

ROLE PLAY CASES FOR COMMUNICATION SKILLS TRAINING

FROM

A RESOURCE GUIDE FOR PALLIATIVE CARE EDUCATION

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DELIVERING BAD NEWS

Faculty Guide

1. Ask trainees to generate one or several case examples of real clinical situations in which they had to break bad news to a patient.
2. Review and discuss the **Breaking Bad News** teaching outline using the cases for illustration.
3. Ask trainees to form pairs or triads (patient/clinician/observer).
4. Select one of the two role-playing exercises (see below).
 - Students should spend 5-7 minutes role-playing.
 - Encourage students who role-play the family member or patient to adopt one of the various potential emotional reactions to receiving bad news:
 - angry or hysterical or profound sadness or disbelief
 - Following the role-play have the "patient" or "family member" complete the evaluation form and discuss this with their "clinician" partner.
5. Depending on time, students can reverse roles and/or use the second case.
6. Debrief the experience--what worked well, what didn't, what was hard, what was easy?
7. Faculty may wish to demonstrate their own technique at delivering bad news, either at the start or conclusion of the student role-playing.

Role Playing Cases

- #1 Death in emergency department (AMI) in a previously healthy person.
- #2 New diagnosis of metastatic stomach cancer.

ROLE PLAY CASE #1

Purpose of Case: Giving Bad News

Simulated patient name: Mr./Mrs. Jones

Diagnosis: Acute Myocardial Infarction

Setting: Quiet room for family meetings in an emergency room

Time allotted: 7 minutes

ROLE PLAY CASE #1

FAMILY MEMBER PROFILE

MEDICAL HISTORY

Your spouse, Mr./Mrs. Jones, is a 54 y/o high school teacher with no history of any medical problems. This morning at 5 am he/she woke up with crushing chest pain. He/she took some antacids, was no better 30 minutes later, and finally woke you up and you brought him to the emergency room. You have been waiting in the waiting room and you have not met the doctor. You did see a nurse who said "your husband is having some problems, the doctor will be out to talk with you soon".

SOCIAL HISTORY

You have three children, ages 25, 22 and 17. Your parents are deceased, you have no siblings. You work as a new car salesperson.

SETTING

You are alone, in a quiet waiting room, located in the emergency room, sitting on a chair.

TASK

Your partner, in the role of the ER clinician, will break the bad news to you. Some questions/comments you may wish to pose (or any you think are appropriate to the situation) include:

- How can this be, he/she was fine when I brought him in!
- He/she's never been sick a day in his/her life!
- What should I tell the children?

ROLE PLAY CASE #1

INFORMATION FOR CLINICIAN

MEDICAL HISTORY

You are on duty one early morning when a 54 y/o with chest pain is brought to the emergency room. While you are seeing another patient the ER nurse informs you about the patient's arrival, and tells you that he "looks stable and has normal vital signs". You ask the nurse to get an electrocardiogram and you tell her you'll be done in 5-10 minutes. Five minutes later the nurse runs in to say the patient has suffered a cardiac arrest. You supervise a 30 minute attempt at cardiopulmonary resuscitation that fails and you pronounce the patient dead. The nurse tells you that the spouse is in the waiting room and does not know about the cardiac arrest.

SETTING

The patients' spouse is sitting is alone in a waiting room in the ER, sitting in a chair.

TASK

You are the Emergency Room clinician--tell the husband/wife that their spouse has died.

ROLE PLAY CASE #2

Purpose of Case: Giving Bad News

Simulated patient name: Mr./Mrs. Phillips

Diagnosis: Metastatic stomach cancer

Setting: Outpatient clinic office

Time allotted: 7 minutes

ROLE PLAY CASE #2

PATIENT PROFILE

MEDICAL HISTORY

You are Mr./ Ms. Phillips, 72 y/o, with a new problem of mid-epigastric pain. You have been very healthy until one month ago when you started to have some mild mid-epigastric pain. You saw your doctor who told you it was most likely gastritis and prescribed an over-the-counter medication. The pain persisted and when you returned to see the doctor he seemed a bit more concerned, but said the pain was most likely from an ulcer or gallstones and scheduled you to have a CT scan of the abdomen. You are now returning to the doctor's clinic to hear the results of the CT scan.

