

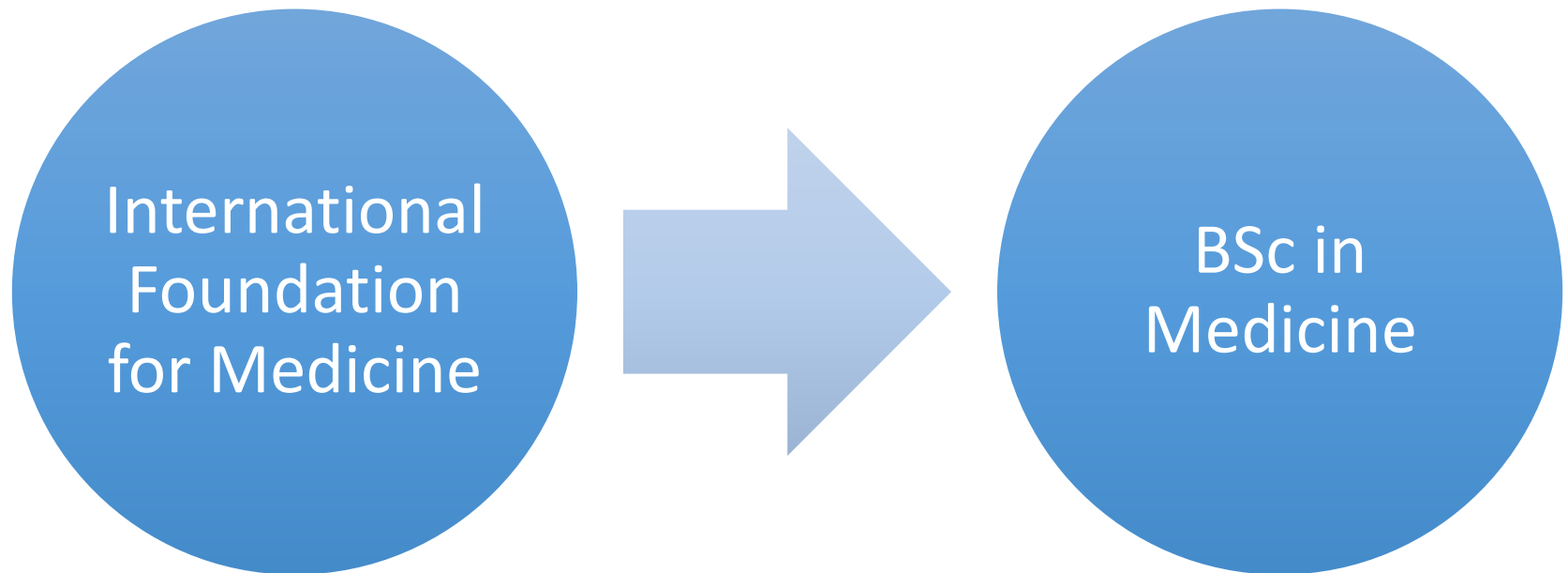
# Simulated consultations on a medical pathway programme: analysing what constitutes a ‘good’ performance

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# Overview

- The Role-play Assessment
- How it's marked?
- Identifying features of a 'good' performance
  - Conversationalising the consultation
  - Metacommunicating
  - 'Doing empathy'
- Examples of 'communicative trouble'
  - Misalignment
  - Misunderstanding
- How does this inform the curriculum?
  - Self-awareness and reflection
  - Cultural awareness
  - Wider context

