Online role-playing for faculty development

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SUMMARY

Background: There has been a rapid growth of online teaching in the past few years, yet the implementation of role-play for formal educational activities in an online setting is growing more slowly. The use of online role-playing for the development of health professional educators is virtually un-documented in the literature.

Innovation: In the project reported here we use role-playing as a method to motivate and increase active participation in an online web-based discussion on community-based medical education (CBME). The Foundation for Advancement of International Medical Education & Research (FAIMER®) Institute hosts virtual group discussions for fellows as part of its fellowship programmes, in order to deepen their knowledge base in health professions education and research. In June 2008, a group of seven FAIMER® fellows and faculty members moderated an online discussion on CBME using an online role-play exercise with other fellows and faculty members.

Results: Out of a total of 102 fellows, 36 (37%) participated actively, which exceeded the typical percentage of listserv participation. In addition, a rich discussion resulted in a comprehensive report on the goals, challenges, logistical components, role of Health Ministry policy and the possible ethical mandate of CBME in developing countries.

Conclusion: Online role-play encouraged distributed participation among a highly diverse international group of participants, supporting the conclusion that role-playing can be used effectively with mid-career health professional faculty members in the online environment.
INTRODUCTION

Role-play is a common pedagogical method used in a variety of settings to acquire knowledge, skills and attitudes in a range of disciplines, and the literature generally supports its effectiveness.1,2,3 Role-play emphasises the social nature of learning and is built on the notion that cooperative behaviour stimulates students, both socially and intellectually. Evidence suggests that ‘integrating experiential learning activities in the classroom increases interest in the subject matter and understanding of course content’.4 There is increased involvement on the part of the students in role-playing, where they represent and experience a character known in everyday life, which elicits and emphasises personal concerns, problems and behaviour, and relies on and potentially improves interpersonal and communication skills.5 Bender has found that role-playing connects students with the course material and with each other more intimately and successfully than a traditional lecture.6 Along with the pedagogical benefits of role-play, there are certain inherent challenges in the classroom-based (or face-to-face) role-play. The degree to which the benefits of any role-playing can be actualised depends on the prior creation of a formative learning environment in the classroom. Role-playing involves risk taking and requires mutual trust among students. Because of stage fright, the probability of quiet students taking a back seat may be increased, and such pedagogical challenges can certainly be addressed through online role-playing.

There has been a rapid growth of online teaching in the past few years, yet implementation of role-play for formal educational activities in an online setting is growing more slowly.7 Emerging literature from various disciplines, particularly focussing on children and teenagers, suggest that online learning environments should use role-playing to immerse students in the complexities of authentic decision making, which helps them develop communication, collaboration and leadership skills.6–9 Even though role-playing can and does work well in the traditional classroom, in the online learning environment it provides the additional advantage of providing students with a greater freedom to express themselves without stage fright. And, although devoid of body language and tone of voice, so much can be expressed through the students’ textual messages and their creative interaction with their peers.

In health professionals education, the use of face-to-face role-playing in medical education is well documented;2,4,8 however, in a search of the Medline and ERIC databases we were unable to find any reports on online role-playing for the faculty development of health professionals. The present role-play-based online discussion was designed to engage the group members in a discussion on community-based medical education (CBME), and provide evidence for implementing a CBME-based curriculum in a medical school. One of the key questions was whether we would be able to engage the diverse members of the group with this strategy.

BACKGROUND

The Foundation for Advancement of International Medical Education & Research (FAIMER®) fellowship is a 2-year programme designed for health professions educators from around the world.10 The programme is designed to teach education methods, and leadership and management skills, as well as to develop strong professional bonds with other health professions educators. It includes two residential sessions (sessions 1 and 3) that take place at the institute in Philadelphia 1 year apart, and two 11-month distance-learning online sessions (sessions 2 and 4), each following on from the residential sessions. During the distance-learning sessions, fellows participate in a series of online discussions on the listserv, in which all current and former fellows and faculty members are involved.11 The discussions are made more meaningful by assigning a pre-selected topic to a group of between four and six fellows and a faculty member for leading and moderating the discussion each month. The
The objective of these discussions is to deepen the knowledge of participants in selected topics related to health professions education and research.

