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Using actors to simulate doctors in the continuing professional development of GP trainers and appraisers

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What is already known in this area
Actors have been used for many years to contribute to the training and assessment of medical students, specialty trainees and established doctors. Their role to date, however, has largely been limited to playing patients in scenarios.

What this work adds
The study presented here is a qualitative evaluation of a pilot scheme to trial a workshop method which used professional actors to play doctors in the role of an appraisee or registrar (GPST3). The main findings showed that this method allowed participants to:

- gain insight into the dynamics of interpersonal communication and interaction;
- reflect on the responsibilities of being an appraiser /GP trainer;
- test out different ways of handling difficult situations which may be encountered.

It also allowed the session organisers to look more closely at the method in practice, in order to develop and fine-tune it for the future.

Suggestions for future research
The findings from the present study would benefit from further evidence arising from wider testing and reporting of the workshop method. Consideration of the impact of playing the role of doctor from an actor's perspective should also occur, as has for actors playing patients.

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Formal ethical approval was not sought as the evaluation concerned education/training provision within the remit of the Deanery.

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Introduction

Actors have contributed to medical education and training for many years.[1-3] Their involvement has generally been either in the formative education of medical students and trainees or in their summative assessment, and is generally linked to clinical or communication skills development.[4,5] The use of actors in the CPD of doctors is a less well explored area, tending to draw on similar models, where the actor plays the role of a patient. In spite of an extensive literature search, no references could be found to any published literature concerning continuing professional development where actors played the role of another doctor in order to provide enhanced or developmental training in specific doctor-doctor encounters. Informal communication with colleagues in other deaneries identified two similar exploratory projects in the Eastern Deanery[6] and currently at KSS,[7] both with appraisers. One paper[8] was found where actors contributed to training for general practice through an interactive drama-based approach focusing on communication skills. The trainees were presented with an unfolding story about a GP and patient (played by actors) using scenes and monologues. They were then invited to discuss what they had seen with the actors in role, after which they worked in groups to identify what advice they would offer participants to improve communication, which the actors improvised.

This qualitative evaluation builds upon work presented in an earlier paper, Lyon-Maris and Burrows (2009).[9] Lyon-Maris and Burrows describe an exploratory workshop during which actors were provided with contextual information which allowed them to play simulated doctors (registrars and appraisees) in order to enhance the CPD of GP trainers and appraisers. This was the first time actors had participated in training in this way in Wessex, and it was hoped that this approach would provide a new resource for skills development and CPD for trainers and appraisers. The actors worked alongside experienced GP appraisers and GP trainers to rehearse a small number of scenarios that had been developed specifically for the purpose of the exploratory workshop. The scenarios were written by experienced GP educators and appraisers, and were aimed to draw on situations where attitudes were central to the interaction, there was a clear problem or issue at hand and there was the potential for the exchange to be difficult. In addition to preparing the actors, the workshop also aimed to train a number of facilitators who could run further workshops in the future. The scenarios were revised after the initial exploratory workshop to take into account their use in practice and feedback from participants. The outcomes of this initial event were:

- Six professional actors fully briefed and practiced in both types of GP role simulation;

- The emergence of 'ground rules' for the process and simulator 'etiquette.' These are presented in box 1.
- A better understanding of the level of detail required in the scenarios and scope of the background information needed by the actors to come across as convincing. The actors felt they could acquire enough information about the GPST3-Trainer relationship through being briefed, however the simulated appraisees were felt to require more contextual information which could be acquired through the provision of background details for the person and mocked up extracts from the appraisal documentation (generally from form 3 and/or form 2).

[Insert Box 1 here]

The present paper reports further steps in the development of this method. It describes the outcomes of two training workshops, one for a group of experienced appraisers and one for experienced trainers, and reports the views of participating appraisers and trainers regarding the usefulness of the approach.