SOCIAL HISTORY

You are divorced, have two children, ages 40 and 38. You live alone but have a "significant other" you have been seeing for two years. You are a retired commercial artist. Both your parents are deceased and you have one sister who lives in the area.

SETTING

Outpatient clinic office of your primary physician.

TASK

Your partner, in the role of the clinician, will break the bad news to you. Your demeanor should be mildly anxious. Once told that you likely have cancer you may adopt one of several emotional reactions (quiet-introspective or disbelieving or angry or other). Some questions/comments you may wish to pose--or any other you think are appropriate include:

- What does this mean?
- What can be done if it is cancer?
- Am I going to die?
- How can you be sure?
- Maybe the radiologist made a mistake
- I want another opinion
- Will I be in pain?

ROLE PLAY CASE #2

INFORMATION FOR CLINICIAN

MEDICAL HISTORY

You are caring for a previously healthy 72 y/o, Mr./Ms. Phillips, with a new problem of abdominal pain. He/she has been a patient of yours for over 5 years and came to see you one month ago with mid-epigastric pain. You thought it was most likely gastritis and prescribed an over-the-counter H2 blocker. One week ago he/she returned saying the pain was getting worse and on examination you noted left supraclavicular adenopathy. You ordered an outpatient CT scan of the abdomen, suspicious of an abdominal malignancy. You reviewed the CT scan with the radiologist yesterday. It showed a focal mass with ulceration in the body of the stomach and numerous (more than 10) densities in the liver compatible with liver metastases. The radiologist feels that the findings are absolutely typical of metastatic stomach cancer. You decide the easiest way to confirm the diagnosis is a percutaneous liver biopsy of the one of the larger liver nodules--but you need to discuss the CT results first with the patient when he/she returns to your office.

SOCIAL HISTORY

Your patient is divorced, has two children, ages 40 and 38. The patient lives alone but mentioned to you that he/she has a "significant other". He/she is a retired commercial artist; both parents are deceased, he/she has one sister who lives in the area.

SETTING

An examination room in your outpatient clinic.

TASK

Present the CT scan information to your patient who has returned to your office to discuss the test results.

GIVING BAD NEWS LEARNER ASSESSMENT FORM

Content Checklist: Make an “X” if the trainee did this without prompting; “√” if the trainee did this only after prompting, and leave blank if this was not done.

- Greet the patient and introduces self
- Explains the purpose of the meeting
- Asks the patient their understanding of the issue
- Gives advanced warning of bad news
- Describes the bad news in plain language, no jargon
- Allows the patient to digest the information, uses silence
- Offers an opportunity for the family member to ask questions
- Responds to questions using plain language, no jargon
- Offers a plan for next steps to follow meeting

Communication Skills - Please check ONE box per question using the following rankings: 3=Excellent, 2=Good, 1=Marginally Satisfactory, or 0=Unsatisfactory (either poorly done or not done at all)

	3	2	1	0
Assures comfort and privacy				
Assumes a comfortable inter-personal communication distance				
Maintains an open posture				
Reflects patient’s emotions				
Displays empathy through words, expression or touch that was appropriate to situation				
Reflects patients thoughts and concerns				

Please provide your overall assessment:

- Competent to perform independently
- Needs close supervision
- Needs basic instruction

Do you believe the clinician is able to present bad news with compassion in a manner so as to do no harm? YES OR NO

If you feel additional training is needed, please indicate what problems need to be addressed (circle all that apply):

- basic communication skills (eye contact, rate of speech, excessive use of jargon, personal space)
- professional attitude (sullen, not empathic, angry, giggles) other: please describe:
- other:

ESTABLISHING TREATMENT GOALS

ROLE PLAYING EXERCISE

Faculty Guide

1. Review and discuss the **Establishing Treatment Goals, Withdrawing Treatments** teaching outline.
2. Ask trainees to form pairs and distribute the role playing exercise.
3. Trainees should spend 5-7 minutes role-playing. The "patient" and "clinician" should then independently complete an evaluation form and discuss their impressions of the interview. If there is time, have the trainees switch partners and change roles so everyone has the opportunity to role-play the "clinician".
4. Debrief the experience with the entire group--good points, bad points, what worked well, what was less effective, what did they learn that they would apply in their work, etc.
5. You may choose to demonstrate your technique at this type of discussion using the case and choosing one student to play the role of the patient.

