

Role Play (Description)

What is Role Play?

Role play is a tool used to assist the trainee in gaining technical know-how and self-management skills, by simulating contact with a patient, his entourage, the work team and other healthcare professionals with whom he will be asked to cooperate (Jaffrelot, Weiss, Derrien, Borraccia & Vidailhet, 2016). This simulation provides the trainee with an opportunity to explore a situation from a different point of view, while engaging in a thorough reflection on his own reasoning.

Role play in itself has three main functions:

- Exploring a new environment
- Mastering behaviours being demonstrated (by the trainee and by others)
- Experimenting social rules

(Jaffrelot *et al.*, 2016)

This tool mainly serves to develop the trainee's learnings in a guided and safe environment. Obviously, the setting must be adapted to his field of study and correspond to his competency level. Each situation's complexity evolves progressively. It is preferable to start with simple cases, progressing to more complex situations (Glenn, 2017).

In supervising one or more trainees, role play has several benefits. Jaffrelot *et al.* (2016) describe them as follows:

- It allows the student to train in fictional situations before performing an intervention in real life. There is no direct consequence on the patient. Consequently, the treatment is safer and it enhances the trusting relationship with the patient in the future.
- Simulations can be vastly diversified. In other words, it is possible to explore cases that rarely occur or that would be too expensive in the context of training a student.
- During a role play, the situation can be stopped to clarify some details or review what just happened and proceed differently.
- In a context where several students are trained at the same time, this tool is beneficial because those who are not participating can observe and analyze the situation.

Role play is useful for the trainee to:

- Reduce his anxiety before experimenting a real-life situation
- Learn methods in a safe, supervised and controlled environment
- Adapt to a variety of real-life cases he will eventually face
- Feel free of any judgement in a learning context
- Participate in the development of scenarios that he is interested in
- Recognize his difficulties, limitations, and learn from his mistakes
- Understand the complexity of the environment from another perspective (professional, patient, supervisor, etc.)
- Connect theory to practice
- Develop his clinical reasoning, his ability to reflect and self-assess

(Silva & Oliveira-Kumakura, 2017; Jaffrelot *et al.*, 2016; Scaife, 2019)

Role play is useful for the supervisor to:

- Evaluate the trainee's competency level
- Limit errors with real-life patients
- Reduce material damages to expensive equipment
- Vary the content of activities he proposes
- Provide feedback based on concrete observations
- Reduce anxiety when it is time for the trainee to become autonomous

(Jaffrelot *et al.*, 2016)

References

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Role Play (Tool)

Role play can take several forms. However, the form detailed here will put in contact a healthcare professional and a fictional patient. The fictional patient can be another trainee or the supervisor. In fact, the trainee can play the role of the healthcare professional, as well as that of the patient. This will prepare him to react more adequately when called on to intercede in a real-life situation. Role play consists of several steps that need to be prepared meticulously.

1. Warm-up

- Determine the principles that will guide the activity.
- Ensure that people involved are familiar with the material that will be used: explaining to the trainee how the equipment works before starting the role play will optimize the process.
- Set objectives for this activity.

2. Setting up the role play

- Prepare the environment so it is realistic.
- Present the scenario to everyone involved (see format at the end of this tool).
- Explain the role played by the trainee and the ones played by other participants. A trainee may play two roles at once (the patient and healthcare professional).
- Allow preparation time for people involved so they get familiar with their role and its features.
- Select the method that will be used for the scenario: fixed (more defined framework, guidelines to follow) or free (few pre-established elements, room for improvisation).
- Each individual plays his role and follows the scenario.
- The start and end of the role play must be clearly announced, based on specific factors (key word, arrival or departure of a participant, etc.).
- The role play may sometimes be filmed in order to come back to it during the feedback session.

3. Observation

- The supervisor may be responsible for playing a role, observing the situation, leading the role play, interceding when needed, or taking notes.
- It is preferable to avoid interrupting the role play, unless an intervention is really relevant (professional malpractice, the role play is off topic, etc.).
- When the group of trainees is too large for all of them to participate in the role play, those who observe still have responsibilities. Because of their outside viewpoint, they can analyze the situation and note their observations on grids.

4. Feedback

- If the role play is filmed, some sequences can be watched to provide comprehensive feedback.
- People participating in the role play and those who observed it need to engage in the discussion about the situation.

- It is important to justify the observation results with constructive comments that aim to improve the trainee's performance.
- The trainee must also review his own behaviour. How did he manage the situation? Where could he improve? What did he understand well and not as well? He can organize his thoughts in his logbook.
- Reflection must not only focus on behaviours that were observed, but also on the cognitive process that generated each decision. Why did the trainee proceed in this way? What factors led him to state that fact?

(Jaffrelot *et al.*, 2016)

The scenario for the role play can take two forms:

- The **fixed** method leaves little opportunity for interpretation. It is recommended when the trainee's level of competency is more limited. If the supervisor chooses this more directive approach, he may define some elements such as a list of tasks that need to be accomplished.
- On the other hand, the **free** method allows the trainee to be more autonomous and imaginative in selecting the orientation that the role play will take.

The scenario can be developed by the supervisor or in collaboration with the trainee. The scenario must be rooted in the reality of the professional environment. Situations must be interpreted as if they were part of reality. The following table proposes a structure that can be followed to develop a scenario.

Developing a scenario

Structure	Scenario
<p>Duration of the scenario</p> <ul style="list-style-type: none"> • (Note that time is not a fixed limitation. Rather, it is an indicator for estimating the reasonable duration of a similar intervention in real life.) 	
<p>Targeted learning objective (why?)</p> <ul style="list-style-type: none"> • What competency are we seeking to develop? 	
<p>Participants and roles played (who?)</p> <ul style="list-style-type: none"> • Who plays which role? • What is their temperament? • What is the participants' state of mind? 	<ul style="list-style-type: none"> • Role A: • • Role B: • • (...)
<p>Clinical history (what?)</p> <ul style="list-style-type: none"> • What is the situation? • Where does it take place? (patient's home, operating room, etc.) • What is the patient's condition? • What treatment will the patient receive? 	

(Adapted from Jaffrelot *et al.*, 2016)