

Setting the Scene:

Introduce and Illustrate Areas in a Discipline Through Role Play

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Abstract: Lecture may be a common strategy to introduce material in introductory courses, but it has often been shown to be less effective than once thought. The following essay offers a rationale for a classroom activity of a role play to introduce students to a discipline via active learning which can enhance student learning and creativity.

Key Words: role play, simulation, active learning

Lecture may seem a straightforward strategy to provide an overview of a discipline in an introductory course; however, it can be static and ineffective, due to the difficulty of engaging students (Freeman, et al, 2014). Traditional, lengthy lectures have been found to decrease grades when compared to active learning approaches (Freeman et al., 2014). Active learning methods (e.g. Campbell & Burnaby, 2001; Barkley, 2005) may be more successful in helping students to construct their own knowledge (Handelsman, 2004); these strategies stem from the central tenet that students must be engaged for learning to be substantive (Barkley 2005). One such method is role play, also sometimes termed simulation or simulated interaction (Joassen, 1998; Hertels & Millis, 2002; Hackemer, 2010). Role playing or simulation is a kind of exercise in which students make decisions about some kind of outcome, taking on the persona of a particular decision maker, character, or stakeholder in a simulated situation or context (Hackemer, 2010).

Role play is well suited to classroom learning for several reasons involving student engagement and attention to information. It is particularly necessary to gain attention early in a course and engage students in understanding the foundations of a discipline, before moving forward into more specific material (Freeman et al., 2014). Simulation or role play provides practice and self-efficacy through rehearsal and application. When students are involved in the creation of role plays, they increase the salience of the information by making it more relevant to themselves. According to theories of observational learning such as social cognitive theory (Bandura, 1986) students may learn through examples and observational understanding as they perform roles in the classroom and as students observe other students taking on these roles. Engaging in an active strategy such as role play may meet students' need for information and entertainment, per theories such as the Activation Model of Information Exposure (AMIE) theory of message processing (Donohew, Palmgreen, & Duncan, 1980). In brief, AMIE posits that an individual will seek to satisfy their need for stimulation and information when attending to a message before they seek to fulfill their need for information alone (Donohew, Palmgreen, & Duncan). Students are actively involved in performing and creating the role play and thus are constructing knowledge during the exercise; viewing the live creation of content may also be entertaining.

Additionally, if students are involved in creating the role play, if only in part, it becomes salient, or more personally compelling, increasing engagement through more central processing of the information presented in class during the activity (Petty & Caccioppo, 1980). Further, simulation or role play is a classroom task that fosters critical thinking (Edman, 2002), in that it asks students to focus on problems and questions and to make decisions (versus a sole focus on knowledge transmission from the professor) in a discipline-specific context (Bean & Melzer, 2021).

The course in which we engaged in this role play activity was an Introductory Health Communication course, but the activity may be modified for other introductory courses. The objective of this course was to offer an active learning experience, specifically a modified role play or simulation, for classroom introduction of health communication.

Description of Activity

Role play is a good place to start, in any discipline. In our case we were in a health communication course, which studies messages in the context of health, including patient-provider communication, health portrayals in the media, and health campaigns (duPre, 2021); the patient-provider encounter, typically a doctor's appointment, is a central piece of related areas in the discipline (see Street's (2003) ecological model for a visual depiction of the influences at work during a typical doctor's visit). Further, using a ready-made interaction as a starting point made the role play activity more time efficient for the classroom in that the students had a starting point for their creativity. To introduce health communication, instructors had students augment and perform an interaction by adding roles and dialogue that illustrate areas of study in the discipline such as social support, patient-provider communication and provider education, health images in media (social media, news, advertising, TV, film), and health campaigns.

Prior to the exercise, students read an introductory chapter or article about the discipline (such as in duPre, 2021). The instructor secured a doctor-patient interaction scene online or from a textbook (such as Pagano, 2010) (see Figure 1 for an adapted interaction) and distributed it to the class electronically or on paper. The instructor also displayed a list of the existing and other roles/parts in the interaction (see Appendix A). The roles and parts on the list can be created or modified by student groups in the class and integrated into the existing role play/interaction. See figure 1 for an example of such a role play.

