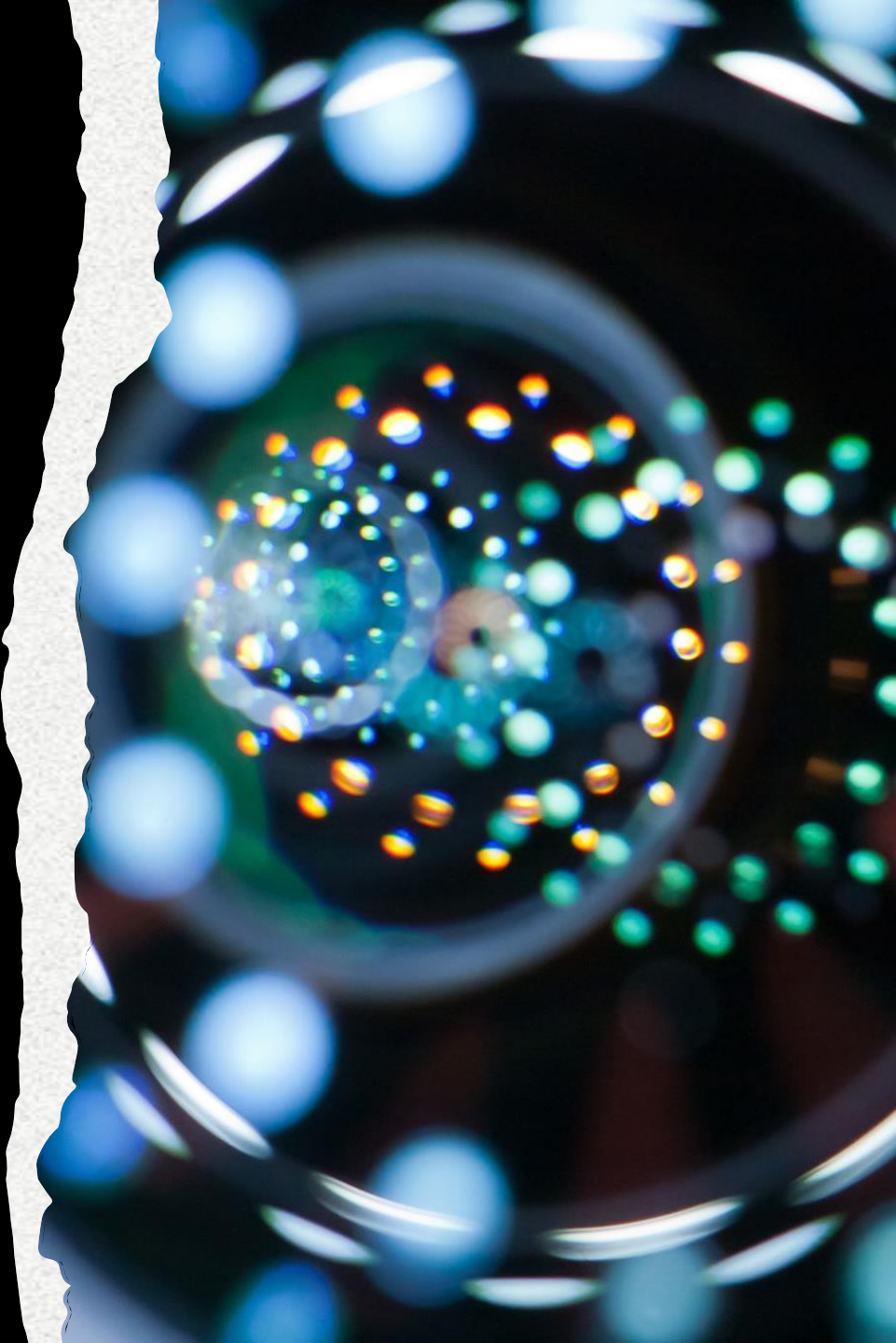


Lights, Camera, Write Method Acting in Family Medicine Simulation

November 9, 2024

Lisa Graves, Kathy Lawrence, Douglass Dalton, Susan MacDonald, Marlow Anduze, Pauline Desrosiers, Samantha Horvey, Vivan Kilvert, Shumona De, Jason Hosain, Joanne Baergen, Darline Noel



Objectives

At the conclusion of this activity, participants will be able to:

- Identify opportunities for practice centred simulation activities
- Integrate the principles of the patient centred clinical method into the development of simulations
- Develop simulations for use in family medicine residencies and across the learning continuum

