

CHANGE THE LENS: HOW EFFECTIVE ROLE-PLAY CAN BE BROUGHT TO YOUR ORGANIZATION

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Today's Objectives

- ▶ To provide evidence from the medical literature supporting the use of role play.
- ▶ To present a framework or approach to implementing role play in your facility.
- ▶ To present and role play real life complex patient scenarios.



Role-play as an effective tool for education and culture change. What is the evidence?

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Role Play: What is it?

Common Response

- ▶ Acting
- ▶ Improvisation
- ▶ Dramatic Play
- ▶ Case Study

New Perspective

- ▶ Technique to Promote Learning
- ▶ Used When There is Great Sense of Immediacy
- ▶ Targeted Participants are *IN* the Role Play



Nickerson, 2007–08

Van Ments (1999) defines role play as

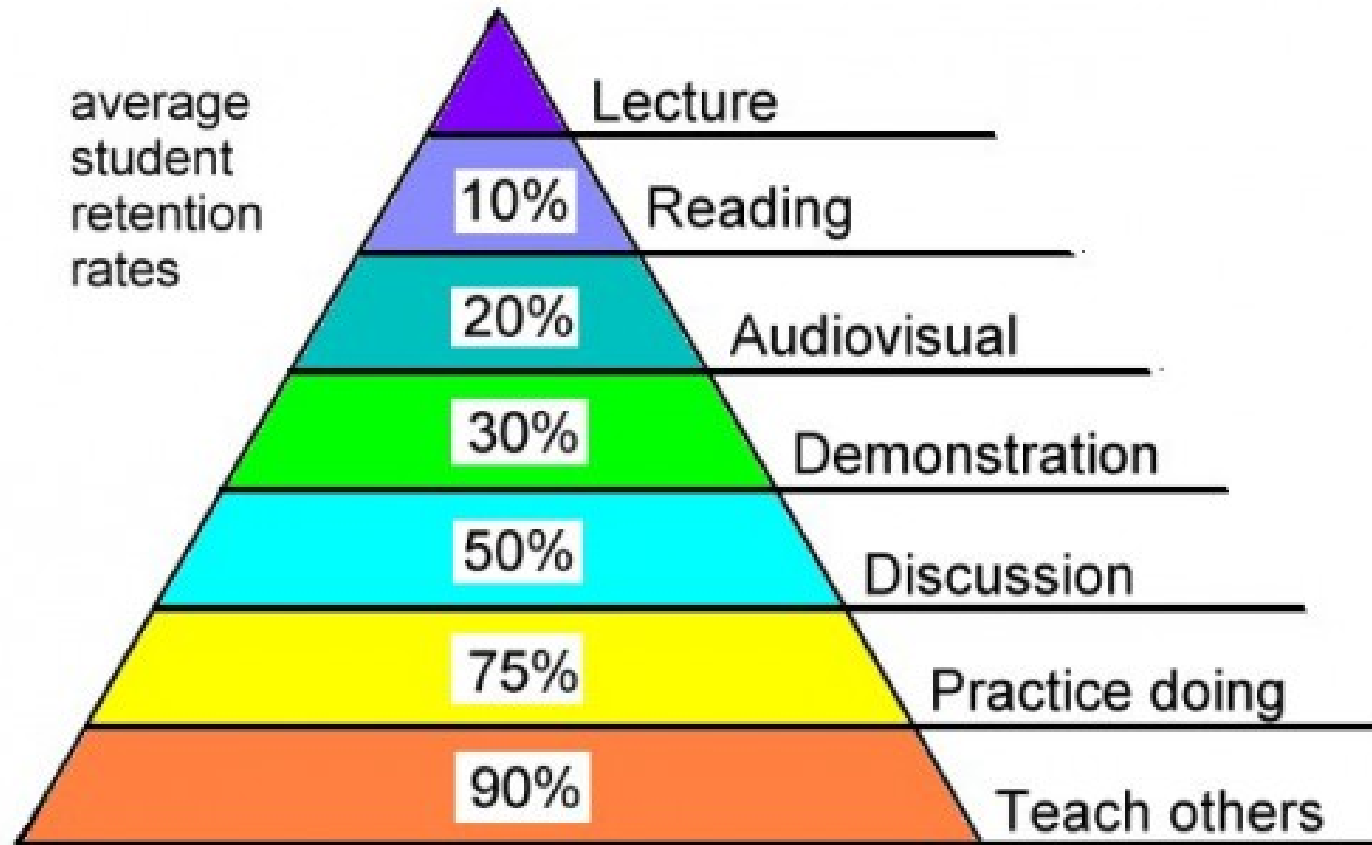
- ▶ Focus attention on the interaction of people with one another.
- ▶ Asked to imagine yourself as another person.
- ▶ Testing environment for different behaviors.

