

Pharmacy Students Feedback on the use of Role-play in Teaching Ethics

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Abstract

Introduction: Role-play has been implicated in teaching different modules, however, no studies appear to have incorporated role-play in teaching ethics to pharmacy students.

Aim: This paper describe the implementation of role-play to teach ethics to pharmacy students and reports on students' opinion of role-play as a teaching method.

Methods: Students were divided into groups. Each group was allocated 10-15 minutes to present their role-play. Afterward, the instructor facilitates a discussion (10-20 minutes) about the role-play scenario and the underlying issues emerged in the role-play. Students evaluated their overall learning experience using a questionnaire.

Results: 158 students completed the questionnaire. The majority of students (84%) rate their role-play experience as 'very good' or 'good' and the most common reported advantage was that role-play help them understand and remember ethical issues.

Conclusions: The role-play described in this paper appears to make a positive impact on the students learning experience.

Keywords: Role-play, ethics, pharmacy, active learning

Introduction

As the role of pharmacists is becoming more patient-oriented, the demands for ethical competence among pharmacists is increasing. This has placed a focus on the importance of teaching pharmacy students how to deal with ethical dilemmas faced during their practice.

Consequently, many schools of pharmacy have introduced courses in ethics in the last decades. During the academic year 2009/2010 a pharmacy law and ethics course was offered as part of the newly introduced Doctor of Pharmacy program at the College of Pharmacy, King Saud University, Riyadh, Saudi Arabia. The course aims to enable graduates to carry out duties in accordance with legal, ethical, social, economic, and professional guidelines. The course's aim stem from the Center for the Advancement of Pharmaceutical Education (CAPE) social and administrative supplemental learning outcomes (CAPE, 2011). The main learning outcomes for the ethics part of the course were to enable students to identify ethical and moral decisions faced by pharmacists during the medication distribution process and to use ethical principles and theories to consider alternative sides of a pharmaceutical care dilemma (CAPE, 2011).

A review of the literature surrounding medical ethics education found few descriptive studies on teaching methods and outcomes and recommended more evidence on how educators design and refine curricula, including descriptions of methods, formats, resources, and materials (Eckles et al 2005). One of the teaching strategies that has been shown to promote active learning is role-play. Role-play is defined as

an "experiential learning technique with learners acting out roles in case scenarios to provide targeted practice and feedback to train skills" (Joyner & Young, 2006). The advantages of using role-play include enhancing the transition from classroom to clinical setting, contributing life to descriptive teaching material, assisting the development of understanding and exploration of complex health issues, and helping students recall more information from compared to lectures (Joyner & Young 2006; Van Ments, 2008; Calton *et al.*, 2008). From previous literature we know that role-play was used to teach pharmacy students to counsel self-care patients, conduct medication history interview, and patients care skills (Buring *et al.*, 2007; Ellington *et al.*, 2002; Austin & Tabak, 1998; Rao, 2011). It has also been used to teach communication to medical students, and ethics to dental students (Nestel, 2007; Brondani & Rossoff, 2010).

In this paper, we describe the implementation of role-play scenarios as a method of teaching ethics to fulfil the ethics course learning outcomes. This paper also reports on a questionnaire used to explore pharmacy students' experiences of role-play as a teaching method.

Methods

The pharmacy law and ethics course is offered as a single two-hour block taught once a week. The course is compulsory *i.e.* all fourth year students have to take this course. In Saudi Arabia, undergraduate study is segregated between male and female students and our experience reported here is from female only classes.

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The course content was divided equally between law and ethics, seven weeks each. During the ethics part, two weeks (four hours) were devoted to presenting students with the meaning of ethical judgments, the principles and a step-wise process to systematically resolve ethical problems in particular cases, and sources of moral judgment. The remaining five lectures were role-play oriented. Students were divided into groups of a maximum number of six students to allow for greater student participation and discussion. The group task was to recognize ethical principles or issues involved in a given scenario, identify issues that they thought had the most significant influence on the dilemma's resolution, and specify and justify clinical actions to address the case's ethical dilemmas. The instructor provided each group with one role-play scenario a week before the class. The role-play scenarios were derived from discussions with faculty pharmacists, and the literature (Veatch 2008; Schwartz *et al.*, 2002). The group developed the scripts for the play. Although the college teaches mainly in English, script were largely in Arabic to reflect reality in practice. The role-plays were carried out in the class room and students were encouraged to arrange chairs and tables to their need. They also were encouraged to bring any props (cloths or artifacts) that they thought was needed. The goals and objectives of the role-play exercise were explained to the class by the instructor. Each group was allocated 10-15 minutes to present their role-play. The role-play scenarios cover central ethical principles presented in Table I.

Table I: Ethical topics covered in the role-play

Autonomy
Beneficence, non-maleficence
Confidentiality
Truth telling/disclosure/whistleblowing' on a colleague
Fidelity
Veracity
Rationing/Formularies and drug distribution system
Dealing with uncertainty
Justice
Research conduct and ethics

One group was assigned the role of the observer. As the role-play ran, observers recorded the issues and solutions raised by the presenting groups. After each role-play, the instructor facilitated a discussion (10-20 minutes) among all the class about the scenario and the underlying issues emerging from the role-play. The goal of these discussions was to encourage critical thinking, ethical awareness, and reflection on actions identified by Campbell *et al.* (2007) as habituation.

