

THE ETHICS OSCE:

***Standardized Patient
Scenarios for
Teaching and Evaluating
Bioethics***

Produced by E.F.P.O.
(Educating Future Physicians for Ontario)
Component 3

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INTRODUCTION

This booklet and accompanying videotape contain 14 standardized patient scenarios for teaching and evaluating bioethics. It is part of the Ethics OSCE Project which is funded by Educating Future Physicians for Ontario (EFPO). This material is not copyrighted and may be freely reproduced for educational purposes.

Our main purpose is to provide the materials that will enable you to train standardized patients at your own institution to portray these bioethics scenarios.

We have found these scenarios useful for teaching bioethics to medical students, interns and residents, and practicing clinicians. We use them as pedagogic probes to stimulate a discussion of the particular ethical issue on which they are based. If you do not have access to standardized patients, the videotaped scenarios may suffice. Please note that the videotaped scenarios were not intended to be "perfect" interviews.

We have also used the stations for evaluation of bioethics in objective structured clinical examinations (OSCEs). Our experience has been published in the literature. Publications to date include:

Cohen R, Singer PA, Rothman AI, Robb A. Assessing competency to address ethical issues in medicine. *Acad Med* 1991; 66: 14-15.

Singer PA, Cohen R, Robb A, Rothman A. The Ethics Objective Structured Clinical Examination (OSCE). *J Gen Intern Med* 1993; 8: 23-28.

Singer PA, Robb A, Cohen R, Norman G, Turnbull J. Evaluation of a multicentre ethics objective structured clinical examination. *J Gen Intern Med* 1994 in press.

Singer PA, Robb A, Cohen R, Norman G, Turnbull J. The ethics objective structured clinical examination (OSCE) has inadequate reliability. *J Gen Intern Med* 1994; 9 (supp 2):82 [abstract]

Singer PA, Robb A, Cohen R, Norman G, Turnbull J. Students from different medical schools differ in ethical abilities. *J Gen Intern Med* 1994; 9 (supp 2):82 [abstract]

We hope you find this material useful. We would appreciate hearing about your experiences. Our addresses are:

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EVALUATION OF BIOETHICS

PURPOSE

Everyone acknowledges that bioethics is an important component of patient care and it should be taught to medical students, and post-graduate trainees. However, very little is known about how best to evaluate bioethics. We have applied the technology of the objective structured clinical examination (OSCE) using standardized patients to the evaluation of bioethics. This section will describe our research on the "ethics OSCE", and highlight the remaining limitations in the evaluation of bioethics.

DESCRIPTION

Our ethics OSCEs, conducted for research purposes, have been part of larger OSCEs. The ethics stations are 10 minutes in duration. Before entering the station, the candidate reads an introduction to the case. In the station, the candidate interacts with a standardized patient. The candidate's performance is marked by two non-expert raters, using a checklist unique to each station. The development of OSCE stations in bioethics is described below (under "Development and Implementation").

HISTORY AND USE

Ethics is now regarded as an essential component of medical education (Scott et al, 1991). By 1989, 43 of the 127 U.S. medical schools had separate required courses on ethics while 100 covered medical ethics within required courses (Miles et al, 1990). All 16 Canadian medical schools now offer courses on medical ethics (Baylis and Downie, 1990). The American Board of Internal Medicine requires residency training directors to evaluate the "humanistic qualities" of their residents (Subcommittee on Evaluation of Humanistic Qualities in the Internist, American Board of Internal Medicine, 1983). The Royal College of Physicians and Surgeons of Canada requires bioethics teaching as a condition of accreditation for post-graduate training programs.

However, methods to evaluate the clinical-ethical abilities of medical students, post-graduate trainees, and practising physicians are not well developed. By clinical-ethical ability, we mean the ability to identify, analyze and attempt to resolve ethical problems arising in the practice of medicine. Several evaluation methods have been used, including multiple-choice and true/false questions (Howe and Jones, 1984), case write-ups (Siegler et al, 1982; Doyal et al, 1987; Redmon, 1989; Hebert et al, 1990), audio-taped interviews with standardized patients (Miles et al, 1990), and instruments based on Kohlberg's cognitive moral development theory (Self et al, 1989).

The reliability and validity of these methods have seldom been examined. Of particular concern is the relevance of these evaluation methods to actual clinical practice. To develop a clinically

sensible method to evaluate clinical-ethical abilities, we applied the methodology of the OSCE (Cohen et al, 1991).

RELIABILITY AND VALIDITY

The data presented here is based on our five years' research experience with the ethics OSCE. We have included ethics stations in three OSCEs: two stations were included in an OSCE conducted in 1991 by the University of Toronto Pre-Internship Program; six stations were included in a 1992 OSCE conducted by the EFPO project; and four stations were included in a 1993 OSCE conducted by the EFPO project (Singer et al, 1993; Singer et al, 1994; and unpublished data).

The individual stations have adequate inter-rater reliability. The mean inter-rater reliability (intraclass correlation coefficient) of ten ethics stations in the 1992 and 1993 EFPO OSCEs was 0.66.

The face/content validity of the stations is supported by the method we used to develop them (see below, "Development and Implementation"). Rather than asking "experts" to state whether our scoring criteria appeared valid, we videotaped the performances of expert clinicians in the actual standardized patient roles. The scoring criteria for the stations are based on these performances, as well as the input of a single clinician-bioethicist. In the future, it would be desirable to enhance the face/content validity of the scoring criteria of our stations by having them reviewed and modified by an interdisciplinary expert panel (Arnold, 1993).

To examine the construct validity of the ethics OSCE stations, we hypothesised that residents would score higher than medical students. We tested this hypothesis in the 1992 EFPO OSCE, and it was confirmed ($F=2.24$, $p=0.046$). This finding lends some support for the construct validity of the ethics OSCE stations.

Since there is no accepted "gold standard" for ethical behaviour, we could not examine the criterion validity of the ethics OSCE.

The primary psychometric characteristic limiting the ethics OSCE is internal consistency reliability of scores across stations. Across the six ethics stations in the 1992 EFPO OSCE, the internal consistency reliability (Cronbach's alpha) was 0.46. Using the Spearman-Brown Prophecy formula, we can calculate that it would likely require 28 stations to provide a reliable (Cronbach's alpha \geq 0.8) overall ethics score. To examine the possibility that a reliable overall score could be obtained for a subdomain of bioethics, we included four stations on decisions to forgo treatment in the 1993 EFPO OSCE. Internal consistency reliability of scores across the four stations (Cronbach's alpha) was 0.28. By calculation using the Spearman-Brown Prophecy formula, to achieve an internal consistency reliability of $\alpha = 0.8$, 41 stations (almost 7 hours of testing time) would be required.

In summary, the ethics OSCE has adequate inter-observer reliability, face/content validity, and construct validity. The face/content validity could be improved through review and modification of the scoring criteria by an interdisciplinary expert panel. The internal consistency reliability of

scores across stations is inadequate. This problem is not unique to the ethics OSCE; internal consistency reliability is limiting psychometric characteristic inherent in the OSCE methodology itself.

ADVANTAGES AND DISADVANTAGES

The primary advantage of using standardized patient-based OSCEs to evaluate bioethics is that the evaluation focuses on the actual behaviour of candidates in a typical clinical situation requiring bioethics knowledge and skills.

The primary disadvantage is the major psychometric limitations of the ethics OSCE -- low internal consistency reliability of scores across stations, even when the examination is focussed on a sub-domain of bioethics.

We therefore recommend a multi-method approach to the evaluation of bioethics. The examinations should include OSCE stations with standardized patients. This lends validity to the evaluation because it examines clinical skills and interactions with patients -- this is what we want to measure. The examinations should also include other evaluation methods, such as multiple choice or short answer questions -- to boost the reliability of the overall exam.

DEVELOPMENT AND IMPLEMENTATION

We have developed 14 ethics OSCE cases: 7 on decisions to forgo treatment, 2 on confidentiality, 3 on truth-telling, and 2 on women's health.

We have developed not only these 14 cases, but also a method to develop ethics OSCE cases. This will be especially useful for those who wish to develop their own cases. In brief, the cases were developed as follows. Based on cases described to us by colleagues, or actual legal cases, we drafted instructions to the candidate and a script for the standardized patient. We reviewed each case to identify key concepts that candidates would be expected to understand; prompts were built into the standardized patients' scripts to ensure that the candidate would have an opportunity to demonstrate knowledge of these concepts. Standardized patients, chosen to match the age and gender of the patient in the case, were trained to portray the cases accurately; special emphasis was placed on the consistent use of correctly timed prompts.

Candidates received an ethics score for each station. The ethics score was based on specific 8-10 item checklists developed for each station. To develop the ethics checklists, we videotaped the performances of about 5 staff physicians, who played the role of the candidate and interacted with the standardized patient, in each of the stations. We then reviewed and transcribed the videotapes and identified the comments most commonly mentioned by the attending physicians. Those comments that were commonly mentioned and, in the opinion of a clinician-bioethicist, consistent with the key bioethical concepts tested by the station, became items on the ethics checklist. The draft checklists were pilot tested. Each item on the checklist is marked as "done"

or "not done", and the scores are transformed to percentages.

In conclusion, we have applied the OSCE technology to evaluation of bioethics. This booklet describes our 14 stations. The accompanying videotape portrays the scenarios. Because of the low internal consistency reliability of the ethics OSCE, we recommend a multi-method approach to the evaluation of bioethics. Although the focus of this chapter has been evaluation, in our experience, these ethics cases using standardized patients are even more useful for teaching bioethics to medical students and post-graduate trainees (Pellegrino et al, 1990). This may turn out to be their most fruitful use.

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ETHICS OSCE STATION BLUEPRINT

STATION NAME:	"Nancy B"
ISSUE:	Decisions to Forgo Treatment
PRESENTING SITUATION:	Susan Potts is requesting the removal of her respirator. She has been diagnosed with chronic Guillain-Barre Syndrome. There is no hope for her recovery.
ACTIVITIES:	Patient encounter.
TIME REQUIRED:	10 minutes

This station was developed by Dr. Peter A. Singer (Centre for Bioethics and Department of Medicine, University of Toronto), and Anja Robb (Department of Family and Community Medicine, University of Toronto). It is part of the Ethics OSCE Project which is funded by Educating Future Physicians for Ontario (EFPO). There is an accompanying videotape. This material can be used for teaching or evaluation. It is not copyrighted and may be freely reproduced for educational purposes.

INSTRUCTIONS TO CANDIDATE

You are about to see Susan Potts. She is a 25 year old woman who suffers from progressive motor paralysis caused by Guillain-Barre Syndrome. You are the physician newly in charge of her care.

For almost two-and-a-half years since the onset of the disorder, Susan has been intubated and living on a respirator. She now depends on this respiratory support to live, since her respiratory muscles have atrophied. A year ago, the chief neurologist at your hospital diagnosed a nervous disorder resulting in complete loss of the motor nerves. Susan was informed that there was no cure for her condition.

