Peer Role-Play for Training Communication Skills in Medical Students

A Systematic Review

Anthony Gelis, MD, PhD;
Sophie Cervello, MD, PhD;
Romain Rey, MD, PhD;
Guy Llorca, MD, PhD;
Philippe Lambert, MD;
Nicolas Franck, MD, PhD;
Arnaud Dupeyron, MD, PhD;
Marion Delpont, MD, PhD;
Benjamin Rolland, MD, PhD

Summary Statement: Peer role-play (PRP) is a simulation-based training method (SBTM) in which medical students alternately play the patient's and clinician's role. This review aimed to assess the effectiveness of PRP for improving the communication skills of medical students. A systematic search was conducted in the MedLine, PsycInfo, and ERIC databases. Studies were qualitatively analyzed according to the Kirkpatrick evaluation level (Kirkpatrick level) and the Medical Education Research Study Quality Instrument.
Twenty-two studies were included. Studies assessing the "reaction" of students (Kirkpatrick level 1, n = 15) found that PRP was appreciated, whereas those assessing the effect of PRP on "learning" (Kirkpatrick level 2, n = 12) found that PRP improves communication skills but no more than other SBTMs. No study assessed real-life "attitudes" or "clinical outcomes" (Kirkpatrick levels 3 and 4), whereas 2 studies found that using PRP had a better cost-efficacy ratio than the use of simulated patients. Compared with other SBTMs, PRP improved communication skills similarly in medical students and seemed less expensive.
(*Sim Healthcare* 15:106–111, 2020)

Key Words: Simulation, Medical students, communication, role-play.

Communication skills in medicine comprise a vast set of abilities, including gathering information, building relationships, demonstrating empathy, and/or explaining and planning.[1] Exhibiting good communication skills has been stated as an essential professional attribute in modern medical practice.[2] Effective communication enhances patient empowerment and thus increases healthy behaviors among patients in both acute and long-term care.[3–5] As a consequence, medical faculties are increasing efforts to promote the learning of communication skills by medical students.

For the last 20 years, simulation-based training has become a core educational strategy for learning professional skills in healthcare, including communication abilities.[6] Simulation is a generic term that refers to an artificial representation of a real-world situation aiming to achieve educational goals through experiential learning. Simulation-based medical education consists of any educational activity in which simulation replicates clinical scenarios.[7] Simulation programs for training communication skills have been named differently according to who plays the role of the patient. According to the Healthcare Simulation Dictionary (https://www.ssih.org/Dictionary), the terms "simulated patient" (SimP) and "standardized patient" are interchangeable, and both refer to programs in which the role of the patient is played by an actor, a lay person, or a real patient. By contrast, the term "peer role-play" (PRP) typically refers to programs in which learners also play the role of the patient.[8] In simulation-based education, the educational objective of role-play training is to rehearse situations to improve learner's abilities to face with similar situations in clinical practice.[7]

Compared with other simulation programs for training communication skills, PRP exhibits both advantages and disadvantages. Because the role of the patient is not played by a predefined and trained participant, sessions may be less structured in terms of scenario and role-play training, and they may thus result in increased between-group variability in how scenarios unfold and in the precise educational content. This can be detrimental to homogenous learning between students and can also raise methodological and ethical issues when applied for research or students' evaluation. By contrast, PRP workshops are generally easier to set up within medical faculties. In addition, it has been hypothesized that when playing the

From the Centre de Rééducation Neurologique Mutualiste Propara (A.G.), Parc Euromédecine, Montpellier; Centre Ressource de Réhabilitation Psychosociale (S.C., N.F.), CH Le Vinatier, Université de Lyon, UCBL, Faculté de Médecine Lyon-Sud Charles Mérieux, Oullins; Pôle Est (R.R.), CH Le Vinatier, Bron; Pôle Lyon-Sud de Simulation en Santé - (PL3S) (G.L., B.R.), Université de Lyon, UCBL, Faculté de Médecine Lyon-Sud Charles Mérieux, Oullins; Collège Universitaire de Médecine Générale (P.L.), Université de Montpellier, Montpellier; Service de Médecine Physique et de Réadaptation (A.D.), CHU de Nîmes, Université de Montpellier, Nîmes; CHU Montpellier, Service de Chirurgie Infantile (M.D.), Hôpital Lapeyronie, Montpellier; and SUAL (B.R.), Pôle MOPHA, CH Le Vinatier, Bron, France.

Correspondence to: Benjamin Rolland, MD, PhD, Service Universitaire d'Addictologie de Lyon (SUAL), Pôle MOPHA, CH Le Vinatier, F-69500, Bron, France (e-mail: benjamin.rolland@univ-lyon1.fr).

The authors declare no conflict of interest.

Pôle Lyon-Sud de Simulation en Santé - (PL3S), Université de Lyon, UCBL, Faculté de Médecine Lyon-Sud Charles Mérieux, Oullins, France.

Supplemental digital content is available for this article. Direct URL citations appear in the printed text and are provided in the HTML and PDF versions of this article on the journal's Web site (www.simulationinhealthcare.com).

DOI: 10.1097/SIH.0000000000000412