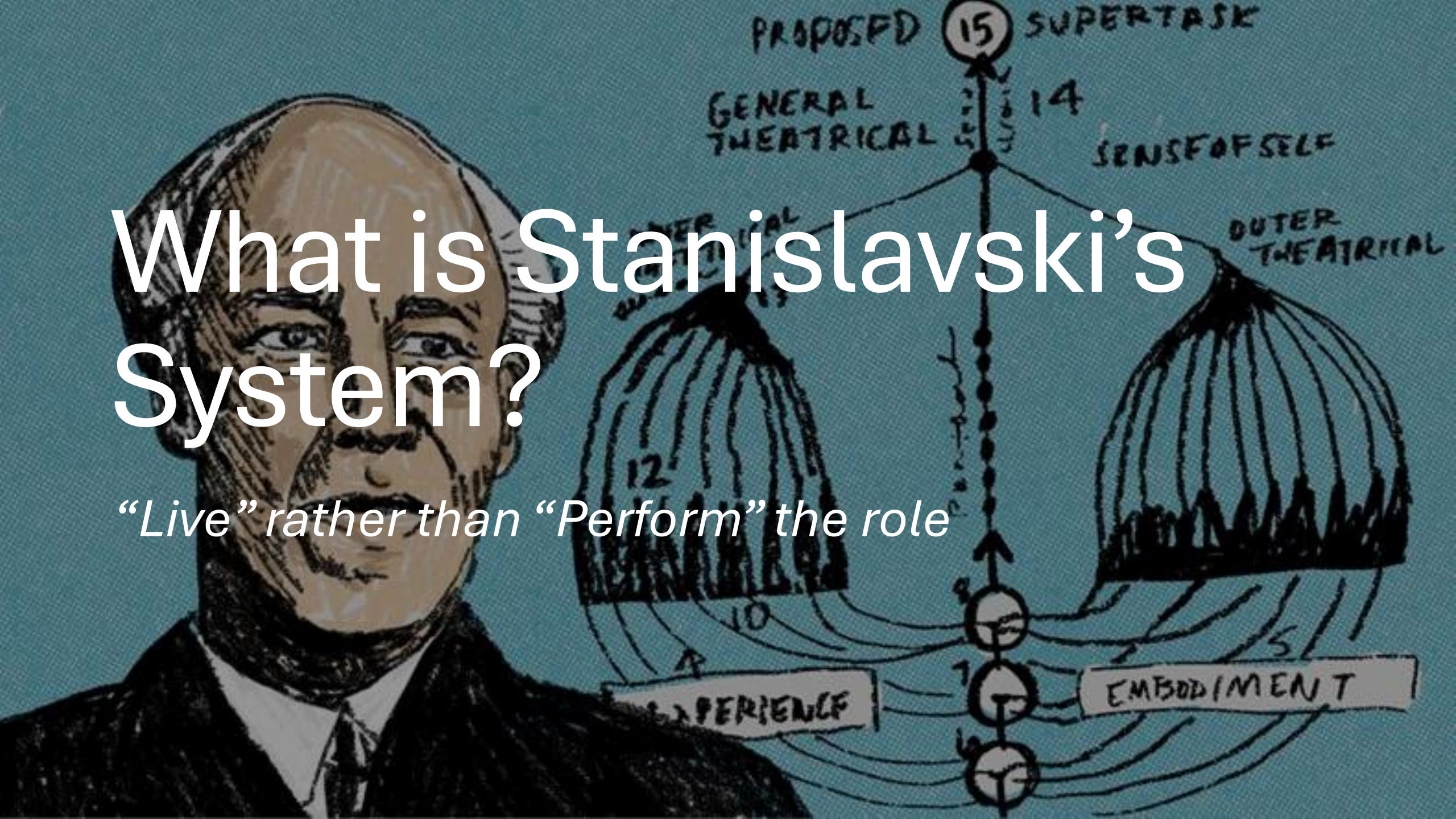


Why bother?

- Creates a bank of possible simulations for teaching tools for your learners
- Simulation can be done locally
- Reduces costs as creator is also the actor
- Helps you to better understand the PCCM and your own patients

What is Stanislavski's System?

“Live” rather than “Perform” the role



What is Stanislavski's system?

- <https://www.coursflorent.education/news/stan-technique>

“Stanislavski argued that an actor must feel how the character does every time they go on stage. To this extent, the art took on a highly rigorous and psychological frame that served to do away with Classical acting, focussed on projection and dramatic actions. Stanislavski called the latter, the “art of representation” – the idea that an actor is just putting on an emotion, instead of being immersed in it.”

What is Stanislavski's system?

