Author's response to reviews

Title: Analysis of role-play in medical communication training using a theatrical device the fourth wall

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Author's response to reviews: see over

We have now revised the manuscript in accordance with most of the two expert reviewers' comments. We are thankful for valuable comments, and describe below how each point has been handled.

Comments to report of referee 1.

First of all, this referee comments stimulated us to clarify the article's material; an interactive training model for use in communication training of medical students, and then clarify the model's pedagogical strategies and learning potential. The section "The training model" has therefore been thoroughly revised.

Reviewer's report
General
The first is that the audience is unclear.
As this referee writes, our audience will be the readers of BMC Medical Education, foremost medical educators and organizers of communication courses. We have therefore clarified the text in several places.
We have changed the title of the article to: Analysis of role-play in medical communication training using a theatrical device 'the fourth wall', to focus on the benefit of the wall as a pragmatic analyzing tool.
Under "The empirical data and analysis" we have added a sentence to clarify who were the audience in the workshop.

The discussions of the methodology (transcript only? transcript plus video?) and of the different "fourth walls" would be of interest to a professional interaction analyst, but probably not to a medical educator.
We wanted to share our discovery around a transcription's limitations with the reader because we discovered that the transcription was unsuited for analyzing spatial phenomena. Consequently, we resorted to the methodology of close reading of the video as a text. We have expanded the description of methodology.
We still feel that the article's focus, the fourth wall, gives new pragmatic information for medical educators / organizers of communication courses for use in course planning and evaluation.

The second is that there isn't enough detail to show the potential of the methodology.
We interpret in this context "methodology" as the pedagogical structure of the training model described. We have added extra information on the pedagogical aspects of our training model under "The training model" section and under the Discussion.

The reader needs to see an extended account of one or two particular role plays, with information about how the patient actress was coached, what her interactional strategies were, and specifically how the situation was designed to accomplish a pedagogical objective. For example, what are the issues that are supposed to arise? At what points does the moderator stop the drama, and why?
These points have now been clarified under "The training model". A detailed description of the training model have been published elsewhere (Alraek Jacobsen, Baerheim in RIDE 2005, our reference 11).

Perhaps more than one extended example would be desirable. There should be a significant amount of actual transcribed dialogue, from both the role playing participants, as well as the moderator and the students, along with analytic comments about what the student comments demonstrate about their evolving understanding, and what the moderator's comments are designed to evoke in the students.

The learning scenarios and the students evaluation of the training model has also been published elsewhere (Baerheim, Alraek Jacobsen in Medical Teacher, 2005 our reference 12).

I assume the target audience is the medical educator, and if so the discussion of the different "fourth walls" are not going to be of so much interest. Instead, add in the pedagogical details about how the dramas and roles were designed to accomplish specific educational objectives, and provide some transcripts of interactions that included the students. Use those student comments as evidence that the students are learning from the scenario.

We have previously published on these questions, see above.

One or two learning scenarios should be described in detail, along with student dialogues; then, a longer list of specific learning scenarios that this methodology has been used with should be provided, perhaps just as bullets with one sentence each. The conclusion section should then have some discussion about what sorts of learning goals this method is most appropriate for, given the experiences of the authors, and with reference to the transcripts of student participation in the scenarios.

See above.

Comments to report of referee 2.

Major revisions

1. A specific role-play format is used in the example provided. How does the framework apply to other role-play contexts as used in medical education?

We have added in the Background section:

The most common use of role-play in medical education curriculum, especially the parts concerning consultation techniques, may be identified by a) the students are interacting in a one to one situation with each other or with a standardised patient, b) a standardised patient or an actor/actress are running a complete consultation as a linear narrative, c) the students are given feedback or are evaluated after the role-play.

In our example we use a specific role-play format which differs from these three points; a) the students interact as doctors with an actress acting the patient, b) the consultation is run as a divided narrative, c) Instead of using a feedback pedagogy, the moderator together with the students reflect on different possible ways to continue the consultation.

