

The Scholarship of Teaching and Learning at EMU

Volume 3 *Spiraling Upwards: EMU Faculty
Transform Through the Scholarship of Teaching and
Learning*

Article 7

2010

Chapter 3 - The Use of Structured Role-Playing to Foster Learning Beyond Content Knowledge

Ana Claudia Harten
EMU, aharten@emich.edu

Follow this and additional works at: <http://commons.emich.edu/sotl>

Recommended Citation

Harten, Ana Claudia (2010) "Chapter 3 - The Use of Structured Role-Playing to Foster Learning Beyond Content Knowledge," *The Scholarship of Teaching and Learning at EMU*: Vol. 3 , Article 7.
Available at: <http://commons.emich.edu/sotl/vol3/iss1/7>

This Article is brought to you for free and open access by the Bruce K. Nelson Faculty Development Center at DigitalCommons@EMU. It has been accepted for inclusion in The Scholarship of Teaching and Learning at EMU by an authorized editor of DigitalCommons@EMU. For more information, please contact lib-ir@emich.edu.

3

THE USE OF STRUCTURED ROLE-PLAYING TO FOSTER LEARNING BEYOND CONTENT KNOWLEDGE

Ana Claudia Harten
Department of Special Education
Eastern Michigan University

In the fall of 2008, I was hired to teach SPSI 614–Aphasia as a new faculty member at Eastern Michigan University (EMU). I was very pleased because this class is in my area of expertise. This lecture-type course is intended to provide a framework for students to understand the language problems associated with different types of aphasia, as well as current therapeutic approaches. The outcome goals for students of this course involve both the acquisition of content knowledge, and the development of some clinical skills; particularly, the acquisition of strategies for educating both individuals with aphasia, and their families and caregivers. When developing such strategies, students must rely not only on content knowledge but also on clinical skills. In order to provide an effective education session to patients and families or caregivers, a speech-language pathologist should adjust his or her content knowledge to attend to the needs of patients as well as family and caregivers, while including the patient as an active participant in the education process.

Many patients and family members have never heard about aphasia until they are confronted with it. This lack of knowledge about their condition puts a lot of strain on patient-family relationships, and the “unknown” makes it harder for them to cope with the situation. When families and patients are provided with adequate education, they have the tools to develop a more effective way to deal with the communication impairments associated with aphasia. Education not only provides families and patients with a better way to cope with the situation, but it also seems to foster family and patient engagement in the therapeutic process.

While elaborating the syllabus for this class, I knew exactly what type of knowledge and clinical skills were necessary to excel in this specific clinical area. However, it was not clear what instructional methods I should use to best facilitate the students’ acquisition of content knowledge and their development of clinical skills. I soon realized that I faced a problem: how to help students develop clinical skills while teaching a lecture-type class. In a traditional lecture-type Aphasia course, students have an opportunity to acquire content knowledge, but usually lack the opportunity to develop needed clinical skills. Developing clinical skills requires critical thinking and the ability to transfer existing knowledge to new situations.

Although there is overall agreement in the field of speech-language pathology regarding the knowledge and skills necessary to practice (American Speech-Language-Hearing Association, 2007; Guilford, Graham, & Scheuerle, 2007), there is little knowledge about how students acquire information and learn to apply it clinically. Indeed, in order to provide an effective training program for students in the field of speech-language pathology, it is important to understand how students learn and how they come to develop clinical competence (Stevens, 2007).

Studies of teaching effectiveness in other fields have emphasized that lecturing is not as effective as other teaching methods; especially when measures of retention, knowledge transfer to new situations, and problem solving are used to measure the effectiveness of a teaching method (deWinstanley & Bjork, 2000; Halpern & Hakel, 2003). In order to foster learning beyond content knowledge, I soon realized that in my classes, I would have to incorporate instructional methods beyond mere lecturing.

In my quest for effective instructional methods, I came across a paper by Halpern & Hakel (2003), which emphasized that in order to maximize long-term retention and knowledge transfer, instructors should avoid concentrating on what they can do in their classes, and concentrate on what they can ask students to do. With that in mind, I included the use of role-playing to help students develop clinical skills. I was particularly interested in using this method to help students acquire strategies for educating individuals with aphasia, and educating their families and caregivers.

