AI-generated and YouTube Videos on Navigating the U.S. Healthcare Systems: Evaluation and Reflection

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The rapid advancements in AI technology allow instructors to create AI-generated videos. Recently, using YouTube for teaching and learning has also gained attention. To improve our understanding of AI's capabilities to create instructional videos and the appropriateness of using multiple YouTube videos for learning, this research examined whether the AI-generated videos and selected YouTube videos on navigating the U.S. healthcare system achieved quality video design based on Fyfield et al. (2022). ChatGPT and Pictory were the AI tools used to generate 11 videos. Ten YouTube videos were selected based on the international students' needs. Each of the AI-generated and YouTube videos was evaluated according to six principles, namely coherence, integrating learning activities, embodiment, learner control, video length reduction, and segmentation. The AI-generated videos were evaluated higher on the principles of learner control and video length reduction whereas the YouTube videos were evaluated higher on the principles of coherence and learner control. Applications of the integrating learning activities, embodiment, and segmentation principles were little or not

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evident in either AI or YouTube videos. To create AI videos, it is recommended that instructors engage in each stage of video creation, including evaluation. It is crucial to design and refine prompts for enhancing the quality AI responses. In addition, YouTube videos are more suitable as supplemental educational resources than as the main sources for learning.

Keywords: AI-generated videos, ChatGPT, YouTube, US healthcare system, healthcare literacy, video-based learning, instructional design, international students.

INTRODUCTION

The use of artificial intelligence (AI) is rapidly growing (Ahmed et al., 2023; Nguyen et al., 2024; Mohammadabadi & Peikani, 2025). For educators, AI has been used for creating lesson plans, grading, and tutoring, to name a few (Bennett & Royce, 2024). As creating instructional videos is time consuming and learning from instructional videos has gained popularity (Guy & McNally, 2022; Halls, 2024; Norman, 2017), using AI for video-based learning is an important topic that requires future research (Fang & Chiu, 2024). Recently, using YouTube videos for enhancing learning has also gained attention (Ananga & Sakyi, 2023; Fyfield, 2022; Green et al., 2018; Greeves & Mustafa, 2024; Kauffman et al., 2022; Mannahali et al., 2024). Kauffman et al. (2022) suggested that "video instruction may be the future of radiology education and YouTube can be a powerful way to promote such content" (p. S6). In this study, we explored two distinct approaches of generating videos for international students to navigate the U.S. healthcare system: one leveraging AI to automate and streamline the design process, and the other relying on locating relevant YouTube videos.

Navigating the U.S. healthcare system poses substantial challenges for international students (Jang, 2023; Liu et al., 2023; Sen, 2023; Tang et al., 2018; Zhou, 2023), who often arrive with little understanding of its complexity and functioning. These challenges include understanding insurance options, identifying appropriate healthcare facilities, being not affordable for health care services, and accessing urgent and emergency care (Jang, 2023; Liu et al., 2023; Sen, 2023; Tang et al., 2018; Zhou, 2023). Such difficulties can lead to delays in seeking care, financial strain, and heightened stress, all of which impact students' overall well-being and academic success (Jang, 2023; Liu et al., 2023; Sen, 2023; Tang et al., 2018; Zhou, 2023). Addressing these gaps in healthcare literacy is essential, not only to empower international students to access necessary services but also to foster a more inclusive environment within higher education institutions. To this end, a series of AI-generated videos and YouTube videos were used in the present study for facilitating international students' understanding of the U.S. Healthcare system.

These two sets of videos were organized into two series of online learning modules and were evaluated based on the six principles of video design in Fyfield et al., (2022). The present research seeks to answer a critical question: To what extent do AI-generated and YouTube videos on the U.S. healthcare system achieve quality video design, based on the principles of coherence, integrating learning activities, embodiment, learner control, video length reduction, and segmentation? This study aims to provide insights into the affordances and challenges of using AI-generated videos and YouTube videos in enhancing healthcare literacy among international students, contributing to the broader fields of AI in education and instructional design and technology.

LITERATURE REVIEW

This section describes AI innovations, including literature review on AI-generated videos. This is followed by the use of YouTube for teaching, learning, and information seeking. Next, challenges faced by international students in accessing and understanding the complexities of the U.S. health system are discussed, along with recommendations for helping students better understand the system. The section then delves into the multimedia learning principles that underpin the development of effective educational content, with a particular focus on video-based learning. Finally, the focus of the study is outlined, detailing the key research question guiding the investigation.

AI INNOVATIONS

AI has been explained as "machine-based systems that can, given a set of human-defined objectives, make predictions, recommendations, or decisions that influence real or virtual environments" (UNICEF, 2021, p. 16), "a new way of automatically deciding upon the operation and control of real time machines and processing in industry" (Kristensen, 2021, p. ii), "technology that enables computers and machines to simulate human learning, comprehension, problem solving, decision making, creativity and autonomy" (Stryker & Kavlakoglu, 2024), and "an umbrella term for a growing set of modeling capabilities" (U.S. Department of Education, Office of Educational Technology, 2023, p. 11). Advancements in AI tools, such as Chat Generative Pre-trained Transformer (ChatGPT) and other generative AIs, have revolutionized the creation of educational content. According to the 2024 AI Index Report, ChatGPT usage among K-12 teachers in 2023 increased from 51% in March to 63% in July (Maslej et al., 2024). Among these teachers who reported using ChatGPT at least once, 30% used it for lesson planning, 30% employed it for generating class ideas, and 27% employed it for enhancing background knowledge (Maslej et al., 2024). Below we focus on AI innovations related to creating instructional videos.

After Open AI released an early demo of ChatGPT on November 30, 2022, Open AI presented a text-to-video generation model (Sora) to the public in February 2024. Such a text-to-video generation model has its potential for enriching teaching materials and meeting individual needs of learners (Liu et al., 2024). Since December 9, 2024, Sora has been available for public use at sora.com. In addition to Sora, there are other automatic video generation tools. Kaur et al. (2024) identified 10 automatic video generation applications using text-to-video computation models, including Designs.ai, Lumen5, Pictory, InVideo, DeepBrainAI, Synthesia, Synthesys, GliaCloud, wave.video, and Elai. Expert evaluation revealed that the top three highest-rated applications among the 10 were Pictory, DeepBrainAI, and Elai (Kaur et al., 2024). In a technology review article, Lin and Liu (2024) demonstrated procedures for using InVideo AI to create videos for English learning. Orak and Turan (2024) reported that "visual effects and animation creation" and "creative support and innovation" were the most frequently identified benefits in their review of 21 studies on using AI in video production.

Xu et al. (2024) and Netland et al. (2025) conducted empirical research to compare learning with AI-generated and traditional instructional videos. Xu et al. (2024) compared learning performance and experience between college students who learned English words using an AI-generated instructional video and who learned using a traditional recorded video. The AI-generated videos in Xu et al. (2024) required three main steps. In the first step, optical character recognition and a specialized GPT were used to generate lecture text from existing PowerPoint slides. The second step involved a digital character creation, and it required input from the lecture text generated from the first step as well as a dynamic video or photo of the instructor. The third step was to manually combine the instructor's video with the existing slides. Findings from Xu et al. (2024) revealed that students who

learned from the AI-generated video outperformed their counterparts in retention. Yet there was no significant difference in transfer. Social presence was higher in the group that learned from the traditional recorded video (Xu et al., 2024).

In contrast to forming two groups of participants who either viewed an AI-generated video or a traditional video, Netland et al. (2025) used MTurk workers who received both AI-generated and traditional videos in management education to compare human-made and AI-generated instruction videos. To create AI-generated videos, Netland et al. relied on four generative AI tools, including ChatGPT 3.5, Midjourney, Dall-E 2, and Movio. The procedures for creating AI-generated videos started with prompting ChatGPT with a relevant subject for generating a script and visual illustrations. The generated text from ChatGPT and a photo of the instructor who taught the corresponding human-generated video were then fed into Movio to produce an AI avatar and voice. Midjourney and Dall-E 2 were used to create background illustrations based on the script generated by ChatGPT. In the last step, Adobe Premiere was used to curate the video and illustration materials into an AI-generated video. These AI-generated videos ranged from 2 minutes and 39 seconds to 3 minutes and 21 seconds. Compared to the average production time of 12-24 hours per traditional videos, it took 3-4 hours to create an AI-generated video (Netland et al., 2025). Findings from Netland et al. (2025) concluded that human-made videos were not more effective than AI-generated videos based on learning outcomes. Yet the learning experience was lower for AI-generated videos.

Although AI-generated videos have potential to create visuals that transcend the limitations of traditional filming and reaching new and diverse audiences via meeting the needs of different individuals, there are limitations and challenges of AI video generation (Samad et al., 2024; Vayadande et al., 2024). Vayadande et al. (2024) identified the potential for bias as one major ethical concern associated with the use of AI in news media. Vayadande et al. explained that the data used to train AI models may already be biased, which may result in AI-generated videos that perpetuate stereotypes and reinforce prejudices. Similarly, in healthcare, Mohammadabadi et al. (2024) highlighted the importance of addressing biases in AI algorithms to ensure fair and accurate outcomes, emphasizing the need for gender-sensitive approaches. Samad et al. (2024) raised concerns about the possibility for misuse realistic content generated by AI and the blurring of lines between reality and simulation.

YOUTUBE FOR TEACHING, LEARNING, AND INFORMATION SEEKING

YouTube is an online video sharing platform that allows users to upload, share, view, and interact with videos. According to Shepherd (2025), the number of hours of YouTube videos uploaded every minute has grown by about 40% from 2014 to 2022. Because of its accessibility and convenience, YouTube videos have been used for facilitating teaching and learning (Boté-Vericad, 2025; Chen, 2020; Dizon, 2022; Fyfield, 2022; Green et al., 2018; Mahasneh et al., 2021; Shoufan & Mohamed, 2022). In their review of 647 papers from Google Scholar, Shoufan and Mohamed (2022) found YouTube was used for motivating students and for explaining complex concepts. Using interviews from nine Australian secondary teachers, Fyfield (2022) reported that these teachers used YouTube videos for five purposes, including giving a lecture, displaying the impossible (e.g., the past), engaging students, looking for additional relevant sources, and enabling students to keep up with the class.

YouTube videos have also been used for health information seeking (Chu & Lee, 2025; Hassan & Masoud, 2021; Lim et al., 2022; Mitsutake et al., 2023). According to a national survey conducted in Japan in 2020, about 27% of internet users had watched a health-related video on YouTube (Mitsutake et al., 2023). In addition, the odds for watching a health-related YouTube video were higher among individuals who had chronic lung diseases than

those who had no chronic lung diseases (Mitsutake et al., 2023). Lim et al. (2022) found young adults aged 18 to 24 years living in Australia used YouTube as a source for learning about everything and some also sought advice on specific health-related issues. Using YouTube for health information seeking may depend on demographic characteristics. For example, Hassan and Masoud (2021) found female college students in Egypt were more likely to use YouTube to search for health information than male students.

As YouTube is getting popular, researchers have raised concerns about fair presentation of the information. In their review of 18 articles, Madathil et al. (2015) suggested that "YouTube contains misleading information, primarily anecdotal, that contradicts the reference standards and the probability of a lay user finding such content is relatively high" (p. 173). Yet YouTube videos from government organizations and professional associations were trustworthy (Madathil et al., 2015). Likewise, in their review of 202 articles, Osman et al. (2022) concluded that YouTube is not a reliable source of medical and health-related information, and the number of views or likes should not be considered as quality indicators.

