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Getting Medics on the Task: A Flipped Classroom System

Abstract: *Teaching a Language for Specific Purposes (LSP) in Higher Education implies that students, rather than teachers, are the specialists in their field. This dynamic opens a range of teaching opportunities, and this paper focuses on one such opportunity: a teaching methodology adopted in the context of a French for Medics module at the B2 level of the Common European Framework of Reference for Languages (CEFR). This paper, rooted in classroom practice, details and exemplifies the teaching techniques derived from a modified flipped classroom approach. The modification lies in replacing traditional grammar or concept-based course content with authentic materials sourced from French medical vulgarisation and specialist websites, and in positioning students as domain experts whose existing medical knowledge becomes the foundation for language acquisition. These documents are didactised through progressive reading comprehension questions designed to scaffold understanding and encourage reflexivity, allowing students to engage with real-world language while being supported in their preparation. It aims to guide the transfer of students' communicative and lexical competence in the medical field into French. The methodology involves designing ad-hoc materials for both the "at home" and "in-class" components and leading students through real-life professional tasks. The central question explored is how to best support students, who are specialists in medicine, in transposing their domain-specific knowledge into French, without requiring the tutor to be a medical expert, and how this modified flipped classroom approach enhances autonomy and professional relevance. The paper reports on specific data collected from the implementation of this approach, including student performance in recognising and understanding medical terminology and documents in French, their engagement in role-playing activities, and their ability to produce professional written documents. A concrete example focused on childhood diseases is used to illustrate how students engage with authentic materials and apply their medical expertise in French.*

Key words: *Flipped Classroom, Medical Terminology, Role-Playing, Autonomy, Lexical Transfer, Authentic Documents Medics, Reflexivity, Learner autonomy*

1. Introduction

1.1. Why study French as a medical student?

Studying French as a medical student offers numerous benefits, including the ability to develop and pursue their career, particularly for those who wish to volunteer for organisations like Médecins Sans Frontières (MSF), work with French-speaking patients, or work abroad. It also enables students to continue their medical studies in French-speaking countries.

1.2. What is French for Medics?

French for Medics is a specialised language course designed to equip medical students with the skills necessary to communicate effectively in French within a medical context. In this context, students, rather than the tutor, are the specialists in their field. The tutor's role is to facilitate their understanding that the complexity and specialised nature of the medical language they use in English is mirrored in French. This transforms what could be seen as an obstacle - the complexity of the language - into a gateway for learning.

The complexity of the language in this context refers to several key aspects: the use of specialised medical terminology and abbreviations; the format and content of documents typically encountered in medical settings, such as reports, test results, and patient information sheets; and the nature of professional interactions, including consultations and exchanges with colleagues and patients.

The specialised nature of medical terms, tasks, and texts serves as a bridge between the English language and the target language. Therefore, the course implements systematic strategies to facilitate this translational process.

1.3. Aim of the course

The primary aim of the course is to place medicine at the core of the program, facilitating the translational process where students convert their existing medical knowledge and skills into functional professional medical French. This involves transferring medical terminology into French, with attention to Latin and Greek roots and affixes shared across both languages. It also includes developing socio-cultural awareness of the French health system and the status of medical research, as well as building strategies for reading medical texts from both general and specialist sources.

Grammar points are revised for use in professional situations. For example, using the gerund to explain treatment to patients: "Vous pourrez atténuer la douleur *en prenant* deux comprimés de paracétamol deux à trois fois par jour." (You will be able to relieve the pain *by taking* two tablets of paracetamol two to three times a day.). Finally, the course fosters autonomy and the ability to respond to varied situations while encouraging creativity with medical language.

The course also aims to support students in developing reflexive learning strategies, enabling them to analyse and adapt their communication in professional contexts. This reflexivity is supported by the flipped classroom model adopted here, which encourages learners to engage critically with language and context.