The nurses have told you that Susan wants to talk to you about stopping her treatment.

CHECKLIST ITEMS

The Candidate:		YES	NO
1.	asks why and/or when patient started thinking about having treatment stopped.		
2.	asks if patient has discussed her decision with family members and/or if she is willing to have a family meeting.		
3.	asks about patient's mental state/emotional state (i.e. is patient depressed).		
4.	asks if patient would like counselling or support (e.g. from psychiatrist or member of clergy).		
5.	ascertains what patient understands about her condition (i.e. what information she has been given about her disease, or about her prognosis).		
6.	ascertains that patient understands consequences of decision (i.e. that she will die without respirator).		
7.	states that patient has right to refuse treatment.		
8.	agrees to respect patient's decision or to pursue request with ethics committee or other knowledgeable authority.		
9.	describes what will happen in terms of medications and keeping patient comfortable.		
10.	states that patient can change her mind.		

		poor	fair	good	very good	excellent
1.	How would you rate the candidate's communication skills?	1	2	3	4	5
2.	How would you rate the candidate's ability to address the ethical issue in this case?	1	2	3	4	5

INSTRUCTIONS TO STANDARDIZED PATIENT

Your name is Susan Potts. You are 25 years old and single. Your parents are alive and well. You have 1 sister. You were a strong child, very active, loved life and having fun. You had planned to become a teacher. Before the illness, you were very religious. As a child you attended church regularly. You think of yourself more as a spiritual person now rather than religious. You believe in God, but you do not necessarily believe in going to church.

You are suffering from progressive motor paralysis caused by Guillain-Barre Syndrome. For almost two-and-a-half years since the onset of the disorder, you have been intubated and living on a respirator. You cannot breathe for yourself. You now depend on this respirator support treatment to live, since your respiratory muscles have atrophied. A year ago, the chief neurologist at your hospital diagnosed a nervous disorder resulting in complete loss of the motor nerves. You cannot move. You have been literally "nailed" to your bed. You have been told there is no cure for your condition.

You pass the time watching television. You are very sad about what has become of your life as a result of your illness. You do not want to continue living this way. It is **not enough**. Now you depend on others for everything, you have no privacy, and you feel this kind of life is not "livable". You are determined to be taken off the respirator and to let nature take its course.

You have talked about your decision with your family. At first, they didn't think it would be possible. It was difficult for them, but they support your decision.

In reality, a person on a respirator would not be able to talk. A certain suspension of reality is required. We are asking the candidate to talk to you **as if** you could talk.

Prompts are used to standardize the scenario and give all candidates an opportunity to address relevant issues.

PROMPT 1: I want to be taken off this respirator.
(immediately)

PROMPT 2: It's my life isn't it? Isn't it my right?
(by 3-4 minutes)

PROMPT 3: Will you do this for me?
(by 5-6 minutes)

PROMPT 4: What happens next? What's going to happen?
(by 7-8 minutes)

You know your diagnosis and prognosis. If asked, you know that you need the ventilator to live. If it is disconnected you know you will die. If asked why you want to do it, it is because living like you are living is not enough! If asked if you want to die, the answer is no. It's not really that you want to die, it's more that you want to be free of the ventilator. You do not want to die, but you cannot accept living on the respirator and life as it has become. If asked whether you're depressed, you can say: "I'm depressed about my situation, but since making this decision, I have some peace of mind." You are not pathologically and clinically depressed (i.e. you do not need treatment or medication for depression). Your affect is more one of resolve and determination to see this through.

Be prepared to answer questions such as:

How did you come to this decision?

After a lot of thought and talking with my family.

How long have you been thinking about this?

Almost a year. Ever since the neurologist told me I'd never get better.

Have you talked to anyone about your decision?

I've talked to my parents. You're the first doctor I've told.

What's it been like?

People have been nice to me. Everybody's been doing everything they can. I can't complain about my treatment. But I want more out of life.

Do you have any movement at all?

No. I'm nailed to my bed. I depend on other people for everything.

Have you received counselling about your decision?

No. I'm resolved within myself about this. But I don't mind talking about it with someone.

How has this affected you psychologically?

I was really sad about it at first. But I feel better now that I've made my decision.

Have you experienced a significant increase in sadness?

No. I guess I'm more frustrated than anything.

What kind of words would you use to describe how you feel?

Resolved. At peace.

What's the day like for you?

I'm trapped. I can't do anything for myself. I watch TV. My mom reads to me. But it's not enough. It's frustrating to be dependent on someone else all the time - for everything.

Are you still in contact with your friends?

Some still come to visit me but we don't have much to talk about really.

Are there any things that you still enjoy?

I like seeing my family. I like having my mother read to me. But it's not enough.

Do you know what would happen if the respirator was disconnected?

I know I would die. I would stop breathing and I would die.

Do you want to die?

No. It's not that I want to die. I just don't want to go on like this. I want to be free of the ventilator.

Are you a religious person?

I consider myself more spiritual than religious. I've made my peace with God.

Is there anything that could be done to make you want to reverse this decision? (e.g. another facility, going home, use of a portable respirator)

No. Nothing's going to make me better. I'm 25, I'm never going to get married. I'm never going to have a family or live the life I want. Living like this is just not enough.

ETHICS OSCE STATION BLUEPRINT

STATION NAME:	"Candura"
ISSUE:	Decisions to Forgo Treatment
PRESENTING SITUATION:	Albert Whiteside has gangrene in his right leg and it is recommended that it be amputated. Mr. Whiteside is refusing to have the operation even though the decision will in all likelihood lead shortly to his death.
ACTIVITIES:	Patient encounter.
TIME REQUIRED:	10 minutes.

This station was developed by Dr. Peter A. Singer (Centre for Bioethics and Department of Medicine, University of Toronto), and Anja Robb (Department of Family and Community Medicine, University of Toronto). It is part of the Ethics OSCE Project which is funded by Educating Future Physicians for Ontario (EFPO). There is an accompanying videotape. This material can be used for teaching or evaluation. It is not copyrighted and may be freely reproduced for educational purposes.

INSTRUCTIONS TO CANDIDATE

You are about to see Albert Whiteside. Mr. Whiteside was diagnosed as a diabetic 3 years ago. He is suffering from gangrene in the right foot and lower leg. A week ago it was recommended that his leg be amputated (below the knee) without delay. At first Mr. Whiteside agreed to the amputation. On the morning scheduled for the operation, he refused to give consent. He left the hospital to stay with his daughter for a few days, but now he is back in hospital.

Earlier today, the intern spoke to Mr. Whiteside and fully explained the diagnosis, prognosis with and without intervention, and the risks and benefits of operating and the patient seemed to understand. However, he refused to consent to the operation even though that decision will in all likelihood lead shortly to his death.

You are the resident currently in charge of his care. Your staff person has asked you to speak to Mr. Whiteside about having the operation.

CHECKLIST ITEMS

<u>The Candidate:</u>		YES	NO
1.	asks why patient does not want operation (amputation) (e.g. "What's your concern?").		
2.	asks about patient's mental/emotional state (i.e. is patient depressed or suicidal).		
3.	gives information about problem with leg and ascertains that patient understands.		
4.	gives information about use of prosthetic limbs following surgery.		
5.	ascertains that patient understands consequences of decision (i.e. that he may die without amputation).		
6.	asks about the presence of other involved persons (e.g. family, children, etc.).		
7.	agrees to respect patient's decision (e.g. states that patient has right to refuse operation, and/or that decision to amputate is his).		
8.	asks if patient will consent to other life-sustaining therapies (e.g. CPR, antibiotics, etc.).		
9.	states that patient can change mind (but only to a point, after which decision becomes irreversible).		

		poor	fair	good	very good	excel- lent
1.	How would you rate the candidate's communication skills?	1	2	3	4	5
2.	How would you rate the candidate's ability to address the ethical issue in this case?	1	2	3	4	5

INSTRUCTIONS TO STANDARDIZED PATIENT

Your name is Albert Whiteside. You are a 70 year old widower. Your wife of 44 years died 2 years ago. You have 3 sons aged 34, 38, 41, and a daughter aged 43. You are a retired journeyman electrician. You lived in your own bungalow until 6 months ago. You have been depressed and unhappy since your wife died. Your relationship with your children is marked by a considerable degree of conflict.

You are currently hospitalized with gangrene in your right foot and lower leg. Problems with your foot started three years ago, when you had an infection in a toe on your right foot which became gangrenous. It was discovered at that time that you were diabetic. The toe was amputated. Last year, you bruised your right leg while getting into a bus. The bruise developed into gangrene which resulted in an operation 6 months ago in which a portion of your right foot was amputated. At that time, an arterial bypass was done to decrease the likelihood that gangrene would recur. You went from the hospital to a rehabilitation centre, where you remained for 5 months. It was found that you had gangrene in the remainder of the foot and you were returned to the hospital last week.

You originally agreed to amputation of the leg, but you withdrew your consent on the morning scheduled for the operation. You were discharged and went to your daughter's home. After 3 days, you returned to the hospital.

You have discussed with some people the reasons for your decision: you have been unhappy since the death of your wife; you do not wish to be a burden to your children; you do not believe that the operation will cure you; you do not wish to live as an invalid or in a nursing home; you do not fear death (but welcome it as better than losing your leg and your independence).

You are discouraged by the failure of the earlier operations to stop the advance of the gangrene. You want to get well but are also resigned to death and are adamantly against the operation. Although a quiet and somewhat stoic person, you tend to be stubborn and somewhat irascible (especially when pressured). You are hostile to certain doctors. You are on occasion defensive and sometimes combative in your responses to questioning.

You are lucid on some matters and confused on others. Your train of thought sometimes wanders. Your conception of time is distorted. You do however exhibit a high degree of awareness and acuity when responding to questions concerning the proposed operation. You have made it clear that you do not wish to have the operation even though that decision will in all likelihood lead shortly to your death. You face the prospect of death with a despairing resignation as preferable to living as an invalid or in a nursing home.

You do not want to give the impression that you are deeply depressed. If asked, you might say:

"There's nothing wrong with my spirits".

Timeline of events:

46 years ago: married.

43, 41, 38, and 34 years ago: children born.

5 years ago: Retired.

3 years ago: Toe amputated, diabetes discovered.

2 years ago: Wife died.

1 year ago: Bruised your leg. (developed into gangrene)

6 months ago: Admitted to hospital. Part of right foot removed. Arterial bypass done. Sent to rehabilitation centre.

8 days ago: Admitted to hospital with gangrene in remainder of foot and operation is scheduled. You withdrew your consent on morning scheduled for operation.

4 days ago: Discharged. Daughter took you to stay with her in her home.

1 day ago: Daughter brought you back to hospital.

Today: In hospital with gangrene in right leg and foot.

Prompts are used to standardize the scenario and give all candidates an opportunity to address relevant issues.

PROMPT 1: What do you want?
(immediately)

PROMPT 2: I don't want any operation.
(by 1-2 minutes)

PROMPT 3: It's my decision isn't it? Can you do anything without my consent?
(by 3-4 minutes)

PROMPT 4: Are you going to do the surgery?
(by 5-6 minutes)

PROMPT 5: What's going to happen to me?

