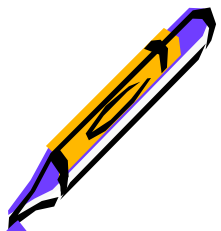


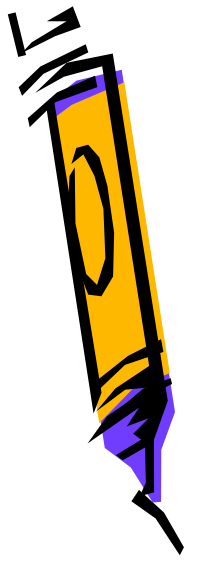
Teaching Communication Skills to Healthcare Professionals: Role play & Role modeling

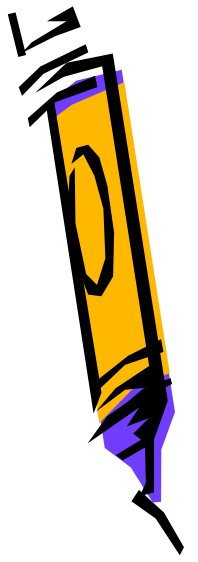


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March 2007

Methods for Teaching Communication Skills

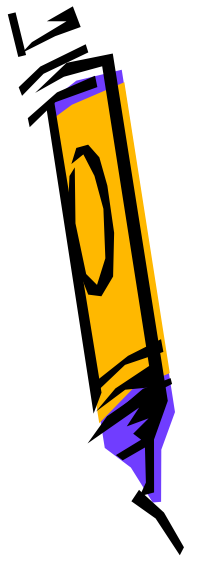
- ☐ Didactic session
- ☐ Small group session
- ☐ Role play with SP
- ☐ *Role play with peers*
- ☐ *Role modeling*





Role modeling is the
"gold" standard in
teaching
communication skills





Role play is the
"silver" standard in
teaching
communication skills



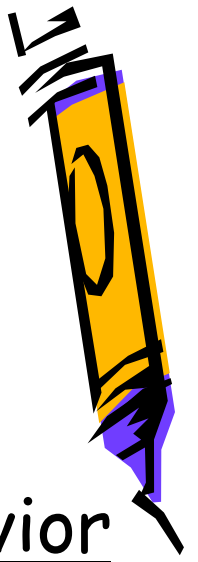


Any
teaching session will
need to have a(n):

opening
middle
closing



Opening Teaching Tasks



Teaching tasks

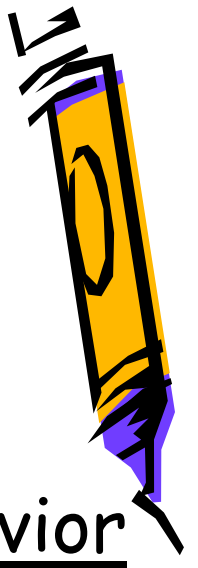
- Engage the group
- Set expectations
- Set tone

Specific behavior

- Focus attention
- Address barriers
- Highlight relevance
- Review session goals
- Describe structure/agenda
- Discuss ground rules
- Attend to room set-up
- Model interaction at start
- Elicit questions



Middle Teaching Tasks



Teaching tasks

- Set up
- Focus
- Manage group

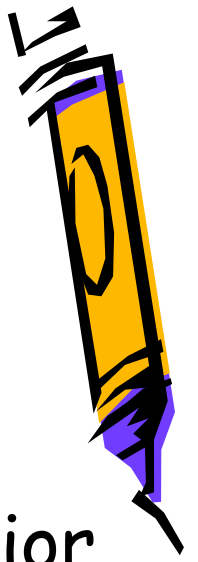
Specific behavior

- Set stage
- Assign roles to tasks
- Elicit specific goals for task
- Focus group on feedback
- Elicit feedback
- Manage input
- Elicit self-assessment from learner
- Elicit or help name take-home point(s)

