Original Paper

Use of Films in Speech and Language Therapy Education for Students: Qualitative Study of Reflections on Professional Practice and Care

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Abstract

Background: The development of transversal skills, such as empathy, ethical reflection, critical thinking, and collaborative work, is a key challenge in the training of health professionals. In this context, cinema has emerged as an innovative pedagogical tool that enables the exploration of the human dimension of care through narrative experiences that activate both cognitive and affective learning. However, students' experiences of film-based learning in speech and language therapy remain underexplored.

Objective: This study aimed to explore speech and language therapy students' experiences and reflections regarding the use of films as an educational resource, with particular attention to their perceived learning related to professional practice, ethical issues, emotional dimensions of care, and interprofessional collaboration.

Methods: A qualitative design with an interpretive approach was used, based on reflexive thematic analysis. The study included 18 third-year speech and language therapy students. Data comprised verbatim transcripts of 4 group presentations and subsequent reflective discussions conducted after viewing 4 films addressing cognitive decline, communication, family relationships, and health care–related challenges.

Results: Four themes developed: *Seeing the Person Beyond the Impairment: Reframing the Professional Role*; *Learning to Navigate Tensions in Care: Autonomy, Family, and Professional Responsibility*; *Seeing Care Through the Experiences of Patients and Families*; and *Care Extends Beyond a Single Professional: Building Networks of Shared Care*. Students' accounts connected cinematic narratives with person-centered professional roles, tensions involving autonomy and family participation, the emotional experiences of patients and caregivers, and the importance of interprofessional and family-based care. Their reflections also included frustration, emotional burden, limitations of professional intervention, and perceived gaps in professional care.

Conclusions: Film-based educational activities may provide a context for speech and language therapy students to reflect on professional, ethical, emotional, and collaborative dimensions of care. These findings represent students' reflections and perceived learning and should not be interpreted as evidence of measurable development or improvement in transversal competencies. Further research using longitudinal and competency-based assessments is needed to examine whether these reflective processes translate into measurable changes in professional learning or practice.

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Introduction

The field of education has undergone substantial transformations, ranging from the conceptualization of the teaching-learning process to the pedagogical strategies implemented, fostering critical reflection on diverse educational settings. The traditional model, primarily focused on the transmission of information by the instructor, has increasingly been challenged in favor of approaches that emphasize the active construction of knowledge and the development of meaningful competencies within authentic contexts [1]. Addressing this shift requires not only enhanced teacher preparation but also learners who are capable of self-regulating their learning processes and actively engaging in their comprehensive professional development.

Within the health sciences, although active learning methodologies have progressively been incorporated into educational practices, there remains a notable gap in approaches that integrate a humanized perspective of care. Professional training must move beyond a strictly biomedical rationale and foster competencies that enable practitioners to understand individuals beyond the manifestation of symptoms [2,3]. In this context, the education of health care professionals currently faces the challenge of transitioning from a disease-centered biomedical model toward more integrative, ecological, and systemic approaches, making the development of transversal competencies essential. The World Health Organization's International Classification of Functioning, Disability and Health supports this perspective by considering functioning and disability in relation to body functions and structures, activities, participation, and contextual factors [2]. In speech and language therapy, this framework highlights the importance of addressing communication and swallowing within people's daily lives, relationships, and environments, beyond impairment alone [3]. Consequently, there is a growing need to incorporate pedagogical strategies that promote competencies such as empathy, clinical ethics, and patient-centered communication [4,5].

Within the context of health sciences education, the educational potential of cinema has been explored, underscoring the need for rigorous analysis of the educational opportunities that may emerge both from specific films and from the intentional selection of relevant health care–related themes [6]. Such approaches may enable the integration of disciplinary knowledge with emotional and ethical dimensions, thereby promoting a more comprehensive learning experience [7]. Indeed, the use of fictional narratives has been identified as a potentially effective educational resource for fostering more humanistic, compassionate, and person-centered perspectives among students [4,8]. Most studies in this area have focused primarily on medical education. Nevertheless, its application has also been documented across other health disciplines, including nursing, psychology, dentistry, pharmacy, medical technology, and physiotherapy [6]. Film-based discussions may invite students to consider characters' perspectives, examine their own emotional responses, and question assumptions about care. Reflective thinking, perspective-taking, and engagement with emotional narratives have been described as dimensions of learning in a film-discussion course [9].