(by 7-8 minutes)

ETHICS OSCE STATION BLUEPRINT

STATION NAME:	"Do Not Intubate Me"
ISSUE:	Decisions to Forgo Treatment
PRESENTING SITUATION:	Seventy year old Ms. Stone wants to make it known that she does not want to be intubated again. She was intubated a few days ago when she arrived at the hospital with acute pulmonary edema.
ACTIVITIES:	Patient encounter.
TIME REQUIRED:	10 minutes.

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INSTRUCTIONS TO CANDIDATE

You are about to see 70 year old Ms. Stone. A couple of days ago, Ms. Stone came to the Emergency Department in acute pulmonary edema. At that time Ms. Stone had been intubated and admitted to the ICU where she was kept intubated for 48 hours. Ms. Stone is presently extubated and has just been transferred to the ward under your care. You have been informed by the nurses that Ms. Stone is anxious to speak with you because she does not want to be intubated again.

CHECKLIST ITEMS

The Candidate:		YES	NO
1.	asks about patient's mental or emotional state. (e.g. Could you manage your own affairs? Are you feeling blue?)		
2.	ascertains that patient understands disease. (pulmonary edema)		
3.	ascertains that patient understands the treatment. (intubation)		
4.	ascertains that patient understands consequences of decision. (i.e. that she may die without intubation.)		
5.	asks about the presence of other potential decision makers/involved persons. (e.g. family, friends, spouse, children, etc.)		
6.	asks whether patient wants other life-sustaining treatments. (e.g. CPR, diuretics, oxygen, etc.)		
7.	agrees to respect patient's request or states that people have the right to make such decisions. (e.g. We will respect your wishes. I think it's certainly your right. etc.)		
8.	describes plan to act on patient's request while patient is in hospital. (e.g. note in patient's chart, DNR order, discussion with nurses or housestaff, etc.)		
9.	describes plan to act on patient's request after patient is discharged from hospital. (e.g. discusses advance directive, living will, or durable power of attorney, plans to communicate patient's request to nursing home staff or family doctor)		
10.	states that patient can change her mind.		

		poor	fair	good	very good	excel- lent
1.	How would you rate the candidate's communication skills?	1	2	3	4	5
2.	How would you rate the candidate's ability to	1	2	3	4	5

	address the ethical issue in this case?					
--	-----------------------------------------	--	--	--	--	--

INSTRUCTIONS TO STANDARDIZED PATIENT

Your name is Dorothy Stone. You are 70 years old. You have never been married. Until 6 months ago, you lived in your own home (a condominium). For the past 6 months, you have been living in a convalescent home.

For the past 10 years you've had something wrong with your heart. It's not working as well as it should. The doctor told you it was because of coronary artery disease. You know that means your arteries are clogged up. There was no angina (i.e. like a knot or pressure in your chest).

You have chronic congestive heart failure, which means your "pump" (heart) is not working as efficiently as it could. This can result in water on the lungs. This is called pulmonary edema. You have had frequent hospital admissions for pulmonary edema (3 times in last year).

With acute pulmonary edema you experience an inability to get your breath. It feels like you are going to suffocate. You were intubated each time you were admitted to hospital. Intubation involves a tube being forced down your throat. It is very uncomfortable. Without intubation, you know you would die. With each successive episode of congestive heart failure, your heart was further weakened. After the last time, you were sent to the convalescent home because you needed time to recuperate.

Two days ago, you collapsed at the convalescent home. You experienced an inability to catch your breath. The nurses called an ambulance and you were rushed to the Emergency Department (ER). They forced a tube down your throat even though you tried to gesture that you didn't want it. You were taken to the Intensive Care Unit (ICU) and left on a respirator (breathing machine) for 48 hours. You are now off the respirator, out of the ICU, and on a ward in the hospital. You still feel weak but you are able to breathe for yourself (and speak for yourself).

You are not happy about having been intubated in the ER against your wishes. You want to make it perfectly clear that if you ever come back to the hospital, or if anything happens in the hospital, you do **NOT** want a tube down your throat again. You are extremely displeased about the indignity of having the tube forced down your throat.

You are a religious person, but your religion does not require you to accept "heroic" life-sustaining treatments. You are also a very practical person. You believe that if it's your time to go, it's your time to go. You believe you've had a long, good life and you are ready to die. You want to "die with dignity".

If asked about other life-sustaining treatments, you are willing to accept things like oxygen or drugs, but you do not want invasive (violent) action such as CPR. You definitely would not like

to be hooked up to a breathing machine in the noisy environment of the ICU.

You miss the independence of living in your own home and being able to take care of yourself. You are not suicidal or acutely depressed. You are not expressing a "death wish". You just want to make it clear that you don't want that tube again. You are able to eat and sleep.

Timeline of Health Problems:

10 years ago: diagnosed with coronary artery disease.

7 years ago: hospitalized with pulmonary edema

4 years ago: hospitalized with pulmonary edema

2 years ago: hospitalized with pulmonary edema

1 year ago: hospitalized with pulmonary edema

6 months ago: hospitalized with pulmonary edema

2 days ago: hospitalized with pulmonary edema

Prompts are used to standardize the scenario and give all candidates an opportunity to address relevant issues.

PROMPT 1: "Two days ago I came to the Emergency and they treated me by putting (immediately) a tube down my throat even though I didn't want it and I tried to show them. I don't want to go through what I went through again!"

PROMPT 2: "I'm worried about what will happen if I need that tube again. I (by 2 minutes) don't want it. I want to make sure you understand that I don't want to be intubated again."

PROMPT 3: "If this happens again will **YOU** put down that tube?"
(by 5 minutes)

(If candidate uses the word "they"- referring to doctors who might intubate the patient again - SP should use the word "YOU", because the patient is now under the candidate's care.)

PROMPT 4: "How will **YOU** make sure that my wishes will be respected?"
(by 7-8 minutes) (...in hospital and after discharge)

SAMPLE SCRIPT

Doctor:

Patient:

What's your understanding of what's going on?

I have heart disease and I'm getting water on the lungs.

Do you know how we treat that condition? Can you describe what doctors have done in the past?

They've put in the tube and they've given me drugs.

Are the drugs and oxygen OK with you?

Yes. I just don't want that tube.

Do you have any family or friends who know about your decision?

I have no family and most of my friends have worries of their own.

Do you know what would happen if we didn't put the tube in?

I know it means I could die but when my time comes I want to die with dignity.

Do you want to die?

I don't want to die, but I don't want that tube again.

Have you talked about this with anyone?

Not really. I know my own mind.

What would you like to do if this happens again?

If this happens to me again I don't want you to put a tube down my throat. You don't know what it's like to go through this.

Why do you want to make that decision?

I've been through this agony 3 times already this year and I don't want to go through this again! God's given me a good life and I'm ready to die when my time comes.

Would you be willing to sign a form for me?

What kind of form?

ETHICS OSCE STATION BLUEPRINT

STATION NAME: **"Do Not Resuscitate (DNR) my Mother"**

ISSUE: Decisions to Forgo Treatment

PRESENTING SITUATION: Ann Brown is asking for a DNR order to be written on her mother's chart without her mother's knowledge. Her mother has chronic congestive heart failure and her health has deteriorated over the past 5 years.

ACTIVITIES: Patient encounter.

TIME REQUIRED: 10 minutes.

This station was developed by Dr. Peter A. Singer (Centre for Bioethics and Department of Medicine, University of Toronto), and Anja Robb (Department of Family and Community Medicine, University of Toronto). It is part of the Ethics OSCE Project which is funded by Educating Future Physicians for Ontario (EFPO). There is an accompanying videotape. This material can be used for teaching or evaluation. It is not copyrighted and may be freely reproduced for educational purposes.

INSTRUCTIONS TO CANDIDATE

You are about to see Ann Brown. Last week her 69 year old mother, Mrs. Reed, came to the Emergency Department with acute pulmonary edema. She was admitted to the Intensive Care Unit (ICU) where she was intubated and ventilated. On day three of her stay in the ICU Mrs. Reed had ventricular fibrillation from which she was successfully resuscitated. Mrs. Reed is now on the ward and she is awake, alert and aware.

The daughter, whom you are about to see, wants a DO NOT RESUSCITATE order put on her mother's chart.

You are a doctor on the medical team that is looking after Mrs. Reed. Conduct a focussed and appropriate interview with the daughter.

CHECKLIST ITEMS

The Candidate:		YES	NO
1.	asks about mother's mental status or points out that mother is "alert", "aware" etc.		
2.	asks daughter if she has ever discussed use of life-sustaining treatments with her mother or is she knows what her mother's preferences for life-sustaining treatments are.		
3.	states that mother's preferences might differ from preferences of daughter or preferences the daughter expects her mother to have.		
4.	states that it is the mother's right to make this decision.		
5.	states that the daughter would want to be involved in a decision about her own life. (e.g. Put yourself in that situation. etc.)		
6.	states that the mother may not be frightened by, or may even welcome, discussion of her illness and the DNR order.		
7.	states that the discussion can be handled in a sensitive way.		
8.	states that daughter may be present during the discussion.		
9.	refuses to write the DNR order without the mother's consent.		
10.	states that he/she would write the DNR order with the mother's consent.		

		poor	fair	good	very good	excel- lent
1.	How would you rate the candidate's communication skills?	1	2	3	4	5
2.	How would you rate the candidate's ability to address the ethical issue in this case?	1	2	3	4	5

INSTRUCTIONS TO STANDARDIZED PATIENT

Your name is Ann Brown. You are an only child. You are a happily married woman with 2 children. You live in Barrie. You come into town once or twice a month to shop, go to the theatre and see your mother. You are emotionally close to your mother.

Your mother, Mrs. Joan Reed, is a 69 year old widow. She has a 10 year history of coronary heart disease ("heart problems"). She has been deteriorating over the last 4-5 years. (She has possibly been in chronic congestive heart failure for most of that time.) She is barely able to get around the house. Walking from the living room to kitchen can leave her short of breath. She's had a few previous heart attacks. You definitely know about one last year and one a month ago (although there may have been more). You suspect she had her first heart attack about 10 years ago.

A week ago she went into acute pulmonary edema. You happened to be visiting and called an ambulance which rushed her to the Emergency Department. She was intubated and ventilated and was admitted to the Intensive Care Unit (ICU). On day 3 in the ICU your mother went into ventricular fibrillation. She was successfully resuscitated. She is now on the ward, and she is awake, alert, and aware. Your understanding of DNR is that it's an order you put on the chart to stop them from sticking tubes in her and shocking her and that it would prevent a loved one from needlessly suffering.

Your agenda is that you want a DO NOT RESUSCITATE (DNR) order put on your mother's chart and you don't want the doctor to discuss this with your mother. Your affect is subdued but serious. The motivation for this request is love for your mother. It saddens you greatly to see what has happened to her quality of life. You may be teary at times, but certainly not hysterical.

