

Role Play

Introduction

The great developmental psychologist Jean Piaget, described two modes of learning- assimilation and accommodation. In assimilation people 'fillin' their mental map of the world. In accommodation they change that mental map, expand or alter it to fit their new perceptions. Both these processes are being carried out simultaneously and complement each other. Rote learning or memorization is one of the methods of assimilation. On the other hand, learning to ride a cycle, using a mobile, giving an injection are activities that involve doing and getting a 'knack'. These skills are examples of learning by accommodation. It is easy to forget what you have memorized but learning by 'accommodation' is relatively permanent.

Many think of role play as 'nautanki', as play, as something not serious. However it is a serious , challenging educational activity

The MCI has emphasized the roles of attitudinal and communication skills in the Indian Medical Graduate. To acquire these skills and to develop the right attitudes the student has to be exposed to multiple teaching learning methods of which role play forms an important component. However role play has not been used to its fullest potential at present and we need to encourage all to employ it in their teaching/learning activities.

What is Role play?

"... one particular type of simulation that focuses attention on the interaction of people with one another. It emphasises the functions performed by different people under various circumstances. The idea of role-play, in its simplest form, is that of asking someone to imagine that they are either themselves or another person in a particular situation. They are then asked to behave exactly as they feel that person would. As a result of doing this they, or the rest of the class, or both, will learn something about the person and/or situation. In essence, each player acts as part of the social environment of the others and provides a framework in which they can test out their repertoire of behaviours or study the interacting behaviour of the group." Van Ments (1989)

Role play as simulation

All of us learn by acting out or role playing. Teaching medical students to take histories, or performing CPR , soldiers playing war games, fire drills in hospitals are all examples of this. Role play provides a safe environment for mistakes and experimentation, and moreover you can repeat the activity. Role play and simulations are forms of experiential learning

Formats for role play

1. Forum theatre – One role player, facilitator and audience size can be large . Can be carried out in lecture hall
2. Smaller group – Audience 8-20 . Some will be players , the rest audience. There can be 'Time outs' where play is stopped and anyone can stop,review or ask questions
3. Single player facilitator – the facilitator takes on the role play

Steps of conducting a role play

1. Select the role playing problem e.g Adverse sex ratio, breaking bad news
2. Warm up- Most students are reluctant to act, it is therefore important to instill in them confidence. This can be achieved by asking the novices to do simple role plays like pretending that they are climbing a mountain or enjoying an icecream. This will relax them. After that brief them about
 - The general purpose or objectives of the activity
 - Brief the actors about their parts
 - Acquaint the audience with the role that they have to play. They have to observe and the actors and the action and give their feedback.
3. Dramatic action and discussion : The action may be structured or unstructured ie the actors are just given an outline of the role , they improvise the rest.
 - Role play presented in front of the audience
 - Class brought back to reality. Actors to snap out of their roles
 - Critics and students to concentrate on behavior and not the actors who played the roles
 - Role players and audience contribute to the analysis of the dramatic session
 - Students to state how they will apply examples and lesson of this new behavior
4. Evaluation
 - Review success and failures of the experience
 - Any need for further experiences by re-enactment
 - Reflect on what has been learnt
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Resources Required

Space, seating and lighting, AV equipment , Flipcharts. Video recording would be helpful

Questions after role play

Hierarchy of question types after role play(*From Harden*)

1. *Describing skills*: Did you maintain eye contact?
The right amount? How do you know?
 2. *Justifying skills*: Why did you do it that way?
What if you'd done it differently?
 3. *Generalizing skills*: Are there general principles here, e.g. About how to defuse aggression?
(I had a patient who...')
- Higher-order questions**
4. *Assessing people*: What was the Patient like? Is this typical or unusual for patients of this type, or with this problem?
 5. *Assessing self*: What kind of person are you? What did the experience tell you about, e.g. your response to stress, breaking bad news...
How did it make you feel?

6. *Assessing the profession*: In the light of this scenario, what does it mean to be a doctor? What kind of things do doctors do?

Assessment

1. The students may be evaluated on their involvement in the activity
2. Appropriate evaluation scales may be used for eg the **Kalamazoo rating scale** for **communication skills** for those carrying out the activity

Rating 1-3 - Poor, 4 -6 Satisfactory, 6 -10 Superior

Criteria	Score
Builds relationship	
Opens the discussion	
Gathers information	
Understands the patient’s perspective	
Manages flow	
Overall rating	

3. One can also ask students to write their reflections and evaluate

References

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