

A trip to the movies...

**DRAW**

**Using film to facilitate  
communication skills assessment  
and learning**

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# Background to **DRAW**

**Drama Role-play Alternation Workshop**: teaching communication skills using film and television and integrating this with role-play: 'Springboard' concept

More than just *Cinemedication*

Evidence that doctors particularly struggle with certain aspects of communication skills (Wong 2009)



# What is **DRAW** and how does it work?

- Running since 2013 with F2 trainees in GP
- Synopsis of the story so far – scene setting
- Clip played demonstrating one of these difficult areas
- **Clip paused at critical point**
- ‘Springboard’ moment – role-play takes over
- Group observes
- Feedback & group discussion
- Finish with what actually happened in rest of clip



# Aims of a **DRAW** session

- To develop the learner's skills in breaking bad news and how to avoid the pitfalls
- To consider and reflect on the challenges of negotiating management with a patient
- To develop the learner's approach to dealing with mistakes in medical practice
- To enhance communication skills regardless of trainee level or speciality



# Why **DRAW**? Why not simple role-play?

- Film/ TV clips can set the scene and emotional content more effectively, draw in the trainee and make interactions feel more realistic
- Allows reflection on trainees' own communication experiences and group discussion
- Can see good and less good examples of communication – facilitates discussion
- Improves trainees' awareness of their learning needs
- A bit different – everyone loves a bit of TV!



# What does it look like in practice?

- <http://alexmacdonald.info/draw/portfolio/subarachnoid/>



# Clips used in **DRAW**

- Cardiac arrest
  - Paracetamol overdose
  - Organ donation
  - Jehovah's witness declining life saving blood product
  - Subarachnoid haemorrhage – breaking bad news patient has died
  - Mesothelioma – breaking news of diagnosis
- Eastenders
  - Cervical cancer
- Bodies
  - Placental abruption
  - Crike – operating within competence
  - Theatre list – miscommunication



## Your turn....

- In groups of three: Patient, Doctor & observer
- Pt who has taken a Paracetamol overdose
- 1 min clip intro
- Clip will stop at “I wonder if you would mind taking out the drip please”
- 5 mins for role play
- 3 minutes feedback





# Reflections on DRAW

- The clips often stimulated discussion about trainees' own experiences of similar situations
- The group were then able to discuss how to problem solve these for the future
- And the future of DRAW ...
  - Continue for FY2 trainees
  - Extend to bottom 10% of ST1s recruited on GPVTS
- TV clips reflect British culture so role in IMG teaching?