Figure 1

Example Interaction (adapted from Pagano, 2010)

The patient is a 40-year-old male reporting a rash on his stomach. He goes to an outpatient clinic at a hospital. After nearly 25 minutes, the provider enters the room

Provider: "Mr. Jones? Hey."

Mr. Jones: "Yes, that's it; but I thought you'd forgotten about me. I've been waiting for such a long, long time."

Provider: "I'm sorry, but there are a lot of people to see. But now it's your turn. So, tell me about your rash."

Mr. Jones: "Well, I got this rash on my stomach that's been there about three days and I don't know why it's there." He pulls up his gown.

Provider: "Hmm. Does it itch?"

Mr. Jones: No, it's just there and I don't know why."

Provider: "Okay, can you tell me a bit more about what's going on in your life the last few days, what you've eaten, if you've got any new clothes or changed detergent?"

Mr. Jones: "None of that."

Provider: "Okay. Do you have a rash anywhere else?"

Mr. Jones: "No. I mean, c'mon. How many questions are you going to ask?"

Provider: "It sounds to me like you're very annoyed. Is that all because of the wait?"

Mr. Jones: "Of course I'm annoyed. I've got this damn rash."

Provider: "All right; so, I'll go get you a prescription for your rash."

Instructors placed students in enough groups to cover each role/part, assigned one role/part to each group, and explained the activity. Each group then discussed its role, who in the group would perform this part of the scene, and plan when it would occur in the existing interaction. (As noted, one group or two groups would have the existing patient and provider roles but may enhance them.) Each student participated by planning the interaction, but each student did not need to perform in the revised scene. Students were encouraged to have fun and to be creative with their contributions. This encouragement often resulted in a great deal of humor and met a need for entertainment. This creativity added to their engagement with the material (Donohew, Palmgreen, & Duncan, 1980; Petty & Cacciopo, 1990).

Once groups were ready with their plans, each discussed its role and addition to the existing scene, and then the class planned the final resulting role play. Then, the class performed the interaction. Discussion and reflection questions (see Figure 3) guided a debrief. Sample questions included:

1. What does the interaction suggest about our ideas and concepts of health? Of health communication?
1. What are some influences on a provider's health decisions and interactions?
2. What are some influences on a patient's health decisions and interactions?
3. Did the pandemic and its surrounding events influence your group's choices in setting up the interaction? If so, how? If not, why not?
4. The roles/parts in the interaction we just created illustrate many different areas of health communication, the discipline we're studying this semester (patient-provider communication, social support, pharmaceutical advertising, health news, health and social media, etc.). Are you excited about any in particular? Why or why not?
5. How do you feel the activity went? Did you enjoy it? Did you dislike it? What worked and what didn't? How could it be improved?
6. Note how strongly you agree or disagree with the following statements:
 - a. This classroom activity helped me to better understand the various areas of health communication.
 - 1-Strongly Disagree
 - 2-Disagree
 - 3-Neutral
 - 4-Agree
 - 5-Strongly Agree
 - b. This classroom activity helped me to see the connections between various areas of health communication.
 - 1-Strongly Disagree
 - 2-Disagree
 - 3-Neutral
 - 4-Agree
 - 5-Strongly Agree
 - c. This classroom activity was engaging for me.
 - 1-Strongly Disagree
 - 2-Disagree
 - 3-Neutral
 - 4-Agree
 - 5-Strongly Agree

Debrief/Typical Results

This role play lesson is engaging; students meld their ideas and creativity into an area of the discipline they are studying (Jayawardena, 2020; Petty & Cacciopo, 1980). Everyone in class is involved and takes leadership/ownership (Caniglia, 2019; Hertel & Millis, 2002) of the content of the role play. Through the creativity involved, students may build knowledge of various areas of health communication onto existing schema (Chew & Cerbin, 2021; Anderson 2004; Joassen 1998). Further, given that students are creating original content based on course material, and applying said content, Bloom's taxonomy of cognitive processing goals is met (Bloom et al., 1956; Newton et. al, 2020). Students offer their own creative examples of areas of a new discipline, connecting their existing knowledge of things like pop culture to course conceptual vocabulary. For instance, students may share a video they are familiar with and then consider the effects such media may have on a patient's conceptualization of his/her/their health and self-concept.

