



KEP 41: OET Roleplay as Performance: Drama Pedagogy for Medical English Fluency

Hello and welcome to Kev's English Podcast, real English every week, with your host Kev Dean. Hello, hello, it's Kevin here. Welcome to English Native, Kev's English Podcast, whatever, episode 41.

I think it's been a while. I don't know, when did I make an episode last? September 23rd, four weeks ago. Oh dear, dear.

I was meaning to make episodes on a more regular basis. I should really do an episode a week, but as I keep telling you all, I'm too busy with all my courses and artificial intelligence work, developing new systems to help my students. And I actually find now that, in terms of inspiration for an episode, my inspiration actually comes from you, the student, the learner, in fact.

Every time I get a learner with a particular problem that we haven't looked at before, that may give me inspiration to make a video. I made a couple of videos last week dealing with two particular student issues. I'm making an ongoing series of podcasts, OET, which I have to get on with today, make some more episodes using AI text-to-speech to help my medical students, both doctors and nurses, to overcome their fluency, pronunciation issues, etc.

And actually, that brings me to a couple of things I'm going to talk about here. Now, I've been writing some posts, some articles on LinkedIn. It's a professional networking site, L-I-N-K-E-D-I-N.com. If you're in business, you are probably registered.

If not, it's worth joining for making connections, etc. Anyway, you can find me there, Kevin E. Dean on LinkedIn. Link below and you can subscribe to my newsletter and you can have a read and see what you think about it.

So, in terms of fluency, let's talk about that for a moment. So, I'll set the scene as it were. So, I've got a couple of new students taking OET for medicine and they're having trouble with pronunciation and fluency.

So, pronunciation, my audio examples, I give them and or I send them a link to and they can

shadow and mimic and copy and practise those. For fluency though, for fluency that's something else, that takes practise, that takes rehearsal. So, I came up with this title, Hamlet with a stethoscope from soliloquy to clinical dialogue.

So, I'm not going to read it all out word for word but you can read it for yourself. So, the idea is to make my students fluent, avoiding excessive use of fillers, ums and ahs etc. By treating OET role play practise.

Now, I don't think this would necessarily work with IELTS. I haven't explored that yet. I think OET with its, because it's uh, is dialogic, you know.

So, it's like doctor, patient, nurse and patient, 50-50, back and forth, back and forth. So, I think it would work best in that context. So, the idea is to treat role play practise as performance as a means to improve a fluency.

So, it's a draft, a drama-informed approach to OET speaking and there's lots of research in the literature about this. So, this article outlines a drama-informed rehearsal method for OET speaking, grounded in performance theory, genre awareness and clinical communication pedagogy. It reframes the role play not as a test of linguistic recall, but as a rehearsal of professional presence.

So, despite repeated feedback, candidates keep making the same errors. You know, even though I record them, transcribe them, send them an analysis, so I give them some phrases and the audio file so they can copy, they still keep making this non-lexical filler. Now, these vocal hesitations signal cognitive overload, lack of rehearsal.

I mean, for most of them, these particular students, I won't say who, but they barely speak in English, they need rehearsal. So, it's not simply getting general speaking practise, it's getting rehearsing particular lines in the same way that actors do. OK.

So, without this, we might be talking, and they might say, I think maybe you could try giving him less milk. How does that sound? Instead of, one thing to consider is slightly reducing his milk intake as it can suppress appetite. All right.

You can see using this rehearsed approach and also intonation. I was talking with one of my not medical students from Turkey last night, we were talking about intonation. And I was talking about this with one of my Ukrainian medical students a week or two back.

The intonation is very flat. And in some contexts, it doesn't sound natural. It's very flat, there's no rising tone, no falling tone.

So, to get this, and I only wrote about this a week ago, I started it with my students just this week, so I don't know if it's going to work or not yet. I'm still waiting for some feedback from them in the classroom. I think it will though.

Anyway, the idea is that by doing like an actor does, you get your lines. So, doctor, patient, doctor, patient. We work out the role play first as a script and I give them some options of phrases that they might use in relation to a particular OET criteria point.

Empathy, incorporating patient's perspective, establishing trust, etc. So, drama pedagogy, it's well established in English as a foreign language context. It's well established.

It's nothing new at all. It encourages spontaneity and fluency and communicative confidence. But in

OET preparation, it does remain underused.

So, most candidates are drilled on phrases, the grammar's corrected, etc. But it's not rehearsed sufficiently. So, what I mean here is that this is where drama becomes transformative.