BARRIERS TO THE U.S. HEALTHCARE SYSTEM AMONG INTERNATIONAL STUDENTS

Navigating the U.S. healthcare system can be a daunting experience for international students, many of whom arrive with expectations shaped by their home countries' healthcare structures (Jang, 2023; Tang et al., 2018; Zhou, 2023). For example, Korean international students possessed U.S. health insurance commented that "it was too complicated and unpredictable to use the U.S. health insurance when compared to Korea's single-player national health insurance" (Jang, 2023, p. 1808). Additional challenges including communication and language barriers, negative perception of U.S. healthcare and high cost of medical care are likely to result into delays in seeking care in the US, active use of transnational healthcare, financial strain, and heightened stress (Jang, 2023; Liu et al., 2023; Sen, 2023; Tang et al., 2018; Zhou, 2023). For international students who have spouses and children living with them, they face extra barriers while accessing healthcare facilities for their families (Sen, 2023).

Concerns have been raised about insufficient knowledge of health insurance literacy among international students (Adegboyega et al., 2020; Liu et al., 2023; Sen, 2023). In an online survey of 143 undergraduate and graduate international students, Liu et al. (2023) found about 50% of the students could not remember the meaning of benefits and PPO. Moreover, when current standing, continent the students are from, having student health insurance, and length of stay in the US were used as predictors to predict student health insurance vocabulary knowledge, only continent the students are from and length of stay were significant predictors. Specifically, students from North America had higher health insurance vocabulary knowledge than students from Africa. Students who have been staying in the US for more than 5 years had higher health insurance vocabulary knowledge than students who have stayed in the US less than 1 year.

To help international students navigate the U.S. healthcare system, Sen (2023) recommended a better communication between international students and their host universities, regarding the benefits and coverage of international students' health insurance, health facilities available to international students on and off-campus, and an overall understanding of how the U.S. health system work. Liu et al. (2023) emphasized the importance of having an introduction to health insurance in the orientation for international students. Liu et al. (2023) further suggested using FAQs, step-by-step guides, and instructional videos on the university websites can give international students easy access to health insurance information and resources. The present study focuses on creating instructional videos for enhancing international students' understanding of the U.S.

healthcare system. Below we discuss the multimedia principles based on the cognitive theory of multimedia learning.

THE COGNITIVE THEORY OF MULTIMEDIA LEARNING

The cognitive theory of multimedia learning (CTML) provides the theoretical basis for effective multimedia learning (Mayer, 2017, 2019, 2021a, 2021b). The theory is based on three assumptions: (a) dual channels for processing visual and verbal information, (b) limited capacity to process information in each channel, and (c) active processing information as a requirement for meaningful learning. To actively process information, learners need to select the relevant material, organize it into a coherent structure, and integrate it with relevant knowledge activated from long-term memory. Guided by CTML, multimedia design for learning should aim to reduce extraneous information processing, manage essential processing, and foster generative processing (Mayer, 2017, 2019, 2021a, 2021b).

In their review article, Fyfield et al. (2022) argued that CTML was established using mostly instructional materials other than videos. To better understand if CTML is supported by empirical data on video-based learning, Fyfield et al. (2022) reviewed 113 articles to identify pertinent principles for designing instructional videos. Among the 31 principles of CTML, six had the strongest support in empirical studies. The six principles were coherence, integrating learning activities, embodiment, leaner control, video length reduction, segmentation (Fyfield et al., 2022). The six principles were explained in detail below.

The coherence principle refers to "only instructional material directly related to the key learning goal should be included" (Fyfield et al., 2022, p. 161). Examples for applying coherence principle include creating slides not containing huge logos or colorful backgrounds (Mayer, 2021a), removing interesting but irrelevant words and pictures (Mayer, 2021b), and excluding unneeded words and symbols (Mayer, 2021b). The integrated learning activities are described as "integrate practice activities, either during pauses in the presentation or following the video" (Fyfield et al., 2022, p. 162). The activities can be summarizing the instructional material in learners' own words, creating key terms from a lesson, self-testing, or self-explaining (Mayer, 2021b). The embodiment principle means "videos should include human movement or gestures, such as showing hands when assembling" (Fyfield et al., 2022, p. 162). Examples for applying embodiment principle include "an instructor writes and draws on board" and "demonstration is filmed from first-person perspective" (Mayer, 2021a). Fyfied et al. (2022) explained leaner control as "students should be given control over playback" and video length reduction as "shorter videos are more effective than long ones" (p. 162). The segmentation principle emphasizes that "longer videos should be broken into meaningful chunks" (Fyfield et al., 2022, p. 161). Mayer (2021b) explained that segmenting intents to help learners manage essential cognitive processing by breaking down content into smaller, more digestible pieces. Breaking content into meaningful parts that are presented sequentially and allowing learners to control the pacing from one part to the next are two key features of segmenting (Mayer, 2021b).

THE FOCUS OF THE PRESENT STUDY

Using AI for video-based learning is an important topic that requires future research (Fang & Chiu, 2024). Findings from Xu et al. (2024) and Netland et al. (2025) suggested that AI-generated videos can produce equivalent or better learning outcomes than human-made videos, depending on whether the scripts are human-made or AI-generated. However, learners may have a more positive learning experience when they learn from human-made videos. The human-made videos in Xu et al. (2024) and Netland et al. (2025) were created by course instructors themselves with their talking head and the AI-generated videos were

made with human curation. The AI-generated videos in Xu et al. (2024) and Netland et al. (2025) also included the instructors' talking head, created by AI.

In the present study, we intentionally minimized human effort and mainly relied on two AI tools to generate a series of instructional videos, aiming to enhance international students' understanding of the U.S. healthcare system. Meanwhile, we located relevant public YouTube videos with the same goal for helping international students to navigate the U.S. healthcare system. Neither the AI-generated videos nor the YouTube videos included a designated instructor. The purpose of the study was to understand whether the two approaches can produce video-based learning materials that achieved quality video design, based on the six principles that were highly supported by empirical studies in Fyfield et al. (2022). The study addressed one critical research question: To what extent do AI-generated and YouTube videos on the U.S. healthcare system achieve quality video design, based on the principles of coherence, integrating learning activities, embodiment, learner control, video length reduction, and segmentation?

As creating traditional instructional videos is time-consuming (Guy & McNally, 2022; Halls, 2024; Norman, 2017), findings from the present study can suggest whether these two approaches that save time on video creation can produce quality instructional videos. The findings can also increase our understanding of to what extent human intervention is required to produce quality AI-generated videos.

METHOD

Two separate courses with the same title "Navigating the US Healthcare system" were created. One course consisted of videos created by AI tools and the other included videos located on YouTube.com. The two courses were created in January 2024. To examine whether the AI-generated videos and YouTube videos achieved quality video design, the two sets of videos were then evaluated by one member of the research team based on the six principles of video design in Fyfield et al. (2022). In the following, we present the procedures for creating AI-generated videos, followed by the procedures of locating and organizing YouTube videos into learning modules. At the end of this section, we explain how the two sets of videos were evaluated.

PROCEDURES FOR CREATING AI-GENERATED VIDEOS

ChatGPT 3.5 was used to generate the course outline and scripts, and then Pictory was used to generate the videos. As we mentioned earlier in the literature review section, Pictory was the top-rated automatic video generation application in Kaur et al. (2024). By combining computer vision techniques and generative algorithms, Pictory can create appealing and contextually appropriate visuals (Isler et al., 2024). The following four steps were taken to create the learning modules with AI-generated videos (Figure 1).
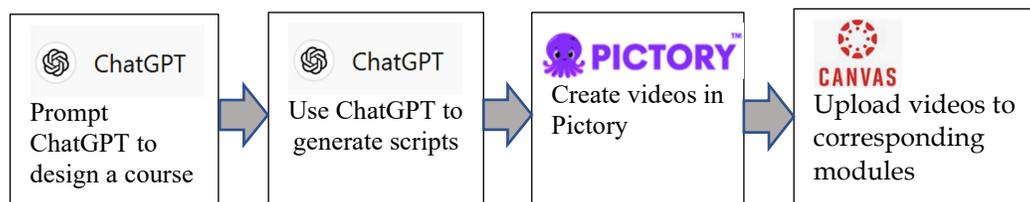

Figure 1. Steps for Creating AI-videos

Step 1: Prompt ChatGPT to design a course. The first author started with prompting ChatGPT to design a course that aimed at teaching the U.S. healthcare systems to international students. The prompt for this request was: "Design a course to teach about the US Healthcare System to international students in the US." Using this prompt, ChatGPT

generated an outline consisting of 12 modules. Module 12 included real-life examples and scenarios for learners to apply the knowledge gained from Modules 1-11. To make learning material from AI and YouTube be comparable, only Modules 1-11 were used in the study. The descriptions of the 11 modules are found in the second column of Table 1. Each module addressed a key topic related to the U.S. healthcare system.

Step 2: Use ChatGPT to generate scripts. For each module, the first author prompted ChatGPT to provide a detailed script. Scripts were developed one module at a time to maintain focus and ensure alignment with specific content requirements. The prompt for this request was: Provide a script for a video to explain module number X.

Step 3: Create videos in Pictory. The scripts generated from ChatGPT in Step 2 include narrations, scenes, visuals, and slides. The fifth author imported narrations as scripts into Pictory to create videos. Narrations generated by ChatGPT are provided in Appendix. The procedures of creating videos in Pictory included (a) choosing "Script to Video" for repurposing content into videos (Figure 2), (b) coping and pasting a script to Pictory (Figure 3), and (c) selecting the scene as well as AI voiceover (male, deep news presenter, Figure 4). The generated 11 videos ranged from 1:50" to 2:32" in length.

Step 4: Upload videos to their corresponding modules. Each of the 11 modules generated by ChatGPT was added into Canvas. The videos created in Step 3 were uploaded to their corresponding modules in a Canvas course, titled Navigating the US Healthcare System.

Table 1. *Two Sets of Learning Modules for Navigating U.S. Healthcare System*

Module	AI-generated videos (minutes:seconds)	YouTube videos (minutes:seconds)
I	Introduction to the US Health System (1:50)	History of Healthcare in the US (5:59)
II	Health Insurance in the US (1:58)	US Healthcare system explained (9:41)
III	Assessing Healthcare Services (2:01)	Healthcare Providers Urgent Care Vs Emergency Care (4:23) Primary Care Vs Urgent Care (2:25)
IV	Healthcare Costs and Financial Considerations (2:32)	How Health Insurance Works (4:54)
V	Cultural Considerations in Healthcare (2:12)	HMO Vs. PPO (1:21)
VI	Mental Health and Wellness (1:57)	Types of Plans (Health Insurance metals) (3:44)
VII	Preventive Healthcare and Wellness (2:03)	The Individual Mandate (2:11)
VIII	Student Health Services on Campus (2:02)	Healthcare Access (2:34)
IX	Navigating the Prescription Medication System (2:01)	Language and Cultural Barriers (4:12)
X	Planning for Healthcare After Graduation (2:22)	
XI	Legal and Regulator Aspects of Healthcare for International Students (2:07)	

