Peer Role-Playing as Training for Medical Error Disclosure

We read with great interest the *Journal of Graduate Medical Education* February 2017 article exploring the influence of formal and informal training of medical error disclosure skills in residents.[1] In 2016, a training component was piloted in our internal medicine program. Prior testing of role-playing for breaking bad news using volunteer students from a local college theater department had worked well. When we sought expansion, however, it no longer was an option, as they were unable to extend their services to all of our residency programs. Additionally, we lacked funding to support actors serving as standardized patients (SPs). We conducted a literature search, which produced an interesting and viable alternative—peer role-playing.

Comparative studies demonstrated that SP and peer role-playing were equally valuable tools for communication skills training. Both were superior to lectures and oral instruction.[2] Role-playing was more cost effective—an important consideration for a public hospital. Whereas SP training entails paid performers imitating patients with physical ailments and/or psychological difficulties, role-play involves the trainees themselves adopting different characters or roles.

Fifteen of 32 residents participated in the pilot. In preparation, they received educational materials and participated in a didactic and experiential noon conference that included a practice period. Formal sessions were approximately 90 minutes in length—with residents having the opportunity to portray a physician, patient, and family member in different scenarios suggested by faculty. A trained faculty member evaluated each resident when he or she portrayed the physician role—utilizing a revised structured clinical observation tool (7 interpersonal skills and 7 information-giving indices). Residents completed a satisfaction survey and an essay in which they reflected on personal and peer experiences and feelings.

The results were encouraging. Regarding the structured clinical observation tool, residents performed well, particularly in the domain of interpersonal skills. Key information-giving items not observed in some residents included explicitly asking the patient/family for input and providing a discussion summary. Residents expressed satisfaction with the experience; all agreed it increased their comfort with discussing difficult topics, allowed them to better understand the perspectives of patients and family members, and immediate feedback was helpful. Common themes in residents' personal essays paralleled these responses, with residents expressing greater confidence in their skills, an appreciation of the patient/family roles, and a belief that feedback from peers and faculty was beneficial.

We plan to conduct these sessions in the future and want to highlight 3 advantages of the role-playing approach:

1. It is low-cost (particularly in comparison to the cost of SPs);
2. It is relatively easy to implement; and
3. It allows residents to experience the perspectives of the physician and the patient/family.

The first 2 benefits primarily offer an administrative advantage, while the third benefit has the potential of fostering a greater appreciation of the patient/family experience of care.

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References

1. Wong BM, Coffey M, Nousiainen MT, et al. Learning through experience: influence of formal and informal training on medical error disclosure skills in residents. *J Grad Med Educ*. 2017;9(1):66–72.
2. Bosse HM, Nickel M, Huwendiek S, et al. Cost-effectiveness of peer role play and standardized patients in undergraduate communication training. *BMC Med Educ*. 2015;15:183.

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