- **“Magic “if”**

What if you were the person you're trying to portray in that dire situation?
– What would the consequences be?

The system is primarily based on asking acting questions to do with your role. Understanding the nuanced layers of your character in a deeply engrained way; comparably with your own. The situation you find yourself in would be described as the ‘Given Circumstances’. That is the position that your life has wound up to being; it was fate some may say (You could even describe it as ‘Given’ by the playwright, director etc.). So, reacting in a way that is suitable to the role’s directive and losing your own circumstances on stage is imperative to the approach.”



Think about the most recent patients you have seen...

Perhaps:

- One with an interesting story
- One that has thrown you a curveball
- Made you feel sad, upset or worried
- One that made you think “this could be a SOO”

Now write down
the first name of
a patient who
comes to your
mind...





Tips on patient selection

- Is the situation believable?
 - Not every different, interesting patient is a good choice for simulation
- Is the patient identifiable to others?
 - What needs to be changed to deidentify the patient?
- What specific educational objectives does this help you identify?
 - Clinical judgment, taking a history, sensitive/challenging conversation
- Remember the ordinary can be instructive

- You have been around patients long enough to have a fairly good idea of how they speak, behave, and dress.
- This is your patient!

Think of the following:

- The defensiveness and reticence of a patient living with alcohol use disorder
- The potential embarrassment of someone living with a very difficult partner
- The anxiety of a person living with a terminal illness
- The shyness of a young teenager with a sexual-related concern

Think of the following:

- Will the patient be open, shy, defensive, etc.?
- How articulate will a person of their education level and background be?
- What jargon, expressions, and body language will the patient use?
- What will the patient's reactions be to questions a new physician asks?
- Will the patient display reticence when questions about family relationships are asked?

Patient Perception of Patient Centeredness Questionnaire (PPPC-R)

On a scale of 1 – 4:

1. To what extent was your main problem(s) discussed today?
2. How well do you think your provider understood you today?
3. How satisfied were you with the discussion of your problem today?
4. To what extent did your provider explain this problem to you?
5. To what extent did you agree with your provider's opinion about the problem?
6. To what extent did your provider ask about your goals for treatment?
7. To what extent did your provider explain treatment?
8. To what extent did your provider explore how manageable this treatment would be for you?
9. To what extent did you and your provider discuss your respective roles
10. To what extent did your provider encourage you to take the role you wanted in your own care?
11. How much would you say that this provider cares about you as a person?
12. To what extent does your provider know about your family life?
13. How comfortable are you discussing personal problems related to your health with your provider?
14. To what extent does your provider respect your beliefs, values and customs
15. To what extent does your provider consider your thoughts and feelings?
16. To what extent does your provider show you compassion
17. To what extent does your provider really listen to you?
18. To what extent do you trust your provider?

SOO template provides a framework

- Identification of disease
- Illness experience
- Socio-developmental context
- Context Integration
- Management
- Finding Common Ground



Acting Instructions: Questions to consider

- What phrases would the patient use? (use caution with swearing)
- How would they be dressed?
- What is their mood/affect?
- Are they free flowing with information or closed off?
- How does the patient feel about what they are presenting with?
- What are they worried about?
- How is this impacting their life?
- What do they want from this visit?



History of Presenting Illness

- Why is the patient presenting at this time?
- What is the history? Consider: symptoms, past treatments
- What is the differential for this presentation? What would be the answers to the questions asked
- Build FIFE (feelings, ideas, function) into identification



Take 60 seconds

- List the concerns for the visit

Context

- Start with original patient's context
 - Where do they live?
 - Who are the important people in their life?
 - How are their finances?
- Change to protect identity
- Change to reduce complexity
- Then consider where you are seeing the patient: home, clinic, hospital





Take 2 minutes

- Describe context: age, employment status, supports, life cycle etc.

Your simulation can include:

- Can have one, two or more concerns
- Concerns do not need to be medical
- Can include forms, labs, letters
- No physical exam needed



Management

- Think broadly about what this means
 - What does the patient want today?
 - What are does the patient need today?
 - Can they afford the options that the doctor presents?
 - What will the patient need in the long run?
- Make certain that there is something that the learner can manage
- Include local context of management





Take 2 minutes

- Write 3-4 key points you would want covered in the management

Simulation techniques to consider

- Stop and rewind
- Simplify then simplify again

Debrief

- Plan for debrief following simulation
- Can include what ifs..
- Could use PPC a debrief tool
- Use feedback from others to improve your performance and add to the simulation bank
- Consider debriefing experience from different perspectives
 - Learner
 - Teacher
 - Patient
 - Observers



Discussion/Questions