# The Role-Play Assessment (RPA)



# The RPA

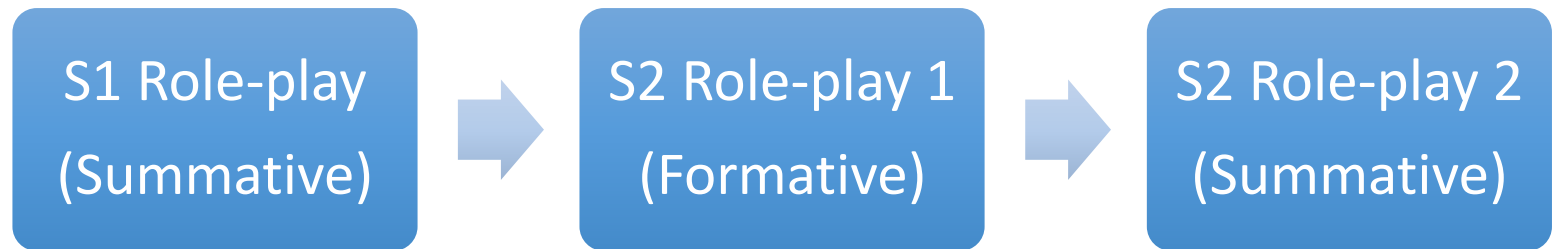


International Foundation  
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Communication Skills

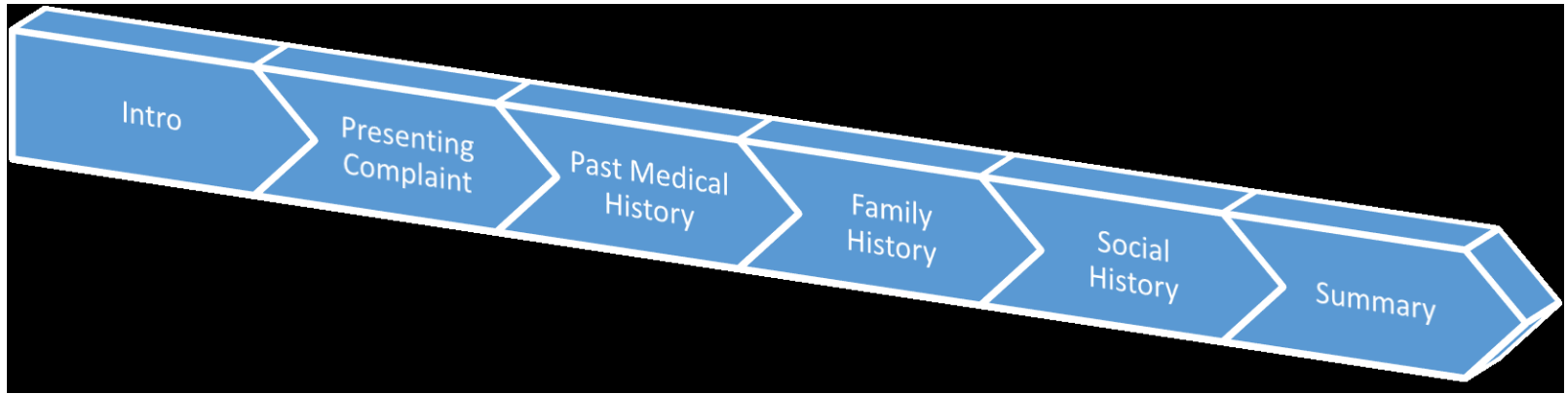
Role-play Assessment  
(RPA)

# The RPA



All assessed role-plays are:

- Conducted with a trained simulated patient
- Filmed (for formative and moderating purposes)



# Identifying features of a good performance

- 20 point scale
- Four main criteria
  - Verbal - prosodic features and register
  - Non-verbal - eye contact, posture, position, movement, facial expression
  - Rapport - picking up on verbal and non-verbal cues, accepts patient's view and is empathetic, patient put at ease, (natural) active listening
  - Structure and questioning – organisation, summaries, patient allowed to express themselves fully.