During the discussion, the instructor did not put forward particular personal views, but encouraged discussion and stimulated alternative views on subjects. When a conflict on ethical issues within the class appeared, the instructor took every opportunity to illustrate that such differences of opinion were real and needed to be dealt with. Students were assured

that there were no correct answers and it depended on many factors.

In an attempt to clearly convey expectations of students, the instructor went through a sample case so that the students better understood how to recognise ethical dilemmas, how to use a process to reason ethically, and arrive at an appropriate decision. Furthermore, the first group's role-play was used to illustrate tasks required and guide the students step by step through the required tasks.

Students' role-play was assessed using criteria presented in Table II. A written case study based exam was required by the end of the semester.

Table II: Criteria used to evaluate students' role-play

Can the students identify the ethical principles involved in the case ?
Can the students identify more than one course of action?
Can the students examine the ethical justifications of alternative actions?
Can the students justify their chosen resolution or course of action ?

Evaluation and Assessment

By the end of semester students were asked to evaluate their overall role-play experience using a questionnaire. The questionnaire had been used previously to measure students experience with role-play in teaching research ethics (Brummel *et al.*, 2010). The questionnaire asked students to rate their experience participating in role-play from 'very good' to 'very bad', and to indicate if the role-plays were a good use of time teaching ethics (yes or no response). Then students were presented with five items exploring their agreement to the helpful aspects of role-play. Finally students were asked to identify advantages and disadvantages of role-play (free text) and provide suggestions to improving the use of role-play (free text).

Students completed the forms as part of their usual course evaluation that was not compulsory but was built into the session schedule. Demographic data was not collected from students.

Students were told that all responses would be used to improve future sessions and findings would be disseminated in the academic community .

Results

Students

The questionnaire results presented are for the first semesters for 2009-2010 and 2010-2011. Seventy-three students completed the evaluation forms representing 94% of the 2009/2010 cohort. Eighty five students completed the evaluation forms representing 87% of the 2010/2011 cohort. The total number of students was thus 158.

Overall experience

For 2009-2010 group, 60 students out of 73 (82%) rated their experience of participating in the role-play as ‘very good’ or ‘good’ and 11(15%) were neutral. Sixty five students (89%) thought the role-play was a worthwhile use of time for learning pharmacy ethics.

For the 2010-2011 group, 63students out of 85 (74%) rated their experience of participating in the role-play as ‘very good’ or ‘good’ and 20 (23%) were neutral. Eighty-four students (98%) thought the role-play was a worthwhile use of time for learning pharmacy ethics. The students’ responses to items exploring their agreement to the helpfulness of the role-play are presented in Table III. Most of students reported that they enjoyed the role-play experience.

Table III: Students’ responses on helpful aspects of role-play, N (%)

Items	2009/2010 group N=73			2010/2011 group N=85			Total N=158		
	Agree	Neutral	Disagree	Agree	Neutral	Disagree	Agree	Neutral	Disagree
I enjoy role-playing projects.	59 (81)	10 (14)	4 (5)	73 (86)	9 (11)	3 (4)	132 (84)	19 (12)	7 (4)
If given a choice, I would prefer to do projects that include a role-playing activity.	41 (56)	21 (29)	11 (15)	45 (53)	24 (28)	16 (19)	86 (54)	45 (28)	27 (17)
Role-playing helps me remember information more than traditional lecture method.	61 (84)	8 (11)	4 (5)	74 (87)	8 (9)	3 (4)	135 (85)	16 (10)	7 (4)
I enjoy working with others during role-playing projects.	53 (73)	13 (18)	7 (10)	70 (82)	11 (13)	4 (5)	123 (78)	24 (15)	11 (7)
I prefer hands-on activities compared to lecture note learning.	49 (67)	16 (22)	8 (11)	51 (60)	24 (28)	10 (12)	100 (63)	40 (25)	18 (11)

Advantage and disadvantages

Students were asked to state the advantages and disadvantages of the role-play as a teaching method. Thirteen respondents did not list any advantage or disadvantage. The remaining students (n=122) reported that role-play was valuable in helping to understand the interaction of ethical issues (Table IV). Several students commented on the way the role-play challenged their way of thinking and helped them view issues from various perspectives. Others commented that role-play was a fun way of learning and brought ethical issues to life.

Disadvantages reported by students focused on preparation and organisational matters. For example students cited poor "acting" skills, being inadequately prepared, and the short time given for preparation. The uncertainty about the format of ethics exam questions was also reported as disadvantage by some students (Table V).

