Teaching English Through the Medical or Healthcare Process and the Role Play for the Students of the Faculty of Medicine, Andalas University

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ABSTRACT
This research is to see the extent to which teaching English through medical/healthcare and roleplay can improve the interpersonal speaking skills of Andalas University of medicine undergraduate students in the odd semester 2019/2020. This classroom action research was conducted in two cycles. The finding obtained in the first cycle was the lack of attention from the participants due to several factors, including the too large participants, namely 119 students. The average score of students in the first cycle was 77.73. After intervention to problems, an increase in the average score of students in the second cycle was 81.70. The final score obtained by students for Grade A was 63 people (74.97%). The students' responses to the methods and approaches applied at the end of the lecture gave an average score of 4 (well) with a percentage of 58.97%, and a value of 5 (very well) with a percentage of 24.35%.

Keywords: Interpersonal speaking skill, Medical or healthcare process, roleplay.

1. INTRODUCTION

The English subject is one of the compulsory subjects in the Medical Education Undergraduate Study Program, Faculty of Medicine, Andalas University which is offered in semester three. This subject has two credits (140 minutes of face-to-face learning with lecturers in class). Lecture meetings are held once a week with the same schedule/time.

Learning English in previous semesters discussed typical English grammar and related it to the contents of texts that were suitable in the medical field through group presentations. The measurement of student learning was in the form of presentation scores, mid-term examination, final-term examination, attendance, reading reports, and activeness. For mid and final term examinations, a written exam was conducted on understanding previous grammar topics using written data about the medical field.

The distribution of students' final grades was generally B to A-. Based on the researcher's experience in teaching students of class 2017, these students did not practice interpersonal speaking skills. They mostly spoke in monologue, monotone, and formal in nature. Their ability was less explored to explore their speaking ability more optimally, plus their inadequate grammar comprehension ability, resulting in rare scores that got A, and few are A-

The non-focus of the teaching and learning process in a class by discussing random and general discussion presentation topics on medical texts discussed together with grammar in the class reduced students' motivation to learn and speak actively in class, which impacts students not being responsible for the success and activity of the class.

The application of classroom action research aims to improve the interpersonal communication skills of medical students of class 2018 who are studying in the odd semester of 2019 through the medical or healthcare process approach and role-play methods through interpersonal communication in English with patients, with their relatives, with medical colleagues, and with paramedical staff. Activities in research are also designed to help medical students tackle reading medical data to conference and case presentations.

The activity steps applied in the medical or healthcare process are divided into seven phases that are sequenced to suit a patient's own case. It ranges from the investigation, diagnosis, treatment - medical, surgery and physiotherapy. The first part introduces practical activities in a medical context. The second practice is more on the same general theme and includes listening and writing practices involving medical documents. The third is related to reading skills and goals to develop the skills needed to understand various medical texts, including hospital documents. The last section consolidates the material discussed in the first two sections in context resume the case history providing a link from the previous one. Practice seven has three sections on various forms of treatment and a final reading section that focuses on using online databases.

The references books [9] [10] and the specific topics

for the performance of role-play each week are: 1) Taking a history I with the sub-theme A full case history, Personal details, and Talking about pain. 2) Taking a history II with the sub-theme of Drug History, Family History, and Social and personal history. 3) Taking a history III with the sub-theme of Reviewing the system, asking about the central nervous system, and Patient ideas, concerns, and expectations. 4) Physical Examination. 5) Special or mental examination. 6) Explaining Diagnosis And Management. 7) Discussing Treatment with a sub-theme of Offering options, Advising a course of action, Advising patients to avoid something, and Warning. 8) Medical / Surgical Treatment. 9) Doctors' Conference. 10) Case or Patient data Presentation.

