

## Faculty role play I and II: Difficult Conversations - Outline

### Scenario:

- 27 y.o. female with PMH of Opioid Use Disorder
- Admitted through ED for treatment of epidural abscess for which she had drainage and decompressive laminectomy.
- Multiple ED visits with concerns for opioid seeking.
- Past accidental overdose.
- Currently getting IV dilaudid 1-2 mg q3 hours PRN.

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### Scene 1

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Educational goal: *starting the conversation around SUD; identifying withdrawal and initiating conversation about MOUD; empathy and de-escalation; modeling trauma informed care, permission to take a time-out*

- 1. Hospitalist intro & MOUD assessment (8 min)**
  - a) Discuss cravings, withdrawal, MOUD (plan on Methadone), pain meds
  - b) Patient mildly irritated, epidural abscess
- 2. Next day – De-escalation attempt (8 min)**
  - a) Pain meds were given overnight, patient is upset & in pain
  - b) Hospitalist MD attempts to deescalate, not successful.
  - c) Hospitalist MD dismisses herself, patient throws object (paper cup) at provider
- 3. Next day (or later that day?) – Resolution (13 minutes)**
  - a) Patient apologizes & feels shame
  - b) Hospitalist MD says there was a mistake in your care and we are sorry. Shows empathy for patient who is still craving.
  - c) Plan to go up on methadone and pain meds
- 4. Take break and discuss with participants (5 minutes)**

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### Scene 2 (several days later)

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Educational Goal: *Challenge the perception that nurses think peers are colluding with patients, highlight harm reduction lens, and highlight patient trust for peer with lived experience*

- 5. Peer mentor (13 minutes)**
  - a) Patient: “I think the doctors and social workers want to hear certain things from me.”
    - Shares more of their story with peer mentor.
  - b) Peer Mentor – Highlights that it’s difficult to be in the hospital, especially for a long time
- 6. Take break and discuss with participants (5 minutes)**

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### 7. Optional:

- a) Summarize take home points, language and approach
- b) Ask participants about other difficult scenarios they want guidance on