

Contents Role-play with secret handicaps - a case of teaching first year medical students about organization of the healthcare system

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Introduction and aim

At University of Copenhagen, medical students in their first semester take a course called Early Patient Contact (EPC) in Danish “TPK” for Tidlig Patientkontakt. The course compendium begins with this quotation of the German philosopher Hans-Georg Gadamer:

The 'double obligation' owed by doctors to those who seek help from them; The ability to combine technical skills with the participation in the life world of the patients

The quotation both justifies and sets a frame for the course, which is to “introduce students the roles and function of a physician, the physician-patient relationship, a holistic perspective on disease and health, including patient perspective on illness, including the importance of the individual's life course” (translated from Danish, please see Danish description in Appendix A.

The course consists of: 8 lectures; 6 SAU (class-based student activating teaching sessions of each 3 x 45 minutes); 3 x 1,5 hour conversation with a patient in the patient's own home; 3 x 2 hours of supervision by a general practitioner (GP) in the GP's clinic; A written report and an oral exam. The curriculum in broad headlines is:

1. Ethics and duty of confidentiality
2. Communication

3. Physician-patient relationship
4. The bio-psycho-social model for disease, social network and inequality in health
5. Stress, coping and resources
6. The patient's course through healthcare services

Common to all six topics is that they do not involve traditional medical curriculum, but content from philosophy, law, psychology and social sciences.

The topic chosen for this project is *SAU 6: The patient's course through healthcare services* in which the goal is described as:

- *Describe the patient's course through health care system and importance of this course in relation to the patient's perception of his/her life situation*
- *Understand and analyse the patient's experiences with health care and how this affects the physician-patient relationship*
- *Understand the structure and organization of the health care system*

This SAU has undoubtedly a subtext – an underlying purpose – because in their future work, the upcoming physicians will meet problems connected to the cross-sectorial interface in healthcare. Since the students have not yet met such challenges, they in have to imagine what the challenges could be which can be quite difficult for them. When writing their final report before oral exam, the student can choose to include an appendix called “The patient's course through health care”. The appendix includes a table with three columns:

The patient's course through the health care system		
What happened?	How did the patient experience it?	Theories ¹ that could explain why it went badly or well?

Students rarely choose this model for their report, and there can be several reasons for that. However, it can be challenging to make the SAU about the patient's course through the health care system relevant for the students, because they have limited knowledge about being a patient themselves and they have not yet experienced how it is to be a health professional.

The students are around 20 years old, they are a quite homogeneous group and they are very willing to participate in teaching activities that involves role-playing, discussion, drawing, quizzing, etc. About 2/3 are female students. Some have other languages than Danish; however, not to an extend where it limits classroom discussions.

Since the purpose with SAU 6: The patient's course through the health care system is more than just learning the structure of the health care system by heart, I wanted to create a teaching session that simulated the potential difficulties in working with patients with complex conditions.

Role-playing is a well-established and integrated part of medical school pedagogy, both in pre- and post-graduate training (Nair, 2019; Pluhar et al., 2019). This means that in contrary to university teaching in more theoretical disciplines, medical students get used to roleplaying early on in their education. The benefits of roleplaying comprises communication training in a realistic setting, the possibility of rehearsal and observation (Nestel & Tierney, 2007). Role-play might – because of its imaginary nature - even stimulate students' *reflective functioning*¹ and thereby their ability to understand the thoughts and feelings of oneself or others (Busch, 2011). This fits an focus that is developing in medical teaching these year, that is stimulating empathy (reflective functioning)

The aim of this project was to evaluate if role-play with predefined secret handicaps can stimulate students ability – and curiosity - to see a patient case through the eyes of other people's (professionals and relatives.) in the SAU "The patient's course through the health care system" at the 1st. semester course in Medical school "Early Patient Contact".

Method

The SAU where "The patient's course through health care" is placed is the last SAU before exam, so we could only spend max 45 minutes on the topic, because there had to be time for exam-related questions.

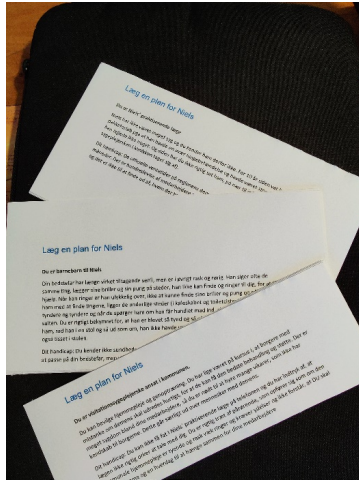
The students were divided in groups of 3 and presented with a clinical scenario of a complex patient. The scenario was about an elderly man,

¹ Reflective functioning, refers to our capacity to understand ourselves and others in terms of intentional mental states, such as feelings, desires, wishes, goals and attitudes

Niels, who possibly had dementia and two different health professionals from different sectors had arranged a meeting with a relative of Niels.