Role-playing is as an educational tool that can be used to foster knowledge acquisition, attitude, and skills development. It has been used in a vast range of disciplines, from business (Sutcliffe, 2006) to second language acquisition (Hutchinson & Sawyer-Laucanno, 1990; Tompkins, 1998). It has been used with great success as a training tool for students learning clinical, communication, and interpersonal skills, in medical education (Nestel & Tierney, 2007; Joyner & Young, 2006; Mann et al., 1996). Role-playing requires the student to assume an active role in a simulated situation. Students role-play the attitudes, behaviors, and skills involved in a specific real-life situation. Role-playing seems to provide a more valid experience for students than merely illustrating or describing a situation or skill. It has been described as a vital educational tool to introduce new skills, or to enhance existing skills, in a student's practice repertoire (Meir, 2002).

By elaborating and carrying out structured role-playing, students in this class are expected to move beyond content knowledge and in the direction of meaningful, applied knowledge. Through the use of role-playing, I was hoping that students would engage in active learning by combining content knowledge with clinical knowledge, while developing problem solving thinking. I envisioned that developing such skills would have a life-long impact on their careers as clinicians.

Although the inclusion of different instructional methods in a course is time-consuming, it is worthwhile if they enhance a student's learning process, and if they promote the transfer of knowledge and skills to a student's professional life. Because I was using different instructional methods concurrently, I had no precise evidence of the efficacy of the various instructional methods and how they were beneficial for learning. Nevertheless, through anecdotal comments and their overall performance in class, students appeared to benefit from the course and from the different instructional methods used.

When I was selected for the Faculty Development Seminar on the Scholarship of Teaching and Learning at EMU for 2009-2010, I decided to collect evidence and evaluate the efficacy of the instructional methods I used in this class, especially the efficacy of role-playing. More specifically, I decided to evaluate the effectiveness of these instructional methods by gathering data on the students' perception of their learning, as well as their perception of how each instructional method contributed to their acquisition of the course objectives. By gathering their own perceptions of the course methods, I hoped to shed some light on how students learn and develop clinical skills in the field of speech-language pathology.

FOCUS ON THE INVESTIGATION

The SPSI 614 – Aphasia course offered at EMU is required for all students enrolled in the speech-language pathology Master's program, and is one of the core courses focusing on adult populations. Students usually take this course one semester prior to working with adult populations in their on-campus practicum training. Usually, students have almost no clinical experience working with the adult population prior to taking this course. This course targets both the acquisition of content knowledge and the development of clinical skills. The course objectives require that, by the end of the term, students be able to:

- Objective 1. Describe the risk factors, syndromes, and the complications of stroke.
- Objective 2. Describe the neuroanatomical bases for acquired aphasia and related disorders in adults.
- Objective 3. Differentially diagnose the syndromes of aphasia.
- Objective 4. Identify the principles underlying aphasia treatment methods.
- Objective 5. Select appropriate diagnostic tests for individuals with aphasia.
- Objective 6. Administer appropriate diagnostic tests for individuals with aphasia.
- Objective 7. Select appropriate treatment procedures for individuals with aphasia.
- Objective 8. Apply appropriate treatment techniques for individuals with aphasia.
- Objective 9. Demonstrate strategies and techniques for educating family members and caregivers about how to communicate with individuals who have aphasia.

Objectives 1, 2, and 4 involve content knowledge, while Objectives 3, 5, 6, 7, 8, and 9 involve content knowledge as well as clinical skills. The purpose of this study is to investigate which classroom instructional methods were beneficial in helping students to acquire content knowledge and develop clinical skills. I am particularly interested in student perceptions of how the different methods, especially the role-playing, were beneficial for them in mastering the course objectives. Specifically, this study was designed to address the following research questions:

1. Considering the students' perception of their knowledge of the course objectives at the beginning and at the end of the term, was there a positive change toward mastering of the course objectives?
2. What are the students' perceptions of the role-playing activity in learning?
 - a. How does role-playing facilitate content knowledge learning?
 - b. How does role-playing facilitate clinical skills development?
3. What instructional methods support the completion of the role-playing assignment?
4. What are the students' perceptions of the other instructional methods used in the class to foster learning?