The activity has been evaluated quantitatively and qualitatively. Student teaching evaluation scores ($R=0-5$) of the same introductory health communication course, one section which employed this activity ($M=4.5$) and another that did not ($M=4.0$). Student comments received after informal qualitative assessments of the activity are overwhelmingly positive, including this instructor's very favorite one: "That was beautiful!" Comments were more positive when compared to other classes including themes of positivity and engagement and memorable mentions. Where lectures were performed to introduce the discipline, themes of regular interest were found. A recent addition to the discussion and reflection piece of the activity are scaled and open-ended questions to assess specific learning objectives.

Appraisal

Though the activity has been successful in the author's classroom, the activity can be initially confusing for students; the steps to take in modifying the interaction and working together to plan the resulting role play as a class are not always clear in the initial explanation of the activity. The activity has been adjusted over time to include instructions to be given at the outset. Offering examples of how a group might modify the scene with their given

role/situation/category helps immensely. The roles/parts document (Appendix A) has been modified gradually to include brief explanations of the roles as they pertain to areas of study in health communication as well as examples of how the roles might be integrated into the existing interaction. Verbal examples in the initial explanation of the activity (included in the instructions and roles/parts list on the activity handout (Appendix A)) also greatly improve student understanding. It is especially helpful to offer humorous examples to encourage students to have fun with their roles to add to engagement and enhance learning. For instance, students in a past course section assigned the “News Report on Phone of Doc Prior to Appointment” role (Appendix A) added this element as a highly frustrated provider spewing a lengthy diatribe to the patient. The provider in this instance enters the exam room ranting about the evils of media and irresponsible health reporting to the patient, without addressing the patient’s issue for about five minutes. The patient was further irritated by this, as his wait was already a source of frustration.

Humor improves students' understanding and promotes retention and recall of course material; it is particularly helpful when humor is applied to educational concepts (Bell, 2009; Garner, 2006; Hackathorn et al., 2011; Khan & Pearce, 2015; Wanzer, Frymier, & Irwin, 2010). The use of humor from the instructor coupled with the greater student ownership in the production of humor (Davies, 2015) in the role play helps students develop their application skills.

This activity may be used in other communication courses, or courses in other disciplines, that could employ interaction scenes. For example, in an interpersonal communication course, students might modify a conversation between two or more people and add components such as personality characteristics of communicators in the scene, or noise interference such as a loud neighbor shouting during the talk. In an education pedagogy course, a student-teacher interaction could be enhanced with various elements of influences on the dialogue and action, such as student socioeconomic status, and the age and experience level of the teacher, among other characteristics. In a psychology course, a therapist and client interaction scene may be augmented with additional influences on the therapist such as a nagging cough or a stressful morning prior to the appointment, along with concerns of the client over the illness of her pet cat. In writing and performing a scene, in a classroom in various disciplines, students may set the stage for learning about a new field of study.

Though humor, along with engagement, is one of several positives with this activity, some things that are difficult in some cases are ensuring that all students participate in the planning, if not the performance, of the activity, and having students think deeply about their specific roles/parts while coming up with the basic elements of their addition or enhancement of the interaction.

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Appendix A

Health Comm Introduction Interaction

Learning Objectives:

As a result of engaging in this activity

- 1) Students will better understand the various areas of the health communication discipline.
- 2) Student will better understand the connection between the various areas of the health communication discipline.