CASE BLUEPRINT

Purpose of Case: Discussing Treatment Goals

Simulated patient name: Mr./Mrs. Williams

Diagnosis: Metastatic Pancreas Cancer

Setting: Outpatient clinic

Reason for Visit Review test results and discuss treatment goals

Time allotted: 7 minutes

INFORMATION FOR CLINICIAN

MEDICAL HISTORY: Mr./Mrs. Williams is 59 y/o, diagnosed with pancreatic carcinoma 5 months ago after presenting with a locally advanced, unresectable, pancreatic mass and painless jaundice. The patient has been in your primary care clinic for more than 5 years. He/she underwent surgery to relieve the biliary obstruction and then received radiation and two months of chemotherapy. The chemotherapy was very hard on him/her, causing severe nausea and fatigue. The patient called you three days ago saying that over the past 3 weeks he/she has noticed a decline in energy, generalized fatigue and little appetite. He/she has no pain or nausea. You ordered an abdominal CT scan and asked him/her to come in today to go over the results.

The CT scan shows considerable tumor progression with multiple new liver metastases. You discuss the case with an oncologist who recommends no further chemotherapy since he/she tolerated the first treatments so poorly. The oncologist suggests that you refer the patient to a hospice program; he says the prognosis is 2-4 months.

PAST HISTORY

Mild hypertension controlled with medication; one episode of renal colic 3 years ago.

SOCIAL HISTORY

Patient is married with two daughters, ages 28 and 24, both live in the area. The patient is an elementary school special education teacher, on extended leave since the cancer surgery. The patient has never smoked and uses alcohol rarely.

TASK

Enter the room and begin a discussion with Mr./Mrs. Williams, you have the following goals for this visit:

2. Review CT scan results and the oncologists recommendations
3. Elicit the patient's goals for the future

Note: Do not discuss the issue of DNR orders or hospice referral in this exercise.

PATIENT PROFILE

MEDICAL HISTORY

I am Mr./Mrs. Williams, 59y/o; I was diagnosed with pancreatic cancer 5 months ago after presenting with an un-resectable pancreatic mass and jaundice. I underwent surgery to relieve the biliary obstruction and then received radiation and two months of chemotherapy. I became very ill from the chemotherapy and resolved never to do that again. Over the past 3 weeks I noticed a decline in energy, increasing fatigue and little appetite; I have no pain or nausea. I contacted my primary care physician who ordered an abdominal CT scan. I am coming to my primary care doctor today to get the CT scan results.

SOCIAL HISTORY

Family Relationships and Living Situation: I am married and have two daughters, ages 28 and 24 who live in the area, they are both single.

Occupation: I am an elementary school special education teacher, on leave since the cancer was found. The work is very stressful but rewarding.

Hobbies and Recreation: I sing in a community choir and like to grow vegetables.

Religion: I was raised Lutheran, but am not involved with a church. I do believe in God and an afterlife.

MOOD, AFFECT, AND DEMEANOR

I appear anxious and sad. I know that the cancer has come back, but I still have hope of beating the cancer, especially since the doctor hasn't actually come out and actually said that I'm dying. I am scared about what is happening, as I don't know what the future will bring.

TASK AND RESPONSES TO PHYSICIAN

The "clinician" will be telling you the results of the CT scan—you are alone today, no one came with you to the doctor's office. If the doctor does not tell you the CT scan results within the first 2 minutes, you become increasingly anxious. If 3 minutes go by without the doctor telling the results, say, "Just tell me---what did the test show?" (or something similar). As soon as possible after the doctor tells you that the cancer is growing, ask: "Does this mean I need to start chemotherapy again?—I really hate that."

If asked "what scares you most about this," "what are you most afraid of," or anything like these questions, explain your fear of the unknown, not of being dead, but your fear of dying; also your sadness at not seeing your daughters married and with children.