Research in nursing education has examined the use of films as a strategy for competency development [10]. Similarly, within psychiatric nursing education, students reported that the incorporation of films supported their understanding of mental health issues and provided opportunities to discuss attitudes toward patients [11]. In the field of clinical pharmacology, the use of cinema-based educational strategies was associated with significant improvements in pharmacovigilance assessment outcomes, while also generating high levels of student satisfaction [12].

In medical education, cinema has been examined as a teaching-learning tool in community medicine for undergraduate students [13]. Furthermore, in nursing and biochemistry programs, the use of cinema-based educational approaches has been reported by students to support reflection and dialogue on bioethical issues, enabling the examination of ethical dilemmas through diverse perspectives and lines of reasoning [14].

Within physiotherapy education, the use of cinema has been associated with increased student engagement and the perceived development of both discipline-specific and transversal competencies, particularly in courses addressing the foundations of physiotherapy practice. Students reported high levels of satisfaction with this methodology, indicating that it facilitated a clearer understanding of course content and strengthened their clinical observation skills [15].

Film-based learning can also complement simulated clinical scenarios used in speech and language therapy education. Simulated patient encounters allow students to rehearse clinical interactions and receive feedback [16], whereas feature films can offer sustained narratives of illness, family relationships, and everyday life beyond a clinical encounter. Both approaches can support reflection; the potential contribution of films lies in the perspectives and situations they make available for guided discussion, rather than in an assumed superiority over simulation.

Nevertheless, students' reflections on film-based learning in speech and language therapy remain less well documented in the literature discussed above. In this field, clinical practice requires a profound understanding of the human dimensions of language, cognitive impairment, and family caregiving. Although a Brazilian study included speech and language therapy students in film-based teaching on personality disorders [17], understanding their reflections on the human dimensions of care remains a distinct research

question that extends beyond a regional evidence gap. In this context, film-based activities may complement traditional teaching methods by providing opportunities to reflect on empathy, ethical deliberation, and professional practice.

From this perspective, this study seeks to explore the experiences and reflections of speech and language therapy students following a pedagogical activity based on the active use of films, with particular attention to their perceived learning related to professional practice, ethical issues, emotional dimensions of care, and interprofessional collaboration. The aim is to provide context-specific insight into how students relate cinematic narratives to disciplinary knowledge and person-centered professional training.

Methods

Study Design

This study used a qualitative design with an interpretive approach aimed at understanding the meaning of students' experiences within their contextual settings [18,19]. The study was grounded in the ontological and epistemological principles proposed by Irene Vasilachis de Gialdino, who argues that reality is constructed and understood through the perspectives of those who experience it [20]. Accordingly, the researchers approached the study as coconstructors of knowledge, engaging with participants' narratives—in this case, their reflections on films—to gain insight into how students interpreted and made sense of the educational experience.

Data were analyzed using reflexive thematic analysis, following the approach developed by Braun and Clarke [21]. This approach was considered consistent with the interpretive positioning of the study because it conceptualizes themes as patterns of shared meaning developed through researchers' active and reflexive engagement with the data, rather than as objective categories waiting to be discovered [22]. The analysis therefore sought to interpret patterned meanings across students' accounts while acknowledging the situated role of the researchers in the analytic process.

Educational Context and Participants

The study was conducted within the course *Professional Integration Practice II*, offered during the fifth semester (third year) of the speech and language therapy program at a Chilean university. All 18 students enrolled in the course participated in the educational activity, including 13 women and 5 men. Age and additional sociodemographic or cultural characteristics were not collected as part of the original educational activity and, therefore, were not available for the retrospective analysis.

The activity was originally implemented as a pedagogical innovation within a regular course and was not initially designed as a research study. The subsequent use of the records for research purposes was reviewed and authorized by the corresponding scientific ethics committee.

The educational innovation aimed to integrate course content through the active use of films as pedagogical resources. Students were organized into 4 small groups comprising 4 to 5 members each, and every group was assigned a film to watch outside regular class hours. The films were selected based on their thematic relevance to cognitive impairment, human communication, and ethical-professional challenges. The assigned films were as follows:

- *Still Alice* (2014): focuses on a linguistics professor diagnosed with early-onset Alzheimer disease (AD).
- *The Father* (2020): depicts an older adult with a neurocognitive disorder and the experiences of his caregiving daughter.
- *Wrinkles* (*Arrugas*, 2011): is an animated film portraying life within a residential care facility for older adults.
- *Live Twice, Love Once* (*Vivir dos veces*, 2019): centers on a retired professor living with AD and his family relationships.