The roles were:

- Niels' grandchild
- Niels' GP
- Municipality visitation nurse



The meeting goal was to make a care plan for Niels. All roles were given instructions about their room for maneuver and their goal. Roles can be seen in Appendix B - Role-play instructions. All roles also had a secret “handicap”. The grandchild’s secret handicap was that (s)/he did not know the organization of the healthcare system, had fulltime work and did not want to be a nuisance. The visitation nurse’s secret handicap was that (s)he could not get in touch with the GP and was fed up with demanding relatives. The GP’s secret handicap was that (s)he could not find out who in the municipality system had responsibility for e.g. dementia-related care. Details about the role is described in Appendix B. Groups had 20 minutes to play a meeting where the goal was to make a plan for Niels. After this, a representative from each group presented the plan that they had agreed on.



Figure 1. Students writing up their plan for Niels after role-play.

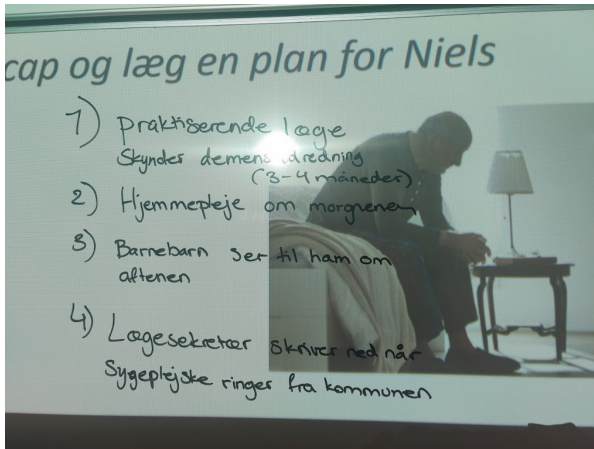


Figure 2. Example of one of the three groups' plan for Niels.

Student's oral feedback after the role-play was audio-recorded and reported in brief notes in the result section.

Results

In total six groups, each consisting of the three roles did the role-play. After a short break, student provided oral feedback on this:

Positive feedback

- Role-play made it easier to imagine the cross-sectoral interface
- Nice that the roles was not too pre-determined, so the player could unfold the story him/her self
- Overall students liked the secret handicaps they had been given, because they tried to guess the other player's secret handicaps during the play, which made it more exciting to play. The secret handicaps also made the play more 'real', because the handicaps forced a situation where they had to make compromises in order to do the task of agreeing on a plan for Niels:

"If it was a normal roleplay with no handicaps, we would have reached agreement too fast (male student)"

Room for improvement

- The GP's role contained a timeframe (6-month waiting list on dementia investigation); it would have been valuable if the other roles also included timeframes.
- During evaluation, I was interested in knowing if the students found the case (elderly man with symptoms of dementia) interesting or if they preferred other – maybe younger cases. Some students said that they would have liked to have more cases, so they could try out different clinical scenarios.
- When each group had presented their plan for Niels, it would have been nice if there were time for the other groups to discuss the plan and ask how they ended up with this particular plan.

Discussion and conclusion

Initially the plan was to test this new teaching in a setup where one group of students did the role-play and another group had “teaching as usual”. This was, however, not feasible because of time constraints. Instead of being a real experiment, the project was conducted as an observational study where students after trying out the role-play gave oral feedback. The overall feedback from students was positive. The advantages seemed to be the same as in case-based teaching: It stimulates communicative competencies, holistic thinking and makes the teaching relatable to the outside world (Rienecker et al., 2015).

One particularly successful experience was connected to the secret handicaps. After revealing the secret handicaps, a female student who played the municipality nurse role said

“Oh, I didn’t know that the GP just couldn’t make sense of the municipality organization – I thought he just didn’t care!”

This was one of the purposes with the role-play: Students should have the experience of being a stakeholder in a health care system, together with other stakeholders. They should also experience a certain behavior that can appear like dis-engagement and in reality might have other reasons.

Awareness of the organization of health care services might seem less important as curriculum in the first years of medical school. It is possible to teach students the organizational diagram of our health care system in a way so they can remember it by heart. However, this does not provide students with insight into how patients as well as professionals sometimes get lost in the cross-sectoral interface. Using role-play with secret handicaps might increase the awareness about the gaps between sectors, including the possible tensions that can occur between professionals, and how they can possibly be handled in everyday clinical work.