As a result:

- ▶ Learn something about the person or situation.
- ▶ More positive and sustainable learning



Learning Pyramid



Source: National Training Laboratories, Bethel, Maine

Why should we learn how to do it?

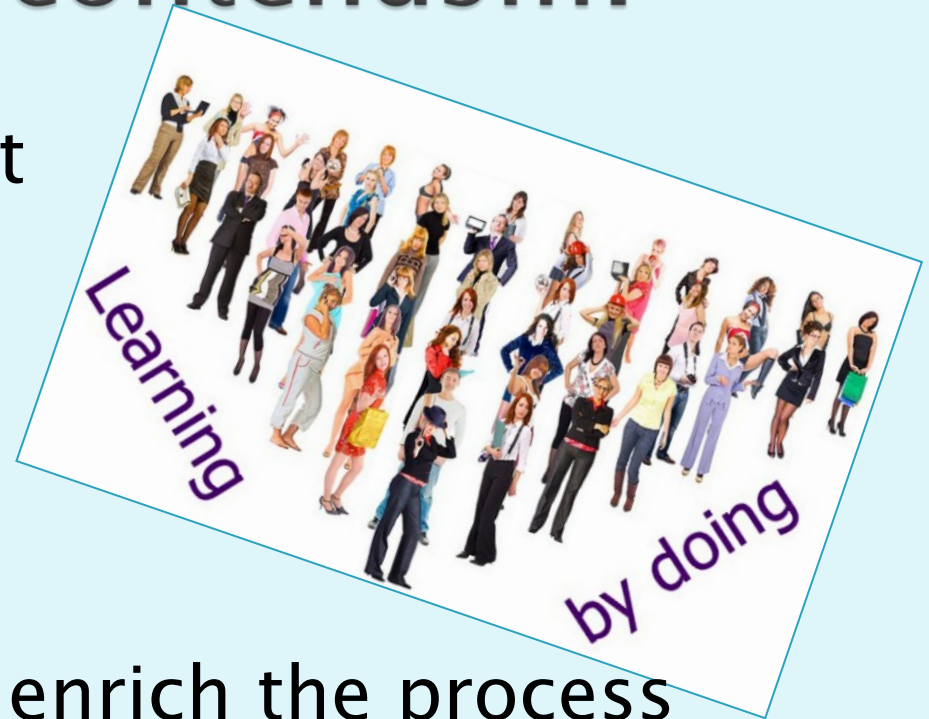
- ▶ Commonly used in academic training
- ▶ Provides a unique and safe environment
- ▶ Real work situations
- ▶ Self analysis and feedback
- ▶ It's fun!



Manzoor, Mukhtar, Hashmi, 2012

Knowles, 2005 contends....

- ▶ One of the best adult learning techniques
- ▶ Topic is relevant
- ▶ Self-direction is permitted
- ▶ Diverse experiences enrich the process
- ▶ Problem-centered approach
- ▶ Learning objectives are clearly defined



Making the Case for Role Play

Powerful tool to deal with:

- ▶ realistic,
- ▶ serious,
- ▶ complex and
- ▶ ambivalent situations



Skelton, Hammond, Wiskin, Fitzmaurice, 1997

Making the Case for Role Play

Power of Role Play can:

- ▶ Improve professional skills,
- ▶ Cognitive understanding of patient concerns,
- ▶ Enrich emotional awareness by invoking own feelings,
- ▶ Uncover patient true emotional responses or feelings.

