Pair 1 Pre-test & Post-test	55	.930	.000

A **very strong positive correlation** exists between pre-test and post-test scores ($r = 0.930$). This means students who performed well before the intervention also tended to perform well after, and vice versa. The correlation is **statistically significant** ($p < 0.001$), adding confidence to the reliability of the data.

Paired Samples Test

	Paired Differences					T	df	Sig. (2-tailed)
	Mean	Std. Deviation	Std. Error	95% Confidence Interval of the Difference				
				Lower	Upper			
Pair 1Pre-test Post-test	-4.691	1.999	.270	-5.231	-4.151	-17.405	54	.000

The mean difference between the post-test and pre-test scores is -4.691, meaning there was an average improvement of 4.69 points. The t-value (-17.405) is very large in magnitude, and the p-value is < 0.001 , showing the improvement is highly statistically significant. The 95% confidence interval for the mean difference ranges from -5.231 to -4.151, which does not cross zero — confirming the statistical significance.

The findings of this study demonstrate a statistically significant improvement in medical students' communication skills in English after the implementation of authentic video materials within a CLIL framework. The increase in mean scores from 26.65 (pre-test) to 31.35 (post-test) and a p-

value of 0.000 indicate that the integration of real-life medical interactions significantly enhanced students' ability to communicate effectively with patients in English. These findings are consistent with and reinforce the conclusions of previous studies in similar contexts.

For example, Barreiro and Martínez (2019) found that CLIL methodologies, especially when supported by authentic audiovisual materials, led to significant improvements in students' communicative competence and professional vocabulary retention in a healthcare English course. Similarly, Yang (2016) emphasized that medical students who engaged with authentic doctor-patient videos developed better listening comprehension and pragmatic awareness, which are crucial for effective medical communication.

Moreover, the results align with Gilmore (2007), who argued that authentic materials offer rich contextual input, exposing learners to natural language use, discourse patterns, and interactional features that cannot be easily replicated through textbook dialogues. The observed improvement in this study suggests that students not only gained linguistic knowledge but also internalized how to use that language appropriately in patient-centered contexts — a key goal of ESP and CLIL approaches.

Compared to more traditional, grammar-based or decontextualized ESP instruction, the use of authentic videos provides multimodal input that stimulates both language acquisition and content understanding. This supports Coyle, Hood, and Marsh's (2010) model of CLIL, which emphasizes the importance of integrating content, cognition, communication, and culture. In this study, medical content (e.g., patient history-taking) was tightly interwoven with linguistic objectives (e.g., forming open-ended questions, using hedging or reassurance phrases), which may explain the high level of learning gains.

Furthermore, the strong positive correlation ($r = 0.930$) between pre- and post-test results suggests that students across all performance levels benefitted from the intervention, pointing to the inclusive nature of video-based CLIL instruction. This resonates with Morton (2013), who advocated for CLIL's ability to scaffold complex professional interactions in second-language contexts when authentic input and structured tasks are used effectively.

The use of authentic videos within a CLIL framework significantly improved the 4th-year medical students' communication skills with patients in English. The mean score increase of 4.69 points, combined with a highly significant p-value and strong correlation, suggests the approach was both effective and reliable.

4.2. Students' perceptions of learning communication skills through authentic videos

The results of a survey about students' perceptions of learning communication skills with patients through authentic videos in medical context are shown in the following sections:

4.2.1. Attractiveness**Descriptive Statistics**

	N	Minimum	Maximum	Mean	Std. Deviation
The videos used in the lessons were visually engaging and professionally made.	55	5	5	5.00	.000
The real-life medical scenarios in the videos captured my attention.	55	4	5	4.89	.315
The use of authentic videos made the lessons more enjoyable than traditional lectures.	55	3	5	4.85	.405
I found the characters and interactions in the videos relatable and realistic.	55	3	5	4.09	.482
I would recommend using such videos in other medical English classes.	55	3	5	3.85	.488
Valid N (listwise)	55				

The survey results indicate that students perceived the authentic videos as highly engaging and professionally produced. All respondents strongly agreed that the videos were visually appealing ($M = 5.00$, $SD = .000$), and most recognized the value of real-life scenarios in capturing their attention ($M = 4.89$, $SD = .315$). Students also considered the video-based lessons more enjoyable than traditional lectures ($M = 4.85$, $SD = .405$). Perceptions of the characters and interactions were positive though less unanimous ($M = 4.09$, $SD = .482$), while the willingness to recommend wider adoption of such materials was more moderate ($M = 3.85$, $SD = .488$). Taken together, these results suggest that authenticity and realism substantially enhanced the attractiveness of the learning materials, though enthusiasm for broader implementation varied across students.

