

Exploring Interpersonal Dynamics Through Role Play

Exploring Interpersonal Dynamics Through Role Play

*CATHERINE JENKINS; KEVIN
HOBBS; AND JOE NORRIS*



Exploring Interpersonal Dynamics Through Role Play by Catherine Jenkins, Kevin Hobbs, & Joe Norris is licensed under a [Creative Commons Attribution-NonCommercial 4.0 International License](https://creativecommons.org/licenses/by-nc/4.0/), except where otherwise noted.

Mirror Theatre retains the rights to all videos and scripts produced by them as indicated in the simulations. Go to mirrortheatre.ca for more information.

This book was produced with Pressbooks (<https://pressbooks.com>) and rendered with Prince.

Introduction

Exploring Interpersonal Dynamics Through Role Play provides educators with the foundational materials required to facilitate simulations for students and professionals. Simulations offer an intensive form of experiential learning and professional development, allowing participants to apply concepts to practical scenarios in real time. In a simulation, events and communication occur in real time, similarly to real life. Much like real life, participants initially have limited information and time to prepare, but can experience how a situation might play out, experiment with their own responses, and reflect on their performance individually or in groups in a safer, low-stakes environment, before encountering a similar situation in their careers. Each participant brings their unique background to the experience as they explore the scenario. There is no obvious right or wrong here—only ample opportunity for student-driven dialogue, critical analysis, and engagement.

Although many instructors like the idea of using simulations, they may not know where to start, and live-actor or fully digital simulations can be costly to develop and to run. Additionally, an out-of-the box simulation may not support an individual instructor's desired learning outcomes or provide an adequate level of customization or control in terms of level of difficulty, running time, or assignment deliverables. Occupying a space between live-actor and AI simulations, the simulations offered here create an inexpensive and effective experience to engage participants in real-time simulations and can be customized with course-specific content.

The templates provided in *Exploring Interpersonal Dynamics Through Role Play* can be used at any level (undergraduate, graduate, or professional), remotely, in the classroom, or using hybrid delivery. The original Crisis Communication simulation

has been successfully delivered with a variety of methods. Simulations can be run over existing student learning platforms, via email, over social media, via text or chat, or even using cue cards, depending on the facilitator's preference and in light of institutional application of PIPA regulations.

This e-book contains seven foundational scenarios, some offered at increasing levels of difficulty, supporting the possibility of advancing a simulation throughout a course. The scenarios included are:

1. [Business: Social Media Quandary](#)
2. [Business: Interns' Last Day](#)
3. [Healthcare: Establishing a Productive Interprofessional Team](#)
4. [Healthcare: Interprofessional Communication Challenges](#)
5. [Crisis Communication: Casey Jones' Caboose Restaurant](#)
6. [De-escalation: Healthcare](#)
7. [De-escalation: Protest](#)

Each template consists of notes to the facilitator including set-up, the foundational scenario and initial prompts for participants, notes for debriefing both interpersonal elements and issues revealed during role play, resources, readings, and assignment suggestions. These textual materials are supported by videos portraying how a scenario might be established, how it might evolve, and how a post-simulation debrief might run. For the de-escalation scenarios, dramatizations are provided for discussion to ensure participants are not put at risk. Simulations might run from fifteen to forty-five minutes, and can support various sizes of groups, depending on overall class size and instructional support.

Accessibility

This book was designed with accessibility in mind so that it can be accessed by the widest possible audience, including those who use assistive technologies. The web version of this book has been designed to meet the [Web Content Accessibility Guidelines 2.0, level AA](#).

While we aim to ensure that this book is as accessible as possible, we may not always get it right. There may be some supplementary third-party materials, or content not created by the authors of this book, which are not fully accessible. This may include videos that do not have closed captioning or accurate closed captioning, inaccessible PDFs, etc.

If you are having problems accessing any content within the book, please contact: catherine.jenkins@ryerson.ca. Please let us know which page you are having difficulty with and include which browser, operating system, and assistive technology you are using.

Funding:

This project is made possible with funding by the Government of Ontario and the e-Ontario Learning Strategy. [To learn more about the e-Ontario Learning Strategy, visit eCampus Ontario's webpage.](#)

License:

[Exploring Interpersonal Dynamics Through Role Play](#) by Catherine Jenkins, Kevin Hobbs, & Joe Norris is licensed under a [Creative Commons Attribution-NonCommercial 4.0 International License](#), except where otherwise noted.

Mirror Theatre retains the rights to all videos and scripts produced by them as indicated in the simulations. Go to mirrortheatre.ca for more information.

PART I

FACILITATOR

ORIENTATION

Guiding Philosophy

A live simulation is an intensive form of role play, in which events and communication occur in real time, similar to real life. Much like real-life situations, participants have limited information and time to prepare. As a facilitator, it is advisable to provide a brief orientation at the beginning of the simulation, laying the foundation for this activity, and answering general questions. Recognize that many participants may not have experienced simulations previously, so it is important to discuss expectations.

Participants may be used to getting the “right” answer; however, simulations are process-driven opportunities for experiential learning and exploration. No two individuals or groups will react the same way to a given scenario. Even the facilitator may sometimes be surprised at the direction a role play or group discussion takes depending on individual background, experience or training. Simulations support participants who are exploring possibilities to pre-live or rehearse using “what if” scenarios in safer environments, before encountering them in daily situations. Participants are not expected to perform, but to be themselves encountering a new situation, and ask, “What would I do in this situation based on my current knowledge and experience?”

Preparing to Engage

Before engaging learners in the simulation, consider *why* you are choosing to engage them in this way. What are your learning objectives for this exercise or course? What prompts could you add to extend or expand the simulation in that direction? What additional resources or assignments might you add?

The simulations in *Exploring Interpersonal Dynamics Through Role Play* can run from fifteen to forty-five minutes, and offer varying degrees of challenge to accommodate learners of all levels, from undergraduates, to graduates and professionals. As the facilitator, you can control the duration and level of difficulty, depending on your goals for the exercise. Each simulation begins with a Foundational Scenario that provides necessary background information. Once the context is established, you may choose to go to Scenario #1 (easiest), #2 (more difficult) or #3 (most difficult). Scenarios are not designed to be sequential; you may run a single scenario or determine your own order. A simulation might be used once as a capstone exercise at the end of a course allowing participants to apply what they have learned, or several times during a course at increasing levels of difficulty as more skills are acquired.

Depending on class size, and whether the facilitator is running the simulation alone or with support (e.g., a TA or co-facilitator), participants will be divided into groups. The facilitator and any assistants can monitor the groups, either by circulating through a classroom or by joining online breakout rooms, to assess how a group is doing, increase or decrease the level of difficulty for a specific group, or determine when or to whom to send a new prompt. Initial prompts are provided in the simulations; however, facilitators can customize scenarios by expanding on the provided prompts to take a scenario in a

new direction, increasing the level of difficulty, or directing the scenario towards specific learning objectives.

Groups with a minimum of three participants provide opportunities for team engagement; depending on the scenario, some groups might be as many as eight, with roles doubled up. In some scenarios, group members belong to the same team (e.g., they're all interns), while in others, groups may be interprofessional (e.g., a combination of PSWs, RTs, and RPNs). Group roles may be self-assigned or assigned by the facilitator, and are suggested in each simulation.

Once groups are established, **a warm-up activity is suggested before starting the actual role play.** This gives group members the opportunity to get comfortable with each other, and begin to establish communication within the group. Suggestions for warm-up activities are provided in the simulation instructions and videos. Each group member is expected to actively participate in the role play, and maintain their role until the end of the scenario. The facilitator can end the scenario when group energy and interest wane.

Once the simulation is complete, allow time for participants to debrief, especially if the role play has been challenging. Possible debriefing questions are provided in each scenario, and the videos also provide examples of how a debriefing session might play out. The debrief allows participants to reflect on what happened during the simulation, their responses, and what they have learned. It may also naturally lead into a written reflection or other type of assignment.

Practical Tips

These simulations can be run online, in person, or using a hybrid approach. Determine the method of delivery in advance and establish the required communication set-up. The Foundational Scenario must be communicated to participants

in advance of the role play, either via email or hard copy; links to Word documents are provided with each scenario. This might be done just before the start of the role play, or a few hours beforehand to allow participants to become familiar with the scenario and perhaps discuss and strategize with their group. Be mindful that participants might share information across sections of the same course, even though different participants will engage with the scenarios in unique ways.

Once the Foundational Scenario is established, and the group discussion has begun, prompts may be delivered to individual participants or the whole group (depending on the specific role play) as the simulation progresses. For in-person delivery, cue cards or slips of paper with the prompt can be handed to individual participants. A number of options can be used for digital or hybrid delivery, depending on institutional privacy regulations, including:

- Google Hangouts
- Zoom chat
- Microsoft Teams
- Institutional email
- Secure email (where prompts disappear after a selected time)
- Text message (preferably via institutional phone)

Consider the tools available to you, as well as participant comfort. Digital transmission of prompts can be used during an in-person class or workshop for hybrid delivery.

Note that participants are not expected to reply to the provided prompts; class size may prohibit the facilitator from engaging in real-time exchanges. The prompts are delivered as one-way communication only, with the expectation that group members will engage with each other, rather than the facilitator. That said, for a smaller group, or with ample facilitator support, such exchanges may be possible.

Options that have been successfully used to facilitate these simulations include:

1. For a uniform group (e.g., a communication team), one member might be nominated as the primary Communication Liaison. All prompts will go to this one person, who will decide which messages to share with the rest of the group.
2. With a large class, one person from each group could be assigned as a Communication Liaison for another group. This encourages participants to engage more seriously with the simulation than they might if only members of their regular group were involved. Again, prompts will go to this one person, and they can decide which messages to share with the group.
3. Alternatively, for a uniform group, messages can be sent to all group members simultaneously via a chat function.
4. Participants can be placed in digital breakout rooms for their group discussion. Prompts can then be delivered either to the whole group, or to an individual in each group via chat or another channel.

When using a Communication Liaison, it is advisable to establish backups in the event that the designated participant is absent or experiences technical difficulties. It is also advisable to allow participants to time out should they begin to feel overwhelmed or require clarification.

If running a scenario with teaching assistants or co-facilitators, it is advisable to establish an administrative back channel to coordinate timing of prompt delivery, as well as when to end the simulation. This might be via text or another chat channel.