Note. The order of the videos in Canvas was the same as the order presented on the table.
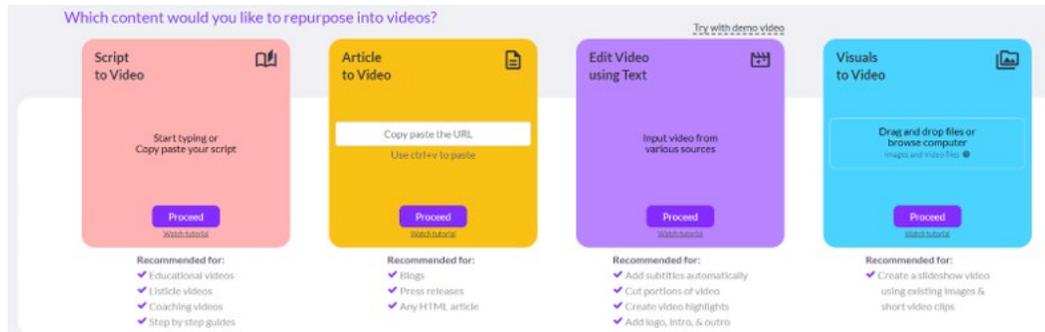
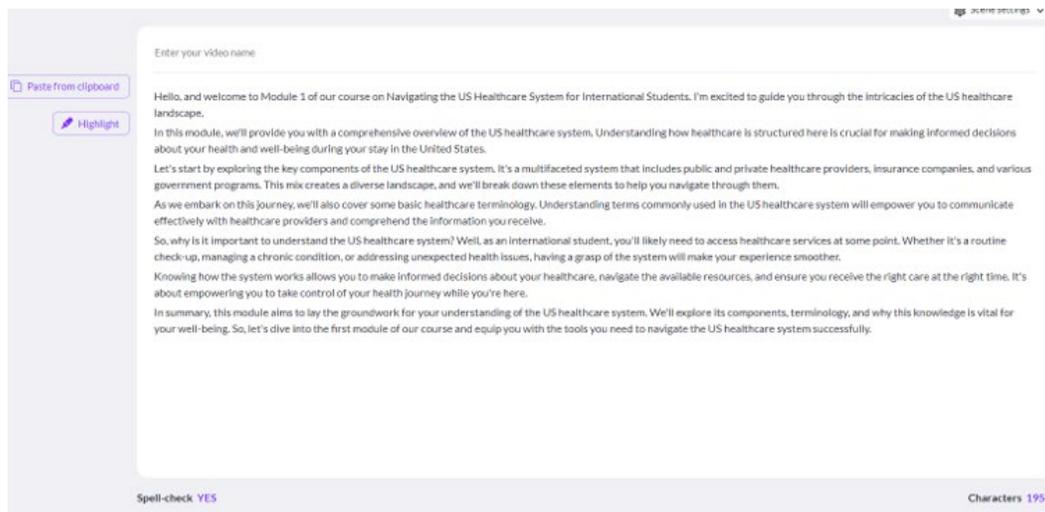*Figure 2.* Choosing Content to Feed into Pictory

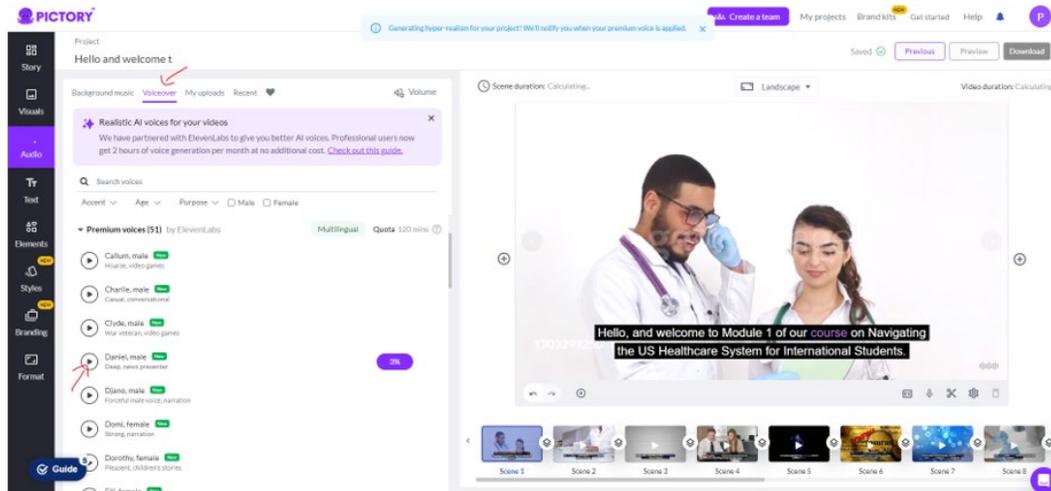*Figure 3.* Pasting Scripts Generated from ChatGPT to Pictory

Figure 4. Selecting Scenes and AI Voiceover in Pictory

PROCEDURES FOR LOCATING AND ORGANIZING YOUTUBE VIDEOS

The following six steps were taken to create the nine learning modules (the third column of Table 1) using 10 videos located from YouTube.com.

Step 1: Conduct a needs analysis. By assessing the international students' needs, the first and fourth authors identified the specific topics that need to be covered. Findings of this analysis ensured that the module was relevant and tailored to the international students' needs.

Step 2: Reference a previous course. A previous course that was designed by the fourth author to teach the U.S. healthcare to refugees was used as a template for the learning modules. This existing course provided a structured approach that could be adapted for the new audience. The learning objectives and content of the refugee healthcare course were examined by the first and fourth authors to determine which elements could be reused or modified to fit into the new context.

Step 3: Select relevant videos. This step involved reviewing the YouTube videos used in the refugee healthcare course and determining which ones were relevant to the new context's learning objectives. The first author watched each video carefully, assessing factors including relevance, clarity, conciseness, and appropriateness of language.

Step 4: Review and substitute videos. During the video reviewing process, three videos were identified as not aligning with the learning objectives or the learners' needs. These videos were then substituted with YouTube videos that were more suitable for the current audience by the fourth author. The new videos were carefully chosen to enhance the overall quality and effectiveness of the course. A total of 10 videos were included, and these 10 videos ranged from 1:21" to 9:41" in length. The earliest video was uploaded to YouTube.com on February 11, 2011, and the latest video was uploaded on October 17, 2020. Table 2 presents the alignment of learning objectives and the videos.

Step 5: Organize selected videos. With the YouTube videos selected and the content identified, the first author proceeded to organize the videos. This step involved creating a logical and coherent outline for the learning modules, based on the structure of the refugee healthcare course. The first author ensured that the sequence of modules flowed smoothly, with each module building on the knowledge presented in the previous one.

Step 6: Integrate modules and videos. The final step was to integrate the modules and videos into a Canvas course, titled Navigating the US Healthcare System. The selected 10 video links were uploaded into their corresponding modules. Each module included one YouTube video, except for the Healthcare Providers module. The Healthcare Providers module consisted of two videos.

Table 2. *Learning Objectives and Corresponding YouTube Videos*

Learning objectives	Canvas descriptions of videos (Date)
1. Demonstrate an overall understanding of the U.S. healthcare system.	1. History of Healthcare in the US https://www.youtube.com/watch?v=i0bHLTGuK8U (Dec 13, 2016) 2. US Healthcare system explained https://www.youtube.com/watch?v=DublqkOSBBA (Sep 9, 2018)
2. Be able to use U.S. healthcare services, arrange appointments, differentiate between urgent and emergency care, and access specialized care.	3. Urgent Care Vs Emergency care https://www.youtube.com/watch?v=fsyAkF-bUmg (Jul 7, 2020) 4. Primary Care Vs Urgent Care https://www.youtube.com/watch?v=SGJEb-_iuDU (Oct 17, 2020)
3. Understand the intricacies of insurance, including its terminology, premiums, deductibles, copayments, and out-of-pocket limits.	5. How Health insurance works https://www.youtube.com/watch?v=DBTmNm8D-84 (Dec 22, 2014) 6. HMO Vs. PPO https://www.youtube.com/watch?v=coSyGQI28eM (Sep 26, 2011)

4. Be able to identify, locate, and know the responsibilities of in-network healthcare providers, comprehend coverage networks, seek referrals, and verify providers' participation in insurance networks

5. Understanding patient rights to communicate effectively and seek adequate support.

7. Types of Plans (Health Insurance metals) https://www.youtube.com/watch?v=b1nDvF0OanA (Aug 10, 2016)

8. The Individual Mandate https://www.youtube.com/watch?v=D8n8gYVdThg (May 19, 2014)

9. Healthcare Access https://www.youtube.com/watch?v=uCOf0y-1Xrs (Feb 11, 2011)

10. Language and Cultural Barriers https://www.youtube.com/watch?v=2Vz-1YMfaeo (Jun 10, 2016)

EVALUATION OF THE VIDEOS

The second author evaluated the two sets of videos twice based on the principles of coherence, integrating learning activities, embodiment, learner control, video length reduction, and segmentation (Fyfield et al., 2022). The second author has expertise in instructional design and was not involved in producing the AI-generated videos or selecting the YouTube videos.

All the videos were rated on a scale of 0 to 4 for each of six principles. The score was assigned based on the extent to which a video achieved quality video design. The rubrics of the coherence, integrating learning activities, embodiment, learner control and segmentation principles were developed using Fyfield et al. (2022) and Mayer (2017, 2019, 2021a, 2021b). Literature has shown that video engagement is steady up to 2 minutes, declines between 2 to 3 minutes, levels out between 6 through 12 minutes, and then continues a steady loss of engagement after the 12-minute mark (Fisherman, 2016; the University of Alabama at Birmingham, n.d.). Therefore, regarding video length reduction, the videos were rated on a scale of 0 = "$\geq$ 12 minutes", 1 = "< 12 minutes and $\geq$ 6 minutes", 2 = "< 6 minutes and $\geq$ 3 minutes", 3 = "< 3 minutes and $\geq$ 2 minutes", and 4 = "< 2 minutes". Table 3 presents the rubrics for evaluation.

There were 10 YouTube and 11 AI-generated videos in the study, and each video was rated on six principles. Therefore, (10 +11) × 6 = 216 scores were assigned for each evaluation. Three months after the initial evaluation, the second author conducted the evaluation again. Cohen's Weighted Kappa value was calculated to assess intrarater reliability. The Kappa value of 0.79 indicated high agreement in evaluating the videos at the two time points. In addition to the numeric ratings, narrative comments on the videos were provided.

Table 3. *Rubrics for Evaluating Video Design*

Principles	0	1	2	3	4
Coherence	All content materials are indirectly related to the learning goals	Most content materials are indirectly related to the learning goals	Some content materials are indirectly related to the learning goals	Few content materials are indirectly related to the learning goals	Only content materials directly related to the learning goals are included
Integrating learning activities	No integrating learning activity	Brief prompts are included to ask learners to reflect on or recall their experience	Learners are encouraged to engage in related activities for enhancing learning	One or more questions directly related to content are asked	One or more applied learning activities are included
Embodiment	Text only or text with animation	Whiteboard animation or	Human or avatar as a	Human or avatar as a	Human or avatar as a narrator

	without a human or avatar as a narrator	hand-drawn illustrations	narrator with no gesture	narrator with hand gesture	pointing to specific objects
Learner control	Learners can only watch the entire video after playing it	Learners can pause and play a video but cannot rewind it	Learners can pause, play, and rewind the video but cannot change the speed	Learners can pause, play, rewind, and change the speed. The captions are open or no caption.	Learners can pause, play, rewind, and change the speed. The captions are closed
Video length reduction	≥ 12 minutes	< 12 minutes & ≥ 6 minutes	< 6 minutes & ≥ 3 minutes	< 3 minutes & ≥ 2 minutes	< 2 minutes
Segmentation	Video is presented as a continuous unit	Video is presented as a continuous unit, and the video includes text-based or verbal explanations of outlines	Video is presented as a continuous unit, and content is divided into meaningful small chunks, using subheadings or video chapters	Video is presented as a continuous unit, and the content is divided into meaningful small chunks. Learners are prompted to stop or rewind as needed	Video is divided into meaningful small chunks, and learners control when to proceed from one part to the next

RESULTS

In this section, we present the evaluation results of the AI-generated and YouTube videos in order of *coherence, integrating learning activities, embodiment, learner control, video length reduction,* and *segmentation*. At the end of this section, we present additional comments.

