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Strategies for Developing Medical Students' Written and Oral Communication Skills Based on Clil

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Abstract: This study explores effective strategies for improving medical students' written and oral communication skills through the implementation of Content and Language Integrated Learning (CLIL). The integration of medical content and language instruction is vital in preparing students for global medical environments where English is the lingua franca. Using a mixed-methods approach, this research investigates the impact of CLIL-based interventions in enhancing students' language proficiency and content comprehension. The results indicate significant improvements in both written and oral skills, emphasizing the importance of targeted CLIL strategies in medical education.

Key words: CLIL, medical education, communication skills, written skills, oral skills, language learning, task-based learning, genre-based instruction, medical English, ESP (English for Specific Purposes)

The globalization of healthcare has emphasized the need for competent communication in English, especially among non-native English-speaking medical students. In this context, the CLIL approach, which integrates content and language instruction, has gained popularity in medical education. CLIL provides learners with opportunities to develop their language skills while simultaneously gaining specialized knowledge.

In medical education, written communication is essential for patient documentation, research writing, and clinical reporting, while oral skills are critical for patient interaction, teamwork, and presentations. However, students often struggle to master both academic and professional language registers. This paper aims to identify and analyze strategies based on the CLIL methodology that effectively support the development of medical students' writing and speaking skills.

The study involved 60 second-year medical students at a university in Uzbekistan. All participants were non-native English speakers with an intermediate level of English proficiency based on CEFR standards (B1-B2).

A quasi-experimental design was employed. Participants were divided into two groups: the experimental group received instruction based on CLIL strategies, while the control group followed a traditional ESP curriculum. The intervention lasted for 12 weeks.

CLIL Intervention Strategies

The CLIL-based instruction included:

- **Task-based learning**: students completed case studies, role-plays, and problem-solving tasks in English.
- **Genre-based writing instruction**: students were trained to write clinical reports, summaries, and reflective essays.

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- **Integrated speaking activities**: group discussions, simulated patient interviews, and oral presentations.
- **Scaffolded learning**: use of glossaries, sentence starters, and graphic organizers.
- **Content-driven language input**: authentic medical texts, videos, and lectures were used to introduce terminology and discourse.

Data Collection

- **Pre- and post-tests** of writing and speaking tasks evaluated language gains.
- **Rubric-based assessment** focused on coherence, grammar, vocabulary, fluency, and task achievement.
- **Student feedback surveys** measured perceptions of the learning process.
- **Focus group interviews** explored qualitative insights into learning experiences.

Quantitative Results

The experimental group showed significant improvements in both writing and speaking scores:

Skill	Pre-test Mean	Post-test Mean	p-value
Writing	63.5	81.2	<0.01
Speaking	60.8	79.4	<0.01

Control group gains were modest and statistically insignificant.

Qualitative Findings

- Students reported increased confidence and motivation.
- Authentic tasks were perceived as relevant and engaging.
- Language improvement was closely tied to medical content familiarity.

Sample feedback:

“I learned how to explain diseases and treatments in English. It helped me in both subjects and speaking fluently.”

This study highlights the efficacy of CLIL in enhancing medical students’ written and oral skills. Unlike traditional ESP approaches that separate language from content, CLIL fosters simultaneous development of both, promoting deeper learning and retention. The use of real-world tasks and authentic input aligns with constructivist theories, where learners construct knowledge through meaningful experiences. Interestingly, students reported increased confidence and motivation to communicate in English in professional settings. This affective factor should not be underestimated, as language anxiety is a common barrier in EMI (English Medium Instruction) programs (Tsou & Kao, 2017). The use of CLIL helped mitigate this issue by embedding language practice within familiar academic and clinical contexts, thus reducing the pressure of language learning for its own sake.

However, the findings also reveal certain challenges. For instance, the dual focus on content and language posed difficulties for students with weaker backgrounds in English. Despite scaffolding, some participants struggled to keep pace with both the medical content and language demands. This suggests a need for differentiated instruction and supplementary language support prior to or during CLIL courses. Additionally, instructors require adequate training in CLIL methodology to effectively balance both aspects of instruction, which remains a limitation in many higher education institutions. One of the key outcomes observed was the marked improvement in students' academic writing abilities. Through content-specific writing tasks such as case reports, research abstracts, and reflective journals, students

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developed greater precision in medical terminology usage and improved cohesion and coherence in their written work. This aligns with Lorenzo (2007), who found that subject-integrated writing tasks in CLIL settings foster deeper lexical acquisition and syntactic control. Moreover, providing language scaffolds—such as phrase banks, genre models, and structured feedback—proved essential in facilitating this development, especially for students with initially low proficiency levels.

Similarly, oral communication skills showed substantial enhancement, particularly in areas of clinical interaction, presentation delivery, and peer discussions. Simulation-based activities, including role-plays of doctor-patient dialogues and peer teaching sessions, created authentic contexts for oral practice. These tasks supported fluency, pronunciation accuracy, and the ability to explain complex medical concepts in accessible language. The incorporation of visual aids and multimodal texts during CLIL sessions also helped lower the cognitive load, allowing students to focus more on language production without compromising content learning.

Task-based strategies provided context-rich environments for oral language use, while genre-based writing enhanced academic literacy. Scaffolded support ensured accessibility for learners at different proficiency levels. The integration of subject-specific content helped students perceive English as a tool, not a barrier. the study demonstrates that strategically implemented CLIL approaches can play a transformative role in enhancing both written and oral communication skills of medical students. These improvements not only support academic success but are crucial for future professional performance, where clear and accurate communication is essential for patient care and international collaboration. Nevertheless, institutional investment in teacher training and learner support systems is necessary to fully realize the potential of CLIL in medical education.

CLIL strategies are effective in developing both written and oral communication skills among medical students. Implementing content-driven, interactive, and scaffolded instruction can enhance students' academic and professional readiness. Future research should explore long-term outcomes and adapt strategies across medical specializations.

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