1.4. Theoretical framework

This course design draws on the principles of Français sur Objectif Spécifique (FOS), as developed by Mangiante and Parpette (2004, 2023). FOS offers a structured way to think about teaching French in professional contexts. It starts by identifying who the learners are and what they need to do in their field, and then builds curriculum around those needs.

The approach involves analysing the kinds of situations learners will face, the language they'll need, and the types of documents or interactions they'll encounter. It also includes collecting examples of real professional language and designing tasks that reflect those situations, ensuring professional relevance. In this course, medical students are seen as specialists: they already know the content, medicine, and the challenge is to help them express that knowledge in French. The flipped classroom method supports this by giving them authentic materials to work with, and guiding them through tasks that mirror real-life professional situations. The FOS framework helps make this process systematic and focused on what learners actually need to do.

The flipped classroom model itself, originally developed in the early 2000s (Baker, 2000), has developed progressively in higher education and language learning. Researchers such as Narcy-Combes (2022), Mangenot (2014), and Nissen (2019) have explored its integration with digital pedagogy, learner autonomy, and interactional competence. In particular, Mangenot's work on telecollaboration and blended learning environments (Mangenot, 2014) and Nissen's research on pedagogical scenarios in hybrid formats (Nissen, 2019) provide a theoretical foundation for the structured, task-based design adopted in this course.

2. Background

The French for Medics module is a 15-credit course, conducted over two semesters with a 2-hour class per week. It is validated by a final written and oral examination, with the opportunity for students to present the “Diplôme de Français Professionnel (DFP) médical” (a medical-oriented language qualification), which most of them opt to do.

Medical students can easily find answers in specialist documents in French that might represent a challenge to laypersons. Indeed, because of their familiarity with scientific and medical knowledge in English, the language in which they study medicine, the information is often already known or expected. These notions principally stem from a series of observations I made during my classes.

Students showed no difficulty recognising medical terms such as the names of treatments, specialties, and illnesses, although selecting the correct suffix often proved more challenging

Their ability to identify and interpret authentic medical documents was also evident. In one example, a blood test results sheet was used for a comprehension task. While the activity was designed to be challenging, students completed it rapidly, demonstrating familiarity with the structure and expected data. Discussions revealed that they knew exactly which data to expect, where and how it would be displayed, and therefore what the English equivalent of the French terms were.

This “textual mirror effect” was further confirmed when students worked with technical cards on childhood contagious diseases. They completed tasks such as matching specialist terms with definitions and reformulating them into lay language for a role-play. Not only were they familiar with the diseases, but they also anticipated the structure of the cards - categories like transmission period, symptoms, treatments, and risks - mirroring their expectations from English-language equivalents.

The shared etymological roots of English and French medical terms, such as the Greek and Latin prefix “anti-” in *antibiotiques* and *anti-inflammatoire*, further support this transferability.

These observations support the idea that students’ domain-specific knowledge acts as a scaffold for language learning. The flipped classroom approach, combined with the FOS framework (Mangiante & Parpette, 2004, 2023), allows students to engage with authentic materials that reflect their professional reality, and to develop strategies for transposing that knowledge into French. This experiential insight aligns with recent research on learner autonomy and professional task design in

blended learning environments (Nissen, 2019; Mangenot, 2014), reinforcing the relevance of authentic materials and student-led expertise in language acquisition.

Confronting students with a large number and variety of texts, both audio and written, specialist and lay, helps reveal what sociolinguistic representations might otherwise obscure: the shared complexity between languages. Systematising this confrontation through a structured flipped classroom approach helps foster autonomy, reflexivity, and confidence in navigating professional language.

According to the Common European Framework of Reference for Languages (CEFR), "a competence is a set of areas of knowledge, aptitudes and skills, and attitudes and existential competences" (CEFR 2.1, p.9). Regarding Greek and Latin prefixes and suffixes useful for understanding medical terms, inventories have been made on the subject, confirming the transparency observed. (University of Ottawa, n.d).

