

# Initial Approaches to Addressing Behavioral & Emotional Concerns in Primary Care

## Module 1 – Role Play

### Role Play #1: Setting the Stage With Dennis

This is an alternative to reading Case #1: Dennis (slide #2). The setting is a resident continuity clinic. There are 2 roles with an optional third role. The required 2 roles include a resident in continuity clinic and a mother. A description for an optional third role, Dennis, is also provided. The individuals playing each role should be given the description for each specific role. After allowing a few moments for each to read the description, clarify any questions each participant may have. Five to ten minutes is sufficient to allow the situation to play out.



Resident: You are interviewing a mother with her 6-year-old child. Mother seems very overwhelmed and disorganized and is interrupted and distracted by her son who is constantly running around the room and asking to use her smart phone. You ask about nutrition, sleep, elimination, and then school. Upon hearing that Dennis was kicked out of school you immediately become overwhelmed, yet you are not surprised seeing how out of control he is in the room. You change the subject immediately and ask a little about how Dennis is disciplined at home.



Mother: You are very overwhelmed. Dennis has his 6 year well-child visit and you barely made it there in time—actually you just made the 15 minute rule cut off so the doctor still agreed to see you. You need Dennis to have his physical since he will be enrolling into his 3rd school in 1 year. Dennis has been kicked out of 2 classrooms and you just don't know what to do. He is running around the waiting room and the doctor's office. He keeps trying to take your phone but he has already broken 2 others so you are hesitant to give him your phone. However, you are unsure how else you can distract him. The resident doctor finally comes in and is asking you about food, his stooling patterns, his sleep. Finally he or she asks you about school. You feel like crying just thinking about the situation. You are thankful for the opportunity to share your concerns.



(Optional role)

Dennis: You are a 6-year-old male who is bored and usually gets what you want. Your television show was cut short because mom made you go to the doctor. You hate the doctor because all they do is give you shots and make your mom cry. You can't sit still. You desperately want to play a game on your mom's smart phone even though you already broke 2 others.

## Role Play #2: Resident Presents to Preceptor

This role play can be useful in providing faculty development to continuity clinic preceptors. Now that you have seen a live encounter of the resident's patient (Dennis), let's imagine that the resident is now presenting to their preceptor.

There are 3 roles:

1. Preceptor listening to case and guiding resident into assessment and plan
2. Resident presenting case
3. Observer watching interaction: What is going well during this teaching moment? What needs to be improved?

Read your role and then play out this case: a resident presenting to a preceptor in continuity clinic. Meet back with the big group and the observer will report out what they saw. Is this relatable?



Resident: It is Friday at 4pm before your first weekend off all month. You were late to clinic because during sign out on the inpatient unit one of your patients started to seize and you had to go in and assess. You just saw Dennis and his mother. Dennis is a 6-year-old male with no prior medical concerns, but during this visit mom reveals to you that he has previously been "kicked out" of 2 classrooms for fighting. In the exam room you notice that she frequently criticizes Dennis as she relays the history of his problems and periodically gives orders to him in an angry tone of voice.

Before you present to your preceptor you briefly look through Dennis' past notes in the EMR. It appears that at 6 months of age Dennis was irritable, difficult to soothe, and had issues sleeping through the night. At 4 years of age Dennis was kicked out of child care centers for uncontrollable behavior. At this point the resident who saw Dennis had given them a number for a mental health center close to home. Mom made no mention of this.

You have 2 other patients waiting so you hope to briefly present Dennis to your attending preceptor and re-refer him to the mental health center that is close to his house.



Preceptor: You are listening to this 2nd year resident. You are a tad frustrated because it seems that this resident is rushing and slightly frustrated with this encounter. Their presentation is a tad disorganized and missing a lot of details. You also have not handled behavioral issues in a few months so you feel like you are not completely prepared to handle this situation, especially at the speed you anticipate your resident would like.



Observer: Consider these questions as you observe the interaction between the resident and preceptor:

1. What is going well during this teaching encounter?
2. What do you think could be improved?

### **Role Play #3: After Common Factors Discussion**

This role play can be useful in providing faculty development to continuity clinic preceptors. The preceptor has finished precepting this resident and realizes the best way to handle this situation is to go into the room with the resident to gather more information and role model how to communicate with parents struggling with their child's behavior.

1. The resident should now observe the encounter.
2. The observer is now the parent who is upset, feels unheard, and does not know what to do with her son.
3. Ask for a volunteer to demonstrate using a common factors approach.