

Enhancing Verbal Communication in CALD Nursing Students Through Educational Card Games

Dr. Lucia Romano¹, Dr. Paolo Ricci²

¹Department of Nursing, University of Milan, Milan, Italy

²Faculty of Health Sciences, University of Bologna, Bologna, Italy

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Abstract

The research aim is also the exploration of educational significance of an educational card game to hone verbal communication skills of English language amongst culturally and linguistically diverse (CALD) students enrolled by a nursing school. Awareness of any spoken English deficiency as a possible barrier to integration into the clinical roles, the intervention involved a card game that is intended to facilitate the use of pragmatic markers, which are common expressions that allow conveying speakers intent within a context. There was a descriptive qualitative study to which 45 second-semester nursing students were administered in an Australian metropolitan university. In playing the game and through follow up surveys, the participants indicated that they were more aware of the conversational English, were now more confident and motivated to start an English conversation. Three main themes, which are educational content, skills progression, and fun by being creative, have been identified as to represent the necessity of interactive and socially engaging learning environments. The results have practical implications on practicing teachers preparing to assist in inclusive and discipline-specific language development and refer to future research on digital versions and increased usage in other health disciplines.

Keywords: Culturally and linguistically diverse (CALD) students, nursing education, verbal communication, English as a Second Language (ESL), educational card games, pragmatic markers, clinical readiness, language learning intervention.

1.Introduction

The academic environment is getting multicultural and globalized, so there is greater prominence of culturally and linguistically diverse (CALD) students in higher learning institutions especially in highly multicultural countries like Australia. This diversity means both enriching possibilities and dire challenges within the domain of health science education, Education of nursing programs in particular. The acquisition of fluency in verbal communication in English is among the issues that have been most persistent among international students and CALD students and which presents particularly high stakes in a clinical practice venue. Though a majority of these students may pass the institute guidelines concerning their English language proficiency when they enroll in their study programs, they usually learn that these standards are not comprehensive enough to be prepared against nuances, time-deficient, and socially complex requirements of verbal communication skills in a medical setting. This disjuncture can be extremely critical with impact on the confidence of students, their performance in clinical placements and general adaptation to academic and societal demands(1).

Nursing verbal communication is not only the aspect of sharing information but is also a key to successfully treating a patient. It entails the capacity to give empathy, give sophisticated medical accounts, read faint nonverbal communications, and manage relations with a substantial array of people, including patients and families, doctors, and other medical workers. Learners who are ineffective in fluency or have no exposure to cultural aspects of the English conversation become disadvantaged when they have to observe a clinical rotation. The danger goes beyond its academic underperformance but can be related to the possible loss of self-esteem, more anxiety and even exclusion in classroom and in workplace. It is very crucial to learn that due to the gravity of this situation, educators and educational institutions are looking forward to find ways to help CALD nursing students deal with these linguistic and cultural barriers.

This research paper proposes such an innovative intervention an educational card game that was created to support the development of the skills of effective verbal communication in English in a structured game. The application of the concepts of gamification, pragmatic language teaching, and the social learning theory will help to make the intervention a safe, interesting, and inclusive process that will grant students an opportunity to authentically practice the language use. Based on the results of the present study, the lead author could develop the card game

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titled Mind You with the targeted group of pragmatic markers, i.e. little and powerful words or phrases in English that serve to convey intention, tone, and interpersonal meaning in speech (e.g. well, mind you, you know). These communicative resources tend to be marginalized in conventional language training but they are important tools to the achievement of communicative competence especially in environment related health matters where tone and subtly are of great significance.

The study targeted a group of 45 second-semester nursing students in an Australian university located in a metropolis, with most of them claiming their CALD backgrounds. Demographic facts of this cohort are correlating with overall national data where it is found that a large portion of the health science students are foreign students or they are children of migrants. In spite of the technical expertise in grammatical and reading matter of English language, quite a number of them have been having continued difficulties when it comes to speaking the English language fluently and normally(2). This means that they will find it difficult to fit into particular educational settings as well as into the community. Moreover, students themselves have expressed the feeling of isolation, discrimination and a sense of othering because of the accent, fluency or apparent linguistic competence.