If asked about your personal goals for the time remaining, say "I want to be kept comfortable and I don't want to be a burden on my family". "I'd like to be at home if possible".

LEARNER EVALUATION TOOL OSCE: GOALS OF CARE

Content Checklist of skills: Make an “X” if the clinician did this without prompting; “√” if the resident did this only after prompting, and leave blank if this was not done.

- _____ Greet the patient/family member and introduce self
- _____ Explain the purpose of the meeting
- _____ Ask the patient/family member to describe their understanding of the issue
- _____ Describe the current medical condition succinctly without jargon
- _____ Allow the patient/family member to digest the information, use silence
- _____ Offer an opportunity for the family member to ask questions
- _____ Respond to questions using plain language, no jargon
- _____ Discuss prognosis
- _____ Describe treatment options
- _____ Make a recommendation if appropriate
- _____ Allow patient/family to describe goals
- _____ Summarize discussion

Communication Skills - Please check ONE box per question using the following rankings: 3=Excellent, 2=Good, 1=Marginally Satisfactory, or 0=Unsatisfactory (either poorly done or not done at all)

	3	2	1	0
Assures comfort and privacy				
Assumes a comfortable inter-personal communication distance				
Maintains an open posture				
Information provided is clear and unambiguous				
Allows family member time to reflect-does not rush discussion				
Reflects emotional meaning				
Resident displayed empathy through words, expression or touch that was appropriate to situation				

Please provide your overall assessment:

- _____ Competent to perform independently
- _____ Needs close supervision
- _____ Need basic instruction

Do you believe the clinician is able to discuss care goals with compassion in a manner so as to do no harm? YES OR NO

If you feel additional training is needed, please indicate what problems need to be addressed (circle all that apply):

- basic communication skills (eye contact, rate of speech, excessive use of jargon, personal space)

- professional attitude (sullen, not empathic, angry, giggles) other: please describe: _____
- Other:

THE DNR DISCUSSION

ROLE PLAYING EXERCISE

Faculty Guide

1. Review and discuss the **DNR Discussion** teaching outline.
2. Ask students to form pairs and distribute the role playing exercise.
3. Students should spend 5-7 minutes role-playing. The "patient" and "clinician" should then independently complete an evaluation form and discuss their impressions of the interview. If there is time, have the trainees switch partners and change roles so everyone has the opportunity to role-play the "physician".
4. Debrief the experience with the entire group--good points, bad points, what worked well, what was less effective, what did they learn that they would apply in their work, etc.
5. You may choose to demonstrate your technique at this type of discussion using the case and choosing one trainee to play the role of the patient.

CASE BLUEPRINT

Purpose of Case: Discussing DNR orders

Simulated patient name: Mr./Mrs. Williams (same patient as in Treatment Goal Role Play)

Diagnosis: Metastatic Pancreas Cancer

Setting: Hospital room

Reason for Visit: Discuss goals and DNR orders

Time allotted: 7 minutes

INFORMATION FOR CLINICIAN

MEDICAL HISTORY: Mr./Mrs. Williams is 50 y/o, diagnosed with pancreatic carcinoma 5 months ago after presenting with a locally advanced, unresectable, pancreatic mass and painless jaundice. He/she underwent surgery to relieve the biliary obstruction and then received radiation and two months of chemotherapy. The chemotherapy was very hard on him/her, causing severe nausea and fatigue. He/she called you one week ago saying that over the past 3 weeks there was a decline in energy, generalized fatigue and little appetite. He/she has no pain or nausea. You ordered an abdominal CT scan which showed new liver metastases. You met the patient last week to review treatment options; the patient elected not pursue any further chemotherapy, that his/her goal was to remain at home and be as comfortable as possible. However, yesterday he/she called and said the pain was much worse and he/she was vomiting and unable to keep food down. The patient was admitted yesterday for pain and nausea management. Overnight he/she did much better and today is taking clear liquids with much less pain.

PAST HISTORY

Mild hypertension controlled with medication; one episode of renal colic 3 years ago.

