



RESEARCH ARTICLE

Challenges and Opportunities of using Role-players in Medical Education: Medical Educator's Perspective

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ABSTRACT

Introduction: Roleplaying is getting popular in modern education. Role-players are trained to act specific roles in clinical situations and interact with medical students in the simulation of real-clinical scenarios. Educators used Role-players wisely especially in restricted situation of Covid Era. There are many opportunities in using Role-players such as creating clinical situation, practicing communication skill, cost-effectiveness, saving the time, comfortable learning environment for learners, encouraging students to learn.

Aim: Current study aims to explore challenges and opportunities in roleplaying in medical education.

Method: This is a reflective writing about the role-play in medical education. The authors reflect on their collective experiences with the review of literatures and describe their educational encounters in various aspects of challenges and opportunities of using role-players in medical education vividly.

All authors have been involved in medical education for at least five years and have used role play to teach undergraduate students. The authors reflect on their role-playing experiences in various phases and modules, such as pre-clinical teaching, clinical case discussion, creative online clinical consultation, and clinical assessment studies. Several identified subject headings were used to group the common experiences, with an emphasis on addressing the challenges and opportunities in advancing the use of role-playing in medical education. The study search engine mage use of key points for its search such as, need for training of role-players, uncertain availability of role-players for certain teaching class and exams, need for specific age of role-players in definite clinical scenarios, some difficulties in recruitment of new role-players, preparation of clinical scenarios, student engagement, further collected information and data are descriptively stated.

Conclusion: Modern educators are trying to improve the roleplaying education. By enhancing opportunities to use Role-players in medical education, the soft skills of medical students such as cooperation in teamwork, negotiation and persuasion can be upgraded. These skills are essential skill for medical students to contribute as a health care provider in community.

The study summarises the numerous ways to overcome the challenges and highlighted that educators has significance role to make sure student receive all information of their task. This study brings out the value attached to clinical scenarios that are well prepared as a real-world event and suggests that reflection taken from role-players and students to improve future roleplaying class. This study contributes to enhancing emergency preparedness and response working as a part of role-playing education. The educators' effort to improve role-playing education by enhancing opportunities for using role-players in medical education can upgrade the soft skills of medical students, such as cooperation in teamwork, negotiation, and persuasion. These skills are essential for medical students to contribute as health care providers in the community.

Introduction

Role-playing is gaining interest in modern medical education. Using role-players in medical education has become increasingly recognized as an effective pedagogical strategy for enhancing learners' clinical skills, communication abilities, and professionalism. Role-playing allows students to simulate real-life patient encounters in a safe and controlled environment, facilitating experiential learning and skill acquisition. This experiential learning method is particularly beneficial for developing both technical and interpersonal skills. Through role-play practice, students can experience a wide range of medical situations, including delivering bad news, conducting physical examinations, and managing difficult conversations.

The practice of role-players in medical education has been well-documented in the literature. Role players are trained to portray specific medical conditions and patient behaviours consistently, providing a realistic and repeatable learning experience for students. Research by Bosse HM et al. and Howley et al. has shown that interactions with role-players significantly enhance students' abilities to manage complex clinical situations, thereby improving their readiness for real-world clinical practice.^{1,2} As Knowles et al have reported, the role plays are highly recommended for the problem-centred approach experience.³ As Chong & Yee, has stated, the Role-play sessions have proven to be a more valuable method for promoting the health care. Role-play teaching sessions are commonly used in case-based discussion in the clinical years of the undergraduate programme.⁴ As Manzoor has reported, Case-based discussions are a very effective way of clinical teaching for medical students.⁵ However, students need to be familiar with clinical conditions before they face challenging cases such as early pregnancy loss, advanced stage of cancer. Using role-players in medical education presents both challenges and opportunities. Educators have also adapted the use of role-players wisely, especially during restricted situations such as the COVID-19 pandemic. Roleplaying practice simulates clinical interactions virtually or face to face (small group of students), despite public health challenges such as Covid 19 pandemic. While Roleplay practice presents challenges, such as the need for thorough preparation and training of role-players, it provides the opportunities for experiential learning and it is an invaluable tool in medical training.

