

Developing empathy through role-play activities using conversation analysis

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Outline

1. The Empathy Paradox:
Crucial for care, Difficult to teach
2. A New Lens: From internal feeling to observable action
3. The Three Teachable Practices
4. The Study Design
5. Results
6. Identifying Early-Stage Shifts
7. Conclusion & Future Challenge

The Empathy Paradox

A Foundation of Quality Care



Improves Quality of Care

(Batt-Rawaden et al., 2013)



Builds Trust & Communication

(Hall et al., 2010)

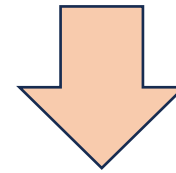


Enhance Patient Experience

(Mercer & Reynolds, 2002)

The teaching challenge

Traditional instruction



insufficient

(Stepien & Baernstein, 2006)

Experiential learning

- Simulation
- Reflection
- Role-play

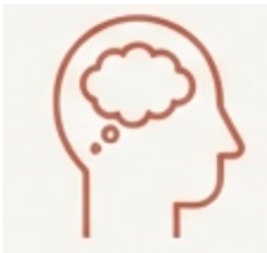
(Kolb, 2014; Xu et al., 2016)

A new lens: From Internal Feeling to Observable Action

Conversation Analysis (CA) offers a way forward by examining communication

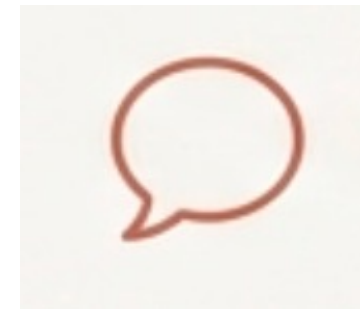
From

Internal Feeling



To

Observable Actions



Three CA-informed interactional Practices



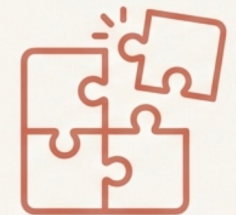
1. Formulation

Restating or summarizing what the client said to confirm understanding



2. displayed understanding

Explicitly acknowledging the clients' feelings or perspective