PART I

CASE 1 - BUSINESS: SOCIAL MEDIA QUANDARY

Description

This simulation has three scenarios from which to choose, each with different levels of difficulty. All scenarios involve ethical and procedural challenges that require communication among members of a start-up social media company. The focus is on problem-solving, conflict resolution and ethical decision-making in a start-up company. [Download the full facilitator's copy of Case 1.](#)

Notes to Facilitator

This simulation can support three to six participants, depending on class size, with at least one participant assuming each role. To prepare participants for the role play, we suggest starting with a warm-up exercise in which each participant introduces themselves in role (see Warm-up Exercise).

What are your learning objectives for this exercise or course? What prompts could you add to extend or expand the simulation in that direction? What additional resources or assignments might you add?

Note: depending on the size of the group, you may consider having participants respond to your prompts during the role play.

Preparation

Prior to the simulation, ensure participant contact information (e.g, emails, selected chat platform, or phone numbers for texting) is easily accessible on a list that includes their assigned roles ([Download Sample Chart: Business Role Assignment](#)). During the simulation, you will need to contact certain characters, so advance planning is helpful. If online, you can copy and paste prompts using email or a chat function. If delivering the simulation in person, you could continue to use email or chat for hybrid delivery, or use cue cards or slips of paper to communicate. Not all characters will receive correspondence from the facilitator(s) in role; those with privacy concerns can be assigned non-contact roles. Be aware of your organization's PIPA position. **Discuss privacy issues in advance and modify accordingly.**

1. Scenarios

Foundational Scenario

You are a **new social media consulting company** with a core group of three to six people (depending on the size of the class and groups). You have been **contracted by an international fashion company**, Phoebe's Closet, to manage their social media input/output, and to advise their marketing department. The company is your biggest contract, providing you high-profile status and most of your income. You have dedicated almost all of your resources to support this contract.

Phoebe's Closet prides itself on its equitable production of clothing, from the environmentally sound manufacturing of materials to fair labour practices. To bolster their connection to the youth market, the company created an uncontracted relationship with a **highly popular social influencer, Kelly-Anne**, who lives in London, England. You have yet to connect with Kelly-Anne, though this is a high priority on your list of things to do. Also, the marketing team you are working with has very little experience with social media outreach and requires your support and advice.

Warm-up Exercise for all three scenarios

Once roles are given to the participants, ask them to use their actual first names and come up with the name of their social media company while in role. Also ask them to provide some of their previous experiences with social media.

Scenario 1

Warm-up recommended before starting.

Through a panicked email from a member of the Phoebe's Closet's marketing team, it comes to your attention that an online rumour is circulating that Phoebe's Closet has been *"keeping in its closet the dirty truth about how it manufactures its products – SWEATSHOPS!!!!"* The marketing team member says that the rumour is from a disgruntled employee, and that there is no element of truth to this rumour. Due to the time zone difference, Kelly-Anne has not yet read this rumour, but likely will shortly.

1. Strategize how to proceed. Whom should you contact first—the Phoebe's Closet marketing team or Kelly-Anne? What other options should you explore?
2. Depending on who you choose to contact, decide as a group how you will word your message.
3. Discuss the importance of your social media company's contract with Phoebe's Closet, both monetarily and ethically.

Watch an Example with Learners of Scenario 1 in the Video below



One or more interactive elements has been excluded from this version of the text. You can view them online here:

<https://pressbooks.library.torontomu.ca/simulation/?p=52#oembed-1>

Scenario 2

Warm-up recommended before starting, unless it has already been done during the session.

Through a panicked email from a member of Phoebe's Closet's marketing team it comes to your attention that an online rumour is circulating that Phoebe's Closet has been *"keeping in its closet the dirty truth about how it manufactures its products – SWEATSHOPS!!!!"* Before you can get ahead of it and let Kelly-Anne know you are aware of this, she posts the following message:

Hey people, guess what I just heard? Phoebe's Closet is using sweatshops to make its fashions! I am so pissed! I feel foolish because I believed their hype, when I should've verified their claims myself! I've been supporting this company because I BELIEVED they were flying in the face of fast-fashion. Now I hear from a former employee that they're no better than the rest of the big corps. Proof that you can't trust anyone these days!!!

No one from your team has spoken to Kelly-Anne, nor has anyone from Phoebe's Closet's Marketing team contacted you. You don't know if the rumour is true or not.

1. Strategize how to proceed. Whom should you contact first—the Phoebe's Closet marketing team or Kelly-Anne? What other options should you explore?
2. Depending on who you choose to contact, decide as a group how you will word your message.
3. Discuss the importance of your social media company's contract with Phoebe's Closet, both monetarily and ethically.

For facilitator

Allow the groups to discuss the situation for a few minutes, and then communicate with one participant (your choice) the following message: *“This is Phoebe’s Closet Marketing. Dump that Kelly-Anne once and for all!”*

Watch an Example with Learners of Scenario 2 in the Video below



One or more interactive elements has been excluded from this version of the text. You can view them online here:

<https://pressbooks.library.torontomu.ca/simulation/?p=52#oembed-2>

Scenario 3

Warm-up recommended before starting, unless it has already been done during the session.

Kelly-Anne, the influencer, has posted:

I’ve done some research and found out Phoebe’s Closet has been using sweatshops for certain clothing items—like the cute T-shirt I have in my closet RIGHT NOW! Even if it is only one item, I feel betrayed. I’ve supported this company, promoted their fashion as a righteous alternative for those of us who care. Now I feel lied to. I don’t know what to say right now.

To make matters worse, the CEO of Phoebe's Closet has sent out the following Tweet:

What does a person who's been happy to receive free clothes from us, and doesn't employ hundreds of hard working people like we do, know about betrayal?

Up to now the relationship between Kelly-Anne and Phoebe's Closet has been informal and based on goodwill. You know they were in early talks to draw up a contract formalizing their working relationship. Your team was planning to contact Kelly-Anne for the first time today to express how excited you were to be working with her in an official capacity. You are responsible for the public's perception of Phoebe's Closet on social media. What will you do?

1. Strategize how to proceed. Whom should you contact first—the Phoebe's Closet marketing team or Kelly-Anne? What other options should you explore? Where do you throw your allegiance?
2. Depending on who you choose to contact, decide as a group how you will word your message.
3. Discuss the importance of your social media company's contract with Phoebe's Closet, both monetarily and ethically.

For facilitator

Allow the groups to discuss the situation for a few minutes, and then communicate with one participant (your choice) the following message: "This is Phoebe's Closet Marketing. What a mess. We were so close to signing a contract with Kelly-Anne. And between you and me, I'm 99% sure we made a mistake and did use a sweatshop once. What should we do?"

Watch an Example with Learners of Scenario 3 in the Video below



One or more interactive elements has been excluded from this version of the text. You can view them online here:

<https://pressbooks.library.torontomu.ca/simulation/?p=52#oembed-3>

2. Debriefing, Extensions, and Resources

*Note: Debriefing is done **in role** either in groups or as a whole class*

Interpersonal

- Who took initiative or was it shared by all? Could it be said that an informal leader naturally emerged?
- Did you actively listen to one another? Were there sometimes challenges being heard?
- How open was your team in changing their perspectives and adapting to new information?

Issues

- Due to the changing situation, did secrets emerge both internally as a group and externally with others?
- Regarding your social media start-up, what company and personal risks were articulated? Did these influence possible future actions?
- How great a factor was your company's reputation in your deliberations and decision making?
- As your group discussed possible courses of action, did you encounter any loyalty, transparency, honesty and/or ethical boundaries?

Additional Resources

Extensions

- Watch the scene [What's News with You?](#) from "[Adult Education: Community Development](#)":
 - What roles does social media play in other people's lives? What power do they hold?

Assignments

The following suggestions could be undertaken either as a group or individually. They could be written as reflections, offered for discussion, or submitted as assignments for grading.

1. What are the descriptors of a well-functioning team? What structural and personal characteristics can foster or impede a well-functioning team?
2. Compose Tweets or social media posts from the perspectives of Kelly-Anne, Phoebe's Closet, or your social media company in response to the scenario. Annotate it with reasons for your specific word choice and phrases, discussing the

pros and cons of your choices.

3. Depending on who you choose to contact, decide as a group how you will word your message.

Readings

- [Belbin, M. \(2022\). The Nine Belbin Team Roles.](#)
- Campbell, D. T. (1976). Assessing the impact of planned social change. *Occasional Paper Series*, 8.
- [TherapistAid.com. \(2015\). Interpersonal Effectiveness Skills.](#)
- Tuckman, B. (1965). Development sequence in small groups. *Psychological Bulletin*, 63, 384-399.
- [Venditti, P. & McLean, S. \(2012\). An Introduction to Group Communication.](#)

PART II

CASE 2 - BUSINESS: INTERNS' LAST DAY

Description

This simulation has three scenarios from which to choose, each with different levels of difficulty. All scenarios involve ethical and procedural challenges that require communication among a group of interns. The focus is on problem-solving, conflict resolution and ethical decision-making. [Download the full facilitator's copy of Case 2.](#)

Notes to Facilitator

There can be four to eight participants, depending on class size, with at least one participant assuming each role. To prepare participants for the role play, we suggest starting with a warm-up exercise in which each participant introduces themselves in role (see Warm-up Exercise below).

What are your learning objectives for this exercise or course? What prompts could you add to extend or expand the simulation in that direction? What additional resources or assignments might you add?

Note: depending on the size of the group, you may consider having participants respond to your prompts during the role play.

Preparation

Prior to the simulation, ensure participant contact information (e.g, emails, selected chat platform, or phone numbers for texting) is easily accessible on a list that includes their assigned roles ([Download Sample Chart: Business Role Assignment](#)).

During the simulation, you will need to contact certain characters, so advance planning is helpful. If online, you can copy and paste prompts using email or a chat function. If delivering the simulation in person, you could continue to use email or chat for hybrid delivery, or use cue cards or slips of paper to communicate. Not all characters will receive correspondence from the facilitator(s) in role; those with privacy concerns can be assigned non-contact roles. Be aware of your organization's PIPA position. **Discuss privacy issues in advance and modify accordingly.**

3. Scenarios

Foundational Scenario

You are a group of unpaid interns in a fifty-year-old, family-owned printing company with a core group of thirty employees. You work in administration, and report to the same Office Manager, Chris. Your contract is coming to an end, but traditionally those interns who have done well are offered full-time employment. Times are tough, and you'd all like to find stable, well-paid employment, with opportunities for career advancement. Your group is on a break together, as has become a tradition for the past six months you've worked together. Today is particularly exciting as it is your last day.

