

Role-Play on Consultation in General Practice for Medical Students

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References

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Role-Play on Consultation in General Practice for Medical Students

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Abstract

Aim: Role-play is a well-established learning method in medical education. We evaluated the function of undergraduate medical students acting as 'observers' in a role-play in the context of training in general practice.

Methods: The participants were sixth-year medical students, and the role-plays took place during the final meetings of their general practice internship periods. Each session was attended by 10–15 students. The role-play involved a simulation of an outpatient visit in general practice. The students acting as 'observers' were requested to anonymously fill out a short form reporting their perceptions and their proposals in relation to the simulated clinical case.

Results: Most 'observers' identified only the main features of the consultation, but a minority also carried out a psycho-social evaluation. An adequate description of a communicative plan was achieved in most cases for lifestyle changes, care plans, reevaluation plans, and instrumental investigation plans.

Conclusion: Role-playing can be a useful tool in the context of educating undergraduate students for general practice, especially to highlight topics that require learning reinforcement.

Key Words

Role-Play; General Practice; Education; Undergraduate Students; Communication

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Introduction

Role-play, a learning method in which participants take on a particular role in a particular situation and interact with others within an emulation of a true-life setting,^{1,2} is a well-established training tool in medical education, especially in communication skills.^{3,4} When a number of students are involved in the role-play, most of them do not act as the 'character' but as 'observers'. The aim of our research was to evaluate the function of the 'observers' of a role-play for undergraduate students in the setting of general practice training.

Methods

The participants were sixth-year students from the School of Medicine, Bologna, Italy, and the role-plays took place during the final meetings of their general practice internship periods. Each session was attended by 10–15 students and was led by two general practitioners qualified as training tutors (chosen in rotation among the authors of this study). The role-play involved a simulation of an outpatient visit in which two of the students volunteered to act as 'patient' and 'general

practitioner'. The two roles were explained separately to the characters by training tutors. The other students acted as 'observers' and were requested to anonymously fill out a short form reporting their perceptions and their proposals in relation to the simulated clinical case. The form was to be completed during the role-play (average duration: 10 minutes) and within the 5 minutes thereafter, just before the group discussion about the role-play. Each form was independently assessed by three of the authors, who judged (yes/no) if each response had achieved an adequate level of description. In cases of disagreement, a majority verdict was accepted. The results were expressed as a percentage of sufficiently reaching an adequate level. All requirements under the Helsinki Declaration, including informed consent, were strictly observed.

Results

The authors collected 119 forms (completely or partially filled) from 10 consecutive meetings. The overall performance was judged at least adequate in 88.2% of the participants and completely accurate in

22.7% of them. Table 1 shows the percentages of adequate level of description for each item obtained in the 119 forms.

A high percentage of participants identified both the main problem involved in the consultation (93.3%) and possible physical diseases presented by the patient (87.4%), but only 9.4% of the students included any element representing a social and environmental assessment.

Referral for immediate assessment by a specialist was suggested by 37.8% of participants, while 26.9% of them would refer the patient for an immediate instrumental examination other than laboratory tests.

A re-assessment of the patient and the patient's care was adequately described by 79.0% of the students, and a fair description of a communicative plan was provided in 79.9% of cases with regard to lifestyle changes, in 73.1% regarding the care plan, in 69.5% regarding the re-evaluation plan, and in 55.5% with regard to a plan for instrumental investigation.

Discussion and Conclusion

This study describes the results of a simple structure role-play carried out by medical students. Most students as 'observers' have achieved a sufficient level of adequacy to understanding the clinical scenario. However, a minority of students

used social and environmental assessments over a purely clinical assessment. The difficulty of introducing a social evaluation alongside students' clinical consultations has been well highlighted by dedicated studies.⁵

Approximately one third of students were in favour of an immediate referral of the patients to a specialist, and about a quarter of them would refer the patient for an immediate instrumental examination other than laboratory tests. These behaviours are related to the development of role-play, in particular the accentuation or not by the 'patient' on possible acute symptoms, but the possible large use of instrumental examinations and specialist assessment may also be motivated by the fact that the students are in university environments that provide third-level specialist services.

Clear limits of our study are factors related to the participants (written expressive ability), the internship (duration; quality) and the role-play itself (effectiveness of the script; interpretative ability of the actors; quality of the explanations provided to the participants).

In conclusion, the results of our experience highlight that role-play can be a useful tool in the context of general practice education for undergraduate students. In particular, it can help identify some topics that could require learning reinforcement.

Table 1: Percentage of Adequate Level of Description for Each Item

Items	%
What do you identify as the main problem of the consultation?	93.3%
What do you suggest as diagnostic hypothesis?	87.4%
What would you evaluate as clinical objectivity?	88.2%
Would you plan an immediate instrumental examination (excluding laboratory test)?	73.1%
Would you plan an immediate specialist assessment?	66.2%
How would you plan a reevaluation of the clinical condition of the patient?	79.0%
How would you explain to the patient the usefulness of possible investigations?	55.5%
How would you explain to the patient the care plan?	73.1%
How would you explain to the patient the plan of reevaluation?	69.5%
How would you explain to the patient adequate daily behavior?	79.9%

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