METHOD

PARTICIPANTS

All 15 graduate students enrolled in SPSI 614 during the Winter 2010 term volunteered to participate in the study. In order to avoid bias in the results, I only had access to participation disclosure at the end of the semester, after final grades were assigned. As described in Table 1, six students had just started their first on-campus clinical practicum (Clinic I) and were all assigned to work with children. Only one student, while working as a speech-language pathologist assistant, had previous experience working with a client with aphasia. Eight students had observed at least one client with aphasia; however, four of those students had completed video observations. All students had taken the neuroanatomy course, which is a prerequisite for this aphasia course. Prior to taking this class, no student had taken a specific course in aphasia. Eight students had a Bachelor's degree in speech-language pathology (SLP), and seven students had a Bachelor's degree in other areas (special education, philosophy, linguistic, kinesiology, or business).

TABLE 1: STUDENT BACKGROUND INFORMATION

Item	Number of students (n=15)
Clinical Experience	
Clinic I (previous semester)	0
Clinic I (concurrently)	6
SLP assistant	1
No clinical experience	8
Undergraduate Major	
SLP	8
Others	7
Previous Courses	
Neuroanatomy	15
Aphasia	0

PROCEDURES AND MEASURES

All students in the class had the same class requirements for completion of assignments and exams. In addition to case studies, lectures, class discussions, and video demonstration of therapeutic activities, I provided the students with an opportunity to carry out a structured role-playing activity at the end of the term. The role-playing activity consisted of groups of three students, simulating a thirty-minute clinical session. The purpose of the session was to educate patients who have aphasia, and their family members and caregivers, about what constitutes aphasia and the best ways to enhance communication among patients, family members, and caregivers. During the session simulation, each student in the group took the role of a clinician, a patient, and a family member or caregiver. This graded activity relied on clinical skills and was specifically designed to address Objective 9. During the role-playing, students demonstrated the use of therapeutic techniques and relied on interpersonal skills. As part of this assignment, each group was required to create a written educational handout for the target population considered in the role-playing.

Each student also had an opportunity to reflect on the role-playing activity, and was required to write a two-to-three-page reflection paper on the simulated educational session. The reflection paper discussed what the students learned while completing the assignment, how it related to specific course content and clinical skills, what helped the students to conduct the project, as well as suggestions for future changes.

Prior to elaborating and role-playing the educational session, each student completed one observation of a treatment session involving a client who had the specific type of aphasia the student worked with during the educational session. In addition to video demonstrations presented in class, I decided to incorporate a clinical observation as an instructional tool for modeling the skills a student would practice during the role-playing activity. When role-playing is being used to practice skill acquisition, modeling the skills to be acted out during role-playing is a very important component of the role-playing technique (Maier, 2002). The observations were completed in hospitals, inpatient rehabs, outpatient clinics, and at the university clinic. I provided students with an observation guideline, and each student was required to write a two to three page summary of what he or she observed and learned during the observation. Included within the summary was a reflection of how the observation related to the class readings, class discussions, and assignments. The students were also provided with an opportunity to discuss their observations in class.

Five main measures were used in this study:

Student background information: On the first day of class, students were required to answer a questionnaire regarding their background clinical experience and overall knowledge about aphasia.

Student perception of own knowledge/competence level: Students were required to rate their knowledge/competence on each one of the course objectives at the beginning and at the end of the term.

(1 = No knowledge, 2 = Little knowledge, 3 = Emerging, 4 = In progress, 5 = Achieved).

Student perception of the effectiveness of the instructional methods: This self-report measure was used to identify a student's perceptions of how learning was achieved. At the end of the term, students were given a checklist with all the instructional methods used in this course: lecture, class discussion, video demonstrations, clinical observation, case studies, readings, exams, role-playing, elaboration of educational handout, and others. The instructions asked students to select which methods were helpful in acquiring each of the course objectives. If "others" was selected, students were required to describe the method. The categories were not mutually exclusive, that is, students could select any or all the methods for each of the course objectives. Once the instructional methods were selected, the students were required to rank-order them from the most helpful to the least helpful. Besides rank ordering the selected instructional methods, students were also required to explain their choice of the most helpful method.

Student perception of supportive methods for the educational session assignment: This measure was used to identify which instructional methods were helpful to the students in elaborating and carrying out the role-playing activity and in elaborating the educational handout. After completion of the educational session assignment, students were given a checklist with the instructional methods used in this course (see above) and were asked to select which methods supported their completion of the educational session assignment. If "others" was selected, students were required to describe the method. The categories were not mutually exclusive, that is, students could select any or all the methods for each component of the assignment. Once the instructional methods were selected, the students were required to rank order them from the most supportive to the least supportive. Besides rank ordering the selected instructional methods, students were required to explain their choice for the most supportive method.