4.2.2. Perceived Motivation**Descriptive Statistics**

	N	Minimum	Maximum	Mean	Std. Deviation
The videos used in the lessons were visually engaging and professionally made.	55	5	5	5.00	.000
The real-life medical scenarios in the videos captured my attention.	55	4	5	4.89	.315
The use of authentic videos made the lessons more enjoyable than traditional lectures.	55	3	5	4.85	.405
I found the characters and interactions in the videos relatable and realistic.	55	3	5	4.09	.482
I would recommend using such videos in other medical English classes.	55	3	5	3.85	.488
Valid N (listwise)	55				

The same items under this category reinforced that authenticity in visual media contributes significantly to students' learning motivation. The consistently high means across items highlight

that authentic videos do not only inform but also inspire engagement. Students felt emotionally and intellectually involved in the lessons, which is essential for skill development in communication.

The high level of student engagement and motivation reported in this study echoes the results of Herron et al. (2002), who found that authentic video materials increased learners' motivation and enjoyment in foreign language classrooms. Similarly, Ismaili (2013) reported that students exposed to authentic video materials in an EFL classroom found the lessons more dynamic and were more actively involved in the learning process. These findings reinforce the idea that realistic, visually engaging content can stimulate emotional and cognitive engagement—key components in learning complex communicative tasks.

4.2.3. Students' perceived effectiveness about learning communication skills with patients through authentic videos

Linguistic and Cultural Knowledge

Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
The authentic videos helped me understand how to use appropriate language in medical conversations.	55	4	5	4.59	.496
I learned useful medical vocabulary and phrases through the videos.	55	4	5	4.56	.502
The videos increased my awareness of cultural norms in doctor-patient communication.	55	3	5	4.85	.405
I can now better understand non-verbal cultural cues (e.g., gestures, tone, eye contact).	55	3	5	4.09	.482
Valid N (listwise)	54				

Students reported strong gains in both linguistic competence and cultural awareness. They felt the videos improved their ability to use appropriate language in medical contexts ($M = 4.59$), and they acquired useful medical vocabulary ($M = 4.56$). Importantly, cultural sensitivity was enhanced: students showed high agreement that the videos increased their awareness of doctor-patient norms ($M = 4.85$), and moderately high agreement on understanding non-verbal cues ($M = 4.09$). This finding is crucial, as communication in clinical settings often relies heavily on both language and cultural nuance.

This study's results align with Sherman (2003), who emphasized that authentic video offers learners exposure to natural language use, including idiomatic expressions, speech patterns, and socio-cultural norms. The participants in the present study reported notable improvements in understanding both linguistic and cultural nuances of doctor-patient communication, which supports Weyers' (1999) conclusion that video-based instruction can improve learners' pragmatic competence in real-world settings.

Moreover, Gallardo del Puerto & Gutiérrez (2000) found that videos increased students' awareness of cultural behaviors, such as body language, tone, and turn-taking—outcomes mirrored in the

present study where students acknowledged greater awareness of non-verbal cues and cultural norms in clinical contexts

English Language Skills Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
The videos helped improve my listening comprehension in medical contexts.	55	3	5	3.85	.488
I became more confident in speaking English with patients.	55	2	5	3.80	.524
I improved my pronunciation and intonation by watching and repeating video dialogues.	55	4	5	4.27	.449
I can better understand the structure and flow of clinical conversations in English	55	3	5	4.16	.536
Valid N (listwise)	55				

In terms of core language skills, students perceived moderate to high improvement. They reported enhanced listening comprehension in medical settings ($M = 3.85$) and better understanding of clinical dialogue structures ($M = 4.16$). Confidence in speaking with patients in English was somewhat lower ($M = 3.80$), suggesting that while videos support passive and receptive skills effectively, further practice or interaction may be needed to build spoken fluency. The improvement in pronunciation and intonation ($M = 4.27$) indicates that imitation of video dialogues was beneficial.

The reported gains in listening comprehension and pronunciation are supported by Canning-Wilson (2000), who noted that authentic video improves listening skills by exposing students to varied accents, intonation, and speech speeds. The modest self-reported improvements in speaking confidence in this study are similar to those found by Tschirner (2001), who argued that while video can improve receptive skills (listening, comprehension), additional interactive practice is often needed to develop productive skills such as speaking.

Learner Autonomy Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
I felt motivated to learn English independently after watching the videos.	55	2	5	3.35	.865
I searched for more videos or materials on my own to improve my communication skills.	55	3	5	4.09	.482
I rewatched videos to clarify difficult parts or practice language.	55	2	5	3.38	.850
I reflected on how I could apply what I learned in real-life situations.	55	3	5	3.75	.700
Valid N (listwise)	55				

Perceptions of learner autonomy were more mixed. Some students reported actively seeking supplementary materials ($M = 4.09$, $SD = .482$) and reflecting on applications to real-life situations ($M = 3.75$, $SD = .700$). However, motivation for independent study ($M = 3.35$, $SD = .865$) and repeated video use ($M = 3.38$, $SD = .850$) were less strongly endorsed. These results suggest that authentic videos can promote self-directed learning, but not all learners readily translate this potential into autonomous behaviors. In comparison with Lee (2011), who found that video platforms encourage out-of-class learning, the lower levels observed here may reflect contextual differences in medical English or limited prior experience with independent strategies. This highlights the need for additional scaffolding—such as guided reflection tasks—to foster autonomy consistently.

