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Scripting Trainer Role Play for use in SP Case Training

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Scripting Trainer Role Play for use in SP Case Training

Abstract

‘The Scripted Role Play’ is a tool to standardize trainer role play (as the student) interviewing the SP for the purpose of evaluating SP performance accuracy and checking list reliability. The trainer’s “script” contains the “student’s” interview questions, expected answers and guidelines for the trainer within the role play. This helps the trainer evaluate the SP’s grasp of the case details and observation skills through the role play, itself, as well as the ensuing checking list and discussion. The script allows the trainer to control the flow and process of the role play through interview questions which emphasize or ignore particular details, designating the student affect, and creating focused conversation that the medical student might engage in with the patient. This can reinforce aspects of the SP’s performance, observation and listening skills and recall of the student encounter. Scripts are customized to elicit particular statements, facts and concerns that the SP is expected to recall. The trainer may evaluate the SPs performance of such case details as the Opening Statement and Trigger Question. Details may be written into the script to provide the SP with “close” but not complete answers. These are subtleties for the SP which would determine an accurate YES/NO response on the checklist. Questions and details for customizing the role play script are drawn from the particular case history, physical exam maneuvers, checklist, trainer and SP experience with the case.

Excerpts from Scripted Role Play

1. So what brings you in today?
   ○ Opening Statement: “I’ve got this really bad cough and I need to get something for it.”
2. Tell me more about your cough? (2 items to respond for open-ended question).
   ○ It started out as a scratchy throat and a stuffy nose and just kept getting worse.
   ○ I haven’t been able to work for the past 4 days.
3. When exactly did your cough start? (checklist item History #3)
4. Have you been coughing pretty steadily? Has it gotten any better?
5. Is there anything that makes the cough worse? (checklist item History #4)
6. Have you been taking any medications? (checklist item History #5)
   ○ Sudafed
   ○ Robitussin
   ○ Tylenol Cold
   ○ Advil

Case Checklist

History
1. (Quality) Nature of the cough (such as dry, productive) YES NO
2. (Severity) How bad is the cough YES NO
3. (Timing) When did the cough start YES NO
4. (Relieving/aggravating factors) What makes the cough better or worse YES NO
5. (Quality) Nature of the phlegm (such as color, presence of blood) YES NO
6. (Quality) What does the chest pain feel like YES NO
7. (Location) Where the pain is YES NO
8. Explored the relationship of the chest pain to the cough YES NO
9. Current medications YES NO

Physical Exam
1. Washed hands before the exam (checklist item PE #1) YES NO
2. Listen to lungs only taking deep breaths, left and right sides YES NO
   □ Patient coughs when taking deep breaths.
3. Listen to heart on skin in 4 places (checklist item PE #2) YES NO
4. Look in eyes with periglottal to check pupils YES NO
5. Look in mouth with periglottal (checklist item PE #3) YES NO
6. Look in ears with scope YES NO
   □ Patient should winces when ears are examined.

Trigger Question: “I really have to get back to work. What is it going to take to get rid of this?”
   ○ Yes
   ○ No

Introduction:

Rationale

Improvised role play by trainers in SP case training is creative, but makes it difficult to evaluate the SP. Scripted role-play helps the trainer focus on educational objectives. It guides the trainer to ensure SP performance accuracy and checking list reliability. Role play scripts are designed to prepare an SP for a realistic student encounter. It facilitates both the SP’s and the trainer’s listening and observational skills.

Sscripting Student’s Affect Targets

Communication Skills Assessment

Student Affect: Polite, smiling, relaxed as enters the room, soft tone of voice, listening carefully to what the patient says, taking pauses (sometimes extended) after the patient stops talking to see if they will say anything more, asking “Can you tell me more about that?” a few times, good eye contact and non-verbal connection such as nodding the head, feeding back to patient what they are saying, some laughing and connecting with patient when appropriate, very sensitive while doing physical exam to any pain the patient is feeling.

Personal greeting shows genuine interest
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