Jackson and Back, 2011; Maier, HW., 1989;
Manzoor, Mukhtar, Hashmi, 2012



Benefits of Role Play

- ▶ The Patient benefits as a result of a well-trained and skilled provider.
- Stronger relationships are formed
 - Listen actively,
 - Identify and respond appropriate to patient affect,
 - Manage own affect while discussing difficult topics



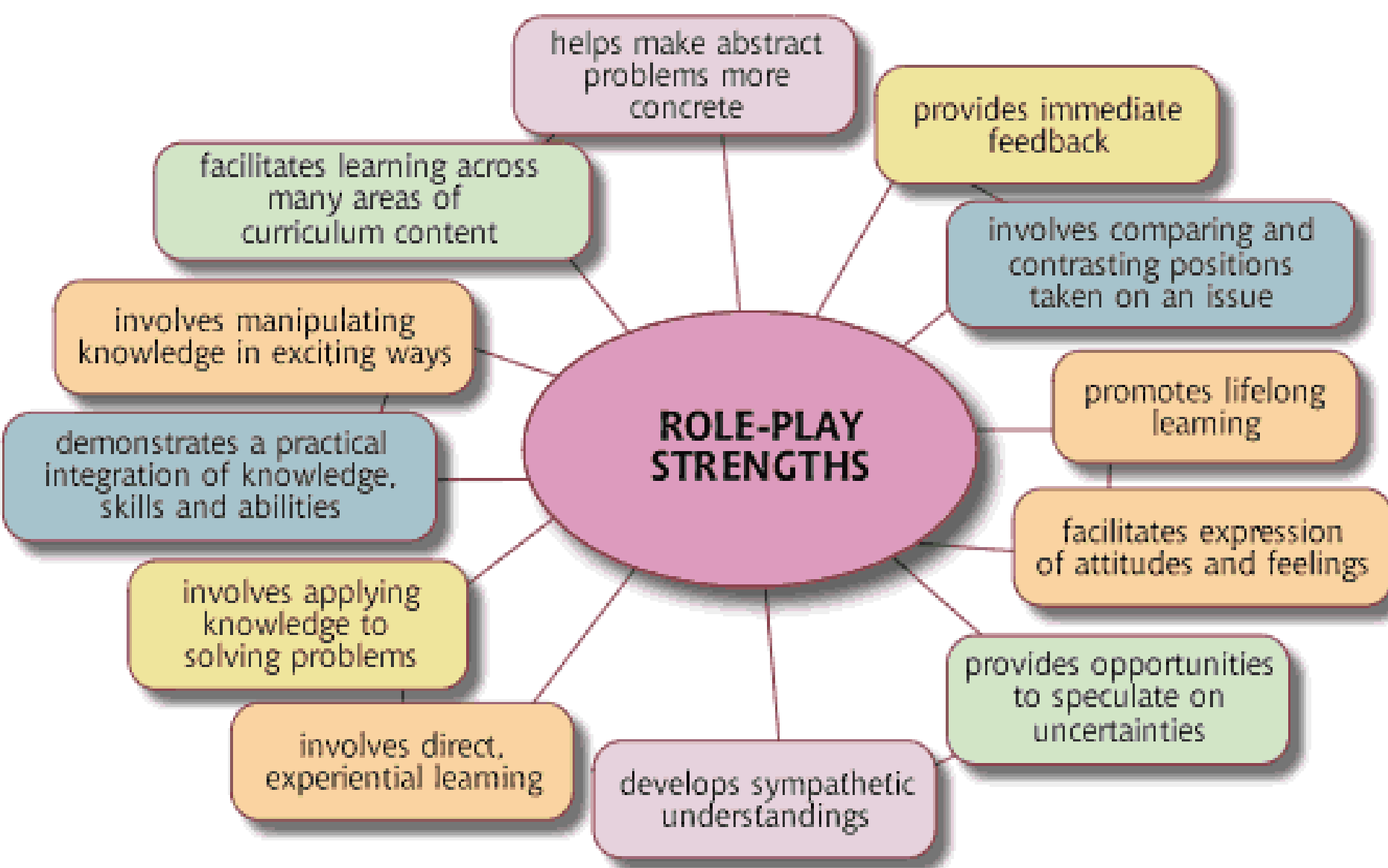
Jackson and Back, 2011

Benefits of Role Play

Resulting in:

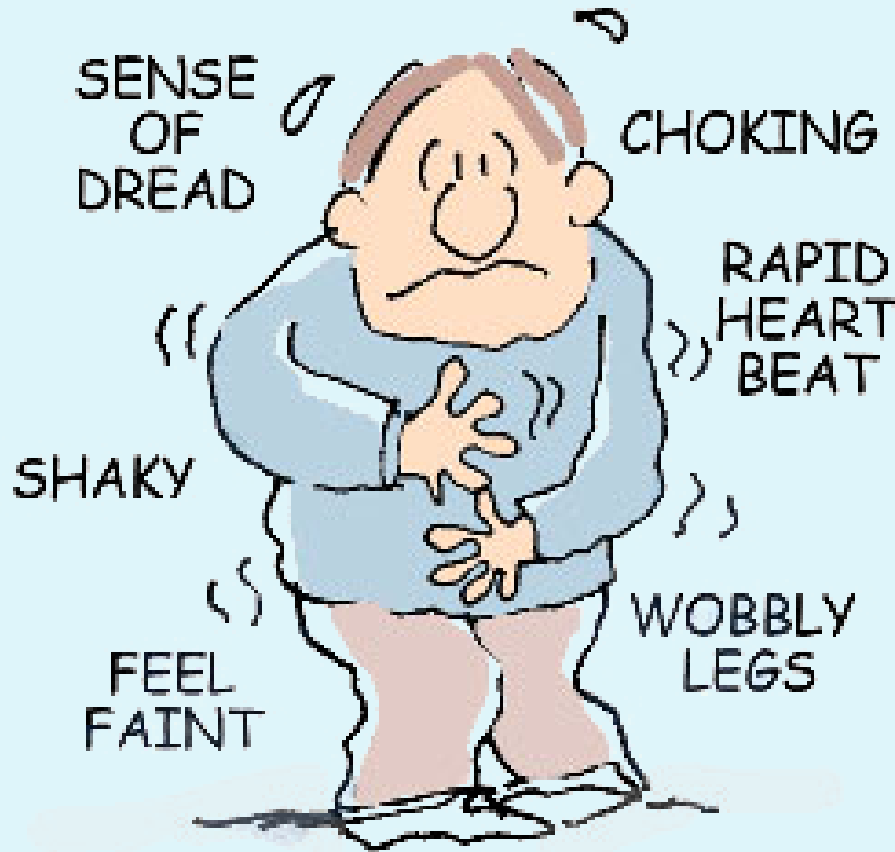
- A deeper and more sincere understanding of patient concerns may be achieved.
- Treatment course decisions and/or corrections may be uncovered while dialoging with patient.
- Empathetic ear to patient concerns may lead to improved compliance.

Jackson and Back, 2011



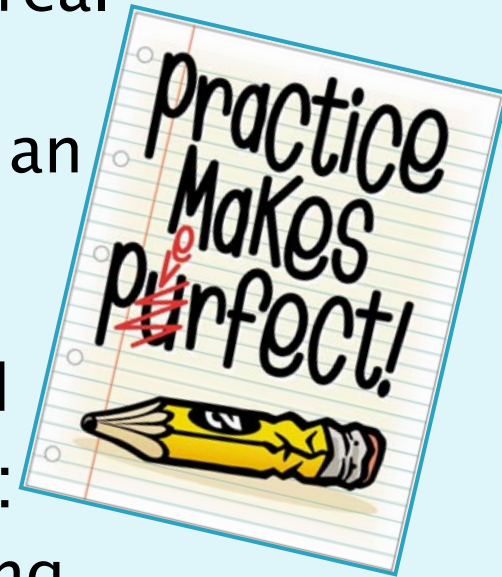
Overcoming Our Fear: The largest barrier

- ▶ Universal hesitance by participants



Practice!