The films were viewed outside regular class hours, with each group deciding how to organize the viewing according to its own preferences and availability. *Still Alice* and *The Father* were viewed in their original English-language versions with Spanish subtitles, whereas *Wrinkles* and *Live Twice, Love Once* were viewed in their original Spanish-language versions. The study did not specifically examine students' perceptions regarding the language of the films or the use of subtitles; therefore, their potential influence on students' engagement with or interpretation of the films was not directly assessed.

Following the film screenings, each group participated in a structured critical reflection activity. Students prepared oral presentations analyzing the films in relation to speech and language therapy practice, as well as broader themes such as ethics, interdisciplinary collaboration, and the clinician-patient relationship. To support reflection, several open-ended guiding questions were proposed: What professional roles or ethical dilemmas are represented? What emotions emerge in response to the characters and their contexts? What insights arise regarding teamwork or the communicative role of health care professionals?

The activity was conducted during 2 face-to-face class sessions held in consecutive weeks in October 2024, during the second academic semester, in a university classroom. Two groups presented during each session. Each group presentation lasted approximately 20 minutes and was immediately followed by approximately 20 minutes of group discussion and reflection involving the presenting students, their classmates, and the course instructor. Thus, each group generated approximately 40 minutes of recorded material, comprising both the prepared presentation and the subsequent discussion.

The sessions were facilitated by the course instructor, who later assumed the role of principal investigator when the pedagogical experience was subsequently developed into a research study. The presentations formed part of the assessed course activities, and students had access to the assessment

rubric in advance. The rubric included a communication-skills component, and audio and video recording of the presentations was established as part of the educational activity.

For the qualitative analysis, the prepared presentations and the discussions that immediately followed them were treated as a single corpus because both represented interconnected components of the same reflective educational activity. All presentations and discussions were audio-recorded and transcribed verbatim. Individual speakers were distinguished during transcription, allowing contributions to be attributed to individual participants during the analytic process. Before analysis and reporting, the transcripts were anonymized, and quotations were subsequently identified only by group to protect participants' identities.

All 18 students contributed verbally to the recorded activities and were represented in the analyzed dataset. The complete corpus comprised approximately 160 minutes of transcribed material across the 4 group activities.

Data Analysis and Researcher Reflexivity

Data analysis was conducted using reflexive thematic analysis following Braun and Clarke's 6-phase process [21,23]. These phases were approached recursively rather than as a rigid linear sequence, allowing movement among the transcripts, codes, candidate themes, and developing interpretations throughout the analytic process.

First, the principal investigator became familiar with the dataset through repeated and holistic reading of all transcripts, recording initial analytic observations and potentially meaningful patterns. Second, the transcripts were systematically coded, assigning concise labels to segments relevant to the research aim and retaining participants' own expressions when these were analytically meaningful. For example, the statement "we must adapt to the user's needs. and also work together with their support network" was initially coded as "adaptation to individual needs" and "family involvement."

Third, codes were examined across the dataset to identify patterns of shared meaning and to develop candidate themes organized around central concepts. Fourth, these candidate themes were recursively reviewed against both the coded extracts and the complete dataset, examining their coherence, boundaries, distinctiveness, and relevance to the research aim. Fifth, the themes were refined, defined, and named to articulate the central organizing concept represented by each pattern of meaning. Finally, the themes, supporting extracts, and analytic interpretations were integrated into the written account of the findings.

The analysis was primarily data-driven and interpretive, while recognizing that the data were produced within a structured educational context. The open-ended questions used to guide the educational reflection explicitly addressed professional roles, ethical dilemmas, emotional responses, and teamwork. These questions therefore shaped the context in which students' accounts were produced and may have influenced the issues discussed. They were not used as a predetermined coding framework; instead, coding was conducted across the dataset, and themes were developed through iterative interpretation of patterned meanings in participants' accounts. The relationship between the guiding questions and the resulting themes was explicitly considered throughout the analytic process.

The initial coding was conducted by the principal investigator, while all members of the research team participated in reviewing and refining the developing themes. When alternative interpretations arose, the researchers returned to the transcripts and discussed which interpretation provided a more coherent account of the relevant pattern of meaning. Analytic decisions and successive refinements of the themes were documented through successive versions of the analysis maintained in Microsoft Word.