Background

In medical education, various role players are used in order to enhance the students' learning experience, including professionally trained actors, known as standardized patients (SPs), and fellow students (Peer role player). These role players are integral in creating realistic clinical scenarios that help medical students to develop and refine their clinical and communication skills. Professionally trained role players are especially valuable because they can consistently simulate a wide range of medical conditions and emotional states, providing students with the opportunity to practice and hone their skills in a controlled and safe environment. This method of training allows students to encounter diverse clinical situations, such as delivering bad news, conducting physical examinations, and performing patient

evaluations, which they may not frequently encounter in real-life clinical settings. Research by Bosse HM et al. and Howley et al. has demonstrated that simulated patients are particularly effective in medical training.^{1,2} They also found that interactions with role-players significantly enhance students' abilities to manage complex clinical situations. The consistency and realism provided by role-players enable students to practice their skills repeatedly, receive feedback, and improve their performance over time.

Moreover, involving fellow students in role-playing exercises helps in developing communication skills. Peer-to-peer interactions allow students to practice and reflect on their communication strategies, fostering a collaborative learning environment. This approach not only improves individual skills but also builds teamwork and empathy, which are crucial in medical practice.

Methods

This is a **reflective writing** about the role-play in medical education. The authors reflect on their collective experiences with the review of literatures and describe their educational encounters in various aspects of challenges and opportunities of using role-players in medical education vividly.

All authors have been involved in medical education for at least five years and have used role play to teach undergraduate students. The authors reflect on their role-playing experiences in various phases and modules, such as pre-clinical teaching, clinical case discussion, creative online clinical consultation, and clinical assessment studies. Several identified subject headings were used to group the common experiences, with an emphasis on addressing the challenges and opportunities in advancing the use of role-playing in medical education.

Discussion

The various view points of the authors with supportive data from literature is discussed under concerned heads. The different perspectives of the writers, backed by evidence from scholarly works, are explored under relevant categories. A study highlighted by Maier in 2002, Rao & Stupans in 2012, showed that role-play education has been proven to be successful in achieving educational goals across three key areas: affective, cognitive, and behavioural learning.^{6,7}

COST AND RESOURCE INTENSIVENESS

The recruitment and training of role players result in substantial costs and require extensive resources, encompassing expenses for hiring and training. It is crucial to ensure equitable compensation for role players while staying within the educational budget. Providing suitable facilities for role players, such as transportation, resting areas, and equipment, involves a significant investment. Although students highly value incorporating role-playing activities by trained role players, it involves substantial costs and resource allocation reports Stanislaw Gorski et al.⁸

CAPABILITY OF THE ROLE PLAYERS AND STUDENTS' ENGAGEMENT

Typically, role players are utilized multiple times across various modules and study units throughout the school

year. Their responsibility involves assuming the identities of individuals with stark contrasts in one module versus another. Ensuring the role players' capability and appropriateness to react to the situation and meet the goals of the session is crucial.

When developing communication and clinical skills seminars, it is important to ensure that the content is aligned with the intended learning outcomes. Role play exercises are carefully tailored to meet specific learning objectives, curriculum tasks or clinical specialties. Role players are equipped with extensive training. They adapt their presentations according to the different needs of the students. This approach ensures dynamic and adaptive learning. For example, in a 2nd year preclinical course on the clinical condition of HIV patients, learning outcomes may focus on the sensitive handling of complex issues such as sexual health issues.

Engagement in role-playing activities provides medical students with opportunities to apply theoretical knowledge in practical scenarios. As Maya J and Maraver J, reports, this experiential learning approach not only enhances comprehension but also fosters a genuine interest in this subject, thereby enhancing student engagement throughout the learning journey the strategic integration of role-playing exercises underscores the educator's commitment to fostering student-centered learning that prioritizes active participation and skill development.⁹

In addition, assessment can identify areas where role play can effectively enhance student learning, gather feedback from students, teachers and professionals to identify specific clinical scenarios and skills that need strengthening. Remaining flexible and adaptable in selecting role-play activities enables adjustments based on evolving educational needs and feedback, while continuous evaluation and improvement ensure ongoing alignment with educational objectives. Through these strategies, educators effectively integrate role-playing scenarios into the medical curriculum, reinforcing students' learning process in medical education.

STANDARDISATION

Role-players are allowed to make the setting of conversation livelier; one needs to be mindful about adhering to the scripts - the degree of information to provide and to withhold. Usually, this can be done through large and then small group meetings. The effectiveness of role-playing heavily depends on the training and skill level of the role players. Inexperienced or poorly trained role players may struggle to effectively portray psychiatric symptoms or provide constructive feedback to learners.