Determine who will portray Employee #1, #2, #3 and #4. Ensure the facilitator knows who is playing which role.

Warm-up Exercise for all three scenarios

Decide what role you, as an intern, might play in the company (e.g., accounts receivable, shipping, contracts, inventory, human resources, etc.). Once you decide the roles, use your actual first names, but introduce yourselves **as if you are meeting for the first time**. Provide a brief history of your experience in your chosen role. Ask general background questions of each other.

Scenario 1

Warm-up recommended before starting.

It's Friday and the last day of your internship. You're on coffee break together. Discuss your weekend plans individually and as a group. Consider any texts you receive individually and decide how you will proceed.

Considerations:

- Whom do you tell, if anyone?
- If you opt to reply to any communications, how will you word the message?

For facilitator

Communicate as the boss with Employee #1: *"Hi. It's Chris. I'd like to discuss your future with the company. Drinks after work today?"*

Let the discussion go for a few minutes then send the following communication as the boss to Employee #3: *"Hi, this is Chris. I'm concerned about your behaviour today. I think we can work it out over dinner this weekend. Need to know now."*

Watch an Example with Learners of Scenario 1 in the Video below



One or more interactive elements has been excluded from this version of the text. You can

view them online here:

<https://pressbooks.library.torontomu.ca/simulation/?p=102#oembed-1>

Scenario 2

Warm-up recommended before starting, unless it has already been done during the session.

It's Friday and the last day of your internship. You're on coffee break together. Discuss your weekend plans individually and as a group. Consider any texts you receive individually and decide how you will proceed.

Considerations:

- Whom do you tell, if anyone?
- If you opt to reply to any communications, how will you word the message?

For facilitator

These messages can play to or against traditional binary gender roles. Communicate as the boss with Employee #2: *“Hey, it’s Chris. Just tell the guys I’m taking you and them out tonight to celebrate. No gals allowed. OR “Hey, it’s Chris. Just tell the gals I’m taking you and them out tonight to celebrate. No guys allowed.”*

Watch an Example with Learners of Scenario 2 in the Video below



One or more interactive elements has been excluded from this version of the text. You can

view them online here:

<https://pressbooks.library.torontomu.ca/simulation/?p=102#oembed-2>

Scenario 3

Warm-up recommended before starting, unless it has already been done during the session.

It's Friday and the last day of your internship. You're on coffee break together. Discuss your weekend plans individually and as a group. Consider any texts you receive individually and decide how you will proceed.

Considerations:

- Whom do you tell, if anyone?
- If you opt to reply to any communications, how will you word the message?

For facilitator

Communicate as the boss to Employee #4: *"It's Chris. No need to finish the accounts. I'll get one of the interns to stay late. If they hope to return they'll do what I say. Besides, those people are good at math and it won't take them long."*

Let the discussion go for a few minutes then send the following communication as the boss to Employee #4: *"Oops. Sorry, I sent that last message to the wrong person. Don't share with anyone as this is confidential and puts you at risk."*

Watch an Example with Learners of Scenario 3 in the Video below



One or more interactive elements has been excluded from this version of the text. You can view them online here:

<https://pressbooks.library.torontomu.ca/simulation/?p=102#oembed-3>

4. Debriefing, Extensions, and Resources

*Note: Debriefing is done **in role** either in groups or as a whole class*

Interpersonal

- Some of you may have received additional communications. Did you decide to disclose or not? Why?
- Those of you who did not receive messages, how did you feel situated with your peers and/or the company?
- Did these unexpected communications change the team's dynamics?
- As your group discussed possible courses of action, did you encounter any loyalty, transparency, honesty and/or ethical boundaries?
- What personal/professional boundaries do you and your peers have? Are they similar or different? Do gender, age, race, sexual orientation or other personal factors play a role?
- Did your relationship with your peers change? Did it become more or less collaborative? Did it become more competitive?
- Where did power reside in your teams? Was it centralized or distributed?

Issues

- What were the risks, individually or as a group, as a result of your conversation? Include potential threats to employment, reference letters, friendships, ethics, and physical.
- Did your opinions of the boss change? Do you think that Chris abused their power? Would you still like to work for this company?
- What assumptions were made from the brief messages received? Were actions planned based on these messages?
- How did the messages change the positions of power between the employer and employees? How did the messages change the levels of comfort between different interns?

Additional Resources

Extensions

- See scene [“Exits and Entrances”](#), a series of videos on co-op placements by Mirror Theatre
 - Discuss the many interpersonal issues that may be encountered during an internship.

Assignments

The following suggestions could be undertaken either as a group or individually. They could be written as reflections, offered for discussion, or submitted as assignments for grading.

1. What are the descriptors of a well-functioning team? What structural and personal characteristics can foster or impede a well-functioning team?
2. Consider what factors make an employer desirable. In what ways would you be flexible to gain your dream job?
3. How do you respond to someone in a position of authority who might be perceived as crossing a professional boundary? To whom do you speak? Do you pretend nothing has happened? Do you leave the organization?

Readings

- [Belbin, M. \(2022\). The Nine Belbin Team Roles.](#)
- Campbell, D. T. (1976). Assessing the impact of planned social change. *Occasional Paper Series*, 8.
- [TherapistAid.com. \(2015\). Interpersonal](#)

[Effectiveness Skills.](#)

- Tuckman, B. (1965). Development sequence in small groups. *Psychological Bulletin*, 63, 384-399.
- [Venditti, P. & McLean, S. \(2012\). *An Introduction to Group Communication.*](#)

PART III

CASE 3 - HEALTHCARE: ESTABLISHING A PRODUCTIVE INTERPROFESSIONAL TEAM

Description

This simulation has three scenarios from which to choose, each with different levels of difficulty. All scenarios involve ethical and procedural challenges that require communication among a Registered Practical Nurse (RPN), Personal Support Worker (PSW) and a Recreational Therapist (RT). The focus is on problem-solving, conflict resolution and ethical decision-making in a patient-care team. [Download the full facilitator's copy of Case 3.](#)

Notes to Facilitator

There can be three to six participants, depending on class size with at least one participant assuming each role. To prepare participants for the role we suggest starting with a warm-up exercise in which each participant introduces themselves in role (see Warm-up Exercise).

What are your learning objectives for this exercise or course?
What prompts could you add to extend or expand the

simulation in that direction? What additional resources or assignments might you add?

Preparation

Prior to the simulation, ensure participant contact information (e.g, emails, selected chat platform, or phone numbers for texting) is easily accessible on a list that includes their assigned roles ([Download Sample Chart: Health Role Assignment – Mr. Levi](#)). During the simulation, you will need to contact certain characters, so advance planning is helpful. If online, you can copy and paste prompts using email or a chat function. If delivering the simulation in person, you could continue to use email or chat for hybrid delivery, or use cue cards or slips of paper to communicate. Not all characters will receive correspondence from the facilitator(s) in role; those with privacy concerns can be assigned non-contact roles. Be aware of your organization’s PIPA position. Discuss privacy issues in advance and modify accordingly.

5. Scenarios

Professional Roles

The following roles should be assigned to participants before the simulation begins. Read out loud the responsibilities of each profession, and distribute copies to participants, before the warm-up to provide this information to all participants.

Personal Support Worker (PSW): as a PSW you are required to assist a resident in activities of daily living (ADL) including transferring a patient (e.g., from a chair to a bed), skin care, oral and personal hygiene, toileting, feeding, hydration, documentation and charting, reporting changes in behaviours and/or moods, ensuring safety and safety protocols, reading and understanding the resident's care plan.

Recreational Therapist (RT): as an RT you are required to assist residents with exercises when necessary. Your primary focus is on the social aspect of care, e.g., activities, crafts, outings, etc.

Registered Practical Nurse (RPN): as an RPN you are required to provide medication, change dressings, feeding, provide reports to PSWs, assist PSWs when required, review and write documentation, and act as a supervisor to the PSW.

Warm-up Exercise for all three scenarios

You have been given a description of the three types of professionals in the role play. Take a moment to review your assigned profession now. In the role play, use your actual first names and introduce yourself to everyone else as if you are meeting for the first time. When you meet, provide a brief history of why you chose this profession and ask one another

simple background questions, such as why healthcare is important to each participant.

Foundational Scenario

You have just started working in a long-term care facility, Bright Days Assisted Living, for your institution's practicum and this morning is your first shift. You are part of a pilot program bringing together multidisciplinary teams of students or professionals to discuss patient needs with the intent of reporting to your onsite supervisors. The facility has over fifty residents, but as a new team you have been asked to meet to discuss a care plan for one resident: Mr. Benjamin Levi. He is new to the facility and you have yet to meet him. At this first meeting with your team, you will assess and discuss Mr. Levi's requirements based on the notes provided to you, and what tasks each team member will carry out. Every member of your group has access to the same chart note.

Figure 1: Chart Note – Mr. Levi

[Download a copy of the chart note](#) (as seen in Figure 1) and provide a copy to each participant

Bright Days Assisted Living

CARE NOTES

Resident Name: **BENJAMIN LEVI**

Date of Birth: **04/28/1943**

Power of Attorney (POA): **Daughter**

Has this resident has any medical or cognitive issues?

- **Resident diagnosed with Parkinsons. Has trouble understanding instructions, is still able to talk and communicate. But short-term memory is failing.**

Standing orders for the patient.

- **No dietary restrictions but is a fussy eater. Resident requires regular medication for Parkinsons.**

ADL (Activities of Daily Living) function.

- **Resident unstable when standing and walking. Requires assistance moving from bed to bathroom but insists on using bathroom not the bed pan. Does not appear to be interested in socializing with others, however, will interact with staff if approached.**

Scenario 1

Warm-up recommended before starting.

Based on the chart note, describe for each other what each one of you plan to do to assist Benjamin Levi. Explore how you might support one another.

Watch an Example with Learners of Scenario 1 in the Video below



One or more interactive elements has been excluded from this version of the text. You can view them online here:

<https://pressbooks.library.torontomu.ca/simulation/?p=149#oembed-1>

Scenario 2

Warm-up recommended before starting, unless it has already been done during the session.

