

**DO NOT REVIEW THE CONTENT OF THESE PACKETS  
UNTIL INSTRUCTED TO DO SO.**

**In this packet, there are 4 role play exercises. You will each have a chance to play a part during these exercises. There are three roles:**

1. Clinician
2. Patient/Family Member
3. Observer

**INSTRUCTIONS:**

Break into groups of 3. You may need to move to another table. In your group, each person should take on one of the above roles to start. Take the correct page from the packet for the role play, and perform the part you are assigned to for the exercise:

1. Clinician – complete the tasks as assigned on your page
2. Patient/Family Member – use the background information to inform your responses to the clinician
3. Observer – document your observations as noted on the sheet

The role play will be divided so that you each take on one of the roles for about ~ 15 minutes, after which we will call time, and you will take on the role that the person to your right previously did. Then repeat this process, until all the people in the group have had a chance to play each role in the scenario. We will circulate around the room; raise your hand if you get stuck or need a prompt.

Once all 3 people in your group have played each role, we will reconvene for a group debrief.

## 2024 GOC PreCon: Role Play Scenario #1

### Clinician Info

**MEDICAL HISTORY:** Mr./Mrs. Williams is 59 y/o, diagnosed with pancreatic carcinoma 5 months ago after presenting with a locally advanced, unresectable, pancreatic mass and painless jaundice. The patient has been in your primary care clinic for more than 5 years. He/she underwent surgery to relieve the biliary obstruction and then received radiation and two months of chemotherapy. The chemotherapy was very hard on him/her, causing severe nausea and fatigue. The patient called you three days ago saying that over the past 3 weeks he/she has noticed a decline in energy, generalized fatigue and little appetite. He/she has no pain or nausea. You ordered an abdominal CT scan and asked him/her to come in today to go over the results.

The CT scan shows considerable tumor progression with multiple new liver metastases. You discuss the case with an oncologist who recommends no further chemotherapy since he/she tolerated the first treatments so poorly. The oncologist suggests that you refer the patient to a hospice program; he says the prognosis is 2-4 months.

### PAST HISTORY

Mild hypertension controlled with medication; one episode of renal colic 3 years ago.

### SOCIAL HISTORY

Patient is married with two daughters, ages 28 and 24, both live in the area. The patient is an elementary school special education teacher, on extended leave since the cancer surgery. The patient has never smoked and uses alcohol rarely.

### TASK

Enter the room and begin a discussion with Mr./Mrs. Williams, you have the following goals for this visit:

1. Identify if there is anyone with the patient today; then begin to review CT scan results and discuss prognosis based on the oncologist's information
2. Elicit the patient's goals for the future

**Note:** Do not discuss the issue of DNR orders or hospice referral in this exercise.

## 2024 GOC PreCon: Role Play Scenario #1

### Patient Info

#### MEDICAL HISTORY

You are Mr./Mrs. Williams, 59y/o; you were diagnosed with pancreatic cancer 5 months ago after presenting with an un-resectable pancreatic mass and jaundice. You previously underwent surgery to relieve the biliary obstruction and then received radiation and two months of chemotherapy. You became very ill from the chemotherapy and resolved ***never to do that again***. Over the past 3 weeks, you and your spouse have noticed a decline in energy, increasing fatigue and little appetite; however, you currently have no pain or nausea. You contacted your primary care physician who ordered an abdominal CT scan. You are here today to speak with your primary care doctor to get the CT scan results.

#### SOCIAL HISTORY

*Family Relationships and Living Situation:* You are married and have two daughters, ages 28 and 24 who live in the area, they are both single.

*Occupation:* You are an elementary school special education teacher, on leave since the cancer was found. The work is very stressful but rewarding. You are eager to get back to the classroom.

*Hobbies and Recreation:* You sing in a community choir and like to grow vegetables. You are looking forward to a family cruise to celebrate your upcoming 30<sup>th</sup> wedding anniversary; it is scheduled about 10 months from now.

*Religion:* You were raised Lutheran but am not involved with a church. You believe in God and an afterlife.

#### MOOD, AFFECT, AND DEMEANOR

You are alone in the exam room. You should appear anxious and sad. You suspect strongly that the cancer has come back, but you still have high hopes of beating the cancer, especially since the doctor hasn't actually come out and actually said that you are dying. You are scared about what is happening, as you don't know what the future will bring. Your fear/anxiety can come across as aggression or anger, then eventually something like despair.