According to the literature, language barrier may result in a high level of stress, low academic achievement, and a worse performance during clinical contracts. Furthermore, clinical training is inevitably high-pressure, which exacerbates them, and students end up feeling unready and unassisted. The existing evidence base with a view to suggesting the necessity to abandon the traditional models of organizing language instruction and use more dynamic, interactive, and situation-specific approaches. The present research is in line with that change and hypothesizes that game-based intervention and especially interventions based on verbal engagement and involving cultural aspects can become a beneficial addition to long-term formal language support plans.

Mind You is an example of developing and implementing pedagogy to put these pedagogical intentions into operation. Compared to normal rote studying or passively doing lectures, the game requires physical interaction with each other, improvisation, and thinking on the fly. The game involves tasks that require students to read and study visual and verbal cues, formulate sentences with the help of certain pragmatic markers, judge and provide feedback. Importantly, the given kind of experiential learning is not only beneficial to linguistic precision, but also socializing in the language by ensuring that the learner masters social aptitude that is required when using the language. This is a necessary thing in an environment of nursing, as it supports therapeutic communication, collaboration, and patient advocacy.

Notably, the game did not come into the picture in a vacuum. It was structured and guided by trained facilitators and to gauge the perception about the experience was concluded with a reflective survey whereby students were asked to share their thoughts on the experience. These musings can give some sort of important insights to the emotional and mental facets of language acquisition, illustrating how encouragement to practice without fear and threat may create assurance and inspiration. A lot of students have claimed that the experience made them learn not only the practical use of English even better but also better connected to the rest of the group and more willing to communicate in English outside of classes.

The implementation of the Mind You then should not merely be viewed as the introduction of a new classroom experience, but rather, a more comprehensive pedagogical restructuring towards the learner-centeredness of the teaching experience, the inclusive environment, and cultural responsiveness. It further posits that given the appropriate tools and environment, the CALD students would be able not only to get over language barrier but also excel both in the academics and during clinical practice. The intervention recognizes the complexity of language learning in all its fullness by paying attention to such elements as meaningful communication, social interaction, and fun, as they all fail to address the lived realities of students who need to learn a foreign place of education and culture(3).

Further into the research, the next parts of the paper will follow the theoretical background of the intervention, the specific procedure used in the evaluation of the impact of the intervention, and the qualitative results provided by the participants. The debate will also consider other implications of the design, educator training and the support systems in institutions to achieve equity and prosperity of CALD nursing students.

2. Background

The experiences of the culturally and linguistically diverse (CALD) nursing students in Australia could be considered as a narration of not only academic rigour but also their adaptability and skills towards a range of personal, cultural and linguistic issues. Such learners might be either international students or first-generation

immigrants, who often go through a radical change of environment as they adapt to the new world of education. Language or rather verbal communication in English also happens to be one of the greatest difficulties they undergo. Though these are the students who have already passed formal examinations of the English language proficiency before, most of them realize that their practical spoken level is lower than it is as they face the challenges of the clinical communication. This misalignment may be perceived through the inability to participate in a free conversation, use figures of speech, or even read non-verbal signs all of which are essential skills in a medical facility where communication can directly influence the outcome of a patient(4).

Existing scholarly studies have always been critical in underscoring the complex challenges that CALD students face when they consider settling in Australia and learning. The language problems are very likely to overlap with the general cultural and psychological stressors such as the lack of knowledge about the Australian education system, the feeling of homesickness, the problems of financial stability, and health-related problems. Such struggles are further compounded by personal isolation, weak support system and the feeling to fulfill the demands of the family members and society at home. The students whose degrees are in nursing and other health disciplines are especially burdened. These professions not only require performance in the academic setting, but also integrating into stress laden real life settings of clinical practice, where communication is a predominant skill in the profession.

Nursing education is based on clinical placements as the means of linking the theoretical knowledge with the practical one. The placements also expose the students to actual service settings and environments where they are able to meet real patients, nurses and doctors. Nevertheless, the clinical environment may prove to be a place that causes anxiousness, instead of becoming a way of empowerment among most CALD students. Besides the ability of carrying out clinical duties, they are supposed to be taught to administer instructions, pose clarifying questions as well as assist the patient based on effective communication. Quite a number claim to be nervous, ill-equipped or reluctant to talk lest they be misunderstood or be judged. The risks are great, and bad communication would result in misunderstandings, the influence on clinical assessment, and the inability to improve professionally.

