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Resident as role model: Capitalizing on a powerful opportunity

Facilitator's guide

This workshop was developed at McGill University by:

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This role modelling workshop is intended to last approximately two hours and is built in a flipped classroom format (if you are unfamiliar with the concept, [view a short video about the flipped classroom here](#)). It will consist of an online module to be completed by residents prior to the workshop, participating in a large group discussion, engaging in simulations/role-plays and reflecting in a large group debriefing session. All of the materials that you will need to run the workshop are provided. Should you wish to do some additional reading on the topic prior to the workshop; some key references have been provided in [Appendix A](#).

The workshop can be run at any time and has been designed to fit in to an academic half day. The content is appropriate for residents of any stage; however, if your institution has stage specific half days, is best suited for more senior residents (core stage). All residents have role modelling experience, most are simply not aware of it, and that is a key message of this workshop. The workshop can be run with groups of any size – if you choose to run simulations rather than role plays, it is simply a matter of ensuring you have enough space/rooms and the appropriate number of standardized patients.

The following is a suggested template for how you may choose to run the workshop (template [PowerPoint](#) also included to help guide the workshop).

Prior to the workshop

One week before to the workshop, send participants a link to the online module with instructions to complete prior to the workshop. The short online module provides participants with all of the required background knowledge on resident role modelling that they will need to participate in the experiential components of the workshop.

Online module link :

<http://www.royalcollege.ca/mssites/riseelearning/en/content/index.html>

(OPTIONAL) Send participants the pre-workshop questionnaire. You can send this as a Word document ([Appendix B](#)) or build the survey in the online platform of your choice. This survey is optional, but is recommended if you'd like more information about your participant's prior knowledge of and experience with role modelling.

*Note: If you choose to use the pre-workshop questionnaire, ensure it is sent **prior to sending the emodule link** as their answers will be influenced by the emodule content.*

The workshop

Round table introduction *(fifteen minutes)*

Each resident shares one thing they hope to learn from the workshop.

Video reflection/Large group discussion *(twenty minutes)*

Within the online module, participants were asked to view the video and reflect on the provided questions. You may choose to show the clip again ([click here to view the video](#)), or to jump directly into the discussion. The clip depicts both positive and negative role modelling and is intended to help participants apply what they learned in the online module. Ask participants to retrieve their answers to the questions below (they were asked to complete these questions in the online module) and discuss as a group. Possible responses can include, but are not limited to, the following:

1. What is something positive that is being role modeled by the resident/attending staff?
 - a) Resident:
 - Sitting down when talking to the patient
 - Physically bringing Mrs. Rice to make the follow-up appointment so that she feels more secure
 - Acknowledging his error in the initial interaction with Mrs. Rice.
 - b) Attending staff:
 - Listening to the medical student and validating his opinion
 - Acknowledging his error in the initial interaction with Mrs. Rice.

2. What is something negative that is being role modeled by the resident/attending staff?
 - a) Resident:
 - Looking at his watch during the interaction
 - Not allowing Mrs. Rice enough time to express her concerns
 - Not recognizing or responding to Mrs. Rice's distress
 - b) Attending staff:
 - Not recognizing or responding to Mrs. Rice's distress

3. What 'key actions' for effective role modelling are demonstrated in this video?
- a) Resident:
- Focusing the medical student on what to observe in the second interaction with Mrs. Rice and offers an opportunity to discuss afterwards
- b) Attending staff:
- Debriefing the interaction with the team
 - Observing the resident and providing feedback;
 - Reinforcing key learning points (e.g., 'taking an extra five minutes can go a long way'; the importance of close follow-up)
4. What additional 'key actions' could have been used to make the role modelling more effective?
- a) Resident:
- Demonstrating more initial awareness of being a role model
 - Focusing the student on what to observe in the first interaction with Mrs. Rice
 - Offering the student an opportunity to lead the discussion with a patient and receive feedback
- b) Attending staff:
- Demonstrating more initial awareness of being a role model
 - Discussing with the resident the important aspects of breaking bad news prior to entering to see Mrs. Rice.

Simulations/Role plays *(sixty minutes depending on the set-up and fidelity)*

Please see [Appendix C](#) (*Scenario 1: Dealing with a difficult inter-professional interaction*) and [Appendix D](#) (*Scenario 2: Lifestyle counselling*) for the detailed simulation/role playing scenarios that can be adapted to your context.

Prior to beginning these scenarios, show residents the slide on the 'seven key actions' for effective role modelling. These actions will be the focus of the simulations.

We suggest that each scenario include:

- two minutes to read
- ten minutes to run through the simulation/role play
- fifteen to twenty minutes for debriefing

Large group concluding debrief *(fifteen to twenty minutes)*

Round table discussion where each resident highlights one thing that they learnt from the workshop that they will apply the next time they are working with a medical student or a junior resident.

Post-workshop questionnaire *(five minutes)*

Send participants the link to the post-workshop questionnaire :

Survey link: <https://ca.surveygizmo.com/s3/50052085/Role-Modelling-Post-Workshop-Questionnaire>

Note: Should you wish to receive a copy of the results, please email us at canmeds@royalcollege.ca

Closing *(five minutes)*

Remind participants that you'll be sending a link to the retrospective pre-post questionnaire in one month.

Survey link: <https://ca.surveygizmo.com/s3/50052563/Role-Modelling-Retrospective-Pre-Post-Questionnaire>

Note: Should you wish to receive a copy of the results, please email us at canmeds@royalcollege.ca

(OPTIONAL): You may also send participants a link to the Direct Observation of Resident Role Modelling (DORRM) rubric ([Appendix E](#)). This assessment tool is intended to provide formative feedback and assist in the assessment of the role modelling of residents. It also provides valuable input on the impact of the workshop. Encourage participants to share this with at least one clinician who will rate them on at least one role modelling interaction. *Please note: This tool was designed to assess the various actions highlighted in the workshop; however, it has not been systematically used or validated.*

Facilitator post-workshop survey *(5 minutes)*

We want your input on the workshop to help us continue to make improvements! Please take a few moments to share your thoughts.

Survey link: <https://ca.surveygizmo.com/s3/50052506/Role-Modelling-Facilitator-Evaluation>