Role-playing self-reflection: This measure was derived from each student's reflection paper on the role-playing experience. It was used to gather information about benefits of role-playing in the student's learning process.

RESULTS

STUDENT PERCEPTION OF MASTERING COURSE OBJECTIVES

Table 2 shows the mean rankings for all students on each course objective at the beginning and at the end of the term. All students reported changes in mastering the course objectives when comparing their knowledge at the beginning of the term and at the end of the term. T-tests revealed a significant positive movement towards mastery for all course objectives ($p = .00$). It is important to point out that, with the exception of Objectives 1 and 2 (which involve only content knowledge), the mean rating difference for all other course Objectives was over 2 points and was over 3 points for Objective 9. The lowest rating difference between the beginning and end of the semester was reported on Objective 2 (mean difference = 1.67), reflecting the fact that all students had taken the neuroanatomy course prior to this class. The highest movement towards mastery was reported on Objective 9 (mean difference = 3.20). It is important to point out that students had

less knowledge about Objective 9 at the beginning of the term (mean rating = 1.53), and also reported a higher mastering of this objective at the end of the term (4.73). The fact that objective 9 had one of the lowest ratings at the beginning of the term is congruent with the students' lack of clinical experience in working with adult populations prior to taking this class.

TABLE 2: STUDENTS' SELF-RATING ON COURSE OBJECTIVE MASTERY AT THE BEGINNING AND THE END OF THE TERM

Course Objectives	Beginning Mean	End Mean	Mean Difference
1. Describe the risk factors, syndromes, and the complications of stroke	2.67	4.53	1.86
2. Describe the neuroanatomical bases for acquired aphasias and related disorders in adults	2.60	4.27	1.67
3. Differentially diagnose syndromes of aphasia*	2.13	4.20	2.07
4. Identify the principles underlying aphasia treatment methods	1.47	4.33	2.86
5. Select diagnostic tests for individuals with aphasia*	2.07	4.13	2.06
6. Administer diagnostic tests for individuals with aphasia*	1.80	4.07	2.27
7. Select treatment procedures for individuals with aphasia*	1.73	4.40	2.67
8. Apply treatment techniques for individuals with aphasia*	1.53	4.33	2.80
9. Demonstrate strategies and techniques for educating family and caregivers about how to communicate with individuals who have aphasia*	1.53	4.73	3.20

(1 = No knowledge, 2 = Little knowledge, 3 = Emerging, 4 = In progress, 5 = Achieved)
*Course objectives involving clinical skills

INSTRUCTIONAL METHODS AND MASTERING OF COURSE OBJECTIVES

In order to identify student perceptions of how learning was achieved, the frequency of the instructional methods selected by students as 'beneficial for learning' was computed. Table 3 shows that in this class, all methods were selected as beneficial for learning. Collectively, "lecture" was the instructional method most often selected by students as contributing to their achievement of the course objectives. "Class discussion" was the second method most often selected, followed by the educational handout assignment. "Role-playing" and "clinical observation" came in fourth place.

While "lecture" was the method most often selected as contributing to the achievement of Objectives 1 through 8, "role-playing" and "clinical observation" were the methods most often selected as contributing to the achievement of Objective 9. Indeed, a closer examination across specific course objectives reveals that some instructional methods were clearly identified as more beneficial than others. For Objective 9, 93% of the students identified "role playing" as contributing to their learning, while only 20% of the students selected this method as beneficial for the achievement of Objectives 1, 2, and 5. While "exams" were selected as beneficial for the achievement of Objective 1, it was rated well below other methods for the achievement of Objective 4. This data emphasizes that when elaborating a course, instructors should consider different instructional methods in order to foster student learning of different objectives.