1.1. Related Work

1.1.1. Classroom Action Research

This research is a type of classroom action research. [1] Mc Niff, et al. stated that action research is a personal self-intervention to produce improvements and has special research problems. Furthermore, Gay and Airasian [2] state that action research is a type of practitioner research that is used to improve practitioner practice. Kemmis and Mc Taggart [3] involved four steps in this type of research, namely 1) formulating problems and planning actions, 2) monitoring actions and observations, 3) reflecting on the results of observations, and 4) revising action planning. This action research was conducted in a cycle. For one cycle, there are six topics. The following is a model of PTK [3]:
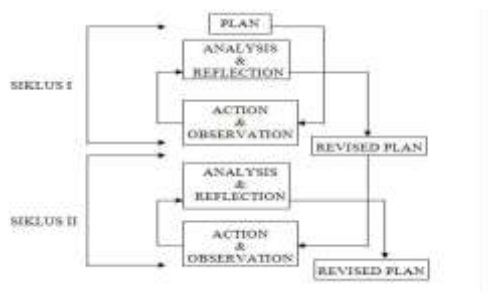
The description of the activities of the two planned cycles (16 meetings including introduction, preliminary, mid, and final examinations), namely:

1. Planning

A. Create or find topics related to Medical Process

B. Defining the role of the group, such as (doctor, patient, and family)

C. Establish rules during role play roles

D. Prepare research instruments.

E. Collaborating with accompanying lecturers

F. Make an agenda before meeting each role of the group.

- Step 1: Students create dialogue transcripts on related topics at home

- Step 2: students carry out role-playing exercises in English at home

- Step 3: students practice role-playing in front of the class.

The role of participants who witness the role-play

- Make open-ended questions

- Help answer questions from other participants

- Make a report on the activity of role play by other groups so that they pay close attention and are not noisy

The role of research lecturers

- Facilitating group interaction

- Consider ways to improve student abilities

- Listen carefully

- Asking

- Monitor student progress and performance

2. Take action

Classes are implemented according to planning. During the role play performance, it is ensured that the performers carry out their respective roles and that other participants pay attention. When playing the role, the lecturer assesses and observes the mistakes made.

3. Observe

A) The researcher monitors the group's role-play activities by sitting in the back seat of the class.

B) Collaborators observe participants during the role playing process.

C) Collaborators observe, take notes, and record spoken English activities during the learning process.

D) Researchers and collaborators evaluate activities using evaluation instruments that have been prepared.

4. Evaluate

At the end of the first cycle, researchers and collaborators analyzed data collected from observation sheets / checklists, interviews and speech tests to find / succeed in cycle one. For the weakness aspect, the researcher tries to improve it, and for the success or strength aspect, the researcher continues to use it for the next cycle.

The assessment of students in this study was from several categories, namely the value of soft skills, hard skills and process. First, the value of soft skills is taken

from attitude, cooperation, performance readiness, and leadership. Hard skill scores were taken from performance and speaking proficiency during role play and exams. The value of the process is taken from the activeness and presence of students in the class. The assessment of speaking ability is based on Hughes' speech test rubric [4]. There are five rubric components sorted by the weight of the assessment, namely: 1) grammar, 2) vocabulary, 3) fluency, 4) comprehension, and 5) accent. Each indicator has six levels of proficiency.

Table 1: The final component of the student assessment consists of soft skill, hard skill and process scores

No	Assessment Components	Score
1	soft skill	
	Attitude	10%
	Cooperation	10%
	Leadership	10%
2	hard skill	
	Roleplay performance	10%
	Topic understanding dan grammar	10%
	Oral mid term exam	15%
	Oral final term exam	15%
3	Proses	
	Activation	10%
	Presence	10%
	Total	100%

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1.1.2. Methodology or Strategy for Output Achievement

The strategy for achieving future outputs is in accordance with the revised Teaching Plan for a Semester in the form of plans for developing content learning methods on Medical Process and Role Play, and student assessments to facilitate students so that learning achievement, especially interpersonal communication skills, is more effective. The development is carried out based on the results of the analysis of the problems faced by the implementation of learning methods and student assessments at the previous Teaching Plan for a Semester. This learning method was chosen as an innovation that is tailored to the needs of interpersonal communication for doctors and its application is in accordance with the demands of the doctor's work in the future who will systematically always use

communication at every stage of the Medical Process. With the learning provided, students gain valuable knowledge and experience to be applied when working and interacting in the medical / health world later.