Based on the chart note, describe for each other what each one of you plan to do to assist Benjamin Levi. Explore how you might support one another. Consider the appropriateness of communications received and other privacy issues.

For facilitator

As soon as the role play begins, message the RT as an RT colleague: *“This is the RT from the earlier shift. Mr. Levi is displaying behaviour that suggests he might be depressed. You might want to raise this with your team.”*

A few minutes into the scenario, contact the RPN only. *“Hi, I’m Benjamin Levi’s partner. Just checking in and seeing how he’s feeling. He tends to get depressed. What does your staff think about his status?”*

Watch an Example with Learners of Scenario 2 in the Video below



One or more interactive elements has been excluded from this version of the text. You can view them online here:

<https://pressbooks.library.torontomu.ca/simulation/?p=149#oembed-2>

Scenario 3

Warm-up recommended before starting, unless it has already been done during the session.

You are new to this facility. You are to discuss the status of Benjamin Levi, gather all relevant information from your colleagues and report to your supervisor. Address any issues that arise and actions you may/can take.

For facilitator

About one minute into the scenario, message the PSW: *“Hi, I hear you’re new. I’m Billy the PSW on the early shift. I just found out Mr. Levi has been diagnosed with COVID. I accidentally saw the results on the Patient Care Manager’s desk when I was speaking to her. As usual, she wants to keep this a secret. Tell everyone!”*

Watch an Example with Learners of Scenario 3 in the Video below



One or more interactive elements has been excluded from this version of the text. You can view them online here:

<https://pressbooks.library.torontomu.ca/simulation/?p=149#oembed-3>

6. Debriefing, Extensions, and Resources

Debrief – Interpersonal

- How would you rate the degree of collaboration among team members? Provide examples.
- How smoothly did the meeting go? Did any of the players monopolize the conversation? Were there areas of contention? Were they resolved? How?
- Did the team members play to their strengths? How?
- Did you find ways to divide responsibilities according to expertise?
- Did a leader naturally emerge?
- What status and positions of power did each of you hold? Was it negotiated or claimed?

Debrief – Issues

- What formal procedures could assist in establishing consistent and holistic care?
- What information is it necessary to know in order to take action?
- How were privacy issues addressed? What information can/cannot be shared? Do notions of privacy change with different people?
- What protocols do the interdisciplinary team members share?

- How would you deal with requests that are counter to policies and procedures?
- How did you distinguish between facts and hearsay? How did this determine decisions and possible actions?

Additional Resources

Extensions

- Watch [Scene 4](#) and [Scene 11](#) from '[Person-Centered Care: Finding Dignity within the Shadows](#)'
 - Discuss working with family members, privacy issues, and expectations.
- Watch Scene: [Dealing with Gossip](#) from '[Entrances and Exits](#)'
 - Discuss how own distinguishes between facts and rumours/gossip.

Assignments

The following suggestions could be undertaken either as a group or individually. They could be written

as reflections, offered for discussion, or submitted as assignments for grading.

1. What are the descriptors of a well-functioning team? What structural and personal characteristics can foster or impede a well-functioning team?
2. Given the different roles of team members, and perhaps different perceptions of authority among those roles, how do you respond to each other as a team? Do perceptions of power differentials impact how you work together?
3. What privacy concerns have been raised? How might you address them?
4. Who might you contact, and how would you word your message?
5. Given some of the messages you've received, how do you feel about working for Bright Days Assisted Living? How do you feel about the staff from whom you or your team have received messages?

Readings

- Calisi, R., Boyko, S., Vendette, A., & Zagar, A. (2016). What is person-centred care? A qualitative inquiry into oncology staff and patient and family

- experience of person-centred care. *Journal of Medical Imaging and Radiation Sciences*, 47(4), 309-314.
- Campbell, D. T. (1976). Assessing the impact of planned social change. *Occasional Paper Series*, 8.
 - [Foronda, C., MacWilliams, B., & McArthur, E. \(2016\). Interprofessional communication in healthcare: An integrative review. *Nurse Education in Practice*, 19, 36-40.](#)
 - Higgs, J., Ajjawi, R., McAllister, L., Trede, F. & Loftus, S. (2012). *Communicating in the Health Sciences*, Third Edition. New York, NY: Oxford University Press.
 - Hobbs, K. (2019). *To Know Their Stories: Using Playbuilding to Develop a Training/Orientation Video on Person-Centered Care*. Brock University.
 - [Nguyen, J., Smith, L. Hunter, J. & Harnett, J. \(2019\). Conventional and Complementary Medicine Health Care Practitioners' Perspectives on Interprofessional Communication: A Qualitative Rapid Review. *Medicina*. 55\(10\) 650.](#)
 - [Palanisamy, R. & Verville, J. \(2016\). Factors Enabling Communication-Based Collaboration in Interprofessional Healthcare Practice: A Case Study. *International Journal of e-Collaboration*. Gale: Business Insights: Global.](#)
 - [Quan, S., Wu, R., Rossos, P., Arany, T., Groe, S., Morra, D., Wong, B., et al. \(2013\). It's not about pager replacement: An in-depth look at the interprofessional nature of communication in healthcare. *Journal of Hospital Medicine*, 8\(3\),](#)

[1553-1592.](#)

- [Slade, D., Rider, E., Pun, J., Matthiessen, C. & Lam, M. \(2015\). The International Research Centre for Communication in Healthcare \(IRCCH\): Interprofessional, Multicultural Approaches to Healthcare Communication Challenges. *Journal of Interprofessional Education & Practice*, 1\(2\) 67.](#)
- Tuckman, B. (1965). Development sequence in small groups. *Psychological Bulletin*, 63, 384-399.
- [Verhaegh, K., Selder-Boersma, A., Simons, R., Steenbruggen, J., Geerlings, S., de Rooij, S. & Buurman, B. \(2017\) An exploratory study of healthcare professionals' perceptions of interprofessional communication and collaboration. *Journal of Interprofessional Care*, 31\(3\), 397-400.](#)

PART IV

CASE 4 - HEALTHCARE: INTERPROFESSIONAL COMMUNICATION CHALLENGES

Description

This simulation has two scenarios from which to choose, each with different levels of difficulty. All scenarios involve ethical and procedural challenges that require communication among a Registered Practical Nurse (RPN), Personal Support Worker (PSW) and a Recreational Therapist (RT). The focus is on problem-solving, conflict resolution and ethical decision-making in a patient-care team. [Download the full facilitator's copy of Case 4.](#)

Notes to Facilitator

There can be three to six participants, depending on class size with at least one participant assuming each role. To prepare participants for the role we suggest starting with a warm-up exercise in which each participant introduces themselves in role (see [Warm-up Exercise](#)). **Note that scenario 1 has two charts for two different people with the same name.**

What are your learning objectives for this exercise or course?
What prompts could you add to extend or expand the

simulation in that direction? What additional resources or assignments might you add?

Preparation

Prior to the simulation, ensure participant contact information (e.g, emails, selected chat platform, or phone numbers for texting) is easily accessible on a list that includes their assigned roles ([Download Sample Chart: Health Role Assignment – Mrs. Jones](#)). During the simulation, you will need to contact certain characters, so advance planning is helpful. If online, you can copy and paste prompts using email or a chat function. If delivering the simulation in person, you could continue to use email or chat for hybrid delivery, or use cue cards or slips of paper to communicate. Not all characters will receive correspondence from the facilitator(s) in role; those with privacy concerns can be assigned non-contact roles. Be aware of your organization’s PIPA position. **Discuss privacy issues in advance and modify accordingly.**

7. Scenarios

Professional Roles

The following roles should be assigned to participants before the simulation begins. **Read out loud** the responsibilities of each profession, and distribute copies to participants, before the warm-up to provide this information to all participants.

Personal Support Worker (PSW): as a PSW you are required to assist a resident in activities of daily living (ADL) including transferring a patient (e.g., from a chair to a bed), skin care, oral and personal hygiene, toileting, feeding, hydration, documentation and charting, reporting changes in behaviours and/or moods, ensuring safety and safety protocols, reading and understanding the resident's care plan.

Recreational Therapist (RT): as an RT you are required to assist residents with exercises when necessary. Your primary focus is on the social aspect of care, e.g., activities, crafts, outings, etc.

Registered Practical Nurse (RPN): as an RPN you are required to provide medication, change dressings, feeding, provide reports to PSWs, assist PSWs when required, review and write documentation, and act as a supervisor to the PSW.

Warm-up Exercise for both scenarios

You have been given a description of the three types of professionals in the role play. Take a moment to review your assigned profession now. In the role play, use your actual first names and introduce yourself to everyone else as if you are meeting for the first time. When you meet, provide a brief history of why you chose this profession and ask one another

simple background questions, such as why healthcare is important to each participant.

Foundational Scenario

You have just started working in a long-term care facility, Bright Days Assisted Living, for your institution's practicum and this morning is your first shift. You are part of a pilot program bringing together multidisciplinary teams of students or professionals to discuss patient needs with the intent of reporting to your onsite supervisors. The facility has over fifty residents, but as a new team you have been asked to meet to discuss a care plan for one resident: Mrs. Emma Jones. She is new to the facility and you haven't met her yet. At this meeting, you are discussing the requirements for Mrs. Jones based on the notes provided to you, and what tasks each team member needs to carry out. Every member of your group has access to a chart note.

Figure 1: Chart Note – Mrs. Jones (A)

[Download copies of the chart notes](#) (as seen in Figure 1 and Figure 2) to provide to participants

Bright Days Assisted Living

CARE PLAN

Resident Name: EMMA JONES

Date of Birth: **08/01/1939**

Power of Attorney (POA): **Wife**

Has this resident has any medical or cognitive issues?

- **Resident diagnosed with dementia. Significant cognitive issues understanding instructions. Concern for wandering.**

Standing orders for the patient.

- **Resident requires regular medication for dementia.**

ADL (Activities of Daily Living) function.

- **Resident mobile. Physically able to stand up and walk. Enjoys physical activities and often sings with others when encouraged. Requires assistance when toileting. Needs some assistance when feeding.**

Figure 2: Chart Note – Mrs. Jones (B)

Bright Days Assisted Living

CARE PLAN

Resident Name: EMMA JONES
Date of Birth: **04/28/1943**
Power of Attorney (POA): **Husband**
Has this resident has any medical or cognitive issues?

- **No cognitive issues. Resident diagnosed with hypertension and diabetes.**

Standing orders for the patient.

