



## ***Skills Practice Exercise/Observed Role Play***

### **General Overview**

This exercise is designed as a single demonstrated single role play with 2 sequential tasks.

**Task 1:** Begin a dialogue with a patient about unexpected urine drug test results and aberrant drug taking behaviors (early refills and not leaving a urine drug test).

**Task 2:** Discuss with the patient that due to recent prescription opioid misuse the risks for continue prescribing have increased dramatically for the patient and a new treatment plan is needed.

This exercise can either be run in triads (provider, patient, observer) or using a fishbowl method with one dyad presenting in front of the larger group. In the fishbowl method, the trainer takes the role of patient, and a participant plays the provider role.

The triad approach is composed of the following 3 roles:

- the **patient**
- the **provider**
- the **observer**

The session can be stopped at any time by any member of the group in order to step back, discuss the case, and/or switch roles. *The goal is to practice safe opioid prescribing communication skills.*

The observer should allow about 3-5 minutes of dialogue until the **provider** either

- achieves the goal of the task
- appears to be developing a confrontational relationship with the **patient**
- gets stuck and asks for help

Once someone has stopped the session,

- first the **provider** comments on what went well and what was a challenge
- then the **patient** and the **observer (or larger group if fishbowl used)** comment

If the task goal is accomplished well and there are no suggestions, move onto the 2<sup>nd</sup> task.

If it is not accomplished, the **observer (or faculty in the fishbowl method)** can model an approach.

Continue until all two tasks are accomplished or time is up.

**Start by reading each participant reading assigned role** (the instructions are slightly different depending on the assigned role).

**Next, begin the dialogue** between the **provider** and the **patient**.





## **Patient Role**

- You are 58 years old with 20-year h/o of severe chronic low back pain following an injury at work
- Your PCP has been prescribing methadone 5 mg po TID for your chronic pain for the past year
- Over the last 2 month you have found that, in addition to treating your pain, the methadone helps relax you, so you start taking more than prescribed, causing you to run out a couple of days early
- You recently ran into an old acquaintance, who gave you some morphine to help you get through a tough time while you waited for the next refill
- You realize that if you don't take the methadone or morphine you get very sick from withdrawal
- You feel ashamed about running out of your methadone and taking your friend's morphine
- You are reluctant to share everything with your PCP because you are afraid you will not get any pain treatment (that is helping control your pain and allow you function at work and home) and that you will go into opioid withdrawal
- You are also afraid your PCP will pass judgment on you and treat you without respect or kick you out of the practice (which could also lead to withdrawal)

**You start off your appointment today by explaining that your pain is worse and that you need a higher dose of methadone.**

**The provider has to act in a non-judgmental fashion for you to begin to disclose your problem. If you feel the provider is truly interested in your opinion, and will work with you in an ongoing way, you will discuss your situation honestly.**

**If the provider asks you in a judgmental manner, you will deny the morphine use, claim that the urine must be wrong, or that someone must have slipped you something at a party or that you ate a poppy seed bagel. You will not engage in a dialogue.**





## Provider Role

### Background:

- Patient is 58 years old and has a 20-year h/o of severe chronic low back pain following an injury at work
- S/he signed a controlled substances agreement prior to your starting methadone 5 mg TID
- For the first 9 months of treatment s/he was completely adherent
- S/he came in two months in a row asking for early (>1 week) refills of her methadone prescription; s/he also did not leave a urine drug test the last time you ordered it
- At the last urgent care visit for an early refill, your colleague gave a 30 day supply of methadone, did a urine drug test and scheduled a follow up visit with you
- The urine drug test was positive for opiates (which you are aware means that the patient is taking an opioid other than methadone)

### The provider learner tasks for this patient encounter include:

**TASK 1: Begin a dialogue with the patient about the positive findings from the urine drug test report and aberrant drug taking behaviors (early refills and not leaving a urine drug test).**

The goal of this dialogue is to make the patient comfortable enough to disclose prescription opioid misuse.

You will know you are successful if the patient begins to disclose.

**TASK 2: Discuss with the patient that the due to recent prescription opioid misuse the risks for continue prescribing have increased dramatically for the patient and a new treatment plan is needed.**

Develop a mutually acceptable treatment plan for pain that may or may not involve prescribing opioids.

- If the plan is to continue opioid prescribing then a treatment plan with increased monitoring is needed (smaller scripts, more frequent face-to-face visits, urine drugs test, pill counts)
- If the plan is to stop opioid prescribing then the treatment plan needs to include alternative pain treatment and a plan to manage opioid withdrawal.

You will know you are successful if patient participates in this discussion with you about a chronic pain treatment plan.





## Observer Role

### Background:

- Patient is 58 years old and has a 20-year h/o of severe chronic low back pain following an injury at work
- S/he signed a controlled substances agreement with his/her PCP prior to starting methadone 5 mg TID
- For the first 9 months of treatment s/he was completely adherent
- S/he came in two months in a row asking for early (>1 week) methadone refills; s/he also did not leave a urine drug test the last time it was ordered
- At the last urgent care visit for an early refill, the PCP's colleague gave a 30 day supply of methadone, did a urine drug test and scheduled a follow up visit with the PCP
- The urine drug test was positive for opiates (which you are aware means that the patient is taking an opioid other than methadone)

As the observer, your job is to guide the provider through the conversation with the patient.

### **TASK 1:**

**PROVIDER:** Begins a dialogue with the patient about the positive findings from the urine drug test report and aberrant drug taking behaviors (early refills and not leaving a urine drug test). The goal of this dialogue is to make the patient comfortable enough to disclose prescription opioid misuse.

**OBSERVER:** Note instances of alliance building with patient and conversely, missed opportunities to build alliances. Note patient's words, body language to support your observations.

### **TASK 2:**

**PROVIDER:** Discusses with the patient that due to recent prescription opioid misuse the risks for continue prescribing have increased dramatically for the patient and a new treatment plan is needed. Develop a mutually acceptable treatment plan for pain that may or may not involve prescribing opioids.

- If the plan is to continue opioid prescribing then a treatment plan with increased monitoring is needed (smaller scripts, more frequent face-to-face visits, urine drugs test, pill counts)
- If the plan is to stop opioid prescribing then the treatment plan needs to include alternative pain treatment and a plan to manage opioid withdrawal.

**OBSERVER:** In what ways did the resident employ the risk/benefit framework for discussing the need for a new treatment plan?