Evaluation method

Both types of workshop were observed and evaluated to address the following questions:

- What are the views of a purposive sample of GP appraisers and GP trainers regarding the usefulness of this approach to developing their skills?
- What additional information is provided by the subsequent workshops to further develop the method and process?
- How has this project advanced understanding of the value of simulators to the CPD of GP appraisers and trainers, and how can it inform their CPD in the future?

The data were derived from the participants of each of the training days, the actors involved and from non-participant researcher observers. Both sessions were observed by an experienced, independent researcher (KB or SS) who recorded the process of the day and any spontaneous feedback /comment. 'Condensed account' notes[10] were taken at the sessions rather than using a structured observation schedule, in order to allow for as broad a scope as possible in the collection of observation data. Facilitated verbal feedback was given at the end of each day in the 'wash up' session and additional follow-up written feedback was gathered by email from the participants, facilitators and actors. The 'wash up' session feedback consisted of the participants' responses to open-ended questions posed by the facilitator plus any discussion arising from the questions (observed and recorded by the researcher). The follow-up feedback consisted of the participants'

free-text responses to three open-ended questions posed by a researcher (SS) concerning whether s/he had used the material covered in the workshop since the meeting, whether there had been any impact on his/her practice and whether s/he would like to attend such a workshop again in the future.

The data collection methods were aimed to generate a descriptive and detailed account of the workshop approach, and to highlight in particular the usefulness of allowing participants the opportunity to pause and review a scenario and to shape it's development. The account notes of the two observed workshops were analysed using a grid developed specifically to consider the process of the workshop in detail and to describe the roles of the participants throughout the interaction. The feedback data were analysed in the context of the research questions and limited wider literature. The method of analysis of the feedback data entailed a process of 'initial coding'[11] followed by thematic analysis.[12] As the evaluation was in part considering the process of the workshops which was common, the observation and feedback data for both were considered together.

Description of the training workshops

Workshop 1

Pilot training workshop 1 was a 'challenging appraisals simulation workshop.' There were 10 participants and 1 non-participant researcher observer. The participants comprised 2 professional actors, 2 session facilitators and 6 experienced appraisers. The day was broken into four parts:

1. Aims of the day, overview of process, setting group rules and icebreaker;
2. The whole group worked through scenarios 1 and 2
3. The whole group worked through scenarios 3 and 4
4. Verbal feedback on the day from the actors out of role, verbal feedback from the appraisers and completion of feedback sheets.

Originally it was planned that the larger group would split into two smaller groups when working on scenario 2 and after. However on the day the group consensus was that they would like to continue to work together as the group dynamic was working well, there was a high level of trust amongst participants (noted in the feedback) and the contributions were felt to be relevant and useful to all.

Workshop 2

Pilot training workshop 2 was a 'challenging GP registrar simulation workshop' which took place in the course of a two-day training event for established GP trainers. There were 33 participants and 1 non-participant researcher observer. The participants comprised 5 professional actors, 4 session

facilitators and 24 experienced trainers. The non-participant observer followed one group of the four as they worked on the scenarios with an actor, as for workshop 1. Written feedback was gathered from all participants. The additional feedback from the 3 unobserved trainer groups was used to supplement the detailed data and identify any issues not occurring elsewhere in the trainer data.

The process

For each workshop, the action of a scenario was played out in a 'goldfish bowl,'[♣] with the GP trainer/appraiser and actor in the centre. The facilitator, the remaining group members and researcher observer encircled them. The role-play setting for each scenario was either a tutorial for the trainers or an appraisal meeting for appraisers. In the majority of scenarios, an issue would be identified from the briefing notes as the starting point for the dialogue, however occasionally a very general 'opening gambit' might be used, such as 'how's it been going?' The dialogue then developed with the actor constructing a narrative drawing on the briefing notes, and the appraiser /trainer exploring the unfolding narrative through questioning.

