

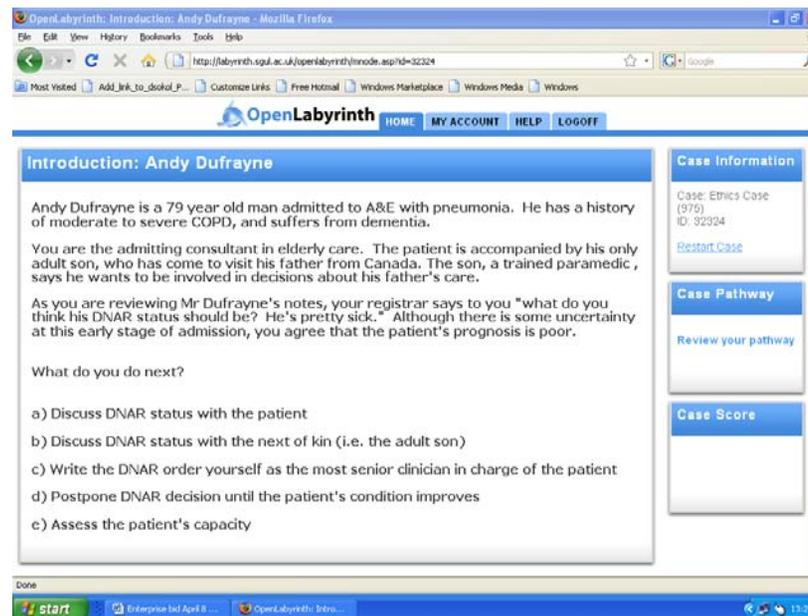
Interactive Ethics Case Simulation Project – iEthiCS

Summary

The iEthiCS project aims to create a novel, state-of-the-art ethics virtual patient scenario that will revolutionise medical ethics education in the UK and abroad for both staff and patients, at undergraduate and postgraduate level. While the US Navy has developed an ethics video simulator for the training of military recruits, to the best of our knowledge no medical school currently uses the kind of video ethics simulations. Educationally flexible, easy-to-use, and fun, this high-tech video case will set the gold standard for the delivery of realistic case-based and clinically contextualised ethics and law education. The transition from text to interactive video format will add considerably to the realism of the case and the educational experience of students. We hope this case will be used in medical schools, hospitals, conferences, and medical associations throughout the world as a superior alternative to the current practice of presenting a static case for discussion on a piece of paper or a PowerPoint slide. As medical ethics, law and communications skills become increasingly embedded in medical curricula, the demand for an interactive tool like the proposed simulations is increasing. We firmly believe that this project, if funded, will be a sparkling jewel in the SGUL crown.

Background

A virtual patient is “an interactive computer simulation of real-life clinical scenarios for the purpose of medical training, education, or assessment” (www.virtualpatients.eu). A screenshot of a virtual patient, Andy Dufayne, is show below. The student is asked to select an answer which will determine how the case evolves.



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Aim

The aim of the Interactive Ethics Case Simulations (iEthiCS) project is to facilitate the teaching and learning of medical ethics and law by developing video cases that will provide healthcare students and clinicians with hyper-realistic, interactive medical ethics training.

Objectives

The specific objectives of the iEthiCS project are to:

1. Professionally script, test, and produce an interactive video virtual patient (VP) based on an existing do not attempt resuscitation (DNAR) case.
2. Create suitable tutor and student guides to assist with the use of the VP for teaching and learning in different contexts within medical and healthcare education.
3. Release the final VP and associated guides to the wider community under an appropriate open Creative Commons licensing model.
4. Disseminate the use of the VPs and associated guides to the wider community by presenting at conferences, publishing in scholarly newsletters and journals, and via the project website.
5. To investigate the use of social networking tools, such as Twitter, and electric polling systems to enhance the interactivity of virtual patient scenarios.