Assessment of student learning outcomes includes the assessment of processes and results, with the selection of assessment techniques according to the level of competence planned in the Lesson Plan for a Semester.

1.1.2.1. Medical or Healthcare Process

The medical process, according to Rosalinda Alvaro-LeFevre, [5], regards to problems with organs and system functions of the human body. There are five steps in the approach, namely, assessment, diagnosis, planning, implementation, and evaluation. This approach focuses on teaching how illness and trauma are treated. This approach involves individuals and sometimes groups and families. Therefore, interpersonal speaking is very much needed by a doctor.

Cataliyst.netj.org [6] states the healthcare process: a set of interrelated or interacting healthcare activities that transform inputs into outputs. Patient flow is the movement of patients through a healthcare facility. It involves the medical care, physical resources, and internal systems needed to get patients from the point of admission to the point of discharge while maintaining quality and patient/provider satisfaction.

A citizen's point of view on the healthcare system, its processes and their improvement is emphasized. From this point of view, five main processes are identified: Keeping Healthy, Detecting Health Problems, Diagnosing Diseases, Treating Diseases and Providing for a Good End of Life. The citizen should be looked upon as a co-creator of value and improvement of these processes

1.1.2.2. Role Play

Cambridge Dictionary [11] defines role-play as pretending to be someone else, especially as part of learning a new skill. Meanwhile, the Collins dictionary states that role-playing is the act of imitating the character and behavior of someone who is different from yourself, for example, as a training exercise.

The Oxford Dictionary [7] defines roleplay as a change in one's behavior to fulfill a social role.

As for Role Play, according to Heru Subagio [8], it can literally be interpreted as pretending to play the role of another chosen person.

1.2. Our Contribution

This paper presents the action research to improve the previous learning process of the researcher himself so that the learning objectives of medical students can be achieved. Roleplay activities combined with a medical or healthcare process approach systematically

displayed step by step in a full semester of learning activities can be a reference for lecturers teaching English subjects at the Faculty of Medicine at other universities.

1.3. Paper Structure

The rest of the paper is organized as follows. Section

2.1.1. introduces a speaking assignment focused on speaking or roleplaying English in all aspects of patient care included in the Medical Process steps. Section

2.1.2. presents writing activities before, during, and after roleplay. Section 2.1.3 on grammar feedback. Section 2.1.4. about the assessment in the first cycle. Section 2.1.5. about the negativity found in the first cycle. Section 2.2. discuss corrective actions in the second cycle. Section 2.2.1 on student scores in the second cycle. Section 2.3 on the final responses of students via questioner. Section 2.3.1 on other positives. Finally, Section 3 concludes the paper and presents direction for future research.

2. BACKGROUND

2.1. Speaking Task / Roleplay in The First Cycle

The speaking assignment focuses on speaking English in all aspects of patient care included in the Medical Process steps. Most of these assignments require students to work with partners. Speaking tasks for couples include practical activities, information gap activities that require changing data, completing forms or solving problems. Opinion gap activities in which students must justify the choice of investigation or diagnosis made for their partner, and role-playing: doctor-patient, doctor-relative and doctor-doctor.

For role-playing, the lecturer asks students to prepare their roles first. This gives students the opportunity to practice together using English. This activity is to anticipate what other role-players will say so that students can respond appropriately without seeing the text or script. If time allows, swap roles and repeat assignments so that the student and his partner have the opportunity to play both roles. The students were then asked for role play with the new partner for another role-play performance.