So, you can memorise your lines but as an actor you need to put something in, some emotion, intonation. How can you show empathy? Yes, I understand with flat intonation. Oh dear, I understand.

Yeah, you can't get that without rehearsal. This emotional content generated by inflexion and intonation requires rehearsal, not simply flat repetition or regurgitation. And this is actually to talk about IELTS now, it's just something that happens in IELTS.

Often, I find that lots of students, they memorise lines but they don't practise the delivery. So, it sounds very unnatural. It's false.

So, what the students do, they rehearse with voice recordings. So, I was talking to this Turkish guy and I said, right, here's a script. I want you to read it, mark it down, where the tone should rise, where the tone should fall, what pauses you might have.

Think of somebody giving a lecture on TED Talks. How do they do that? So, the candidates rehearse with voice recordings, either my recordings or podcasts from BBC, say, or whatever. And so, recording, playback, audio examples that model tone, empathy and examiner expectation.

So, these rehearsals help replace non-lexical sounds with structured pauses, intentional phrasing and genre-appropriate transitions. If you want some examples, you can check out my OET-specific podcast on Spotify, link below. There's a link to my learning management system where there's all the scripts and the roleplay cards, etc.

So, these are integrated rehearsal tools. So, the kind of method, okay, roleplay as rehearsal. So, drawing on drama pedagogy, we treat it as the OET roleplay as a rehearsable scene.

Every doctor line is written in three tonal variants. They've got three choices. They've got the structured and reassuring.

They've got empathetic, conversational, and they've got the clinical and examiner style. So, it's the same patient response, the same patient lines, but the doctor's got three options, whichever, and they need to learn more than one because you need a repertoire. You don't just use the same phrase, I understand your concerns, I understand your concerns, which is heavily overused in OET roleplay speaking.

So, each line is kind of patient response and tagged with the criteria from OET, A2E, linguistic features. So, this creates a rehearsal map where tone, grammar, and genre are practised together. So, how it works? I usually get them to rehearse alone because if they do it with me in the classroom, they might be shy, say, they don't want to stand there and go, oh, hello, Mr. Patient.

They don't want to do their acting in front of me. So, they practise themselves, they practise with a husband, wife, however, they use the audio files. So, they record themselves, they send me the recordings, I can comment, send something back.

So, it's kind of like learning by design, as in the learner is themselves the co-creator of knowledge, but that's something I'll talk about another time. So, that's how it works, right? So, they have a script,

they've got some audio examples, and they've got to rehearse it and practise it with different techniques to work on inflexion, intonation, etc. And the idea being that they always have some phrase in mind mapped to a particular patient's response.

Now, obviously, there's no way of guaranteeing what the interlocutor is going to say, but based on role-play cards from OET, we know, maybe not the exact words, but we know what the examiner is, or interlocutor, I shouldn't say, what the interlocutor is going to say. We don't know the exact wording, but we know their task, what they're supposed to do. So, we can take this information and say, right, so if the interlocutor were to ask this question, were to say this, were to say that, what would be a better way, a more empathetic, responsive way, because that's the key, be responsive, what would be a more responsive way for you to answer? So, we put the script down, I make an audio, they listen, rehearse, practise, rehearse, practise, record themselves, get feedback.

So, it's basically like a feedback kind of a loop, yeah. So, the outcome, they begin to sound more like people, not somebody just doing a flat speaking exercise. They use tone, especially tone to build rapport, shift the register, the kind of words that they use, depending on the context, they use empathy and clarity, and more importantly, they reduce errors and failure use, because they have a series of grammatically correct lexical phrases that they can use.

So, spoken interaction essentially is performative, if you think about it. Every time you're speaking with or to a person, it's a performance in some sense. You want them to do something, you're informing them, you're asking them, you're updating them, you're doing, you know, there's some, every speech act has a performative function, in other words, yeah.

So, why not take this and consider it in the context of OET, yeah. So, drama pedagogy, I think it's a very underused tool, especially in OET, by rehearsing tone, emotion, they internalise it, they stop correcting themselves and start performing. The key thing, they have authentic phrases to practise with, internalise, memorise and reuse, but essentially understanding how and why they work.

In critical communication, performance is precision. Drama makes it real. OK, well, that's enough, that's my latest article for LinkedIn.

I'll put the link, you can read it, check it out, see for yourself, there's more detail there, there's all the references, etc. I'll probably make another episode later in the week talking about more of my articles, writings, research, you may find them interesting. Anyway, I'll wrap that up for today, so I'll see you, we'll see, you'll hear me, I hope, on my next episode.

OK, bye for now.