

Medical Role-Plays for Future English Encounters

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Abstract

- Role-play as a classroom method has the potential to improve the communication skills of medical students and has long been rooted in medical university curriculums.
- For Japanese medical students studying English, the implementation of role-play activities helps students acquire the skills necessary to navigate the changing Japanese healthcare landscape.
- Effective use of role-playing can lead to an improvement in language, communicative and intercultural competencies.

Rationale

- To meet the need for potential future encounters with non-Japanese patients.
- To put into practice established medical guidelines (Enhanced Calgary-Cambridge Observation Guides) for consulting with patients.
- To use target vocabulary and phrases (SOCRATES) in a practical way.
- To introduce intercultural communication and raise awareness of the potential for cultural differences to impact treatment.
- To practice paralinguistic features such as showing empathy and building patient rapport.
- Role-play can bridge the gap between the classroom and real-world language use.
- To use English for a communicative purpose.

ESP Competencies

- L2 competencies – technical/non-technical vocabulary, use international medical consultation models.
- Communicative competencies – paralinguistic skills, non-verbal skills and use reassuring language, and show empathy
- Intercultural competencies – become more culturally aware, demonstrate respect to patient's beliefs, show a willingness to adapt to the patient.

Considerations

- Does the need exist?
- Cooperation of students (Why are we doing this?)
- Mixed levels
- Explicit instruction vs. freedom to be creative
- Clearly defined expectations

Method

Each role-play session included feedback from the instructor and two peers. The feedback sessions were implemented to provide students with advice on how to improve future role-plays.

The focus and goals of each role-play are clearly explained at the beginning to ensure all participants understand the expectations of the activity.

Focus on medical vocabulary/phrases

Site, Onset, Character, Radiation, Associations, Timing, Exacerbating and Alleviating, Severity (SOCRATES)

Sample questions for SOCRATES:

- Where is the pain most severe?
- When did the pain start?
- Can you describe the pain?
- Is there anything that makes the pain better or worse?

Establishing rapport with a patient

1. Greet patient and obtain patient's name.
2. Introduce self and clarify role.
3. Show respect and interest, attend to patient's comfort.

Source: Enhanced Calgary-Cambridge Guides, 2002

Focus on intercultural understanding

Take patient's lifestyle, **beliefs, cultural background** and abilities into consideration.

- The role of the doctor is to show understanding, recognition and consideration of any cultural differences.
- The doctor shows awareness of cultural differences.

The doctor explains typical treatment in Japan and asks the patient if they agree with the treatment.

- The doctor is willing to adapt to the patient's needs.

Role-play

- Students perform three role-plays with a partner as part of an introductory medical English course. Each takes on the role of the doctor and the patient.
- Role-plays are performed in front of an audience.
- Students should not read but focus on immersing themselves in the scenario.
- Each role-play continues for 3-4 minutes.

Role-play 1

- Students use a script from a textbook and alter it with target vocabulary and phrases.
- Focus is on practical applications of vocabulary and medical phrases (e.g., SOCRATES pain assessment).
- Focus is on communicative paralinguistic criteria.

Role-play 2

- Students build on role-play 1 and add focus on showing empathy and building rapport with the patient. (Calgary-Cambridge Observation Guides, 2002)
- Focus on technical/non-technical vocabulary (e.g., explaining a procedure).
- The role-play is based on a textbook script, but half is original content from the students.

Role-play 3

- Students build on elements from previous role-plays and add a cross-cultural communication element.
- Students create an original role-play based on a scenario.
- Focus on pulling all elements learned in previous role-plays into one encounter.

Outcomes

Teacher observations:

- There was initial apprehension before and during role-play 1, but gradually was alleviated with clearly defined expectations and rationale for the exercise.
- Some students questioned the need for learning about non-Japanese cultural backgrounds and beliefs.
- Confidence to perform the role-plays seemed to increase.

Student input (n=30) (Qualitative data based on interviews with students)

- 60% of the participants reported a belief that their ability to interact with non-Japanese patients increased.
- 68% of participants reported a belief that their awareness of potential cultural differences increased.
- 60% of participants reported increased understanding of showing empathy and making patients feel at ease.
- 20% of participants reported that the role-play activities were not worthwhile.

Conclusions

- This project has sought effective use of role-plays for third-year medical students to increase their communicative competence, raise awareness and understanding of intercultural differences, and provide a stage for the practical application of target vocabulary and phrases. The purpose of this activity is to prepare students for possible future encounters with non-Japanese patients. While role-plays can be a valuable method to increase ESP competencies, many factors such as mixed proficiency levels of the participants and their willingness and enthusiasm toward the activity can diminish its effectiveness.

References

The Enhanced Calgary-Cambridge Guides, 2002
OME – Oxford Medical Education (oxfordmedicaleducation.com)