These three major types of barriers to the success of CALD students in clinical terms are of common occurrence: planning and preparation of placements, instructional strategies comprising of feedback and assessments, and cultural-linguistic mismatch. To begin with, inadequate planning or preparation specific to culture can render students unprepared on what is ahead of them on placements. The peculiarities of CALD students may be lost on orientation programs, which follow the implied presupposition of existing cultural closeness and fluency of communication which might be lacking. Second, the conventional instructional methods and assessment procedures can hardly consider unique constraints experienced by the CALD learners. As an illustration, the statements of feedback might not recognize the use of language and the emotional strain of cultural adaptation which in actuality might be not effective but rather demotivating. Third, CALD students experience cultural and language biases in many ways, and these prejudices affect their inclusion and learning experiences(5).

Among many other strategies that could be quite effective to overcome these obstacles, acquiring language knowledge and skills and especially the ones which provide a foundation to practical communication can be considered as one of the major keys to student success. Developing good English-speaking skills should be not only a requirement in the integration into the academic sphere but also in a crucial part of social integration, the work with peers, and the boosting of confidence. Nevertheless, classroom teaching tend to be heavily concentrated on grammar and written formal texts which rarely helps students in spontaneous, interactive and nuanced use of spoken English in clinical practice.

To address these gaps educationalists and researchers are moving back towards experiential learning models, which combine language learning with effectiveness in practice. Task-based interactive interventions have become an appealing option in promoting language competency as well as engagement (role-playing, simulations, gamified learning, etc.). The techniques promote active collaboration and enables the learners to create meaning through experience- an idea echoed by constructivist theories of learning. Notably, peer education and social integration are also possible through such methods as they can help CALD students overcome the feeling of isolation and marginalization that they commonly experience.

The learning game which is being proposed in the current research paper, Mind You meets these pedagogical trends well. It was developed as an instrument not only to learn a language, but also to enable a certain confidence in the use of it, in understanding the culture and interact with people. By teaching only the pragmatic markers, the small but strong features of language that create the purposeful and tonal quality in language, the game before a

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well-known but underrated region of language competence. Pragmatic awareness assists a learner not only to know what to say, it is also a way of knowing how to say what to say in a certain social or cultural set up. In our case it would mean the ability to comfort, clear up the misunderstanding, calm the situation down, or reassure mentally through the use of a culturally and contextually relevant language.

Such kind of intervention is valuable as it would provide real-life situations without too much stress and instead with support. A game-like environment, unlike other classic assessments or clinical assessments, will enable students to err, play with language, and get instant feedback provided by peers without any retributive impact. It also promotes creative thoughts, strategic articulation as well as social connective elements, which are usually absent when the learner is being taught standard language processes. The game involves humor and imagination elements, group dynamics and so it provides the learning environment in which no one is punished by using the language, because it is a joint journey(6).

To conclude, the situation concerned with the context of this research is quite bleak, and the demand to implement language-support actions that are able to break the traditional academic patterns is explicit. Verbal communication is not a skill but a professional necessity that determines the success of nursing students with CALD background in clinical work, their entry into the Australian society, and their subsequent employability. These needs are intended to be met by introducing educational card game as a culturally responsive strategy and a strategic tool in the teaching process, which will allow students not only to learn the language but to gain the confidence to succeed. The persistence in promoting the point that inclusive, innovative and student-based strategy are key to gaining the communication gap and assisting CALD learners in their academic and professional path as the study goes on to elaborate the methodology of the game, its results and thematic findings solidifies the message.

3.Discrimination Based on Language

Language, which is commonly presented as a cultural connection point, can also act as an invisible wall, as it makes people feel marginalized and segregated in a small or big way. It is not rare that nursing students with the first language not being English experience discrimination associated with language proficiency. This part of this chapter explores the trait of language-based discrimination, which is sometimes neglected but has significant effects on culturally and linguistically diverse (CALD) students, especially in the Australian higher education institutions and in clinical settings.