Summarize



Closing Teaching Tasks

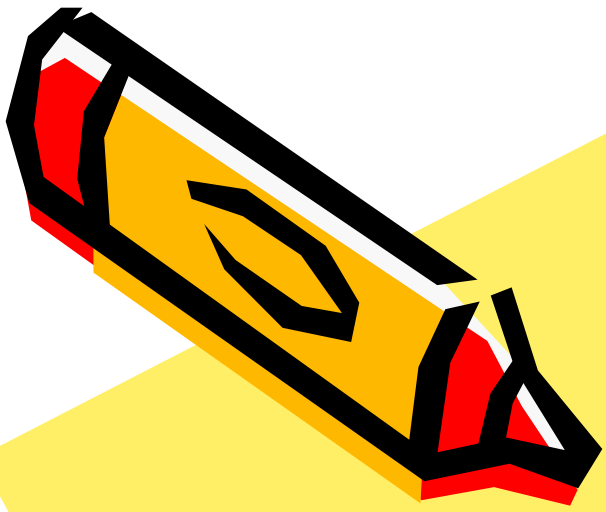


Teaching task

Specific behavior

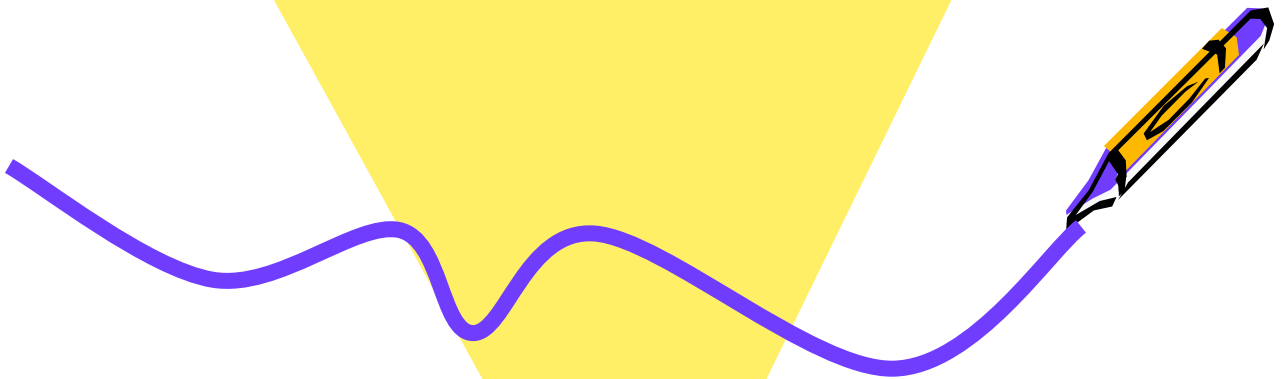
- | | |
|---|---|
| ▪ Summarize specific learning points | ▪ Summarize
▪ Reinforced progress obtained |
| ▪ Help learners build personalized learning agendas | ▪ Ask learners to identify a specific new learning objective
▪ Ask learners for a commitment to try something new from the session |
| ▪ Acknowledge learner work and effort | ▪ Voice appreciation for the work learners have done. |





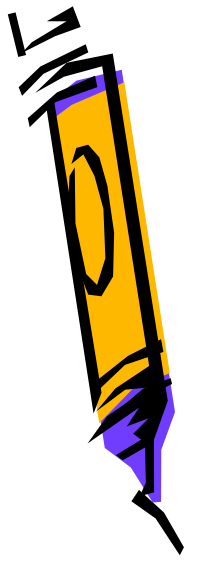
Facilitator Packet

For
(Communication Skills)
Workshop

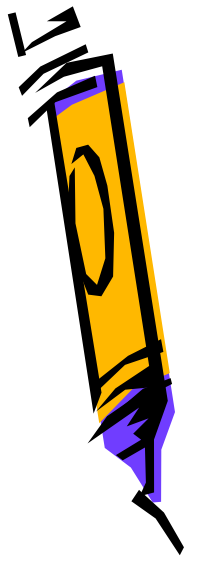


Learning objectives

1. Attitude objective
2. Content objective
3. Skill objective



Workshop outline



- Opening

- ☐ (5 min) Pre-test
(10min) Introduction

- Middle

- ☐ (5 min) View instructional DVD
(5 min) Assign small groups
(3 min) Teach feedback methods
(10 min) Small group with role play
(5 min) Debriefing of role play