- **Regular blood pressure medication. Diabetes controlled.**

ADL (Activities of Daily Living) function.

- **No significant concerns. Requires a cane for stability. Able to toilet self without assistance. Enjoys walking on own but is not particularly sociable. Prefers independent activities such as puzzles and crosswords.**

Scenario 1

Warm-up recommended before starting.

Based on the chart note, describe for each other what each one of you plan to do to assist Mrs. Jones. Explore how you might support one another.

For facilitator

The RT and the PSW are provided a chart note for Emma Jones (B) who is 79 years old with high blood pressure. The nurse is provided a chart note for Emma Jones (A) who is 83 and has dementia. After a few minutes, message the RPN:

“This is the RN. Please provide me with a summary of the patient.”

Watch an Example with Learners of Scenario 1 in the Video below



One or more interactive elements has been excluded from this version of the text. You can view them online here:

<https://pressbooks.library.torontomu.ca/simulation/?p=223#oembed-1>

Scenario 2

Warm-up recommended before starting, unless it has already been done during the session.

Based on the chart note provided, describe for each other what you plan to do to assist the patient. Explore how you might support one another. Consider the appropriateness of any texts received and how you might respond. If appropriate, discuss with your colleagues.

For facilitator

Provide the chart note to *all* participants for the Mrs. Jones born in 1939 (A).

Immediately message the RT: *“I’m your new RT colleague.*

Welcome! Mrs. Jones frequently sets off the door alarm because she gets agitated and needs to move and walk. It might be a good idea to set up an additional walking schedule as this might help her calm down.”

After approximately two minutes, message the RPN as the Patient Care Manager: *“I’m the Patient Care Manager. I understand you’re reviewing Mrs. Jones. There’s been lots of talk about her needs. Under no circumstance change anything in her care plan. We don’t have the time to help.”*

Watch an Example with Learners of Scenario 2 in the Video below



One or more interactive elements has been excluded from this version of the text. You can

view them online here:

<https://pressbooks.library.torontomu.ca/simulation/?p=223#oembed-2>

8. Debriefing, Extensions, and Resources

Note: Debriefing done **in role** either in groups or as a whole class

Debrief – Interpersonal

- How would you rate the degree of collaboration among team members? Provide examples.
- How smoothly did the meeting go? Did any of the players monopolize the conversation? Were there areas of contention? Were they resolved? How?
- Did the team members play to their strengths? How?
- Did you find ways to divide responsibilities according to expertise?
- Did a leader naturally emerge?
- What status and positions of power did each of you hold? Was it negotiated or claimed?

Debrief – Issues

- How did you respond to any message received? How did you respond to shared messages? What is your position on secrets?
- Did issues of transparency, trust, hierarchy, secrecy and/or disclosure arise during your conversation? How does the

degree of risk impact these issues?

- What formal procedures could assist in establishing consistent and holistic care?

Additional Resources

Extensions

- Watch [Scene 4](#) and [Scene 7](#) from '[Person-Centered Care: Finding Dignity within the Shadows](#)'
 - How does time affect patient care in medical settings?
 - How do medical infrastructures assist in or impede patient care?

Assignments

The following suggestions could be undertaken either as a group or individually. They could be written as reflections, offered for discussion, or submitted as assignments for grading.

1. What are the descriptors of a well-functioning

team? What structural and personal characteristics can foster or impede a well-functioning team?

2. Given the different roles of team members, and perhaps different perceptions of authority among those roles, how do you respond to each other as a team? Do perceptions of power differentials impact how you work together?
3. What protocol concerns have been raised? How might you address them?
4. Who might you contact, and how would you word your message?
5. Given some of the messages you've received, how do you feel about working for Bright Days Assisted Living? How do you feel about the staff from whom you or your team have received messages?

Readings

- Calisi, R., Boyko, S., Vendette, A., & Zagar, A. (2016). What is person-centred care? A qualitative inquiry into oncology staff and patient and family experience of person-centred care. *Journal of Medical Imaging and Radiation Sciences*, 47(4), 309-314.
- Campbell, D. T. (1976). Assessing the impact of

planned social change. *Occasional Paper Series*, 8.

- [Foronda, C., MacWilliams, B., & McArthur, E. \(2016\). Interprofessional communication in healthcare: An integrative review. *Nurse Education in Practice*, 19, 36-40.](#)
- Gluyas, H. (2015). Patient-centred care: Improving healthcare outcomes. *Nursing Standard*, 30, (4), 50-57.
- Higgs, J., Ajjawi, R., McAllister, L., Trede, F. & Loftus, S. (2012). *Communicating in the Health Sciences, Third Edition*. New York, NY: Oxford University Press.
- Hobbs, K. (2019). *To Know Their Stories: Using Playbuilding to Develop a Training/Orientation Video on Person-Centered Care*. Brock University.
- [Nguyen, J., Smith, L. Hunter, J. & Harnett, J. \(2019\). Conventional and Complementary Medicine Health Care Practitioners' Perspectives on Interprofessional Communication: A Qualitative Rapid Review. *Medicina*. 55\(10\) 650.](#)
- [Palanisamy, R. & Verville, J. \(2016\). Factors Enabling Communication-Based Collaboration in Interprofessional Healthcare Practice: A Case Study. *International Journal of e-Collaboration*. Gale: Business Insights: Global.](#)
- [Quan, S., Wu, R., Rossos, P., Arany, T., Groe, S., Morra, D., Wong, B., et al. \(2013\). It's not about pager replacement: An in-depth look at the interprofessional nature of communication in healthcare. *Journal of Hospital Medicine*, 8\(3\), 1553-1592.](#)

- [Slade, D., Rider, E., Pun, J., Matthiessen, C. & Lam, M. \(2015\). The International Research Centre for Communication in Healthcare \(IRCCH\): Interprofessional, Multicultural Approaches to Healthcare Communication Challenges. *Journal of Interprofessional Education & Practice*, 1\(2\) 67.](#)
- Tuckman, B. (1965). Development sequence in small groups. *Psychological Bulletin*, 63, 384-399.
- [Verhaegh, K., Seller-Boersma, A., Simons, R., Steenbruggen, J., Geerlings, S., de Rooij, S. & Buurman, B. \(2017\) An exploratory study of healthcare professionals' perceptions of interprofessional communication and collaboration. *Journal of Interprofessional Care*, 31\(3\), 397-400.](#)

PART V

CASE 5 - CRISIS COMMUNICATION: CASEY JONES' CABOOSE RESTAURANT

Description

This is the original simulation created for online or hybrid delivery, and has been successfully delivered multiple times in online and in-person classes. Students are given this case as a capstone assignment and it provides an opportunity to apply the concepts they've learned about crisis communication. Learner feedback suggests that while they find the role play challenging, they also find it a lot of fun, sometimes thinking of it as a mystery to be solved.

This is an intense scenario, in which the crisis develops in real time over the course of the simulation. It usually runs for about forty-five minutes, but should end when participants lose energy. The level of difficulty can be modified depending on the rate at which messages are delivered, and can vary from group to group. The case requires team cohesion, application of crisis communication concepts, analytical and problem-solving skills, and ethical decision-making in an evolving crisis. [Download the full facilitator's copy of Case 5.](#)

Notes to Facilitator

While four-to-six group members is optimal, up to eight per group can work, depending on class size, as well as facilitator support (e.g., TA or co-facilitator). Each group works cooperatively to discuss the evolving information and plan their crisis communication deliverables. Teams can be uniform, with all group members receiving all communication prompts simultaneously, or each member can be assigned a role. Suggested roles for group members include: communication liaison (i.e., the person receiving incoming messages for the team), advisers, notetakers and writers. It is advisable to allow participants the opportunity to timeout if they feel overwhelmed. It is also advisable to select alternates when using a communication liaison, in the event of absence.

If delivering this role play with a TA or other co-facilitator, it is advisable to establish a back channel for communication. This allows facilitators to check in with each other over the course of the role play and coordinate when the opening five prompts have been delivered, how many of the randomized prompts have been delivered, and when it is time to end the role play.

What are your learning objectives for this exercise or course? What prompts could you add to extend or expand the simulation in that direction? What additional resources or assignments might you add?

Preparation

Prior to the simulation, ensure participant contact information (e.g, emails, selected chat platform, or phone numbers for texting) is easily accessible; having digital information is easiest when delivering prompts for online or hybrid role play. If using one communication liaison per group, only those individuals

need to be contacted; if delivering prompts to groups as a whole, contact information will be required for all group members, or it can be pasted into a shared chat function. Advance planning is helpful to avoid delaying the beginning of the role play. If online, you can copy and paste prompts using email or a chat function. If delivering the simulation in person, you could continue to use email or chat for hybrid delivery. Depending on class size and facilitator support, using cue cards or slips of paper to communicate may not be practical. Be aware of your organization's PIPA position. **Discuss privacy issues in advance and modify accordingly.**

9. Scenario

Notes for Participants

You will take the role of a crisis communication team, hired by Casey Jones' Caboose Restaurant to help them navigate an evolving crisis. Depending on the size of the class, you will be in groups of four-to-eight participants. You may decide on various roles for group members, e.g., communication liaison (i.e., the person receiving incoming messages for the team), advisers, notetakers and writers. Alternatively, you may all be receiving incoming messages, and may act collaboratively on these responsibilities.

Once you have reviewed the foundational scenario, you will receive additional messages over the course of the role play. You are not expected to respond to these messages in real time; however, the information provided should be discussed with your group as you start to understand the situation, and develop your ideas towards possible outgoing crisis messages.

Warm-up Exercise

Ask participants to introduce themselves to each other, and come up with a name for their crisis communication company in role. If assuming different roles, discuss what roles you will assume, e.g., communication liaison, advisers, notetakers or writers. This is also an opportunity for the group to have a preliminary discussion about the practical application of crisis communication, and any previous experience they might have in this area.

Foundational Scenario

The founder and CEO of Casey Jones' Caboose has called your crisis communication company due to concerns about a developing situation. Casey Jones' Caboose is an upscale Canadian chain restaurant, similar to Milestones or Jack Astor's. Founded in 1996, the chain now has 46 restaurants, spread across all provinces. Casey Jones' Caboose is centrally managed, so all restaurants receive the same ingredients from the same suppliers. It is a publicly traded company with shares on the Toronto Stock Exchange. Casey Jones' Caboose has no previous experience with crisis communication, and hasn't developed a crisis communication manual.

