

INTRODUCTORY COURSE FOR CLINICAL STUDENTS IN COMPREHENSIVE CLINICAL METHOD,

General instructions for experiential actor sessions

Setting up

Describe how this is a chance to practice interviewing skills: explain the great value of using a simulated patient. Explain re not judgmental exercise but a chance to practice anything that you want, to use the simulator to your own ends: learner centred. 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 until we get them right.

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 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 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 practice in safety, and as many times as he wants, some of the skills that might be helpful in a situation in which 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 canon 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 practice 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 what ever 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. Its the afternoon and the registrar has suggested you talk to a patient who has just been admitted, Joan or John 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.

Everyone to have a go at practicing, fairly brief interviews to work out different strategies and practice in your own style

Getting going

Chose 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 practice and 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.**

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 gotten 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

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 facilitators 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 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**

Continuing

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

Finishing session

Facilitator to summarise content, answer questions, check understanding and signpost next session