As medical educators, they can design and control specific scenarios to meet educational objectives. They can create situations that highlight certain psychiatric symptoms or disorders, allowing learners to focus on specific skills or interventions. For instance, in psychiatric situations, role players should be aware of differences in degree of severity of mental illness in anxiety neurosis, depression and psychosis.

Role players can consistently portray specific symptoms or behaviours, ensuring that every candidate encounters

the same scenario repeatedly if needed. This consistency is essential for assessment purposes.

Ensuring the quality and consistency of role players' performances presents a significant challenge in medical education. Variations in their ability to realistically portray medical scenarios, along with potential fluctuations within the same role player during educational sessions, can potentially impact students' learning experiences. To tackle this challenge, we implement several strategies. Firstly, we establish regular training sessions aimed at enhancing role players' skills and reinforcing performance standards. These sessions focus on refining acting techniques, deepening medical knowledge, and enhancing communication skills relevant to portraying diverse scenarios.

Furthermore, we develop standardized protocols or guidelines for role players to ensure consistency in portraying medical scenarios across different sessions. Clear expectations and guidelines help role players comprehend their roles and responsibilities, thereby enhancing performance consistency. Additionally, we continuously evaluate the effectiveness of role players' performances and actively seek input from both students and educators for refinement. This process allows for ongoing improvements to role-playing activities, ensuring alignment with educational objectives and enhancing the overall learning experience for students.

Numerous studies such as Bharti, Nestel & Tierney have highlighted, the benefits of integrating role players into medical education.^{10,11} With proper training, these role players can effectively replicate a range of medical scenarios, providing students with authentic patient interactions. It is observed that experienced role players may provide more than sufficient information to candidates/students, while the other end of the spectrum is that newer role players may provide less than sufficient information.

LIMITED CLINICAL PRESENTATION

One of the main limitations of using role players is the limited clinical presentation. Unlike real patients, who have a wide variety of diseases, role players may have a limited clinical picture that they can accurately describe. This limitation has a challenge for candidates' exposure to diverse patient cases and experiences, potentially impacting their clinical preparedness. For example, in a role-playing environment, learners may not encounter rare or atypical congenital conditions that are essential for developing diagnostic skills and clinical judgment.

LIMITED DIVERSITY

Role players may not represent the full diversity of women's health experiences, including variations in age, ethnicity, socioeconomic status, and cultural background. This limitation could hinder students' exposure to diverse patient populations.

The age range of our role players at our university is middle age. Sometimes, it was a big struggle to find young individuals to fit the clinical scenario at short notice. For instance, only the role player of menopausal a woman is available for clinical scenarios of reproductive

aged woman. This limitation underscores the importance of expanding the pool of role players to ensure representation across various demographic factors.

During assessment, we use both real patients and the role-players. Our trained role players act as simulated patients in different stations. Recruiting English speaking role-players is a requirement for the diverse student community. It is very helpful for us to use role players in history taking and counselling situations as we can assess clinical and communication skills, professionalism and clinical reasoning skills of candidates and their clinical competence and readiness for clinical practice objectively.

COORDINATION OF TEACHING ACTIVITIES

The availability of role players may constrain teaching sessions involving both pre-clinical and clinical students, thereby impacting students' learning processes. To address this challenge, we implement a proactive approach by planning teaching sessions well in advance. This ensures sufficient time for coordinating schedules and securing the availability of role players. A key component of this strategy involves creating a master's calendar that outlines teaching sessions and role player availability throughout the academic year. This allows for effective scheduling and minimises conflicts, thereby ensuring smooth coordination of teaching activities involving role players.

Maintaining the list and cohorts of role players in educational institutions is crucial. Secured databases or profiles of role players need to be maintained within an institution. Administrators, program and leaders need to inform the role players about availability for the sessions and make necessary logistics arrangements such as fitness for the session, transport, meals, and honorarium.

