

## Role-play as Teaching learning tool for AETCOM competency 1.3: Doctor- Patient Relationship

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Received: 14th Sep, 2025; Revised: 28th Oct 2025; Accepted: 6th Nov, 2025; Available Online: 1st December, 2025

### ABSTRACT

**Introduction:** Learning the dynamics of doctor – patient relationship is very important for young medicos. Teaching doctor patient relationship might be difficult in the first year of MBBS when they haven't been interacting with patients. Hence innovative techniques are necessary for learning this AETCOM competency

**Objective:** to determine the students perspective of role play in AETCOM classes in first year MBBS course

**Methodology:** 15 students were allotted 3 case scenarios to prepare as roleplay, two weeks ahead of the AETCOM class. The scenario was presented in front of 250 students and feedback was collected using Google forms. 82 students attended the feedback form. Analysis was done using Chi Squared test

**Result:** The feedback was anonymous and demographic profile was not collected. Chi squared test showed significantly positive feedback from the students on various aspects of the class.

**Conclusion:** Role play of case scenarios can help students understand and connect with AETCOM modules easily. It is an easy way of capturing attention of a large group of students.

**Keywords:** Medical education, doctor-patient relationship, AETCOM, role-play

**How to cite this article:** Menon A, Subramanian E, Andiappan M, Kumar SS; Role-play as Teaching learning tool for AETCOM competency 1.3: Doctor- Patient Relationship. *Int J Drug Deliv Technol.* 2026; (1): 689-692; DOI: 10.25258/ijddt.16.1.71

**Source of support:** Nil.

**Conflict of interest:** None

### INTRODUCTION

Sir Robert Hutchinson in his book on clinical practices introduces a pledge at the beginning that starts with "From inability to let well alone..." and ends with a request to god to help doctors from all sorts of mistakes (1). All medical students undertake the Hippocrates oath that also hopes to engrave compassion and ethics into future doctors. All the great physicians have invariably told us from their experience that patient interactions and encounters are not merely clinical-problem solving but a skill and an art.

In order for the future doctors to be competent professionals the CBME curriculum in India dictates certain competencies under AETCOM ( Attitude, Ethics and Communication) module of the undergraduate curriculum. Starting from the first year of medical course they are taught about the values and attitudes of a good doctor. Competency 1.3 deals with doctor-patient relationship and includes the

roles and duties of a doctor and the role of empathy in patient encounters.

In order to elicit these competencies in the first year MBBS students we may use different teaching learning methods as seen fit. One such method is Role Play of patient doctor case scenarios. Role plays and video role plays have been used effectively in the past to improve on CBME course for MBBS students (2). But this is a very important method for teaching soft skills like AETCOM competencies.

Case Based learning has been proven time and again as an effective learning method in medicine and has shown increase in student understanding and engagement (3,4). For AETCOM modules as well National Medical Commission (NMC) suggests use for case based discussions and has provided educators with sample case studies to impart different objectives. Role plays utilises case scenarios in an interpretive manner allowing students a more immersive understanding of the case. This improves student attention, problem solving skills and soft skills such

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as communication(5). By performing and observing peer roleplays students also recognize the need for good communication skills and is motivated to improve their patient interactions (6)

Learning communication skills and empathy is very important for building patient relationships. Studies have concluded that training in skills for patient encounter has significant impact in clinical outcome and patient responsiveness (7). Students as they learn to be clinicians sometimes forget the human aspect of a patient and underestimate the value of building a positive doctor-patient relationship (8). But every successful clinical practitioners have emphasized the importance of establishing a good rapport with the patient early on. This skill needs to be imparted to the young medicos early on so they can carry it forward throughout their practice (9)

Roleplays have been found to improve the medical students knowledge and skill of doctor patient communication in previous studies (10, 11).

This study aims to understand the first year MBBS students perspectives on the usefulness of role-plays in learning essential communication and behavioural skills while interacting with patient.

**Methodology**

The study was done with ethical clearance from institute ethical committee. First year MBBS students were taught about the principles of patient communication in an interactive lecture in the first session of AETCOM. After that interested student volunteers were called for performing a role play on the topic. 14 students volunteered for the role play. They were divided to three groups and each group was allotted a case scenario each. The case scenarios discussed various aspects of doctor- patient relationship such as patients’ rights, duties of a doctor to their patient, malpractice and need to set boundaries. The case scenarios are provided as supplementary material 1.

The students were encouraged to create their own script for the scenario with explanations for the decisions taken by the doctor in that case. The script was verified by faculty co-ordinators before it was performed. The students performed the roleplay in front of a class of 250 first year MBBS students. Following that the actions and decisions of the doctor and the patient in each case was discussed in detail with the class and the ethics and attitude of the doctors’ behaviour was scrutinised with assistance from faculty members of Physiology department.

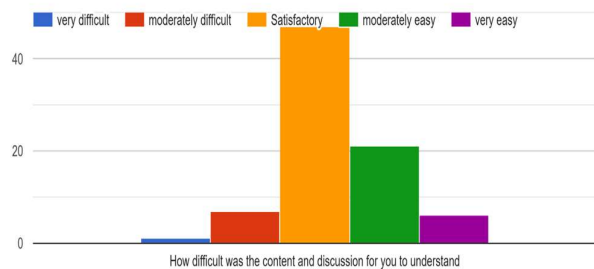
The students were asked to complete the session with a reflective writing task about the need for good doctor patient relationship in providing clinical care and the challenges they need to overcome.