3. Repair

Actively addressing misunderstanding by checking, clarifying, or rephrasing

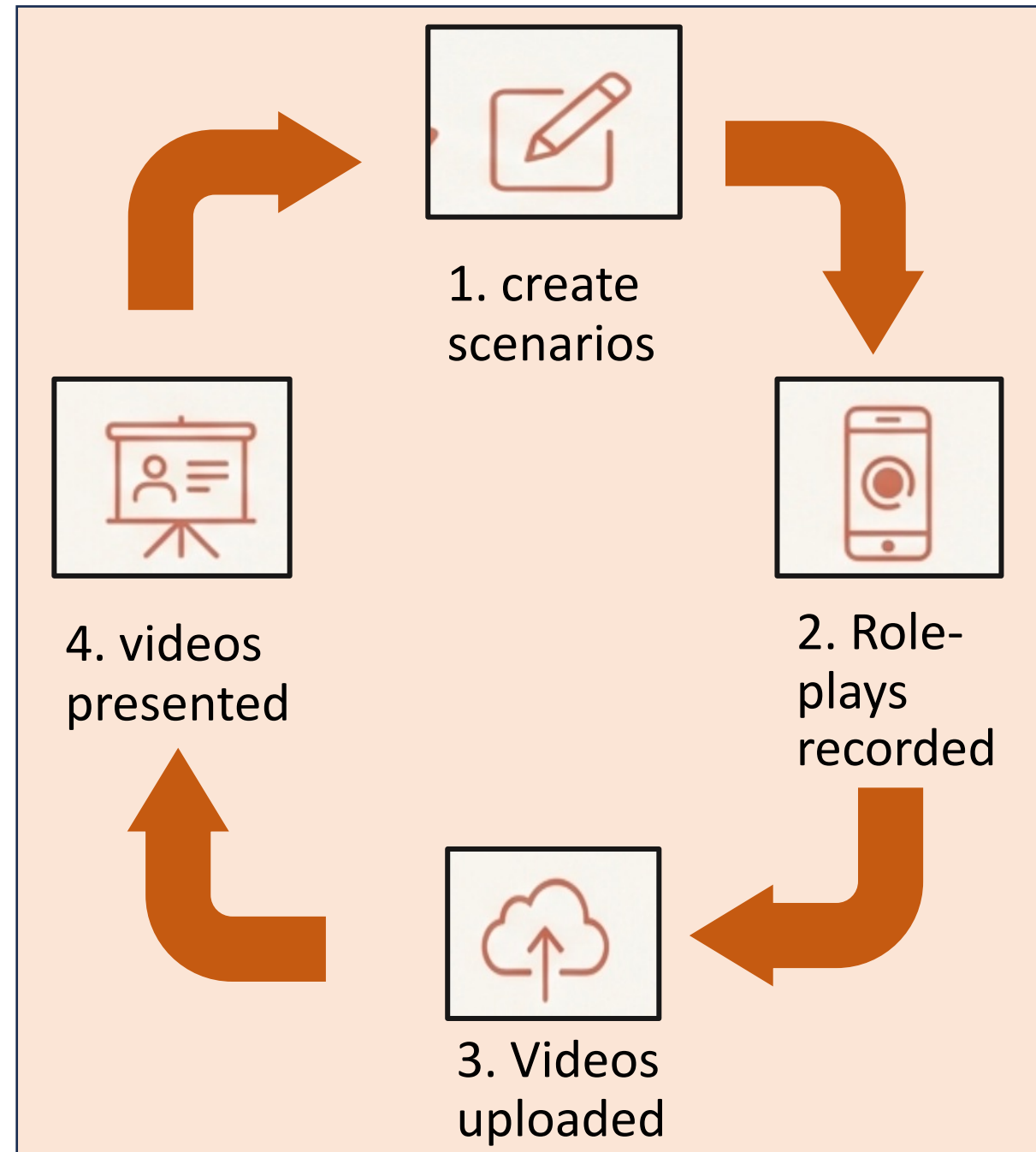
The Study Design

- An 8-hour Medical English course
- 90 PT & OT students

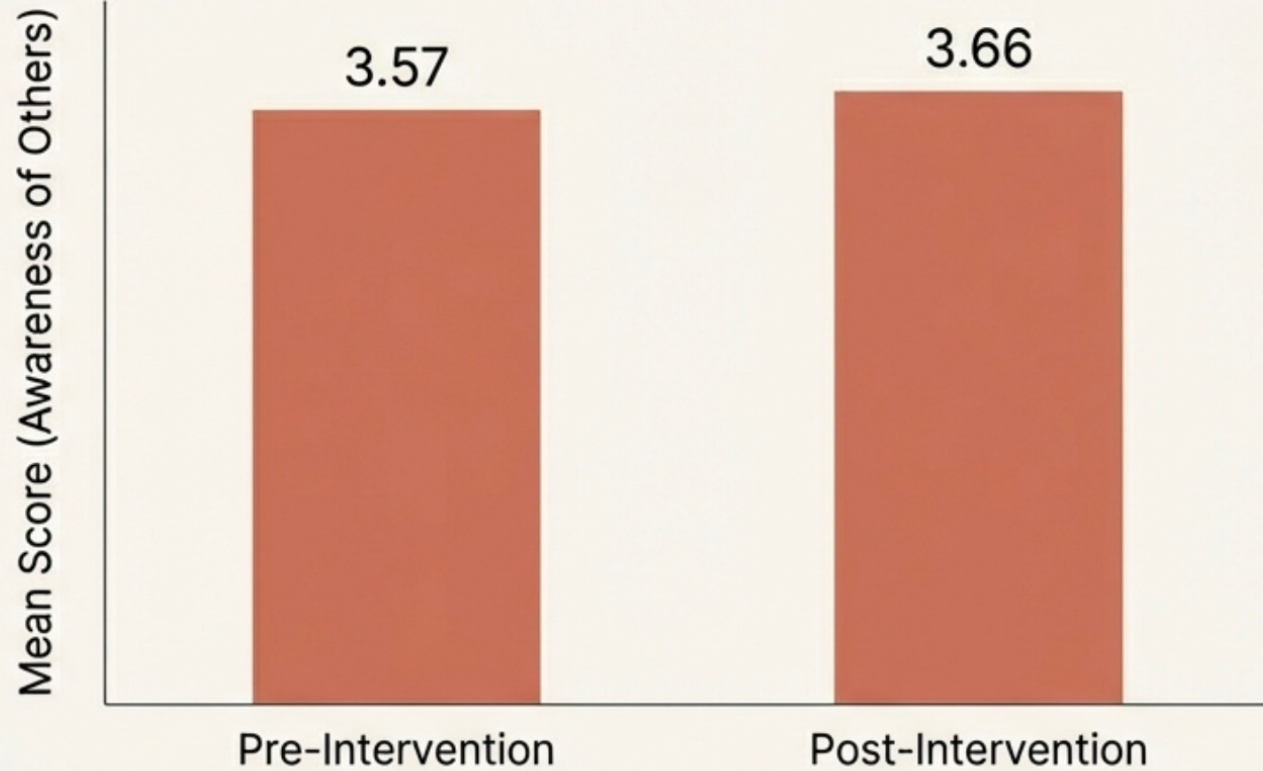
Evaluation Method

Quantitative: Questionnaire measuring “awareness of others”

Qualitative: Open-ended question “Did your awareness of others improve (Yes/No)? Please explain”



Results



Key Statistical finding

Not statistically significant.

($p = .17$, $d = 0.16$)

Contextual Note: Small effects are common in brief interventions, especially in a second-language learning context. (Batt-Rawden et al., 2013; Stepien & Baernstein, 2006)