The authors of this report planned and moderated a discussion that focused on CBME using an online role-playing scenario. The moderators, six FAIMER* fellows and a faculty member, were located in four different countries (two from India, three from Pakistan, and one each from Malaysia and the USA). The listserv group consisted of approximately 120 fellows and faculty members, representing around 30 countries over four continents (Figure 1).

**PURPOSE**

While planning the session, one of the key challenges identified was maintaining an optimum level of online participation from the fellows. Various ideas, not only to maintain the interest of participants but also to keep the discussion informative, motivating, and stimulating, were discussed. An online role-play scenario-based discussion was planned with the following objectives:

- to stimulate active discussion on the topic and present evidence for CBME implementation;
- to enhance the participants’ understanding pertaining to CBME;
- to engage the group members as online distance learners.

**PROCESS**

Prior planning during the residential session in Philadelphia, followed by further discussion through e-mails and conference calls, was critical to the construction and implementation of the role-play strategy. The scenario was drafted, together with articles that were planned to complement the selected scenario, and a Gantt chart was drawn up that listed the tasks and responsibilities for each of the six assigned moderators.

The scenario was about a fictitious medical college called the ‘WAWA School of Medicine’, which was known for producing its country’s best subspecialists. The newly appointed dean,

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**Box 1. Dialogue quotes**

I rest my case. CBME is a misguided failure at best or else a sinister scheme to fool a gullible public and an even more gullible academic community.

Kind regards, Dr Real Healthcare

Hi Dr Real Healthcare,

Your learned suggestions are appreciated. Let me take you outside the box, your version as quoted ‘I would like to raise the issue of the so-called "basic doctor" that has been mentioned by a number of my learned colleagues. What precisely is a basic doctor? Is he/she a well-trained professional that can recognize a vast multitude of common and not so common illnesses in their early stages without the aid of a battery of laboratory investigations, scans and the second opinions of numerous colleagues?’

I want to challenge Dr Real Healthcare that the doctors who are exposed to the same habitat as their patients have more empathy, sympathy and respect for their patients, bearing in mind that they are supervised by the doctor, and nurses in charge.

I was watching closely the conversation among all FAIMER* family, and I decided to provide my humble evidence until you could persuade others to provide their evidence, but the assumption that we provide an evidence for an impact assessment was truly difficult, and in our case seems impossible because you, as Ms Better-Late-Than-Never claims, received no concrete evidences so far!!
Dr Gregg Brynmawr, plans a curricular reform to introduce CBME. He is facing resistance from some of his faculty members. The dean is a strong proponent of CBME and decides to approach FAIMER® fellows for evidence on the value and challenges of CBME, so as to convince his faculty members of the benefits of the change.

On behalf of ‘the dean’ an e-mail containing the aforementioned scenario was sent to the listserv, inviting all FAIMER® fellows to build a case for CBME. In addition, two articles related to CBME were sent as resource materials for everyone. The scenario and the fictitious names encouraged the participants who spontaneously started using virtual roles akin to their beliefs/thoughts, thus creating characters with a certain point of view. For example, Dr Up-to-Date’s comments and ideas were in favour, whereas another fellow who replied as Dr Real Health Care challenged the effectiveness of CBME. Another participant on the listserv was Dr Atom Technetium who raised logistical concerns about implementing the concept of CBME in medical schools. The momentum of such a rich discussion was maintained throughout the month as each member of the moderating group took turns playing the role of the dean online, responding to the contributions, and inviting and stimulating further discussion.

Later, a summary of the discussion was prepared and shared on the listserv. Some important lessons were learned through this project. One such lesson was that planning must be thorough, and that tools such as Gantt charts can be useful. Another lesson was that during the online discussion with the listserv, a separate channel of communication within the moderator group members was crucial in order to coordinate each other’s contribution in moderating the discussion. Thirdly, a strategy to invite ‘quieter’ members of the group needs to be in place. Finally, when participants related themselves with characters in the role-play they tended to be more participative, and their responses created a kind of contagion of creative role creation and opinion portrayal, which brought the full spectrum of debate to life (Box 1).

**RESULTS**

Out of a total of 102 fellows, 37 per cent participated actively in the online discussion, which exceeded previous typical percentages of participation; there were 145 individual contributions to the discussions over 30 days. The initial response was a little slow, but with the posting of a provocative mail denouncing CBME the discussion picked up momentum. We found that even though we did not assign any specific roles to the participants, some of the participants strongly related themselves with the scenario, and immersed themselves so deeply in the character of the dean, Dr Gregg Brynmawr, that they themselves created roles and started contributing in those roles, making the discussion interesting, and encouraging further participation from other fellows.