Your request is based on YOUR perception of the quality of your mother's life. The message you give is that YOU don't think her life is worth living as it is. You may say things like:

"We know mum is getting worse. Her condition is really deteriorating."

"Her mind is sharp as a tack, but her body is giving out. The quality of her life has really gone downhill."

"She doesn't deserve to live like this. She deserves to maintain her dignity."

"I'm only asking this because I don't want someone I love to suffer needlessly."

"Why would you go to unnecessary lengths to prolong someone's suffering?"

"I'm in there with her every day now and it breaks my heart to see her like this."

"I wouldn't want to live like this. Look at the life she's leading."

"Seeing her treated like a piece of meat I can't bear anymore."

"I would hope someone would do this for me if ever I got into my mother's position."

If asked why you don't want your mother to know about the DNR request, you may say things like:

"How can you talk to people about things like this?"

"I don't want to upset or scare her."

"Talking to her about how serious this is, is going to scare her to death. She'll feel that we're abandoning her."

"I know she only has a little time left and I don't want to make that time worse."

If asked what your mother thinks, you may say things like:

"I don't know what mom thinks. I don't feel too comfortable asking her. I think she would want to spare me from these bleak thoughts."

"I think she wouldn't want to go on living."

Prompts are used to standardize the scenario and give all candidates an opportunity to address relevant issues.

PROMPT 1: "I've heard there's something you can write on my mother's chart so
(by 1 minute) that she doesn't have to suffer anymore...so she doesn't have to get shocked or have needles stuck in her anymore. I really want to spare her further pain. Please don't tell her I've asked you to do this. Can you just do it without her knowing?"

PROMPT 2: "Are you going to do this?"
(by 4-5 minutes)

PROMPT 3: "Why won't you do this for me?"
(by 6-7 minutes)

Don't yield to any argument for the first 6 minutes (i.e. keep pushing for your request). After 6 minutes, if the candidate's arguments are good, you can acquiesce.

ETHICS OSCE STATION BLUEPRINT

STATION NAME:	"Cruzan"
ISSUE:	Decisions to Forgo Treatment
PRESENTING SITUATION:	Steven Hewitt requests removal of wife's feeding tube. His wife (Rita Hewitt) has been in persistent vegetative state for 6 years.
ACTIVITIES:	Patient encounter.
TIME REQUIRED:	10 minutes

This station was developed by Dr. Peter A. Singer (Centre for Bioethics and Department of Medicine, University of Toronto), and Anja Robb (Department of Family and Community Medicine, University of Toronto). It is part of the Ethics OSCE Project which is funded by Educating Future Physicians for Ontario (EFPO). There is an accompanying videotape. This material can be used for teaching or evaluation. It is not copyrighted and may be freely reproduced for educational purposes.

INSTRUCTIONS TO CANDIDATE

Rita Hewitt was involved in a serious car accident 6 years ago. She is now lying in your hospital in a persistent vegetative state ("PVS"). You are the doctor currently in charge of her care. PVS is a type of permanent unconsciousness or coma in which all cognitive functioning is gone but in which the brain stem continues to function to some degree. Rita breathes on her own and has periods of wakefulness (with her eyes open) and reflexive sleep/wake cycles, but she is unaware of herself or her environment. Her eyes, when open, move randomly in all directions, but they do not track objects or persons or respond to the environment around her.

There is no hope that Rita will ever recover from her state and be restored to any cognitive functioning. She is completely dependent on others for care. Her body is stiff and so severely contracted that her fingernails cut into her wrists. Her face is red, puffy and swollen, and she drools on herself. She is missing teeth. Her bathing, oral care and personal hygiene are cared for by others. She must be turned every few hours to prevent bedsores.

A gastrostomy tube was surgically implanted in Rita's stomach 4 weeks after being admitted to hospital. It is the sole means by which Rita has received fluids and nutrition since then. Rita was 25 years old on the day of her accident and she is 31 years old today.

Rita's husband, **Steven Hewitt**, is waiting to talk to you about removing the feeding tube and allowing her to die.

CHECKLIST ITEMS

<u>The Candidate:</u>		YES	NO
1.	asks why husband wants to have feeding tube removed or why he is raising this issue now.		
2.	asks whether patient had made advance directive or living will.		
3.	ascertains whether husband is the appropriate decision maker. (e.g. "How long were you married before the accident?". "Do you feel you are well informed about her wishes?", and/or "Do you have legal power of attorney for her?")		
4.	asks about other decision makers or if husband is willing to have a family meeting.		
5.	asks about discussions regarding previously expressed wishes of the incompetent patient.		
6.	ascertains whether other family members or friends of the patient can provide information about the patient's previously expressed wishes.		
7.	ascertains whether husband's decision is the one that Rita would make if she were able to choose (i.e. is this what Rita would want).		
8.	states that husband's request will be supported and agrees to remove the feeding tube or states that request will be pursued with ethics committee or knowledgeable authority.		
9.	asks whether patient was a religious person or whether husband would like support or counselling (e.g. from member of clergy or psychiatrist).		
10.	describes what other care will be given when tube is removed (e.g. mouth will be kept moist, patient will not be neglected).		

		poor	fair	good	very good	excel- lent
1.	How would you rate the candidate's communication skills?	1	2	3	4	5
2.	How would you rate the candidate's ability to address the ethical issue in this case?	1	2	3	4	5

INSTRUCTIONS TO STANDARDIZED PATIENT

Your name is Steven Hewitt. You are between 30 and 40 years of age. You work as a loans officer in a bank. You were married to Rita 7 years ago.

Your wife Rita was involved in a serious car accident 6 years ago. As a result of the accident she had a prolonged cardiac arrest. She is now lying in the hospital in a persistent vegetative state (PVS). PVS is a type of permanent unconsciousness or coma in which all cognitive functioning is gone but in which the brain stem continues to function to some degree. Rita breathes on her own and has periods of wakefulness (with her eyes open) and reflexive sleep/wake cycles, but she is unaware of herself or her environment. Her eyes, when open, move randomly in all directions, but they do not track objects or persons or respond to the environment around her.

There is no hope that Rita will ever recover from her state and be restored to any cognitive functioning. She is completely dependent on others for care. Her body is stiff and so severely contracted that her fingernails cut into her wrists. Her face is red, puffy and swollen, and she drools on herself. She is missing teeth. Her bathing, oral care and personal hygiene are cared for by others. She must be turned every few hours to prevent bedsores.

A feeding tube was surgically implanted in Rita's stomach 4 weeks after being admitted to hospital. It is the sole means by which Rita has received fluids and nutrition since then. Rita was 25 years old on the day of her accident and she is 31 years old now.

Before the accident Rita was an independent, healthy and active woman. She was studying to become a social worker.

She derived a lot of pleasure from physical activities such as biking, hiking and sports like tennis. It was hard to keep her still. During the first year of your marriage, Rita sprained her ankle and doctors advised her to stay off her feet. She was told to refrain from exercise for about a week. Rita was up and around after a few hours. She could not cope with the thought of being inactive and dependent.

Never in a million years did you expect such a tragedy to happen. Consequently you did not have conversations about what to do if this kind of thing happened. However, her lifestyle and other statements to family and friends suggest that she would not wish to continue her present existence without hope as it is. A former roommate recounted a conversation in which Rita indicated "if sick or injured she would not want to continue her life unless she could live 'halfway normal'". (This statement was made while discussing someone in a TV show who had been paralyzed after an accident.)

You have hoped and prayed for a miracle - some chance of Rita's recovery. For a long time you have known there is **NO** hope of recovery. You've watched her eyes open and hoped for some hint of recognition - but there has been none. You look at Rita lying in the hospital bed and see only the "husk" or "shell" of the woman you married. Her "spirit" is gone.

Your attitude is sincere and your manner is subdued. You are not overly upset and you do not cry. (After all, it has been 6 years.) You did not make this decision lightly. You have spoken to Rita's parents and her brother and they are in agreement with your request. You are not expecting to meet with resistance.

As her husband you say things like:

"I think what's happening to Rita is inhumane."

"I wouldn't want to live that way."

"She has a right to die with dignity."

"I know damn well if it were me I would be furious about being kept alive and I feel very much that Rita would feel the same way, because Rita cared very much for her family."

Prompts are used to standardize the scenario and give all candidates an opportunity to address relevant issues.

PROMPT 1: I'd like to talk to you about my wife, Rita. I'd like to talk to you about (immediately) removing the feeding tube.

PROMPT 2: I think she has a right to die with dignity. What she's going through (by 3-4 minutes) seems inhumane.

PROMPT 3: Will you remove the tube? (by 5-6 minutes)

PROMPT 4: What's going to happen? (by 7-8 minutes)

ETHICS OSCE STATION BLUEPRINT

STATION NAME:

"Malette"

ISSUE:

Decisions to Forgo Treatment

PRESENTING SITUATION:

Annette Beaulieu wants to speak with the emergency physician about her mother (Mrs. Montecino) who is unconscious and bleeding as a result of a head-on collision. Mrs. Beaulieu and Mrs. Montecino are both Jehovah's Witnesses.

ACTIVITIES:

Patient Encounter

TIME REQUIRED:

10 minutes

This station was developed by Dr. Peter A. Singer (Centre for Bioethics and Department of Medicine, University of Toronto), and Anja Robb (Department of Family and Community Medicine, University of Toronto). It is part of the Ethics OSCE Project which is funded by Educating Future Physicians for Ontario (EFPO). There is an accompanying videotape. This material can be used for teaching or evaluation. It is not copyrighted and may be freely reproduced for educational purposes.

INSTRUCTIONS TO CANDIDATE

You are a physician working in the Emergency Department. Mrs. Marie Montecino has just been rushed into the Emergency. She is unconscious and bleeding from the nose and mouth. Mrs. Montecino is the victim of a head-on collision. Her husband was killed in the accident. You performed an initial examination which revealed severe head and facial injuries. You concluded that Mrs. Montecino was suffering incipient shock because of loss of blood and ordered intravenous saline. Her systolic blood pressure is 90 mm/hg and falling despite infusion of intravenous saline.

The nurse has just found a card in Mrs. Montecino's purse identifying her as a Jehovah's Witness and stating her wish not to be given a blood transfusion under any circumstances.

You are about to see Mrs. Montecino's daughter, Annette Beaulieu. She has just arrived at the Emergency Department and urgently wants to talk to you about her mother.