COHERENCE

The AI generated videos started with what was discussed in the previous module and then an introduction of what will be covered in the current module. At the end, the narrator explained what has been covered in the current module along with the topic of the next module. For the focus of each module, only a few key terms, concepts, actions or procedures were explicitly explained. Many key terms, concepts, actions, or procedures were introduced as "crucial to know" or "understanding them will help you make informed decisions," but were not provided with sufficient explanations to fully understand them. Therefore, the AI videos lacked in-depth discussions of the content.

In each AI video, a variety of different scenes were used, the scene changed about every 3 to 7 seconds. Figure 5 presents six of eight scenes used in the first 47 seconds of one AI-generated video. The different scenes did not necessarily enhance the understanding of the topic. Lastly, captions were embedded in all the AI-generated videos. Learners could not turn off the captions. Based on Mayer (2021a, b), the unneeded words and images should be removed.

Figure 5. Examples of the Scenes in One AI-generated Video

Some YouTube videos included only material that was directly related to the learning goals; therefore, they adhered to the coherence principle. Others included seductive or unneeded details. For example, one video aimed to explain the U.S. health system. The video included the statistics for medical bills being the cause of bankruptcies per year for Americans as well as a story about a woman who had her leg trapped by a subway train in Boston. The women begged the bystanders not to call the ambulance because she didn't have money to pay for it.

Figure 6 presents the median ratings of the AI-generated videos and the selected YouTube videos on the six principles. According to Figure 6, the median rating of coherence was 2 for AI-generated videos and 3 for YouTube videos. Therefore, YouTube videos were rated higher than AI-generated videos regarding coherence.
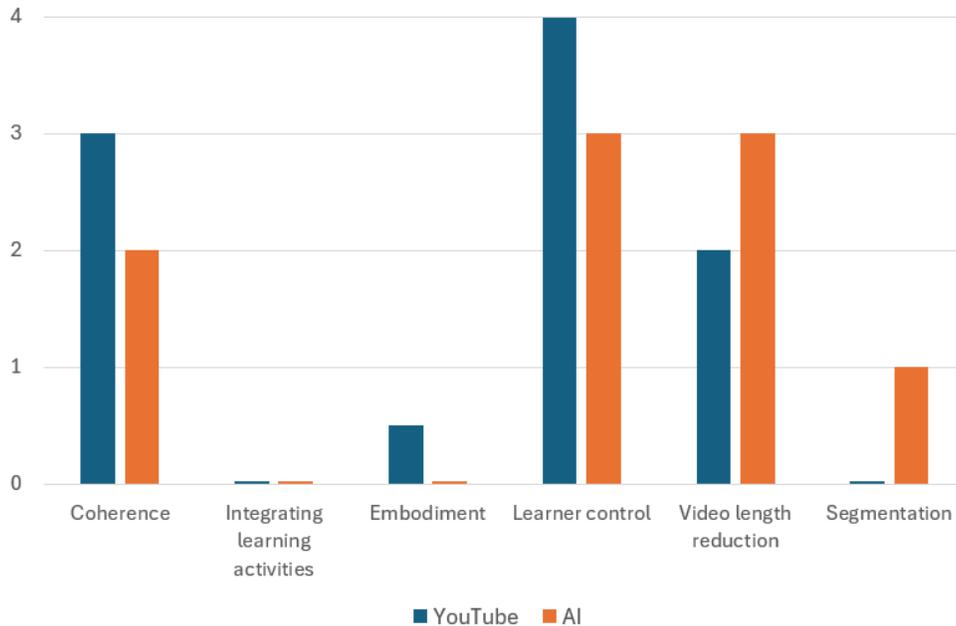

Figure 6. Median Ratings of the YouTube and AI-generated Videos

INTEGRATING LEARNING ACTIVITIES

None of the AI-generated or YouTube videos included learning activities. Hence, all the videos received a rating of 0 regarding integrating learning activities.

EMBODIMENT

None of the AI-generated videos included an onscreen narrator. Two of the YouTube videos were hand-drawn animation (whiteboard) videos, which included images drawn on a whiteboard while the narrator talked. According to Mayer (2021a, b), when an instructor draws graphics while giving the explanation, it displays high embodiment. One YouTube video combined scenes of the instructor's upper body with hand gestures and slides of key terms without the instructor. Five YouTube videos were infographics videos, and two were interviews with healthcare providers.

According to Figure 6, the median rating of embodiment was 0 for AI-generated videos and 0.5 for YouTube videos. Therefore, YouTube videos were rated slightly higher than AI-generated videos regarding embodiment.

LEARNER CONTROL

All AI-generated videos allowed learners to play, pause, rewind, and change the speed. However, the open captions did not enable learners to remove captions. All YouTube videos also allowed viewers to play, pause, rewind, and adjust the speed. Closed captions were presented in all YouTube videos except two. Consequently, the median rating of the selected YouTube videos (= 4) was higher than that of the AI-generated videos (= 3).

VIDEO LENGTH REDUCTION

The lengths of the 11 AI-generated videos (ranging from 1 minute 50 seconds to 2 minutes 32 seconds) were more similar than the lengths of the 10 YouTube videos (ranging from 1 minute 21 seconds to 9 minutes 41 seconds). According to Figure 6, the median rating for video length reduction was 3 for AI-generated videos and 2 for the selected YouTube videos.

SEGMENTATION

All the evaluated 21 videos covered multiple concepts or key terms without prompting the viewers to pause before transitioning to the next topic. All 11 AI videos included an overview of the content, and one YouTube video used subheading slides to explicitly divide the content into small chunks. Consequently, the median rating of the AI-generated videos (= 1) was higher than that of the selected YouTube videos (= 0).

ADDITIONAL COMMENTS

Additional comments are provided below in terms of the advantages and disadvantages of the AI-generated and YouTube videos.

Advantages. The scope of the AI-generated content was more complete than the selected YouTube. For instance, the AI-generated content included the topics on mental health and wellness, preventive healthcare and wellness, student health services on campus, planning for healthcare after graduation, and legal and regulatory aspects of healthcare for international students. These topics are important for promoting physical and mental wellbeing among international students. Yet they were not included in the YouTube videos. A report from Zhou et al. (2022) concluded that international students enrolled in U.S. universities were not at higher risk for mental health concerns compared to domestic students. However, among students who were screened positive for mental health concerns, international students were less likely to use therapy, psychotropic medication, or any treatment compared to domestic students. Findings from Sen (2023) and Jang (2023) revealed that international students often visited the university health center for health care.

Eight of the 10 YouTube videos included closed captions, so viewers can choose whether to show the subtitles based on their individual needs. This feature is particularly

important for international students. While international students who are not native English speakers may prefer to view captions, international students who are native English speakers may prefer to turn off captions.

Disadvantages. The AI-generated videos included open captions with purple highlights. The highlighted texts were key phrases or words that Pictory automatically identified within the scripts. For example, in the following, "gained insights" and "effective communication" were highlighted.

> As we conclude Module 5, you've gained insights into understanding cultural differences, effective communication with healthcare providers, navigating the doctor-patient relationship, and advocating for your healthcare needs. Join us in Module 6 as we shift our focus to mental health and wellness.

In the following, "Module 6" and "important topic" were highlighted.

> Now, in Module 6, we'll delve into an important topic: Mental Health and Wellness."

Therefore, the highlighted texts were not necessarily the key terms. Furthermore, some scenes repeatedly appeared in both the same and different AI-generated videos. After watching all 11 AI-generated videos at once, it may result in fatigue and suggest that the videos were created by AI.

More importantly, as we mentioned earlier, all the AI-generated videos lacked in-depth explanations of the content. For instance, in a video on assessing healthcare services, the narrator explained "In this module, we'll explore different healthcare facilities, including hospitals, clinics, and urgent care centers. Whether it's a routine check-up or urgent medical attention, understanding the types of facilities available will help you make informed choices about where to seek care." The narrator then continued with the importance of establishing a relationship with a primary care physician and never explained the differences among hospitals, clinics, and urgent care centers. At the end of each AI-generated video, the closing was provided with a summary of the key terms mentioned in the video but the terms or actions (e.g., registering with a primary care physician, making appointment) were not explained in detail.

The YouTube videos were selected based on their relevance to the learning objectives. However, due to differences in their original purposes, individual preferences in creating video content, and target audiences, the selected videos were very different from one another and lacked consistency.

DISCUSSIONS

Recent advancements in artificial intelligence (AI) have the potential to improve teaching and learning. Both educators and learners are eager to explore the capabilities of AI tools (Schiel et al., 2023; U.S. Department of Education, Office of Educational Technology, 2023). One of the emerging trends is using AI to facilitate video production, which requires additional research for a comprehensive understanding of AI capabilities to generate videos (Fang & Chiu, 2024; Netland et al., 2025; Xu et al., 2024). The use of YouTube videos in teaching and learning has also received attention lately (Ananga & Sakyi, 2023; Fyfield, 2022; Green et al., 2018; Greeves & Mustafa, 2024; Kauffman et al., 2022; Mannahali et al., 2024). While scholars emphasize the affordances of YouTube videos, they also raised concerns about using YouTube videos for educational purposes (Fyfield, 2022; Shoufan & Mohamed, 2022). To advance our knowledge of using AI-generated and YouTube videos for instruction, the present study addressed one critical research question: To what extent do AI-generated and YouTube videos on the U.S. healthcare system achieve quality video design, based on the principles of coherence,

integrating learning activities, embodiment, learner control, video length reduction, and segmentation?

ChatGPT was found to be popular among educators and learners (Maslej et al., 2024; Schiel et al., 2023), and Pictory was the top-rated automatic video generation application (Kaur et al., 2024). Therefore, ChatGPT and Pictory were selected as the two AI tools for creating videos in the present study. The outline of the learning content and the scripts for videos were first generated by ChatGPT and then Pictory was used to convert the scripts to videos. The YouTube videos were selected from YouTube.com. Because international students struggle to navigate the U.S. healthcare systems (Jang, 2023; Liu et al., 2023; Sen, 2023; Tang et al., 2018; Zhou, 2023), healthcare systems for international students studying in the United States was chosen as the focus of the videos.

Differing from the previous studies on AI-generated videos (Netland et al., 2025; Xu et al., 2024), an instructor's talking head was not used in the present study. In evaluating the videos, we did not examine learner outcome or experience. Instead, the AI-generated and YouTube videos were evaluated based on six principles of quality video design that were highly supported by empirical data in Fyfield (2022). Findings revealed that the AI-generated videos were evaluated higher on the principles of learner control and video length reduction whereas the YouTube videos were evaluated higher on the principles of coherence and learner control. Applications of the integrating learning activities principle, embodiment principle, and segmentation principle were little or not evident in AI-generated or YouTube videos. In short, neither AI-generated videos nor YouTube videos fully achieved quality video design. In the following sections, we further discuss the affordance and challenges of AI-generated videos, the affordance and challenges of YouTube videos, and implications and recommendations. Next, we explain study limitations and future research direction. At the end, we present the conclusion.