Results

The “Yes” Group

Shifted focus toward the patient experience

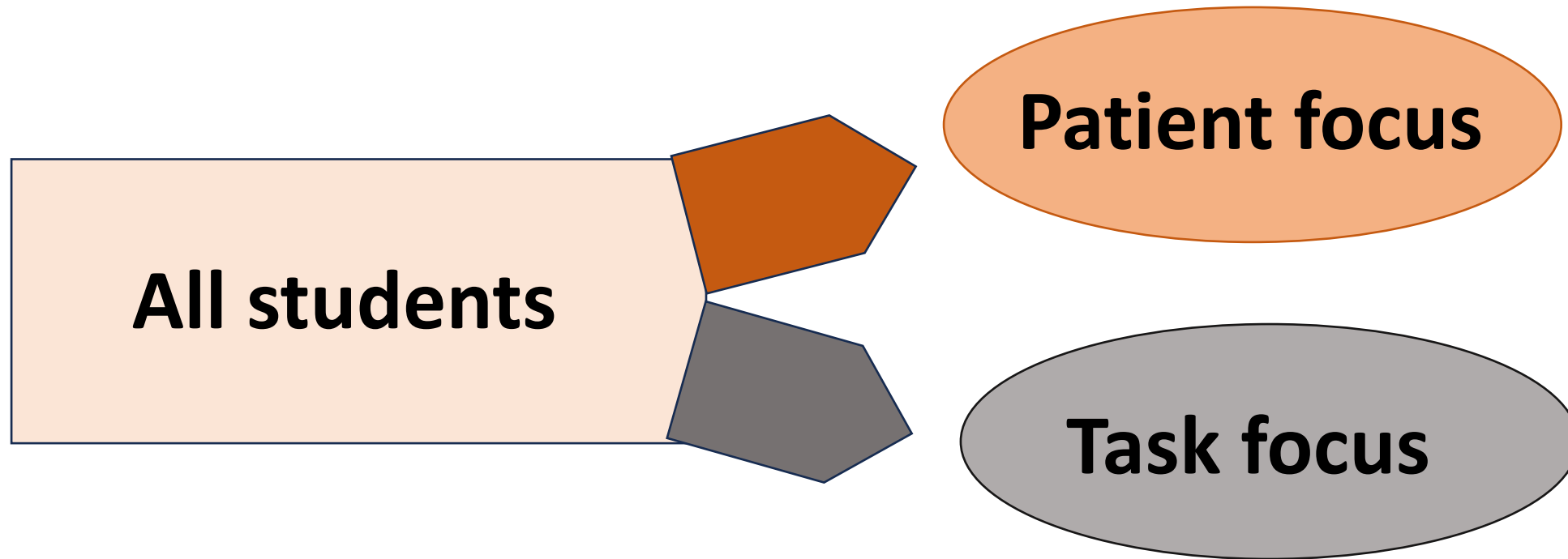


The “No” Group

Focus on procedural demands



Identifying Early-Stage Shifts' in Awareness



An initial step, changing what some learners noticed and valued in communication, a necessary precursor to measurable change. (Kolb, 2014)

Educational Implication



**1. Increased spaced,
repeated practice**



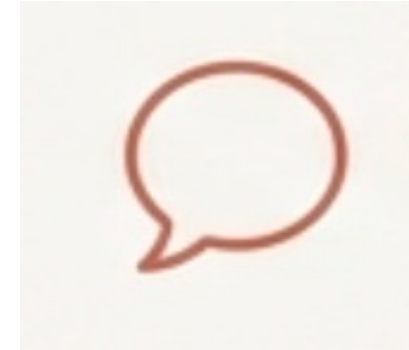
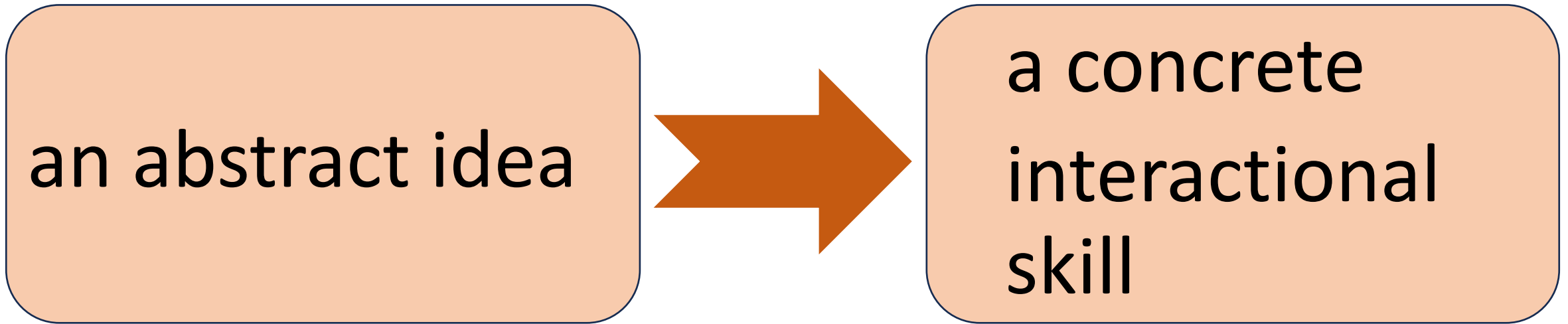
**2. Provide specific,
actionable feedback**



**3. Use CA-informed
targets in L2
medical interactions**

Conclusion & Future Challenge

CA-informed role-play



Conclusion & Future Challenge

CA-informed role-play

Longer, spaced designs

➔ Test interventions with an increased dose over time

Clinical transfer

➔ Examine if these skills transfer to real clinical settings

Behavior-level evidence

➔ Analyze the role-play videos using CA-informed criteria to provide direct evidence