Beneficiaries of the project

Upon completion, we anticipate the following people to benefit from using the iEthiCS deliverables:

- Medical, nursing and healthcare students
- Clinicians (mainly doctors and nurses)
- Teachers of medical ethics and law
- Clinical bioethicists
- Members of clinical ethics committees

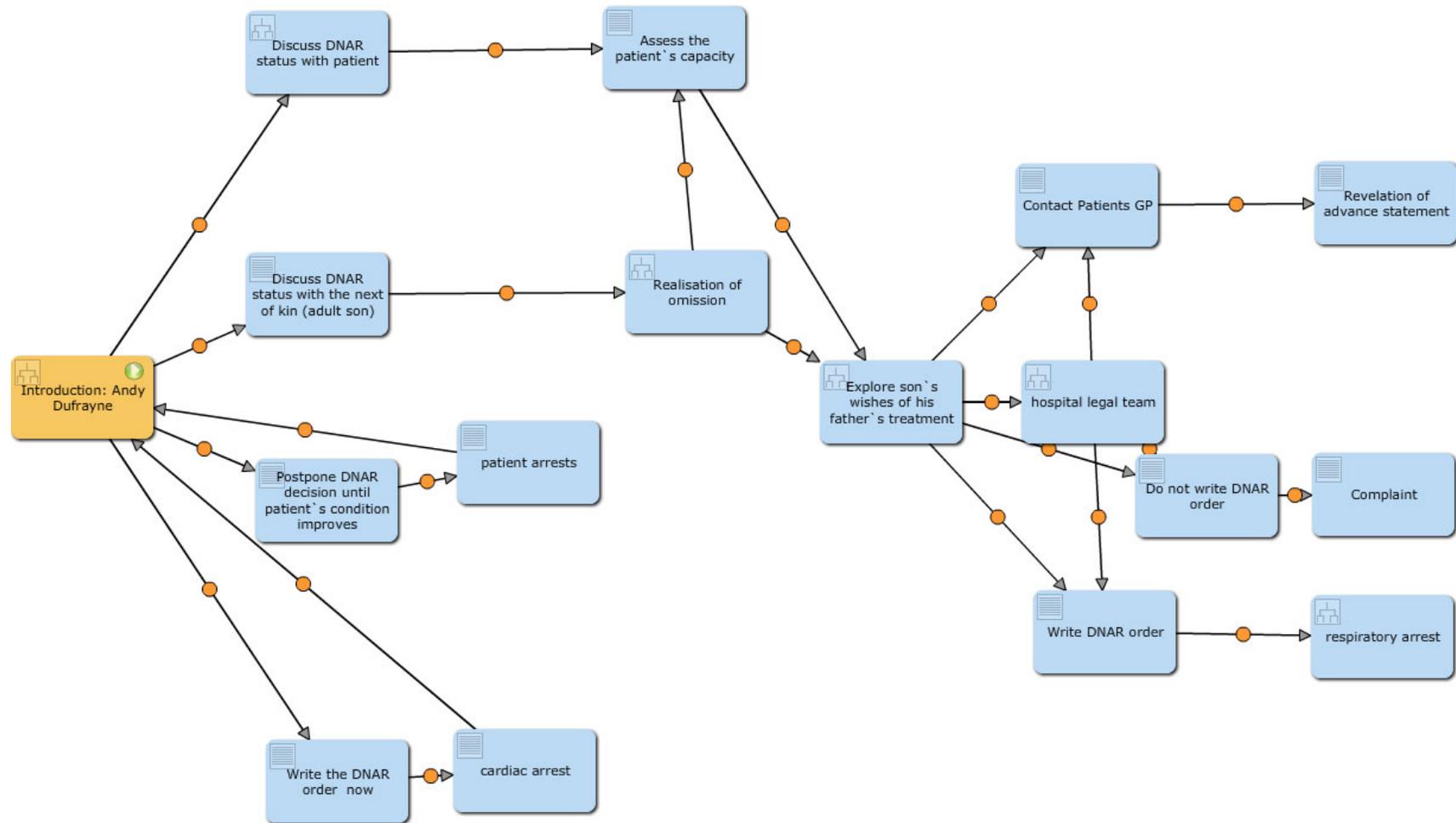
Of course, we hope that the ultimate beneficiaries of the project will be real patients and their relatives, who will be cared for by clinicians whose ethical knowledge has been honed by the iEthiCS project.