TABLE 3: FREQUENCY OF INSTRUCTIONAL METHODS REPORTED AS HELPFUL FOR MASTERING EACH OF THE COURSE OBJECTIVES

Objective	Instructional Methods									
	Lecture	Discussions	Videos	Case Studies	Readings	Exams	Observation	R-Play Session	Educational Handout	Other
Obj. 1	15	8	4	4	6	12	3	3	3	1
Obj. 2	15	7	4	4	5	8	3	3	4	1
Obj. 3*	13	9	10	7	4	8	8	8	5	1
Obj. 4	14	7	5	5	4	3	6	6	8	1
Obj. 5*	15	7	3	3	4	7	3	3	5	0
Obj. 6*	14	6	3	3	4	5	5	5	5	0
Obj. 7*	14	7	7	6	5	5	8	8	10	1
Obj. 8*	14	7	7	6	5	5	9	9	9	0
Obj. 9*	13	6	4	3	4	4	14	14	13	0
Total	127	64	47	41	41	57	59	59	62	5

*Course objectives involving clinical skills

All students in this class reported a combination of instructional methods as beneficial for learning. In other words, no student selected just one method as beneficial for learning, which indicates that a combination of methods, and not one method in isolation, was beneficial for learning. Here is one typical student comment regarding the different methods she selected as beneficial for learning in this class:

“Lecture gave me the basis to start and build on, discussion helped cement information, exams made me learn it, the role-playing and (educational) handout made me apply it.”

Some students selected the “others” category as beneficial for achieving the course objectives. They reported different tools as beneficial for learning in this class: previous neuroanatomy class (for Objectives 1 and 2), class handouts (for Objective 3), and previous experience as speech-language pathology assistant (for Objectives 4 and 7).

STUDENT RANKING OF THE BENEFITS OF INSTRUCTIONAL METHODS

Table 4 shows the frequency of instructional methods selected by students as first- and second-most helpful for achieving each of the course objectives. A surprising result is that students consistently ranked “lecture” as the most beneficial instructional method for mastering the course objectives. It is important to point out that I emphasized application in each of the class lectures. I intentionally incorporated as many real-life clinical experiences as possible in my lectures, to ensure that the students would acquire concepts in an applied context, as described in a student comment regarding the benefits of the class lectures:

“Our lecture is really where I gained most of my information. It was great because different scenarios and examples were used in the lectures. It was more than just general information, rather it was functional information.”

“Role-playing” was the second method most frequently ranked first in mastering of the course objectives. However, a closer look across course objectives reveals that while “lecture” was consistently ranked first across all course objectives, “role-playing” was ranked first for Objective 9.

Because students were free to select any or all instructional methods as benefiting learning, it was not possible to conduct a meaningful statistical analysis to assess the significance of the ranking differences between instructional methods. A qualitative analysis was used to assess student explanations regarding the ranking of instructional methods that were reported as most beneficial for mastering the course objectives.

TABLE 4: FREQUENCY OF INSTRUCTIONAL METHODS REPORTED AS FIRST AND SECOND MOST HELPFUL METHODS FOR MASTERING EACH ONE OF THE COURSE OBJECTIVES

Objective	Instructional Methods																					
	Lecture		Class Discussion				Video		Case Studies		Reading		Exams		Observation		Role Playing Session		Educational Handout		Other	
	Rank	Rank	Rank	Rank	Rank	Rank	Rank	Rank	Rank	Rank	Rank	Rank	Rank	Rank	Rank	Rank	Rank	Rank	Rank	Rank	Rank	
Obj. 1	15	0	0	4	0	1	0	0	0	1	0	5	0	2	0	0	0	0	0	0	0	
Obj. 2	14	1	0	4	0	1	0	1	0	1	1	3	0	0	0	0	0	0	0	0	1	
Obj. 3*	11	1	0	5	3	1	1	0	0	0	0	2	0	3	0	1	0	0	0	0	1	
Obj. 4	14	0	0	3	0	2	1	1	0	0	0	1	0	3	0	1	0	0	0	0	0	
Obj. 5*	15	0	0	3	0	0	0	1	0	0	0	3	0	2	0	0	0	1	0	0	0	
Obj. 6*	14	0	0	2	0	0	0	1	0	1	0	1	0	2	0	2	0	1	0	0	0	
Obj. 7*	11	1	0	2	0	0	0	1	0	0	0	1	1	6	1	2	2	1	0	0	0	
Obj. 8*	11	1	0	2	0	0	0	1	0	0	0	1	0	7	2	2	0	1	0	0	0	
Obj. 9*	8	2	0	2	0	0	0	0	0	0	0	0	2	1	5	5	0	4	0	0	0	
Total	113	6	0	27	3	5	2	6	0	3	1	17	3	26	8	13	2	8	0	2	0	2

*Course objectives involving clinical skills

An underlying theme emerged regarding student comments on “lecture” as the first most helpful method for achieving the course objectives. “Lecture” was viewed as providing the base knowledge for achieving the course objectives, as reported by this student:

“For all objectives, I selected lectures as the most helpful because they laid the foundation needed to even go to a clinical observation, watch a video, and read a case study. Being able to take this knowledge base outside of class to a real experience made that observation even more worthwhile. The lecture also helped me understand what/why things were happening in my observation.”