AFFORDANCES AND CHALLENGES OF AI-GENERATED VIDEOS

Affordances of AI-generated videos are (1) using structured content, (2) including comprehensive course topics and (3) maintaining short videos. Despite the lack of in-depth explanations of the terms, concepts, and procedures, all the scripts generated from ChatGPT provided an overview of the content to be covered at the beginning and a summary at the end. Such structured scripts allow learners to know what to pay attention to while watching the videos and remind them of what has been covered at the end. Creating a clear structure so content is shown in an organized way has been recommended in literature for making materials in videos easy to understand (Halls, 2024). Consistency of the AI-generated videos also allows learners to view this series of videos as a whole, specifically designing for introducing the U.S. healthcare systems to international students. A few relevant topics generated by ChatGPT were not included in the selected YouTube videos. Yet the importance for including these additional topics (e.g., mental health and wellness) is justified in the literature for enhancing international students' understanding of the U.S. healthcare system. When ChatGPT was prompted to design the course, it generated an outline with the final module on case studies and real-world scenarios. Although we didn't include this module in the study, it implied ChatGPT's capability to consider knowledge applications when generating a course. Hence, we recommend that AI tools can be used to reflect on the comprehensiveness of the instructional content. In addition, literature has suggested that viewers lose interest when videos are too long (Fisherman, 2016; the University of Alabama at Birmingham, n.d.). None of the AI-generated videos is longer than 3 minutes. In short, the AI-generated videos follow the same structure and include comprehensive course topics. Moreover, the lengths of these videos are all within the acceptable range for maintaining viewers' attention.

By intentionally minimizing human intervention in creating AI-generated videos, these videos failed to enhance international students' understanding of the U.S. health systems. These videos were not aligned with principles of embodiment, integrated learning activities, and segmentation in multimedia learning. The instructional content lacked depth, and the scenes created by Pictory were not particularly effective in aiding comprehension of the material. Additionally, some highlighted captions automatically generated from Pictory did not accurately emphasize key terms or concepts. The challenges of AI-generated videos with limited human involvement included (1) insufficient content coverage, (2) inclusion of irrelevant material, (3) absence of instructors' gestures, (4) lack of integrated learning activities, and (5) failure to segment content.

Evaluation of the AI-generated videos confirms that although AI tools have great potential to improve teaching and learning, human involvement in the video generating process is necessary. Using the present study as an example, after prompting ChatGPT to produce the outline, the outline should be reviewed and modified based on the target audience, learning objectives, and the time constraint. Upon receiving the scripts generated from ChatGPT, the scripts again should be reviewed and modified to ensure accurate information and sufficient coverage of knowledge. Regarding the integrating learning activities principle (Fyfield et al., 2022), instructors can prompt ChatGPT to add activities that are related to the content at the end of each video to foster learning. In addition to taking text generated from ChatGPT and then starting editing, iterating and refining ChatGPT prompts may also be used to obtain scripts with more in-depth content. For example, Tupper et al. (2025) used ChatGPT to design two marine field courses. They recommended that risk assessment generated by ChatGPT can be improved through "an iterative prompt engineering process, where further specific questions are asked leading to a more focused response" (Tupper et al., 2025, p. 5).

When converting the scripts to videos, instructors should use visuals and scenes that can enhance learning. In Pictory, AI automatically chooses all scenes. Yet users are allowed to replace them with other scenes from Pictory's library or from user-created visuals. Although the AI-generated videos in the present study include open captions and AI highlighted keywords, users can use closed captions and manually edit the highlighted keywords in Pictory.

AFFORDANCES AND CHALLENGES OF YOUTUBE VIDEOS

YouTube videos have been used for facilitating teaching and learning in various disciplines, such as health management and policy (Green et al., 2018), library and information science (Boté-Vericad, 2025), and second language learning (Dizon, 2022). In the present study, YouTube videos were used to facilitate international students' understanding of the U.S. healthcare systems. The selected YouTube videos were more aligned with the coherence and learner control principles of multimedia learning than with the integrating learning activities, embodiment, and segmentation principles. On average, the lengths of YouTube videos were less than 6 minutes, but the lengths of these videos varied from 1 minute 21 seconds to 9 minutes 41 seconds. Thus, regarding the video length reduction principle, the variance in video length was large.

Locating relevant YouTube videos can save time on video production. However, it could be challenging to locate several YouTube videos that were created using the same style, feature, and instructor while meeting the needs of a specific target audience with accurate information. In the present study, one selected YouTube video was created by the Veterans Health Administration, and some content of the video didn't apply to international students.

Evaluation of the selected YouTube videos suggested that these videos were more suitable as supplemental resources than as the sole instructional material. When the selected

video contains unneeded information, the instructor should provide guidance on where to skip and where to pay attention to while watching the video. This allows students to focus on the most relevant information. Activities before, while, or after watching the video can also be designed to foster active learning and to compensate for the lack of integrating learning activities in most YouTube videos.

In contrast to locating YouTube videos, a specialized YouTube channel can be created for professionals to upload their own instructional videos (Reina et al., 2021; Tume, 2023). Tume (2023) shared the process of launching a YouTube channel focused on biochemistry and metabolism. The channel was used by students and educators from more than 22 countries (Tume, 2023). CADMIO is a peer-to-peer reviewed YouTube channel focused on chemistry (Reina et al., 2021). The peer review process of CADMIO was used for ensuring the video quality (Reina et al., 2021).

IMPLICATIONS AND RECOMMENDATIONS

In a report titled "Artificial Intelligence and the Future of Teaching and Learning: Insights and Recommendations" by the U.S. Department of Education, Office of Educational Technology (2023), a key recommendation for educational use of AI is emphasizing humans in the loop. We echo this recommendation and caution educators not to overly trust AI. AI hallucination causes concern about incorrect or misleading information and examples of AI hallucination are found in literature (Alkaissi & McFarlane, 2023; Tupper et al., 2025; Warren et al., 2024). In addition, when interacting with Chatbot (e.g., ChatGPT), the input prompts are crucial (Demir & Ev Cimen, 2024; Tupper et al., 2025; Warren et al., 2024). Responses from Chatbot depend on the prompt received. Tume (2023) recommended a list of what, where, when, and who when providing prompts to ChatGPT. Using creating videos to teach the U.S. healthcare system to international students as an example, the prompt can be "Design a 30-minute long video-based course to teach about the U.S. healthcare system to international students studying in the US." To produce videos that achieve the principle of integrating learning activities, instructors can prompt ChatGPT to create learning activities to foster learning for each learning module.

In converting scripts to videos with AI tools, we recommend the strategies used in Xu et al. (2024) and Netland et al. (2025) in which real instructors' images were used to create AI instructors. Creating a high-embodiment on-screen AI instructor (e.g., an AI instructor uses hand gestures) can further enhance learning (Mayer, 2021b). AI-generated videos in the present study used scenes from Pictory without an instructor. Such videos lack social presence, which may result in learners' feeling of isolation. Although scenes available in automatic video generation applications may satisfy the needs of various topics, there are still scenes (e.g., using an online calculator to compute effect size) that instructors may have to create on their own to tailor to specific content and target audience. Text highlighted function in automatic video generation applications again relies on instructors' careful review to ensure correct key terms being highlighted.

YouTube videos are popular. Yet, based on the present study's findings, it is not useful to rely on a series of selected YouTube videos created by various individuals and organizations to introduce a novel healthcare system. Selected YouTube videos are more suitable as supporting or supplemental materials. The recommendation agrees with the findings reported in the study on the use of videos in mainstream secondary classrooms (Fyfield, 2022) and the conclusion drawn from Chu and Lee (2025). Figure 7 summarizes the affordances of AI-generated and YouTube videos and our recommendations.
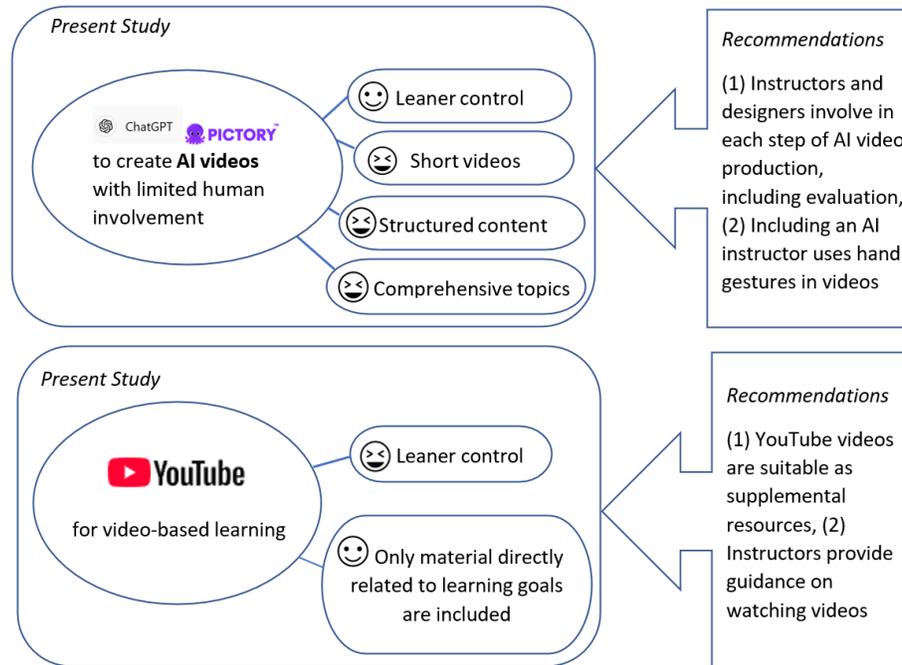
Figure 7. Affordances of YouTube and AI-generated Videos and Recommendations

LIMITATIONS AND FUTURE DIRECTIONS

The present research focuses on the extent to which AI-generated and selected YouTube videos achieve the six principles of quality video design in Fyfield et al. (2022). The findings contribute to better understanding of the affordances and challenges of using AI-generated and YouTube videos in education. Below, we suggest several directions for future research in light of the limitations of the present study.

First, video evaluation was conducted by one member of the research team who was not involved in creating AI-generated videos or selecting YouTube videos. The evaluation results may be affected by the evaluator's position. Future research can include an evaluation panel with scholars specializing in instructional design and technology as well as instructors in the subject area. Future research can also collect data from learners to examine the learning outcome and experience. Second, the AI videos were created in early 2024 with the aim to minimize human interaction in video production. The quality of AI videos in fact depends on human involvement and the capabilities of AI at that time. Future research can include both content experts and instructional designers at each stage of AI-video production. Third, the study used two AI tools, namely ChatGPT and Pictory. AI-generated videos may depend on the AI tools. The videos used for the study aimed to facilitate international students' understanding of the U.S. healthcare system. Quality of the AI-generated and YouTube videos may also depend on topics chosen for instruction. However, there is still a need for additional research on enhancing international students' understanding of the U.S. healthcare system. Lastly, we only considered limited aspects of video design. Ring and Brahm (2024) developed a measure for the quality of video explanations that includes examinations of video content, learner orientation, representation and design, language, and process structure. This measure can be used to evaluate videos in future research for a more comprehensive evaluation.

CONCLUSION

The rapid advancement of AI has created growing excitement. To better understand the impact of AI on teaching and learning, there is an urgent need for research on AI applications

in education. Findings from the present study recommend the use of AI tools to reflect on the coverage of topics for instructional content and to create a structured format for learning materials. More importantly, the findings support the statement "To succeed with AI as an enhancement to learning and teaching, we need to always center educators." (U.S. Department of Education, Office of Educational Technology, 2023, p. 25). In creating AI-generated videos, instructors need to participate in deciding the AI tools, interacting with AI, selecting and modifying the AI-generated visual, audio, and voice. Including instructors in evaluating the final product is also essential. Although the use of YouTube may save time on making instructional videos, it is not recommended to use a series of selected YouTube videos as sole learning material. YouTube is more suitable to be used as supplemental educational resources than as the main source for information needs (Chu & Lee, 2025).