Table IV: Summary of students’ responses on advantages and of role-play

Theme	n	%
Role-play help me understand and remember ethical issues	97	61
Role-play help me visualise real life ethical dilemmas	23	15
Role-play is fun	22	14
Role pay is engaging	12	8
Role-play help me think about various perspectives involved in ethical dilemmas	10	6
Role-play help me see ethical dilemma in clear way	9	6
Role-play is a new way of learning	6	4

Table V: Summary of students’ responses on disadvantages of role-play

Theme	n	%
Students poor "acting" skills	14	9
Short time given for preparation	13	8
Discussion after Role-play confuse me	12	8
Uncertainty about the exam format	5	3

Suggestions

Students' suggestions to improve role-play mainly centred on addressing issues raised by them concerning the disadvantages of using role-play in teaching : more time to read the scenarios; more time for rehearsal; use of Power Point presentation to summarise main issues after each role-play; and knowing the format of exam questions using mock tests. Comments on using the microphone and stage to help hear and see the students more clearly during the role-play were also reported. A strict adherence to role-play discussion time was also suggested.

Discussion

This paper describes the use of role-play in teaching ethics for pharmacy students in one college in Riyadh, Saudi Arabia. It also presents the results of the questionnaire used to explore students' experiences of role-play as a teaching method. The majority of students reported that they enjoyed the role-play learning experience. Many comments were made from students as to how the role-play made the course appear more like ‘real life’, helped them understand the ethical dilemma and see things from various perspectives. Small percentage of students reported that they disliked the role-play experience. In future classes, if the reported disadvantages were addressed, this percentage might be minimised. It could also be because the method was novel to them and they were not used to it.

In a survey of 100 medical students, many students did not want lecture courses to be the primary teaching method for ethics, preferring small group discussions in which they could freely discuss the ethical issues (Charon & Fox, 1995). The author reported that using role-play satisfied these requirements. Each small group worked on their scenario,

discussed ethical issues involved, and reached a decision which they thought was morally correct and 70% enjoyed working with others during the role-play project. Stevenson and Sander (2002) found that medical students disliked role-play and presentation as a teaching technique because the students found that expert knowledge delivered by an authority figure was a better use of their time. Our results are somewhat different: 75% of students reported that the role-play was a worthwhile use of time for learning pharmacy ethics. In our case we believe that class discussion ensured that the students view the instructor as a knowledgeable source and this may explain the positive responses obtained.

Evidence from both medicine and pharmacy education suggests that moral reasoning skills are teachable and that small-group discussions that revolve around critically analysing scenarios may have a positive impact on moral development (Self *et al.*, 1998; Gallagher, 2011; Latif, 1999; Latif, 2000). Thus the literature suggests that the use of role-play improved our students' reasoning and analytical skills. However, this is not substantiated by any evidence as there was no measurement of our student's moral reasoning skills before and after role-play. Future studies can utilise scales aimed at measuring moral reasoning that have been employed in different studies to test this hypothesis (Chaar *et al.*, 2009).

In learning, teaching and assessing medical ethics, three broad levels can be identified: i) knowledge and understanding of ethical principles; ii) habituation or the ability to empathise with patients, to spot the ethical dimensions of clinical situations, and to constructively analyze the ethical dilemma; and iii) action or to practice in an ethical manner (Campbell *et al.*, 2007). The first two elements, were examined during our course through exams and role-play evaluation. However, action assessment may well form part of the residency or postgraduate training of our graduates using techniques such as feedback (Calton *et al.*, 2008; Campbell *et al.*, 2007). It will be interesting in future to study differences between a group of students who were lectured about ethics and those who engaged in active learning methods such as role-play with regard to students' actions or clinical ethical competency.

Our experience with the use of role-play is open to improvement in subsequent offerings of the course. First, the students who presented the role-play were encouraged to reflect verbally on their performance and the process they used to make the decision. However, the process of completing a written reflection on what had taken place in each role-play before and after participating in the class discussion could be more beneficial to both the instructor and the students. The author is currently designing and piloting a workbook for the course which includes sections for student reflection. Second, a challenge in the design of this modality was building a collection or a bank of ethical dilemmas scenarios. One source is the students themselves. The instructor encouraged students to reflect on real life ethical dilemmas they faced during their training or heard about from friends. Students' reflections were developed into scenarios and used for future classes. Third, the assessment of student role-play learning outcomes can be improved by using validated rubric and published examples available (Carlin, 2009). Fourth, to improve our assessment of the students' clinical ethical competence we are planning to introduce

objective structured clinical examination (OSCE) and portfolios as both are valuable in measuring the ethical habituation and action of students (Campbell *et al.*, 2007). Finally, we are investigating the future use of standardized patients in our role-play.

There were a number of limitations to this study. Firstly, the use of an experimental design, with control group, would increase our confidence in the advantages identified with role-play compared to other methods of teaching. However, for a variety of reasons, including practicalities with students' course hours scheduling time, the experimental design was not utilised. There is a problem inherent in applying traditional experimental design techniques to advances in educational practice (Lechner, 2001). Secondly, the assessment of the role-play experience formed part of the course and so students' responses may have been biased with students providing socially desirable responses. Thirdly, our class was relatively small in size; therefore it remains unknown whether this teaching format would be effective with a larger class. Fourthly, the responses were gathered from fourth year female students and may not reflect the views of students beginning their pharmacy education or male students.

Conclusion

The use of role-play to teach ethics to pharmacy students was described. The role-play described in this paper appears to make a positive impact on students' learning experience.

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