RT- patient communication skills role play scripts

Preparing for the role play activities

The role-play scripts in this document are designed to provide a simulated opportunity for students to practise their patient-RT communication skills. It is important to take the time to set up the role-play environment and to prepare for the roles in order to make the most of the simulation.

The 6 preparation steps for role-play

1. Identify the key communication issues/tasks for each role
2. Review/preview communication strategies to address the issues emerging from the scenarios
3. Decide who will play each role
4. Prepare for the role-plays by imagining yourself in the role
5. Spend some time reading and thinking about the role and allow time to develop your character for the role.
   If you are playing the RT, identify the key communication tasks for the scenario and consider ways to address patient concerns.
   If you are playing the patient, put yourself in the patient’s place and plan what the patient might do and say
6. Determine how to provide feedback

Feedback in pairs

If the role-play is conducted in a pair format then the ‘patient’ can take the initiative to elicit a self-appraisal from the RT as well as providing feedback.

Consider organising the feedback in this form: Ask the student who played the role of the RT to name 2 things they did well during the role-play and two areas they would like to improve (adapted from Pendleton et al, 2003).

1. Positives first- What did you think you did well?
2. What would you do differently if you had the chance to do this role play again?

1 Julia Ghazarian, Learning Skills Advisor, HAL Library, Monash University, 2012
Alternatively the student playing the role of the RT could explain what was difficult and what was easy when they were in the role. Constructive feedback involves giving details about why something was effective or not-effective.

**Communication activities: patient-RT role-play scenarios**

<table>
<thead>
<tr>
<th>Role play activity: giving information about a procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Each student can select a procedure they know well and role-play being the RT giving information about the procedure to a new patient. Once the procedure is selected, the student playing the patient can decide on a gender, age and appropriate character. Take turns to play the role of the RT or patient.</td>
</tr>
</tbody>
</table>

**Review strategies for giving information**

Before you commence the information giving role-play, review your strategies for giving information. The following strategies have been adapted from Lloyd & Bor (2009, pp.50-55).

**Preparing to give information**

Before preparing to give information first ensure you understand the information. Remember to use the patient’s name while talking to them.

**Content**

- Provide an overview for the information giving by describing what information you plan to give
- Identify about 3 key items of information the patient must-know
- Give the most important information first
- Break down complex information into steps

**Communicating the information according to patient**

- Assess the patient’s education level and cognitive ability (you can probably determine this from the informal greetings and ‘small talk’ with the patient)
- Assess what the patient already knows (ask them)
- During the information giving, determine how much detail the patient wishes to know

2 Julia Ghazarian, Learning Skills Advisor, HAL Library, Monash University, 2012
• Use language and concepts the patient will understand – avoid clinical jargon and speak in plain language and short sentences
• Invite the patient to listen carefully to the information and to ask questions at any time (consider the impact of pain, nausea or other discomfort on the patients’ ability to concentrate)
• Check patient’s understanding by getting them to feedback information

Augmenting information

• Consider using diagrams or brochures to illustrate your points where appropriate
• Consider making diagrams and brochures available for patient to take home and read in more detail

Patient centred communication

Language Tips

If you are challenged by moving from technical to patient language try developing a table of technical terms with their corresponding plain language equivalent

<table>
<thead>
<tr>
<th>Technical term (discipline language)</th>
<th>Patient language (lay language)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cone beam</td>
<td></td>
</tr>
<tr>
<td>Portal position</td>
<td></td>
</tr>
<tr>
<td>C1</td>
<td></td>
</tr>
<tr>
<td>Gantry</td>
<td></td>
</tr>
<tr>
<td>Caste</td>
<td></td>
</tr>
<tr>
<td>Target</td>
<td></td>
</tr>
</tbody>
</table>

3 Julia Ghazarian, Learning Skills Advisor, HAL Library, Monash University, 2012
Useful phrases for communicating information during patient education

If you tend to be lost for words when communicating with patients, you can prepare some useful phrases in advance. See below some examples of such useful phrases.

<table>
<thead>
<tr>
<th>Task</th>
<th>Steps or stages</th>
<th>Things to say to communicate this information to the patient</th>
</tr>
</thead>
<tbody>
<tr>
<td>Giving information</td>
<td>Describe information you plan to give</td>
<td>Next week we will be commencing your course of radiation therapy so today I would like to explain the equipment we will be using and what you can expect during the treatment…</td>
</tr>
<tr>
<td></td>
<td>Identify key items of information you must convey and let the patient know these are the ‘must-knows’.</td>
<td>There are 3 really important things I would like you to know 1) 2) 3)</td>
</tr>
<tr>
<td>Give the most important information first</td>
<td></td>
<td>The first thing you need to know is that… The most important part of the procedure is….</td>
</tr>
<tr>
<td>Break down complex information into steps</td>
<td></td>
<td>The initial setting up for the radiation treatment is called the simulation and it is quite a complex process: First you will be sitting in the treatment chair while we take an image of the area to receive treatment Next I will be talking to my colleague to check that the area for treatment, or ‘target ‘ is clearly located…..</td>
</tr>
<tr>
<td>Checking patient understanding</td>
<td>Assess what the patient already knows (ask them)</td>
<td>What do you know about radiation therapy?</td>
</tr>
<tr>
<td></td>
<td>Check patient’s understanding by getting them to feedback information</td>
<td>Now Helen, what possible side effects do you need to look out for?</td>
</tr>
</tbody>
</table>
Communication activity 2

Information gap role-play set

The following role-play set is made up of 2 scenarios, each with 1 patient role and 1 RT role. To create a realistic simulated patient for your communication role-play scenarios, choose one of the following patients to play and do not show your patient information to your partner. Only read your patient information in order to play the role. You can take the role of the RT for the other patient.