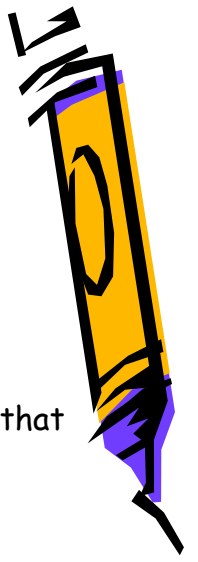
- Closing

- ☐ (5 min) Session wrap - up
(5 min) Session evaluation



Sample outline on right –hand side of page for a DBN Workshop

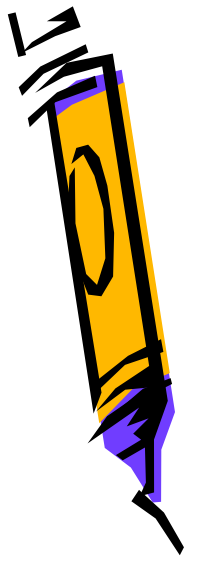
Facilitator instructions



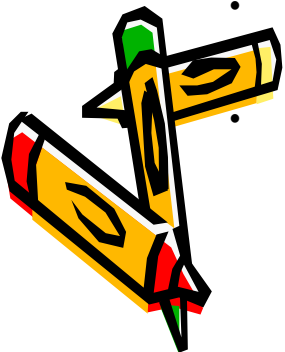
- **Pre-test.** 5 minutes
- Students will complete a pre-test based from the DVD assignment that will be collected at exactly 1:05PM by the classroom clock.
- **Introduction.** 10 minutes
- Dr. Grumbles will introduce purpose of session and participating facilitators.
- **Viewing of section 3 of SPEAK THE TRUTH interactive DVD.** 5 minutes
- Equipment needed is lap top computer with LCD projector and screen.
- **Small group role-play on giving bad news.** 30 minutes
- **Faculty Guide for DELIVERING BAD NEWS Communication Skills Session**
- Dr. Grumbles will instruct students to break up into groups (approximately 2-6 students per group). Before beginning the role playing, Dr. Grumbles will ask students how they feel just now when told they are each going to participate in a practice exercise. Generate responses from a number of students and list "barriers to role play" on dry erase board. Dr. Grumbles will assure students that the goal for this session is to give students a chance to practice saying the right words. (Avoid calling the session role play.) "The patients" will be coached to be a reasonable role play for "the doctors" to work with. Facilitator will ask members of their small group to volunteer for role-play focused on giving bad news. If no volunteers you may "draw straws" or assign participation. Conclude role-playing. Have the students practice delivering bad news from the scenario in Case #1. After 5-10 minutes of role play activity bring the Case #1 to a close, if students did not conclude the role-play on their own. Provide debriefing for the students by to briefly describe any emotions that they feel at that moment. Defusing any anger or frustration felt by the students in the role-play is very important. Facilitators are to review the three hand outs provided titled Humanizing Role-Play: Rules for Fair Play, Role Play Job Aid, Communication Phrases Near The End of Life, and the two cases prior to facilitating this session.
- **Session Wrap up and Evaluation.** 5 minutes
- Dr. Grumbles will lead a wrap up session.



Humanizing role-play and Rules for fair play



- Before the role-play, discuss reasons why learners' do not like to role-play
 - Loss of face - I'll mess up and look dumb.
 - Loss of control - I'll feel, think and say things in front of this audience that I will feel embarrassed about.
- Provide fair warning - describe the case that will be used, the goals of the role-play and the outline of the session.
- Allow learners to select their roles.
- Debrief by allowing the learner who took the greatest risk to speak first (usually the person in the physician role, then the patient, then the audience).
- Allow learners to succeed. If someone messes up with a role-play allow them to try again after debriefing and coaching.
- Ask learners for feedback on the session:
 - a) Write down one thing you will take away from this session.
 - b) If you were teaching this workshop, what would you do differently?