All researchers were university faculty members with research experience. The principal investigator was also the course instructor and was the only member of the research team who had direct contact with the students in the context of the course. The team acknowledged that their prior expectation that films could support reflection on professional, ethical, and emotional aspects of care may have shaped both the educational activity and the subsequent interpretation of the data. This positioning was considered reflexively throughout the analytic process. All data were generated, transcribed, coded, and analyzed in Spanish. Illustrative quotations selected for the manuscript were subsequently translated into English by a bilingual member of the research team. Translation accuracy was checked by a second member of the research team with proficiency in English, who compared the English translations with the original Spanish excerpts and discussed any discrepancies with the translator before the final wording was agreed upon.

Through this analytic process, 4 themes organized around distinct central concepts were developed: (1) *Seeing the Person Beyond the Impairment: Reframing the Professional Role*; (2) *Learning to Navigate Tensions in Care: Autonomy, Family, and Professional Responsibility*; (3) *Seeing Care Through the Experiences of Patients and Families*; and (4) *Care Extends Beyond a Single Professional: Building Networks of Shared Care*. Together, these themes capture how students made sense of professional, ethical, emotional, and collaborative dimensions of care through their reflections on the films. They should be understood as interpretive patterns within students' accounts rather than as evidence of measurable development or improvement in transversal competencies.

Ethical Considerations

This study was approved by the Scientific Ethics Committee of the Hospital San Juan de Dios in Santiago, Chile, under protocol number 382/2025. The educational activity was originally implemented in October 2024 as part of the regular course activities and was not initially designed or conducted as a research study. The audio and video recordings were generated for educational and assessment purposes, as established in the course assessment rubric.

Following the completion of the educational activity and considering the depth and relevance of the reflections

generated by the students, the course instructor subsequently proposed a retrospective qualitative analysis of the existing records for research and publication purposes. The research protocol was therefore submitted to the scientific ethics committee before the records were used for research analysis.

Given the retrospective nature of the study and the use of previously collected educational records, the ethics committee granted a waiver of informed consent for their secondary use for research purposes. Before analysis, all transcripts were anonymized, and identifying information was removed. Individual speakers were distinguishable during transcription and analysis; however, excerpts used in the manuscript were identified only by group number to minimize the possibility of identifying individual students. The original audio and video recordings were stored on the principal investigator's computer in an encrypted folder. Access to the anonymized transcripts was restricted to members of the research team. Research data will be retained for 5 years and subsequently deleted. Participants did not receive any compensation for their participation.

Results

Overview

Reflexive thematic analysis of students' reflections on the films led to the emergence of 4 themes: (1) *Seeing the Person Beyond the Impairment: Reframing the Professional Role*; (2) *Learning to Navigate Tensions in Care: Autonomy, Family, and Professional Responsibility*; (3) *Seeing Care Through the Experiences of Patients and Families*; and (4) *Care Extends Beyond a Single Professional: Building Networks of Shared Care*. These themes represent patterned meanings in how students interpreted the professional, ethical, emotional, and collaborative dimensions of care portrayed in the films.

Seeing the Person Beyond the Impairment: Reframing the Professional Role

This theme encompasses learning experiences related to the functions, responsibilities, and scope of speech and language therapy within clinical contexts. Viewing the films enabled students to position themselves both in the role of practicing professionals and in the experiences of patients, linking theoretical knowledge with the complexity of real-world clinical settings (Table 1).

Table 1. Examples of statements related to professional practice.

Film	Statement
Wrinkles	"Issues such as the importance of communication in Speech and Language Therapy are addressed...there are several situations in which speech and language therapists may become involved, such as the decline in activities of daily living (ADLs)."
Live Twice, Love Once	"It is necessary to provide individualized sessions for patients, focusing not only on linguistic and communicative aspects but also on their personal interests. It is important to remember that this is a complex process both for the individual and for the family."
The Father	"It is important to consider the patient from a biopsychosocial perspective and to understand how they function within their environment....Our work is extremely important in the treatment of speech and communication disorders...especially in neurodegenerative diseases."
Still Alice	"We work toward maintaining communicative identity...our therapy may help prevent her from continuing to lose her identity."
The Father	"We can contribute to the assessment, diagnosis, and intervention of language, communication, and swallowing disorders...we see how the disease affects language and, consequently, communicative abilities...Family education is very important...Paul did not understand what Anthony (who had Alzheimer's disease) was experiencing and perceived him as a burden."
The Father	"This caused us a feeling of distress and frustration when we saw that there was no speech-language pathologist in the film, some professional who could really help him."