Findings from the observations

The appraiser/trainer interacting with the actor changed on average 4 times [2 min, 5 max] in the course of a scenario, and the dialogue was paused an average of 5 times [3 min, 7 max]. A pause did not necessarily prompt an immediate swap of appraiser /trainer: often the comments /ideas from the group would be explored before a change was made. Pauses were generally initiated by the facilitator but not always; occasionally the appraiser/trainer called for 'time out' when in need of ideas or things were felt to be becoming difficult. Group contribution to the session generally followed a pause and was prompted by the facilitator inviting them to comment, identify /discuss issues, problem-solve strategies and generate ideas. The group discussed an average of 4 different aspects of the unfolding dialogue [2 min, 6 max]. Typically the line of development of the discussion and dialogue would spiral from the initial starting point and feed off key words or phrases used by the actor. None of the scenarios observed took a very radical change in direction or a complete restart. Contributions from the actor in the course of the scenario tended to relate to how s/he was feeling as a result of the interaction, however occasionally the actor could be asked for other information, for example for help in how to move out of a situation where interaction was difficult. All participants contributed to a closing review 'wash-up' discussion which considered the scenario as a whole, the way it developed, the discussion points it prompted, and how they all felt about it.

[♣] This group seating arrangement is widely used in communication skills training as it is thought to encourage reflection, see for example http://www.gp-training.net/training/vts/group/goldfish.htm

Observation notes of workshop 1 (appraisers) indicated that the typical length of running for each scenario was 45 minutes [40 min, 50 max], and that they tended to get shorter as the day progressed.

The role of the facilitator

Observation of the workshops indicated that the role of the facilitator was central to the scenario process and how it developed. The facilitator provided the link between the group observing the process on the one hand and the trainer /appraiser and the actor engaged in the narrative on the other. The facilitator was instrumental in the interaction process through being the person who initiated most of the pauses (96%). A pause allowed the process to be opened up to the wider group to permit an exchange of comments, questions, ideas and experience; and the group established how the dialogue would resume (typically continue, rewind, change topic, change approach, receive feedback from the trainer /appraiser or actor, or change trainer /appraiser in the 'hot seat') based upon the group's thoughts and consensus. The aim of this unusual approach was to allow scenarios to play out in a safe but challenging environment, and to permit exploration of different ways of handling the interaction 'when something happened.' A similar approach to facilitation has been reported by Wilson (2000)[13] with undergraduate medical students. Overall the role of the facilitator was observed to encompass eight distinct functions. These are presented in box 2.

[Insert Box 2 here]

Feedback from the participants on the process of the observed sessions

Thematic analysis of the feedback data indicated that the appraisers/trainers found the workshops very relevant, useful and valuable. The trainers in particular found that although the process had felt uncomfortable at the time and was challenging, the outcome was 'surprisingly' beneficial and helped them to feel better equipped for their role, particularly in giving feedback. The main benefits for the participants centred on:

Extending critical insight into interpersonal communication and interaction

The process allowed them to observe and participate in the unfolding dialogue and interaction, and to discuss it in depth. They engaged with aspects such as: identifying and responding to subtle verbal and non-verbal cues from the actor; being required to select and explain which cues were followed up; exploring their reaction to extreme emotional responses such as crying, anger, aggression. These were felt to be potentially difficult aspects of the interaction that could be set aside or blocked in real-life interaction, however the simulation provided the opportunity to expose them and explore them in a protected

way. The participants posed and discussed questions such as: Is there a hidden agenda? Is there an issue underlying this behaviour?

Reflecting on the responsibilities of being an appraiser /trainer as opposed to being a GP

It enabled the participants to consider some of the more difficult aspects of being a trainer /appraiser: how much of myself and my own experience should I share? How do I recognise when an appraisal is not going well? How do I balance the interests of patients with giving the GPST3 trainee freedom to learn and develop? Where are the boundaries between giving options and giving advice in my role as a trainer /appraiser?

Testing out ways of handing situations

The process allowed participants to experiment with different strategies and approaches to manage interaction and play them out: a 'carrot vs. stick' approach to framing a discussion; contrasting open /closed questioning styles; identifying ways to move a discussion on where it is going round in circles or has become entrenched in a negative perspective; reflection on how who has control of a discussion or agenda impacts upon the behaviour of participants.