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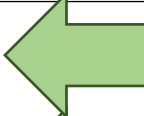
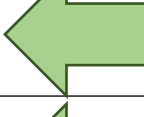
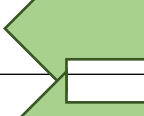
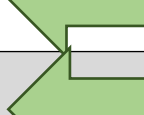

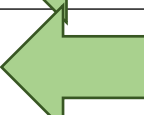


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Paired-samples t-test (two-tailed)

Mean Diff	95% CI of Mean Diff	<i>t</i>	<i>df</i>	<i>p</i>	<i>Cohen's d</i>
0.13	-0.06 to 0.32	1.39	75	0.17	0.16

Classroom design

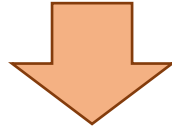
Week 1	Orientation, Introduction to CA based role play	
Week 2	Analyze healthcare interaction in group	
Week 3	Make a senario in group 1	
Week 4	Video shooting	
Week 5	Presentation and evaluation 1	
Week 6	Give feedback and make a senario in group 2	
Week 7	Video shooting	
Week 8	Presentation and evaluation 2	

(Give feedback to students through Moodle)

Background

Empathy

the ability to understand and share the feeling of others



- fosters trust and rapport & enhances the quality of care

(Palmadottir, 2006)

- a cornerstone of effective healthcare delivery

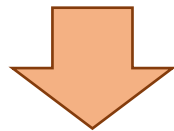
(Stebletsova & Torubarova, 2017, Batt-Rawden et al., 2013, p.1174, Stepien and Baernstein, 2006, p.529)

Background

Conversation Analysis (CA)

- qualitative research method from sociolinguistics
- describes, analyzes, and understands talk as a basic and constitutive feature of human social life
(Sidnell, 2010)

the nuances of therapist-client communication



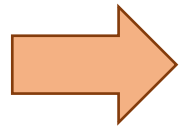
enhancing their awareness of others' perspectives and emotions

Purpose of this study

- CA-informed role-play activities
- medical English education
(the school of rehabilitation)

Literature review

◆ role-play activities



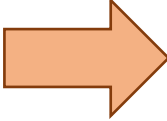
fostering learners' speaking proficiency and communicative competence

(Stoke, 2014; Stoke & Sikveland, 2017)

- engage in authentic language use
- negotiate meaning
- develop pragmatic skills in real-life scenarios

Literature review

◆ CA

 a systematic framework
for examining the dynamics of communication
(turn-taking, repair, and sequencing of actions)

providing insights into language learning
processes

(Pilnick et al., 2018)

 what participants are doing through their talk

Research Question

if students in the school of rehabilitation
enhance the feeling of empathy utilizing
CA-informed-role play activities in medical
English class

how role-play activity through CA scope
contributes to improvement of attentiveness
to others



Feedback



Feedback

T= Therapist C=Client

1 T: Hello! Mr. Yamano. My name is Nakamori and I am a physical therapist. Let's practice standing and sitting now!

2 C: I've been feeling tired since the morning, and I don't want to go to rehabilitation.

3 T: Breakfast?

4 C: but I still feel tired.

5 T: Temperature?

6 C: Yes, but it was normal.

7 T: Rest!

gave an invitation



refuse (tired)



**claim acceptance
seek the reason**

rehabilitation

Breakfast?

Temperature?

Methods

< Procedure >

- Questionnaire (first and final class in 2023)
- Open-ended question (final class)

Methods

< Participants >

- Third-year students (the school of Rehabilitation)
- 48 students (PT)
41 students (OT)
- clinical experience for three weeks

Methods

<Questionnaire items>

- Tsuji (1993)
- 5 (strongly agree) to 1 (strongly disagree)
- quantitative part 15 items
- open-ended questions
 - “whether they improved consciousness of others or not”

<Ethical Consideration>

- nothing to do with the grade
- anonymous

Q1. I always analyze the stream of consciousness of the others.