SOCIAL HISTORY

Patient is married with two daughters, ages 28 and 24, both live in the area. The patient is an elementary school special education teacher, on extended leave since the cancer surgery. The patient has never smoked and uses alcohol rarely.

TASK

Enter the “hospital” room and begin a discussion with Mr./Mrs. Williams, you have the following two goals for this visit:

1. Re-affirm the patient’s goals for future care
2. Discuss CPR/DNR orders

Note: Do not discuss the issue of hospice referral in this exercise.

PATIENT PROFILE

MEDICAL HISTORY

I am Mr./Mrs. Williams; I was diagnosed with pancreatic cancer 5 months ago after presenting with an unresectable pancreatic mass and jaundice. I underwent surgery to relieve the biliary obstruction and then received radiation and two months of chemotherapy. I became very ill from the chemotherapy and resolved never to do that again. Over the past 3 weeks I noticed a decline in energy, generalized fatigue and little appetite. I contacted my primary care physician who ordered an abdominal CAT scan. Last week I came to his/her office and was told that the cancer was progressing, that further chemotherapy would be of little benefit. The doctor asked me about my goals for the time I had left. I indicated a desire to be kept comfortable and to be at home.

Two days ago I began having increasing abdominal pain, nausea and vomiting; yesterday my doctor admitted me to the hospital for pain and nausea control. He/she started some new medication and I feel much better today, I am hoping to go home by tomorrow. I ate breakfast today, the pain is much better.

SOCIAL HISTORY

Family Relationships and Living Situation: I am married and have two daughters, ages 28 and 24 who live in the area, they are both single.

Occupation: I am an elementary school special education teacher, on leave since the cancer was found. The work is very stressful but rewarding.

Hobbies and Recreation: I sing in a community choir and like to grow vegetables.

Religion: I was raised Lutheran, but am not involved with a church. I do believe in God and an afterlife.

MOOD, AFFECT, AND DEMEANOR

I appear in my normal mood, fairly cheerful since I feel much better today. However, this recent pain and nausea was scary, I don't know what the future will bring.

TASK AND RESPONSES TO PHYSICIAN

Your clinician will be coming to visit you. He/she will ask you to re-affirm your goals for the time remaining, say "I want to be kept comfortable and I don't want to be a burden on my family". "I'd like to be at home if possible".

If the clinician asks you about CPR/DNR, be sure to ask him/her to explain any terms you don't think an average patient would understand. After you feel you understand the question, ask the clinician:

- If I get better in the coming days can you change the order?
- Will you still be my doctor even if I decide I want to go on "life support?"

The clinician may make a recommendation about CPR; say that you do not want to be resuscitated.

DNR DISCUSSION LEARNER ASSESSMENT FORM

Make an “X” if the trainee did this without prompting; “√” if the resident did this only after prompting, and leave blank if this was not done.

- Greet the patient member and introduce self
- Explain the purpose of the meeting
- Ask the patient member to describe their understanding of the illness
- Describe the current medical condition succinctly without jargon
- Allow the patient to digest the information, use silence
- Offer an opportunity for the patient member to ask questions
- Respond to questions using plain language, no jargon
- Discuss prognosis and treatment options
- Ask patient to describe goals
- Discuss CPR within the context of the disease, and prognosis and patient-defined goals
- A clear recommendation regarding CPR/no-CPR is made
- Summarize discussion

Communication Skills - Please check ONE box per question using the following rankings: 3=Excellent, 2=Good, 1=Marginally Satisfactory, or 0=Unsatisfactory (either poorly done or not done at all)

	3	2	1	0
Assures comfort and privacy				
Assumes a comfortable inter-personal communication distance				
Maintains an open posture				
Reflects emotional meaning				
Displays empathy through words, expression or touch that was appropriate to situation				

Please provide your overall assessment:

- Competent to perform independently
- Needs close supervision
- Need basic instruction

Do you believe the trainee is able to discuss DNR with compassion in a manner so as to do no harm? YES OR NO

If you feel additional training is needed, please indicate what problems need to be addressed (circle all that apply):

- basic communication skills (eye contact, rate of speech, excessive use of jargon, personal space)
- professional attitude (sullen, not empathic, angry, giggles) other: please describe:
- other