A feedback was taken for the class using a standard feedback form in a likart scale of 5 using google form from students who were willing and gave consent. The result was obtained in Microsoft excel and analysed in frequencies. JASP 1.19 was used for statistical analysis. Chi square test was done to assess the pattern of distribution of feedback among the students.

**Result**

Student feedback was obtained from 82 volunteers on a likart scale of 5 with 5 being the best score. The frequency distribution of the feedback was assessed under different categories such as difficulty of content, contribution to learning, effectiveness of the class, and the overall content. The results are depicted as histograms in Fig 1, Fig2, Fig 3 and Fig 4. It shows majority of students felt the class was satisfactory or better and that role play was an effective method of learning doctor patient relationship. Only 8 students out of 82, felt that the content was moderately difficult or very difficult. Only 1 student disagreed that the role play was effective to teach the content, and only 2 students disagreed that the course and content organized well.

Difficulty of the content



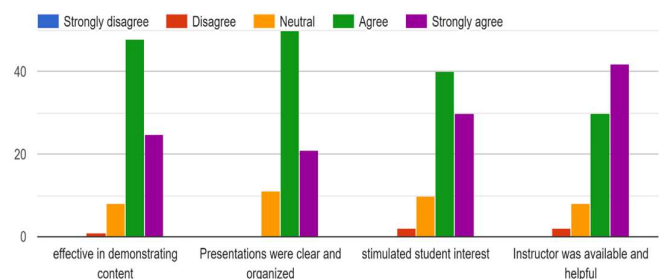
**Graph 1: Difficulty of content**

Contribution to learning

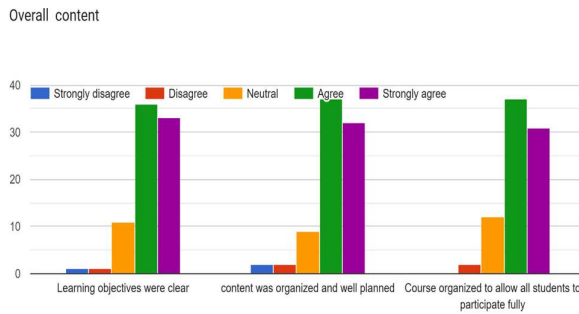


**Graph 2: Contribution to learning**

Effectiveness of role play as a learning method



**Graph 3: Effectiveness**



**Graph 4: Overall content**

Chi square test was done to assess the pattern of answers across the 82 students and was found to be significant. The scores for level of knowledge on the topic before and after class was compared using Wilcoxon Sign Rank test and found to be significant. Table 1 shows the mean scores and p values for the level of knowledge questions in feedback. Only 8 out of 82 students felt that the class contributed poorly to their skill/ knowledge on the topic of doctor patient relationship.

Table 1: mean and standard deviation of the scores for level of skill/ knowledge on the topic of doctor patient relationship, before and after the class and p value from Wilcoxon Sign Rank test

Level of skill/ knowledge	Mean ± Standard Deviation	Standard error	P value
Level at start of the class	2.841 ± 0.936	0.103	0.001
Level at end of the class	3.720 ± 0.790	0.087	

Students were also asked to free list what they thought was the best part of the session and what they could be improved with the session. This data was analysed for repeated phrases and content and key take aways are mentioned in discussion.

**DISCUSSION:**

The study found that there is significant improvement in students perception of level of knowledge before and after the role play session indicating that the students felt the method of role play was useful to them. Majority of the students felt that Role play was effective in delivering content of the class and felt that they had benefitted from this particular method.

The free listed feedback from the students has shown that majority of the students felt that a case based role play was the best part of the session. Some of the students mentioned that the free-wheeling discussion and interaction with faculty members regarding the concepts in the role play helped to clarify their knowledge and improve their

understanding of the topic. When asked about what could be improved in the session majority of students commented that they would like more clinical faculty involvement and sharing of their experiences based on the cases presented. Students felt that they could have had more time for the discussions as it could have given them more time to think and participate effectively.

Previous studies on the effectiveness of roleplay as a teaching learning tool in medical students have also found that it improves student self esteem when dealing with a patient and improve their communication skills (10, 12). The integrated review by Ronning and Bjorkly (2019) focuses on the use of role-play in developing communication skills in students of mental health education. They also found that role play improves student insight into the relationship between healthcare provider and a patient (13).

A simulated environment has been found to be ideal in teaching patient interactions to medical students and have found positive responses from students, rather than direct patient contact at the clinics (14,15,16). It has been seen that students and teachers both feel the traditional method of role modelling and learning from bedside clinics is very subjective and hence insufficient to learn the necessary practical skill in building establishing a good doctor- patient relationship (17).

The present study focuses mainly on the students’ perspective of the role-play method. The participants are selected by random sampling and were fully anonymised so as to exclude bias from investigators. Open feedback was also collected to understand the needs of the students better. However the study does not comment on the assessment aspect of learning via roleplay and doesn’t involve any pre and post tests to determine objectively what the students had learnt. This was because the investigators felt that a continuing workplace-based assessment was better in identifying the impact of learning communication and interpersonal skills rather than a traditional question- answer based method. The assessment results could not be made available in time for publication of the study and we hope to continue the research further in future articles.

**CONCLUSION:**

First year MBBS students had found that role play as a teaching learning method of Doctor–patient relationship helped them to understand better the different facets of patient interactions and how to build a healthy doctor-patient relationship.

**Acknowledgements:**

We thank our first year MBBS students who volunteered to participate in the role play and the students who volunteered to give the feedback for the study

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