The CEO has requested your advice on how to proceed, and is receiving regular updates that they will provide to you in real-time throughout the simulation.

For Facilitator

All prompts should also include the name of the source sending the message. These can be copied and pasted into an email or chat function. The first five prompts, which help establish the foundational scenario, are delivered to every group in the same order, one at a time, in the first five minutes of the role play. Although only one scenario is provided, customization is created by randomizing the order of delivery of the middle prompts. It is not necessary for all of the middle prompts to be delivered, meaning that each group will have a unique experience, receiving messages from a variety of stakeholders in randomized order. The final prompt, which confirms the source of the problem and solves the mystery, should be delivered to every group, at a similar time, and marks the end of the role play. Although it may not be realistic that

this information would be clarified so quickly, it is provided to allow students to draft their assignments.

Required Prompts

Deliver in this order to all groups in the first five minutes

1. CJC Restaurant Manager Fredericton location: Just got a call from some guy saying his girlfriend got sick a couple days after eating here. I've checked the kitchen and asked staff, but as far as I can tell, everything's okay. It might be from something she ate somewhere else, or maybe she picked up the flu. Just thought you should know.
2. CJC Restaurant Manager Toronto location: Message from someone who ate here on the weekend saying they're sick. Really angry.
3. CJC Marketing Manager: A few bad reviews on BlogTO and Yelp since the weekend. Not the usual moaning. I count six giving lowest ratings and complaining of illness. Something to follow up?
4. Fredericton ER Doctor: I've got 8 people in my ER who all say they ate at Casey Jones' Caboose in Fredericton on the weekend. It's the only thing they have in common, so I suspect some kind of contagion or food-borne illness from this location. Still too early to know exactly what the problem is, but we're running tests.
5. CJC Restaurant Manager Alberta: What the hell is going on? I just had someone tear a strip off me claiming they got sick after eating here. I just had a look on social media, and it's blowing up! Please advise!

Random Prompts

*Deliver in any order to progress the scenario; **not all prompts need to be delivered***

1. CJC Marketing Manager: Not sure what's going on, but now I've got bad reviews and complaints about illness in almost all provinces. Ratings are way down. What do you want me to do?
2. Toronto ER Doctor: We've had several people come into Emerg saying they ate salads at Casey Jones' Caboose downtown on the weekend. We've alerted Toronto Public Health.
3. CJC Restaurant Manager Toronto location: We've got an inspector here from Toronto Public Health. Cooperating, but not sure what he expects to find.
4. CBC News: We'd appreciate the opportunity of an interview. We're noticing a lot of activity on social media regarding concerns about illness derived from your restaurants right across the country. We'd like to provide balanced reporting, so please get in touch.
5. CJC Marketing Manager: Social media is blowing up! We've got hundreds of bad reviews now. Some indicate they had salad, but it's not consistent.
6. Vancouver Coastal Health Authority: We are currently investigating your Vancouver restaurant location.
7. Global Media: We'd like to invite you to come on air tomorrow morning to discuss the illness outbreak at your restaurant chain.
8. Toronto Star: We were wondering if we could line up an interview about the food poisoning incidents connected to your restaurants. A few people have already come forward to talk to us, and we'd like to hear your side of the story.
9. Bank Manager: I'm hearing bad things in the media about

Casey Jones' Caboose. Just a reminder that we extended you a loan of \$500,000 to support opening the most recent restaurants. We may need to review our loan terms if you don't get this cleaned up.

10. La Ville de Montreal, Inspection des aliments, Plaintes: "Lors de sa visite à l'établissement l'inspecteur doit vérifier un ensemble de points critiques dont la maîtrise offre une garantie quant à l'innocuité de l'aliment. Ces points portent sur l'aliment, les méthodes de travail, les manipulateurs, le matériel utilisé et le milieu dans lequel les opérations sont effectuées."
11. Landlord West Edmonton Mall: We've just been informed that the franchise of your restaurant in our location has made a number of customers sick. At the West Edmonton Mall, we're proud of our reputation, and don't appreciate it being challenged by tenants. If this issue isn't resolved quickly, we will be obliged to close and perhaps evict your restaurant from our premises.
12. Meat supplier: We understand that there have been issues with some of the food served at Casey Jones' Caboose. We have carefully reviewed our product and procedures, and don't believe we are the source; however, please keep us informed if you hear otherwise.
13. Toronto Public Health: After numerous complaints, we're inspecting your downtown Toronto location. Until we complete our investigation, this location will be temporarily closed.
14. New supplier: We understand that you're experiencing some issues with contaminated food throughout your restaurant chain. We'd like to offer you a 10% discount on new food orders to replace contaminated food.
15. CJC Restaurant Manager Edmonton location: Don't know if you've heard yet, but we've got a food inspector on the premises. He's suggesting that staff has been negligent in their cleaning duties. That isn't the case. We use checklists

to make sure everything gets properly cleaned every shift. I wanted you to hear that from me.

16. Transportation company manager: I understand you've had issues with some of your food supplies. I just want to confirm that all our refrigerator trucks are in perfect working order. I personally guarantee that all our trucks, throughout the chain and across the country, are working properly.
17. Board member: I'm hearing bad things about Casey Jones' Caboose today. I've been checking the TSX, and people are dropping stock fast. Share price is down over 30% in the last hour. Fix this!
18. Your lawyer: Just got a call from a lawyer representing someone who claims to have gotten food poisoning at your St. John's location. Claims that a whole lot of people are sick right across the country. What's going on? Do we need to prepare for a lawsuit?

Required Final Prompt

Delivered to end the role play; coordinated between facilitators

FINAL PROMPT: Canadian Food Inspection Agency: We can confirm that there has been an e-coli outbreak due to contaminated romaine lettuce across the Casey Jones' Caboose restaurant chain coast-to-coast. The source of the contaminated romaine has been isolated and the supplier has been informed. The company does not sell romaine to grocery stores, and Casey Jones' Caboose is one of their few commercial clients. We are informing media.

10. Debriefing and Resources

*Note: Debriefing is done **in role** either in groups or as a whole class*

Interpersonal

- How did the role play go for you and your group?
- What was your group's plan before beginning the simulation? Did that plan change as the simulation progressed? How?
- Who took initiative or was it shared by all? Did an informal leader naturally emerge?
- Did you actively listen to one another? Did everyone feel heard?
- How well did team members adapt to this rapidly evolving situation? How well did your group manage the crisis? What might you do differently next time?

Issues

- Were you able to see how theories of crisis communication might be applied to such a situation?
- Who are the audiences for the crisis communication messages you will draft?
- Are some stakeholder interests more important than others?

Additional Resources

Assignments

The following suggestions could be undertaken either as a group or individually. They could be written as reflections, offered for discussion, or submitted as assignments for grading.

1. What do you know about what has happened at Casey Jones' Caboose?
2. Who are the stakeholders in this developing crisis? What do you know about your audiences? How will this knowledge help you draft a message informing them of the situation?
3. Considering these audiences, what messages would be most appropriate for this circumstance?
4. Write an individual or group reflection on your experience with this simulation. Some of the questions from the debrief might also be used here as prompts.
5. Individually or as a group, draft a news release that offers a quick and meaningful response on behalf of Casey Jones' Caboose in light of this crisis. What information do you share? Who are your audiences?
6. What follow-up messages, longer-term responses, or alternative media channels might you suggest to Casey Jones' Caboose?

Readings

- [Claeys, A., Coombs, W.T. \(2020\). Organizational Crisis Communication: Suboptimal Crisis Response Selection Decisions and Behavioral Economics, *Communication Theory*, 30\(3\) 290–309.](#)
- Coombs, W.T. (2007). *Ongoing Crisis Communication: Planning, Managing, and Responding*. Sage.
- Coombs, W.T. & Holladay, S.J. (2015). *Handbook of Crisis Communication*. Wiley.
- Lundgren, R. & McMakin, A. (2018). *Risk Communication: A Handbook for Communicating Environmental, Safety, and Health Risks* (6th ed.). Wiley.
- Seeger, M. & Sellnow, T. (2019). *Communication in Times of Trouble*. Wiley-Blackwell.
- Ulmer, R. R., Sellnow, T. L., & Seeger, M. W. (2015). *Effective Crisis Communication: Moving from Crisis to Opportunity* (3rd ed.). Thousand Oaks: Sage.

PART VI

CASE 6 -

DE-ESCALATION:

HEALTH

Description

A female nurse asks four male visitors of a traumatic brain injured patient to be quiet and reminds them of the hospital policy of a maximum of two visitors per patient. They do not comply and become rowdier. [Download the full facilitator's copy of Case 6.](#)

Notes to Facilitator

There can be four to six participants in each breakout group. While gender could be a significant factor in the scenario, the make-up of participant groups need not be; however, a mixed gender group is recommended. Recognize that the content and discussion may be triggering for some participants.

What are your learning objectives for this exercise or course? What prompts could you add to extend or expand the simulation in that direction? What additional resources or assignments might you add?

Notes for Participants

As you watch the video below, consider whether you would react in the same way, or whether you might say or do something differently, or at different times during the scenario.

Foundational Scenario

Watch: *The Rowdy Bunch*¹



One or more interactive elements has been excluded from this version of the text. You can view them online here:

<https://pressbooks.library.torontomu.ca/simulation/?p=64#oembed-1>

Scenario 1

Based on the video, you have been asked to serve on a task force exploring de-escalation techniques to use with hospital visitors who do not adhere to hospital policies. Consider who might be asked to serve on this task force (e.g., hospital security, human resource personnel, union executive, former patient, family member, etc.) and assign individual group

1. © Mirror Theatre retains the rights to all videos and scripts produced by them, as indicated in the simulations. Go to mirrorthatre.ca for more information.

members to these specific roles. Your team has been tasked with **exploring** and **reporting** on possible ways to approach and de-escalate a rowdy bunch such as the one in the video. Consider:

1. ways to approach,
2. who to approach, and
3. possible responses. Your suggestions will be used to evoke meaningful conversations among hospital staff.

Scenario 2

Using the suggestions generated in Scenario #1, choose one person to play the hospital worker and three others to be the rowdy bunch. Try role playing the scenario in different ways to generate ideas.

