

Title	Working with simulated patients: agenda –led- outcome – based analysis
For whom? (pregrad, postgrad, residents,...)	All levels
Goals/ Educational objectives	Learn communication skills for the interview
Methods (small group, lecture,...)	Role play, group discussion (feedback)
Short description	<p>Set the scene for the experiential work</p> <p>Identify the interviewer’s initial agenda</p> <p>Prepare the whole group to watch the interview</p> <p>Watch the interview</p> <p>Acknowledge the interviewer’s feelings</p> <p>Refine the interviewer’s agenda and desired outcome(s)</p> <p>Feedback and re-rehearsal (whole group)</p> <p>Tape review, skills spotting</p> <p>Introduce facilitator’s agenda/teaching points: generalizing away</p> <p>Close the session</p>
Practical Implementation advice	<p>Discuss learners’ difficulties, patients’ difficulties, introduction of frameworks</p> <p>Describe the specific scenario in enough detail to orientate the group (setting, information already known, medical records etc.)</p> <p>Specifically explain who the learners are and what their role is in the scenario</p>
Tips for success Pitfalls	<p>Explain that this is a chance to practice important areas before doing so in real life. It is not a judgmental exercise but an opportunity to practice and rehearse in safety, and as many times as they need, some of the skills that might be helpful in a situation with which they will almost certainly be faced in the future</p>
Contact (name and email)	Kurtz SM, Silverman JD, Draper J (2005) Teaching and Learning Communication Skills in Medicine (Second Edition). Radcliffe Publishing (Oxford and San Francisco)

WORKING WITH SIMULATED PATIENTS: AGENDA-LED OUTCOME-BASED ANALYSIS

Copyright Kurtz SM, Silverman JD, Draper J (2005) Teaching and Learning Communication Skills in Medicine (Second Edition). Radcliffe Publishing (Oxford and San Francisco)

Set the scene for the experiential work

- Establish initial rapport via
 - Welcome, introductions
 - Explore and discuss how this session fits in with learners' overall learning
 - Outline a temporal plan for the session, explain the aims and methods of the session
 - Demonstrate interest and concern
- Exercises re the topic for today: learners' difficulties, patients' difficulties, introduction of frameworks
- Explain that this is a chance to practice important areas before doing so in real life. It is not a judgmental exercise but an opportunity to practice and rehearse in safety, and as many times as they need, some of the skills that might be helpful in a situation with which they will almost certainly be faced in the future
- Describe the specific scenario in enough detail to orientate the group (setting, information already known, medical records etc.)
- Specifically explain who the learners are and what their role is in the scenario
e.g. The learner is him or herself, going onto the wards for the first time to clerk a patient. It's the afternoon and the resident has suggested you talk to a patient who has just been admitted, Joan Henderson. He says that the patient has been admitted with a chest infection. The patient is sitting in the chair next to their bed with a cannula in their arm, dressed in night-clothes, looking washed out and a bit sleepy. This morning, we shall just concentrate on beginning the interview and discovering from the patient what has been going on to bring them into hospital.
- Ask the students to discuss the general issues that the role provides first, before the first student sets their own objectives as below

Identifying the individual's agenda

- Encourage one of the student's to start the process – the person who goes first will give us the raw material to work on, a gift for the group:
 - What would be the particular issues or difficulties for you here that you would like to work on? (try to get the learner to hone them down)
 - What would you like to practice and refine and get feedback on
 - What are your personal objectives for the role-play – put on flip chart
 - How can the group help you best
 - What would you like feedback on

Prepare the whole group to watch the interview

- Set up room and equipment, make sure all ready and roles worked out
- Ask if anything else you would like to know about the scenario to make it real for you, to work?
- Emphasize to the interviewer that it is OK to stop and start and break for help whenever they would like. Negotiate the chunk of interview that learner will undertake. State when you will stop the interview if they don't e.g. at a specific point in the interview.
- Instruct the group to write down specific words and actions as an aid to descriptive feedback; if using video, jot down exact times or counter numbers

Watch the interview

- After watching the interview, allow the group several moments to collect their thoughts and identify the one or two most important points they would like to bring up in feedback, making sure to provide a balance between what worked and what was problematical
- Facilitator to consider where to place feedback on what worked well

Acknowledge the learner's feelings

- How do you feel?
- How did that go?