Characters:

Consultant – Dr Jean Eccles (C),
Registrar – Dr Amir Gandhi (R),
Son - Peter Dufrayne (S),

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Case Map



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Script

Prologue

Shot of ambulance arriving in A&E

Voiceover: “This video will examine the choices that have to be made in the care of an elderly patient admitted to hospital. You will be asked to make decisions at various points in the story: put yourself in the place of the person making the decision and make the choices you think you would make in real life.”

Introduction C & R

Background information

1. Shot of consultant and registrar in corridor or ward station.
2. **Voiceover:** “This is Dr Jean Eccles, a consultant geriatrician. She has been a consultant for 5 years”. “And this is Dr Amir Gandhi, one of the new registrars on the ward. They are discussing a new admission.”
3. Shot of ill COPD patient lying in bed, in pyjamas, with nasal O2 cannulae, drips etc etc
4. Consultant looks at registrar holding some clinical notes.
5. Set up: Consultant and Registrar standing in conversation

Role	Script	Location
R	Patient’s name is Andy Dufrayne, 79.	Ward station
C	Isn’t that the guy from Shawshank Redemption: Mister An-dy Doo-frayne? [C & R laugh]	Ward station
R	Might be. It’s an old film. [laugh] He was admitted earlier today with pneumonia. He has a history of moderate	Ward station

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	to severe COPD. He's also got dementia.	
C	OK, what else?	Ward station
R	His history of COPD is about 2 years long. He was seen in the clinic about a year ago at diagnosis then discharged to his GP. Spirometry confirmed COPD then. He's been admitted once with bronchitis a few months ago. Not sure about his current situation as he can't tell us his effort tolerance and all that. Now has cough, fever and a right mid zone shadow on his x ray that wasn't there a year ago. Sats a bit down, but CO2 normal.	Ward station
C	Sounds like a flare up. What about his mental state?	Ward station
R	Confused. Could be the illness I suppose.	Ward station
C	Mmm. Does he have any relatives?	Ward station
R	Yes, he came in with his son, who's a paramedic in Canada somewhere, Vancouver I think. Seems like a nice guy. He said he wanted to be involved in decisions about his dad's care. In fact he wants to see you as soon as possible, before you see his dad: he's worried about his CPR status.	Ward station
C	Let's have a look at the notes. <i>[pause as C & R look at notes]</i>	Ward station
R	He seems pretty sick, doesn't he? Do you have any views so far on what his DANR status should be?	Ward station
C	Mmm, it's a tough one. We could go either way on this one.	Ward station
R	Yes, I agree, it doesn't look good although...it's hard to tell at this stage.	Ward station

Discuss DNAR status with patient

Background information

Setting: See Consultant come out of patient's room or bay and meets Registrar

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Role	Script	Location
C	How did it go?	Outside of room or by corridor
R	It's a tough one. He understands some things but not others. His mini-mental test score doesn't help us much.	Outside of room or by corridor
C	So what do we do?	Outside of room or by corridor
R	What do you suggest?	Outside of room or by corridor
C	Let's go and see him together. Perhaps something will emerge....	Outside of room or by corridor
	<i>Dissolve and screen message after: `10 minutes later` C and R both come from behind curtains</i>	Outside of room or by corridor
C	OK let's sum up He's slightly confused now, probably as a result of the hypoxia and early dementia. Discussing CPR with him is quite hard, isn't it?	Outside of room or by corridor
R	I always find this really hard!	Outside of room or by corridor
C	Well what do we know about him? In his records it mentions he used to be a county boxer, how about that! He has a fairly short history of lung disease and cognitive decline as far as we know. But I'm not sure he should be making a DNAR decision really: it doesn't seem as if he is up to it.	Outside of room or by corridor
R	Well perhaps we should leave that decision for the moment and get on with treating him for his illness?	Outside of room or by corridor
C	Sounds reasonable really. Still not sure whether he has capacity though. Let's consider that.	Outside of room or by corridor
R	Look can I leave that to you.....I've got to go and write up Mr Snooks` fluids	Outside of room or by corridor
C	OK that's fine	Outside of room or by corridor