Watch an Example with Learners of this Case in the Video Below



One or more interactive elements has been excluded from this version of the text. You can

view them online here:

<https://pressbooks.library.torontomu.ca/simulation/?p=64#oembed-2>

11. Debriefing, Extensions, and Resources

*Note: Debriefing is done **in role** either in groups or as a whole class*

Interpersonal

- Did your team agree on each other's suggestions? If not, why not?
- What were the pros and cons of each suggested technique?
- Based on your level of agreement were you able to complete the task?

Issues

- Is de-escalation possible in this scenario or should other measures be brought in?
 - Explore the concept of zero tolerance.
 - When would you consider de-escalation unsafe?
- What hospital staff should be involved in this type of de-escalation? Is it a nurse's responsibility? If not, then whose?
- Suggest steps one could take on how to de-escalate including assessing the situation, how to approach, establishing rapport, when to walk away, etc.

- Would your suggestions to address the situation change, based on gender, sexual orientation, age and/or race of the characters?
- If the decision is to call security, but security takes 20-40 minutes to arrive, what do you do in the interim?

Additional Resources

Extensions

- See [Scene 14](#) and [Scene 18](#) from “[Person-Centred Care: Finding Dignity within the Shadows](#)”
 - Is de-escalation always possible?
 - How is abuse normalized; should it be?

Assignments

The following suggestions could be undertaken either as a group or individually. They could be written as reflections, offered for discussion, or submitted as assignments for grading.

1. Search “Hospital respect signs” on the web.

Choose a few and discuss their tone and how effective they might be.

2. Based on the above research, create your own respect sign for placement throughout the hospital. Debate the degree of regulation and the degree of call to respect. Annotate your rationale with footnotes.
3. As a task force, research multiple sources to create your own a) hospital harassment policy and b) procedures on how to de-escalate and enforce these policies.
4. Could de-escalation be considered a form of victim-blaming? Juxtapose the balance of responsibilities and rights of hospital staff.

Readings

- [Brophy, J., Keith, M., & Hurley, M. \(2019\). Breaking point: Violence against long-term care staff. *NEW SOLUTIONS: A Journal of Environmental and Occupational Health Policy* 29\(1\), 10–35.](#)
- [Harden, J. \(1996\). Enlightenment, empowerment and emancipation: The case for critical pedagogy in nurse education. *Nurse Education Today*, 16\(1\), 32–37.](#)
- Hobbs, K. (2019). *To Know Their Stories: Using Playbuilding to Develop a Training/Orientation*

Video on Person-Centered Care. Brock University.

- [Kapoor, S & Grover, N. \(2021\). Strengthening contextual policy and training can empower nurses to reduce their sexual harassment. *Evidence-based nursing* 24\(4\), 139.](#)
- [Liu, J., Gan, Y., Jiang, H., Li, L., Dwyer, R., Lu, K., Yan, S., Sampson, O., Xu, H., Wang, C., Zhu, Y., Chang, Y., Yang, Y., Yang, T., Chen, Y., Song, F., & Lu, Z. \(2019\). Prevalence of workplace violence against healthcare workers: a systematic review and meta-analysis. *Occupational and Environmental Medicine*, 76\(12\), 927.](#)
- [Lu, L., Dong, M., Lok, GKI, et al. \(2020\) Worldwide prevalence of sexual harassment towards nurses: A comprehensive meta-analysis of observational studies. *Journal of Advanced Nursing* 76: 980–990.](#)
- [Magnavita, N., Heponiemi, T. & Chirico, F. \(2020\). Workplace Violence Is Associated With Impaired Work Functioning in Nurses: An Italian Cross-Sectional Study. *Journal of Nursing Scholarship*, 52\(3\), 281-291.](#)
- [Quinlan, E., Robertson, S., Urban, A.-M., Findlay, I. M., & Bilson, B. \(2020\). Ameliorating Workplace Harassment among Direct Caregivers in Canada's Healthcare System: A Theatre-Based Intervention. *Work, Employment and Society*, 34\(4\), 626–643.](#)

PART VII

CASE 7 -

DE-ESCALATION: PROTEST

Description

This scenario is based on an actual event at a protest rally. A male police officer intervened in a conversation between a female officer and a female protestor. The situation escalated, as is shown in the video. [Download the full facilitator's copy of Case 7.](#)

Notes to Facilitator

There can be four to six participants in each breakout group. While gender could be a significant factor in the scenario, the make-up of participant groups need not be; however, a mixed gender group is recommended. Recognize that the content and discussion may be triggering for some participants.

Ask the participants to note their general reaction. After viewing the Foundational Scenario video, ask them: "Who did you align with most? The female protestor, the female police officer or the male police officer?"

What are your learning objectives for this exercise or course? What prompts could you add to extend or expand the simulation in that direction? What additional resources or assignments might you add?

Foundational Scenario

Watch *Officer Bubbles*¹ in the video below



One or more interactive elements has been excluded from this version of the text. You can

view them online here:

<https://pressbooks.library.torontomu.ca/simulation/?p=74#oembed-1>

Scenario 1

You have been asked to serve on a task force to explore how the police department can use news footage such as this in de-escalation training. Consider who might be asked to serve on this task force (e.g., police leadership, training officers, experienced frontline officers, human resource personnel, union executive, etc.) and assign individual group members to these specific roles. After reviewing the video, articulate whose position, if anyone's, you most closely align with. From that position, discuss how each officer might have behaved differently to resolve and de-escalate the situation. Discuss factors such as whether they did or did not work as a team, tipping-points where things could have gone either way, and what might have been done to better assess the protestor and mitigate the situation.

1. © Mirror Theatre retains the rights to all videos and scripts produced by them, as indicated in the simulations. Go to mirrortheatre.ca for more information.

Scenario 2

In groups of three or four, role play a conversation between the female police officer and the male police officer at the station after the events in the video. Things that might be raised include whether they did or did not work as a team, their rationale for behaving as they did, and how each is feeling after-the-fact about their actions. Depending on group composition, as well as exploring the role play with one male and one female, try exploring the role play with two males or two females, or nonbinary participants. Do the dynamics change? How? Other team members should take notes and be part of the discussion once the role play is completed, noting any issues of power that may arise during the role play.

Watch an Example with Learners of Case 7 in the Video below



One or more interactive elements has been excluded from this version of the text. You can

view them online here:

<https://pressbooks.library.torontomu.ca/simulation/?p=74#oembed-2>

12. Debriefing, Extensions, and Resources

*Note: Debriefing is done **in role** either in groups or as a whole class*

Interpersonal

- Sometimes we enter a situation with a predetermined agenda, or having made assumptions about the other players. How does this support and/or interfere with resolving an issue?
- As the task force, what possible remediation or training might you recommend to the officers involved in this incident?
- Having considered some of the reasons the officers behaved as they did, and perhaps having role played the aftermath in Scenario #2, how did you feel? What might you consider doing differently in a similar situation?

Issues

- Power can be used, abused (intentionally) or misused (unintentionally). Carefully review the scenario, examining how each character may be using, abusing or misusing their power.
- Could the standing orders to the officers have contributed

to the escalation? How?

- What might the professional relationship between the officers be? Do you think the officers' working partnership might be impacted by this incident?

Additional Resources

Extensions

- Hot Seating: In groups, take on the roles of the various participants and ask questions of each other in character:
 - Male officer's position
 - Female officer's position
 - Protester's position
- Consider what you learn about each character, and their motivation for behaving as they did in the video. Does the conversation alter your perspective of the characters? How?

Assignments

The following suggestions could be undertaken

either as a group or individually. They could be written as reflections, offered for discussion, or submitted as assignments for grading.

1. Based on the discussion in Scenario #1, create an outline of ideas to be part of a de-escalation training manual.
2. Based on the discussion and notes from Scenario #2, consider how issues of perceived differential power might be added to the de-escalation training manual.
3. Research to find various de-escalation techniques. Given the variety of situations officers might encounter (e.g., domestic abuse, mental health crisis, addiction crisis, etc.), consider which techniques might work best in a given situation.

Readings

- [Alvarez, N. \(2020\). Stop. Rewind. Replay: Performance, police training and mental health crisis response, *Performance Research*, 25\(8\), 69-75.](#)
- [Di Nota, P. M., Chan, J. E., Huhta, J. M., & Andersen, J. P. \(2021\). Considering Objective and Subjective Measures for Police Use of Force Evaluation. *International journal of*](#)

[environmental research and public health, 18\(10\), 5351.](#)

- [Giacomantonio, C., Goodwin, S. & Carmichael, G. \(2020\). Learning to de-escalate: evaluating the behavioural impact of Verbal Judo training on police constables, *Police Practice and Research*, 21\(4\), 401-417.](#)
- [Norris, J., & Saudelli, M. \(2018\). Heating Up Online Learning: Insights from a Collaboration Employing Arts Based Research/Pedagogy for an Adult Education, Online, Community Outreach Undergraduate Course. *Social Sciences*, 7\(104\), 1-23.](#)
- [Oliva, J., Morgan, R. & Compton, M. \(2010\). A Practical Overview of De-Escalation Skills in Law Enforcement: Helping Individuals in Crisis While Reducing Police Liability and Injury. *Journal of Police Crisis Negotiations*, 10\(1-2\), 15-29.](#)
- [Staller, M. S., & Koerner, S. \(2021\). Commentary: Observational Behavior Assessment for Psychological Competencies in Police Officers: A Proposed Methodology for Instrument Development. *Frontiers in psychology*, 12, 686576.](#)

Resources on Feedback

As important as the experience of carrying out a role play may be, the opportunity to debrief and provide one another feedback is equally essential. Be sure to set time aside in the session for dialogue among the participants once the role play is completed. Quite often the debrief can last longer than the role play.

[The Association of SP Educators](#) (ASPE) provides significant support in methods for scenario development and feedback within role play contexts. The following video provides an example of one way feedback could be carried out. Notice that when feedback is provided it includes an observation of learner behaviour and the impact of the behaviour on the individual role playing. Through this approach learner defensiveness may be reduced.