# Some thoughts from trainees

*"TV clips help set the scene"*

*"More interactive, more interesting"*

*"Facilitated more discussion"*

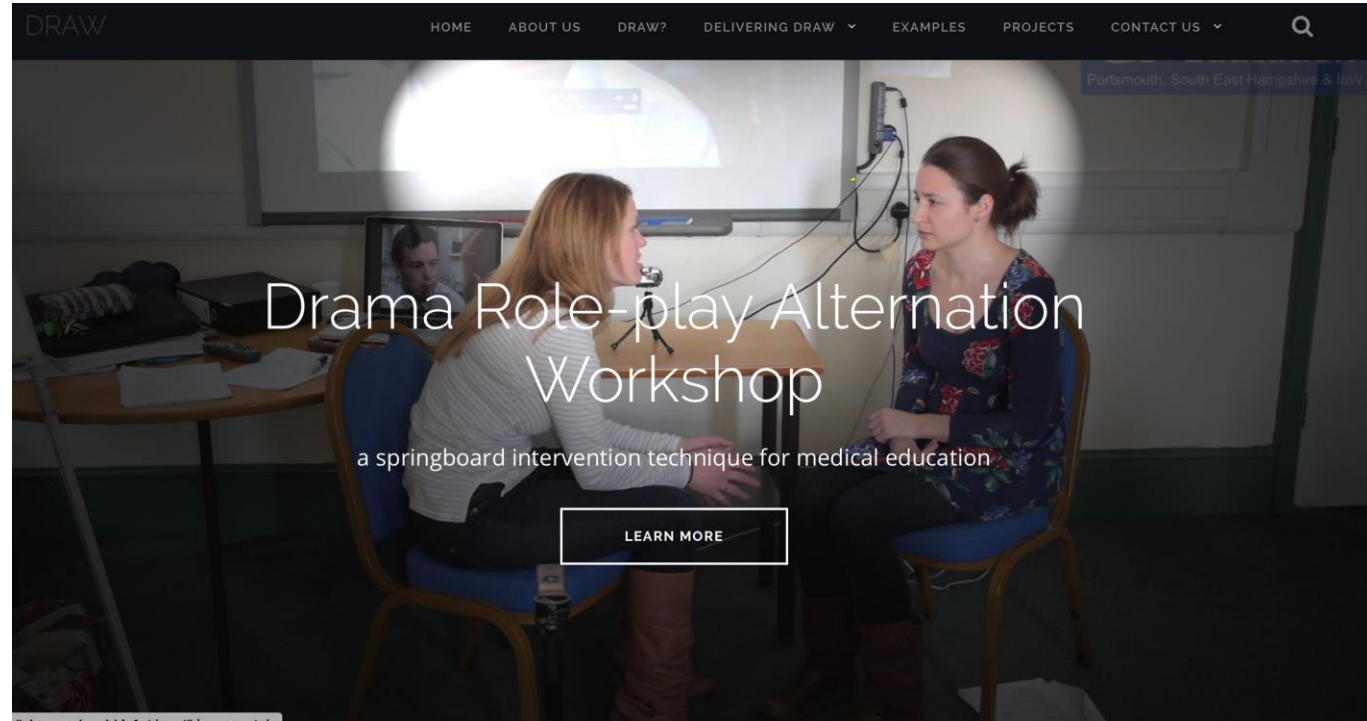
*"A new way of tackling a communication skills session, found it an interesting approach and beneficial session"*

*"I think it sets the scene much more effectively than a simple typed out scenario. Although naturally theatrical it sets the scene immediately with high emotions which is often how a foundation doctor finds such conversations!"*

*"Added humour"*

*"Sets the context and highlights how not to do it"*





# QUESTIONS

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<http://alexmacdonald.info/draw/> - further information & resources

# Acknowledgements and References

- F2 trainees who participated in the sessions and analysis
- Sam Scallan: Wessex School of General Practice Research Lead

## Reference:

- Wong R, Saber S, Ma I, Roberts JM. (2009) *Using television shows to teach communication skills in internal medicine residency*. BMC Medical Education. 9 (9).



## Elements of a DRAW session

For more detailed information on how to set up a *DRAW* session, [click here](#). The text below gives only the bare outlines.



### Source material

Source material must be carefully chosen to produce a successful DRAW scenario. The clip must involve a teaching opportunity, but not all such opportunities that arise in TV or film dramas can be converted successfully. Candidate clips must be assessed under four headings: (a) is the drama convincing and credible from a medical point of view? (b) is it emotionally involving? (c) does this involvement hook quickly (we are interested only in short clips)? (d) does the doctor face a clear challenge with more than one path that might be followed? And last, but most importantly, (d) is there a springboard moment? Remember: a DRAW



### Springboard moment

A key element in the setting up of A DRAW scenario is the identification of a springboard moment. This is the moment in the drama where the doctor is faced with her difficult decision. She must now act; but how? The problem has been explained by the previous dramatic action; the class is emotionally involved in the dramatic situation; and now the doctor faces her problem -- there has been a mistake, bad news must be broken, expectations must be managed, competence has been questioned, and so on. All eyes are on the doctor. She opens her mouth to speak -- and the video is paused. Now a postgraduate junior doctor is selected from the



### DRAW session

A DRAW session might involve a half-day comprising a half-dozen scenarios covering a range of challenges. Pay attention to the quality of the image and sound in the projection equipment. Ideally, the class size will be at least a dozen, to provide a range of points of view. Having two facilitators produces a welcome variation. Neither needs to be a pillar of local am-dram, but some acting ability is necessary. For each scenario, the video is played, it is paused at the chosen springboard moment, and role-play takes over with a facilitator playing the patient/relative and the trainee playing the doctor. After the role-play, the trainee is asked how