Common themes emerged when a qualitative analysis was used to assess student explanations regarding the ranking of “role-playing” as most beneficial for learning, as well as their reflection paper on the overall benefits of role-playing. The hands-on approach involved in role-playing allowed the students to apply what they learned to real-life scenarios, which in turn helped them to solidify their content knowledge on different treatment techniques and communication strategies, as required in Objective 9. This is demonstrated by the following comment:

“The assignment did help me acquire content knowledge. While I feel that a lot of information we presented we had already learned in class, having to present them and formulating the brochure really solidified as content knowledge for me.”

As pointed out by Maier (2002), role-playing geared for practice skills acquisition does not seem to teach new behaviors or techniques but rather teaches their application. The process involved in elaborating and carrying out the role-playing seems to have involved critical thinking. Indeed, students reported that while elaborating the role-playing activity they were required to analyze different techniques and their functionality for a specific clientele, which clearly involves clinical skills. This is demonstrated by the following student responses:

“It forced me to think about what materials and examples will be useful when discussing symptoms, materials, communication strategies, and therapy techniques to patients and caregivers/family members.”

“By putting it into practice you could begin to see what would or would not be useful in a real life situation.”

Students also mentioned that the hands-on approach involved in role-playing creates the possibility of carrying out what they learned to their practice, as described by this student’s comment:

“I feel that I will be able to incorporate a lot of what I learned when I am working in this profession.”

Students not only reported benefiting from elaborating and carrying out the role-playing, but also from watching the role-playing carried out by their classmates. Significantly, it has been reported in the literature that successful role-playing provides an intense experience for both participants and observers (Joyner & Young, 2006). Students in this class reported that watching role-playing sessions allowed them to hear and see multiple perspectives and opinions and build a repertoire of treatment techniques and strategies that could be used during their clinical practicum and internship. One student wrote:

“Creating our mock session and watching other mock sessions was a nice way to put what we have read and talked about into a visual representation of how treatment /activities/therapy should look like. I now have a repertoire of methods that can be used with all different types of aphasic patients.”

As shown in Table 4, three students ranked “video” as the most helpful instructional method for achieving Objective 3, which involves being able to make differential diagnoses of the various types of aphasia. An underlying theme among these students emerged: “videos” provided a helpful visual representation of the different types of aphasia, which in turn facilitated decisions regarding differential diagnoses. For two distinct course objectives, however, two students ranked “case studies” first. While one student ranked “case studies” as most beneficial for acquiring Objective 3, the other student ranked it first for acquiring Objective 4. Both students reported that working on specific cases helped them to learn concepts taught throughout the lectures, with underlying principles making more sense once the student understood individual cases.

Two students ranked “elaboration of the educational handout” as most beneficial for acquiring Objective 7. Students mentioned how the elaboration of the handout made them apply what they learned

through lecture and observation. According to the students, they were able to elaborate their own treatment activities using their knowledge from lecture and observation.

One student ranked “exams” as most helpful for acquiring Objective 2 (describe the neuroanatomical bases for acquired aphasia related disorders), and reported that preparing for the exams on this topic helped her “learn the most information.” Two students ranked “clinical observation” first for helping to acquire course Objective 9 (demonstrate strategies and techniques for educating family members and caregivers about how to communicate with individuals who have aphasia). According to them, clinical observation provided them with “real life” scenarios about how to effectively implement communication techniques. One of the students wrote that observation made the information “all sink in.” Another student ranked “clinical observation” as the most helpful method for acquiring Objective 7, reporting that the observation allowed her to see “live” how different techniques work for a client.

INSTRUCTIONAL METHODS SUPPORTING THE EDUCATIONAL SESSION ASSIGNMENT

Because I was particularly interested in investigating the efficacy of the role-playing assignment, it was important to investigate which instructional methods facilitated the elaboration and execution of this assignment. As shown in Table 5, both “lecture” and “clinical observation” ranked first for supporting the elaboration of role-playing. “Lecture” ranked first as supporting the elaboration of the educational handout (93% of the students), with students indicating that lectures provided them with the base knowledge necessary to elaborate the educational handout. Just like the benefits described for mastering the course objectives in general, “lecture” was once again described as providing the base knowledge necessary for students to conduct the role-playing assignments, as described in this student’s comment:

“Without the base knowledge provided by the lecture I would have felt at a loss on our project as a whole. The observation was a close second, but without the lecture I would have not gained as much from it.”