The persistent skepticism or even outright prejudice of the English proficiency of students with CALD backgrounds despite having fully reached the academic language entry requirements, has and will persistently pose a serious challenge. This gap is caused by a very narrow-minded approach to literacy, which is deeply based on tests, writing, reading, and understanding and does not take into consideration the more elastic, dynamic and even subtle skills of verbal communication skills. Such students who are still not coping with the stress of living in a new country, still face such implied cues that their accent is not the right one or that it is not desired. These effects are isolating regardless of how they are achieved: whether by social exclusion or misunderstanding, or failing to participate in the activities of a group.

Many students have testified openly about their experiences regarding how we can employ language in order to create social lines between the native and non-native speakers. Others explained that they felt they were put into imaginary boxes, which were marked ESL or international, and did not participate in the mainstream academics dialogue. They felt that even with faculty or class members there was a split between those that could speak easily and those that struggled with accent or words or idioms. This leaves an engulfing effect-not only do the students master the difficult material, but they also are required to demonstrate that they know how to use the language of instruction(7).

These struggles are described in words and incidents that students covered in reflective feedback and focus groups. According to one of the students, although language-based discrimination is illegal on paper, it comes out in a practical way very often. The judgment is not explicit all the time. It might look in the way of a minimum of participation chances, unwillingness of peers to cooperate, beliefs about the student strategic capacity or intelligence. Such experiences have the potential of seriously jeopardizing the confidence levels of a student and creating a lethargy to participate in an environment where communication is necessary, often with confidence, e.g. clinical placements.

The consequences of such linguistic discrimination are deep and they extend much beyond the classroom. When teamwork, assertiveness, and effective communication are crucial as in the health sciences field, any student who

is timid to speak out or those who feel pushy can be at a loss academically and professionally. In clinical practice, a student can be hesitant to act around the patients or to ask questions fearing criticism of the accent or grammar mistakes. Not only does this hamper the learning experience but it can also result in either a poor quality of patient care or performance review.

Nevertheless, a lot of students also felt resilient. On the one hand, they mentioned the difficulties of facing language discrimination; on the other hand, they addressed the importance of specific support and interventions that provided them with the time to practice, reflect, and learn. The language workshops, one of which is the card game intervention addressed in this paper, gave them a powerhouse where they could face their insecurities and overcome them. In such risk-free educational settings, students were less evaluated and more prone to linguistric taking behaviors.

One of the participants mentioned that the process of playing the card game was a breakthrough. It helped them become bold enough to speak in front of their peers, a behavior that they would not dare to do before. A different one reported that the session guided him to determine strengths and weaknesses in real-time and educational language acquisition became palpable. In others, the experience emboldened them to engage more in English discussion outside the class room, which is critical in being a fluent English speaker as well as becoming a socially well assimilated person. A general feeling was also that these things formed a sort of bond among the group and that support was needed by peer association(8).

As others of the students pointed out, the game made them aware of the existence of pragmatic language use: those quirks of language that communicate emotion, intention, or social correctness of a conversation. They had a recollection of how these markers are hardly taught proactively in books and classes, and yet necessary to sounding like a native speaker of English. It was life-changing awareness to students who once thought that they were robotic and too formal to speak before.

Interestingly, native English-speaking students have attended in the same workshops and some of them said that they feel new empathy and understanding towards their CALD peers. They were more aware of the difficulties involved in the language learning process and more grateful of the variety of expression in English. This conceptual change is essential towards fostering inclusiveness in the classrooms where linguistic diversity is no longer seen as a weakness but as a strength.

Students also suggested that bias sometimes can be on the basis of ignorance or not being educated about the particular issue by educators and students. They advised that universities should heavily invest in inclusive pedagogy, cross-cultural awareness education and discipline area language services. As an example, introducing communication activities related to the field of nursing practice, e.g., simulating dialogs with a patient, or a scenario group-handover may serve as a method of language training and at the same time, be professionally applicable. Moreover, some formal places of recognition of students may be out to talk about their experience of encountering language discrimination which would promote dialogue and result into more responsive policies of various institutions.