#### TASK AND RESPONSES TO PHYSICIAN

The "clinician" will be telling you the results of the CT scan—you are alone today, no one came with you to the doctor's office. If the doctor does not tell you the CT scan results within the first 2 minutes, you should become increasingly anxious. If 3 minutes go by without the doctor telling the results, say, "Just tell me—what did the test show?" (or something similar). As soon as possible after the doctor tells you that the cancer is growing, ask: "Does this mean I need to start chemotherapy again? —I really hate that." Detail how awful your prior experience was (symptoms, etc.)

You should initially demand to be told about additional treatment options such as clinical trials, radiation, more surgery, etc. but at some point, do allow the "clinician" to explain the prognosis.

If asked "what scares you most about this," "what are you most afraid of," or anything like these questions, explain your fear of the unknown, not of being dead, but your fear of dying; also, your sadness at not seeing your daughters married and with children.

If asked about your personal goals for the time remaining, say "I want to be kept comfortable and I don't want to be a burden on my family". "I'd like to be at home if possible".

**2024 GOC PreCon: Role Play Assessment  
Learner Scorecard (completed by Observer)**

Name of Learner for this Activity:

<b>Role Play #1: Discussing Prognosis</b>	
<b>Content checklist: Mark X if the speaker did this without prompting; mark ✓ if the speaker required prompting; leave blank if not observed.</b>	
_____ Greet the patient/family member and introduces self	_____ Responds to questions using plain language, no jargon
_____ Explains the purpose of the meeting	_____ Discusses prognosis
_____ Asks the patient/family member to describe their understanding of the issue	_____ Describes treatment options
_____ Describes the current medical condition succinctly without jargon	_____ Makes a recommendation if appropriate
_____ Allows the patient/family member to digest the information, uses silence	_____ Allows patient/family to describe goals
_____ Offers an opportunity for the family member to ask questions	_____ Summarizes discussion

**Communication Skills | Please check ONE box per question using the following rankings:  
3=Excellent, 2=Good, 1= Satisfactory, or 0=Unsatisfactory**

	<b>3</b>	<b>2</b>	<b>1</b>	<b>0</b>
Assures comfort and privacy				
Assumes a comfortable inter-personal communication distance				
Maintains an open posture				
Information provided is clear and unambiguous				
Allows family member time to reflect-does not rush discussion				
Reflects emotional meaning				
Resident displayed empathy through words, expression or touch that was appropriate to situation				

**What did you hear that you liked?**

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**What suggestions could you make for the learner?**

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## 2024 GOC PreCon: Role Play Scenario #2

### Clinician Info

#### **MEDICAL HISTORY**

You are on duty one early morning when a 54 y/o with chest pain is brought to the emergency room. While you are seeing another patient the ER nurse informs you about the patient's arrival and tells you that he "looks stable and has normal vital signs". You ask the nurse to get an electrocardiogram, and you tell her you'll examine the patient in 5-10 minutes. Five minutes later the nurse runs in to say the patient has suffered a cardiac arrest. You supervise a 30-minute attempt at cardiopulmonary resuscitation that fails, and you pronounce the patient dead. The nurse tells you that the spouse is in the waiting room and does not know about the cardiac arrest.

#### **SETTING**

The patients' spouse is sitting alone in a waiting room in the ER, sitting in a chair.

#### **TASK**

You are the Emergency Room clinician--tell the husband/wife that their spouse has died.

## 2024 GOC PreCon: Role Play Scenario #2

### Patient Info

#### MEDICAL HISTORY

Your spouse, Mr./Mrs. Jones, is a 54 y/o high school teacher with no history of any medical problems. For the most part, your spouse's work is not stressful, however s/he is in the running for a new position at another school in a district that is better funded [larger salary/better benefits]; s/he has been anxious about the upcoming interview. This morning at 5 am he/she woke up with crushing chest pain. He/she took some antacids, was no better 30 minutes later, and finally woke you up and you took her/him to the emergency room. You have been waiting in the waiting room and you have not met the doctor. You did see a nurse about an hour or so earlier who said, "your husband is having some problems, the doctor will be out to talk with you soon". Other than that, you have not been provided an update about the condition of your spouse.

#### SOCIAL HISTORY

You have three children, ages 25, 22 and 17. The oldest lives out of the home, the middle child is finishing up her last year at college, the youngest still lives in the home. Your parents are deceased, you have no siblings. You work as a new car salesperson.

#### SETTING

You are alone, in a quiet waiting room, located in the emergency room, sitting on a chair. You are increasingly agitated that you have not been given details about what has been happening, other than the basic statement from the nurse regarding the condition of your spouse, and also because you are now very late for work.