- ▶ Steinert (1993) found:
 - Role play provokes less anxiety than real life.
 - Practicing complex scenarios creates an environment free of distractions.
 - Staff may be better able to handle distractions if they are well rehearsed
- ▶ Jackson and Back (2011) contend:
 - Practicing the “awkwardness” of talking with patients can be normalized in a role play with minimal embarrassment



Sources

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CHANGE THE LENS: HOW EFFECTIVE ROLE-PLAY CAN BE BROUGHT TO YOUR ORGANIZATION

Development and Implementation
Donald A Molony, MD



Utilizing Role-Play as an Educational Tool in Your Organization to Enhance Patient Centered-care.

“Role-play” is an effective educational tool
Role play as an educational tool must be carefully planned.

Despite careful planning and execution, the facilitator must be prepared for when role play “fails” to go as planned



“Role-play” is an effective educational tool

First Step:

DECIDE ON THE EDUCATIONAL GOALS FOR THE ROLE PLAY!!!!

Different outcomes can be targeted.

1. Teach a core subject matter; learn content.
2. Learn a procedural skill (e.g. history taking, behavior modification, conflict resolution).
3. Enhance professional, ethical behavior.
4. Enhance effective communication, listening skills
5. Enhance empathy
6. Promote understanding of other persons predicament, preferences, goals of therapy.
7. Improve shared decision making and achievement of treatment goals

“Role-play” is an effective educational tool.

Step 1.

First Step: DECIDE ON THE EDUCATIONAL GOALS FOR THE ROLE PLAY!!!!

Different outcomes can be targeted.

Teach a core subject matter; learn content.

Learn a procedural skill (e.g. history taking, behavior modification, conflict resolution).

Enhance professional, ethical behavior.

Enhance effective communication, listening skills

Enhance empathy

Promote understanding of other persons predicament, preferences, goals of therapy.

Improve shared decision making and achievement of treatment goals



Step 2: Develop Cases

Features of effective cases for adult learning:

Cases should address real issues

But not be local / familiar

May be of varying complexity but typically should not have a single obvious answer.

Step 2: Develop Cases

Essential elements of effective cases:

Specified roles:

Patient

Family member

Care giver(s)

Observers

Facilitators

No evil; “bad” characters

Specified “script” (specify the scope of the dialogue but not the specific details)



Step 3: Plan the structure/element of the role-play exercise

- ▶ Planned preparation prior to the exercise: Background reading if appropriate.
- ▶ Introduction: Facilitator provides instructions to participants and rules of the exercise
- ▶ Assumption of roles
- ▶ Role-play
- ▶ Debrief: Important; multiple elements

Introduction to the Role Play Exercise: Facilitator provides instructions to participants and rules of the exercise

- ▶ Provide clear description of expectations;
 - Is there a product expected from the exercise; e.g. changes in processes, implementation of new programs for communications, etc
 - Give a demonstration of role-play and observation of the role-play
- ▶ Set the ground-rules
 - Stick to the topic
 - Demonstrate respect for other participants and for the character
 - Appreciate that the other participants are also in role-play.
 - No inappropriate violent language (even if “real”)
 - Take the roles / exercise seriously (a challenge for facilitator)

Role Play:

- ▶ The players should be separated from the observers.
- ▶ The observers should not have an opportunity to influence the actual role play.
- ▶ The facilitator will manage time and adherence to topic (can call a time out).
- ▶ The exercise should have a pre-specified time.

