

Communicating with patients and families about unnecessary tests and treatments

Developing Cases for Role Play

Part of the CanMEDS Resource Stewardship Curriculum Toolkit Series

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GUIDE TO DESIGNING A ROLE PLAY

Role plays are a useful teaching tool to allow practice of skills in a simulated setting. They can be integrated into any type of session. With respect to resource stewardship, the ability to practice through role play is especially beneficial e.g. the patient is requesting an unnecessary treatment or test and the learner needs to practice counseling him or her and come to a shared decision.

Helpful Tips:

- 1) Design the role play activity with dyads, triads (or small groups) where everyone has a role to play. One useful variant with a triad is that the third person acts as an observer of the dyad interaction and can give feedback. As with all feedback processes, it is key to allow the 'learner' to reflect and share their perspective on how the encounter went for them, and then hear the peer reviews. You may have to reserve the final word for the preceptor in case the feedback process becomes difficult. As always, feedback should be clear, specific and include a plan to move forward.
- 2) Engagement of participants is key although some may be reluctant to participate in role playing exercises. You can use reluctant participants to move around from group to group; they would observe the process and use a performance checklist, and document feedback on the various behaviors observed in the exercise. They will learn through their observations and can also get involved by providing post-activity feedback. Engagement can be enhanced by using a formative checklist/feedback form, allowing learners to "call a friend" from their peers at any time, using prizes, or simply having enough opportunity for each person to participate and making the cases progressively more challenging.
- 3) Provide the participant with a realistic situation that offers the opportunity to practice the behavior and integrate into their own style of communication. Each role play 'character' should be given an information sheet designed to be read only by the participant playing that part. Each player, therefore, receives information about their character's position/job, perspective, preferences, previous history with the organization or with other 'characters' as applicable, values they are driven by, etc. These details allow the participant to be realistic in his/her portrayal of the character.
- 4) Consider flipping the classroom and providing some advanced background readings or other resources on the topic(s) to enhance participants' knowledge and comfort level. Another flipped/longitudinal approach is to use the same case on more than one occasion and compare the feedback for each session with the learner.
- 5) Calling a role play by another name can also reduce the negative reactions. Some examples could include: practice, skill assessment, real-life scenario, or formative OSCE.
- 6) It may be useful to mirror your role plays around the cases that you have discussed in the current or previous sessions to allow the learner to actually practice certain skills like communicating with patients who are requesting unnecessary tests e.g. AAIM cases¹. Such a scenario is illustrated in this video of a patient requesting an MRI for back pain in his family physician's office: <https://www.youtube.com/watch?v=cJLuxDbBs1w>²

¹Alliance for Academic Internal Medicine. *High Value Care Learner Assessment Tools - Standardized Patients and Cases*. Last retrieved August 31, 2017, from AAIM's website: <http://www.im.org/p/cm/ld/fid=1536>

²The Royal College of Physicians and Surgeons of Canada appreciates the [ABIM Foundation](#) for granting permission to use this *Choosing Wisely* module as part of its work to educate clinicians across Canada.

ROLE PLAY CHECKLIST

- Orientation to the exercise: rules/ confidentiality, process plan, timing
- Role descriptions that are well delineated and reviewed for ease of use
 - Patient or Family
 - Physician/other healthcare provider or other role (e.g. another learner)
 - Observer (as required)
- Number of learners and level of learners
- Props if required (e.g., copies of the chart, ECG, lab results and X-ray report)
- Feedback checklist for observers (this checklist may include: “keep doing this..., stop doing this...: and start doing this...” only or other simple feedback tools – e.g. the OSCE rating scales provided as part of this toolkit or [The CanMEDS Teaching and Assessment Tools Guide](#))
- Information pages for participants (e.g. orientation around the case and description of task)
- Timers or alarms (start and finish time)
- Pencils and paper for resident (if necessary)
- Facilitators for each group (if you plan for more than one at a time)

Note: Engagement strategies may require further preparation

REFERENCES

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