## Role Play Instruction Manual

**Introduction**

This manual explains role play and ways your community can benefit from role play activities. It explains role play (also known as ‘simulation’) and debriefing, and provides a step-by-step check list for using role play.

# What is Role Play?

Role Play is useful for practicing skills. Role play situations replicate what happens in care settings but in a safe place so caregivers can learn new skills before having to actually use them with ‘real’ residents. Examples of role play include learning to transfer a resident from their chair to a wheelchair, talking on the phone with a doctor, or responding when a resident is angry and confused.

These role play scenarios are designed to practice communication between assisted living staff and emergency responders. The goal is to help caregivers feel more comfortable when there is an emergency and they quickly need to give important information to the emergency responders. By improving communication, we will improve resident outcomes.

# What Are the Benefits of Role Play?

* Enhanced learning
* Improved resident safety
* Professional development for staff

# How Do I Implement Role Play?

1. **Create a safe and comfortable environment.** You can do this by emphasizing that this is a learning exercise and not a test. Explain that the patient situation is not real but a role-play designed to give the staff practice in a situation they may encounter at times during their career. Clarify your expectations for the learning experience: what do you want to participants to learn through this role play? Re-assure staff that the role play performance and discussion will not be shared with others outside of this group. Re-assure staff that role play provides a way to practice and it is not a test.
2. **Brief.** Set the scene for the participants by explaining the scenario and assigning roles. This isknown as a briefing, which is explained further below. Next, allow them to work through the scenario.
3. **Debrief.** After the roleplay the debriefing takes place in three stages. This is the most important part of the activity.
	1. *Stage one*: During this stage allow time for reactions from the participants. Let them give their opinions and feelings on how the simulation went.
	2. *Stage two*: Assist with a review of the simulation. Find out why the participants made the decisions they did and correct any misunderstandings.
	3. *Stage three*: Use this stage to summarize the learning experience. Allow participants to discuss what they learned and how they could apply it to their own practice.

# Briefing

A briefing describes the role-play scenario. It provides relevant information about what is going to happen in the activity. If this is your staff’s first experience with simulation/role-plays, you may also need to explain your role as ‘instructor’ (usually the AL RN or an administrator) as a guide to help learning.

Here is **an example** of what a briefing might look like for one of the role play activities on this web page:

**Introducction to Scenario:**

This role-play is about a female resident in our community who falls in the middle of the night and hits her head. The role-play focus on:

* Communication between 911 dispatch and your staff as they work to assist the injured resident.
* Communication with EMS after they arrive.

**Roles:**

First caregiver who finds the resident (CG1)

2nd Caregiver (CG2)

PResident: Mrs. Smith

Dispatcher voice

EMS staff

**Checklists** for desirable behaviors in role play. These are helpful to observers and may be useful during debriefing phase.

If you do not have any blank versions of the required documents listed in the training on hand, there are samples available under “communication packet” on the ECLEPS website. The Supplemental Materials in the Communication Packet contains sample SBAR forms.

**Story Background:**

It is Saturday night at 3am. Mrs.Smith, age 87, has lived in your AL community for the past 6 months. She has some dementia-can sometimes be confused, at other times she is alert and appropriate in conversations. Except for some help with showering she is independent in her activities of daily living. She is a diabetic and well maintained on her medications.

CG1 responds to Mrs. Smith’s call light and finds her on the floor crying for help. CG1 notices that Mrs. Smith’s leg is bent oddly and that she is bleeding from a cut on her forehead.

CG2 is the only other staff in the building. Like CG1 she has been kept busy for the past few hours answering resident lights. When Mrs. Smith is discovered by CG1, CG2 is elsewhere in the building---neither of you has xeen the other in about an hour.

Mrs Smith is very painful when leg is moved or touched. Sche cannot change her position. She is crying and complaining of a lot of pain. She is confused about where she is, believes her daughter is in the next room, and not sure of the date—year. She can answer questions about her leg pain but otherwise is vague.

This story starts when CG1 first sees Mrs. Smith lying on the floor in her room. CG1, what will you do now?

# Debriefing

Debriefings are times when you and your staff reflect on what was learned during these simulation/role-plays. Debriefings are used in many different fields and have been shown to improve staff satisfaction and competency. With debriefings, you function as a guide, allowing your staff to lead the debriefing and discuss what they took part in and/or observed. You can use the questions on the Debrief Questions document as prompts and to help guide the discussion.

At the start of the debriefing session, remind staff that debriefings are supposed to provide a safe and respectful learning environment where everyone is to be supportive of one another. Stress the importance of focusing on behaviors in the role-play, not on individuals. What is discussed during the debriefing should not be shared outside of the room.

Ask the staff to anonymously complete the Role-play Evaluation tool for feedback on howthey experienced the role play activity. Use this feedback to modify future session.

References

Cheng, A., Morse, K.J., Rudolph, J., Arab, A.A., Runnacles, J., & Eppich, W. (2016). Learner- centered debrieﬁng for health care simulation education lessons for faculty development. *Sim Healthcare 11*(1), 32-40.

Davis, M., Hanson, J., Dickinson, M., Lees, L., & Pimblett, M. (2017). *How to: Teaching using simulation in healthcare*. Retrieved from https://ebookcentral-proquest-[com.liboff.ohsu.edu](https://ebookcentral-proquest-com.liboff.ohsu.edu/).

Forrest, K., McKimm, J., & Edgar, S. (2013). *Essential simulation in clinical education*. Retrieved from https://ebookcentral-proquest-com.liboff.ohsu.edu

Leigh, G., Miller, L. B., & Ardoin, K. B. (2017). Enhancing observers' learning during simulations. *Journal of Continuing Education in Nursing, 48*(10), 454-457. doi:10.3928/00220124- 20170918-06

OHSU School of Nursing. (2018). *Two-year grant to work with nurses in assisted living facilities*. Retrieved from https://www.ohsu.edu/xd/education/schools/school-of-nursing/about/news-events/cartwright-grant.cfm

Society for Simulation in Healthcare [SSH]. (2018). *About simulation*. Retrieved from http://www.ssih.org/About-SSH/About-Simulation.