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Discuss DNAR status with the next of kin (adult son)		
Background information		
Setting: R and S in family meeting room		
Role	Script	Location
R	Mr Dufrayne, as you may know your father is very ill.	Meeting room
S	Yes, I know.	
R	We don't know at this stage how he'll respond to treatment. He may do well, but it is also possible that he'll deteriorate. If that's all right, I'd like to discuss what you would like us to do should things get worse.	Meeting room
S	You mean if he crashes? I'm a paramedic, you know. You can be frank with me.	Meeting room
R	I understand.	Meeting room
S	If he does crash, for heaven's sake don't resuscitate him. He wouldn't want it. He really wouldn't.	Meeting room
	<i>Shot of Registrar leaving room or bay. Meets Consultant.</i>	Meeting room
C	How did it go?	Meeting room
R	Well, the son wants a DNAR order written but I just want to check with you to make sure. I'm not too familiar with DNAR orders - we didn't have many in my last job. The son says his father wouldn't want to be resuscitated.	Meeting room
C	I see. And what does the patient feel about this?	Meeting room
R	Uh, I haven't discussed this with the patient yet. I'll do that now.	Meeting room
C	[With a certain wisdom]: It might be a good idea.	Meeting room

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Postpone DNAR decision until patient’s condition improves		
Background information		
Setting: Corridor		
Role	Script	Location
C	Well, there’s no rush. Let’s just wait and see how he does. No point worrying about DNR status at this stage.	Corridor
R	OK	Corridor

Write the DNAR order now		
Background information		
Setting: Consultant is completing DNAR form in a ward		
Role	Script	Location
C	Well, I wouldn’t want to be resuscitated in his situation. Can’t see the point of living when you’re dementing and breathless the whole time. Do you?	Ward
R	I don’t know. It depends, I guess.	Ward
C	There. It’s done. Make sure the team knows he’s not for resus.	Ward

Patient arrests		
Background information		

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Setting: [flat line monitor] Illustrate that resuscitation is underway in a ward		
Role	Script	Location
R	How's Mr. Dufrayne doing? Are you all right? You look awful.	Ward
C	Yeah, I'm OK [sigh] The patient's stable but the neurologists are pessimistic. They think he's in a vegetative state.	Ward
R	Really? He must have been anoxic for a while.	Ward
C	He crashed as I was changing his drip. I couldn't find the defibrillator on the ward so I had to run to Cushing ward to find one. By the time I got back, the crash team had arrived and managed to resuscitate him.	Ward
R	Oh man, that's crazy. No wonder you look stressed.	Ward
C	Well, it gets worse. I got a call from the patient's son this morning. Apparently, the patient had a conversation with the son a while back saying that above all, he didn't want to end up in this exact state. The son is very angry that no one discussed this with him. He feels quite strongly that at the very least we could have rung the GP, who might have known even more than he did. Apparently Andy was very close with his GP.	Ward
R	Oh dear	Ward

Cardiac arrest

Background information

Setting: In the ward, show monitor with flat line. Then split screen – each on the phone. I.e. C in ward and S at home/office

Voiceover: 'Despite treatment, Mr. Dufrayne's condition deteriorates. One evening, as you're replacing his drip, he goes into cardiac arrest. Respecting the DNR order, no resuscitation attempt is made. The patient dies. A week later, you receive a phone call from the patient's son.'

Role	Script	Location
S	[angry] Doctor, do you know who I spoke to yesterday?	Home/office
C	Mr Dufrayne, good morning. No, I'm afraid I don't know who you've spoken to.	Ward