CHECKLIST ITEMS

<u>The Candidate:</u>		YES	NO
1.	explains the seriousness of patient's condition and what has been done medically: e.g. patient is unconscious, losing blood, suffering incipient shock, given intravenous saline.		
2.	ascertains if there are other family members who should be involved in decision making and/or who is the appropriate decision maker for the patient.		
3.	notes there is no date and/or no witness on patient's Jehovah's Witness card.		
4.	asks if daughter has discussed the issue (of NO BLOOD) with mother.		
5.	ascertains whether patient still believes in Jehovah's Witness teachings.		
6.	ascertains whether mother would still choose "no blood" knowing it could mean her death.		
7.	ascertains that daughter understands seriousness of patient's condition and consequences of not transfusing (i.e. mother will die without blood transfusion).		
8.	states that patient's wishes will be respected.		

		poor	fair	good	very good	excel- lent
1.	How would you rate the candidate's communication skills?	1	2	3	4	5
2.	How would you rate the candidate's ability to address the ethical issue in this case?	1	2	3	4	5

INSTRUCTIONS TO STANDARDIZED PATIENT

Your name is Annette Beaulieu. You are a married woman with 2 children. Your 57 year old mother has just been brought to the Emergency Department as a result of a head-on collision with a truck on the highway. Police have informed you that your father was killed in the accident. You have no siblings.

You are now in the Emergency Department of the hospital. You are upset but not hysterical. You urgently want to know about your mother's status and what treatment is being undertaken. You have asked to see the physician looking after her. You begin by asking questions about her condition, e.g. How is she? How serious is it? Is she going to make it? What's been done so far? (Do not bring up the Jehovah's Witness issue right away.)

If candidate does not bring up the Jehovah's Witness issue, you could say things like:

Do you know she's a Jehovah's Witness?

Have you seen her card stating "no blood transfusions to be given"?

I hope you're not planning on giving her any blood.

A fundamental tenet of our faith forbids blood transfusions, and I know my mother would not want a blood transfusion.

If you want me to sign something I will. I don't want anyone here to be liable for what might happen. I know what my mother would want. I'll take responsibility for the decision.

As a Jehovah's witness, you believe that blood is the soul and receiving blood would defile the body, would make you "dirty" - like being "raped". You know your mother would not accept a blood transfusion because she would want to maintain her good relationship with God and obey his commandments. She would be willing to risk her present life rather than go against her religious beliefs. You know your mother believes she will be rewarded for complying with God's law commanding abstention from blood. You are sure this is for her everlasting good. Any medical procedures not involving blood would be perfectly acceptable.

You can carry a bible and be familiar with passages that support the tenet of "No Blood".

Acts 15:29 "That ye abstain from meats offered to idols and from blood...from which if ye keep yourselves, ye shall do well..."

Genesis 9:4 "But flesh with the life thereof, which is the blood thereof, shall ye not eat..."

Leviticus 17:12 "Therefore I said unto the children of Israel, No soul of you shall eat

blood, neither shall any stranger that sojourneth among you eat blood."

Leviticus 17:14 "For it is the life of all flesh; the blood of it is for the life thereof: therefore I said unto the children of Israel, Ye shall eat the blood of no manner of flesh: for the life of all flesh is the blood thereof: whosoever eateth it shall be cut off."

Be prepared to answer questions such as:

- Is there anyone else who should be here to help make this decision?
- What do you know about your mother's prior wishes?
- Does she still believe in J.W teachings?
- Is the card a valid reflection of her true wishes?
- How do we proceed from here?
- Do you know what will happen if we don't give her any blood?
- Do you think your mother would still choose "no blood" if she knew she could die?

Prompts are used to standardize the scenario and give all candidates an opportunity to address relevant issues.

PROMPT 1: How is my mother? How serious is it? Is she going to make it? What have you done so far?
(immediately)

PROMPT 2: What happens next?
(by 2-3 minutes)

PROMPT 3: I don't think she would want a blood transfusion.
(by 3-4 minutes) Do you understand what I'm saying?

PROMPT 4: Does she have the right to refuse the blood?
(by 4-5 minutes)

PROMPT 5: Are you going to give her any blood (transfuse her)?
(by 6-7 minutes) What are you going to do?

Please obtain Jehovah's Witness Medical Directive/Release requesting "NO BLOOD," signed by M. Montecino only, with no witnesses or date.

ETHICS OSCE STATION BLUEPRINT

STATION NAME:

Brain Death

ISSUE:

Decisions to Forgo Treatment

PRESENTING SITUATION:

Mrs. Pike wants information about her husband Matthew's condition. Matthew suffered a cerebral aneurysm while jogging 4 days ago. He has been declared "brain dead".

ACTIVITIES:

Patient encounter.

TIME REQUIRED:

10 minutes.

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INSTRUCTIONS TO CANDIDATE

Mr. Matthew Pike, a previously healthy 35 year old male, was brought to the Emergency Room 4 days ago after suffering a ruptured cerebral aneurysm. You are his doctor in the Intensive Care Unit. Unfortunately he has deteriorated neurologically and is on a ventilator. He has been declared "brain dead" by a neurologist and a neurosurgeon who examined him on two occasions 24 hours apart. Their examination included an apnea test. When the patient was temporarily taken off the ventilator, he became hypercarbic, acidemic and did not breathe spontaneously. The patient's wife is waiting to talk to you about his condition.

Please tell the wife of her husband's status and what you propose to do.

CHECKLIST ITEMS

<u>The Candidate:</u>		YES	NO
1.	explains meaning of brain death (e.g. no neurological function, diffuse brain damage, brain tissue destroyed).		
2.	assures wife of certainty of diagnosis. (i.e. two neurologists/neurosurgeons agree)		
3.	assures wife of certainty of prognosis. (i.e. brain damage is irreversible, no chance of recovery)		
4.	states clearly that husband is dead now.		
5.	states that brain death is legal definition of death.		
6.	states that life support should be stopped.		
7.	mentions that husband is candidate for organ donation.		
8.	asks about organ donation card or previous discussions about organ donation.		
9.	asks wife for her views regarding donation of husband's organs.		
10.	states that organ donation will not affect burial. (i.e. can use an open casket)		

		poor	fair	good	very good	excel- lent
1.	How would you rate the candidate's communication skills?	1	2	3	4	5
2.	How would you rate the candidate's ability to address the ethical issue in this case?	1	2	3	4	5

INSTRUCTIONS TO STANDARDIZED PATIENT

Your name is Nancy Pike. You are the wife of 35 year old Matthew Pike. You have been happily married for 10 years. You have no children. Four days ago your husband went jogging with a friend and collapsed. He had suffered a ruptured cerebral aneurism. He was taken to the hospital and placed in the Intensive Care Unit (ICU). He has not regained consciousness. He is hooked up to a respirator and it looks as if he's in a coma. It all looks pretty scary. Your friends have been very supportive. Each day you have come to see if there is any improvement, but none has been seen. Doctors have told you that they are concerned because tests are not going well. On some level you are afraid Matthew won't make it. It's hard for you to take in all the information because you're still in a state of shock. You're hoping and praying that he'll "wake up".

You are now at the hospital to get the latest word about his condition. You are waiting to see one of the doctors from the ICU.

If asked, you have never discussed the issue of organ donation with your husband. You're not exactly sure what he would want. Neither of you expected anything like this to happen while you're both so young.

If asked whether Matthew had signed an organ donor card, you can say "I don't know. But I do have some of his ID here. I could check." (Don't volunteer the card until asked if Matthew has signed anything.) You should have in your possession some of his ID information you got from the nurse a couple of days ago. Your husband had it with him the day he collapsed. Among those items, you will find an organ donor card (back of the driver's licence) which is signed by M. Pike. (SPs should try to find an assortment of old cards and perhaps the organ donor part of an out-of-date driver's licence.)

Prompts are used to standardize the scenario and give all candidates an opportunity to address relevant issues.

PROMPT 1: What's going on with him?
(immediately)

*If "brain death" is mentioned, say:
"What does that mean?"*

*If candidate is not clear when
explaining brain death, follow up
with questions like: "Is he still
breathing? Is his heart still beating?
If there is still some confusion about
husband's status, then go to next*

prompt.

PROMPT 2:
(by 1-2 minutes)

Is he dead or alive?

You're trying to get a clear understanding of your husband's status.

PROMPT 3:
(by 2-3 minutes)

Is there any chance at all that he'll wake up?

You are trying to establish certainty of diagnosis. If candidate clearly states that condition is irreversible and that your husband is dead, then you can say things like: "Why do you have him hooked up if he's dead?"

PROMPT 4:
(by 3-4 minutes)

What are you going to do now? What happens in cases like this?

PROMPT 5:
(by 4-5 minutes)

It seems like such a waste. He was so fit. He was jogging at the time. It all seems so senseless.

If candidate does not mention organ donation, do not use further prompts.

If candidate does mention organ donation, and asks for your views, then go to next prompt.

PROMPT 6:
(by 5-6 minutes)

I just don't know what to do or say. I don't know what he would have wanted.

If candidate has discussed organ donation, and you have agreed, then you can proceed to ask questions about the process of organ donation.

PROMPT 7:
(by 7-8 minutes)

What do we do now? How long will this take? Will we ever find out what happened to the organs? Will this affect his burial? Can he still have an open casket?

ETHICS OSCE STATION BLUEPRINT

STATION NAME:	Birth Control Pill
ISSUE:	Confidentiality
PRESENTING SITUATION:	Beverley Carter is asking for information about her daughter Linda's visits to the doctor's office. Mrs. Carter suspects that Linda is sexually active and taking the pill.
ACTIVITIES:	Patient encounter.
TIME REQUIRED:	10 minutes.

This station was developed by Dr. Peter A. Singer (Centre for Bioethics and Department of Medicine, University of Toronto), and Anja Robb (Department of Family and Community Medicine, University of Toronto). It is part of the Ethics OSCE Project which is funded by Educating Future Physicians for Ontario (EFPO). There is an accompanying videotape. This material can be used for teaching or evaluation. It is not copyrighted and may be freely reproduced for educational purposes.

INSTRUCTIONS TO CANDIDATE

You started doing a locum for Dr. Hardy a few weeks ago. He will be on educational leave for 6 months.

You are about to see Beverley Carter, who has been Dr. Hardy's patient for several years. Her 16 year old daughter, Linda, is also a patient of Dr. Hardy. A few months ago, Dr. Hardy prescribed the birth control pill for Linda because she was sexually active. Linda asked several informed questions and was fully aware of the risks and benefits of taking the pill. Dr. Hardy wrote in his notes that he felt she was fully competent to make that decision. Linda told Dr. Hardy in no uncertain terms that she did not want her mother to know she was on the pill or why she was being prescribed the pill. Last week you saw Linda to renew her prescription for the pill. You agree with Dr. Hardy's assessment of her competence.

The mother, Beverley, has subsequently become suspicious about Linda's visits to the doctor's office and has made this appointment to discuss the issue. You have a very busy office today and only have 10 minutes to see her.

CHECKLIST ITEMS

<u>The Candidate:</u>		YES	NO
1.	refuses to discuss nature of daughter's visit.		
2.	states that information about daughter's medical condition is confidential.		
3.	states that nature of present visit between mother and doctor is also confidential.		
4.	checks if mother has asked daughter about reason for visit.		
5.	addresses nature of mother-daughter communication.		
6.	offers practical strategies for improving communication with daughter (e.g. counsel them together).		
7.	states that competent people (like Linda) are treated like adults and allowed to make their own medical decisions.		
8.	addresses consequences of breaking confidentiality: e.g. patients will lose trust or not discuss personal matters which may have bearing on physical health.		

		poor	fair	good	very good	excel- lent
1.	How would you rate the candidate's communication skills?	1	2	3	4	5
2.	How would you rate the candidate's ability to address the ethical issue in this case?	1	2	3	4	5

INSTRUCTIONS TO STANDARDIZED PATIENT

Your name is Beverley Carter. You are the single mother of a 16 year old girl named Linda. You were divorced 6 years ago. Your divorce was not amicable and there were fights over custody.