Several role plays were recorded so as to compile student performance. In all of this activation. there will be times when students do not understand or their partners will not understand you. Making students understandable in such situations is an important part of acquiring language. Ask the student pair to clarify or important points that he doesn't understand. Repeat and repeat if the partner cannot understand either. Speaking aloud is necessary. Then compare student performance

2.1.2. Writing Tasks.

Many activities that focus primarily on skills also involve writing. When students complete data where they are asked to write notes. When other participants pay attention to the role play, they are asked to write notes on themes and other important information. This activity is mainly so that students who pay attention to focus on all the activities given to complement their writing. If this is not done, students with a large number of classes of around 119 people will be noisy and not pay attention.

2.1.3. Language Focus

Throughout the application of this study, there are brief feedback comments on the main grammar items introduced on each topic of the week, starting with basic questions and giving examples. The focus is on the language used in medical communication. This is applied so that the same error does not repeat itself. Grammar without medical relevance is excluded.

2.1.4. The Average Score of Students in The First Cycle

After evaluating the first cycle which consisted of 8 meetings (half-semester), the total average value of students consisting of 119 students in the first cycle was 77.73.

2.1.5. Negative Things in The First Cycle

Negative things that the students feel as materials for evaluating improvements for the second cycle include:

- There was a lack of attention from the rest of the students during learning and student roleplay performances

- Preparations were quite long which might interfere with the focus on seeing other students' performances

- The room was hot

- Sometimes the class was felt boring

- There was a little less interactive between students

- Not all class members participated actively

- The students were not interested because they thought about other tasks

- Students had a lack discipline in class.

- Sometimes the delivery of the material was not heard. And the material was delivered in all English and sometimes the students didn't understand it,

- Sometimes their friends sitting in the back were noisy and didn't pay attention, so I became less focused,

- Students were divided into several groups, and students who had good English abilities were more prominent and interested, but students who were less skilled in English and wanted to learn were not paid

attention so that it made them insecure and lazy

- The afternoon schedule made sleepy,

- The class was less conducive when many of the students chatted

- The learning method lacks variation

- The schedule was unstable

- Assignments were very easy to be copied and pasted from a friend,

- The seating is less regular

- It was less comfortable when deciding who would perform because everyone wanted

- sometimes don't understand because the explanation is too fast.

2.2. Language Activities in Improving Research Treatment in The Second Cycle

Conditioning and making the class more interesting for learning, Providing a timeline that all students must follow in the future, Improving classroom seating formation, Giving rewards in the form of additional points so that all students participate actively, Striving for all students to participate actively and pay attention, Using infocus media during a role play appearance.

Combine explaining it using Indonesian. The pronunciation and explanation of the material are further explained. Implementing learning is more disciplined and assertive. So that there are no students who skip truancy, make all pairs of groups of girls, boys, and students absent one by one (point to random students in the lesson, the selection of students who perform better uses a more regular method.

2.2.1. The Average Score of Students in The Second Cycle

Then the average value of students in the second cycle was 81.70. The final grades obtained by students in letters are A = 63 people (74.97%), A- = 39 (46.41%),

B + = 10 (11.9%), B = 5 (5.95%), B- = 1 (1.19 %), and

C + = 1 (1.19%).

2.3. Final Student Responses

The following is the response of 78 students from a total of 119 medical students of the BP 2018 medical profession after attending English lectures in the odd semester 2019-2020 with a value range of 1 to 5.

Whether learning can improve interpersonal speaking skills in general: 58.97% or 46 students answered well (with a grade of 4); 24.35% or 19 students answered very well (with a grade of 5); 14.10% or 11 students answered slightly well (with a grade of 3); 1.35% or 1 student answered bad, and 1.35% or 1 student answered very badly (with a grade of 1).

Whether learning can improve vocabulary mastery in the medical field: 51.28% or 40 students answered well (with a grade of 4); 26.92% or 21 students answered very well (with a grade of 5); 17.94% or 14 students answered slightly well (with a score of 3); 2.56% or 2 students answered badly, and 1.35% or 1 student answered very badly (with a grade of 1).