#### TASK

As soon as the "clinician" walks in, make it clear that you would like a very quick update on your spouse so you can head out to work. Your plan is to come back at the end of the day, as you are assuming that this is a minor issue (indigestion or perhaps a panic attack). You have already let the children know that their parent is in the ED, but you told them not to worry as you do not think this is a big deal.

Your partner, in the role of the ER clinician, will break the bad news to you. Some questions/comments you may wish to pose (or any you think are appropriate to the situation) include:

- You must have my spouse confused with another patient. He/she's never been sick for a day in his/her life!
- How can this be, he/she was fine when I brought him in! What did your team do to him/her?
- [In disbelief/difficulty accepting the information] Just tell me when we can go home. [Continue to repeat a variation on this a few times].
- Are you saying that my spouse is dead?! What am I supposed to tell the children?

**2024 GOC PreCon: Role Play Assessment  
Learner Scorecard (completed by Observer)**

Name of Learner for this Activity:

<b>Role Play #2: Delivering Difficult News</b>	
<b>Content checklist: Mark X if the speaker did this without prompting; mark ✓ if the speaker required prompting; leave blank if not observed.</b>	
____ Greet the patient and introduce self	____ Describes the bad news in plain language, no jargon
____ Explain the purpose of the meeting	____ Allows the patient to digest the information, uses silence
____ Ask the patient their understanding of the issue	Offers an opportunity for the family member to ask questions
____ Give advanced warning of bad news	____ Responds to questions using plain language, no jargon
____ Offer a plan for next steps to follow meeting	

**Communication Skills | Please check ONE box per question using the following rankings:  
3=Excellent, 2=Good, 1= Satisfactory, or 0=Unsatisfactory**

	<b>3</b>	<b>2</b>	<b>1</b>	<b>0</b>
Assures comfort and privacy				
Assumes a comfortable inter-personal communication distance				
Maintains an open posture				
Information provided is clear and unambiguous				
Allows family member time to reflect-does not rush discussion				
Reflects emotional meaning				
Resident displayed empathy through words, expression or touch that was appropriate to situation				

**What did you hear that you liked?**

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**What suggestions could you make for the learner?**

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## 2024 GOC PreCon: Role Play Scenario #3

### Clinician Info

#### **MEDICAL HISTORY**

You are a clinician who is rounding one evening in a long-term care facility. Your patient is Mr./Mrs. Sanchez, who is 97 years of age and living with advanced dementia. Currently the patient is receiving skilled services and rehab at the facility. Prior to this admission, the patient had lived in a private home, where s/he was cared for by a son and daughter-in-law when her condition began to deteriorate. She had been hospitalized several times over the last few months for pneumonia and a UTI, recently was transferred to this facility for rehabilitation. Before this most recent hospitalization, the patient had a history of nocturnal wandering with frequent falls, and reportedly has “taken to bed,” and his/her verbal communication has been minimal. The patient is incontinent of bowel and bladder and has been slowly losing weight (nursing notes indicate increased difficulty swallowing). The patient is also receiving care for a stage III decubitus ulcer.

#### **SETTING**

Long-term care facility, when you are rounding on patients. You notice 3 adults (the children of the patient) and a daughter-in-law (married to one of the adults present). They look angry and are loudly arguing among themselves, when they notice you and angrily demand your attention.

#### **TASK**

You need to speak with the family to discuss your observations about the patient (decline in condition, frequent infections, limited potential for rehab, etc.) and to plan the patient’s future care. You need to explain the likely progression of the illness you need to ascertain what your patient’s wishes would have been if s/he was able to express them [is there an advanced directive, living will, etc.].

Additionally, you need to mitigate the brewing family conflict and address their individual concerns.



## 2024 GOC PreCon: Role Play Scenario #3

### Patient Info

#### MEDICAL HISTORY

You are an adult child of Mr./Mrs. Sanchez, a 97 y/o Latinx person living with dementia, additional history of hypertension and stage 3 renal disease. Multiple hospitalizations over the last six months for aspiration pneumonia, UTI, weight loss. The patient is now bedbound, incontinent of bowel and bladder, and minimally verbally communicative. Today appears unkempt (food on clothes, hair uncombed, smells of urine).

#### SOCIAL HISTORY

The patient is a former physician (retired at age 65); s/he has been widowed for 10 years. No tobacco, social alcohol consumption, enjoyed cooking & entertaining. Devout Catholic, attended Mass regularly until dementia behaviors made it difficult to be present at church.