Laurent Gajo (2008) discusses combating a form of "linguistic blindness" that tends to isolate languages and consider the process of acquiring a given language as complete and autonomous. This blindness prevents seeing, hearing, understanding, and positively apprehending what is only partially different. It results less from a distance between languages than from the way this distance is represented and apprehended. Therefore, it is more a problem of sociolinguistic representations. Making visible what sociolinguistic representations might have made invisible is crucial for understanding the shared complexity between languages.

3. Teaching techniques

3.1. Flipped classroom

The flipped classroom approach, originating in the US at the turn of the century, is derived from a learning strategy called peer instruction. Traditionally, a flipped classroom invites students to study course content at home and engage in class with homework-style activities that allow them to explore the content studied at home (Baker, 2000). In this course, a modified version of the flipped classroom has been systematised, where students study authentic documents at home. These documents are sourced from French medical vulgarisation and specialist websites and are didactised through a series of progressive reading comprehension questions. Their preparation forms the basis of the course.

This approach reflects the principles of Français sur Objectif Spécifique (FOS), where learners' professional expertise is central. Students are not passive recipients of language instruction but active participants who bring domain-specific knowledge into the classroom. The flipped classroom becomes a space for transposing that knowledge into French through structured, task-based activities. This structure aligns with recent developments in blended learning and pedagogical scenario design (Nissen, 2019), where autonomy and task relevance are key to learner engagement.

3.2. Exercises

A range of exercises supports this learning process, each designed to scaffold the transition from comprehension to production, and from specialist to lay communication.

Students manipulate documents to highlight key vocabulary, engage in role-play to simulate medical practice, and work through guided reading grids that help them extract essential information while reflecting on terminology and structure. They also collaborate on shared outputs such as wikis or patient information leaflets, reinforcing both vocabulary and register.

This learner-centred approach is consistent with flipped classroom models that emphasise autonomy, interaction, and relevance (Mangenot, 2014).

3.3. Systematising the Twofold Approach of a Flipped Classroom

The modified flipped classroom approach implemented in this course follows a structured sequence that alternates between individual preparation and collaborative classroom work, gradually guiding students from comprehension to production, and from specialist to lay communication.

At home, students begin by preparing online articles and videos using a reading or listening guidance grid. These materials, drawn from contemporary specialist and popular medical press, are selected for their authenticity and relevance to medical practice. The accompanying grid is designed to scaffold understanding and prompt reflection, introducing the topic and laying the groundwork for small group discussions in the following class.

In class, the prepared material becomes the basis for extended discussion. Students analyse the content and express their opinions, with the tutor using open questioning to encourage reflexivity and the use of appropriate structures. This phase includes a debriefing that explores

differences and similarities in medical practices across francophone and English-speaking contexts, and more broadly across the diverse cultural backgrounds represented in the classroom. Throughout, the tutor provides reflexive guidance through active listening, open questioning, feedforward, and feedback, supporting the development of learning behaviours and metalinguistic awareness.

This is followed by a sequence of tasks designed to prepare students for role play. Students begin by working with a didactised authentic document, matching specialist terms with their definitions—an activity that highlights the transparency of medical terminology. They then reformulate these terms into lay language, reinforcing their ability to shift registers and adapt communication to different audiences.

The role play itself invites students to simulate a real medical situation, reusing the vocabulary and structures introduced earlier in a contextualised, communicative setting. This stage consolidates both linguistic and professional competencies.

Finally, students complete a writing task at home, contributing to a collaborative platform such as a wiki or forum embedded in their learning environment. This allows them to reuse the structures and vocabulary in written form, reinforcing retention and encouraging autonomy.

This sequence reflects a pedagogical structure where students move from comprehension to production, from specialist to lay language, and from individual preparation to collaborative interaction. It is designed to foster autonomy, professional awareness, and linguistic confidence.

It aligns with flipped classroom frameworks that emphasise learner autonomy and practical engagement (Narcy-Combes, 2022).