Challenges with technology during the Covid pandemic

During the pandemic, the utilisation of technology, Zoom meetings, became essential for conducting communication skills seminars and role-player briefings, case-based discussions, online consultation in medical education. This shift aimed to facilitate role-playing activities and maintain session efficiency while adhering to social distancing guidelines. However, incorporating technology like Zoom meeting presented an initial challenge, particularly with role players who were retired individuals and senior citizens, often having limited familiarity with such tools. Consequently, educators encountered difficulties in ensuring seamless integration of technology into the learning process. To overcome these challenges, collaborative efforts with IT staff were initiated to develop contingency plans. These plans focused on providing comprehensive training and support to role players to enhance their technological proficiency. Additionally, measures were implemented to streamline the technological aspects of role-playing activities, ensuring minimal disruptions to the learning process. Through these proactive steps, educators successfully navigated the challenges associated with technology adoption during the pandemic, thereby maintaining the effectiveness of role-playing exercises in medical education.

The COVID-19 pandemic caused a lot of challenges in clinical placement of primary care and secondary care settings. We made some changes in our facilitating work in clinical placements. We started role-play consultations by creating a lot of clinical scenarios. Students enjoy the session as it is comfortable learning from home and could improve their communication skills. Students get the opportunity to give peer feedback and facilitators could assess their reaction in the framework of real-life situations. Principals of Knowles stated that "adult learning focusses on a learner's need to know, self-direction, diverse experiences, and a problem centred approach". Role-plays enhance active learning and both basic and clinical subjects in the curriculum can be covered. There is a challenge for students during role-play sessions. Students may turn off their camera and cause a lack of concentration and engagement. Students may encounter internet problems during sessions.

SAFE LEARNING ENVIRONMENT

Role-playing exercises offer a secure learning environment wherein students can freely make mistakes, seek clarification, experiment with different approaches and practice skills without the risk of causing harm to real patients. This promotes a culture of continuous learning, enabling future healthcare professionals to investigate patient conditions, formulate management plans, and strive for improvement. As Tran Nga N et al have revealed, Medical students participate in role player encounters as graded training sessions for real-patient interactions, allowing them to learn from errors within a supportive and protected learning environment.¹²

FEEDBACK AND ASSESSMENT

Feedback from role players were acceptable by the medical undergraduates revealed in McLaughlin reports the role-players who are the centre player of the session could provide additional feedback to the students.¹³ It is likely to be equally beneficial to the students to receive this additional feedback on top of what has been provided by the assessor/examiner/lecturer. Assessing students' performance during role-playing exercises and providing constructive feedback can be complex. Objective evaluation criteria and structured feedback mechanisms are necessary to ensure meaningful learning outcomes. Lastly, role players serve as valuable resources for providing immediate feedback to students regarding their communication skills and professionalism. As emphasised by Riya Elizabeth George, Harvey Wells, and Annie Cushing, role players prioritise conveying the emotions experienced during consultations as a central aspect of their feedback.¹⁴ The relationship dynamics amongst role players, educators, and students, along with adherence to politeness norms, are identified as crucial factors in delivering effective feedback. Role players can provide immediate feedback to candidates on their responses and interventions. They can offer insights into how realistic and effective the learners' approaches are, helping them improve their skills in real-time. McLaughlin, in their studies have given, constructive feedback enables students to engage in reflexion, identify areas for improvement, and gradually enhance their skills.¹³ Ultimately, the insightful and constructive feedback provided by role players plays a pivotal role in shaping students' professional development.

PEER ROLE-PLAYER ENHANCE EMPATHIC APPROACH

Peer role-playing encourages a more sympathetic response to the patient's worries, which is why it is advised for use in medical education when teaching communication skills. Students who take on the role of doctors see the world independently and evaluate events in light of their own wants, values, and emotions. This improves their ability to learn explicitly and to grasp situations in a way that is sympathetic to others. The use of role-playing in the development of enhanced clinical abilities allows students to practice clinical skills in a realistic setting, such as taking a history, doing a physical examination, and using diagnostic reasoning. This hands-on experience could significantly enhance their future clinical proficiency.

Students can practice efficient communication with patients, families, and co-workers through role-playing. They can acquire the skills necessary to develop treatment options in a secure setting, communicate facts properly, and show empathy for patients' worries. According to Lavanya et al, role-players give students priceless chances to hone their communication abilities by guiding them through difficult patient contacts and teaching them useful coping mechanisms.¹⁵

Our instructors provide a wide variety of clinical scenarios with the express purpose of assisting student practice. Real patients frequently cannot access clinical scenarios like a sudden pneumothorax with excruciating chest discomfort. Through the use of these simulated scenarios, teachers are able to effectively foster critical thinking, clinical reasoning, decision-making, and the ability to solve problems under pressure in their pupils. Through practical learning, students become more adept at negotiating difficult clinical situations and develop resilience and adaptability, which are critical skills for future medical practice.