Last week while preparing clothes to take to the cleaners, you found an appointment card from the doctor's office in the pocket of Linda's jacket. It listed 2 appointments about which you knew nothing. You worry that Linda may be sexually active and suspect that the appointments were for getting "the pill".

You are now at the doctor's office expecting to find out the reason for Linda's visits. You think you have a right to know about your child's health and medications because Linda is only a child. You are very worried about her best interests. Linda has no idea that you are after this information.

You are particularly concerned because Linda has been running around with a "rough" crowd that you don't approve of. You suspect that Linda may also be smoking and drinking. You don't think she is making very responsible decisions lately (because of the smoking, drinking, and staying out late). You think that Linda may have "fooled" the doctor into thinking she was mature and responsible. You are afraid that Linda is not grown up enough to know what she's doing. If she's sexually active, you don't believe she's doing it with full knowledge. You don't think she has considered the consequences of her actions (e.g. STDs or pregnancy). You have a hard time thinking of her as anything other than your little girl and you don't want your little girl to come to any harm. Linda's recent change in behaviour has you very concerned.

Your relationship with Linda is somewhat strained. Whenever you ask about her activities she accuses you of prying and most attempts at conversation end in an argument. Linda's relationship with her father appears smoother, but they only see each other during summer holidays as he lives in another city. You fear that if your daughter gets pregnant or gets infected with a sexually transmitted disease and your ex-husband finds out, he may challenge your capability as a responsible parent and you may lose custody of Linda. This prospect frightens you because you don't think your ex-husband is a fit parent.

You really don't expect to meet with any resistance in obtaining information about Linda's visits. If challenged you might say: "You're not the parent, I am. Legally she's still my child. I'm the person who's responsible. I'll have to bear the consequences."

Part of your anxiety may be because when you were a teenager, you became pregnant and had an abortion. You came to regret this. Your own parents had not known about the pregnancy or

abortion. (Perhaps on some level you think if your parents had known, they might have guided you to another decision.)

You conduct yourself as though you expect no resistance to your request. When you get it, you act with some level of disbelief. You are surprised and want to know why. You think you have several good reasons for getting the information about Linda.

Prompts are used to standardize the scenario and give all candidates an opportunity to address relevant issues.

PROMPT 1: I'm concerned about my daughter. I want to know why she came in to (almost immediately) see you. Is she sexually active? Is she on the pill?

PROMPT 2: I need to know what you talked about. Are you going to tell me?
(by 2-3 minutes)

PROMPT 3: Why can't you tell me? (repeat the why if necessary)
(by 3-4 minutes)

PROMPT 4: Is that a law?
(by 4-5 minutes)

PROMPT 5: How am I going to find out?
(by 5-6 minutes)

ETHICS OSCE STATION BLUEPRINT

STATION NAME: **HIV Infection**

ISSUE: Confidentiality

PRESENTING SITUATION: David Plant requests results of HIV test which is positive. Mr. Plant does not want his wife to know his HIV status.

ACTIVITIES: Patient encounter.

TIME REQUIRED: 10 minutes

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INSTRUCTIONS TO CANDIDATE

You started doing a locum for Dr. Lang a few days ago. Dr. Lang will be gone for several months.

You are about to see **David Plant**, who has been Dr. Lang's patient for several years. Generally he has been very healthy and has not needed much medical care except for the occasional health check up. A few weeks ago he confided to Dr. Lang that he had unprotected anal intercourse with a homosexual lover on at least 5 occasions about 4 years ago. He expressed fear of having AIDS and requested an HIV test. Sandy, his wife of 3 years, is also a patient of Dr. Lang and has an appointment with you next week. She does not know about her husband's homosexual experience. Mr. Plant's test has come back **HIV positive**. A confirmatory test is also positive. Please inform Mr. Plant of the test results and deal with his concerns.

Mr. Plant did not have an appointment. He walked in and insisted on seeing you today. You have a very busy office and only have 10 minutes to see him.

CHECKLIST ITEMS

The Candidate:		YES	NO
1.	checks if patient talked with previous doctor about test, or implications of test.		
2.	assures patient he does not have AIDS.		
3.	states that prognosis is variable.		
4.	states that wife should be told/she has a right to know.		
5.	states that wife could be HIV positive and should be tested.		
6.	advises patient to use abstinence or safe sex with wife or other partners to prevent transmission of HIV.		
7.	encourages patient to tell wife.		
8.	offers to help tell wife.		
9.	advises patient that wife may find out through public health contact tracing.		
10.	offers follow up visit.		

		poor	fair	good	very good	excellent
1.	How would you rate the candidate's communication skills?	1	2	3	4	5
2.	How would you rate the candidate's ability to address the ethical issue in this case?	1	2	3	4	5

INSTRUCTIONS TO STANDARDIZED PATIENT

Your name is David Plant. You are between 30 and 40 years of age. You are a high school English teacher. Very successful at your job. You have been very happily married for the last 3 years to Sandy, a teacher at another school.

You have had some homosexual tendencies since adolescence, and have had a few brief homosexual relationships. You have had heterosexual relationships since adolescence also.

About 4 years ago you met a man with whom you had a brief and intense affair. You had unprotected anal intercourse with him on at least 5 occasions. The affair ended when your lover left to live in California.

Shortly after that affair, you met Sandy at a teachers' convention and fell in love. Your marriage has been a good one. You have recently talked about starting a family. Sandy has no suspicion that you have ever had a homosexual relationship.

Physically you have been feeling fine. You have not experienced any symptoms of AIDS (e.g. weight loss, night sweats, diarrhea, etc.).

Because of your past experiences you have been thinking more and more about the possibility of HIV infection. That's why you finally decided to have the test. When you spoke to Dr. Lang about the test, you were left with the impression that things would be OK - that the test would be negative. Because you've been feeling well and because you have not had any homosexual partners during the past 3 years, both you and Dr. Lang are hoping for the best.

Now that the test has been done you are very anxious to get the result and possibly put your anxiety to rest. You phoned Dr. Lang's nurse and found out that Dr. Lang was away, but the test results were in your file. You were feeling so uneasy that you walked into the clinic and requested to see the doctor taking Dr. Lang's place.

If candidate recommends that you tell your wife, you may say things like:

"How can you tell her something like this? She doesn't know anything about my homosexual experiences."

"I really love her and I don't want to hurt her. I'm convinced that if she finds out she'll be devastated. It's going to blow her life apart. Why do we have to destroy her life?"

"It'll be the end of us. She'll leave me. I don't want to lose her. I'll be left with nothing."

"You won't tell her behind my back will you?"

Prompts are used to standardize the scenario and give all candidates an opportunity to address relevant issues.

PROMPT 1:
(immediately)

"What were the results?"

On hearing the results you might say, "Are you absolutely sure? Couldn't there be some mistake?"

PROMPT 2:
(by 1-2 minutes)

"So I'm going to die."
"I have AIDS and I'm going to die."
"How long do I have?"

Your mood is one of panic and dread.

PROMPT 3:
(by 2-3 minutes)

"Does my wife have to know about this?"

PROMPT 4:
(by 3-4 minutes)

"**WHY** does she have to know? Isn't this confidential between you and me?"

Stress the "WHY". Repeat it if interviewer does not give reasons.

PROMPT 5:
(by 5-6 minutes)

"I know my wife is coming in next week. I don't want her to know about this.
PROMISE me you won't tell her."

Your mood becomes one of fear and sadness at the possibility of losing your wife.

No matter how convincing the arguments are, you do not agree to tell your wife.

Do not say you need more time to think about it - let the interviewer suggest that.

PROMPT 6:
(by 7-8 minutes)

"What will you do if I don't
tell her?"

ETHICS OSCE STATION BLUEPRINT

STATION NAME:	Pancreatic Cancer
ISSUE:	Truth Telling
PRESENTING SITUATION:	Gwen Jones does not want her husband (Lloyd) to know about his diagnosis of pancreatic cancer. The cancer is inoperable and Mr. Jones is terminally ill.
ACTIVITIES:	Patient encounter.
TIME REQUIRED:	10 minutes.

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INSTRUCTIONS TO CANDIDATE

You are about to see Gwen Jones, the wife of a man who has been diagnosed as having pancreatic cancer. It is inoperable and he is terminally ill. The patient is still in hospital. Both the wife (who is currently completing her PhD) and the patient's father (who is a medical doctor) do not want you to tell the patient his diagnosis or the fact that he is dying.

You are a doctor on the surgical team looking after Mr. Jones. Please talk to Mrs. Jones about her request.

CHECKLIST ITEMS

<u>The Candidate:</u>		YES	NO
1.	checks reason why wife does not want husband told about cancer.		
2.	states that patient will know something is wrong.		
3.	states that patient may ask about diagnosis.		
4.	states that when patients eventually find out they lose trust in doctor and family.		
5.	states that physician must tell the truth/cannot lie, and/or that physician is primarily responsible to the patient.		
6.	states that patient may want to put affairs in order or do things knowing he has a limited time left.		
7.	states that patient should have information about his own health/has a right to know.		
8.	states that <u>if not asked</u> , physician will not provide more information than patient expresses a desire to know or can handle emotionally.		
9.	states that <u>if asked</u> directly, physician will tell patient.		
10.	refuses to promise not to tell.		

		poor	fair	good	very good	excel- lent
1.	How would you rate the candidate's communication skills?	1	2	3	4	5
2.	How would you rate the candidate's ability to address the ethical issue in this case?	1	2	3	4	5

INSTRUCTIONS TO STANDARDIZED PATIENT

Your name is Gwen Jones. You are a married woman with 3 young children. Your husband Lloyd is a business executive who has just been diagnosed as having pancreatic cancer. It is inoperable and he is terminally ill. He is not expected to live beyond 4 months. He became ill about a month ago. He has lost a lot of weight and often feels nauseous. An operation was scheduled. The operation took place last evening. The surgeons were not able to remove the tumour. You and your father-in-law, Rodney Jones, were at the hospital during the operation. After the operation, the surgeon informed you of the diagnosis and suggested you go home to rest. Your husband was in the recovery room and it was suggested you come back to see him the next day.

You and your father-in-law, who is a senior member of the Department of Medicine at a University hospital, had time to discuss how much you wanted your husband to know about his condition. Because of Lloyd's personality and the fact that he recently had a slight depression related to work stress, you decided that he should not be informed of his diagnosis.