Whether learning can improve fluency mastery in speaking English: 73.07% or 57 students answered well (with a grade of 4); 24.35% or 19 students answered very well (with a grade of 5); 17.94% or 14 students answered slightly well (with a score of 3); 1.35% or 1 student answered bad, and 1.35% or 1 student answered very badly (with a grade of 1).

Whether learning can improve mastery of English grammar: 52.56% or 41 students answered well (with a grade of 4); 23.07% or 18 students answered very well (with a grade of 5); 20.51% or 16 students answered slightly well (with a grade of 3); 1.35% or 1 student answered bad, and 2.56% or 2 students answered very badly (with a grade of 1).

Whether learning can improve pronunciation in speaking English: 56.41% or 44 students answered well (with a grade of 4); 20.51% or 16 students answered very well (with a grade of 5); 20.51% or 16 students answered slightly well (with a grade of 3); 1.35% or 1 student answered bad, and 1.35% or 1 student answered very badly (with a grade of 1).

Whether learning can improve understanding of medical material: 53.84% or 42 students answered well (with a score of 4); 26.92% or 21 students answered slightly well (with a grade of 3); 12.82% or 10 students answered very well (with a grade of 1); 5.12% or 4 students answered badly, and 1.35% or 1 student answered very badly (with a grade of 1).

Whether learning can improve students' soft skills mastery in general: 51.28% or 40 students answered well (with a grade of 4); 24.35% or 19 students answered very well (with a grade of 5); 20.51% or 16 students answered slightly well (with a grade of 3); 2.56% or 2 students answered badly, and 1.35% or 1 student answered very badly (with a grade of 1).

Whether learning can increase self-confidence to appear in public: 47.43% or 37 students answered well (with a grade of 4); 30.76% or 24 students answered very well (with a grade of 5); 16.66% or 13 students answered slightly well (with a grade of 3); 3.84% or 3 students answered badly, and 1.35% or 1 student answered very badly (with a grade of 1).

Whether learning can improve the ability to interact with friends: 53.84% or 42 students answered well (with a grade of 4); 28.20% or 22 students answered very well (with a grade of 5); 15.38% or 12 students answered slightly well (with a grade of 3); 1.35% or 1

3. CONCLUSION

The integration of the application of the Medical/Healthcare Process approach with the Roleplay method in learning English courses at the Faculty of Medicine Andalas University undergraduate education study program odd semester 2019/2020 has been proven to improve interpersonal speaking skills and student answered bad, and 1.35% or 1 student answered very badly (with a grade of 1).

Does the learning appeal to students: 50% or 39 students answered well (with a grade of 4); 24.35% or 19 students answered slightly well (with a grade of 3); 14.10% or 11 students answered very well (with a grade of 3); 5.12% or 4 students answered badly, and 2.56% or 2 students answered very badly (with a grade of 1).

2.3.1. Other Positive Things

Other positive things that the students felt about the application of the Medical process approach and role-play in learning include:

- All the students used English

- The students could practice English in the field of medicine in particular

- The students had more communication skills

- The students got lessons directly and could interact with lecturers related to lessons

- There was a desire to learn more, especially after learning new medical-related vocabulary

- There was a sense of responsibility for completing presentation assignments

- The challenge provided motivation to continue to upgrade the knowledge

- The students needed to study and identify medical journals because they generally spoke English so that students got two benefits at once, medical science and English practice

- The students became more creative to perform in front of the audience

- The class was interactive

- The learning was more fun and not monotonous or only theory

- There were questions and answers so there was interaction

- The students became closer to friends because they were assigned in groups

- The students were enthusiastic in applying English in daily conversation

- The students got the opportunity to perform in front of the audience to discuss about medicine in English. student motivation to enhance it further. However,

that learning outcomes can be achieved. To be maximum, it is suggested for the next learning process to apply to a smaller number of participants.

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