Identify and refine the individual's agenda and desired outcome(s)

- Can we go back to your agenda on the flipchart before the role-play? Has it changed? Did new areas of difficulty crop up?
- What would you like to have achieved differently? What different outcomes would you like to explore?
- Facilitator to listen, clarify, summarize, check
- Facilitator to consider whether to add in his own or the group's agenda here
- Negotiate with the learner the best way to look at the interview - choose which area to focus on or part of tape to replay first

Feedback and re-rehearsal (whole group)

- Start with the learner: options include
 - tell me what went well, specifically in relation to the objectives that you defined?
 - what went less well in relation to your specific objectives?
 - you obviously have a clear idea of what you would like to try
 - you've defined the problem and made a suggestion.....would you like to have another go?
- Then get descriptive feedback from the group
- When participants make suggestions, ask prime learner if they would like to try this out or if they would like the other group member to have a go. Try to get someone else to role-play a section if they make a suggestion for doing it differently.
- Bring in the actor for insights and further rehearsal: ask actor in role questions that the group has honed down
- Elicit thoughts and feelings of learner and patient, including the outcomes they wanted to achieve at various points in the interview
- Remember to:
 - practise and re-rehearse new techniques after suggestions from the group
 - make sure to balance positive and negative feedback
 - utilise actor feedback
 - demonstrate the skills yourself when appropriate

Tape review, skills spotting

- Use the tape to demonstrate specific phrasing/behaviours
- Look at the micro-skills of communication and the exact words used

Introduce facilitator's agenda/teaching points: generalising away

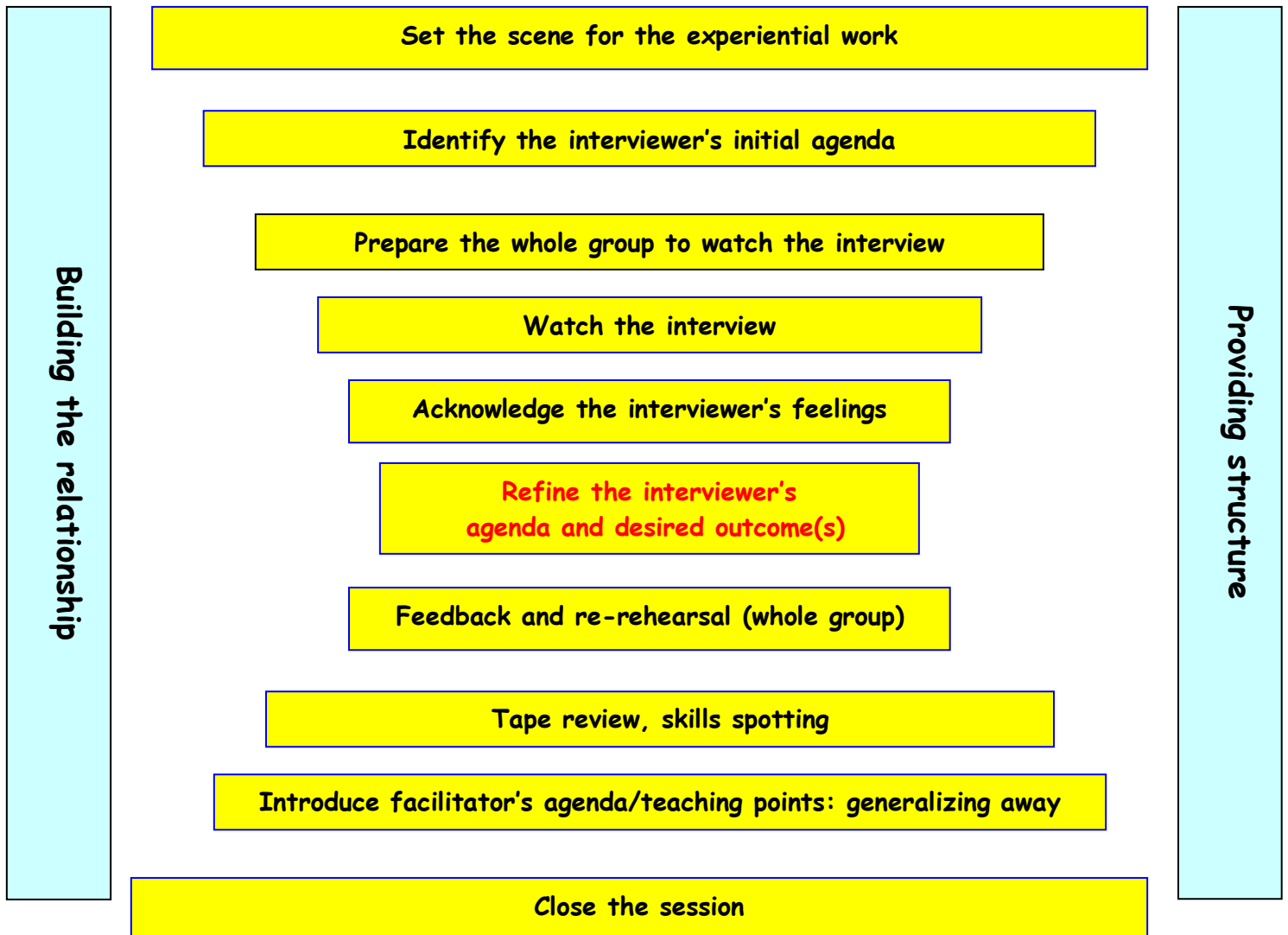
- Add in facilitator's ideas and thoughts
- Appropriately introduce theory, research and wider discussion