Participants highlighted the broad scope of the speech and language therapist's role within health care settings, particularly in the context of neurodegenerative diseases such as AD. They recognized the profession's contribution to cognitive and communicative assessment, swallowing management, and psychoeducational support for family members. However, an important pattern across their reflections was the limited visibility—or complete absence—of speech and language therapists in some of the films. This absence prompted students to identify situations in which they considered the profession could contribute.

Students also emphasized the importance of individualized interventions tailored to the patient's interests and personal history, reflecting an emerging understanding of the biopsychosocial model of care. They acknowledged that speech and language therapy interventions should consider how patients function within their environments and engage in activities of daily living.

In particular, scenes from *Still Alice* prompted reflection on the concept of "communicative identity," leading students to recognize the central role of speech and language therapy in preserving this dimension, even during advanced stages of cognitive decline.

Early identification of impairments and the educational role directed toward caregivers were also strongly emphasized, contributing to a critical and contextually grounded understanding of professional practice.

Learning to Navigate Tensions in Care: Autonomy, Family, and Professional Responsibility

This theme encompasses reflections on the ethical conflicts portrayed in the films and their relationship to the role of health care professionals. Students identified situations characterized by considerable moral complexity, in which values such as autonomy, well-being, family involvement, and clinical decision-making came into tension (Table 2).

Table 2. Examples of statements related to ethical dilemmas.

Film	Statement
Live Twice, Love Once	"The loss of Emilio's autonomy, where a third party (his daughter) must make decisions on his behalf, illustrates the conflict between respecting his wishes and safeguarding his well-being...Respecting the person's preferences while providing appropriate therapy to improve quality of life."
Live Twice, Love Once	"The use of informed consent becomes fundamentally important. However, in the case of individuals with dementia, family involvement is also essential."
The Father	"We must treat people with humanity...while also implementing evidence-based interventions."
Still Alice	"Both the individual and their family should participate in decisions regarding treatment."
Wrinkles	"Although it can be frustrating for us, imagine what it must be like for them....the frustration, anger, and sadness they must feel are tremendous."

A recurring theme involved the loss of autonomy experienced by individuals living with dementia and the challenges associated with respecting their wishes in clinical decision-making processes. Students reflected on issues related to informed consent and emphasized the importance of actively involving families in these discussions. Additional topics included the gradual disclosure of information, family denial in response to diagnoses, and the principle of beneficence.

Participants contrasted ethically exemplary behaviors with more questionable professional conduct, prompting identity-related reflections regarding the kind of health care professionals they aspire to become. Furthermore, students advocated for the recognition of the speech and language therapist's role as an essential member of clinical teams, particularly after noticing the profession's absence in several audiovisual representations.

A recurring pattern concerned the tensions surrounding autonomy as cognitive decline progressed. Students discussed situations in which respecting the person's preferences could come into tension with concerns about safety, well-being, and the increasing involvement of family members in decision-making. Informed consent was therefore discussed not as an isolated procedural requirement but in relation to changing decision-making abilities and family participation.

Students' accounts also reflected the ambiguity of family involvement. Family members could provide support and continuity of care, while their actions could also conflict with the person's preferences or complicate therapeutic processes. Rather than presenting these situations as having straightforward solutions, students' reflections highlighted tensions between autonomy, beneficence, family responsibility, and professional decision-making.

Seeing Care Through the Experiences of Patients and Families

This theme captures how students engaged with the emotional experiences represented in the films and reflected on care from the perspectives of patients and family members. Their accounts included references to confusion, fear, sadness, frustration, loneliness, caregiver burden, and the emotional demands associated with progressive cognitive decline (Table 3).

Table 3. Examples of statements related to emotional impact.