Instructions: We will be getting to know the various areas of the health communication discipline through this activity. First, you will be put into about five groups. Groups should first look at the doctor-patient interaction provided. Then, each group will be assigned a role/part by the instructor from the list below. All roles/parts needn't be used and can be chosen by the instructor ahead of time. Groups will decide who plays parts, what parts will consist of, and the timing of the entry of the role or part into the existing scene. For instance, suppose that your group is assigned the role/part of "Rx Ad in the Patient's Mind." Your group may decide that while the patient is in the waiting room for his appointment, he will be thinking about an ad for a rash cream, "Itch No More." Your group may decide that this addition to the interaction scene will be a visual depiction of the ad where several of your group members act out this ad to illustrate what the patient is thinking. Your group decides that this occurs in the waiting room right before the appointment depicted in the interaction scene begins. All groups will have discussion about their role/part and how it will be implemented in the interaction and who will portray any additions or enhancement parts, with instructor help as needed. Then, the class will hear from each group about what part/role they have decided on and how it will be integrated into the interaction. Led by your instructor, the class will work out the final interaction, and then we will perform the resulting interaction. The roles/parts all represent health communication areas discussed in the introductory chapter in your textbook and are areas we will get into all semester. Please be creative and have fun. We will end with discussion and reflection using the guided list of questions given.

The Roles/Parts

Doc (Patient-provider communication is a very large part of health communication. The interaction in a doctor's visit is complex and its qualities result from the patient and the provider. Consider some aspects of the provider's perspective, goals, and skills as you shape this role existing in the role play script. Perhaps you could make the doctor a bit more angry or short with the patient at some points or add to the doctor's nonverbal displays.)

Patient (The patient is the other major side of patient-provider communication. The interaction in a doctor's visit is complex and its qualities result from the patient and the provider. Consider

some aspects of the patient's perspective, goals, and skills as you shape this role existing in the role play script. Perhaps you might want to make the patient more or less cooperative or more or less pleasant.)

Med Students After Interaction with Doc (Medical education is another area we will consider as we discuss the provider side of healthcare interactions. Consider the goals of the medical students versus the provider and patient as you shape and create this role in the interaction. Also, consider where you might insert this new part of the role play (when the visit begins, in the middle, etc.). Would the medical students ask questions? Would they be welcomed by the patient?

Rx Ad in Patient's Mind (Health related advertising, including direct-to-consumer pharmaceutical advertising, is a major influence on our healthcare decision making and is an area of how health is portrayed in the media. There are only two countries in the world that allow this kind of advertising—the U.S. and New Zealand. Consider how you might add this element to the existing role play; for instance, the patient could be humming music from this kind of ad, or your group could create an ad that would be a scene within the existing scene to illustrate the ad that is within the patient's thoughts.)

News Report on the Phone of the Doc Prior to this Appointment (Health news is another area of how health is portrayed in the media. The slow cycle of medical research coupled with the rapid fire 24-hour news cycle makes health news reports often problematic. Our ready access to information on our phones creates another layer of influence. Consider how your group might add this element to the provider's lines/actions in the existing role play. Could some inaccuracy in the report be irritating to the provider? Might it be something he/she brings up with the patient?)

Patient Mom on Phone After Appointment (Social support, in simple terms, people helping people, is a large area of health communication. Family may provide different kinds of support, instrumental (like offering advice, or helping with errands) or nurturing (like listening, showing caring and empathy). Consider how a phone interaction with the patient's mother might be integrated with the existing role play. Would she be a source of support or an irritating intrusion?)

Fun Run Health Folks After Appointment Interaction (Health campaigns are a very large area of health communication. Runs as part of various health awareness and fundraising efforts are quite common. We'll look at various campaign theories, strategies, and examples this semester. Consider how your group might have the patient or provider(s) interact with participants/planners in a "fun run" for a particular cause. Would they be running near the setting where the interaction takes place? Would they be soliciting donations/participation?)

Tik Tok Health-Related for Another Patient in Waiting Room, shared with patient (social media about health is a growing area of health communication. The sources of these new media are layered in source and rapid in speed of dissemination. Consider how your group might portray this element of a patient who may be eager to chat in the waiting room and share media with our existing patient, Mr. Jones. Would this be a comfort or an intrusion? Could this addition to the scene add worry to our patient's visit?)