Feedback from the actors generally concerned with the process and raised a number of issues from their perspective:

Scenario continuity

The ability to change approach or try new strategies that the appraiser/trainer participants found valuable was less well-liked by the actors. On occasion the actors felt that there were too many changes in direction /approach being used in a single scenario, and this was viewed as preventing a line of discussion or strategy from being played out in full. The technique of pausing the action was not problem in terms of scenario continuity, rather rapid and frequent change was seen to be.

Actor preparation

The actors noted that they would value time to read and reflect on the documentation just before the simulation in order to have an overview in mind for them to draw upon. They also felt that they would benefit from more information regarding the motivation of the appraisee/registrar and triggers that might prompt a change in attitude or behaviour during the interaction. This would then allow the actors more freedom to develop the dialogue based upon the approach of the appraiser /trainer, and perhaps tap into more subtle emotional responses, rather than a pre-determined script. It was noted that some

indication of the level of emotion the actor should play to would be helpful, and a suggestion of score on a scale of 1 to 10 could be used.

Personalisation

On one occasion when the interaction became heated and difficult, the actor felt the emotional impact extended beyond the role she was playing, and the exchange had made her uncomfortable. This unintended consequence of the process was viewed as a learning point for the actors who reported that in future they would give thought as to how to buffer their own identity from the GP identity. Consideration of the emotional, mental and physical impact of portraying the role of a simulated patient can be found elsewhere in the literature,[14-16] however previous discussion does not relate to 'in scenario' or 'in role' management of feelings.

The feedback raised a number of issues regarding the process and the scenarios specifically:

Process

Both the actors and appraiser /trainers commented that they thought the scenarios were being stopped too early, and that they could be continued for longer to maximise the discussion and learning that could be generated. It was suggested that rather than having four to work through, two or three would suffice for a day's workshop. This point links to a further comment that was made about both days: participants found the process mentally demanding, requiring intense concentration, the limits of which were reached by the afternoon. This was borne out by the observation data as the scenarios later in the day were shorter in duration, there was less discussion and fewer pauses. Participants at both workshops agreed that the optimum size of group was 6-8. Running with larger numbers was felt to have implications for the group dynamics and trust. Establishing trust in the group was seen to be critical to the success of the process. Finally there was the suggestion that an additional ground rule should be added, that appraiser /trainer should not make up information or add anything not already indicated in the actor's briefing notes.

Scenarios

All participants agreed that more scenarios needed to be developed to explore the value of the process to a greater extent. Having used the current bank of scenarios on several occasions, the facilitators recognised that the content of the scenarios might need further development. In particular the present appraisal ones were recognised as being centred around conflict scenarios due to this type of situation being less commonplace, and it was

acknowledged that they perhaps needed scaling back to reduce the risk of caricature and potential for animation. It was suggested that thumbnail sketches of difficult appraisal /training situations should be written drawing on experience. These would be intended to give the actors an overview and a feel for the level of emotion, but that there should be an attempt to move away from additional documentation (e.g. the appraisal forms). This links with the actors' request for more information on motivation and triggers.

Other comments

- It was suggested by the trainers/appraisers that the roles could be reversed so that the actor play the appraiser/GP trainer and the GP play the registrar/appraisee. This was not viewed as a useful change by the actors, as their role and behaviour was governed by interacting with the appraiser /trainer.
- It was suggested that the interaction could be videoed and then discussed by the group. Whilst this could provide an additional useful resource in the same was viewing teaching videos does, it would lose the interactive aspect of the process where discussion influences the dialogue and the ability to change the trainer/appraiser whilst in role.

Follow up feedback on the workshops six months later was received from 19 GP participants (50%, 16 trainers and 4 appraisers). Their reflections continued to be positive and reiterated the views expressed during and just after the workshops. For some responding, the workshops had shed light on their own interaction styles and prompted a look at their own practice. For others the lasting emphasis was on sharing approaches, which had provided them with additional tools and techniques. Notable impacts reported were:

- cascading and developing the method for a local training session;
- modification of communication approach /behaviour in the light of the session;
- increased confidence to use the skills and techniques in practice, especially in challenging situations.