Closing the session

- Clarify with learner that his agenda has been covered
- Be very careful to balance what worked well and what didn't work so well by the end
- Rounds of what learnt: ask what everyone has learned (one thing to take away), whether the feedback was useful and felt acceptable
- Summary from facilitator: pull together and reflect on the "what": the structure and skills of the Guide
- Handouts

AGENDA-LED OUTCOME-BASED ANALYSIS

Copyright Kurtz SM, Silverman JD, Draper J (2005) Teaching and Learning Communication Skills in Medicine (Second Edition). Radcliffe Publishing (Oxford and San Francisco)



General instructions for experiential actor sessions

Setting up

Describe how this is a chance to practise interviewing skills and the great value of using a simulated patient. Not a judgmental exercise but a chance to practise anything that you want, to use the simulator to your own ends. Reassure that not a test of performance: those who go first are merely providing raw material that can be worked on successively by others in the group. Acknowledge that this is not intended to be 'real life'. Role-play with actors is merely a tool which we can use to work, re-work and re-play problem areas in communications to help us improve.

It is very important to introduce the use of simulated patients so that it is quite clear to the participants that they are not meant to get it right first time. The participant should not be made to feel that s/he is giving a performance as close as possible to what he would do in real life and that he will then be given judgmental feedback on his or her abilities. It's not meant to work first time - it's too artificial for that - but is more an opportunity to play around until you get to where you want. It should be made clear that the learner has the unique chance to practise in safety, and as many times as s/he wants, some of the skills that might be helpful in a situation in which s/he might be faced with in the future. In other words, **it is an opportunity to work something out rather than be judged or evaluated or used as cannon fodder.**

It is artificial. But the great advantage of the use of simulated patients is that it is an opportunity to rehearse, to do it a hundred times and to practise to your heart's content. We must also stress that the initial role-play is just a way of starting off: it is not a judgement on your best performance. So, the aim of the exercise is not about how good you are in the first rehearsal but to use that as a starting point in whatever way that you would like and would find helpful: **the actors are a resource for you to take control of and use.**

Explain the scenario

e.g. the learner is themselves, going onto the wards for the first time to clerk a patient. It's the afternoon and the registrar has suggested you talk to a patient who has just been admitted, Joan or John Henderson. S/he says that the patient has been admitted with a chest infection. The patient is sitting in the chair next to their bed with a cannula in their arm, dressed in night-clothes, looking washed out and a bit sleepy. This morning, we shall just concentrate on beginning the interview and discovering from the patient what has been going on to bring them into hospital.