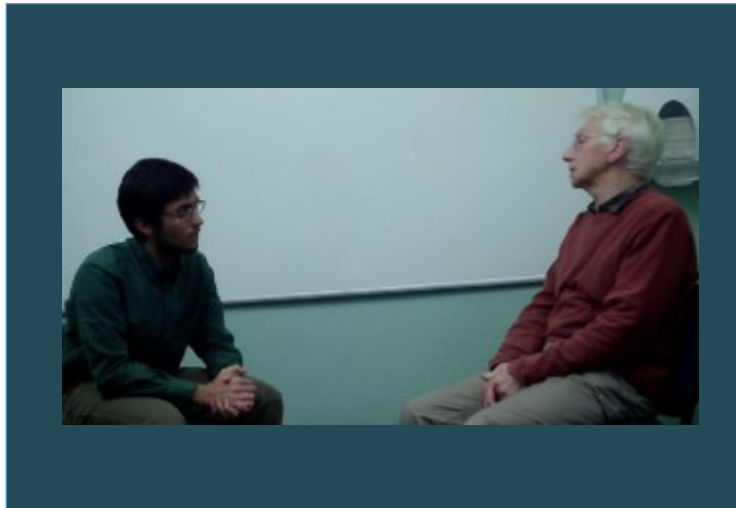
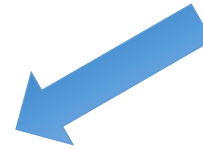
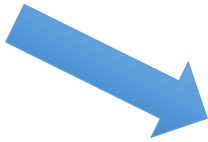
# Marking criteria

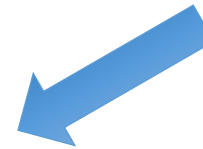
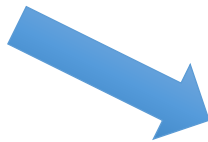
Verbal						
Use of voice (intonation, word stress and pronunciation)	1	2	3	4	5	DK
Use of appropriate register and tone	1	2	3	4	5	DK
Use of layman terms when needed	1	2	3	4	5	DK
Non-verbal						
Eye-contact	1	2	3	4	5	DK
Posture	1	2	3	4	5	DK
Position	1	2	3	4	5	DK
Movement	1	2	3	4	5	DK
Facial expression	1	2	3	4	5	DK
Rapport						
Picking up on patient's verbal and non-verbal cues	1	2	3	4	5	DK
Acknowledging and accepting patients' point of view	1	2	3	4	5	DK
Demonstrating empathy	1	2	3	4	5	DK
Demonstrating active listening	1	2	3	4	5	DK
Structure and Questioning						
Use of open and closed questions	1	2	3	4	5	DK
Use of follow-up questions	1	2	3	4	5	DK
Meaningful summaries	1	2	3	4	5	DK
Use of signposting and transitional language	1	2	3	4	5	DK
Logical development of interview	1	2	3	4	5	DK



# Empathy

- Empathy important part of patient-centred care.
- OSCEs, CSA and our own role-play assessment has 'empathy' and 'building rapport' as an integral part of criteria.
- However, empathy is an 'inner emotional experience' (Roberts, Atkins and Hawthorne, 2014: 32).
- '[D]oubly subjective' nature of assessing how a simulated patient is feeling, or how they are acting to feel (Roberts, Atkins and Hawthorne, 2014: 32).
- Instead of assessing empathy, the linguistic action at play in empathetic encounters can be identified as 'alignment'.





5:37 S: Right ok, so they live with you  
5:42 P: Yes, ?  
FH → 5:42 S: That's good to hear and so now I'd like to ask more about your social about  
your family, is it alright? *poor signposting - MC.*  
5:48 P: Yes, yes, yes. *- clearly int. use of 'personal' @*  
5:49 S: Erm, this might be personal but is it alright if I ask is your parents, I mean are  
your parents alive and well?  
5:55 P: No, no my father died 10 years ago  
5:57 S: I'm really sorry *interrupts w/ this - DE*  
5:57 P: he had cancer, liver and my mother died about 3 years ago, she just, a bit of  
this and a bit of that but that's, so I don't, I have a brother who's still alive and he,  
unfortunately, has cerebral palsy  
6:12 S: I'm really sorry to hear that, things must be hard for you these days *DE*  
6:15 P: It is, it's hard, there's no doubt it's a bit tough  
6:19 S: I'm sure everything will be alright soon *promises!*  
6:19 P: I hope so  
6:21 S: Ok, is there any illnesses that might runs in the family?  
6:27 P: I can't think of anything no, no. *- follows this w/ qu / about job*  
SH → 6:30 S: OK, so I'd like to erm I'd like to ask you about your social lifestyle, is that  
alright? So can you tell me about your job?  
6:38 P: I'm a cleaner. So that's actually quite hard work.  
6:41 S: Yeah I [?]  
6:43 P: I do floors, I do dusting around about and so on, so it's not always an easy  
job, so it's quite physical, so I'm working every day. Sometimes if it's difficult and they  
need a bit of extra help I might work at the weekends as well  
6:59 S: That's so nice of you *inappropriate, commending patient @*  
6:59 P: Well, ha ha, it's quite hard and now that my husband being made redundant I  
might have to do that a bit more *response*  
7:07 S: Oh, I [shakes head]