The testimonies and accounts on this part show that language discrimination is not only a mistake on grammar and word usages. It has to do with the wider dynamics of inclusion, belonging, and respect. When students feel that they are inferior due to their style of speaking, their learning and contribution ability is hampered. The need to correct this problem cannot simply be addressed through empathy alone but rather implementing actional strategies that facilitate equity like an educational card game, which is discussed in this paper. Such interventions have provided a proactive and positive measure of developing communicative competence, developing intercultural friendships, and breaking linguistic hierarchies in both academia and the clinic.

In conclusion, to ensure a better academic performance among CALD students and their mental health condition, it is critical to cultivate the atmosphere, in which the students feel safe, respected, and listened to. By paying investments in a tool and intervention that humanizes the language-learning process, such as the focus on peer interaction, cultural relevance and the pleasure of learning, the institutions not only help the student to achieve but you also get a more inclusive academic community. Below, the possibilities of overcoming these gaps to empower students to communicate confidently with the help of structure and interactivity using similar tools of structured interactivity, such as Mind You, are discussed(9).

4. Bridging Academic and Social Integration: Designing Supportive Programs for CALD Nursing Students

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Language acquisition cannot be singled out as the key to successful academic and professional integration of culturally and linguistically diverse (CALD) students as they also need orderly, meaningful transitions experiences that will build their confidence, cultural awareness and communication skills. Although orientation programs are a common service delivery in most universities, they are usually too generic to deal with long-term goals of students and discipline specific requirements in dealing with a foreign educational setting. This part re envisions an optimal form of transitional support, presenting good practice, central themes, and particular interests of nursing students taking on place in complicated clinical settings.

4.1 Challenges of Traditional Orientation Programs

The common traditional university orientation programs though useful in providing general orientation on things that happen at the university such as administrative procedures, facilities and services available on the campus as well as academic expectations often fail to address the depth needed to support emotional, social and linguistic adaptation of the CALD students. Such classes are usually short in duration (between a few hours to a few days) and are usually disseminated to large and diverse audiences with little consideration to the subject of study or previous exposure of students to other international experiences. Studies suggest that one-fit whole programming can hardly help students in fitting into the host country academically or culturally.

Students undertaking health science courses, including nursing usually discover that these general sessions fail to equip them with skills in responding to specific language, and communication difficulties that they may encounter at their clinical placements(10). They state that they go into clinical rotations with little confidence in the appropriateness of their medical concerns, usage of therapeutic communication, as well as, understanding to implicit verbal communication. These leaks point to the importance of discipline-specific and long-term support programs that go far beyond an orientation program.

4.2 Empowerment Programs Lessons of Holistic Empowerment

Scholars and teachers have suggested empowerment programs to fix the deficiencies of the current models to a completeness of a student early university experience. On the basis of these four pillars, which are facilitating adjustment, building social connections, enhancing skill acquisition, and transformation of learner attitudes and behaviors, they lay down these programs. The themes, which have recently been studied (e.g., Penman et al., 2021), allow designing the transition initiatives, which are more profound than the provision of information.

Students are given a chance to practice meaningful activities that enhance their practical skills in communication frequently via such programs. This may involve the nursing students in interactive workshops, communication laboratories, role-plays, or simulations of real life experiences of interacting with a patient. It is not only about learning clinical terms but also a set of practising more subtle communication techniques like negotiating a meaning, displaying empathy and asserting professional boundaries, all the which presuppose not only linguistic fluency but also cultural fluency.

4.3 Facilitative Adjustment: Developing Safe Inclusive Spaces

The organization of safe, inclusive space where CALD students could train their communicative skills, without the risk of undergoing shame or flunking, should be considered one of the most significant elements of a successful transition program. To most people, English becomes a scary language when used in front of others particularly native speakers. Nevertheless, in an environment that fosters low-stakes education and peer-support, the very same students tend to exhibit considerable improvements in confidence and engagement rates.