TABLE 5: FREQUENCY OF INSTRUCTIONAL METHODS REPORTED AS FIRST AND SECOND MOST SUPPORTIVE METHODS FOR COMPLETION OF THE EDUCATIONAL SESSION ASSIGNMENT

Educational Session Assignment	Instructional Methods															
	Lecture		Class Discussion		Videos		Case Studies		Clinical Observation		Readings		Exams		Others*	
	Rank 1	Rank 2	Rank 1	Rank 2	Rank 1	Rank 2	Rank 1	Rank 2	Rank 1	Rank 2	Rank 1	Rank 2	Rank 1	Rank 2	Rank 1	Rank 2
Elaboration process of role-playing	7	4	1	1	0	2	0	2	7	5	0	0	0	0	0	1
Execution of role-playing session	3	4	0	1	1	2	0	0	10	4	0	0	0	0	0	0
Educational handout	14	0	1	4	0	0	0	0	0	8	0	0	0	0	0	1
Total	24	8	2	6	1	4	0	2	17	17	0	0	0	0	0	2

Others*: Internet resources.

On the other hand, “clinical observation” ranked first for supporting the execution of role-playing (66% of students). According to the students, clinical observation enabled them to execute the role-playing session because it provided them with “real life scenarios” that allowed them to “see” how different treatment techniques would actually work in different scenarios, how patients respond to different treatment techniques, and how clinicians interact effectively with patients and family members (that is, clinicians’ interpersonal skills). One student reported:

“The clinical observation showed me a real life scenario that was invaluable when role-playing. Hearing information is one thing, but seeing it put to use is another.”

Indeed, although “clinical observation” was seldom ranked first as benefiting achievement of the course objectives, it was ranked second in benefiting learning, as shown in Table 4. The benefits of clinical observation seem to be related to the fact that observation provided a basis for completion of the role-playing assignment. Clinical observation allowed them to “see” clinical skills in “real scenarios,” including the clinicians’ interpersonal skills. Clinical observation served to provide a model of clinical skills which were actively incorporated within student role-played educational sessions, as described by one student:

“Seeing this in person through the observation with real life variables was most helpful. The simulation presentation allowed me a chance to practice myself.”

These results seem to indicate, once again, the importance of using different methods in teaching aphasia courses that involve objectives which reflect both content knowledge and clinical skills. The different instructional methods seem to complement each other and provide the knowledge and confidence necessary for students to practice in the field, as described by this student’s comment:

“I feel after this class and all the assignments we have completed I am a lot more confident in choosing appropriate activities to use in clinic II and in my internships. I also feel more confident in delivering and executing those activities.”

DISCUSSION

The instructional methods used in this class were identified by students as beneficial for the acquisition of content knowledge and the development of clinical skills. Some instructional methods were identified as more beneficial than others for specific course objectives. “Role-playing” was most often identified by students as beneficial for the acquisition of Objective 9, which required both content knowledge and clinical skills. In the process of elaborating and carrying out the role-playing, students had to rely on clinical skills to analyze different techniques and their functionality for specific patients, as well as to effectively apply them.

The benefits of some methods for the mastery of specific course objectives are likely due to the intrinsic characteristics of the course objectives. Indeed, in this class, the nature of the course objectives dictated the selection of the instructional methods. However, it is important to note that the specific benefits of the different methods is, perhaps, related to the intrinsic characteristics of the course objectives themselves, and also to the nature of each student’s learning style. Unfortunately, no measure to assess the learning style of students was included in the present study.

Interestingly, “lecture” was consistently selected as most beneficial for the acquisition of the course objectives. “Lecture” was described by students as providing the invaluable base knowledge that underlies all course objectives, including the course objectives involving clinical skills. As discussed previously, an

important characteristic of the lectures in this class was the inclusion of functional information. I have to admit that this result was very reassuring to me, because very often during my lectures I caught myself thinking: “I should not be lecturing.” I had read and heard from other faculty members how lecture is “not an effective teaching or learning method.” Often, what kept me going was the engagement level of students who frequently raised relevant questions during lecture. Considering the student reports on the benefit of lecture in this class, I do believe that contextualized lectures have their place in teaching and learning, even in applied areas of study such as speech-language pathology.

