



Role play and medical education

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The Royal Australian College of General Practitioners training program curriculum puts communication skills and the doctor-patient relationship as the first domain of general practice.¹ First position is because we see people with problems, not diseases without personalities. Effective communication is a stepping stone to quality patient care;² without rapport and a trusting relationship, doctors are reduced to technicians.

Although communication skills do not necessarily come naturally, they can be enhanced by training.³ 'First do no harm' is the starting point for ethical medical practice. A solid foundation in communication skills must be learned and practised in a safe environment where mistakes can be made without potential harm to patients. Medical educators use a suite of communication skills training techniques, one of which is role play. Neutral reactions to role play are rare – you either love it or hate it. Lectures don't have the same effect. When did you last hear someone say that they loved a lecture? And that's the point. Lectures aim to stimulate cognitive function. Role play stimulates cognition but stirs emotion too.

The power of role play to engage emotion is its power as a teaching aid. But ethics also come into role play. Just as doctors must not harm patients, medical educators should not harm learners. Role play is a powerful intervention to be used with caution and to maximum impact.

The literature on role play is dominated by its use in teaching sensitive subjects such as drug and alcohol issues,⁴ domestic violence,⁵ and sexual health.⁶ Shouldn't we get students feeling safe with the technique with straightforward consultations before hitting them with medicine's 'heavies'? Perhaps

educators do use role play in this way but it is so embedded into curricula that it is neither researched nor published.

Clear guidelines are needed to ensure that role play is safe. A facilitator must prepare scenarios with a link to educational objectives. Role players need time to get into role and may wish to ask questions of clarification before starting. Group rules such as confidentiality and the role of observers need to be established in advance.⁷

The facilitator directs the play, taking care to ensure that as the plot thickens, the role players stay focussed. Rarely, highly charged scenes may need to be cut. Time for debriefing and discussion is essential to ensure the full educational benefit of the scenario. Participants are asked to talk through what they learnt and experienced, with the facilitator encouraging a balance of discussion on clinical, attitudinal and ethicolegal issues.⁸ Feedback should be specific, nonpersonal and in the form of suggestions or alternatives for future consultations.⁸

Professional actors, patients or fellow learners are advocated as potential role players, but their relative merit for different teaching situations is comparatively unexplored. Different methods of enhancing role play have been suggested, but few have been directly compared. Videotaping of role plays and facilitated feedback enables role players to comment directly on their thoughts and feelings at particular moments in a consultation. Use of rewind or time out enables a different ending to the same scenario.

Evaluating role play is complex. Simple statements such as: 'it was useful' do not tell us what it was useful for, and 'I enjoyed it' or 'I hated it' do not measure educational impact. Short term evaluation may limit the

impact – what seems irrelevant as a student may become essential once clinical practice is commenced. Evaluations that measure the impact of role play on consultation skills in clinical practice are important but difficult to do. Proxy measures such as consultations with simulated standardised patients are used coupled with measures of confidence in clinical skills. Confidence matters to doctors' wellbeing, but patients are more interested in proven competence.

So whether you love it or hate it, role play has an important part to play in medical education.

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