

Title: Does role-playing build counseling competency? A pre & post-test comparison among fourth year medical students

Author: Noor Ahsen, M.B.B.S.

Context and setting: Counseling is an important but neglected part of comprehensive patient care. The competency has to be build and requires certain pre-requisites as good interpersonal communication skills. The aim is to produce doctors who are culturally competent counselors in primary health care settings.

Objective: Medical students training in specified counseling competencies focusing on interpersonal communication skills.

Why the change was necessary: Effective counseling that incorporates preventive, socio-economic, environmental and culture-sensitive issues need adequate interpersonal communication skills, empathy and compassion on part of the doctor. General physicians often lack these skills, primarily due to inadequate training at medical schools. Thereby failing to provide important clinical advice to their patients.

What was done: An educational interventional trial done. Study period: 1-12-06 to 15-06-07. Training session conducted for instructors on role-playing and student assessment. Test-run with randomly selected previous fourth year medical students done to see the reliability of process: Sufficiency of allotted time for each OSCE station, checklists formatting for appropriate choice/clarity of wordings, logical sequencing of questions and adequacy of time for marking checklist at the end of OSCE. Pilot study followed by.

1. Pre-test OSCE evaluation of current fourth year students on specified counseling skills by standardized patients (SPs) (junior instructors who played the roles in videotapes).
2. Video recordings shown to students on specified competencies namely breast-feeding, antenatal care, diarrhea control and vaccination of infants.
3. Role playing by students acting as patient and doctor.
4. Direct observation through structured checklists (DOS) of randomly selected students in real patient -student interactions in hospital and community clinics.
5. Post-test OSCE evaluation of students six months after pre-test by same SPs who marked the pre-test checklists.

Evaluation of Results: One sample t-statistic was performed at degree of freedom(df) (n-1) and Two-tailed probability set at .05.

- The class overall & 83% students individually showed statistically significant difference in their Mean pre & post- test evaluation.
- Each competency separately showed statistically significant difference in its Mean pre- & post-test evaluation.
- In spite of closed society where gender mixing is not allowed the mean post- test OSCE evaluation for Boys and Girls separately for two culturally sensitive-competencies collectively showed statistically non-significant difference. However, this may be attributed to small universe.

- DOS; 75% of randomly sampled students showed statistically significant difference in their DOS & post-test OSCE scores. However, 25% of randomly sampled students showed statistically non-significant difference.

In real life patient-doctor interactions students do not counsel as effectively as when they are in high stake exam situation. Reasons may be: Students find real life interaction more threatening (fear of exposure), are in a comfort zone during OSCEs (instructors acting as SPs.) and may make more effort to score better in exams.

Educational methodologies emphasizing practical skill development should be included in medical curricula from the very beginning, as behaviour change requires repeated use of acquired skills.

Key words: Role-playing, OSCE (Objectively Structured Clinical Examination)