Best facilitating is not only a matter of good setting, but also of good frame. Facilitators will need to be culturally competent, aware of the problem of linguistic marginalization, and ready to act positively in the event of discriminatory attitudes. The beauty of such programs as the Mind You card game workshop is that it is non-threatening, the kind of program in which participants are encouraged to experiment, to laugh at themselves, and take advantage of the learning experience- all of which can help to alleviate communication anxiety.

4.4 Creating Peer and Faculty Relationships

A further strong effect of long-term support programs is the creation of relationships among the students and those between the students and faculty. During their studies CALD students tend to feel isolated especially when their cultures or religious affiliations are quite different to the general student body. Small-group discussions, cooperative games, and mentorship schemes are among the intended relationship-building actions that may dramatically increase their feeling of belonging.

Within such programs where peer interaction is relevant, students may learn as much amongst themselves as they may learn under the instructor. They share survival strategies, evaluate their cultural values and learn informally,

acquiring new skills of speaking the language, with varying speech patterns and accents. These interpersonal relationships diminish the act of alienation and lead to the long-term welfare and robustness of CALD learners.

4.5 Preparing students to have Practical skills and Cultural Knowledge

The second theme in the transitional support should be the focus on skill-building, especially those related to communication, critical thinking, time management, and self-advocacy. A large number of CALD students have an education background of rote learning and authority respect. It is confusing to shift to the western academic paradigm, where active participation, questioning and reflecting are offered privileges.

The training within the support programmes should include the training of the skills and the methods of asking the questions, controlling the discussions, and understanding the undertones of the academic and professional communication. This could be in the clinical setting like being taught to describe a symptom briefly, reacting in response to a patient as well as taking and receiving professional feedback. Unwritten expectations in culture should also be covered in programs: when it is right to break the conversation, how to cope with silence, or how humor works in professional communication.

4.6 Fostering agency and ideology shift

Lastly, effectiveness of well designed programs does not only teach skills; it transforms attitudes. As soon as students feel empowered to be the leaders of their learning process, they want feedback and initiate a discussion, they no longer think that they are outsiders trying to fit in, but have the opportunity to contribute to the university and workplace community. This change of passive spectator to the active participant is one of the marks of successful educational transition.

As a result of interactive activities such as language games, thoughtful journals, and group projects, students are taught not only to play with words but to acquire a growth mindset. Such elements as comfort and desire to learn precondition their ability to communicate, take risks and adopt new cultural standards. One of the most important contributors to this change is the faculty because they are able to demonstrate inclusive behavior and confirm the action of students as they strive to communicate despite the level of fluency.

Conclusion

To summarize, conventional orientation methods have failed in attending to CALD students, and more so, in areas that require them to learn a new language like in nursing. Effective transition strategies based on holistic transition programs which go further to the humanities section of the first few weeks in the course of study should be implemented to meet the need of students. Experiential learning, peer collaboration, cultural competence and confidence-building activities can provide a foundation of programs that work and bring a great deal of integration of CALD students into academic life and the clinical setting. Such gamified learning interventions as the Mind You card game demonstrate the very strong power of structured play, which can facilitate communication, cultural awareness and academic performance. By making such holistic investments, universities will be able to equip their various students to succeed in the healthcare industry in terms of a vibrant career.

5. Conclusion and Future work

With the international academic environment remaining dynamic, Australian higher educational establishments (and the universities throughout the globe in general) have been experiencing the rise of the number of students with the culturally and linguistically diverse (CALD) background. Although diversity can be considered a precious addition to higher education, posing valuable insights and diversity in it, it also raises certain challenges especially in such programs as nursing since clear verbal communication is a significant aspect of academic performance and even professional sufficiency. The study featured in the current paper is a critical examination of the problem that is the most widespread and yet goes unrecognized in the context of CALD nursing students, the inability to learn to speak English in real situations and in particular in a clinical setting.

The research has highlighted an original intervention, namely a specially created educational card game Mind You, as an expedient intervention that can be used to aid and develop spoken English skills (among nursing students). The game concentrated precisely on use of English pragmatic markers - small, linguistic hints that can be used to inform the meaning and purpose of matters within a dialog. The combination of gameplay and the structured language practice allowed the creation of the low-stress but socially rich platform that allowed students to practice English usage in an interactive manner. Such a mode of study enabled the participants to emerge with authentic linguistic flexibility as well as pragmatic acumen, which classrooms (more often) do not enable the learners to realize.