Scenario 1: Graham Bates

<table>
<thead>
<tr>
<th>This is the information the RT can see for Graham Bates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Graham Bates is a 52 year old truck driver, married, with three young children. Graham was recently diagnosed with an advanced rectal tumor and has been sent for ‘adjuvant’ radiation therapy to shrink the size of the tumor before surgical removal.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>This is the information the patient can see for Minh Nguyen</th>
</tr>
</thead>
<tbody>
<tr>
<td>You are Minh Nguyen, a 68 year old Vietnamese retired businessman. You first went to the doctor to see about not sleeping well – you have to get up several times at night to go to the toilet. The doctor sent you off to for tests and X-rays and the hospital doctor now wants you to come and have some more ‘x-rays’ for a number of weeks (at least that is what you mostly understand). Up until now, you have always been well and never had to go to the doctor. The hospital is a very strange place for you. Although you can speak a little English, much of what the doctors say is confusing. Also, people in the hospital do not seem to understand what you are saying to them. They keep asking you to repeat yourself. You have ongoing back pain from an old back injury (some worn vertebral discs) and you get very tired whenever you have to travel in the car for any length of time. Today you were in the car for an hour and 15 minutes on the way to the appointment and then had to sit around in the waiting room. Today you are tired from the discomfort in your back.</td>
</tr>
</tbody>
</table>
Scenario 2: Minh Nguyen

This is the information the RT can see for Minh Nguyen

Minh Nguyen, is a 68 year old Vietnamese retired businessman who has been diagnosed with prostate cancer. Following a diagnosis of prostate cancer, a series of radiation treatments have been prescribed for the patient. The patient seems to misunderstand the nature of the radiation treatment and thinks he is coming to hospital for more ‘x-rays’.

This is the information the patient can see for Graham Bates

You are Graham Bates a 52 year old truck driver, married, with three young children (this is your second marriage). You have recently been told you have rectal cancer and have been sent for radiation therapy and then you will have surgery to remove the cancer. You are anxious about the diagnosis, the treatment and the impact of taking time off work for treatments and the subsequent loss of income. You can’t remember how many visits the doctor said you must have. You wonder how long the visits will be. Your anxiety means that you do not always remember what you have been told and although the doctor explained why you have to have radiation therapy before the surgery you are not really clear about that either. You thought that radiation therapy should come after surgery, to prevent the cancer returning. This is what they did for your cousin when he had cancer (you can’t remember what kind of cancer he had). You wonder why you can’t just have the surgery straight away. Your father died of rectal cancer in his early sixties. You are in a hurry to leave as early as possible today as you have promised to pick your wife up early from work.

Reflecting on the communication

At the each role play scenario review the RT’s performance using the feedback strategies and reflect on other possible strategies or solutions to problems raised during the role play. Minh Nguyen had some difficulty communicating in English. How would you communicate with a tired and uncomfortable patient? How will this impact on radiation treatment? How will you overcome the language barrier? Is there a family member or a hospital interpreter who could attend the appointment next time-what impact might this have on the communication once three people are involved?
The radiation therapist often sees the patient once a week for a period of 6 or 8 weeks, depending on the treatment plan prescribed by doctor. The RT is expected to educate the patient regarding treatment, monitor the patient’s condition, mood and reaction to treatment. The RT often makes referrals to appropriate allied health professionals based on these observations.

**Before you commence, review strategies for giving information, establishing rapport and for screening for possible side-effects of treatment**

**The planning appointment- Scenario 1: Helen Burke**

This is an initial appointment with patient to explain the prospective radiation therapy to new patient being treated for breast cancer.

The key tasks of this planning appointment are:

1) Educate the patient regarding the prospective radiation therapy
2) Set time and place for first appointment in a course of radiation therapy

**Information giving- Review steps (see p. 2)**

**Points to remember:**
Establish rapport with patient
Assess patient knowledge
Select 3 key points (‘must know’ points) to communicate with patient.
   Eg. positioning during treatment
   Monitoring of skin condition throughout course of treatment
Use brochure to illustrate information and for patient to take away for further reading.
Refer to nurse or allied health if necessary.

**Information gap role-play**

Using the information gap approach to role-play, one student can play the RT and the other can take the role of the patient. The patient’s role for our next role-play is also on this page so if you are playing the RT for Scenario I, you can be ready to patient the patient for Scenario 2.
Scenario 1: Helen Burke

This is the information the RT can see for Helen Burke

Helen Burke, 32 coming for the planning appointment before commencing a course of radiation therapy for breast cancer following surgery.

