

Medical students on role-play activities - An action research at a university in Vietnam

Do Phuong Linh Chi^{1*}, Pham Bich Ngoc¹

ABSTRACT

Role play is one of a whole gamut of communicative techniques which develops fluency in language students, which promotes interaction in the classroom, and which increases motivation. (Ladousse, 2004, p.7). The purpose of this research is to describe the evaluation of thirty second- year medical students at the University in Vietnam on the application of role-play activities in practicing speaking skill. The Action Research method was used, and the results obtained from two classroom observations and surveys from two questionnaires show that nearly half of the students in the class do not agree with the application of role-play activities, which is contrary to the classes that the writer has taught. Also, based on the results obtained from the research, the main reason leading to a large number of students not wanting to participate in role-play activities is due to a lack of balance in terms of skills. Role-play is due to the lack of balance in students' proficiency levels.

Keywords: Role-play, speaking skill, medical students.

¹ Hai Phong University of
Medicine and Pharmacy, Vietnam

* Corresponding author

Do Phuong Linh Chi
Email: dplchi@hpmu.edu.vn

Received: October 20, 2024

Reviewed: October 29, 2024

Accepted: November 13, 2024

INTRODUCTION

A dynamic classroom is always something that any instructor is concerned about. And most of those who have and are standing in front of the class always try to find and apply techniques to create interest but must be effective for students with the right purpose of the course that the students are studying. The author of this article is no exception. Role-play is one of the activities that the writer frequently applies to students in speaking skill classes, always receiving positive responses from the students. However, in reality, role-play activities cannot be applied to all student groups and do not always yield the desired results. In the first semester (2021-2022), when mentioning grouping for role-play activities, the instructor received some mixed reactions from the students. For

those reasons, this research began to be undertaken.

The focus of this study is to understand the evaluation of 30 second-year medical students in the first semester, lasting 15 weeks (August 2, 2021- November 14, 2022), at Haiphong University of Medicine and Pharmacy regarding the role-play activities. The purpose of this research is to determine whether role-play is truly a speaking skills practice activity favored by 30 second-year medical students class at Haiphong University of Medicine and Pharmacy. Through this, the author will seek to understand in order to timely update or change (if necessary) the speaking skills teaching method to achieve the highest effectiveness in the following semesters.

LITERATURE REVIEW

Concepts of Role-play

According to Yardley-Martwiejczuk (1997, p.1), "Role-play" is a term that describes a range of activities typical of some individuals based on a situation that is simulated, drawing from real-life experiences in controlled conditions with test subjects or experts. According to Ardriyati (2009, p.219) a role play is a kind of life game that has a goal, rules, and involves a feeling of fun. Furthermore, she also explains that in role play the students are put in a certain atmosphere outside of the class. Mustafa (2011, p.71) highlights that role play is when students portray roles of particular type of people, for example, a principal, a teacher, a father a driver, or a customer.

From these concepts, role-play is an activity in which learners take on the position of others based on real-life situations and communicate with each other.

The benefits of Role-play

Speaking of the benefits of role-play, Harmer (1991, p.133) asserted that when engaging in role-play, shy or hesitant students tend to become more talkative because learners are not responsible for their actions and words. In addition, Harmer (2007, p.166) argued that participating in role-play helps learners significantly increase their speaking opportunities. Furthermore, learners can choose roles according to their proficiency to participate, rather than in pair or whole-class speaking situations. This is consistent with the reality observed in previous Speaking Skills classes. Almost all of the students have had the opportunity to speak when participating in role-play activities. In contrast, if only single or pair speaking techniques are applied, students can easily avoid speaking for various personal reasons.

When participating in role-play, weaker students can take on roles that suit their abilities. Therefore, Forseth, Forseth, Hung & Do (1996, p.109) suggest that engaging in role-play will help learners to speak more naturally. It also helps participants overcome fear and hesitation. At the same time, students overcome the fear of embarrassment when performing in front of an audience. He also believes that practice is an important part of the learning process and that engaging in hypothetical role-play situations may be crucial for them to learn a new skill.