Debriefing

- ▶ Critically important to exploit the full potential of role play.
- ▶ Four components of debriefing:
 - Players (patient, family member, care-giver) should comment on how they felt emotionally in their role and how the actions of others made them feel.
 - Observer 1: Summarize the specifics of what happened without comment
 - Observer 2: Identify the successful aspects of the interaction and the opportunities to improve
 - Observer 3 / facilitator: Moderate a discussion on opportunities to improve and change processes to improve outcomes.

Challenges for Facilitators

- ▶ Participants do not buy the concept of the role-play exercise
- ▶ Participants do not find the exercise “realistic.”
 - Consider an “up-front” discussion of this issue. Maybe not entirely realistic but a useful vehicle to identify issues / opportunities and to explore / perfect in a not threatening fashion skills of communication / patient interaction
- ▶ Maintaining the momentum.
 - Implement changes in processes and assess for their continuing effectiveness.
 - Flip roles in the role-playing exercise.

CHANGE THE LENS: HOW EFFECTIVE ROLE-PLAY CAN BE BROUGHT TO YOUR ORGANIZATION

Role-play example:

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Role-play example

Instructions:

Select the individuals who will play the named roles for this case scenario.

Roles (Players):

1. Dialysis Patient
2. Dialysis Patient Family Member: Spouse, parent, child, caregiver
3. Caregivers: Nephrologist (other including surgeon, dialysis facility manager, DON, etc)
4. Patient Care Technician or Nurse

Select the individuals who will observe / facilitate the role play exercise for this case scenario.

- 1. Observers (Variable from zero to multiple): Supplement feedback coming from players**
- 2. Facilitator: Time keeper, monitors for time outs etc.**

Review Ground Rules: Respect for the participants

Review the scenario

Players review their specific scenarios

Agree upon an “agenda.” Time: 30 Minutes

- 1. 5 minutes: Determine roles and allow for review of the case**
- 2. 15–20 minutes: Role play (allow all characters an opportunity to speak)**
- 3. 5–10 minutes: Debrief**

Case of SP:

Background: Broken promises/trust. Unaddressed issues of pain / discomfort on dialysis.

The hemodialysis facility was cited during their last certification survey for treating a significant fraction of patients with inadequate clearance parameters. In preparation for an anticipated recertification site visit, the director of nursing was asked to insure that every patient was achieving target values for their kT/V . For those who were not achieving an adequate kT/V , the DON was instructed by the Medical Director to increase the prescribed time for each hemodialysis treatment by 30 minutes.

Patient SP: SP is a 54 y-o woman who was initiated on dialysis 6 months previously. When she started dialysis she reported to her caregivers diffuse whole body pain during the last 30 minutes of her 4 hour hemodialysis sessions. Her nephrologist informed her that such pain was common at the onset of dialysis but as she became more accustomed to the treatment her pain would resolve. She was prescribed acetaminophen with codeine. Three months later when SP again ask about the pain she was experiencing on dialysis, she was informed that the pain was due entirely to her large inter-dialytic weight gains requiring excessive ultrafiltration rates producing pain. SP was skeptical of this explanation as her pain was just as intense on Monday as it was on Friday on a thrice weekly MWF hemodialysis schedule. SP discovered that if she signed off early by 40 minutes she did not experience the pain.

Patient SP (Continued): SP discovered that if she signed off early by 40 minutes she did not experience the pain. On the last 2 monthly laboratory reports, SP noted that she did not receive a “happy-face” for her kT/V value. She is shocked to learn that her dialysis time has been increased to 270 minutes.

Nephrologist: The nephrologist admonishes SP for her failed treatments and reminds her that inadequate clearance (what does this mean) is associated with poorer outcomes. The nephrologist tells SP, that the facility has no choice but to increase her time.

Observer: Observe the nature of the interaction, the missed opportunities for communication, and the provider’s / care team’s failure to address underlying problems.

Debrief

Review the specifics of what happened:

1. Ask players about their experience of the interaction.
2. State the impressions from the observer what happened.
3. Discuss the opportunities for improvement.
4. Determine actionable changes.

Questions / Break

