## TURK TALK: A HYBRID APPROACH TO TEACHING THERAPEUTIC COMMUNICATION

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There is no conflict of interest to declare

Incorporated language into simulation to develop contextually relevant therapeutic communication skills







# Turk Talk:

A means of incorporating human interaction within a computer based simulation

C: I am not able to pay my phone bill on line O: Please enter your 11 digit phone number

> C: 403-675-8888 O: I am retrieving your account. Please wait.

C: I made a payment of\$45 yesterday.O: I don't have a record of that transaction.

C: Caller O: Operator

### **Retry Initial Diagnosis**

Let's try again. We hope you can remember his initial set of sympto ms. Now that you have some info rmation, we would like you to type in your best guess for his initial d iagnosis. Hint: [[INFO:17385]]

#### START

Case presentation to demonstrate how Turk Talk works. You are c alled to see Chester Minnit, a 45y o man, with chest pain. You are in the Emergency Room. When you go to see Chester, he is sitting up in bed, clutching his chest and lo

## About this case

We have created a short tutorial, with play-by-play screenshots of w hat learners and the Scenario Dir ector will see when playing a Turk Talk case. http://demo.openlaby rinth.ca/files/606/Turk%20Talk%2 Oscreenshots%20for%20tutorial.d

#### Evaluate Dx entered

If you arrive at this node, it means that OpenLabyrinth's text parser did not understand what you type d. Try again.

#### Automatic parsing

Let's see if we can do simple pars ing of text entries using Question Rules. (Only use lower cas e and do not use abbrvs.)Based o n the information presented so far , what is your initial working diagn osis? &nbsp:[[QU:1928]]Click on

### TTalk parsing

Now that you have some informat ion, we would like you to type in y our best guess for his initial diagn osis. If you are running this case within a Scenario and have a Turker standing by to interpret your response, you can use the p

## >> dunno - Pass

You have by-passed the Initial Dia gnosis section. You might have p oints deducted for this in a real sc enario.Ok, Chester seems stable for now. Time to try and get a bit m ore information about him and his condition. You may proce

### Costochondritis

Yes, this is the most likely diagno sis at this time. But things are not yet clear. It might be useful to pe rform some investigations.

### Myocardial ischemia

You have chosen the myocardial ischemia pathway. This may not be the best choice in this situation , but let's move on anyway.

## **Case presentation**

Over the past 6 months, you have been visiting Hattie at home regularly, along with the Home Care team. She has been going downhill, is increasingly withdrawn, with a decreasing appetite.



She is less mobile than she used to be and goes out rarely. She no longer participates in group activities. She is more forgetful about little things, which is odd because she used to be so sharp a few months ago.



## >>done with Suicide Risk Factors

While the risk factors for depression and the risk factors for suicide are similar, they are not the same. It is important to be able to distinguish when a patient is an active suicide risk, for obvious reasons... but it is not always easy to do.



Let's go and have a chat with Hattie the next day...

Chatting to Hattie

Review your pathway

## **Chatting to Hattie**

Learner level - help DepFactors SuicFactors

Map: TTalk test case 2 (621) Node: 17883 Score:

bookmark

turn editing on

reset



OpenLabyrinth is an open source educational pathway system

You are now entering a 'Turk Talk zone' below. Type your responses into the lower section.

Hattie mentions one day that she thinks that things have gone on long enough, and that she would just like to go see her husband. How would you approach this?

Phrase your questions as if you are chatting directly to Hattie. Vour job is to decide whether Hattie is safe or whether she needs to be referred to psychiatry.

Type in short phrases showing how you would raise some questions and issues:

You:

I'm sorry to hear that you feel that way. How can I help?

Turker:

I just want to be with my husband

You: Do you want to die?

Turker: Yes, I am tired of living

You: Have you been thinking of suicide?

Submit

If a Turker is available, you will be directed onwards in the case, once they are satisfied with your answer.

If no Turker is available, enter your main points and then click on [Continue without Turker] button at bottom of page.

	Labyrinth Search	Turk Talk Test		\$	Chat		1	Forum
ſ	Be more specific							Delete
Ī	Please expand on that							
	Please stop typing & read carefully.	D Topps (gr	•	Michelle Cu \$	<b>•</b> •	Rachel Ellav \$	+	Nishan Sha 💲
	Sorry to keep you waiting.	User: what do I do						
Ĩ	I don't understand. Can you rephrase?	You:						
Ĩ	You are really close	enter your Dx as a short note						
•	You need to change your line of thought							
		Type your response	Tyre	/pe your		Type your response	T) re	/pe your
		Cubalt		Cuberit	_/_	Cuberit		0.1-1

# Supportive Feedback

- Immediate or delayed
- Individual or group
- Include reflective practice

Managing Complexity

## Accessible

# Avoid space constraints

- Staggered start times
- Individual or group



# Cost Effective

OpenLabyrinth
Faculty expertise
Personal computer
Minimal training

# What we have learned

- Response types
- Terminology
- Complexity
- Facilitator Training

I really realized in a new way that it's not just bad skills that can cause unsafe situations but words as well. 3rd year nursing student

Looking Ahead •Fine tune the process Develop scripts •Explore the parameters



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- OpenLabyrinth is free open-source, open-standard, web-based software. Its development is guided by the OpenLabyrinth Development Consortium, including the University of Calgary, St George's University London, Karolinska Institut, Aristotle University Thessaloniki, Queens University Ontario, the University of Alberta and the Alberta International Medical Graduate program.

## Want to know more?

 Contact Michelle Cullen at mcullen@ucalgary.ca

<u>http://tiny.cc/TTalkMC</u>