Q2. I always try to read the other person's mind.

Q3. I'm quite sensitive to the other person's change in feeling.

Q4. I carefully try to observe others' attitude or expression.

Q5. I always keep it mind to understand others' feeling.

Q6. I always pay attention to others' words and action.

Q7. I will not miss the change in expression of others.

Q8. I am easy to get distracted by appearance of others.

Q9. I am fascinated with superficial impressions of others.

Q10. I care about others' appearance and makeup.

Q11. I'm concerned with others' body shape.

Q12. I always imagine others.

Q13. I care too much about others.

Q14. I often ponder on others.

Q15. I come to mind the others.

Cronbach's Alphas

Time 1

Time 2

α .90

α .92

Results

Descriptive statistics

	<i>M</i>	<i>SD</i>
Time 1	3.57	.85
Time 2	3.66	.92

	First round		Second round			
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>		
Q1	3.57	1.33	Q1	3.67	1.05	↑
Q2	3.70	1.21	Q2	4.01	1.40	↑
Q3	4.28	1.25	Q3	3.64	1.42	↓
Q4	4.34	1.23	Q4	3.37	1.41	↓
Q5	4.18	1.19	Q5	4.07	1.41	↓
Q6	3.88	1.14	Q6	4.30	1.26	↑
Q7	3.78	1.21	Q7	2.95	1.19	↓
Q8	3.59	1.25	Q8	3.72	0.93	↑
Q9	3.34	1.20	Q9	3.86	1.26	↑
Q10	3.64	1.38	Q10	3.71	1.41	↑
Q11	3.41	1.31	Q11	4.03	1.20	↑
Q12	2.72	1.25	Q12	3.83	1.40	↑
Q13	3.05	1.37	Q13	3.13	1.39	↑
Q14	2.99	1.37	Q14	2.80	1.27	↓
Q15	3.04	1.41	Q15	3.75	1.34	↑

Welch's t-test

					95% Confidence Interval	
<i>t</i>	<i>df</i>	<i>p</i>	<i>d</i>	<i>MD</i>	Lower	Upper
0.626	75	0.532	-0.1	-0.09	-0.194	0.374

Open-ended question

“Did CA based role-play activity help you enhance the awareness of the others?”

- Yes (53 students)
- No (23 students)

Open-ended question

“When I played the patient, I realized that therapists' gesture and eye gaze was very important for patients, because I was very relief when my therapist gave eye contact while talking, and used many gestures.”

“Through the scene that listening the patient in trouble, my consciousness to others enhanced a lot.”

Open-ended question

“No matter what language we use, we need to consider what expressions we should use when we make ourself understood better to the patients according to the scene.”

Open-ended question

“I did not have any chance to think about the patients, through the process of making scenario and playing the role.”

“I did not feel any change in my feeling.”

“The time we had was so short that I could not feel anything.”

“I have already had high consciousness to others, so I did not need to have this activity.”

Discussion

	First round			Second round	
	<i>M</i>	<i>SD</i>		<i>M</i>	<i>SD</i>
Q1	3.57	1.33	Q1	3.67	1.05
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Q14	2.99	1.37	Q14	2.80	1.27
Q15	3.04	1.41	Q15	3.75	1.34

Discussion

"I am concerned with others' appearance and the body shape." (Item 11)

"I always imagine others." (Item 12)

- affective which therapists try to understand clients empathetically (Davis, 1983)
- function that can rehearse of real life (Singer, 1975)

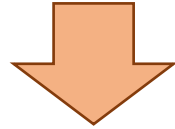
"When I make a scenario in my group, I imagined the clinical scene and considered about what the client orient to."

Discussion

	First round			Second round	
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Conclusion

◆ clients – therapists relationship



the outcome of rehabilitation

- vocabularies in clinical scene
- mutual understandings between therapists and clients

Future work

- to modify the class design

Reference

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