Using film to facilitate communication skills assessment and learning

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A trip to the movies...
Background to DRAW

Drama Role-play Alternation Workshop: teaching communication skills using film and television and integrating this with role-play: ‘Springboard’ concept

More than just Cinemedication

Evidence that doctors particularly struggle with certain aspects of communication skills (Wong 2009)
What is **DRAW** and how does it work?

- Running since 2013 with F2 trainees in GP
- Synopsis of the story so far – scene setting
- Clip played demonstrating one of these difficult areas
- **Clip paused at critical point**
- ‘Springboard’ moment – role-play takes over
- Group observes
- Feedback & group discussion
- Finish with what actually happened in rest of clip
Aims of a **DRAW** session

- To develop the learner’s skills in breaking bad news and how to avoid the pitfalls
- To consider and reflect on the challenges of negotiating management with a patient
- To develop the learner’s approach to dealing with mistakes in medical practice
- To enhance communication skills regardless of trainee level or speciality
Why DRAW? Why not simple role-play?

- Film/TV clips can set the scene and emotional content more effectively, draw in the trainee and make interactions feel more realistic
- Allows reflection on trainees’ own communication experiences and group discussion
- Can see good and less good examples of communication – facilitates discussion
- Improves trainees’ awareness of their learning needs
- A bit different – everyone loves a bit of TV!
What does it look like in practice?

- http://alexmacdonald.info/draw/portfolio/subarachnoid/
Clips used in DRAW

- Cardiac arrest
  - Paracetamol overdose
  - Organ donation
  - Johovah’s witness declining life saving blood product
  - Subarachnoid haemorrhage – breaking bad news patient has died
  - Mesothelioma – breaking news of diagnosis

- Eastenders
  - Cervical cancer
- Bodies
  - Placental abruption
  - Crike – operating within competence
- Theatre list – miscommunication
Your turn....

- In groups of three: Patient, Doctor & observer
- Pt who has taken a Paracetamol overdose
- 1 min clip intro
- Clip will stop at “I wonder if you would mind taking out the drip please”
- 5 mins for role play
- 3 minutes feedback
Reflections on DRAW

• The clips often stimulated discussion about trainees’ own experiences of similar situations
• The group were then able to discuss how to problem solve these for the future
• And the future of DRAW ...
  • Continue for FY2 trainees
  • Extend to bottom 10% of ST1s recruited on GPVTS
• TV clips reflect British culture so role in IMG teaching?
Some thoughts from trainees

“TV clips help set the scene”

“More interactive, more interesting”

“Facilitated more discussion”

“A new way of tackling a communication skills session, found it an interesting approach and beneficial session”

“I think it sets the scene much more effectively than a simple typed out scenario. Although naturally theatrical it sets the scene immediately with high emotions which is often how a foundation doctor finds such conversations!”

“Added humour”

“Sets the context and highlights how not to do it”
QUESTIONS

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http://alexmacdonald.info/draw/ - further information & resources
Acknowledgements and References

- F2 trainees who participated in the sessions and analysis
- Sam Scallan: Wessex School of General Practice Research Lead

Reference:
- Wong R, Saber S, Ma I, Roberts JM. (2009) *Using television shows to teach communication skills in internal medicine residency*. BMC Medical Education. 9 (9).
Resources available

Elements of a DRAW session

For more detailed information on how to set up a DRAW session, click here. The text below gives only the bare outlines.

Source material
Source material must be carefully chosen to produce a successful DRAW scenario. The clip must involve a teaching opportunity, but not all such opportunities that arise in TV or film dramas can be converted successfully. Candidate clips must be assessed under four headings: (a) is the drama convincing and credible from a medical point of view? (b) is it emotionally involving? (c) does this involvement hook quickly (we are interested only in short clips)? (d) does the doctor face a clear challenge with more than one path that might be followed? And last, but most importantly, (d) is there a springboard moment? Remember: a DRAW

Springboard moment
A key element in the setting up of a DRAW scenario is the identification of a springboard moment. This is the moment in the drama where the doctor is faced with her difficult decision. She must now act; but how? The problem has been explained by the previous dramatic action; the class is emotionally involved in the dramatic situation; and now the doctor faces her problem -- there has been a mistake, bad news must be broken, expectations must be managed, competence has been questioned, and so on. All eyes are on the doctor. She opens her mouth to speak -- and the video is paused. Now a postgraduate junior doctor is selected from the

DRAW session
A DRAW session might involve a half-day comprising a half-dozen scenarios covering a range of challenges. Pay attention to the quality of the image and sound in the projection equipment. Ideally, the class size will be at least a dozen, to provide a range of points of view. Having two facilitators produces a welcome variation. Neither needs to be a pillar of local am-dram, but some acting ability is necessary. For each scenario, the video is played, it is paused at the chosen springboard moment, and role-play takes over with a facilitator playing the patient/relative and the trainee playing the doctor. After the role-play, the trainee is asked how

http://alexmacdonald.info/draw/quick-draw/