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The results of the research provide strong arguments about the fact that education games should be properly developed and context-relevant since they help to achieve a significant effect on the level of communication skills among students. The positive feedback of the students who took part in the game sessions was enormous. They did not only report the feeling of having improved their speaking skills but also noted that they became more confident in their self, have developed motivation to use English and speak in it at any future time in the real world and feel more inclusive. The results are especially meaningful considering that most CALD students feel marginalized, anxious, and doubt themselves since they can experience linguistic barriers. The game is helping them to be more social with peers, they use the language in innovative ways, can learn through each other and in a collaborative environment.

Among the most attention-grabbing features of the project was the fact that the Mind You had its effect on the two spheres: the language learning and the social integration. Acquisition of language was never carried out alone, but it was incorporated in the group play dynamics, the dialogue, and peer-to-peer reactions. This whole approach fits in with the current constructivism theories of learning that not only build on interaction and context, but on reflection as well. The card game, in this case, was not only a way of teaching, but also a way of socializing, transferring cultures and supporting each other among the students of different backgrounds.

This idea that remedial language teaching is not enough in order to solve communication problems either among CALD students or even with the society at large was also made even stronger by the study. It demands a holistic pedagogy, the one that does not pass over the emotional, cultural and social aspects of second language acquisition. Learning grammar and enlarging vocabulary is not sufficient and the teachers need to create an environment that allows the students to express themselves, make errors, and learn by doing. That is exactly what Mind You managed to do by turning the process of speaking English into a tension-free activity, filled with meaning.

In addition, the study comes in handy to compliment sheaves of evidence that point to the significance of pragmatics to second language acquisition. Very frequently language learners undertake the building blocks of syntax and semantics, not bothering to understand contextual changes in meaning as well as projections and tones. Practical skill is especially critical in the field of nursing when, following compassionate dialogue, clarity, and intercultural competence, in the physical condition of patients, it is possible to immediately influence. Students were now able to interpret and react to real-life situations in the clinical profession as they learnt how to make good use of phrases such as mind you, you know or well.

What should be inferred and concluded in this study is not the fact that educational games will be effective, but that they need to form part of transition strategies of CALD students. The results are in favor of the hypothesis that the communication training should be continuous, immersing, and specific to the field of students. An example here is the nursing students, whose greatest advantage can be explained by language teaching reflecting on the social and clinical scenarios in which they will be working in the future. Further developments of the card game can be potentially advantageous if it includes elements of healthcare-related language and situations, therefore, making the tool even more applicable to the educational process in nursing.

Nevertheless, even more significant are the suggestions by students themselves. It was suggested that they should enjoy more time on playing games, finely tuned to their discipline, and that they should have digital representations of the game so that soft and hard implementation could be accomplished. Those recommendations suggest that the way forward in terms of research and development is potentially interesting and promising: the development of gamified, interactive language tools that could be available on multiple platforms and in various learning environments. An online version of the Mind You would take its availability out of the classrooms and spread to distant learners, rural students, and in other fields of study outside of nursing, making language learning experiences especially in the field of nursing more even and more pleasant to every one.

In spite of a small study and brief study time, the results of the research are indicative of the potential of this method. Longitudinal follow-up study should be done to ascertain whether the performance results of the students in clinical placements and professional practice are affected or not by the gains that are made in communication skills during the sessions. Monitoring the success of such interventions over time will be crucial in formulating a solid framework in inclusive education not only in the field of health sciences but also at large.

To conclude, in the academic and professional contexts, the successful integration of CALD students not only requires the effort on an individual level but also the institutional support systems provided to the students. The study proves the educational resources like the Mind You can be one of the potent change tools helping students to develop the linguistic competence, cultural fluency, and the self-confidence required to succeed. By concurring the support to the language with the creativity, the interaction with the peers and the practicality of relevance, such

interventions could be able to change the way of how the next-generation people in the healthcare area can be educated about in a multicultural and multilingual world.

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The authors have no conflicts of interest to declare

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