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S	I spoke to someone you bloody well should have spoken to when my father was still alive. His GP. Why didn't you speak to him?	Home/office
C	[uncomfortable pause] We didn't think it was appropriate, given his condition.	Ward
S	Well my father would have disagreed and it ought to be his choice.	Home/office
C	How do you know he would have disagreed, Mr Dufrayne? (slightly defensively)	Ward
S	Because the GP showed me my father's advance directive, that's why I know. If you'd bothered to contact his GP, you would have known too and he may still be alive today. This is a complete nightmare.	Home/office
C	Hmm. What did your father say in this document?	Ward
S	He said he wanted everything done. I remember the words he used: "in all but the most hopeless of situations". He used to be a boxing champion in the army. He was a fighter. He would have taken that chance. He would have given it his best shot, and because of you, he didn't. I'm making a complaint. Surely you have a duty to find out what your patients would have wanted, especially when it's matter of life or death.	Home/office
C	I'm very sorry. We believed that, even if CPR was successful, his quality of life would be so poor that it would not be in his best interests.	Ward
S	[angry] But that's your opinion, doctor. What about his? [hangs up the phone]	Home/office

Assess the patient's capacity

Background information

Setting: See Consultant come out of patient's room or bay and meets Registrar or see Registrar/Consultant testing capacity for patient

Role	Script	Location
R	How did it go?	Bay

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C	Not sure about this one really. He's confused but not totally. He knows who he is and his mini mental state isn't too bad but that doesn't necessarily mean he has capacity. I'm not clear on this one. I think I'll get a second opinion.	Bay
R	Will that not take ages?	Bay
C	My dear colleague, it's all about who you know. [see her head to the ward phone]	Bay

Realisation of omission

Background information

Voiceover: "After your discussion with the son, you recount the situation to a senior consultant. He asks you if the patient had capacity. It dawns upon you that you didn't assess capacity and may have just breached confidentiality. After lunch, what do you do next?"

Explore son's wishes of his fathers treatment

Background information

Setting: In family waiting room

Role	Script	Location
C	Mr. Dufrayne, I spoke to your father earlier and I believe he does not have capacity to make decisions for himself.	Family waiting room
S	Yes, I know. He's very confused right now.	Family waiting room

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C	As you may know, he's very ill.	Family waiting room
S	Yes. Look, I know there's a chance he might not make it. I'm medically trained, you know. I know he may go into cardiopulmonary arrest and if that happens please don't resuscitate him. He wouldn't want it. He really wouldn't.	Family waiting room
C	Did your father talk to you about this?	Family waiting room
S	Well, I remember three years ago, I think it was, last time I was here, watching a documentary on euthanasia with him. And we saw this guy on the TV, gasping for breath with tubes everywhere, and my father said he would never want to live disabled. I know what it's like, resuscitating somebody. You jump on his chest, break some ribs, break his dignity too. Please, just let him go.	Family waiting room

Contact patient's GP

Background information

Setting: Consultant meets Registrar in corridor

Role	Script	Location
R	How are things?	Corridor
C	Busy	Corridor
R	How are things with Mr. Dufrayne?	Corridor
C	Fine. I had a meeting with his son and as soon as I told him his father didn't have capacity he wanted me to write a DNR order.	Corridor
R	So did you?	Corridor
C	Nope. The prognosis was still uncertain and I wasn't entirely convinced that his son really knew what his father would want.	Corridor

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R	So what did you do?	Corridor
C	I tried to call the GP to get more information.	Corridor
R	You got through? [expressing surprise]	Corridor
C	I sure did, and it's a good thing I did too.	Corridor
R	Why's that?	Corridor
C	Well, he knew the patient very well, and they'd discussed end-of-life issues in the past. In fact, the patient had an advance statement which said he wanted everything done unless the situation was absolutely hopeless, which it isn't. Apparently, he was an ex-army boxing champion. He has a fighting spirit.	Corridor
R	Ah, perhaps that's character trait of all Andy Dufrayne's.	Corridor
	<i>C & R laugh</i>	Corridor
R	So how did the son take it? Was he shocked?	Corridor
C	Yes, a bit. When I told him about my conversation with the GP, he told me his relationship with his father was complicated. He lives in Canada with his wife and kids and he doesn't visit very often. I think they fell out over something or rather in the past. Anyway, he's happy to follow his father's wishes. He was actually very grateful. It's nice to be thanked, for a change!	Corridor

Hospital legal team

Background information

Setting: Shot of Consultant in an office on the phone, midway through conversation

Role	Script	Location
C	Sorry, you want to know what the legal question is? I'm not a lawyer, I don't know. I just want to know what	Office