One or more interactive elements has been excluded from this version of the text. You can

view them online here:

<https://pressbooks.library.torontomu.ca/simulation/?p=169#oembed-1>

Further resources on feedback and debriefing are found in the following articles:

[Fanning, & Gaba, D. M. \(2007\). The role of debriefing in simulation-based learning. *Simulation in Healthcare: Journal of the Society for Medical Simulation*, 2\(2\), 115–125.](#)

[Gonzalo, Heist, B. S., Duffy, B. L., Dyrbye, L., Fagan, M. J., Ferencik, G., Harrell, H., Hemmer, P. A., Kernan, W. N., Kogan, J. R., Rafferty, C., Wong, R., & Elnicki, M. D. \(2014\). Content and timing of feedback and reflection: A multi-center qualitative study of experienced bedside teachers. *BMC Medical Education*, 14\(1\), 212–212.](#)

[Krogh, Bearman, M., & Nestel, D. \(2016\). “Thinking on your feet”-a qualitative study of debriefing practice. *Advances in Simulation \(London\)*, 1\(1\), 12–12.](#)

References

[Alvarez, N. \(2020\). Stop. Rewind. Replay.: Performance, police training and mental health crisis response, *Performance Research*, 25\(8\), 69-75.](#)

[Belbin, M. \(2022\). The Nine Belbin Team Roles.](#)

[Brophy, J., Keith, M., & Hurley, M. \(2019\). Breaking point: Violence against long-term care staff. *NEW SOLUTIONS: A Journal of Environmental and Occupational Health Policy* 29\(1\), 10–35.](#)

Calisi, R., Boyko, S., Vendette, A., & Zagar, A. (2016). What is person-centred care? A qualitative inquiry into oncology staff and patient and family experience of person-centred care. *Journal of Medical Imaging and Radiation Sciences*, 47(4), 309-314.

Campbell, D. T. (1976). Assessing the impact of planned social change. *Occasional Paper Series*, 8.

[Claeys, A., Coombs, W.T. \(2020\). Organizational Crisis Communication: Suboptimal Crisis Response Selection Decisions and Behavioral Economics, *Communication Theory*, 30\(3\) 290–309.](#)

Coombs, W.T. (2007). *Ongoing Crisis Communication: Planning, Managing, and Responding*. Sage.

Coombs, W.T. & Holladay, S.J. (2015). *Handbook of Crisis Communication*. Wiley.

[Di Nota, P. M., Chan, J. F., Huhta, J. M., & Andersen, J. P. \(2021\). Considering Objective and Subjective Measures for Police Use of Force Evaluation. *International journal of environmental research and public health*, 18\(10\), 5351.](#)

[Foronda, C., MacWilliams, B., & McArthur, E. \(2016\). Interprofessional communication in healthcare: An integrative review. *Nurse Education in Practice*, 19, 36-40.](#)

[Giacomantonio, C., Goodwin, S. & Carmichael, G. \(2020\).](#)

[Learning to de-escalate: evaluating the behavioural impact of Verbal Judo training on police constables, *Police Practice and Research*, 21\(4\), 401-417.](#)

Gluyas, H. (2015). Patient-centred care: Improving healthcare outcomes. *Nursing Standard*, 30, (4), 50-57.

[Harden, J. \(1996\). Enlightenment, empowerment and emancipation: The case for critical pedagogy in nurse education. *Nurse Education Today*, 16\(1\), 32-37.](#)

Higgs, J., Ajjawi, R., McAllister, L., Trede, F. & Loftus, S. (2012). *Communicating in the Health Sciences*, Third Edition. New York, NY: Oxford University Press.

Hobbs, K. (2019). *To Know Their Stories: Using Playbuilding to Develop a Training/Orientation Video on Person-Centered Care*. Brock University.

[Kapoor, S & Grover, N. \(2021\). Strengthening contextual policy and training can empower nurses to reduce their sexual harassment. *Evidence-based nursing* 24\(4\), 139.](#)

[Liu, J., Gan, Y., Jiang, H., Li, L., Dwyer, R., Lu, K., Yan, S., Sampson, O., Xu, H., Wang, C., Zhu, Y., Chang, Y., Yang, Y., Yang, T., Chen, Y., Song, F., & Lu, Z. \(2019\). Prevalence of workplace violence against healthcare workers: a systematic review and meta-analysis. *Occupational and Environmental Medicine*, 76\(12\), 927.](#)

[Lu, L, Dong, M, Lok, GKI, et al. \(2020\) Worldwide prevalence of sexual harassment towards nurses: A comprehensive meta-analysis of observational studies. *Journal of Advanced Nursing* 76: 980– 990.](#)

Lundgren, R. & McMakin, A. (2018). *Risk Communication: A Handbook for Communicating Environmental, Safety, and Health Risks* (6th ed.). Wiley.

[Magnavita, N., Heponiemi, T. & Chirico, F. \(2020\). Workplace Violence Is Associated With Impaired Work Functioning in Nurses: An Italian Cross-Sectional Study. *Journal of Nursing Scholarship*, 52\(3\), 281-291.](#)

[Norris, J., & Saudelli, M. \(2018\). Heating Up Online Learning:](#)

[Insights from a Collaboration Employing Arts Based Research/ Pedagogy for an Adult Education, Online, Community Outreach Undergraduate Course. *Social Sciences*, 7\(104\), 1-23.](#)

[Nguyen, J., Smith, L., Hunter, J. & Harnett, J. \(2019\). Conventional and Complementary Medicine Health Care Practitioners' Perspectives on Interprofessional Communication: A Qualitative Rapid Review. *Medicina*. 55\(10\) 650.](#)

[Oliva, J., Morgan, R. & Compton, M. \(2010\). A Practical Overview of De-Escalation Skills in Law Enforcement: Helping Individuals in Crisis While Reducing Police Liability and Injury. *Journal of Police Crisis Negotiations*, 10\(1-2\), 15-29.](#)

[Palanisamy, R. & Verville, J. \(2016\). Factors Enabling Communication-Based Collaboration in Interprofessional Healthcare Practice: A Case Study. *International Journal of e-Collaboration*. Gale: Business Insights: Global.](#)

[Quan, S., Wu, R., Rossos, P., Arany, T., Groe, S., Morra, D., Wong, B., et al. \(2013\). It's not about pager replacement: An in-depth look at the interprofessional nature of communication in healthcare. *Journal of Hospital Medicine*, 8\(3\), 1553-1592.](#)

[Quinlan, E., Robertson, S., Urban, A.-M., Findlay, I. M., & Bilson, B. \(2020\). Ameliorating Workplace Harassment among Direct Caregivers in Canada's Healthcare System: A Theatre-Based Intervention. *Work, Employment and Society*, 34\(4\), 626–643.](#)

[Seeger, M. & Sellnow, T. \(2019\). *Communication in Times of Trouble*. Wiley-Blackwell.](#)

[Slade, D., Rider, E., Pun, J., Matthiessen, C. & Lam, M. \(2015\). The International Research Centre for Communication in Healthcare \(IRCCH\): Interprofessional, Multicultural Approaches to Healthcare Communication Challenges. *Journal of Interprofessional Education & Practice*, 1\(2\) 67.](#)

[Staller, M. S., & Koerner, S. \(2021\). Commentary: Observational Behavior Assessment for Psychological Competencies in Police Officers: A Proposed Methodology for Instrument Development. *Frontiers in psychology*, 12, 686576.](#)

[TherapistAid.com. \(2015\). Interpersonal Effectiveness Skills.](#)

Tuckman, B. (1965). Development sequence in small groups. *Psychological Bulletin*, 63, 384-399.

Ulmer, R. R., Sellnow, T. L., & Seeger, M. W. (2015). *Effective Crisis Communication: Moving from Crisis to Opportunity* (3rd ed.). Thousand Oaks: Sage.

[Venditti, P. & McLean, S. \(2012\). An Introduction to Group Communication.](#)

[Verhaegh, K., Selder-Boersma, A., Simons, R., Steenbruggen, J., Geerlings, S., de Rooij, S. & Buurman, B. \(2017\) An exploratory study of healthcare professionals' perceptions of interprofessional communication and collaboration. *Journal of Interprofessional Care*, 31\(3\), 397-400.](#)

Contributors

Dr. Catherine Jenkins, Project Lead



Catherine Jenkins is a writer and academic. She undertook research, writing and text editing for this project, which is based on the original Crisis Communication simulation she developed and tested in the classroom. She has twenty years of live-actor simulation experience through the Standardized Patient Program at the University of Toronto's Faculty of Medicine. She holds a PhD in Communication and Culture from Ryerson-York Universities; primary research for her dissertation required the development and use of live-actor simulations to examine patient-physician interactions. She teaches in the School of Professional Communication at Ryerson University.

Dr. Joe Norris, Instructional Designer



Joe Norris is an award-winning author on the use of participatory drama for research and pedagogical purposes. He has directed over 90 performance/workshops that addressed topics including, safe and caring schools, violence in the workplace, academic integrity, homelessness, inclusive education, homelessness, person centered care, mental health, cooperative learning and cultural humility. His playbuilding work can be found at mirrortheatre.ca (partially funded by SSHRC), which provides examples of applied theatre vignettes that are used for instructional purposes.

Kevin Hobbs, Project Manager, Director, Content Developer



Kevin Hobbs is a writer, arts-based researcher, and medical educator. His Master's in Social Justice and Equity explored person-centred care for people living with dementia or traumatic brain injury through use of a digital platform. It won the ARTS Graduate Research Award from the Canadian Society for the Study of Education. For 20 years he worked at the Standardized Patient Program at the University of Toronto, and then developed and ran a Standardized Patient Program for McMaster University in Niagara. He has created video-based feedback workshops for international medical education organizations, co-delivered workshops on arts-base education and is co-recipient of the 2010 Alan Blizzard Award for "exemplary collaborative projects that improve student learning."

Additional Team Members

Special thanks to Phoebe Forbes for her unflagging support, insightful questions and ideas, as well as her hard work throughout this project. Special thanks to Michael Metz for his technical expertise in pulling all the pieces together and ensuring timely completion.

Subject-Matter Experts

Thanks to all our subject-matter experts for their time and valuable input: Dr. Ellen Choi; Michael Dick; Kyla Forbes; Dr. Yasmine Kandil; Kaitlyn Kerridge; Dr. Chris MacDonald; Dr. Nancy McNaughton; Dianne Nubla; Dr. Samir Sinha; Andrea Thompson; Annabelle Torsein; and Dr. Nancy Walton.

Actors

Thanks to all our actors who assisted in piloting the workshops and content creation: Madison Andrews; Lindsay Detta; Taissa Fuke; Nadia Gamesh; Bernadette Kahnert; Mike Metz; Allison Pressnail; Nick Rasetta; and Jordan Tzouhas.