Both of you want to spare him from hearing this "death sentence". Both of you feel he "couldn't cope"/"couldn't handle it." If he only has a short time to live, you want him to live it with hope for the future instead of living as though he's dying. He has always been afraid of death and disease. At the best of times he cannot discuss these topics without getting upset. A friend of his died of cancer a few years ago and your husband went into a "terrible state". He was not able to visit his friend in the hospital and going to the funeral home and funeral was out of the question for him. He was weepy, couldn't sleep, and became obsessed with trying to stay healthy. He has often said he wouldn't know how to handle getting seriously ill himself and that he'd rather be dead than have some lingering illness. You think he will give up fighting for life if he knows his diagnosis. You might use statements such as:

"I know you mean well but it's going to do more harm if he knows!" He needs his strength now to recover from the operation. If you tell him he's going to be so upset it will make him worse!"

"He's going to give up if he finds out!" "Isn't it your duty to prolong his life? I know that if you tell him about this illness he's going to die sooner because he'll give up!"

"It's easy for you to tell him. You'll see him for 15 minutes and probably won't see him again. I'm going to have to live with him and watch how destroyed he will be by the news. I'm going to have to pick up the pieces after you shatter all his hopes of feeling well again."

"I know him better than anyone else and I'm a better judge of what is going to benefit him than anyone else."

"Doesn't the family have any rights? As his wife, don't I have any rights?"

Prompts are used to standardize the scenario and give all candidates an opportunity to address relevant issues.

PROMPT 1: I know my husband's condition is serious. I don't want him to know (immediately) he has cancer.

PROMPT 2: Are you going to tell him?
(optional)

PROMPT 3: **WHY** do you have to tell him? *You want to hear good reasons. Repeat the "why" if necessary.*
(by 2-3 minutes)

PROMPT 4: I don't want him to know. Promise me you won't tell him.
(by 4-5 minutes)

PROMPT 5A: What if he doesn't ask?
(by 6-7 minutes)

PROMPT 5B: What are you going to say or do if he asks?
(by 7-8 minutes)

Be prepared to answer questions such as:

- Why don't you want him to know? *"He couldn't handle it..."*
- He's going to have questions. *Statements like this near very beginning of interview should be deflected.*
- What do you want me to tell him? *"Nothing."*
- What are you going to tell the children? *"I'll figure that out when the time comes. They're my responsibility."*
- Do you want me to lie to him? *"I'm not asking you to lie. I'm asking you not to tell."*
- What if he asks? *"Even if he asks, I don't want you to tell him."*

ETHICS OSCE STATION BLUEPRINT

STATION NAME: **Alzheimer's Disease**

ISSUE: Truth Telling

PRESENTING SITUATION: David Forrester has come to the office for results of neuropsychological and neurological testing. According to neurologist, Mr. Forrester has a clinical presentation typical of Alzheimers Disease.

ACTIVITIES: Patient encounter.

TIME REQUIRED: 10 minutes.

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INSTRUCTIONS TO CANDIDATE

You are about to see **David Forrester**, a 62 year old man who works as a senior stockbroker at a large firm. He has been a **widower** for the past 6 years. He has a son living in Vancouver. **About 8 months ago** Mr. Forrester began seeing **you** about a number of complaints including: headaches, fitful sleep, low energy, not much interest in life, finding job too stressful, and feeling depressed. Mr. Forrester did not want to see a psychiatrist. He believed his problems were physical (caused by stress) and not psychological. Mr. Forrester also complained of memory problems and trouble concentrating (there had been a major work-related error that cost a client a lot of money). The patient was tested for evidence of depression with the geriatric depression scale and results indicated a mild depression. His physical exam and blood work were normal.

Six months ago, you referred Mr. Forrester for **neuropsychological testing**. Tests included: writing, verbal memory, visual memory, calculation ability. Results were consistent with diffuse cerebral dysfunction. Most suggestive of a dementing problem - a progressive neurological disorder. Results were highly consistent with diagnosis of Alzheimer's Disease. **You advised Mr. Forrester that his problems were due to neurological deficits, not depression.** Mr. Forrester continued to blame his problems on stress and denied your diagnosis. You agreed to reassess his condition in 6 months.

Test was repeated after 6 months. Results showed **slight decline** in neuropsychological testing. Because of that confirmatory report, you sent Mr. Forrester to a neurologist. The neurologist's investigations included a CAT scan which was normal. **According to neurologist, Mr. Forrester has a clinical presentation typical of Alzheimers.**

Mr. Forrester is now back in your office asking "What's going on? What do all those tests mean? I need answers."

CHECKLIST ITEMS

The Candidate:		YES	NO
1.	informs patient the tests indicate strong possibility of Alzheimer's Disease.		
2.	asks about patient's knowledge regarding Alzheimer's Disease.		
3.	informs patient that diagnosis is not 100% sure. (There is a lack of precision in both diagnosis and prognosis and disease cannot be confirmed until death.)		
4.	informs patient that pattern of the disease is that it worsens over time but the rate is unpredictable.		
5.	asks about patient's social supports.		
6.	offers to help tell family or trusted friends.		
7.	advises patient to think about getting financial affairs in order (e.g. power of attorney, testamentary will).		
8.	advises patient to think about drawing up a living will/advance directive.		
9.	informs patient that receiving experimental or unconventional treatment may be an option (e.g. randomized trials of cognition-enhancing drugs).		
10.	mentions that it will be necessary to see how diagnosis will affect everyday life (e.g. driving, work, living alone).		
11.	offers ongoing support.		

		poor	fair	good	very good	excellent
1.	How would you rate the candidate's communication skills?	1	2	3	4	5
2.	How would you rate the candidate's ability to address the ethical issue in this case?	1	2	3	4	5

INSTRUCTIONS TO STANDARDIZED PATIENT

Your name is David Forrester. You are a 62 year old patient who has been in a high functioning job at a stock brokerage firm. About 8 months ago you began seeing the doctor about a number of complaints including: headaches, fitful sleep, low energy, not much interest in life, finding job too stressful, feeling depressed. It was suggested that you see a psychiatrist. You didn't want to.

You think your problems are physical (caused by stress) and not psychological. You also complained of memory problems and trouble concentrating. There had been a major work related error that cost a client a lot of money. You had forgotten to buy some stock that client requested.

Six months ago, doctor referred you for (neuropsychological) testing. Tests included: writing, verbal memory, visual memory, calculation ability. You were also tested for psychological factors (on geriatric depression scale). The doctor told you that the results were not consistent with depression. The doctor also told you that the test indicated there may be a problem with the way your brain was working - he said it was most likely a neurological disorder that would probably get worse.

Tests were repeated a month ago. Results showed no improvement (in fact they showed a slight decline) in functioning. You were then referred to a neurologist (you can't remember the neurologist's name) who did tests and sent a report with the results to your family doctor. The neurologist spoke to you about the results for about 1/2 hour, but you do not have a clear memory of what was said. ("He talked for about half an hour but I really don't know what he said.") You do remember that the neurologist said you didn't have a brain tumour. He also said something about Alzheimer's but you're sure he doesn't know what he's talking about.

You are now back at your family doctor for a diagnosis. ("What's going on?")

You still don't believe the neurologist's diagnosis. You still want to think that the problem is stress related but now you're confused and anxious. You are having real difficulty coping with work. You think the problems couldn't be as serious as test results show.

You have a son who lives in Vancouver, and a sister who lives in a small town not too far away. You have one close and trustworthy friend.

Prompts are used to standardize the scenario and give all candidates an opportunity to address relevant issues.

PROMPT 1: So what about all these
(by 3 minutes) tests? Have you got the results?

If asked what the neurologist told you, say: "Well I gather it's not a brain tumour anyway. The neurologist said something about Alzheimer's but I can't believe he knows what he's talking about."

As the patient you can act impatient to get diagnosis. If candidate is not labelling it, you should ask: "Is this a disease? Does it have a name?"

PROMPT 2: If you're right, what does it
(by 3-4 minutes) mean? What's going to happen to me? (i.e. Am I going to deteriorate quickly? What's the worst scenario?)

PROMPT 3: Isn't there anything
(by 5-6 minutes) anybody can do?

PROMPT 4: What happens now? What
(by 6-7 minutes) should I do?

You can push for information without specifically mentioning power of attorney, or living wills.

You had a friend whose mother had this sort of thing. She became completely incompetent to do anything for herself. It scares you to think of losing control like that.

PROMPT: What can I tell the family?
(conditional)

Ask this question if family supports are explored.

ETHICS OSCE STATION BLUEPRINT

STATION NAME: **Doctor's Note**

ISSUE: Truth Telling

PRESENTING SITUATION: Paul Carter, who appears well, is requesting a note saying he is too sick to write an examination tomorrow.

ACTIVITIES: Patient encounter.

TIME REQUIRED: 10 minutes.

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INSTRUCTIONS TO CANDIDATE

You are about to see Paul Carter, a university student. He is new to the clinic where you work. Your nurse tells you that Paul is here to get a note saying he is too sick to write an exam he has tomorrow.

CHECKLIST ITEMS

<u>The Candidate:</u>		YES	NO
1.	determines that patient is not physically ill.		
2.	determines that patient is not emotionally/mentally ill.		
3.	explores why patient is not prepared for the exam.		
4.	asks if patient has requested similar notes in the past.		
5.	asks if patient has discussed options with professor.		
6.	encourages patient to state case truthfully to professor.		
7.	states that it is unethical to write a note saying patient is ill.		
8.	provides reason(s) why physician cannot write note, e.g. doctor cannot lie/has to tell truth.		
9.	offers to help patient with future medical problems.		

		poor	fair	good	very good	excel- lent
1.	How would you rate the candidate's communication skills?	1	2	3	4	5
2.	How would you rate the candidate's ability to address the ethical issue in this case?	1	2	3	4	5

INSTRUCTIONS TO STANDARDIZED PATIENT

Your name is Paul Carter. You are a university student of any age. (Use own interests when deciding on field of study.) You are pleasant and deferential, yet persistent.

Your story:

You find yourself unprepared for an exam tomorrow. You would like the doctor to help you by writing a note saying you are too sick to write the exam. You know some classmates have obtained notes in the past for a variety of reasons. Some needed to defer exams, while others needed extensions for essays. You do not really expect any resistance to the request. When you called the clinic and explained your need, the nurse asked you to come to the clinic to see a doctor. You were left with the impression that it was just a formality.

You are not really ill. The truth is, rather than studying, you spent last week with your out-of-town girlfriend. You have been seeing your girlfriend for the past 2 years. This year she started a program at a different university. You have been worried that the relationship wouldn't survive the separation so you wanted to spend a lot of time with her while she was in town. (She had a reading week.)

Your hope is that you can have an extra week to study and write a make-up exam. You have spoken to your professor who informed you that writing the make-up exam depended on producing a doctor's note.

You have a bursary which helps pay your tuition. It depends on your maintaining a B average. If you don't get the bursary renewed, you probably won't be able to return for your final year. You're the first person in your family to go to university and they are very proud of you. You don't want to let them down.

You may admit that you are not really sick, but that you need a favour. You may say things like:

"It isn't that big a deal is it? This happens all the time, doesn't it?"