Everyone to have a go at practising fairly brief interviews to work out different strategies and practise in your own style

Getting going

Choose someone who would like to start – either get a volunteer but if no-one does this quickly, move fast to suggest a random method of choosing such as whose birthday is nearest March 1st?

Prompt questions to the learner - run through quickly:

- Is there anything you would like in particular to focus on to practise/refine (**its OK if they just want to get on**)
- What would be the specific issues for you that you might find difficult, objectives for your own learning
- **PLEASE WRITE THIS UP ON THE FLIPCHART**
- What would you like feedback on
- How can the group help you best
- Set up room, make sure all ready and roles worked out
- Anything else you would like to know about the scenario to make it real for you, to work

Emphasise to the “doctor” that OK to stop and start whenever. Take time out or start again, as required. Re-play a section or re-play the whole lot, or just stop when help needed. **It's very important for the group to record the consultation accurately - please note down actual words etc.**

Get one learner to concentrate on the content of the interview while watching

After the role-play. acknowledge the learner's feelings

- *How do you feel? Or How did that go?*

Refine the individual's agenda and identify the desired overall outcome(s)

- *Can we go back to your agenda on the flipchart before the interview? Has it changed? What would you like feedback on at this point? Did new areas of difficulty crop up? Can we identify the problems? Were you surprised at all by your strengths?*
- *What would you like to have done differently? Given the problems we have identified, what different outcomes would you like to explore?*
- Facilitator: listen, clarify, summarize, check - **WRITE IT UP ON THE FLIPCHART**

Offer feedback and (re)rehearsal of skills

- Start with the learner - options include:
 - *Tell me what went well, specifically in relation to the objectives that you defined?*
 - *What went less well in relation to your specific objectives?*
 - *You obviously have a clear idea of what you would like to try...*
 - *You've defined the problem and made a suggestion...would you like to try that part again?*
- Be explicit about the outcome(s) learner and patient wanted for specific areas under discussion:
 - *What were you and the patient trying to achieve, what were you getting at with that question? Did that get you where you wanted to go?*
 - *If so: Bravo! Or What alternatives might work even better, be even more efficient?*
If not: What alternatives might have got you and/or the patient there?
- Get descriptive feedback and ideas regarding alternatives from the group periodically
 - *You said the initiation was particularly good. Can you be more specific about what you mean by that, what you saw?*
 - *Thinking in terms of the outcomes you just told us you were trying to achieve, would anyone else like to try an alternative approach?*
 - *That's one approach that worked well! Anyone else want to try an alternative approach?*
- When participants make suggestions, ask if the interviewer would like to try this out or prefer other group members to do so
- **Relate the process skills used to the content discovered. Work with the group briefly on clinical reasoning and what the differential diagnoses are even if not much has been covered.**

Bring in the actor for insights and further rehearsal

- **The actors will feedback in role - going into neutral and commenting on what it felt at that point being Mrs Jones, looking in slightly from the outside. What they won't do is feedback out of role, commenting on patients in general or acting as an extra facilitator. It will be the facilitator's responsibility to involve the actor who will otherwise sit quietly. Remember to do so!**
- Invite the patient to add their insights and feelings and to engage in further rehearsal throughout. Ask actor in role specific questions that the group has honed down to specifics:
 - *When I asked you what you were most worried about, how did that make you feel?*

Review the videotape, skills spotting

- **USE THE VIDEO A LOT AND EARLY BUT NOT AIMLESSLY**
- Look at the micro-skills of communication and the exact words used
- Replay parts of the tape to demonstrate specific phrasing/behaviours

Overall

- **Relate constantly to the guide and label skills - do small bits, stop and start, provide something concrete, get down to specifics, discuss skills and input mini-teaching**
- **Please remember to ensure a balance of feedback by the end** – it is vital that we encourage the participants – they are only just starting remember
- **Demonstrate the skills yourself when appropriate**
- **Tie in content and process**

Continuing

Others to practise what they would like: lots of quick roleplays

Finishing session

Facilitator to summarise, answer questions and check understanding. Briefly summarise clinical reasoning even in the early stages of the introductory course and signpost next session.