Not all respondents reported that the workshop had a lasting impact on their practice, and for some video was still first preference. However, all respondents would like to have the opportunity to participate in such workshops again.

Discussion and conclusion

This paper has presented a qualitative evaluation of an on-going project exploring the value of using actors in role-play scenarios for the purposes of continuing professional development in primary care. In this case, professional actors were playing doctors in order to explore the communication

skills of GP appraisers and trainers. The start-point for this work was to explore a new approach to CPD, and to challenge the relatively 'safe' role-play approaches currently used with GP trainers and appraisers in Wessex. Up to now refresher and on-going training has tended to rely on one of the following: GP trainers have either reviewed an extract of a teaching session on video or role-played an educational encounter (usually case-based) with a registrar, which is then commented on and discussed by the trainers observing. Both approaches are very useful for gaining insight into teaching and learning behaviour, but are relatively 'safe' in terms of dealing with interpersonal or attitudinal issues: capturing difficult encounters on video is rare (let alone being brave enough to share them), and registrars don't tend to volunteer to be involved in such training only to open a Pandora's Box of underlying issues. Similarly on-going training for GP appraisers has used role-play, where turns are taken to play an appraisee in difficulty. This approach has been less satisfactory than those used by trainers, as participants have tended to portray an appraisee whose problem is either too straight forward or too exaggerated.

In a review of the communication skills for doctors, Maguire and Pitceathly (2002)[17] discuss the need to move beyond a medical model of communication in order to communicate effectively with patients. Their blueprint for the skills needed and how to acquire them matches closely the aims and outcomes of the workshops reported here, and we would argue the insight into communication gained is applicable beyond interaction with patients. In particular, by becoming aware of their own communication preferences and tendencies, our participants were able to identify behaviours and strategies to be aware of on the one hand, and on the other, to use. The workshop process brought to the fore ways to engage the challenging trainee or appraisee and to 'unblock' communication, which were thought extremely helpful. The strengths of the workshops reported here appeared to lie with the fluidity of the process, shaped in large part by the skill and experience of the facilitator and the commitment of the participants. Such an approach complements the work of others, MacLeod (2007)[18] and Wright (2009)[19] for example. Such education was found to be powerful, and should perhaps be used strategically in order to maintain the impact it can have on practice, as some find it an uncomfortable experience. The approach also reflects a similar versatility as that of hi-fidelity mannequin simulation; in this case the scenario can be fine-tuned and stepped up through the skill of the actor.

Although this use of actors playing doctors is being explored in other deaneries, little has been published and there is a need for further evaluation to inform development. The findings from the present study would benefit from further evidence arising from wider testing and reporting of the

utility of the method. Consideration of the impact of playing the role of doctor from the actor's perspective should also occur, as it has for actors playing patients.

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Box 1: Ground rules and simulator 'etiquette.'

Discussion and contributions to be kept confidential in order to allow the sessions to be a protected testing ground for development; Group contribution to be signalled to the facilitator, rather than directly interrupting the dialogue; Not challenging the actor on medical knowledge; Keeping discussion about training and appraisal general; The focus of interaction to be on attitudes and behaviour not knowledge of systems and procedures; Interaction about the scenario addressed to the simulated GP will be responded to in role as doctor; Interaction about the scenario addressed to the actor will be responded to out of role and should only be sought at the end to avoid confusion.

Box 2: The eight functions of the facilitator.

Recapping the dialogue for the group; Prompting the group to discuss something; Asking the appraiser/trainer a question to inform the group discussion; Asking the actor a question to inform the group discussion; Offering a suggestion or comment from his /her own experience to inform the group discussion; Summarising the group discussion; Applying the outcome of a group discussion to the dialogue; Yellow carding the process i.e. where simulation etiquette was in danger of being contravened.