Film	Statement
Live Twice, Love Once	"Many times the family did not believe that Emilio had Alzheimer's disease, especially his daughter, because he was a mathematics professor...it was difficult that he did not know how to subtract by 3s."
Live Twice, Love Once	"It shows the family's struggle and their desire to maintain a relationship with Emilio."
Live Twice, Love Once	"It is important to learn how to manage frustration. Many times the users will not progress as we expect, and that can make us stressed and frustrated."
The Father	"We were able to see the user's perspective, so we could feel his confusion, frustration, and discomfort with the situations he was experiencing."
Still Alice	"We can observe frustration and hopelessness, since Alice gradually loses her ability to communicate...she experiences fear, anxiety, and sadness...this sadness affects both her and her family."
Wrinkles	"A feeling of loneliness can be seen...there are very few interactions between the user and his family, which makes the process much more difficult...Miguel, Antonia, and Emilio form a support group among themselves...it is the most important support network in the film...they adapt to the changes brought by aging among themselves."

Students reported experiencing sadness, frustration, anxiety, and loneliness as they identified with the protagonists and their experiences. They recognized that clinical practice involves managing these emotions while accompanying individuals through complex human processes. Reflections also emerged regarding the importance of professional

self-care and peer support in preventing emotional exhaustion.

Likewise, the need to empathize with caregivers became evident, as they often experience grief, a burden, and hopelessness throughout the caregiving process. The cinematic narratives enabled these issues to be explored from a sensitive and holistic perspective.

Subthemes such as resilience, the value of the therapeutic relationship, and the acceptance of nonlinear rehabilitation trajectories emerged spontaneously, reflecting students' perceptions of emotionally meaningful learning experiences that they considered relevant to future clinical practice.

Emotional engagement was also discussed in relation to future professional practice. Students recognized that caring for people experiencing progressive cognitive decline could generate frustration and emotional strain for professionals themselves.

Together, these accounts show that students' reflections on the emotional dimensions of care involved not only attempts to understand patients' and families' experiences but also recognition of frustration, uncertainty, emotional burden, and the need to negotiate professional boundaries.

Care Extends Beyond a Single Professional: Building Networks of Shared Care

The final theme addresses students' understanding of collaborative work with other health care professionals and the inclusion of the family as an active part of the care process (Table 4).

Table 4. Examples of statements related to interprofessional collaboration.

Film	Statement
Live Twice, Love Once	"It is important to consider other professionals and the family in the work with the user....We must make sure that the family participates in the therapies so these can be more effective. In this way, what is worked on during the sessions can be reinforced at home."
The Father	"Family support is very important...his daughter was able to accompany him and prevent cognitive decline...It is necessary to be specialized in the topic and for users to be approached by a team including a geriatrician, psychologist, physiotherapist, speech and language therapist..."
The Father	"It is important to work with the daughter...she is the one who is most present throughout her father's illness...the psychological aspect must be considered, she is tired and unable to have independence."
Live Twice, Love Once	"It is important to collaborate with other professionals...consider the family and implement strategies for the home."
The Father	"It is important to have an interdisciplinary team to provide comprehensive support...such as occupational therapists, speech and language therapists, physicians, and social workers."
The Father	"The professional challenges that can be observed were the lack of specialization among the professionals who treated Anthony, since throughout the film only a nurse and his daughter take care of him, without consulting a specialist such as a geriatrician, a speech-language pathologist, or an occupational therapist."

The films portrayed contexts in which interprofessional coordination was crucial, as well as scenarios in which its absence generated failures in care. Students identified the need to build teams composed of physicians, geriatricians, psychologists, physiotherapists, occupational therapists, and speech and language therapists, emphasizing that communication and mutual respect among disciplines are essential for ethical and effective care.

The family was understood as a central actor in the therapeutic process, not only as a companion but also as coresponsible for the user's care. In their reflections, students emphasized caregiver education, emotional support, and continuity of care as relevant components of the intervention. Overall, students' accounts reflected an understanding of the importance of network-based care, interprofessional collaboration, and shared responsibility in the care of older adults and individuals living with neurodegenerative diseases.

Discussion

Principal Findings

This study identified 4 themes in students' reflections following a film-based educational activity: reframing the professional role beyond impairment; navigating tensions among autonomy, family involvement, and professional responsibility; considering care through the experiences of patients and families; and understanding care as a shared and interprofessional process. Rather than demonstrating changes in competencies, these findings provide insight into how students interpreted the cinematic narratives and connected them with disciplinary knowledge and the ethical, emotional, and collaborative dimensions of professional practice. Students' accounts suggest that film-based activities may offer a meaningful context for reflecting on patient experiences, professional roles, ethical dilemmas, and interprofessional care. However, these findings should not be interpreted as evidence of the development or improvement of these competencies, as this study was not designed to assess such changes.