# Why?

- What constitutes a 'good performance' in the RPA?
- To what extent do linguistic and cultural factors influence performance quality?
- What is happening?

# What?

- Broad-based analysis – Structure and Timing, Corpus linguistics
- Micro-analysis – Interactional and Affiliative alignment
- Ethnographic data

# Alignment

Alignment 'is identified when either speaker expresses agreement or explicit orientation to the concerns, feelings or expectations of the other' (Roberts, Atkins and Hawthorne, 2014:37)

- 'Conversationalising' the consultation
  - Metacommunicating
  - 'Doing empathy'
- 
- Misalignments and repair
  - Misunderstandings and repair

(Roberts, Atkins and Hawthorne, 2014)

# Affiliative alignment: 'Conversationalising' the consultation

*"This was an excellent interview. You started well and put the patient at ease, through your empathetic manner and good body language".*

Assessor 2 on Berta





# Affiliative alignment: 'Conversationalising' the consultation

BERTA – OMANI – FEMALE - HS

```
1   S:  so Paula can you please tell me your date of birth=  
2   P:  =17 10 60 I'm 55  
3   S:  oh well you definitely don't look it I must say  
4   P:  (laughs) well that's very kind (breaks gaze)  
5   S:  (laughs) so could you tell me what brings you in  
6       today?
```



# Affiliative alignment: 'Conversationalising' the consultation

BERTA – OMANI – FEMALE - HS

```
1    S:  so you've mentioned your three children^
2    P:  yes
3    S:  erm are they all healthy and well
4    P:  Yes ((laughs))
5    S:  ((laughs))
6    P:  [Yes]=
7    S:  [er-]
8    P:  =20, 15 and 13 yes the twenty year old works but the
9        other two are still in school
10   S:  that's good to hear that's good to hear erm could you
11        tell me a bit more about your job so you've mentioned
12        that you're a cleaner?
```



# Affiliative alignment: 'Conversationalising' the consultation

KATE - MALAYSIAN - FEMALE - MS

```
1   P:   I'm a cleaner
2   S:   mmm mmm
3   P:   so that's actually quite hard work=
4   S:   [Yeah I understand that]
5   P:   =[I do floors], I do dusting around about and so on,
6         erm so it's not always an easy job=
7   S:   [yah]
8   P:   [so] it's quite physical, so I'm working every day.
9         Sometimes if it's difficult and they need a bit of
10        extra help I might work at the weekends as well=
11  S:   =That's so nice of you
12  P:   well, ha ha, it's quite hard=
13  S:   it [is]
14  P:   =[and] now that my husband being made redundant I
15        might have to do that a bit more
16  S:   Oh, I ((shakes head))
17  P:   We'll just wait and see how this pans out
```



BERTA - OMANI - FEMALE - HS

1 S: So, you haven't really experienced any significant  
2 difference with the symptoms  
3 P: Just all been a bit difficult, can't can't imagine  
4 that it's anything that's improved the situation  
5 S: And you mentioned that the pain comes as a shock  
6 (0.8) so is it triggered by anything [o::r]  
7 P: [Well], yes I  
8 work as a cleaner and so I'm using a lot of physical  
9 exercise if you like I'm using heavy machines and  
10 sometimes I'm doing something and that's when I ah  
11 wow and then other times I could be sitting like  
12 quietly and I'm just aware of it  
13 S: [oh]  
14 P: [it's not] so so severe  
15 S: mmm, so you've mentioned that you work as a cleaner  
16 P: mm [hmm]  
17 S: [do you] find that this pain has affected your  
18 work or your daily life?  
19 P: Well, yes, in that sometimes I'm thinking well that  
20 was sore it's making me stop for a moment before I  
21 can continue with the work, yes