EMOTIONAL IMPACT ON ROLE-PLAYER

Emotional Impact on Role-player analysed descriptions narrated with their pros and cons, yet time the role players express limited the emotional responses, their empathetic connection is not as authentic as the real patients do. Students may find it more challenging to connect emotionally with role players, potentially impacting their ability to develop therapeutic relationships.

A number of role-playing scenarios involve situational challenges causing emotional breakdowns, such as breaking bad news, management of a patient's aggression and so on. These scenarios may evoke players' past personal experiences that may have a negative impact on their role-play. Emotional support of role-players involving scenarios that are crucial to maintain. Other than that, addressing sensitive topics such as breaking bad news presents notable challenges.

To overcome these challenges, our educators meticulously develop role-play scripts and scenarios, providing role players with the necessary tools to fulfil their roles comfortably and proficiently. In addition to script development, we ensure that role-playing sessions are conducted professionally and respectfully, with careful consideration given to the emotional well-being of students and role players.

We create a supportive environment that fosters open communication and empathy, allowing participants to engage in discussions sensitively. Michaela Kolbe and colleagues emphasize that the presence of threats to psychological safety can prevent reflective learning for the students.¹⁶ Consequently, effective debriefings necessitate a strong focus on establishing and maintaining high levels of psychological and emotional safety. In order to provide additional support, post-session counselling services are made available to anyone who may wish to seek support and debrief after engaging in emotionally challenging role-playing scenarios. This ensures that participants have access to resources for processing their experiences and addressing any emotional responses that may arise. Overall, these measures target to create a safe and supportive learning environment that enables students and role players to navigate sensitive topics with professionalism, empathy, and respect.

CULTURAL COMPETENCY AND THE UTILIZATION OF BIOPSYCHOSOCIAL APPROACHES IN PATIENT CARE

Previous literature by Sheare and Davidhizar has emphasized that role plays provide opportunities for students to participate as culturally diverse patients and interact with patients from different cultural backgrounds.¹⁷ Role plays can be used to address cultural competence by introducing students to diverse patient groups and challenging them to navigate cultural differences sensitively and respectfully.

By presenting different patient scenarios, such as an immigrant patient facing a language barrier and cultural misunderstandings, role players are invaluable tools to help students deal with cultural differences and communicate effectively in different ethnic, cultural and socioeconomic contexts. This immersive experience is instrumental in fostering the development of cultural competence among future healthcare professionals, a crucial element in delivering equitable and inclusive care. By engaging with role players in scenarios reflective of real-world diversity, students acquire the skills and sensitivity necessary to navigate complex cultural dynamics within healthcare settings.

In medical education, the focus goes beyond the diagnosis and treatment of diseases; this includes understanding and responding to patients' emotional and psychosocial needs. Medical educators prioritize the holistic development of medical professionals and emphasize the importance of a biopsychosocial approach to patient care. Role players play a crucial role in this process by portraying different emotions and attitudes, allowing students to practice empathy, active listening and patient-centered care (GMC results: 24a, 24c, 24d, 24e).

LACK OF AUTHENTICITY

The lack of authenticity in comparison to actual patient contacts is one major drawback. It's possible that certain role players don't accurately capture the nuance and emotional depth of actual patient interactions. The learning experience may be less realistic because they might not exhibit the same emotions or behaviours as actual patients.

Inadequate Physical results: Inadequate physical results are a drawback of employing role actors in medical and surgical procedures. Accurate clinical assessments depend on real patients presenting with a range of physical symptoms and anomalies (e.g., leg oedema, ascites, or heart murmurs). It is possible that role players do not have the same level of authenticity or possession of these physical features as actual patients. This restriction may impair pupils' performance.

In addition to the above challenges, some students doubt the efficacy of role-playing exercises or may be uncomfortable. As Wibley reported, trainees often express concerns about the artificiality of role-playing with acquaintances, which can lead to a reluctance to participate.¹⁸ To address students' doubts and discomfort surrounding role-playing exercises in medical education, educators can employ various strategies. Transparent communication is key, as educators openly discuss the purpose and benefits of role-playing, clarifying its contribution to clinical skill development and real-world practice preparation. Creating a supportive learning environment fosters trust and encourages students to express concerns freely, while also providing opportunities for dialogue and reflection on role-playing experiences.