REFERENCES

Adegboyega, A., Nkwonta, C. A., & Edward, J. (2020). Health insurance literacy among international college students: A qualitative analysis. *Journal of International Students*, *10*(1), 50–68. https://doi.org/10.32674/jis.v10i1.1097

Ahmed, N., Wahed, M., & Thompson, N. C. (2023). The growing influence of industry in AI research. *Science*, *379*(6635), 884–886. https://doi.org/10.1126/science.ade2420

Alkaissi, H., & McFarlane, S. I. (2023). Artificial hallucinations in ChatGPT: Implications in scientific writing. *Cureus*, 15(2), Article e35179. https://doi.org/10.7759/cureus.35179

Ananga, P. & Sakyi, O. (2023). Connecting classrooms through social media instruction in educational institutions. *International Journal of Technology in Education and Science*, *7*(4), 500–513. https://doi.org/10.46328/ijtes.502

Bennett, V., & Royce, C. A. (2024, September 16). *Understanding AI: A teacher's guide*. National Science Teaching Association. https://www.nsta.org/blog/understanding-ai-teachers-guide

Boté-Vericad, J.-J. (2025). Information-seeking and content creation: The impact of YouTube educational videos on learning practices in library and information science. *Journal of Librarianship and Information Science*. Advance online publication. https://doi.org/10.1177/09610006241309102

Chen, C. W.-Yu. (2020). Learning through participation: A case study on the affordances of making YouTube tutorial videos. *The JALT CALL Journal*, *16*(1), 51–67. https://doi.org/10.29140/jaltcall.v16n1.259

Chu, H. S., & Lee, H. (2025). YouTube as a possible learning platform for patients and their family caregivers for gastrostomy tube feeding: A cross-sectional study. *Nutrition in Clinical Practice*, *40*(2), 389–396. https://doi.org/10.1002/ncp.11186

Demir, G., & Ev Cimen, E. (2024). Lesson plan preparation process with ChatGPT in mathematics teachings: An example of research and practice. *Technology, Innovation and Special Education Research*, *4*(1), 83–98.

Dizon, G. (2022). YouTube for second language learning: What does the research tell us? *Australian Journal of Applied Linguistics*, *5*(1), 19–26. https://doi.org/10.29140/ajal.v5n1.636

Fang, X., & Chiu, T. K. F. (2024). Enhancing business education through video: A conceptual model and research directions based on a systematic review. *The International Journal of Management Education*, *22*(2), Article 100959. https://doi.org/10.1016/j.ijme.2024.100959

Fisherman, E. (2016, July 5). How long should your next video be? Retrieved from https://wistia.com/learn/marketing/optimal-video-length

Fyfield, M. (2022). YouTube in the secondary classroom: How teachers use instructional videos in mainstream classrooms. *Technology, Pedagogy, and Education*, *31*(2), 185–197. https://doi.org/10.1080/1475939X.2021.1980429

Fyfield, M., Henderson, M., & Phillips, M. (2022). Improving instructional video design: A systematic review. *Australasian Journal of Educational Technology*, *38*(3), 155–183. https://doi.org/10.14742/ajet.7296

Green, J. C., Aziz, T., Joseph, J., Ravanam, A., Shahab, S., & Straus, L. (2018). YouTube enhanced case teaching in health management and policy. *Health Professions Education*, *4*(1), Article 8. https://doi.org/10.1016/j.hpe.2017.02.006

Greeves, S., & Oz, M. (2024). YouTube in higher education: Comparing student and instructor perceptions and practices. *Frontiers in Education*, *8*, Article 1330405. https://doi.org/10.3389/feduc.2023.1330405

Guy, J., & McNally, M. B. (2022). Ten key factors for making educational and instructional videos. *Scholarly and Research Communication*, *13*(2). https://doi.org/10.22230/src.2022v13n2a423

Halls, J. (2024). *Creating training videos: Professional quality with a smartphone*. ATD Press.

Hassan, S., & Masoud, O. (2021). Online health information seeking and health literacy among non-medical college students: gender differences. *Journal of Public Health, 29*, 1267–1273. https://doi.org/10.1007/s10389-020-01243-w

Isler, M., Yesilbel, B. R., Santos, V., & Bacalhau, L. M. (2024). Usage of artificial intelligence for advertising creation for social media marketing: ChatGPT combined with Pictory and DALL.E. In J. L. Reis, J. Zelený, B. Gavurová, & J. P. M. dos Santos (Eds.), *Marketing and smart technologies: Proceeding of ICMark Tech 2023*. Springer Nature.

Jang, S. H. (2023). "I can wait until I return home": healthcare utilization among Korean international students in the U.S. *Journal of American College Health*, *71*(6), 1804–1814. https://doi.org/10.1080/07448481.2021.1947833

Kauffman, L., Weisberg, E. M., Eng, J., & Fishman, E. K. (2022). YouTube and radiology: The viability, pitfalls, and untapped potential of the premier social media video platform for image-based education. *Academic Radiology*, *29*, S1–S8. https://doi.org/10.1016/j.acra.2020.12.018

Kaur, G., Kaur, A., & Khurana, M. (2024, Mar 14-15). *A survey of computational techniques for automated video creation and their evaluation*. [Paper presentation]. 2024 11th International Conference on Reliability, Infocom Technologies and Optimization (Trends and Future Directions) (ICRITO) Amity University, Noida, India. https://doi.org/10.1109/ICRITO61523.2024.10522350

Kristensen, T. S. (2021). *Artificial intelligence: Models, algorithms, and applications*. Bentham Books imprint.

Lim, M. S. C., Molenaar, A., Brennan, L., Reid, M., & McCaffrey, T. (2022). Young adults' use of different social media platforms for health information: Insights from web-based conversations. *Journal of Medical Internet Research*, *24*(1), Article e236556. https://doi.org/10.2196/23656

Lin, H., & Liu, X. (2024). InVideo AI: Creating instructional audiovisual input for English learning. *RELC Journal*. Advance online publication. https://doi.org/10.1177/00336882241267773

Liu, E., Arledge, S. A., Cai, M., Tao, D., & Li, W. (2023). Health insurance literacy and medical care avoidance among international students: A case study. *International Journal of Public Health*, *68*, Article 1605788. https://doi.org/10.3389/ijph.2023.1605788

Liu, Y., Awang, H., & Mansor, N. S. (2024). To explore Sora's potential influence on future education. *International Journal of Multidisciplinary and Current Educational Research*, *6*(5), 98–105. https://www.ijmcer.com/wp-content/uploads/2024/09/IJMCER_K065098105.pdf

Madathil, K. C., Rivera-Rodriguez, A. J., Greenstein, J. S., Gramopadhye, A. K. (2015). Healthcare information on YouTube: A systematic review. *Health Informatics Journal*, *21*(3),173–194. https://doi.org/10.1177/1460458213512220

Mahasneh, D., Shoqirat, N., Singh, C., & Hawks, M. (2021). "From the classroom to Dr. YouTube": Nursing students' experiences of learning and teaching style in Jordan. *Teaching and Learning in Nursing*, *16*(1), 5–9. https://doi.org/10.1016/j.teln.2020.09.008

Mannahali, M., Angreany, F., & Rosmaladewi, R. (2024). Improving German speaking through YouTube media in higher education. *International Journal of Language Education*, *8*(2), 407–418. https://doi.org/10.26858/ijole.v8i2.65001

Maslej, N., Fattorini, L., Perrault, R., Parli, V., Reuel, A., Brynjolfsson, E., Etchemendy, J., Ligett, K., Lyons, T., Manyika, J., Niebles, J. C., Shoham, Y., Wald, R., & Clark, J. (2024, April). *The AI Index 2024 annual report*. AI Index Steering Committee, Institute for Human-Centered AI, Stanford University. https://hai.stanford.edu/ai-index/2024-ai-index-report

Mayer, R. E. (2017). Using multimedia for e-learning. *Journal of Computer Assisted Learning*, *33*(5), 403–423. https://doi.org/10.1111/jcal.12197

Mayer, R. E. (2019). Thirty years of research on online learning. *Applied Cognitive Psychology*, *33*(2), 152–159. https://doi.org/10.1002/acp.3482

Mayer, R. E. (2021a). Evidence-based principles for how to design effective instructional videos. *Journal of Applied Research in Memory and Cognition*, *10*(2), 229–240. https://doi.org/10.1016/j.jarmac.2021.03.007

Mayer, R. E. (2021b). *Multimedia learning* (3rd ed.). Cambridge University Press.

Mayer, R. E., & Fiorella, L. (2014). *Learning as a generative activity: Eight learning strategies that promote understanding*. Cambridge University Press.

Mitsutake, S., Takahashi, Y., Otsuki, A., Umezawa, J., Yaguchi-Saito, A., Saito, J., Fujimori, M., Shimazu, T., & INFORM Study Group. (2023). Chronic diseases and sociodemographic characteristics associated with online health information seeking and using social networking sites: Nationally representative cross-sectional survey in Japan. *Journal of Medical Internet Research*, *25*, Article e44741. https://doi.org/10.2196/44741

Mohammadabadi, S. M. S., Seyedkhamoushi, F., Mostafavi, M., & Peikani, M.B. (2024). Examination of AI's role in diagnosis, treatment, and patient care. In M. Gupta, R. & Kumar, Z. Lu (Eds.), *Transforming Gender-Based Healthcare with AI and Machine Learning* (pp. 221–238). CRC Press.

Mohammadabadi, S.M.S., & Peikani, M.B. (2025). Identification and classification of rheumatoid arthritis using artificial intelligence and machine learning. In R. Kumar, M. Gupta, A. Abraham, & P. Antony (Eds.). *Diagnosing Musculoskeletal Conditions using Artificial Intelligence and Machine Learning to Aid Interpretation of Clinical Imaging* (pp. 123–145). Academic Press.

Netland, T., von Dzengelevski, O., Tesch, K., Kwasnitschka, D. (2025). Comparing human-made and AI-generated teaching videos: An experimental study on learning effects. *Computers & Education*, *224*, Article 105164. https://doi.org/10.1016/j.compedu.2024.105164

Nguyen, A., Hong, Y., Dang, B., & Huang, X. (2024). Human-AI collaboration patterns in AI-assisted academic writing. *Studies in Higher Education*, *49*(5), 847–864. https://doi.org/10.1080/03075079.2024.2323593

Norman, M. K. (2017). Twelve tips for reducing production time and increasing long-term usability of instructional video. *Medical Teacher*, *39*(8), 808–812. https://doi.org/10.1080/0142159X.2017.1322190

Osman, W., Mohamed, F., Elhassan, M., & Shoufan, A. (2022). Is YouTube a reliable source of health-related information? A systematic review. *BMC Medical Education*, *22*, Article 382. https://doi.org/10.1186/s12909-022-03446-z

Orak, C. & Turan, Z. (2024). Using artificial intelligence in digital video production: A systematic review study. *Journal of Educational Technology & Online Learning*, *7*(3), 286–307. https://doi.org/10.31681/jetol.1459434

Reina, A., García-Ortega, H., Hernández-Ayala, L. F., Guerrero-Ríos, I., Gracia-Mora, J., & Reina, M. (2021). CADMIO: Creating and curating an educational YouTube channel with chemistry videos. *Journal of Chemical Education*, *98*, 3593–3599. https://doi.org/10.1021/acs.jchemed.1c00794

Ring, M., & Brahm, T. (2024). A rating framework for the quality of video explanations. *Technology, Knowledge and Learning*, *29*, 2117–2151. https://doi.org/10.1007/s10758-022-09635-5

Samad, A., Izani, M., Abdulla, D., Faiz, M., Wadood, R., & Hamdan, A. (2024, July 6-7). Innovative workflow for AI-generated video: Addressing limitations, impact and implications. *2024 IEEE Symposium on Industrial Electronics & Applications (ISIEA),* Kuala Lumpur, Malaysia. https://doi.org/10.1109/ISIEA61920.2024.10607369

Schiel, J., Bobek, B. L., & Schnieders, J. Z. (December, 2023). *High school students' use and impressions of AI tools*. ACT Research. https://files.eric.ed.gov/fulltext/ED638428.pdf