This is the information the patient can see for Aileen Murphy (Scenario 2)

You are Aileen Murphy, 42, teacher, married with 2 children. This is your 4th visit to the radiation therapist but today, you are greeted by a new radiation therapist not known to you. You had diarrhoea after the first few treatments but it is now settling down. There are no other problems associated with radiation therapy so far. You are a little surprised to see a different radiation therapist today.

Preparing for Scenario 2: Aileen Murphy- Screening for side effects

In the Aileen Murphy scenario, the RT must collect the patient from reception and take the patient to treatment room while screening for any issues with physical reaction to radiation therapy and screening for patient general health and well being. Unlike the planning appointment, there is little time available for talking to the patient. To add complexity to this role-play, this is the first time the RT has seen this patient. The patient was treated by another RT for her first 3 appointments. The RT must make the maximum use of the short opportunity to speak to the patient. There may be a window of opportunity to speak to the patient while walking to the treatment room. Any personal questions to be asked must be done when the patient is in an area where there is privacy from other patients. The RT must also establish rapport with the ‘new’ patient in short space of time.

Key functions- quick engagement of patient and screening patient condition

Points to remember

Greeting patient appropriately
Invite patient to walk to treatment room. Use walk to establish small talk while in public area and when in private area, ask more specific question about how patient is going with condition and treatment (eg. question about bowels)
Check ID and screening questions
Invite patient to make herself comfortable by putting on robe and placing clothes in basket, etcetera, in order to begin treatment

8 Julia Ghazarian, Learning Skills Advisor, HAL Library, Monash University, 2012
Scenario 2: Aileen Murphy

This is the information the RT can see for Aileen Murphy

Aileen Murphy is 60, a teacher, married with adult 2 children. This is her 4\textsuperscript{th} visit to the radiation therapist however this is the first time you have seen this patient. Your task is to collect the patient from reception and take her to treatment room while screening for any issues with physical reaction to radiation therapy and screening for patient general health and well being.

This is the information the patient can see for Helen Bourke (Scenario 1)

You are Helen Burke, aged 32, coming for what you understand to be the initial treatment in a course of radiation therapy for breast cancer following surgery. You are a young single woman in a relationship. You have never been seriously ill prior to breast cancer. You are a little tentative about the whole process of having radiation therapy. Your understanding is that you will be receiving your first treatment today.

The role play scenarios above can be extended to create a greater communication challenge by varying the age or condition of the character appropriate to the illness. For example, the patient who has had breast cancer could be varied to be an angry patient, a patient in a hurry, an older patient, a patient who is visually impaired or hearing impaired. It is important to play the roles as seriously and authentically as possible in order to simulate as closely as possible an encounter with a real patient. A patient’s cultural background will also impact the communication.

Communicating in a culturally and linguistically diverse clinical environment

The culturally competent practitioner

The clinical environment is Australia is culturally and linguistically diverse. All RT students and indeed all practitioners in the healthcare system will be communicating in a diverse context where cultural assumptions need to be challenged and skills need to be developed for communicating with patients from a variety of cultures and perhaps also limited English language. RT students who speak more than one language may find that their language skills are a great asset in the diverse setting of Australian hospitals, however...
Diversity of cultural perspectives is such key feature of the clinical environment, that time spent on identifying and reflecting upon our own and others’ perspectives, and examining the assumptions we make about culture will be useful. (A term commonly used to refer to a diverse population is CALD: culturally and linguistically diverse.)

**Communicating with a culturally and linguistically diverse patient population**

Lloyd and Bor (2009) devote a chapter of their book to communicating with a culturally and linguistically diverse patient population. Some of the considerations for communicating with CALD patients include:

- Encouraging shared decision-making
- Understanding the patient’s own explanatory models of health and illness
- Respecting cultural and religious beliefs in applying patient care
- Identifying when to engage an interpreter and knowing how to work within the three-way communication context of interpreter, patient and RT
- Knowing when to refer to outside agencies

Kelly-McCorry and Mason (2011, p.163) provide useful tips for improving cross-cultural communication between the healthcare professional and the patient that reflect different politeness codes and different beliefs associated with health and illness:

- “Do not treat the patient in the same manner you would want to be treated.
- Begin by being more formal with patients who were born in another culture.
- Do not worry if the patient fails to look you directly in the eye or ask questions about the treatment.
- Do not assume anything about the patient’s ideas about how to maintain good health, what causes illness, or ways to prevent or cure illness.
- Ask the patient how they prefer to make medical decisions.
- Never assume that the patient is familiar with any particular type of medical test or procedure.”

Kelly-McCorry and Mason (2011) and Lloyd and Bor (2009) also provide good advice on communicating in many challenging situations, such as communicating with an angry or distressed patient, communicating with a patient and their carer, to name a few situations.

**References**


**Acknowledgment**

Pictures of ‘patients’ from Microsoft Clipart

10 Julia Ghazarian, Learning Skills Advisor, HAL Library, Monash University, 2012