Demonstrating the effectiveness of role-playing through showcasing successful exercises and their impact on clinical skills reinforces its value. Recognizing varying comfort levels among students, educators tailor participation options to accommodate diverse learning preferences and gradually build confidence. Proactively addressing common concerns, such as the perceived artificiality of role-playing, involves incorporating realistic scenarios and emphasizing the development of professional communication skills. Offering ongoing support and guidance throughout the role-playing process, including debriefing sessions and feedback mechanisms, further enhances students' engagement and learning outcomes. Through these collective efforts, educators effectively mitigate students' doubts and discomfort.

One of the main limitations is the lack of authenticity compared to real patient encounters. Some role players may not fully reproduce the complexity and emotional depth of real patient encounters. They may not express emotions or behave in the same way as real patients, which can limit the realism of the learning experience.

INADEQUATE PHYSICAL FINDINGS

Another shortcoming of using medical and surgical casters is the inadequate presentation of physical findings. Real patients often have various physical signs and abnormalities such as leg swelling, ascites, or heart murmurs that are critical for accurate clinical judgments. However, role players may not have these physical findings to the same degree as real patients. This limitation may hinder students' ability to perform thorough physical examinations and make appropriate clinical decisions. Without realistic physical findings, students may struggle to identify key diagnostic clues and develop appropriate treatment plans.

TEACHING & LEARNING EXPERIENCES WITH ROLE PLAYERS

A fundamental component of our teaching methodology is the use of role-players, which provide students with engaging and dynamic experiences that mimic actual clinical settings from the very beginning of their academic careers. As Rao and Stupans stated, Students interact with role-players to hone their technical skills as well as develop critical interpersonal abilities that are essential for providing quality patient care. Role-playing exercises are used in many clinical education contexts.⁷

In year 3 MBBS programme, medical students are placed in a variety of clinical settings from outpatients, wards, operating rooms and primary care settings during a 6-week placement. We expect students to be able to communicate effectively, develop a person-centered approach and respect patient confidentiality".¹⁹

In hospitals, students clerk on a variety of clinical cases. One to two cases can be clerked by students each day. At the patient's bedside, they give the history and do a physical examination. They then talk about the diagnosis and course of treatment. Their learning is facilitated by the clinical lecturer. In therapeutic settings, it is not feasible to address all learning outcomes. Certain learning objectives are covered in classroom-based role-play sessions, which are typically held on campus. Examples of these are subfertility seminars and contraception counselling. Through peer role-play, students had the chance to practice taking histories and providing counselling of male and female subfertility patients with guidance. When students behave like engaged learners, the classroom becomes lively and enjoyable. There is a problem, though, in that some students are reluctant to act and some are too hesitant to do so.

To benefit from role-play in developing better clinical concepts, the students must be explained and trained about the role-play prior to its implementation. Goothy SSK, Sirisha D., Swathi M., et al. have revealed in their study on the effectiveness of academic role-play in understanding clinical concepts in medical education that role play should be regularly implemented in the medical curriculum to teach clinical concepts.²⁰

In formative assessment, student-initiated clinical development feedback (mini-CDF) and rotational feedback are provided. Students are paired and practice peer role plays using CDF and clinical OSCEs (objective structured clinical examinations) to develop communication skills, clinical counselling and time management. Students enjoy learning when they feel relaxed while practicing the role of peers.

Sometimes the lecturer plays the role of an angry, sensitive patient in Obstetrics emergency counselling session. For example, shoulder dystocia during childbirth with a diabetic pregnant mother. It is the kind of complicated childbirth ended up with trauma in both mother and baby and need longer hospital stay. Students have the opportunity to learn how these patients react and how to treat them. Students may not have the opportunity to see these patients in the maternity ward during their reproductive health rotation. However, some students were nervous and anxious to counsel these

patients and partners. During "Integration Days," we use trained role players to integrate different disciplines such as mental health, adolescent health and reproductive health. To address the learning objectives of multidisciplinary teamwork and communication skills, clinical scenarios are created. As an illustration, consider the case of a young pregnant refugee who has tocophobia (the fear of becoming pregnant and giving birth), depression, and domestic abuse. Students take use of interactive learning opportunities in the classroom, which may mirror their experiences in clinical settings. It promotes teaching students about the patient-centered approach to holistic healthcare. Students can talk about consent-taking, ethical and legal issues, and practice communicating in difficult contexts with varying social, emotional, and cultural factors. Issues include the dearth of adequately trained youth role players and the necessity of pre-training role players on how to express their emotions and when to quit.