#### FAMILY DYNAMICS/HISTORY

You are one of 3 children of this patient; you do not live locally and came in to visit after this most recent hospitalization. Prior to this admission, the patient had been cared for by your brother and sister-in-law. You are angry at the condition of your parent, and you feel that your brother “dropped the ball,” as evidenced by the patient’s current problems (falls, infections, weight loss, decubitus ulcer). Additionally, you are angry at what you perceive to be poor care at this facility, and you want the patient discharged back to the private home (of your brother, despite your feelings that he wasn’t providing adequate care – right now, it seems the lesser of two evils). Your other sibling - who is present at this impromptu family gathering - is trying to play peacemaker between you (and everyone else) and this is making you angrier because you think she should “take a side” [preferably yours].

#### SETTING

Family living room of a long-term care facility. Your 2 siblings and one of their spouses are present. You have been arguing among yourselves, which has been progressively getting louder and more disruptive.

#### TASK

You notice the attending physician making rounds and want answers about what is going on with your parent, and ideally for the physician to tell you who is to “blame.” You vacillate between blaming the brother and the facility – and you are especially angry about the “bedsore,” the withdrawn state and weight loss, as well as what you perceive to be your parent’s “undignified” presentation: they were always concerned with looking “smart” and had been very stylish.

You are not a clinician, so push back any time there is a “clinical” term used. You believe the POLST form reflects your brother’s perspective rather than your parent’s, as you disagree with electing a DNR/DNH option for the POLST. You present as angry and combative to start, so frequently interrupt the clinician’s first several attempts to engage you in conversation [*but eventually, calm down and allow the clinician to complete his/her task*].

**2024 GOC PreCon: Role Play Assessment  
Learner Scorecard (completed by Observer)**

Name of Learner for this Activity:

<b>Role Play #3: Family Goal Setting Meeting</b>	
<b>Content checklist: Mark X if the speaker did this without prompting; mark ✓ if the speaker required prompting; leave blank if not observed.</b>	
_____ Greet the patient and introduce self	_____ Describes the bad news in plain language, no jargon
_____ Explain the purpose of the meeting	_____ Allows the patient to digest the information, uses silence
_____ Ask the patient their understanding of the issue	Offers an opportunity for the family member to ask questions
_____ Give advanced warning of bad news	_____ Responds to questions using plain language, no jargon
_____ Offer a plan for next steps to follow meeting	

**Communication Skills | Please check ONE box per question using the following rankings:  
3=Excellent, 2=Good, 1= Satisfactory, or 0=Unsatisfactory**

	<b>3</b>	<b>2</b>	<b>1</b>	<b>0</b>
Assures comfort and privacy				
Assumes a comfortable inter-personal communication distance				
Maintains an open posture				
Information provided is clear and unambiguous				
Allows family member time to reflect-does not rush discussion				
Reflects emotional meaning				
Resident displayed empathy through words, expression or touch that was appropriate to situation				

**What did you hear that you liked?**

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**What suggestions could you make for the learner?**

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## 2024 GOC PreCon: Role Play Scenario #4

### Clinician Info

**MEDICAL HISTORY:** Mr./Mrs. Williams is 59 y/o, diagnosed with pancreatic carcinoma 5 months ago after presenting with a locally advanced, unresectable, pancreatic mass and painless jaundice [same patient from role play #1]. He/she underwent surgery to relieve the biliary obstruction and then received radiation and two months of chemotherapy. The chemotherapy was very hard on him/her, causing severe nausea and fatigue. He/she called you one week ago saying that over the past 3 weeks there was a decline in energy, generalized fatigue and little appetite. He/she has no pain or nausea. You recently reviewed with him/her the abdominal CT scan which showed new liver metastases. You met the patient last week to prognosis and to review treatment options; the patient elected not pursue any further chemotherapy, that his/her goal was to remain at home and be as comfortable as possible. However, yesterday he/she called and said the pain was much worse and he/she was vomiting and unable to keep food down. The patient was admitted yesterday for pain and nausea management. Overnight he/she did much better and today is taking clear liquids with much less pain.

### PAST HISTORY

Mild hypertension controlled with medication; one episode of renal colic 3 years ago.

### SOCIAL HISTORY

The patient is married with two daughters, ages 28 and 24, both live in the area. The patient is an elementary school special education teacher, on extended leave since the cancer surgery. The patient has never smoked and uses alcohol rarely.

### TASK

Enter the “hospital” room and begin a discussion with Mr./Mrs. Williams, you have the following two goals for this visit:

1. Re-affirm the patient’s goals for future care (review the outcome of role play #1 to start)
2. Discuss CPR/DNR orders – make recommendations based on what you hear the patient wants in terms of what matters most to him/her.