These findings are consistent with previous studies suggesting that films can provide opportunities to address empathy, critical thinking, ethical sensitivity, moral deliberation, professional reflection, and the understanding of certain disorders [10-13,24,25]. However, most of these studies have focused on traditional biomedical disciplines. In contrast, this study provides situated evidence within speech and language therapy, a field in which the use of cinema as a

pedagogical tool has scarcely been explored. By focusing on issues such as cognitive decline, the therapeutic relationship, and person-centered intervention, this research extends the discussion of educational cinema to speech and language therapy and illustrates how students interpreted these issues within their disciplinary context.

The evidence gathered suggests that incorporating films into health sciences education contributes to the "humanization" of the curriculum by integrating technical, emotional, and ethical dimensions. Cinematic mediation places students in front of concrete and complex stories that require dialogue, interpretation, and moral positioning, transforming cinema into an active and transformative methodology from a socioconstructivist and ecological perspective. This qualitative analysis enabled participants to integrate rational processing (identification of clinical roles and protocols), emotional resonance (sadness, frustration, hope), and metacognition regarding their own professional practice, thereby facilitating the teaching-learning process.

Unlike studies focused primarily on grades or evaluation instruments, this study reveals internal processes, such as empathy, moral reflection, and self-awareness, that often remain invisible. In this regard, students value the opportunity to express emotions freely and connect cinematic narratives with biographical experiences [26]. Incorporating this perspective into the curriculum improvement cycle lends legitimacy to the educational process while simultaneously functioning as a sensitive indicator of attitudinal change. Likewise, these findings consolidate cinema as an educational technology capable of linking disciplinary knowledge with the affective dimension of care, fostering transformative learning that responds to contemporary challenges in health-professional education, including ethical, emotional, and relational dimensions.

This experience also promotes the development of narrative competence, understood as the ability to recognize, absorb, interpret, and be moved by the stories of others [27]. The analysis of audiovisual narratives additionally activates self-awareness and attentive listening among viewers. This study confirms that placing cinema at the center of instructional design transforms the classroom into a space of attention, representation, and affiliation, consistent with what Rita Charon (2006) proposes regarding the humanization of clinical practice [27].

Regarding cinema and the ways of accessing it from the perspective of technological advancement, the incorporation of information and communication technologies has played a fundamental role since their inclusion in the World Conference on Higher Education in the Twenty-First Century. Consequently, their contributions to educational environments through diverse modalities and tools continue to be explored in order to reflect on the interests, contributions, and challenges arising from different pedagogical perspectives [28]. The literature has recognized cinema as an effective tool for teaching content because it enhances levels of perception, complexity, and contextualization. This requires educators to consider sensory representation systems and the evocation of students' lived experiences within instructional planning, given that audiovisual techniques are estimated to influence approximately 88% of the perceptual level, thereby favoring greater attention and, consequently, a significant impact on the teaching-learning process by strengthening the connection between theory and practice [29].

The findings of this study confirm this potential, demonstrating that cinematic mediation enabled students to project themselves into real clinical scenarios, articulate disciplinary knowledge, and reflect on their own professional decisions. The emergent categories and reflections surrounding specific scenes, characters, and dilemmas allowed students to connect theoretical content with the social and affective realities of users, reinforcing the pedagogical value of cinema as an educational technology. These types of strategies not only diversify sensory pathways for accessing content but also adapt to students' contexts, allowing their use across different settings and moments.

In addition, the findings reinforce the need to incorporate innovative and contextualized strategies for teaching ethical principles in health education, enabling the transfer of these competencies into professional practice. The use of audiovisual tools in teaching facilitates the exploration of ethical dilemmas, supporting analysis and debate regarding complex situations in which decisions must be made based on ethical principles. Cinema provides a setting that promotes critical reflection because of its flexibility and its ability to incorporate scientific advances, social changes, and diverse cultural and technological contexts [30].