Sen, S. (2023). Subliminal voices: barriers to healthcare and proposed interventions by international students and their families at a large research university in the Midwest. *Frontier in Communication, 8*, Article 1180106. https://doi.org/10.3389/fcomm.2023.1180106

Shepherd, J. (2025, January 1). *23 essential YouTube statistics you need to know in 2025*. https://thesocialshepherd.com/blog/youtube-statistics

Shoufan, A., & Mohamed, F. (2022). YouTube and education: A scoping review. *IEEE Access*, *10*, 125576–125599. https://doi.org/10.1109/ACCESS.2022.3225419

Stryker, C., & Kavlakoglu, E. (August 9, 2024). What is artificial intelligence (AI)? https://www.ibm.com/think/topics/artificial-intelligence

Tang, C., Gui, X., Chen, Y., & Magueramane, M. (2018). New to a country: Barriers for international students to access health services and opportunities for design. In N. Minsky, & V. Osmani (Eds.), *PervasiveHealth '18: Proceedings of the 12th EAI International Conference on Pervasive Computing Technologies for Healthcare, 2018* (pp. 45–54). Association for Computing Machinery. https://doi.org/10.1145/3240925.3240969

The University of Alabama at Birmingham. (n.d.). What is the best length for an instructional video? https://www.uab.edu/elearning/news/faculty-best-practices-news/what-is-the-best-length-for-an-instructional-video

Tume, F. (2023). Teaching biochemistry and metabolism using a YouTube channel during COVID-19 pandemic. *Biochemistry and Molecular Biology Education*, *51*(5), 548–550. https://doi.org/10.1002/bmb.21754

Tupper, M., Hendy, I. W., Shipway, J. R. (2025). Field course for dummies: To what extent can ChatGPT design a high education field course? *Innovations in Education and Teaching International*, *62*(2), 512–526. https://doi.org/10.1080/14703297.2024.2316716

UNICEF. (November, 2021). *Policy guidance on AI for children*.
https://www.unicef.org/innocenti/media/1341/file/UNICEF-Global-Insight-policy-guidance-AI-children-2.0-2021.pdf

U.S. Department of Education, Office of Educational Technology. (2023). *Artificial intelligence and future of teaching and learning: Insights and recommendations*.
https://www.ed.gov/sites/ed/files/documents/ai-report/ai-report.pdf

Vayadande, K., Bohri, M., Chawala, M., Kulkarni, A. M., Mursal, A. (2024). The rise of AI-generated news videos: A detailed review. In A. Dey, S. Nayak, R. Kumar, & S. N. Mohanty (Eds.), *How machine learning is innovating today's world*. Wiley-Scrivener.
https://doi.org/10.1002/9781394214167.ch25

Warren, C. J., Edmonds, V. S., Payne, N. G., Voletti, S., Wu, S. Y., Colquitt, J., Sadeghi-Nejad, H., & Punjani, N. (2024). Prompt matters: evaluation of large language model chatbot responses related to Peyronie's disease. *Sexual Medicine*, *12*(4), Article qfae055. https://doi.org/10.1093/sexmed/qfae055

Xu, T., Liu, Y., Jin, Y., Qu, Y., Bai, J., Zhang, W., & Zhou, Y. (2024). From recorded to AI-generated instructional videos: A comparison of learning performance and experience. *British Journal of Educational Technology*. Advance online publication.
https://doi.org/10.1111/bjet.13530

Zhou, H. (2023). A comparison of healthcare service for international students in United States and United Kingdom: A perspective of institutional complexity. In I. A. Khan, Y. Chen, C. Shen, & J. Rak (Eds.). *SHS web of conferences: Vol. 178*, Article 01003. *3rd International Conference on Public Relations and Social Sciences (ICPRSS 2023)*.
https://doi.org/10.1051/shsconf/202317801003

Zhou, X., Zhou, A. Q., & Sun, X. (2022). Prevalence of common mental concerns and service utilization among international students studying in the U.S. *Counselling Psychology Quarterly*, *35*(3), 483–502.
https://doi.org/10.1080/09515070.2021.1875400

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APPENDIX

NARRATIONS GENERATED BY CHATGPT

Module 1: Introduction to the US Health System

Hello, and welcome to Module 1 of our course on Navigating the US Healthcare System for International Students. I'm excited to guide you through the intricacies of the US healthcare landscape.

In this module, we'll provide you with a comprehensive overview of the US healthcare system. Understanding how healthcare is structured here is crucial for making informed decisions about your health and well-being during your stay in the United States.

Let's start by exploring the key components of the US healthcare system. It's a multifaceted system that includes public and private healthcare providers, insurance companies, and various government programs. This mix creates a diverse landscape, and we'll break down these elements to help you navigate through them.

As we embark on this journey, we'll also cover some basic healthcare terminology. Understanding terms commonly used in the US healthcare system will empower you to communicate effectively with healthcare providers and comprehend the information you receive.

So, why is it important to understand the US healthcare system? Well, as an international student, you'll likely need to access healthcare services at some point. Whether it's a routine check-up, managing a chronic condition, or addressing unexpected health issues, having a grasp of the system will make your experience smoother.

Knowing how the system works allows you to make informed decisions about your healthcare, navigate the available resources, and ensure you receive the right care at the right time. It's about empowering you to take control of your health journey while you're here.

In summary, this module aims to lay the groundwork for your understanding of the US healthcare system. We'll explore its components, terminology, and why this knowledge is vital for your well-being. So, let's dive into the first module of our course and equip you with the tools you need to navigate the US healthcare system successfully.

Module 2: Health Insurance in the US

Welcome back to our course on Navigating the US Healthcare System for International Students. In Module 1, we gained a foundational understanding of the US healthcare system. Now, in Module 2, we'll delve into a crucial aspect of healthcare – health insurance.

As an international student, having the right health insurance is paramount. Let's start by exploring why health insurance is so important during your stay in the United States.

Studying abroad is an exciting adventure, but unexpected health issues can arise. Health insurance acts as a safety net, providing financial protection and ensuring you have access to the healthcare you need.

Now, let's talk about the different types of health insurance plans available. Understanding these options will help you make an informed decision about the coverage that suits your specific needs.

There are typically two main types of health insurance: managed care plans and indemnity plans. Each has its own features, pros, and cons, and we'll explore these to give you a comprehensive understanding.

Choosing the right insurance plan can be a challenge. We'll provide practical guidance on how to navigate through the options available, considering factors like coverage, costs, and any specific needs you might have.

Remember, selecting the right plan is a crucial step in ensuring you have access to the healthcare services you need without breaking the bank.

Once you've chosen a plan, it's essential to understand what it covers and any limitations. We'll go through common terms like co-pays, deductibles, and out-of-pocket maximums to demystify your insurance policy.

This knowledge will empower you to make informed decisions about seeking medical care, managing costs, and utilizing your insurance effectively.

As we wrap up Module 2, you've gained insights into the importance of health insurance, different plan types, and how to choose the right coverage for you. Armed with this

knowledge, you're better prepared to navigate the complexities of the US healthcare system.

Module 3: Assessing Healthcare Services

Welcome back to our course on Navigating the US Healthcare System for International Students. In Modules 1 and 2, we laid the foundation by understanding the US healthcare system and the importance of health insurance. Now, in Module 3, we'll explore how to access healthcare services during your stay in the United States.

When it comes to accessing healthcare, the first step is knowing where to go. In this module, we'll explore different healthcare facilities, including hospitals, clinics, and urgent care centers.

Whether it's a routine check-up or urgent medical attention, understanding the types of facilities available will help you make informed choices about where to seek care.

One key aspect of accessing healthcare is establishing a relationship with a primary care physician or PCP. We'll discuss why having a designated healthcare provider is important and guide you through the process of registering with one.

Your PCP will be your go-to person for preventive care, managing chronic conditions, and addressing non-emergency health concerns.

Once you've identified a healthcare facility and established a relationship with a PCP, the next step is making appointments. We'll provide insights into scheduling appointments, understanding waiting times, and ensuring timely access to healthcare services.

Efficiently navigating appointment systems will help you get the care you need when you need it.

In emergencies, it's crucial to know how to access immediate healthcare services. We'll discuss what constitutes a medical emergency, how to seek help, and the role of emergency rooms in the US healthcare system.

Understanding when to call for emergency assistance and when to seek urgent care can make a significant difference in critical situations.

As we conclude Module 3, you've gained insights into locating healthcare facilities, registering with a primary care physician, making appointments, and understanding emergency healthcare services. Armed with this knowledge, you're better prepared to navigate the practical aspects of accessing healthcare in the United States.

Module 4: Healthcare Costs and Financial Considerations

Hello again, and welcome to Module 4 of our course on Navigating the US Healthcare System for International Students. In the previous modules, we covered the basics of the US healthcare system, the significance of health insurance, and how to access healthcare services. Now, in Module 4, we're delving into a critical aspect – understanding healthcare costs and financial considerations.

Let's start by unraveling the complexities of healthcare costs in the United States. Healthcare expenses here can include a variety of things, from routine doctor visits to more complex procedures and medications. Knowing what to expect can help you plan your budget effectively.

Medical costs can vary widely, and they may include charges for doctor visits, diagnostic tests, prescription medications, and other healthcare services. Understanding these costs will empower you to make informed decisions about your health and finances.

As you navigate the US healthcare system, you'll encounter terms like co-pays, deductibles, and out-of-pocket expenses. Let's break these down.

A co-pay is a fixed amount you pay for a covered healthcare service, usually paid at the time of service. Deductibles are the amount you pay before your insurance kicks in, and out-of-pocket expenses are the total costs you're responsible for, including deductibles and co-pays. Understanding these terms will help you manage your healthcare expenses effectively.

As a student, managing your budget is crucial. Healthcare costs are a part of that, and we want to provide you with practical tips on how to budget for healthcare expenses without compromising your overall financial well-being.

Consider creating a budget that includes a designated amount for healthcare expenses. This can help you plan for routine check-ups, medications, and any unexpected medical needs that may arise.

Despite careful budgeting, unexpected situations may occur. If you find yourself facing financial challenges related to healthcare, there are assistance programs available.

Many universities offer student health services and financial assistance programs. These resources can provide support when you need it most. Familiarize yourself with the options available at your institution.

As we conclude Module 4, you've gained valuable insights into healthcare costs, terms like co-pays and deductibles, budgeting for healthcare, and exploring financial assistance programs. Armed with this knowledge, you're better equipped to navigate the financial aspects of the US healthcare system. Join us in Module 5 as we delve into cultural considerations in healthcare.

Module 5: Cultural Considerations in Healthcare

Welcome back to our course on Navigating the US Healthcare System for International Students. In the previous modules, we covered the basics of the US healthcare system, health insurance, accessing healthcare services, and understanding healthcare costs. Now, in Module 5, we're shifting our focus to cultural considerations in healthcare.

As an international student, you bring a unique cultural perspective to your healthcare experiences. Understanding and respecting cultural differences in healthcare practices is crucial for effective communication and receiving the best care possible.

In the United States, healthcare providers are accustomed to serving a diverse population. However, it's essential to communicate openly about your cultural preferences and practices to ensure your healthcare needs are met appropriately.

Effective communication with healthcare providers is key to receiving quality care. We'll discuss strategies for communicating your health concerns, understanding medical advice, and expressing your cultural preferences.

Feel free to ask questions, seek clarification, and share any cultural considerations that may impact your healthcare choices. Open dialogue contributes to a positive patient-provider relationship.

Building a strong doctor-patient relationship is essential for quality healthcare. We'll explore how to navigate this relationship, including discussing your health history, expressing concerns, and collaborating with your healthcare team.