**Note:** Do not discuss the issue of hospice referral in this exercise.

## 2024 GOC PreCon: Role Play Scenario #4

### Patient Info

#### MEDICAL HISTORY

You are Mr./Mrs. Williams; you were diagnosed with pancreatic cancer 5 months ago after presenting with an unresectable pancreatic mass and jaundice. You underwent surgery to relieve the biliary obstruction and then received radiation and two months of chemotherapy. You became very ill from the chemotherapy and resolved never to do that again. Over the past 3 weeks you noticed a decline in energy, generalized fatigue and little appetite. You contacted your primary care physician who ordered an abdominal CAT scan. Last week you came to his/her office and were told that the cancer was progressing, that further chemotherapy would be of little benefit. The doctor discussed your prognosis and asked me about my goals for the time you had left (weeks to months). You indicated a desire to be kept comfortable and to be at home.

Two days ago, you began having increasing abdominal pain, nausea and vomiting; yesterday your doctor admitted you to the hospital for pain and nausea control. He/she started some new medication, and you feel much better today, you are hoping to go home by tomorrow. You ate breakfast today; the pain is much better.

#### SOCIAL HISTORY

*Family Relationships and Living Situation:* You are married and have two daughters, ages 28 and 24 who live in the area, they are both single.

*Occupation:* You are an elementary school special education teacher, on leave since the cancer was found. The work is very stressful but rewarding. You had been very eager to get back to the classroom until the conversation of last week.

*Hobbies and Recreation:* You sing in a community choir and like to grow vegetables.

*Religion:* You were raised Lutheran but am not involved with a church. You believe in God and an afterlife.

#### MOOD, AFFECT, AND DEMEANOR

You are in your normal mood, cheerful (relatively speaking) since you feel much better today. However, this recent pain and nausea was scary, you worry that it will only get worse. You don't know what the future will bring. You had been looking forward to a family cruise to celebrate your upcoming 30<sup>th</sup> wedding anniversary; it is scheduled about 10 months from now, but you are disappointed that it likely won't happen.

#### TASK AND RESPONSES TO PHYSICIAN

Your clinician will be coming to visit you. You are less anxious than the first time but concerned about the potential recurrence or worsening of pain and other symptoms. Ask if the recent development of symptoms alters your prognosis at all. Re-affirm your goals for the time remaining, say "I want to be kept comfortable and I don't want to be a burden on my family". "I'd like to be at home if possible."

If the clinician asks you about CPR/DNR (or uses acronyms), be sure to ask him/her to explain any terms you don't think an average patient would understand. After you feel you understand the question, ask the clinician:

- If I get better in the coming days, can you change the order?
- Will you still be my doctor even if I decide I want to go on "life support?" Ask about time limited trials of life-support.

The clinician may make a recommendation about CPR; ask about risks/burdens [specifically your chances that you could return to your current level of function] but eventually say that you do not want to be resuscitated and would rather have a natural death.

**2024 GOC PreCon: Role Play Assessment  
Learner Scorecard (completed by Observer)**

Name of Learner for this Activity:

<b>Role Play #4: Discussing Code Status</b>	
<b>Content checklist: Mark X if the speaker did this without prompting; mark ✓ if the speaker required prompting; leave blank if not observed.</b>	
_____ Greet the patient and introduce self	_____ Responds to questions using plain language, no jargon
_____ Explains the purpose of the meeting	_____ Discusses prognosis and treatment options
_____ Asks the patient their understanding of the illness	_____ Asks patient to describe goals
_____ Describes the current medical condition succinctly without jargon	_____ Discusses CPR within the context of the disease, and prognosis and patient-defined goals
_____ Allows the patient to digest the information, uses silence	_____ A clear recommendation regarding CPR/no-CPR is made
_____ Offers an opportunity for the patient member to ask questions	_____ Summarizes discussion

**Communication Skills | Please check ONE box per question using the following rankings:  
3=Excellent, 2=Good, 1= Satisfactory, or 0=Unsatisfactory**

	<b>3</b>	<b>2</b>	<b>1</b>	<b>0</b>
Assures comfort and privacy				
Assumes a comfortable inter-personal communication distance				
Maintains an open posture				
Information provided is clear and unambiguous				
Allows family member time to reflect-does not rush discussion				
Reflects emotional meaning				
Resident displayed empathy through words, expression or touch that was appropriate to situation				

**What did you hear that you liked?**

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**What suggestions could you make for the learner?**

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## 2024 GOC PreCon: Take Home Learnings

### LEARNING POINTS

Make a list of the most salient or impactful new facts that you learned in this workshop:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

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List three common clinical situations (or circumstances in my program) where I can apply this new information:

- 1.
- 2.
- 3.

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Discuss three ideas that you may use to scale GOC at your organization:

- 1.
- 2.
- 3.