This comprehensive perspective of reality allows for a deeper understanding of community needs, focusing not only on the user and their individual needs but also on collective well-being and the development of vulnerable populations. Such an approach facilitates progress toward the humanization of care by incorporating a holistic perspective that includes the emotional, psychological, and spiritual dimensions of individuals. Within professional education, this vision cannot be adequately conveyed through traditional case studies, in which students are merely exposed to descriptions of a user's impairments. To achieve this critical and reflective analysis from an ethical, empathetic, and person- and context-centered perspective, innovative strategies are required, and cinema represents a particularly enriching resource [31].

Regarding the curricular integration of cinema into health education, the results of this study open a concrete pathway for moving from isolated experiences toward the systematic incorporation of cinema as a formal educational resource. Moving beyond its episodic use requires the design of institutional strategies that promote sustainability and pedagogical coherence. In this regard, the creation of a thematic film library aligned with the graduate profiles of health programs is recommended, as well as curricular planning that incorporates cinematic analysis as a transversal strategy, the development of reflective analysis rubrics to guide the assessment of ethical-professional learning, and faculty training in the critical use of cinematic language as an

educational mediation tool. These actions would support the transition toward a narrative pedagogy that not only complements biomedical education but also strengthens curricular coherence and promotes the progressive development of humanistic, communicative, and ethical competencies among future health care professionals.

Limitations

This study has several limitations that should be considered when interpreting its findings. First, the sample size was small, as the study was conducted with a single cohort of students from one higher education institution, which limits the transferability of the findings to other educational contexts. Second, no baseline or follow-up measurements were conducted over time, preventing before-and-after comparisons or assessment of the persistence of learning.

In addition, social desirability bias may have influenced the students' responses, as the activity was conducted in a teacher-led context and assessed as part of the regular curricular activities. Students may have consciously or unconsciously adjusted their responses to perceived expectations of the course or instructor rather than expressing their reflections and emotions freely. Furthermore, each group of students analyzed a different film, introducing variability in the narrative stimuli and making it difficult to determine whether the emerging categories reflect a general pedagogical effect of using film or characteristics specific to each assigned film.

In light of these limitations, future research should consider methodological changes that may broaden the scope of the findings. Finally, the thematic focus of the study was specifically centered on narratives related to cognitive decline and AD, which may have directed students' reflections toward particular dimensions of clinical practice (eg, autonomy, family caregiving, and communicative identity) that may not necessarily represent the potential of educational film when applied to other clinical conditions or populations served by speech-language pathology.

Conclusions

This study reaffirms the relevance of cinema as an innovative and powerful pedagogical tool in the education of health care professionals, particularly for the development of transversal competencies such as clinical empathy, ethical reflection, and collaborative work. Its capacity to evoke meaningful experiences, mobilize emotions, and generate critical dialogue makes it a highly impactful educational resource, especially in contexts where human and technical dimensions must be integrated. The principal added value of this study lies in its empirical contribution to the field of speech and language therapy, a discipline in which audiovisual educational strategies have scarcely been explored. Based on the findings, future research should evaluate the sustainability and evolution of cinema's impact across different stages of professional education. Likewise, further efforts should be directed toward the systematic incorporation of cinema into both clinical and humanistic courses as part of a curriculum centered on comprehensive education, while continuing to explore the potential of audiovisual methodologies as pedagogical mediators. The formalization of this strategy could be supported through the design of instructional sequences, specific reflective-analysis rubrics, and faculty development initiatives, thereby fostering coherent and sustained curricular integration.

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Generative AI Use

The authors declare the use of generative AI (GenAI) in the research and writing process. According to the GAIDeT taxonomy (2025), the following tasks were delegated to GenAI tools under full human supervision: translation, reformatting, language editing and revision, and drafting responses to reviewers. The GenAI tool used was ChatGPT (GPT-5.6; OpenAI).

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Data Availability

The datasets generated and/or analyzed in this study are not publicly available due to privacy and confidentiality considerations, but are available from the corresponding author upon reasonable request.

Authors' Contributions

Conceptualization: AF-R, ND-R, LR-G
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Funding acquisition: AF-R, ND-R, LR-G, DN-G, MGC-M
Investigation: AF-R, ND-R, LR-G, DN-G, MGC-M
Methodology: AF-R, ND-R, LR-G
Project administration: AF-R
Supervision: AF-R
Writing – original draft: AF-R, ND-R, LR-G, DN-G, MGC-M

Writing – review & editing: AF-R, ND-R, LR-G, DN-G, MGC-M

Conflicts of Interest

None declared.

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Abbreviations

AD: Alzheimer disease

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