

Teaching with Role Play

1. Prepare learners

- ___ State goals and objectives
- ___ Set ground rules
- ___ Offer to demonstrate role play/skills
- ___ Assign patient and provider roles
- ___ Assign observer roles
- ___ Set time limit (5 minutes or less)

2. Run the role play

- ___ Arrange chairs
- ___ Review communication goals
- ___ Start the role play
- ___ STOP if necessary; discuss and restart
- ___ **At 5 minutes** STOP the role play for debriefing

3. Debriefing

- ___ Ask for physician assessment of the interaction
 - What went well?
 - What would you have liked to have done differently?
- ___ Ask for patient assessment of the interaction
 - What went well?
 - What would you have liked to have seen done differently?
 - How did you feel about the interaction?
- ___ Ask for observer assessment of the interaction
 - What went well?
 - What might you have done differently?
- ___ Lead a general discussion
- ___ List learning points, open questions
- ___ Agree on how to proceed

Teaching with Role Play (or Skills Practice Sessions): Expanded from Outline

When using role play for teaching, use the following guidelines:

1. Prepare the learners:

- a. Explain the goals and objectives of the role play exercise.
- b. Set ground rules. The exercise should be a safe and supportive one. Observing learners should consider what helpful feedback they can provide at the end of the role play. Role play participants should have the opportunity to call time out if they want to stop and break role. Frame the exercise as an opportunity to experiment and try new techniques; performance is not expected to be perfect. Role plays should be **brief - less than five minutes each** to allow for processing and feedback.
- c. If this is a new skill, offer to demonstrate the interaction yourself prior to learners first attempts. This gives them an opportunity to observe the skills as they are operationalized by faculty. It also models the role play technique, self-reflection, and elicitation and acceptance of feedback by faculty.
- d. Assign roles including the physician and patient, and observational roles. It is often easier to get the learners to volunteer for a role if you ask for volunteers for the patient role first. Learners observing the role play can be given specific skills, interactions or responses to look for and provide feedback on. This focuses their observation role and helps address all important aspects of skills for feedback.
- e. Set time limits for the role play. Generally speaking, role plays should not exceed 5 minutes. Longer role plays are too much to review and process. If you are teaching a complicated skill that requires more time, break the role play into several component pieces and deal with each piece separately.

2. Run the Role Play:

- a. Arrange chairs for role play participants.
- b. Review the communication goals of the 5 minute (or less) segment of role play you are covering. Ensure that both physician and patient are clear about their roles.
- c. Start the role play. (Note: You can jump in and stop the role play at any time if the physician seems to be floundering, not sure where to go, or is experiencing anxiety. The physician in the role play may also call time out. At that point, ask the physician to talk about what he or she has accomplished so far, and what next steps he or she would like to take. Once this is clarified, continue. If necessary, model some skills yourself, ask the patient to take a different track, or ask for a volunteer from the group to carry on.)
- d. Stop the role play at 5 minutes or less for debriefing.

3. Debriefing Guidelines:

- a. General principles - 1) Focus on successes; 2) Comments should be confined to behaviors not personality traits or other characteristics of the participants; 3) Feedback should be positive or corrective never negative; 4) Always ask the learner in the physician role to comment first; 5) Hold your comments for last after patient

and observers have completed their feedback; 6) Facilitate and manage patient and observer feedback to ensure that feedback is helpful, not punitive.

- b. “Physician” self-assessment questions include: 1) What went well? 2) What would you have liked to have done differently? (Note: You can restart the role play to try out options if important alternative approaches come up or if the physician player requests.)
- c. “Patient” debriefing questions include: 1) What went well? 2) What would you have like to seen done differently? 3) How did you feel about the interaction? (Note: Be sure to keep the patient centered. Highly critical patients can be harmful to the physician and will not improve skills. In such a situation, ask the patient about specific techniques that would have been helpful. Consider reversing patient and physician roles as a strategy.)
- d. Observer debriefing questions include: 1) What went well? (First focus on successes.) 2) What might you have done differently? (You can try some of these suggestions in an additional role play.)
- e. Lead a general discussion of all participants.
- f. List learning points, open questions and agree on how to proceed with this or other role plays.

4. Continuation options:

- a. Allow replay; Change physicians; Switch roles and restart; Continue with scenario/next step/next visit; Change conditions/character; Change roles.