The discussion helped to clarify concepts related to CBME, and generated many themes such as the training of students (subject matter or clinical areas that can be covered through community-based rotations), benefits to communities, the role of health managers, institution policy and procedural implications, the role of regulatory bodies, cost and the possible ethical mandate of CBME in developing countries. Moreover, 10 models of CBME from various countries (including Brazil, Egypt, Ethiopia, India, Nigeria, Nepal, Philippines, Pakistan and South Africa) were shared by the fellows. At the end, a summary of the whole discussion was shared with the listserv in the form of a comprehensive report.

The active participation and high level of engagement while eliciting useful information about CBME also had an impact on subsequent online discussions on the listserv. Another group used role-playing for their online discussions in the following year, and after this, role-playing was picked up and used in the virtual session discussions by the fellows in one of FAIMER®’s four regional institutes. This re-use of the learning strategy by other fellows (health professions faculty members) is probably the best evidence that this group finds role-playing to be effective and enjoyable for the participants.

**DISCUSSION**

An online role-play-based scenario was designed with the objective of engaging the FAIMER® fellows group on a discussion on CBME to deepen

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**Figure 2. Educational concepts used in the project.**

Three Principles of learning looped together

- **Adult learning**
  - Learning from experience
  - Self directed
  - Draws on diverse experience
  - Usually internally motivated

- **Online learning**
  - Allows creativity
  - Students feels greater freedom to express themselves
  - Interesting work keeps students motivated
  - Stimulates discussion/dialogue

- **Role playing**
  - Considered as important pedagogy in medical education
  - Stimulates cognition as well as stirs emotions
  - Involves participants and enhances learning
  - Case-study/scenario acts as stimulant
their knowledge base and discuss the evidence for implementing a CBME curriculum, which was accomplished.

The success of this teaching-learning strategy with a group of professional faculty participants can perhaps be explained through three theoretical underpinnings: principles of adult learning, online learning and role-playing, which are inter-related and, when tied up together, increase the chances of effective outcomes.

The asynchronous scenario-based online interaction provided the opportunity for various participants to delve into their own experiences and provide supporting evidence for CBME, the topic of the discussion. By adopting provocative roles, the participants were able to engage each other and provide impetus to the discussion (see Box 1). They attempted to provide information to convince the individuals expressing opposing viewpoints to change their minds. The sharing of experiences in the various successful models of CBME led to rich discussion, and the participants gained knowledge from the exchange. The key challenges to implementation of such a curriculum were identified, and commonalities and differences between programmes around the globe were also identified. The participants came up with suggestions on how to combat the challenges of convincing the non-believers of CBME.

The online interaction by virtue of being a listserv platform provided easy access to participants in different time zones and working schedules, across the continents of the world. The participating fellows also came from diverse multiprofessional backgrounds. Despite these differences they could connect and respond to the call for help by the dean of the (fictitious) medical school. They could empathise with the dean, give him support on implementing a new curriculum and suggest strategies on how to do it. After the immediate reactions to the provocative posting, the discussion was kept on track by inviting by name the participants who had not yet contributed.

The present scenario, built as an interactive role-play, had the elements of debate and problem solving. Arguments were built up as a natural and healthy process, leading to the final problem-solving stage of how to build up a case for implementing CBME. As is common with such exercises, no correct outcome is expected, but an open-ended scenario is worked upon. The process of building the debate and learning from the perspectives of others is the advantage of such a scenario.

Our project has also shown that adult health professions educators not only engaged in online role-play, but also shared useful information. The success of the strategy of online role-play is also reflected in the fact that later a number of role-play scenarios were used on the FAIMER listserv discussion by other participants (Figure 2).

CONCLUSION

Role-playing can be used effectively with health professions faculty members in the online environment, as it encourages distributed participation among a highly diverse group of international participants. Keeping a provocative aspect in the role-play scenario is useful to keep the participants engaged and the level of interest high.

Improvements in the future might be to add intentional breaks from the role-playing for specific reflection on the discussion, which challenges participants to think even more deeply about the facts as they emerge. As suggested by Ogilvie and Douglas, ‘e-learning, when utilizing a thoughtful design, can promote reflective dialogue and an understanding of theory’.12

REFERENCES

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