Your input is valuable, and a collaborative approach ensures that your cultural and personal preferences are taken into account in your healthcare plan.

Advocating for your healthcare needs is an empowering skill. We'll provide guidance on expressing your concerns, seeking second opinions, and ensuring your voice is heard throughout your healthcare journey.

Remember, your active participation in your healthcare decisions contributes to better outcomes.

As we conclude Module 5, you've gained insights into understanding cultural differences, effective communication with healthcare providers, navigating the doctor-patient relationship, and advocating for your healthcare needs. Join us in Module 6 as we shift our focus to mental health and wellness.

Module 6: Mental Health and Wellness

Welcome back to our course on Navigating the US Healthcare System for International Students. In the previous modules, we covered essential aspects of the US healthcare system, health insurance, accessing healthcare services, understanding costs, and cultural considerations. Now, in Module 6, we'll delve into an important topic: Mental Health and Wellness.

Mental health is a crucial component of overall well-being. In this module, we'll explore the mental health services available in the United States and the importance of prioritizing your mental well-being.

Mental health services encompass a range of support, from counseling and therapy to psychiatric care. It's important to know where to turn if you're facing mental health challenges.

Recognizing signs of mental health issues is the first step towards seeking help. We'll discuss common signs and symptoms, emphasizing the importance of self-awareness and understanding when to reach out for support.

Remember, seeking help is a sign of strength, and there are resources available to support you.

Counseling and therapy services are valuable tools for managing mental health. We'll guide you on how to access these services, whether through on-campus resources, private practitioners, or virtual platforms.

Having a supportive environment where you can discuss your thoughts and feelings is essential for maintaining good mental health.

Coping with stress is a universal challenge, especially for international students. We'll provide practical strategies for managing stress and seeking support from friends, family, and mental health professionals.

Taking care of your mental health is a continuous process, and it's okay to seek support when needed.

As we conclude Module 6, you've gained insights into mental health services, recognizing signs of mental health issues, accessing counseling and therapy, and coping with stress. Join us in Module 7 as we focus on preventive healthcare and overall wellness.

Module 7: Preventive Healthcare and Wellness

Welcome back to our course on Navigating the US Healthcare System for International Students. In the previous modules, we've covered crucial aspects of the US healthcare system, health insurance, accessing services, understanding costs, cultural considerations, and mental health. Now, in Module 7, we'll shift our focus to Preventive Healthcare and Wellness.

Preventive care is a cornerstone of maintaining good health. In this module, we'll explore why preventive care is essential and how it contributes to overall wellness.

Preventive care includes vaccinations, screenings, and lifestyle choices that can help detect and address health issues before they become more serious.

Immunizations and screenings are vital components of preventive care. We'll discuss the importance of staying up-to-date on vaccinations and participating in regular screenings to detect potential health concerns early.

Ensuring that you are immunized and screened appropriately is a proactive approach to maintaining your health.

Healthy lifestyle choices play a significant role in overall wellness. We'll explore the importance of nutrition, physical activity, and adequate sleep in promoting a healthy lifestyle.

Making conscious choices about your diet, exercise routine, and sleep patterns can positively impact both your physical and mental well-being.

Maintaining overall wellness is an ongoing process. We'll provide you with resources and tips on how to integrate wellness practices into your daily life, both on and off campus.

From on-campus fitness programs to community wellness initiatives, there are numerous resources available to support your journey towards a healthy lifestyle.

As we conclude Module 7, you've gained insights into the importance of preventive care, the significance of immunizations and screenings, the impact of healthy lifestyle choices, and resources for maintaining overall wellness. Join us in Module 8 as we explore healthcare services available on campus through student health centers.

Module 8: Student Health Services on Campus

Hello again, and welcome to Module 8 of our course on Navigating the US Healthcare System for International Students. In our previous modules, we've covered various aspects of the US healthcare system, health insurance, accessing services, understanding costs, cultural considerations, mental health, and preventive care. Now, in Module 8, we'll focus on the healthcare services available right on your campus.

Many universities provide on-campus health clinics specifically tailored to students' needs. In this module, we'll explore the benefits of utilizing these clinics and the range of services they offer.

On-campus health clinics are designed to provide convenient and accessible healthcare services, from routine check-ups to addressing minor illnesses and injuries."

Student health centers offer a variety of services to support your health and well-being. We'll discuss the services commonly available, including preventive care, vaccinations, and treatment for common illnesses."

Understanding the breadth of services offered will help you make the most of the healthcare resources available to you on campus."

As an international student, you may have specific immunization requirements. We'll guide you through understanding these requirements and ensuring that you are compliant with the university's health regulations."

Meeting immunization requirements is not only a university policy but also essential for your health and the health of the campus community."

In addition to health clinics, many campuses offer wellness programs to promote overall well-being. We'll explore the variety of programs available, from fitness classes to mental health workshops."

Engaging with these programs not only contributes to your health but also fosters a sense of community and connection on campus."

As we conclude Module 8, you've gained insights into the benefits of utilizing on-campus health clinics, the services they provide, immunization requirements, and the availability of wellness programs. Join us in Module 9 as we navigate the prescription medication system in the United States.

Module 9: Navigating the Prescription Medication System

Welcome back to our course on Navigating the US Healthcare System for International Students. We've covered various aspects of healthcare, from understanding the system and health insurance to accessing services, cultural considerations, mental health, preventive care, and on-campus health resources. Now, in Module 9, we'll focus on navigating the prescription medication system in the United States.

Accessing prescription medications is a common aspect of healthcare. In this module, we'll explore how the prescription medication system works in the United States and what you need to know as an international student.

When your healthcare provider prescribes medication, it's important to understand the process of obtaining and managing prescription medications.

Pharmacies play a key role in the prescription medication system. We'll discuss the services offered by pharmacies, the role of pharmacists, and how to navigate the pharmacy experience.

Pharmacists are valuable resources. They can provide information about your medications, potential side effects, and answer any questions you may have.

When receiving a prescription, you may encounter the choice between generic and brand-name medications. We'll explore the differences between the two and factors to consider when making this decision.

Understanding the distinction between generic and brand-name medications can impact the cost and effectiveness of your treatment.

For those facing financial challenges in obtaining medications, prescription assistance programs are available. We'll discuss these programs and how they can provide support for international students.

Prescription assistance programs can help make necessary medications more affordable, ensuring you can access the healthcare you need.

As we conclude Module 9, you've gained insights into obtaining prescription medications, understanding pharmacy services, choosing between generic and brand-name medications, and exploring prescription assistance programs. Join us in Module 10 as we discuss planning for healthcare after graduation.

Module 10: Planning for Healthcare After Graduation

Hello, and welcome to the final module of our course on Navigating the US Healthcare System for International Students. Throughout this journey, we've covered crucial aspects of healthcare, from understanding the system and health insurance to accessing services, cultural considerations, mental health, preventive care, on-campus health resources, and navigating prescription medications. Now, in Module 10, we'll discuss an important transition – planning for healthcare after graduation.

As your time as an international student in the United States comes to an end, it's essential to plan for your healthcare beyond graduation. We'll explore your options and what steps you can take to ensure continuity of care.

Understanding the healthcare landscape after graduation will empower you to make informed decisions about your health and well-being.

One key consideration is health insurance coverage after graduation. We'll discuss options such as extending your current plan, exploring new plans, and understanding the deadlines for enrollment or changes.

Maintaining continuous health insurance coverage is crucial for ongoing access to healthcare services.

As you transition, establishing a relationship with a new primary care physician (PCP) is important. We'll provide guidance on finding a new PCP, transferring medical records, and ensuring a seamless transition in your healthcare.

Your PCP will be a key partner in managing your health, so it's essential to choose one that aligns with your needs and preferences.

Beyond insurance and a new PCP, we'll explore additional healthcare resources available to you after graduation. This may include community clinics, public health programs, and other avenues for accessing healthcare services.

Understanding the healthcare resources in your new community will ensure a smooth transition and continued well-being.

As we conclude our course, you've gained a comprehensive understanding of the US healthcare system. From your arrival as an international student to planning for healthcare after graduation, you now have the knowledge to navigate the complexities of healthcare in the United States. Remember, your health is a priority, and being informed is the first step to ensuring a healthy and fulfilling life. Thank you for joining us on this journey, and we wish you continued well-being and success in all your future endeavors.

Module 11: Legal and Regulator Aspects of Healthcare for International Students

Hello, and welcome to a special module on the Legal and Regulatory Aspects of Healthcare for International Students. As you navigate the US healthcare system, understanding the legal and regulatory landscape is crucial for making informed decisions about your health. Let's dive in.

In the United States, healthcare is governed by a complex legal framework. From federal laws to state regulations, various statutes shape how healthcare is provided and accessed. We'll explore the key components of this framework and how they impact international students.

Understanding the legal landscape ensures that you are aware of your rights and responsibilities as a healthcare consumer.

Health insurance is a critical aspect of healthcare for international students. We'll delve into the regulations surrounding health insurance, including requirements imposed by universities, federal laws, and state regulations.

Compliance with health insurance regulations is essential for maintaining your status as an international student and ensuring access to necessary healthcare services.

Your privacy and rights as a patient are protected by specific laws. We'll discuss privacy laws such as the Health Insurance Portability and Accountability Act (HIPAA) and how they impact your interactions with healthcare providers.

Understanding your rights empowers you to actively participate in your healthcare decisions.

Cultural competence is a legal and ethical consideration in healthcare. We'll explore how healthcare providers are mandated to offer culturally competent care and how you, as an international student, can advocate for your cultural preferences.

Ensuring that your cultural background is respected is not just a preference; it's a right protected by laws and regulations.

As we conclude this module on the Legal and Regulatory Aspects of Healthcare for International Students, you now have insights into the legal framework, health insurance regulations, privacy laws, and the importance of cultural competence. Armed with this knowledge, you're better prepared to navigate the legal aspects of healthcare during your stay in the United States.

Module 12: Case Studies and Practical Scenarios (Not Included in the Study)

Welcome to a special session on Case Studies and Practical Scenarios in Navigating the US Healthcare System. Today, we'll delve into real-life examples and scenarios to apply the knowledge you've gained throughout this course. Let's explore how to navigate various healthcare situations.

Our first case study involves choosing health insurance. Imagine you're an international student faced with multiple insurance plans. How would you decide which plan is the best fit for your needs? Let's discuss factors like coverage, costs, and any specific requirements your university may have.

Choosing the right health insurance is a critical decision, and we'll analyze the considerations that will guide you in making an informed choice.

Next, let's consider a scenario where you need emergency medical attention. What steps would you take? From understanding what constitutes a medical emergency to knowing how to call for help and navigating the emergency room, we'll walk through the process.

Being prepared for emergencies ensures that you can access timely and appropriate healthcare.

In our third scenario, we'll explore cultural considerations in healthcare. Picture a situation where your cultural preferences are not fully understood by your healthcare provider. How would you communicate your needs effectively? We'll discuss strategies for ensuring culturally competent care.

Cultural competence is not only a legal requirement but also vital for personalized and respectful healthcare.

Our final scenario involves managing healthcare costs. Imagine you're faced with unexpected medical expenses. How would you navigate co-pays, deductibles, and

potential financial assistance programs? We'll explore practical steps to manage healthcare costs without compromising your well-being.

Understanding the financial aspects of healthcare is essential for maintaining both your health and financial stability.

As we conclude our Case Studies and Practical Scenarios session, remember that real-life situations may vary, but the principles we've discussed today can guide you through various healthcare challenges. Feel free to reflect on these scenarios and apply the knowledge gained in your own healthcare journey. Thank you for joining us, and we wish you well in navigating the complexities of the US healthcare system.