2. What level of training does the actor/actress need in the role-play you outlined?

This has been clarified under "The training model".

3. What level of training does the moderator require?

This has also been clarified under "The training model".

(3. continue) You mentioned the moderator's role but we were not guided as to when s/he made decisions to intervene in the activity? Given their critical role in moving the wall, I think this should be addressed. On what basis does the moderator take a timeout?

This has also been clarified under "The training model":

The moderator decides to take timeout for discussing the next step in the consultation at critical incidents; a) When the students obviously struggle or b) At apparent crossroads in the consultation. He also takes timeout when the consultation runs too smoothly.

4. Please provide an operational definition for the term "didactic room" (or choose another expression).

We changed the term in the text to "communication training" which is a more precise description of the context.

5. Readers of the journal are likely to be medical educators who are interested in making use of what they read. How did you set up the role-play experience in this scenario in terms of aligning the learner's experience with their learning needs.

This has also been clarified under the "Training model":

We set up the role-play scenario focusing on possibilities for reflection on the ongoing process combined with the opportunity to try out one of the options being discussed, and the moderator underlines that there are no right standard answers. Everyone is encouraged to develop and try out their own consultation style based on their actual competence.

6. At the bottom of the first page in results section, mention is made of the situation that the doctor, the audience and the moderator could discuss the patient as if she were not present. I really wonder about the implications of this for learning in medical contexts. Although you are very aware of the abstract contexts in which you are working I am not sure that all participants would be. Indeed in my local Trust one of the most commonly identified problems from patients is that they are sometimes spoken about by clinicians as if they were not present. I think you need to

respond to this educationally because the Location 2 concept may effectively model inappropriate behaviours.

We fully agree on reviewer's comments, and have expanded this section in the Discussion.

7. I would also be interested in the authors referring to learning theory outside of drama pedagogy. It would strengthen their application of the fourth wall. For example, in what ways does Knowle's principles of adult learning or Schon's work on reflective practice fit with this framework. Does not need very much but I think it needs acknowledgement.

This has been done. See third paragraph in the Discussion.

8. Please clarify the statement in the third page of the discussion - "the viewer must take action in order for social change to take place..." It is the social change that I am uncertain I about (I am a sociologist by training) - That seems rather a broad claim in this context.

The word "social" is cut here as that was not important in this connection, and we have added a sentence to clarify the connection between Boal's pedagogy and ours.

The next paragraph also has some wobbly English expression (last sentence?)

We agree, and have deleted the paragraph as the message was too obvious.

Minor Essential Revisions

1. I wonder if the paper could be titled differently. I have a suspicion that something like - Analysis of role-play in medical communication training using a framework derived from theatrical studies (or something...) might be more engaging. I think using the term "fourth wall" is less attractive - especially since the concept is probably unknown to most reader of BMC Medical Education.

Thanks. The title of the article has now been changed to Analysis of role-play in medical communication training using a theatrical device ' the fourth wall', having the reader of BMC Medical Education in mind.

2. How many participants were involved in your role-play? What is their level of experience? How relevant do you think this concept is to other groups of learners with perhaps less experience?

All these questions are now handled under the M & M section.

3. Remove the word "the" from your models of the locations - just clutters the image

Done

Discretionary Revisions (which the author can choose to ignore)

I think there is some attention to English language required. For example the opening sentence might be more direct if phrased as: "Art is increasingly used in educational settings around the world." (It would be helpful to provide some references as evidence for this statement as well.)

Revised

The title of the next section need not be "Short history of the fourth wall". It can just read as "The fourth Wall."

Changed

The last sentence of the paragraph commencing Bertold Brecht... needs to be rewritten.

Done

You also use jargon or terms which I am not sure adds anything. (e.g. "delimited"n the section on Material and Methods)

We agree, and the paragraph has now been deleted.