

# HELPE

## Health Literacy in Physiotherapy Education

### Teachers' manual

### How to guide a roleplay

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## Introduction

Roleplay aims to simulate clinical tasks in an educational setting. This approach have been shown to improve students' knowledge and confidence to communicate effectively when providing health information to patients with limited health literacy.

The purpose of this manual is getting familiar with the essentials of roleplay based on the specific methodology of briefing, simulation of the clinical task and debriefing.

In roleplays mostly students are fulfilling the role of the patient and of the intern physiotherapist. Of course, students appreciate practicing with an unknown simulation patient or an actor because that makes the assignment more realistic.

It is important to follow certain guidelines on how to instruct the people who are involved in the roleplay. There are also guidelines on how to instruct the students and the role-player/simulation patient/actor who will give feedback after the roleplay and for the teacher as well who will add feedback after the students and simulation patient did.

Remember that these are guidelines, in practice you will find out what works best for you.

## Methodology

Solving a practical clinical case in a simulated environment. Recommended steps:

### Define the learning objectives

The first step for designing a roleplay is to decide the specific learning objectives that are going to be developed. You can find examples of criteria for an observation list in the reflection tool.

### Script design

The script is defined as the timeline and events necessary to build a scenario of the roleplay. The script must be aligned to achieve the previously defined learning objectives set, with the maximum possible immersion.

- What is the location in space and time where the roleplay will take place?
- What is the relevant medical history of the patient?
- How will the participant enter the stage?
- Are there other characters in the scene that act as facilitators or distractors?

What is the script of the patient on stage? Write the role description for the patient in the SCEBS-format. Add guidelines on how to play a person with limited HL. Also add guidelines how to show the signs of the complaint: during which movement and/ or activity does the patient experience what kind of sensation and at what level (e.g., NRS)

### Roleplay phases

#### Briefing:

In this phase, participants are introduced to the situation they will face and are prepared to start the roleplay through creating a safe environment. It is explained what roleplay is, and its purpose as an experiential learning activity. The objectives of the roleplay are explained.

Tell the students that you are going to practice this lesson with a simulation patient. That could be a peer-student or someone they do not know.

a. Allow the *simulation patient/actor they do not know to introduce* their self.

Ask the students for a first reaction. (How do they feel about “practicing?” with someone else?)

b. Tell something about the *purpose of the roleplay* and emphasize that it is an exercise. That you gain insight into both your qualities and pitfalls by means of a roleplay. (You can now experiment. Get out of your comfort zone and find your stretch zone, now you can because it is not a real patient.)

c. *Explain the patient case* and the following **rules of a roleplay**:

1. Ask the student who is practicing on which points *they like to receive feedback afterwards*. Ask a few students to observe these points.

If possible, hand out an observation form (items from the reflection tool) and divide these items among the other observers or you can ask the observers where they want to give feedback on. Let them make notes of what they saw or heard literally so they can give an example with their feedback.

2. Provide a safe/shame-free setting together:

- The following applies to the observers and fellow students: try not to be a nuisance / do not disturb.
- Give constructive feedback according to the *feedback rules*.
  - “I saw/heard you...”(from their notes)
  - “I think the effect of that on the patient was.... Was that your intention? If not, what did you want to achieve? How could you have done that? (Student makes up his own advice.)
  - “Would you like another tip? What I might have done is.... because.....How does that seem to you?”

3. Tell the student who plays the role of the physiotherapist to always try to keep going, even if something goes wrong or they do not know what to do. Advice to take a moment to summarize aloud what you know so far and often the student can move on. If the student really does not know how to continue, the student may ask for a time out. Ask fellow students what they should do or say at this moment and why.

4. The teacher indicates when the role play is finished.

#### Roleplay:

Moment in which the actual roleplay takes place. The case could end in different ways, either because the initial objectives have been achieved, or because the maximum set time has run out, or the attention of the observing participants has decreased.

The observing participants (the rest of the group of students who observe the scene while the participants are in the simulation), make notes. They will provide positive feedback and they can provide constructive feedback about points to improve. Their feedback should contain what was literally said (quote), so there can be no doubt about what has been said.

#### Debriefing:

This phase is the key element in roleplay. The objective is to create a space that promotes introspection and analysis of behaviour, feelings and the processes that have taken place during the roleplay.

1. First reaction. *Always give the student* who was the physiotherapist the opportunity after the roleplay to give an initial reaction about how he/she experienced it.
2. Then ask the student what went well. Ask the observers what went well or let the student who practices choose peers to give feedback. They are first only allowed to give *positive* feedback. Let them make it concrete, they must give examples about the role-play.
3. Ask the student who was the physiotherapist where he/she has doubts about, what he/she would do differently next time.
4. Give the observing participants the opportunity to give feedback. You can also decide to let the student who has practiced, choose a few students from whom to receive feedback.?
5. Finally, you give the role-player (simulation client) the opportunity to give feedback on their experience. Note: The role-player can provide feedback on how they experienced the student's approach, not substantively on the quality of the advice or the structure of the conversation. Try to guide this yourself in the debriefing.
6. Give any (additional) feedback from your teacher perspective. Ask the student if they recognize and understand the feedback.
7. *Finally, let the student tell what went well and what he/she would like feedback on next time to see whether things would go better.*

Eventually you can now let the student apply one or more tips by letting him practice again with the simulation patient. This makes the success experience and so the learning effect even greater because of the practice with new behavior.

***End the roleplay or the entire lesson with the 'usefulness'-question to all the students!*** Was this helpful to you? and the accompanying questions: 1) what was especially useful? and 2) how is this useful for your communication? 3) How and when will you practice this? 4) Where will you ask feedback on?

You are not bound to this standard formulation. Here are some other formulations:

1. What was it like doing this exercise?
2. Was it helpful to do this?
3. Did you experience the exercise as useful? Why?
4. What specifically was interesting or useful for you in this exercise?
5. What ideas came up by you after this exercise?

At the end of the meeting, discuss the lesson with the external simulation patient (not a peer student), give feedback if necessary. It is also instructive for their development to receive feedback on their play and contribution to the lesson. And sometimes just a word of thanks is enough.

## Alternative teaching method for roleplay

### In phases

Teaching method for a conversation model in which a clear phasing can be distinguished.

### Instruction

The student is instructed to conduct one phase of the conversation with the role-player.

When that phase is finished, the roleplay is stopped and discussed afterwards. Then the next phase of the same conversation is practiced by another student. In this way, all phases of the conversation are completed, up to and including the conclusion.

### Advantages

Structure and time saving

- All phases of conversation can be discussed. This contrasts with situations where an entire conversation is practiced from start to finish. This often generates so much material that not all parts of the conversation come out equally well. In particular, the completion phase often falls short.
- The discussion of simulations can be kept concise because only recommendations from one phase need to be discussed.
- Students clearly experience where phases merge and learn to switch from phase to phase.

Points of attention:

As a teacher, ask yourself whether the outcome of one discussion phase will be carried over to the next phase. Or does the simulation patient enter 'neutral' again? Be clear about this to the students and the simulation patient.

### Pitfall

Extensive debriefing between the phases takes the progress out of the process.

### Subgroups

The group can be divided into subgroups and set to work independently with the task of preparing one or more phases of the conversation. One of them will practice the conversation with the simulation patient.

You can also choose to have several students practice the same phase in succession, this gives more pace and dynamics within your lesson.