Another advantage is that when participating in role-play, learners can discuss their private issues with each other. Bailey and Nunan (2005, p.52) mention that a role play is a speaking activity in which the students take the part of other people and interact using the characteristics of those people (for instance, age, gender occupation, and so on). Moreover, they also explain that role play includes a particular communicative task, such as negotiating a purchase, solving a problem, making a reservation, getting information, and so on. That is also the reason helping them become more dynamic and confident in special situations.

RESEARCH METHODOLOGY

Research Design

Descriptive cross-sectional study was used for quantitative study.

This method is easy for the author to carry out throughout the teaching process. In addition, quantitative data will be obtained through survey questionnaires administered to the students in the class, which is convenient as it can be conducted directly in the author's teaching class.

Research Subjects

The selection criteria of the study was conducted on 30 second-year medical students from Haiphong University of Medicine and Pharmacy who were willing to participate in this research. All of them are 19 years old, including 14 male students and 16 female students. The majority of these students chose to study English out of personal interest, while a few were influenced by family arrangements or trends. These are also the students for whom the researcher was responsible for teaching Medical English Communication.

Research Instruments

Observation

Observation was conducted by directly participating in the classes taught by the author to observe the outcomes of applying role-playing techniques in the oral practice of 30 second-year medical students at Haiphong University of Medicine and Pharmacy.

Survey Questionnaire

Survey Questionnaire 1 consists of six questions. The first four questions aim to assess the students' English language proficiency to understand their English level before participating in the Medical English Communication course. Question 5 inquires about the students' confidence when speaking in front of the class. Question 6 is about the students' perspectives on the reasons for feeling less confident when speaking English in front of the class.

Survey Questionnaires 2 and 3 each contain three questions evaluating the students' satisfaction with role-playing. Questionnaire 2 was conducted at the end of the initial phase (from week 8 to week 11 of the semester) to compare the changes from the beginning to the end of phase 1 in implementing role-playing activities.

Meanwhile, Questionnaire 3 was conducted at the end of the later phase (from week 12 to week 14 of the semester) to identify differences in students' confidence and speaking abilities from the end of phase 1 to the end of phase 2 of the role-playing activities.

Data Collection

With the consent of 30 second-year medical students, the application of the role-playing technique to enhance speaking skills was conducted in three phases.

The first phase (From week 1 to week 7 of the semester) involved no implementation of role-playing activities.

Phase two (From week 8 to week 11 of the semester). In week 8, the instructor introduced the role-playing technique to the students. Subsequently, the students were divided into 4 groups, and each group chose a topic from the first five lessons they had studied. After receiving specific instructions, the students prepared at home. They created a situation based on the chosen topic and assigned roles according to the preferences of the group members. During the preparation, the students had the opportunity to discuss with the instructor for more specific guidance and suggestions. To alleviate any apprehension, the instructor allowed the groups to perform and record their role-plays. These recordings were then presented in class in week 11. Before watching the recordings, the students were instructed by the instructor to take notes on content, language, grammar, vocabulary, delivery, interaction, and pronunciation. All students were required to do this while watching the recordings of other groups. After the four recordings were presented, each group received feedback and evaluation from the

instructor and the members of the other groups to draw lessons for the next time.

Phase three (From week 12 to week 14 of the semester). Near the end of week 11, representatives from each group selected a topic from the last five lessons and continued to prepare using the same steps as in the previous role-play. Unlike the previous time, as the students had already gained experience from the previous role-play and had learned from the feedback of the instructor and their classmates, the groups performed the role-playing activities directly in class in week 14.

The data collection process proceeded as follows:

To ensure the quantity of data, the author required students to attend classes regularly in weeks 2, 11, and 14. Survey questionnaire 1 was distributed and collected in week 2. In weeks 11 and 14, after the groups presented their role-plays either through recorded clips or live performances in class, students answered Survey questionnaire 2 and 3 and submitted them immediately after.