References

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A - Absalon: Formål og indhold i Tidlig Patientkontakt og Førstehjælp

Det overordnede formål med undervisningen i Tidlig Patientkontakt (TPK) er introduktion til lægens rolle og funktion, læge-patientforholdet, helhedsperspektivet på sygdom og sundhed samt patientperspektivet på sygdom, dvs. patienternes opfattelse af sundhed og sygdom samt betydningen af det enkelte menneskes livsforløb.

I Tidlig Patientkontakt kurset indgår:

- Tre samtaler a 1½ timer med patienten i dennes hjem,
- Supervision af forløbet hos patientens praktiserende læge 3 gange a ca. 2 timer,
- Holdundervisning på Panum (SAU - undervisning),
- Otte forelæsninger,
- Rapportskrivning
- Afsluttende tentamen (bestået/ikke bestået).

I underrettes af Sektion for Studieservice om holdsætning hos de praktiserende læger og kontakt til disse.

Undervisningsmaterialet består af:

- Kompendium i Tidlig Patientkontakt
- Lærebogen "Lægens roller".

I kompendiet finder I en nærmere beskrivelse af kurset og en række relevante tekster knyttet til holdundervisningen og henvisning til relevante tekster i lærebogen.

I får størst udbytte af kurset ved at læse SAU materiale i kompendiet og i lærebogen Lægens roller tilhørende den enkelte SAU undervisning.

Kursus i førstehjælp indeholder undervisning og træning i hjerne-lungeredning.

Gennem praktiske øvelser og praksisnære scenarier kommer I - i små grupper - til at træne basal hjerne-lunge-redning både med og uden hjertestarter.

I skal også lære at anvende stabilt sideleje til en bevidstløs med normal vejtrækning, og håndtere en person, der har fået noget galt i hilsen (fremmedlegeme i luftvejene).

I vil I dagene op til kurset få tilsendt mere information samt en vejledning til, hvordan I får adgang til kursusmaterialet online.

I vil få større udbytte af kurset, hvis I læser kursusmanualen i forvejen, men dette er ikke et krav.

Se i øvrigt om kursus: <https://kurser.ku.dk/course/smeb12002u> Links to an external site.

og tentamen: <https://kurser.ku.dk/course/smeb12002e> Links to an external site.

B - Role-play instructions

Læg en plan for Niels: Du er barnebarn til Niels

Din bedstefar har længe virket tiltagende senil, men er i øvrigt rask og rørig. Han siger ofte de samme ting, lægger sine briller og sin pung på steder, han ikke kan finde og ringer til dig, for at få hjælp. Når han ringer er han ulykkelig over, ikke at kunne finde sine briller og pung og når du hjælper ham med at finde tingene, ligger de underlige steder (i køleskabet og toiletciernen fx). Han bliver tyndere og tyndere og når du spørger ham om han får handlet mad ind, siger han, at han ikke er sulten. Du er rigtigt bekymret for, at han er blevet så tynd og så glemsom. Sidste gang du besøgte ham, sad han i en stol og så ud som om, han ikke havde været oppe af stolen i dagevis. Han havde også tisset i stolen.

Dit handicap: Du kender ikke sundhedsvæsenet, har krævende fuldtidsarbejde, har brug for hjælp til at passe på din bedstefar, men vil helst ikke være til besvær.

Læg en plan for Niels: Du er visitationssygeplejerske ansat i kommunen

Du kan bevilge hjemmepleje og genoptræning. Du har lige været på kursus i, at borgere med mistanke om demens skal udredes hurtigt, for at de kan få den bedste behandling og støtte. Der er meget sygdom bland dine medarbejdere, så du er nødt til at hyre mange vikarer, som ikke har kendskab til borgerne. Dette går særligt ud over mennesker med demens.

Dit handicap: Du kan ikke få fat i Niels' praktiserende læge på telefonen og du har indtryk af, at lægen ikke rigtig orker at tale med dig. Du er rigtig træt af pårørende, som opfører sig som om den kommunale hjemmepleje er tyende og rask væk ringer og kræver ydelser og ikke forstår, at DU skal have et skema og en hverdag til at hænge sammen for dine medarbejdere

Læg en plan for Niels: Du er Niels' praktiserende læge

Niels har ikke været meget syg og du kender ham derfor ikke. For 10 år siden var han i cancerpakkeforløb pga at han havde en svær lungebetændelse og havde været storryger i mange år. Men han fejlede ikke noget. Og siden har du ikke rigtig set ham, på nær til influenza-vaccine (som sygeplejersken i klinikken tager sig af).

Dit handicap: De officielle ventetider på regionens demensudredning på demensklinikken er er på 6 måneder. Der er hundredevis af medarbejdere i den kommunale hjemmepleje og et virvar af chefer og det er ikke til at finde ud af, hvem der har ansvar for hvad.