Another compelling result in this study was the clear complementary role each method had on the learning process of students in this class. As discussed previously, not a single student selected only one method as beneficial for their learning. In fact, many students emphasized how the instructional methods were intertwined in their role of facilitating the learning of content knowledge, and the development of clinical skills. The data emphasizes the importance of using different methods in a class that involves a wide range of course objectives. In addition, it is important to recognize that students learn in different ways, which makes the use of different methodologies even more compelling to ensure knowledge acquisition and development of clinical skills.

REFLECTION

As an instructor, it was validating to me that students in this class valued several different instructional methods as beneficial for their learning process. As I mentioned before, although adding different instructional methods to a course is time-consuming, it is worthwhile if the methods prove conducive to learning, and if they promote the transfer of knowledge and skills to a student’s professional life. Students specifically mentioned the potential transfer of knowledge and skills acquired in this class to their future practice. However, another question arises: Do student perceptions of the effectiveness of instructional methods still hold when they are in practice? I am currently conducting a follow-up study to address this question. It is very important to investigate whether or not these student perceptions still hold when considering their practices, and whether or not the instructional methods really contribute to their practice in the clinic. The value of a course in the field of speech-language pathology is very limited when knowledge and skills acquired in the course cannot be transferred to a student’s professional life.

REFERENCES

- American Speech-Language-Hearing Association. (2007). *Scope of Practice in Speech-Language Pathology [Scope of Practice]*. <https://doi.org/10.1044/policy.sp2007-00283>
- deWinstanley, P. A. & Bjork, R. A. (2002). Successful learning: Presenting information in ways that engage effective processing. In D. F. Halpern and M.D. Hakel (Eds.), *Applying the Science of Learning to University Teaching and Beyond, New Directions for Teaching and Learning* (pp.19-31). San Francisco, CA: Jossey-Bass.
- Guilford, A. M., Graham, S. J., & Scheuerle, J. (2007). *The speech-language pathologist: From novice to expert*. Upper Saddle River, NJ: Pearson.
- Halpern, D. F. & Hakel, M. D. (2003). Applying the science of learning to the university and beyond: Teaching for long-term retention and transfer. *Change*, 35(4), 36-41. <https://doi.org/10.1080/00091380309604109>
- Hutchinson, T., & Sawyer-Laucanno, C. (1990). Science and technology: Specific purpose language training. In D. Crookall & R. L. Oxford (Eds.), *Simulation, gaming, and language learning* (pp. 135-141). New York, NY: Newbury House.
- Joyner, B. & Young, L. (2006). Teaching medical students using role-play: Twelve tips for successful role-plays. *Medical Teacher*, 28(3), 225–229. <https://doi.org/10.1080/01421590600711252>
- Maier, H. W. (2002). Role playing: Structures and educational objectives. *The International Child and Youth Care Network*. Retrieved November 12, 2009 from www.cyc-net.org/cyc-online/cycol-0102-roleplay.html
- Mann, B., Sachdeva A., Nieman L., Nielan B., Rovito M., & Damsker J. (1996). Teaching medical students by role-playing: A model for integrating psychosocial issues with disease management. *Journal of Cancer Education*, 11(2), 65–72.
- Nestel, D. & Tierney, T. (2007). Role-play for medical students learning about communication: Guidelines for maximising benefits. *BMC medical education*, 7(1), 3. <https://doi.org/10.1186/1472-6920-7-3>
- Stevens, L. C. (2007). Journey to professional competency in speech-language pathology. In J. L. Bernstein (Ed.), *Toward transformation: EMU faculty journey into the Scholarship of Teaching and Learning*. Ypsilanti, MI: The Bruce K. Nelson Faculty Development Center, Eastern Michigan University.
- Sutcliffe, M. (2006) Using role-play to teach business students: Challenging the teacher, supporting the learners. Available from: <http://www.business.heacademy.ac.uk/resources/reflect/conf/2002/sutcliffe/sutcliffe.pdf>.
- Tompkins, P. K. (1998). Role Playing/Simulation. *The Internet TESL Journal*, 4(8), 143-150. Retrieved October 15, 2009 from <http://iteslj.org/Techniques/Tompkins-RolePlaying.html>