The results of the data will be presented clearly in the following section.

RESULTS AND DISCUSSION

In this section, the author will present the results after 15 weeks of personal observations in the classroom. Additionally, the survey questionnaire results will be thoroughly analyzed.

Results of Survey 1

According to the results obtained by the author from questions 1, 2, 3, and 4 of the survey, more than two-thirds of students (20 students) chose to study in Haiphong University of Medicine and Pharmacy out of their interest. The remaining one-third did so due to trends or family arrangements. Before attending Haiphong University of Medicine and Pharmacy, all students studied English in the high school curriculum at the secondary and high school levels, but only 9.4 % of students said they were trained in speaking skills. 49,5 % of students focused only on grammar and reading comprehension and rarely practiced speaking. 41,1 % of students had never been trained in speaking skills during their high school years. Due to these reasons, the students' proficiency in the classroom was uneven, and they faced difficulties in speaking skill practice.

Out of the 30 responses to question 5, which inquired about students' confidence during their English language learning, a striking 22 students expressed a significant lack of confidence. This figure is substantial in comparison to the total number of students in the class. This greatly affects the students' speaking practice.

The table below (Results of question 6: What are the reasons that make you hesitant to speak English in class?) provides information about the explanations given by the students for their reluctance to speak English in class. A significant 36,8 % of responses (21 students) cited a lack of vocabulary as the reason. Conversely, fear of speaking in front of a crowd was the least worrisome at 5,2% (03 responses). Following the vocabulary issue, 11 students (19,2 %) cited slow reflex as their reason. Fear of making grammatical mistakes also garnered attention, with 15 students (56,3 %) choosing this option. Additionally, 7 out of 57 responses (23,3% of the total) expressed fear of all the aforementioned reasons.

Table 1. Reasons why students are hesitant to speak English in class

<i>Question 6. What are the reasons why you hesitate to speak English in class?</i>	<i>Numbers (%)</i>
a. Fear of crowds	03 (5,2 %)
b. Lack of vocabulary	21 (36,8 %)
c. Fear of grammatical mistakes	15 (26,3 %)
d. Fear of slow reflexes	11 (19,2 %)
e. All	07 (23,3 %)

In summary, in a class with diverse levels of proficiency, it will result in a lack of confidence among students with lower proficiency. At the same time, both teachers and students may encounter difficulties in teaching and practicing speaking English.

Results of Surveys 2 and 3

In this section, the author will present the results of two survey questionnaires in a comparative manner to clearly see the changes after two role-playing sessions. Survey Questionnaire 2 was conducted at the end of week 11 of the semester, while Survey Questionnaire 3 was conducted at the end of week 14 of the semester.

The results of Survey 2 show the level of confidence of students after each stage. After stage 2, only three students felt “Very confident” when performing the role-playing activity in front of the class. At the end of stage 3, this number increased to five students, accounting for 16,7 %. Additionally, after stage 2, four students felt that their confidence did not change, but after stage 3, no one chose this response, so the result was "No" (0). This is a commendable change in this class. Furthermore, 23 (after stage 2) and 25 (after stage 3) students chose the second option in this question ("Not very confident").

Table 2. Comparison of the confidence level changes

Question 1: After applying the Phase 1 Role -Play technique to speaking practice, has your confidence changed? (The answer according to the changes of each stage)

	Very confident	Not very confident	No change
Phase 2	03 (10 %)	23 (76,7 %)	04 (13,3 %)
Phase 3	05 (16,7 %)	25 (8,3 %)	0 (0%)

Table 3 presents the progress of students in the role-playing activity after each stage, as self-assessed by the students. The result of "Improved significantly" is inversely proportional to "Improved slightly." Specifically, by the end of stage 3, "Improved significantly" increased by seven students, while "Improved slightly" decreased by seven. And "No improvement" still had a quantity of two (02) after both stages.