SALLY - CHINESE - FEMALE - LS

1 S: does this pain travel anywhere else except the abdo-  
2 abdominal and anal?  
3 P: no, no.  
4 S: okay. Now, I hope you can rate this pain for me. So  
5 from the scale of 1 to 10 and 10 is the [worst]  
6 P: [yes][yes]  
7 S: [where]  
8 S: is your pain?  
9 P: five to [seven]  
10 S: [five] to seven [alright]  
11 P: [at different] times  
12 S: so now I'm going to ask you a few question about  
13 your past medical [history]  
14 P: [Sure] that's [ok]  
15 S: [Yes], so how would  
16 you describe your health in general?  
17 P: generally speaking (.) <apart from the irritable  
18 bowel> I would've said I was pretty fit and healthy  
19 (0.5) until recently  
20 S: yes (.) and do you have any childhood illnesses?

# ‘Doing empathy’

*‘Although you generally have an empathetic manner, you don’t always follow up with appropriate responses/questions, for example when she mentions her difficulties, you just respond with ‘ok’*

Assessor 2 on Henry



# 'Doing empathy'

MARK - MALAYSIAN - MALE - HS

- 1 S: okay, right, and are your parents alive and well?
- 2 P: no, sadly no. my father died ten years ago: he had
- 3 cancer, liver cancer; and my mother died three years
- 4 ago: she was an elderly lady.
- 5 S: I'm sorry once again. Erm, I understand that this
- 6 might be quite difficult; could you tell perhaps
- 7 tell about any conditions that run in your family
- 8 any medical conditions.
- 9 P: I don't think there were any=
- 10 S: =okay
- 11 P: I can't think of anything
- 12 S: And do you have any children?
- 13 P: Yeah, three
- 14 S: Okay↑ that's wonderful. And do they visit you?

## ‘Doing empathy’

*I did not focus on the examiner as I wanted to give the 'patient' my full attention at all times. This also helped me to pick up on cues as I was more focused on the patient.*

Mark; post-RPA questionnaire; Q11



# ‘Doing empathy’

ALICE - KUWAITI - FEMALE - MS/LS

1 S: I see. >erm er and er< and how are your parents?

2 P: Oh, I'm afraid they're both dead.

3 S: I see. And er were they having any medical  
4 conditions?

5 P: Well my father died from liver cancer and my mum was  
6 a diabetic. She died from complications with  
7 diabetes.

8 S: I see. Is diabetes something common in your family  
9 from your mother's side?

10 P: No, no.

S: So it was only her. Alright then, just to summarise  
what I've said...





# Misalignment

SAMUEL - MALAYSIAN - MALE - LS

```
1   P:  no↑. It just lasts for a few minutes.
2   S:  a few minutes.
3   P:  [yes]
4   S:  [does] it come often though?
5   P:  quite often, yes. Several times a day.
6   S:  mmm mmm and Do you do anything or do you take any
7       medications to...?
8   P:  Paracetamol.
9   S:  Paracetamol. Right so, before I move on I'd just like
10      to give a summary of what I've er been told so far.
11      So you have this pain at your lower tummy, [across]=
12  P:                                     [yes yes]
13  S:  =it's relatively bad - you rate it about eight to
14      nine [for it]
15  P:  [Yes yes]
16  S:  taking paracetamols have ma:y↑ relieve the pain↑?
17  P:  Yes but just temporarily.
```

# Task

- Watch the clip
- Note down any instances of alignment, misalignment and misunderstandings that you notice
- After watching share your thoughts with your neighbour



