

Session 4 Role Play

Role Play Debriefing and Facilitation Directions:

CASE 1.

1. Ask two people to volunteer. One plays the role of RN/MA. The other plays the role of front desk staff. BHP staff will play the role of patient. Provide "Role Play Cases for Staff/Provider" handout to RN/MA and front desk staff.
2. Total time allotted for this role play: 5 minutes.
3. Allow students one minute to review the case and determine roles.
4. Ask those not participating in the role play to watch for:
 - a. Non-verbal communication
 - b. Use of "IDEAL" to build rapport
 - c. Strategies for eliciting patient concerns

Begin the scenario with the front desk staff and patient. After two minutes, stop the front desk staff and ask the RN/MA to take over the scenario. After two minutes, stop the scenario and debrief with the group.

Debriefing Questions: What went well? What other strategies could have been used?

CASE 2.

1. Ask for three volunteers. One plays a patient; the others play RN/MA and provider. Give the "Role Play for Patient" handout to whomever is playing the patient. The "Role Play Cases for Staff/Provider" handout goes to the RN/MA and provider.
2. Total time allotted for this role play: 5 minutes
3. Allow students one minute to review the case and determine roles.
4. Ask those not participating in the role to watch for:
 - a. Non-verbal communication
 - b. Use of "IDEAL" to build rapport
 - c. Strategies for eliciting and negotiating patient beliefs about treatment

Start the scenario with the RN/MA and patient. After two minutes, stop the RN/MA and ask the provider to take over the scenario. After two minutes, stop the scenario and debrief with the group.

Debriefing Questions: What went well? What other strategies could have been used?

Role Play Case for Patient

CASE 1.

A 60-year-old male comes in for routine follow-up of hypertension. Blood pressure is elevated at 160/100. He takes his medication, lisinopril/hydrochlorothiazide 10/25 mg, off and on. He said he misses the medication about three times a week because he forgets to take it. His diet has medium amount of salt, which he doesn't watch too closely.

Coaching for the patient: You are angry that the provider was so late getting to see you. Patient loses anger if provider apologizes for the delay and helps him address any other concerns he has.

CASE 2.

A 62-year-old female comes in for a new-patient visit. She has a history of hypertension but does not like taking medications. Blood pressure is 155/95 after two readings. She takes vinegar and garlic to try to reduce blood pressure through diet. She does not know about the benefits of low salt in reducing blood pressure. Patient says her home blood pressure readings usually are not as high as they are in the doctor's office.

Coaching for the patient: You are adamant about not starting a blood pressure medication and tell the provider or RN/MA that you don't like taking medications. However, if harangued enough, patient will say "yes" -- and just not take the medicine at home.

Role Play Cases for Providers/Staff

CASE 1.

A 60-year-old male comes in for routine follow-up of hypertension. He waits an hour to see the provider. His blood pressure is elevated at 160/100. Patient takes lisinopril/hydrochlorothiazide 10/25 mg daily. In the past, he has had some adherence issues. In the past, his diet had medium amount of salt in the past and he doesn't watch salt intake too closely.

CASE 2.

A 62-year-old female comes in for a new patient visit. She has a history of hypertension but does not like taking medications. Blood pressure is 155/95 after two readings. Does not take any medications and has no other medical problems except some mild knee arthritis.