

Teaching communication skills

Although the students will obtain background material in lectures and observe interviews in lecture, they will *learn* how to establish a relationship with patients and interview patients in the small group. The course provides for a number of structured opportunities for students to practice interviewing skills, including observation of Mentors, role-plays, and standardized and real patient interviews. Critically observing others interview also helps students become better interviewers, and the course provides opportunities for students to observe each other interview in a structured way.

Small group sessions where different interviewing situations (for example, hospital interview) will be introduced will explain logistics in more detail. The following few pages detail a method for running a successful role-play. This method will be used frequently over the course of the year.

Guidelines for Leading Role-Play Exercises

- ◆ Hand out role-play parts to the students the week before the role-play exercise. There will generally be three different role-plays each week. Tell the students to review and practice their role-play, but not to discuss the role-play with other members of the group. Tell the students to become familiar enough with their role that they do not have to refer to the sheet during the role-play. It is OK if some of the details are not exactly right during the role-play. Tell them it is OK to embellish their role to fill in any gaps.

- ◆ For role-play sessions, split up the small group into role-play groups of three students each. Be sure that each student in the groups of three has a different case to role-play. In one room, the role-play groups can move to opposite ends of the room.

- ◆ During the role-play, one student will role-play a patient case, one will interview the “patient”, and one will be an observer. The observer should use the process or content observation form to guide them. Mentors should split up, so that each Mentor supervises one role-playing group. A Mentor should also use the evaluation form – choose the one the student is not using.

- ◆ Before the role-play, help the participant’s identify learning objectives for the role-play.

- ◆ During the role-play, students can ask for a “time out” to seek help.

- ◆ Following each role-play, the “patient”, the student observer, and the Mentor will provide feedback to the interviewer, using notes taken from the process or content observation form as a guide.

Role-play is appropriate to teaching interviewing skills.

Role-play is an excellent educational method. It is often used in settings where interpersonal skills are being practiced. Alternatives to role-plays include interviews with real or simulated patients, which often seem more realistic. However, students may find role-plays less threatening. Some particular advantages are that role-plays can be focused on specific skills, participants receive immediate feedback, and role-plays can be repeated to “guarantee” learner’s success.

Negotiate specific goals with the participants for the exercise.

Each learning situation should provide a success for the learner. One criterion for success should be whether or not the participants accomplished their goals. With role-play, goals should relate to the specific skills to be practiced (e.g., using open-ended questions or making an empathic statement). Discussing and identifying specific goals prior to the role-play allows the facilitator to assess whether or not participants choose a reasonable number of goals appropriate to their level of training. Choosing too many goals, or choosing goals that are too difficult could “guarantee failure.” One simple way of “guaranteeing success” is to suggest that one goal is “to learn something” – encourage the learner to identify at least one specific skill to learn in the role-play.

Consider demonstrating the skills to be performed during the role-play.

This is particularly important with inexperienced learners. It may not be necessary with more experienced learners who already have a clear idea of desired skills, but lack practice. Demonstrating role-play can also validate this instructional method for skeptical students.

Take time to set up the role-play carefully.

This is especially important during the first several sessions. Important elements include:

- ◆ Acknowledging that, for many participants, this will be the first time role-playing. Some anxiety is natural.
- ◆ Ask the “patient” to review the role-play, and verbally rehearse who he or she is (before the session). Emphasize that part of the responsibility of the “patient” is to recognize when the “doctor” has successfully demonstrated the skill. This is very important in role-plays where the “patient” is defined as “difficult.” It is easy for the “patient” to construct the “patient from hell”. However, this can lead to “de-skilling,” where the interviewer feels less skillful after the role-play than they did at the beginning.
- ◆ Ask the “doctor” to discuss which specific skills are to be attempted, and how s/he will define success.
- ◆ Negotiate how long the role-play will last. Generally the role-plays in this course will be short, from 2 to 10 minutes. Emphasize that participants have the right to call “time out” to ask for consultation or help. We ask that the Mentor keep time for role-play sessions.

Give feedback immediately following the role-play.

It is often a good idea to begin feedback with the participants, especially the interviewer. Ask how they feel, and whether they have any special concerns or thoughts. In inexperienced groups, model principles of effective feedback by asking the “doctor” first to comment on “good” skills and positive outcomes, then about problems the “doctor” encountered during the interview. Then ask the “patient,” and the observer in sequence to provide comments and suggestions. Encourage participants to use the evaluation forms to help them provide positive feedback, as well as constructive criticism and suggestions for improvement. Monitor feedback carefully. Constructive feedback, even when given carefully and respectfully, can become overwhelming. Feedback can also become competitive. This may show itself when each observer or the patient tries to outdo the other by giving suggestions, regardless of the feelings of the “doctor”. Call a halt to feedback before it becomes overwhelming.