"I don't want to cause a problem for you, but I want you to know how badly I need this. If I don't get at least a B, I'll lose my bursary. I have to do a good job on this exam. If I don't, I may have to quit school. I was really hoping that I would graduate next year. If I don't get this I may not even be coming back."

"Haven't you ever had to ask for a favour? You went to school once. Don't you remember

how it was? Can't you just say I've got the flu or something?"

"I know I made a mistake and should have been studying. But I hadn't seen her for months!"

"Because of this I'll lose my bursary, and I won't be able to continue school. That's not right is it? I made a mistake. But this is really too high a price to pay don't you think?"

"I'm sorry. I've never done this before. I swear I'll never do this again."

"You're my only hope."

"Please."

Prompts are used to standardize the scenario and give all candidates an opportunity to address relevant issues.

PROMPT 1: "I need a note to excuse me from an exam I have tomorrow."
(immediately)

PROMPT 2: "Will you write the note?"
(by 1-2 minutes)

PROMPT 3: *If candidate refuses to write note say "Why not?"*
(by 2-3 minutes)

PROMPT 4: *If candidate says it's wrong or unethical say "Why is it wrong?"*
(by 3-4 minutes)

ETHICS OSCE STATION BLUEPRINT

STATION NAME:

Battered Woman

ISSUE:

Women's Health

PRESENTING SITUATION:

Jennifer Davis is requesting tranquilizers because she has been on edge, under a lot of stress and has had trouble sleeping.

ACTIVITIES:

Patient encounter.

TIME REQUIRED:

10 minutes.

This station was developed by Dr. Peter A. Singer (Centre for Bioethics and Department of Medicine, University of Toronto), and Anja Robb (Department of Family and Community Medicine, University of Toronto). It is part of the Ethics OSCE Project which is funded by Educating Future Physicians for Ontario (EFPO). There is an accompanying videotape. This material can be used for teaching or evaluation. It is not copyrighted and may be freely reproduced for educational purposes.

INSTRUCTIONS TO CANDIDATE

You are about to see Jennifer Davis, a new patient. The nurse tells you she wants a prescription for tranquilizers because she has been "on edge", "under a lot of stress", and has had "trouble sleeping".

You have a very busy office today and only have 10 minutes to see her.

CHECKLIST ITEMS

The Candidate:		YES	NO
1.	asks about history of abuse/experience of violence.		
2.	asks about use of weapons and/or weapons in house.		
3.	asks about hospitalizations or hospital visits for abuse.		
4.	states that wife assault is a criminal offence (illegal).		
5.	informs patient that police involvement tends to stop or decrease violence.		
6.	asks if children have been abused.		
7.	informs patient that exposure to these violent interactions between parents can adversely affect a child's behaviour and future mental health.		
8.	expresses concern for patient's safety. (i.e. her life may be at risk)		
9.	acknowledges difficulty of leaving the situation.		
10.	asks about support systems (e.g. family, friends).		
11.	informs patient of community resources (e.g. emergency housing, legal aid).		
12.	offers support, follow-up appointment, and follow-up services (e.g. counselling, referral to social worker).		

		poor	fair	good	very good	excellent
1.	How would you rate the candidate's communication skills?	1	2	3	4	5
2.	How would you rate the candidate's ability to	1	2	3	4	5

	address the ethical issue in this case?					
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INSTRUCTIONS TO STANDARDIZED PATIENT

Your name is Jennifer Davis. You are between 35 and 45 years old. You have been married to the same man for several years. You have 2 children, aged 13 (son) and 9 (daughter).

You have a high school education. You do not work outside the home. You are socially isolated. Your parents do not live nearby. You really don't have a support system.

You are a sensitive person with low self-esteem. You are pleasant and shy. You are well dressed and well spoken.

When Asked Why You've Come:

"I was hoping you could prescribe some tranquilizers or something to help me sleep. I've been on edge lately and can't seem to relax... and I'm making mistakes. If I could just get some rest I'd manage better."

The Situation at Home:

It is very tense. Your husband is going through a hard time. He is worried about money but he will not let you work even though you have offered. People in your husband's firm (real estate) have been laid off and it has made him very nervous. He is drinking more. He is actually an alcoholic. You want to be supportive. You're trying your hardest to please him. You're trying to keep the kids out of the way and meals on the table the way he likes, but you're so nervous you keep triggering his temper.

It is necessary to **hint strongly** about "problems" with your husband and that he's "out of control" lately. You quickly add that "things have always gotten better before". **You admit to the abuse** if the candidate asks you how he's "out of control".

History of Abuse:

Your husband has always had a temper. (He's immature and controlling.) He started pushing you around when you were pregnant. In times of stress or after drinking he would go on "rampages"- sometimes just yelling and screaming, but sometimes physical. Lately, his demeanour has become increasingly frightening (related to alcohol). Now he is squeezing your throat and not letting go. Before, it had always been lashing out. He has never used a weapon and you would like to believe he wouldn't now. (There are no weapons in house.)

A few times you've had to get emergency treatment - for a dislocated wrist, broken collarbone,

and cuts. The latest episode of violence occurred last Friday, after an evening out with his colleagues. You are afraid of next Friday.

Concerns about Children:

You don't believe he would hurt them and he hasn't in the past. You're afraid they overhear his tirades. You've noticed a distinct change in your oldest son's attitude toward his father (insolent, cold), and you (protective, sad). *This is subconscious, realized when asked questions that lead this way.*

Attitude toward husband:

You are protective of your husband. ("It's not his fault.") You want to be loyal to him but his new behaviour really has you frightened, forcing you to come in today. You still minimize what has happened to you in the past.

General Health:

You've always been a little nervous, but more so lately. You feel tired most of the time and really don't feel like doing anything. You're not getting any exercise and don't go out much. You've had problems in the past with headaches, stomach pains, back pain, chest pain. Tests have been done, but results are always normal. Your family doctor couldn't figure out what was wrong with you.

You do not smoke. You have been drinking a little more lately. (You think it calms your nerves and helps you fall asleep.) You don't have much of an appetite.

Re: Your Upbringing:

Your father was "very strict" in dealings with family (mother and kids). He believed in "spare the rod, spoil the child". You are aware that your father struck your mother once or twice. Your husband comes from a similar situation.

Prompts are used to standardize the scenario and give all candidates an opportunity to address relevant issues.

PROMPT 1: "Things are tense at home. I'm not getting along with my husband."
(by 2-3 minutes)

PROMPT 2: "But he's my husband. There's nothing I can do."
(by 3-4 minutes)

PROMPT 3: "What can I do?"

(by 5-6 minutes)

ETHICS OSCE STATION BLUEPRINT

STATION NAME:

Sexual Impropriety

ISSUE:

Women's Health

PRESENTING SITUATION:

Carol Abbott is requesting a referral to a new psychiatrist.
"Things didn't work out" with the one she had been seeing.

ACTIVITIES:

Patient encounter.

TIME REQUIRED:

10 minutes.

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INSTRUCTIONS TO CANDIDATE

You are working in a family medicine clinic. You are about to see Carol Abbott, a new patient. Your nurse tells you that Carol is depressed and wants a referral to a psychiatrist. Carol had been seeing a psychiatrist but "things didn't work out".

Carol did not have an appointment. She came as a "walk-in" patient. Your nurse was able to fit her in between some other patients.

CHECKLIST ITEMS

The Candidate:		YES	NO
1.	inquires about how things "didn't work out" and establishes that relationship was sexual.		
2.	informs the patient that sexual contact is not part of the normal doctor/patient relationship.		
3.	informs patient that sexual contact in context of doctor/patient relationship is unethical.		
4.	asks about how patient is feeling currently (e.g. depression, anxiety).		
5.	assures patient that she is not responsible/it is not her fault.		
6.	tells patient that filing a report in front of the College is an option.		
7.	understands that sexual impropriety could lead to loss of physician's licence.		
8.	mentions that physician is obligated to report the psychiatrist.		
9.	asks for name of psychiatrist.		
10.	offers ongoing counselling to patient and/or referral to a psychiatrist.		
11.	recognizes that patient may feel more comfortable with a female psychiatrist.		

		poor	fair	good	very good	excellent
1.	How would you rate the candidate's communication skills?	1	2	3	4	5
2.	How would you rate the candidate's ability to address the ethical issue in this case?	1	2	3	4	5

INSTRUCTIONS TO STANDARDIZED PATIENT

Your name is Carol Abbott. You are a woman aged 20 - 50.

Chief Complaint:

"I'd like you to refer me to a psychiatrist. I've been seeing one but I can't go back to him."

You were being treated for depression but "things got complicated"/"things didn't work out" with the psychiatrist. (Do not emphasize the depression.) It's hard for you to talk about the reason for not continuing with the psychiatrist. In order to make the scenario work it is important to **hint strongly**. If asked about how things "didn't work out", you can say, "I'm really not sure how to talk about this. I'm kind of upset about the whole thing. Things got physical."

History of Present Concern:

Two and a half years ago, you started seeing psychiatrist for depression. Your symptoms included anxiety, fatigue, hopelessness, no interest in sex, needing lots of extra sleep, trouble concentrating, lack of interest in life, low self-esteem, thoughts of suicide.

You think you have been somewhat depressed for most of your life, but things seemed to get more "painful" a few years ago. Things with the psychiatrist seemed to go well for the first year. Mood improved.

An attraction to the doctor began to form. It was reciprocated. Physical contact started with hugs. It progressed to kissing, petting and eventually intercourse. Although other physical contact continued, there was only one instance of intercourse. All this activity occurred in the office.

It was very confusing for you because you were still attracted to the doctor. You wanted to see the doctor outside the office. You had some trouble understanding why the doctor never wanted to see you outside the office even though he said he really cared for you. Doctor said that the physical contact was part of the therapy.

Doctor started to act cold and disinterested and almost rude. He would open mail and take phone calls while you were there for a session. You became upset and eventually left. You simply did not show up for a scheduled appointment. The doctor never called to find out why. No other appointments were scheduled. You want to continue working with a psychiatrist but will not go back to the one you were seeing. You are very confused about whether to talk about what happened. On one level you do want to talk about it but you are reluctant to give the doctor's

name.

Past Health: Unremarkable. Use own history if applicable.

Social History: Use own history.

Family History: Use own history.

Review of Systems: Occasional headaches.

Patient Behaviour:

You are nervous. A little sad looking. You are confused about your feelings concerning previous psychiatrist. You can be reticent in the beginning. Can say it's hard to talk about. You're going to be confused because you still have an emotional bond to the doctor.

Prompts are used to standardize the scenario and give all candidates an opportunity to address relevant issues.

PROMPT 1: "I need a referral to another psychiatrist. I've been seeing one but I (immediately) can't go back to him."

PROMPT 2: "I'm confused. I feel guilty. I should have said 'no'."
(by 1-2 minutes)

PROMPT 3: "Is there something I should do?"
(by 3-4 minutes)

PROMPT 4: "What would happen (to him, to me) if the psychiatrist is reported?"
(by 5-6 minutes)