In Year 5 - medical students are scheduled to involve in 3 weeks assistantships programme of child health, mental health and reproductive health and Primary Care. These programmes help our students to prepare and start practice as a Foundation Doctor.²¹ Students are trained to develop team working, leadership and human factor skills in variety of outpatient and in-patient setting. The students act as the multi-disciplinary team (MDT) members in "Obstetrics and Gynae Emergency workshop". Facilitators act as simulated patient using emergency scenarios. Students plays as nurses, foundation doctor and consultant. The students enjoy dynamic role-play workshop. They have opportunity to practice difficult communication, ethical decisions, Duty of candour, Risk management, Datix/ Incident reporting, Handovers and MDT working. However, there are challenges like time management and lack of authenticity of emergency situations. Moreover, students have opportunity to learn difficult communication like early pregnancy loss, subfertility and breaking bad news of malignancy in the classroom by using trained role-players.

The conceptualization of role-play as a tool of medical education has revealed some features of role-play, such as that role-play is a pedagogy widely used in a diversity of contexts and content areas, reports Rao and Stupans.⁷ As Sogunro report, the role-play is basically practiced by students taking on specific roles that are unfamiliar to them; they act them out in a case-based scenario, which aids in their learning course content or understanding complex or ambiguous concepts.²²

To allow the pupils to experience the role-play as closely as possible to "the real thing," the parameters are typically based on realistic standards. The best practices and efficacy of role-playing dates back to the 1970s, but in recent years, role-playing has gained popularity as a tool that is more appropriate for today's college students than traditional teaching approaches. The comparable opinions shared by Bobbit et al. and Rosa.^{23, 24} Maier, Rao and Stupans have reported, role-play pedagogy effectively reaching learning outcomes include the three major learning domains such as cognitive, affective and behavioural domains.^{6,19}

One of the most frequent issues that educators and teachers deal with is understanding the human behaviour

of their pupils or colleagues. Instructors practice helping people solve real-world problems by using experiential learning techniques. Roleplay is one of these techniques. When done right, role play can significantly improve learning; yet, when it is done poorly or incorrectly, its full potential is frequently compromised.²⁵ The current study examines the evidence reported by Huang et al. in their study, which showed that medical students who were driven to role-play actual patients performed better than those who weren't. Furthermore, role-playing can improve their clinical and counselling competencies.²⁶

RESOURCE EFFICIENCY

Assessment with role players is generally more resource-efficient than using real patients, especially for repeated sessions. It also eliminates the need for scheduling real patients, who may have limited time.

FLEXIBILITY

Role players can adapt their performances based on the candidates' actions, allowing for dynamic and responsive learning experiences.

ETHICAL CONSIDERATIONS

Using role players avoids potential ethical concerns associated with involving real patients, such as privacy, confidentiality, and the potential for exploitation. Role players sign the consent form to participate in roleplay scenarios and offer a level of privacy and confidentiality that may be challenging to maintain with real patients. Students can practice sensitive questions or discussions without concerns about violating privacy and confidentiality. For example, taking sexual history and exploring multiple partners in HIV positive patients. At the same time, educators must raise a crucial point regarding the limitations of using role players in women's health stations, especially regarding their age range and the challenges in representing diverse patient populations.

Conclusion

The researchers in this study have endeavoured to reach conclusions by conducting a descriptive analysis of the challenges and opportunities associated with using role-players in medical education from the perspective of medical educators in order to improve the quality of education. Instructors enhance students' clinical skills, communication abilities, cultural competence, and professionalism by integrating role-playing exercises into their teaching methods. These exercises in the curriculum help students prepare for the varied challenges they will face in clinical practice. While there are obstacles to using role players in medical education, effectively integrating them can significantly improve students' clinical skills, communication abilities, and cultural awareness, ultimately nurturing their development as competent and compassionate healthcare providers. In conclusion, incorporating by role-playing exercises into the curriculum, educators provide students with invaluable learning opportunities that equip them for the challenges of clinical practice and cooperation in teamwork. These skills are essential skills for medical students to contribute as a health care provider in the community.

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