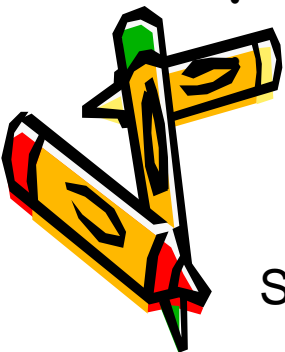


Communication Phrases Used in (Communication Skill)



- What do you understand about your condition?
- I'm afraid I have some bad news. I wish things were different, but the test results are not good.
- Unfortunately, the news I have to tell you is not what I would have liked.
- I want to be sure you understand what we have talked about, can you summarize for me what we have discussed.
- I want you to begin to write down any question that come to mind and let's meet again (time/date).
- Knowing that time is short, what goals do you have for the time you have left?
- What important things do you need to do before you die?
- How do you feel now?
- I see that you are (angry, crying, upset, confused, etc.).
- You seem (angry, upset, confused, etc.).

Thank you for describing those feeling to me. I can do a better job as your doctor when I know how you feel.⁷⁶



Case #1

Case 1: Amyotrophic Lateral Sclerosis - Breaking Bad News

Patient Script (male)

You are a 42-year old construction worker. For the past six to eight months, you have been experiencing hand weakness, fatigue, twitching in your shoulders and arm muscles, and most recently, motor weakness in your right leg and difficulty swallowing. The symptoms come and go, but you continue to accumulate new ones. Your job requires you to climb and be physically active, and you recognize that you aren't safe in some work situation and cannot do basic tasks like using a hammer the way you used to. The physician called your wife two days ago and set up this appointment to talk about the test results.

You are married and have three children, ages 5, 3, and 2, and feel a great sense of responsibility to earn a good living. You are very concerned about paying the bills and supporting your family. You have no idea what your symptoms represent, and if pressed, will say that you think that you are "just lazy". The only reason that you came in to be seen is that your wife has been bugging you to see the doctor. You have not asked any questions about what disease might be causing these symptoms. You have preferred to leave the work-up in your physicians' hands. You have seen your primary care physician six weeks ago and the neurologist two times over the last six weeks.

The news about your bad news diagnosis comes as a great shock because you have not allowed yourself to think that something serious might be wrong. Your initial response to the news about your diagnosis is that you should kill yourself to avoid being a burden on your wife and children. But, you quickly explain that you do not really mean that. You ask lots of questions, and want to know "all the facts".

Case 1: Amyotrophic Lateral Sclerosis - Breaking Bad News

Primary Care Physician Script (male or female)

You are the primary care physician for a 42-year old construction worker, without insurance, who you saw six weeks ago because of complaints of hand weakness, fatigue, muscle twitching, facial muscle weakness, and motor weakness in his right leg. The patient has been very stoical in the past. He broke his 5th metacarpal of his right hand three years ago and insisted on going back to his construction job the next day with a splint on and refused pain medications. You referred him to a neurologist who did an extensive series of test. The neurologist has told you that the patient clearly and unequivocally has amyotrophic lateral sclerosis (ALS). His prognosis is about 2 years. The neurologist has told you that there is no compassionate need pharmacy programs to help patients with ALS afford the disease modifying drug that costs about \$4000.00 per month. He also feels that drug would not significantly impact the progression of this patient's disease course and would not recommend it even if the patient had insurance to cover the medication.

You and the neurologist agreed that you would be the best person to give the patient the news. The neurologist's office contacted the patient's wife two days ago and gave her the appointment specifics.

In anticipating giving the patient the news, you recognize again how little you know him, in spite of being his doctor for about five years. You know he is married and has three young children and that he works in construction. He seemed quite frightened in the most recent visit, but declined to ask you any questions and declined to ask any questions of him.

The neurologist also confirmed that the patient seemed either frightened or in denial. The patient is in your office and you are ready to tell him the neurologist's diagnosis.

Sample role play case for DBN workshop



And Many Other Disciplines