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## Short Communication

# Role of ‘Role play’ in teaching ‘Progression of Learning’ in all the three domains [cognitive, psychomotor and affective] for medical teachers

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## ABSTRACT

Role play is an important and interesting educational tool and it provides ample opportunity for learner to learn at both cognitive and affective domain simultaneously.

Role play is favoured by both learners and instructors at the same time, as this activity breaks the monotony, brings variation and make the learner active and involved. Each domain of learning has multiple levels of learning that progresses from more basic surface level learning to more complex deeper level learning. Author wish to share her personal experience of implementing role-play as a novel approach to teach three learning domains and the progression of learning. Participants were faculty who were attending revised basic course workshop. All the participants were divided into three groups representing one domain of learning. Group one represented cognitive [knowledge] domain. Group two represented psychomotor [skill] domain. Group three represented affective or attitudinal domain. They were assigned task related to their domain and we asked to express progression of learning of their domain. All the participants found activity very useful and enjoyed learning the progression of learning in an enjoyable manner.

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## 1. Introduction

Role play is an important and interesting educational tool and it provides ample opportunity for learner to learn at both cognitive and affective domain simultaneously.<sup>1,2</sup> In affective domain emotions and values are best experienced and in cognitive domain analysis of scenario is done. For affective domain learning the role-play is important instructional tool, as while enacting during role-play learner is emotionally experiencing the character which is helping him or her to develop empathy towards the character which he or she is enacting [patient, attendant, anxious mother of a child, doctor etc].

Role play is favoured by both learners and instructors at the same time, as this activity breaks the monotony, brings variation and make the learner active and involved.<sup>3</sup>

Many a times role-play bring forth detailed and concrete study material in a very short time in a more realistic fashion which is difficult in routine lectures and discussion.

Learning domain and progression of learning<sup>4,5</sup> is very important topic to be taught to medical faculties so that they understand the science behind learning and while teaching their speciality subject to medical students, they can make their student reach higher proficiency level. This topic is the backbone of effective specific learning objective [SLO] framing against various competencies expected from Indian Medical Graduates.

Each domain of learning has multiple levels of learning that progresses from more basic surface level learning to more complex deeper level learning. This is depicted in following manner.

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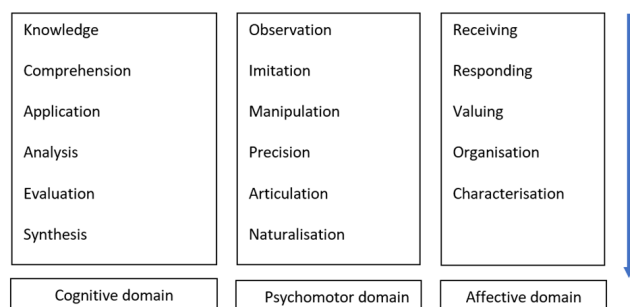


Chart 1:

In her own personal experience as a medical educator she has found that this topic is rather a difficult topic for learners [faculties] and they are not very comfortable in learning the progression of learning in all the three domains.

### 1.1. Sharing my experience

Author wish to share her personal experience of implementing role-play as a novel approach to teach three learning domains and the progression of learning in NMC mandated revised basic course workshop for medical teachers. This topic is taught on first day of three days revised basic course workshop[rBCW]. Recently rBCW was conducted at BSA medical college and total 28 participants who were faculties of various speciality attended this workshop.

All the participants were divided into three groups representing one domain of learning.

Group one had 9 participants and they represented cognitive [knowledge] domain.

Group two had 9 participants, and they represented psychomotor [skill] domain.

Group three had 10 participants, and they represented affective or attitudinal domain.

All the 3 groups were assigned task as follows:

1. Group one who was representing the cognitive [knowledge] domain was given the task of framing questions against various level of proficiency related to cognitive domain for the topic tuberculosis. Their response is given in Table 1.
2. Group two who was representing the psychomotor [skill] domain was given the task of role-play where the topic of “Measurement of hypertension using sphygmomanometer” was given and the group members were told to enact various level of proficiency in displaying the measurement of hypertension. They came up with beautiful role play highlighting each step of progression of psychomotor domain learning.
3. Group three who was representing the affective [attitudinal] domain was given the task of role-play

where the topic given was ‘ An anxious patient waiting for FNAC in front of FNAC room’ and group members were told to enact various level of proficiency in learning of affective domain.

**Table 1:** Response of group 1 [Cognitive Domain]

Level of proficiency	Question framed
Knowledge	Learner should be able to define tuberculosis
Comprehension	Differentiate between pulmonary and extra pulmonary tuberculosis based on reports and clinical finding
Application	Prescribing anti tuberculosis treatment (ATT) based on clinical feature and X- ray finding
Analysis	Deciding pros and cons of ATT therapy for patients suffering with associated disorder like gout, diabetes, cardiovascular disease, liver disorder
Evaluation	Evaluate plan of therapy given to the patient
Synthesis	Prescribing ATT medication in different cases of tuberculosis based on patient socioeconomic, cultural, medical and personal factors

They came up with beautiful role play highlighting each step of progression of affective domain learning.

To prepare the task given and enact in front of whole group with simultaneous discussion and interaction with instructor took twenty-five minutes but this modality of incorporation of role-play/task assignment in case of cognitive group, made the learning of this topic easy and interesting. Participants appreciated the innovation and became aware of each step of progression of learning in an easy, fun filled and friendly manner.

## 2. Conclusion

In nutshell author wish to emphasise that once the learners are given the responsibility of their own learning, rather than one way teacher centric training and when the facts are demonstrated in the form of role-play or interactive discussions, the message is transmitted more clearly.

Author is medical education expert and is recipient of ACME[Advance Course of Medical Education]. She is enthusiastic and dynamic faculty in field of medical education and MEU coordinator at Baba Saheb Ambedkar Medical College, New Delhi.

## 3. Source of Funding

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## 4. Conflict of Interest

None.

## 5. Acknowledgement

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