**EMMA – SOUTH KOREAN -FEMALE**

- 1 S: So, now I would like to move on to your family history maybe I can get a  
2 good picture of what's happening Ummh can you tell me if there's  
3 anything that's related that you might you can think of that might be  
4 inherited to you or maybe something similar symptom that your family  
5 has?
- 6 P Uuhmm (.4) not not directly my dad died of prostate cancer (.) umm (.)  
7 my brother got umm diagnosed with type 2 diabetes just last year  
8 [umm]=
- 9 S [Oh sorry] to hear that=
- 10 P =my mum's still alive, she umm ninety, she's she's quite well for her  
11 age, but she's she's in a nursing home. She's been there two years now  
12 (.) but we still get to see her every Sunday umm but but that's about it  
13 for the family history bit=
- 14 S =Uum so you said that your mother died of diabetes 2, type 2 diabetes?
- 15 P It's my brother
- 16 S oh brother
- 17 P my brother was diagnosed just last year
- 18 S what about your father?
- 19 P he he died of prostate cancer
- 20 S oh prostate cancer (.) can you tell me what prostate cancer is I'm not  
21 quite familiar.
- 22 P Uhm (.) Prostate is is a gland kind of at the back of the penis between  
23 your bladder [and]=
- 24 S =[oh so] it's at the lower part of the body (.) Ok I see um (.) ok, um  
25 should have got to your past medical history but I'll jump on to that later  
26 (.) um (.) ok um (.) right maybe I should do that now ((laughs)) um so ah  
27 (.) to move onto your past medical history ..

# How does this inform the curriculum?

- Self awareness and reflection
- Cultural awareness



# Self awareness and Reflection

- 'Noticing' and explicit teaching
- Understanding how they may come across to others
- Getting feedback from peers, staff and 'patients' to recognise good (and bad) performance
- Reflection built into syllabus – MMI preparation, real patient workshops, clinical placements, patient – medical student roleplay

# Video-feedback project

## Background

- Learning any skill is greatly helped by self-observation.
- Using video 'gold standard' in clinical communication skills training.
- Learners who observe and listen to themselves understand their own strengths and weaknesses much more readily than if they rely on reflection alone
- Recordings allow feedback to be much more specific and accurate (minimises misconceptions and disagreements)
- Focuses feedback on description rather than evaluation
- Students can revisit feedback

(Kurtz, Silverman and Draper, 2005)

# Video-feedback project

## The task

The students were given the following stages to complete for the task:

1. Copy your video and take it home with you.
2. Watch the video all the way through and take notes.
3. Choose two clips from the video; one to show an example of effective communication and another to show an instance where the communication could be improved.
4. Transcribe these clips verbatim. Note the start and stop times.
5. Present the clips to your class for feedback.



# Feedback sessions

- The following ground rules were given to the students before commencing with the sessions:
  - *No personal comments regarding personality*
  - *What occurs within the workshop is confidential, not to be gossiped about outwith the group*
  - *Everyone should be playing a part in the workshop*
  - *Everyone has the right to be heard*
  - *Comments must be constructive*
  - *Feedback should be:*
    - *Descriptive*
    - *Specific*
    - *On behaviours not personality traits*

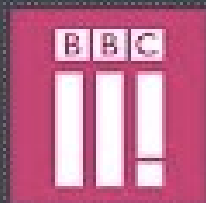
Students' comments on why they felt project was 'very useful' or 'useful' according to word frequency.



# Cultural Awareness

- Cohort from at least 10 different countries
- Taboo issues – alcohol, drug use, sexuality
- Understanding everyday life in the UK

# DRUGS MAP OF BRITAIN



# VALIUM





# Moving out of the 'bubble'

- Volunteer
- Take opportunities to speak and listen to people
- Be observant

Wider context

Oral presentations?

Seminar skills?

Other assessments?

Other disciplines/interactions/  
scenarios?



# References

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RAMPTON, Ben, et al. (2002). Methodology in the analysis of classroom discourse. *Applied linguistics*, **23** (3), 373-392.

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Georgina's MA in TESOL dissertation can be accessed here:

<https://englishagenda.britishcouncil.org/research-publications/elt-masters-dissertations/2016-2017-winners>