Table 3. Students’ progress in Role-playing activity

Question 2: After applying the Phase 1 Role -Play technique to speaking practice, have your Speaking skills improved? (The answer according to the changes of each stage)

	Improved significantly	Improved slightly	No improvement
Phase 2	02 (6,6 %)	26 (86,8 %)	02 (6,6 %)
Phase 3	07 (23,3 %)	21 (70 %)	02 (6,6 %)

The results of Table 4 below illustrate the students' interest in the role-playing activity. By the end of stage 3, the number of students who enjoyed this activity had increased to fourteen, which is more than five students compared to the end of stage 2 (only nine).

Table 4. Students' interest in Role-playing activity

**Question 3. Do you like Role-playing activities?
 (The answer according to the changes of each stage)**

	Yes	No
Phase 2	09 (30 %)	21 (70%)
Phase 3	14 (46,7%)	16 (53,3%)

When explaining the reasons, the majority of students chose option a, stating: "Role-playing is very interesting." According to them, the thorough preparation and performance of the scenarios were carried out thoughtfully, giving them the opportunity to enrich their vocabulary, improve speaking skills, as well as further develop communication skills, and overcome the fear of speaking English in front of the class.

In addition, many students who chose option b "Dislike" also share the same view, but they still believe that the role-playing activity has many drawbacks. For example, within a group, there are some classmates who are more proficient in English and more confident; therefore, these students speak English fluently and quickly. This makes the less proficient learners hesitant to voice their personal opinions and they become intimidated, so they are not interested in practicing with more proficient and confident students. They also feel embarrassed when performing their roles in English in the dramatic scenes, even though they have been assigned roles and have practiced; ultimately, the proficient English speakers continue to excel.

The final reason, which the author considers the most significant, is that the students with lower English proficiency may have the ability and/or interest in acting, but they perceive their English language skills to be very poor, including frequent mispronunciations and hesitations while speaking English, making the role-playing less natural than those of their more proficient peers. Therefore, they are concerned and believe that other students will ridicule and mock them when they hear their lines. Consequently, for those who chose "Dislike," they do not feel that they have learned much about English speaking and communication skills after the two stages conducted by the teacher.

CONCLUSIONS

Role-playing has instilled confidence and improved speaking skills for many students

in Medical English Communication course. Additionally, having students record video clips also helps them recognize deficiencies in pronunciation and speaking expression.

The study was conducted over a relatively short period, and the opportunity for students to engage in role-playing activities was limited. Therefore, the obtained results may not be entirely objective.

REFERENCES

1. Adriyati, W. (2009), Role Play: One alternative and effective teaching method to improve students communicative skill, *Jurnal Dinamika Bahasa dan Budaya*, 3 (2), p.218-228.
2. Bailey, K.M & Nunan, D. (2005), *Practical English language teaching speaking*. New York: MecGraw-Hill Education.
3. Forseth, R., Forseth c., Hung T. T. & Do N.V. (1996), *Methodology Handbook for English Teachers in Vietnam*. America: English Language Institute, p.109.
4. Ladousse, G. P. (2004), *Role Play*. Oxford: Oxford University Press, p.7.
5. Harmer, J. (1991), *The Practice of English Language Teaching*. New edition. New York: Longman Publishing, p.133.
6. Harmer, J. (2007), *The Practice of English Language Teaching*. Fourth edition. United Kingdom: Pearson Education Limited, p.166.
7. Mustafa, N. (2011), Teaching language functions by implementing communicative activities, *English Education Journal*, 2 (1), p.65-77.
8. Virginia, E., Jenny D. & Trang M. Tr. (2012), *Career Paths: Medical*. Express Publishing.
9. Yardley-Martwiejczuk, K. M. (1997), *Role Play: Theory and Practice*. London: SAGE Publication Lt, p.1.