4.2.6 Overall Perceptions

Overall, the findings support the pedagogical value of authentic videos in developing communication skills for medical English. Students perceived the materials as attractive, motivating, linguistically and culturally enriching, and moderately effective in fostering autonomy. The results corroborate earlier research on authentic video in language education while extending its applicability to the domain of medical communication. At the same time, the findings point to the importance of complementing video-based instruction with interactive speaking practice and structured self-learning activities to maximize its impact.

5. DISCUSSION

The findings of this study confirm that authentic videos used within a CLIL framework substantially enhance medical students' learning experiences, particularly regarding attractiveness, motivation, and exposure to real-life communication. The strong positive perceptions toward the authenticity and realism of the videos suggest that students appreciate materials that closely mirror professional practice and serve as a bridge between classroom learning and clinical encounters. This aligns with prior research demonstrating that authentic video materials enhance learners' engagement and perceived relevance (Herron, Gordon, & Selby, 2002; Ismaili, 2013)

Students also reported significant improvements in linguistic and cultural competence, particularly in using appropriate medical phrasing and reading non-verbal doctor–patient interaction cues. These observations support Sherman’s (2003) assertion that authentic video exposes learners to natural language use in socio-pragmatic contexts, and echo Weyers (1999), who emphasized that exposure to unstructured, real-world language through video improves pragmatic competence.

Regarding core language skills, students indicated notable gains in listening comprehension ($M = 3.85$) and pronunciation/intonation ($M = 4.27$), whereas gains in speaking confidence were more modest ($M = 3.80$). This pattern aligns with Canning-Wilson (2000), who found that video is particularly effective in enhancing listening and pronunciation by exposing learners to varied accents, speed, and intonation. Tschirner (2001) similarly argued that digital video supports situational learning but should be complemented with interactive speaking activities to fully develop productive oral skills.

Learner autonomy perceptions were mixed: while some students actively sought additional resources ($M = 4.09$) and reflected on real-world applications ($M = 3.75$), overall levels of self-directed learning (e.g., motivation for independent study: $M = 3.35$; rewatching videos: $M = 3.38$) were moderate. This suggests that authentic videos alone may not consistently foster autonomous behavior without guidance. Lee (2011) similarly reported that while video-based platforms can encourage exploration, scaffolding—such as guided reflection logs, note-taking prompts, or follow-up tasks—is often necessary to reinforce self-directed learning.

From a pedagogical standpoint, these findings support the integration of authentic videos into CLIL-based medical English curricula. Such materials enhance motivation, cultural competence, and listening and pronunciation skills. However, to maximize their educational value, instructors should pair video input with active learning strategies, autonomy scaffolding, and ample opportunities for interactive speaking practice—transforming videos from input tools into catalysts for meaningful interaction and reflective learning.

Finally, several limitations warrant mention. First, this study relies on self-reported perceptions, which may not directly reflect actual communicative competence or clinical performance. Second, the relatively small sample size and specific educational context may limit the generalizability of findings. Future research should incorporate performance-based assessments (e.g., OSCE scoring), longitudinal designs, and comparative studies across different medical education settings to more comprehensively evaluate the impact of authentic videos within CLIL contexts.

4. CONCLUSIONS AND RECOMENDATION

This study explored the effectiveness of using authentic videos within the framework of Content and Language Integrated Learning (CLIL) to enhance the English communication skills of fourth-year medical students, particularly in doctor-patient interactions. The findings revealed that authentic videos, which closely simulate real-life medical consultations, significantly improved students’ listening comprehension, vocabulary acquisition, and speaking fluency in a clinical context. Furthermore, students demonstrated greater confidence and cultural awareness when engaging in patient-centered communication in English.

The integration of content knowledge (medical communication) and language skills proved to be a meaningful and motivating approach for learners, bridging the gap between theoretical knowledge and practical application. Overall, the use of authentic videos under the CLIL approach not only enriched language learning but also supported the development of essential soft skills required in medical practice.

Recommendations

Based on the findings of this study, the following recommendations are proposed:

1. **Curriculum Integration:** English for Medical Purposes (EMP) courses should incorporate authentic video materials as a core component, especially those depicting realistic patient interactions.
2. **Teacher Training:** Lecturers should be trained in CLIL methodology to effectively design and facilitate lessons that integrate both language and professional content.
3. **Material Development:** Medical schools should invest in developing or curating high-quality, context-specific video materials that reflect authentic clinical communication scenarios.
4. **Student-Centered Activities:** Activities such as role-plays, discussions, and simulations based on video content should be regularly used to promote active learning and critical thinking.
5. **Assessment Reform:** Evaluation of students' performance should include communicative tasks that mirror real-life situations, ensuring a more holistic assessment of both language and professional competencies.
6. **Further Research:** Additional studies should be conducted to examine the long-term impact of using authentic materials on students' clinical communication, as well as their application in different medical specialties and educational contexts.

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