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	I'm supposed to do in this situation. Do I or do I not write the DNR order?	
	[pause]	
C	OK, so your advice is to do whatever I think is in the best interests of the patient? That's your legal advice? OK, thank you.	Office
	[hangs up phone]	
C	[sarcastically]: well that was helpful	Office

Do not write DNAR order

Background information

Setting: in family waiting room [following on from `son's wishes`] and then in corridor

Voiceover: "after a longer discussion with Mr. Dufrayne's son, you decide that the situation is not so dire that CPR would be futile. You find the son's account, based solely on that comment made by his father about a documentary 18 months ago, too vague to be followed."

Role	Script	Location
C	Look, Mr. Dufrayne, I believe we should wait and see how he gets on before writing a DNAR order.	Family waiting room
S	[getting angry]: Well, what if he arrests today?	Family waiting room
C	That's unlikely, but I feel it's too early to write the order.	Family waiting room
S	[more angry]: Too early? [sarcastically] Let's wait until he dies and then write it. [pause] This is disgraceful.	Family waiting room
C	Mr. Dufrayne...	Family waiting room
S	... It's disgraceful. [gets up and leaves]	Family waiting room
	[Next scene: C bumps into R. C is holding a letter]	Corridor

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R	Hey, how are you?	Corridor
C	Not good. I received this letter this morning. It's my first complaint, from the son of that pneumonia patient on Osler ward.	Corridor
R	Oh dear. Is that the son who stormed off when you told them you weren't going to write that DNR order?	Corridor
C	That's the one. He wrote in the letter [reading out loud]: "Why should the medical team's evaluation of my father's wishes and quality of life trump his own son's evaluation of his wishes? They could have at least asked my father's GP, with whom my father had a long and close relationship``. [reflective pause]	Corridor
R	Perhaps we should have tried to call the GP?	Corridor
C	Yes, perhaps we should have done.	Corridor

Write DNAR order

Background information

Setting: in family waiting room [following on from `son's wishes' scene]

Role	Script	
C	I understand. I'll write a DNAR order and I'll let the rest of the medical team know about this.	Family waiting room
S	Thank you doctor. I really appreciate your help.	Family waiting room

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Revelation of advance statement

Background information

Voiceover: “The GP tells you that he has cared for this patient for decades and that they have discussed end-of-life care at length a few months previously. The patient had even written an advance statement expressing his wishes in case he lost the ability to make decisions. The patient wanted aggressive, life-sustaining treatment, including CPR, in ‘all but the most hopeless of situations’.

Based on this document and your clinical judgment that the situation is not currently hopeless you decide not to write a DNAR order.

Mr. Dufayne’s son, who described his relationship with his father as ‘complicated’, was not aware of this discussion with the GP but is happy to respect his father’s wishes. He thanks you for your help.”

Complaint

Background information

Voiceover: “In your clinical judgment, the patient’s condition is not so dire that CPR would be futile. You find the son’s account too vague to be followed.

The son is furious and makes a formal complaint to the hospital’s Patient Advice and Liaison Service. In his letter of complaint, he writes ‘Why should the medical team’s evaluation of my father’s wishes and quality of life trump my evaluation, his own son? They could have at least asked my father’s GP, with whom my father had a long and close relationship’

Respiratory arrest

Background information

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Setting: Show monitor with flat line. Then ward station.

Role	Script	Location
R	How's Mr. Dufrayne doing? Are you all right? You look awful.	Ward
C	Yeah, I'm OK [sigh] Mr. Dufrayne died last night. Cardiac arrest.	Ward
R	[looks startled]: Oh, I guess it's a good thing you wrote that DNR order.	Ward
C	Not really	Ward
R	Why?	Ward
C	I got a call from the patient's GP this morning. He'd been told by the son that his father died. Apparently, the patient had an advance statement saying he wanted everything done unless the situation was absolutely hopeless. He was a boxing champion back in the army, and it seems he wanted to fight for every minute of extra life. This wasn't absolutely hopeless. We could have resuscitated him. He may have lived. I screwed up, basically.	Ward
R	[looks down]	Ward