4. Results and illustration

4.1. Example of class topic: childhood diseases / les maladies contagieuses de l'enfant

The following class sequence, focusing on childhood contagious diseases, exemplifies how the flipped classroom model is implemented in practice. Students begin by reading the article "Quels sont les vaccins obligatoires et recommandés?" (Le Monde, 2015), which introduces the topic of vaccination. A reading grid and a list of questions guide their preparation, prompting reflection on the vaccination calendar, arguments for and against vaccination, and the broader ethical and societal stakes involved.

In class, students work with technical cards from Lefebvre-Mayer (2010) on childhood diseases. They start with a matching activity, pairing specialist terms with their definitions using a didactised authentic document. This is followed by a paraphrasing task, where they reformulate specialist language into lay terms. Each pair or trio is assigned one disease—either exanthematous (e.g. roséole, rubéole, scarlatine, varicelle, syndrome pieds-mains-bouche, mégalérythème épidémique) or non-exanthematous (e.g. coqueluche, oreillons)—and receives a brief describing its transmission, clinical signs, treatment, and complications. Students identify terms that may be difficult for patients to understand and work on reformulating them into accessible language. By Week 10, they have developed the lexical knowledge and strategies to navigate specialist language, supported by their preparatory work with introductory texts.

Building on this, each group creates a dialogue simulating a medical consultation based on the disease they studied. The rest of the class listens and guesses which disease is being described, asking for clarification as needed. This interactive format reinforces listening skills, vocabulary recall, and communicative adaptability.

To consolidate their learning, students then write a leaflet summarising the diseases studied. Using a collaborative wiki on the Moodle platform, they contribute to a collective document that could be used as a patient information resource.

4.2. Pedagogical outcomes

These activities show how students move from specialist understanding to lay communication, from individual preparation to collaborative production. The flipped classroom structure, supported by the FOS framework, enables this progression and reinforces autonomy, clarity, and professional relevance. It reflects a pedagogical model where language learning is embedded in professional practice, and where students' expertise becomes a resource for communication.

5. Conclusion

This paper has examined the integration of a modified flipped classroom approach in teaching French for Medics, highlighting the challenges and opportunities faced by medical students in recognising and understanding medical terminology and documents in French, drawing on their existing knowledge in English.

It outlined a systematic sequence of activities based on authentic documents, role-play, and collaborative tasks designed to prepare students for real-life medical interactions. The course supports students in transposing their professional expertise into French, while developing autonomy, reflexivity, and confidence in using the language in real medical contexts.

An example class sequence illustrated how students draw parallels between medical practices in English and French, reinforcing both linguistic and professional awareness.

This study offers a classroom-based illustration of how a flipped learning approach can support students in transposing their medical expertise into French. First, it implements an alternating system based on the sequencing of work at home and in class. Second, it encourages students to explore documents autonomously at home, rather than learning course content in class. Third, it develops a methodology that supports learner reflexivity, learning strategies, and autonomy. Fourth, it applies the principles of Français sur Objectif Spécifique (FOS) to help learners use their domain-specific knowledge as a foundation for language acquisition. Finally, it connects this classroom practice to recent work on flipped learning and digital pedagogy (Narcy-Combes, 2022; Nissen, 2019; Mangenot, 2014), and adds to ongoing reflections on learner-centred, task-based language teaching.

In conclusion, the integration of a modified flipped classroom approach in teaching French for Medics has proven to be an effective method for promoting autonomy, critical thinking, and professional development. Future iterations of this course could explore individual or group projects tailored to specific medical interests, or develop blended learning formats combining online and in-class work.

Given the increasing availability of AI tools, future versions of the course could also include guided prompts to help students use AI reflectively - for example, to clarify terminology, compare translations, or simulate patient interactions - rather than relying on it as a text generator. At the time this course was designed (2016), AI tools were not widely available or integrated into language learning. However, their current accessibility opens new possibilities for supporting learner autonomy and reflexivity.

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