Appendix 1: scenarios used for the high fidelity simulation tutorials

Scenario 1

For actor

Your mother was admitted to hospital yesterday with a severe chest infection. She is 92 years old and lives in a nursing home. You were told by the doctor in A&E that she is unwell, and has been given strong antibiotics through a drip.

You have read in the papers about 'not for resuscitation' orders and a 'death pathway', and are against the placement of such an order for your mother. You think that she should be resuscitated if her heart stops, and that everything possible should be done to save her. This includes going to the intensive care unit if necessary.

You visit your mother on the ward, and ask to speak to one of the doctors to find out how she is progressing and to discuss her treatment.

For student

You are an F1 doctor working on a general medical ward.

One of your patients, Mrs Green, is a 92 year old woman admitted yesterday with severe community acquired pneumonia. She has a background of Alzheimer's dementia and lives in a nursing home.

On admission, she was commenced on oxygen, intravenous antibiotics, and intravenous fluids. Your team reviewed the patient on this morning's ward round, and your consultant raised the issue of resuscitation. He has told you that Mrs Green should not be resuscitated in the event of a cardiac arrest, and would not be a candidate for the intensive care unit (ITU). You will continue 'active management' with intravenous antibiotics, but the ceiling of treatment will be ward-based care.

Mrs Green's son/daughter comes to the ward to visit his/her mother, and as your consultant is in clinic, he has asked you to discuss the 'do not attempt resuscitation' decision with him/her.

Scenario 2

For actor

Your mother was admitted to hospital 2 weeks ago with a heart attack. She is 80 years old and lives alone at home. Prior to admission she was mobilising with a zimmer frame. She has high blood pressure and diabetes and had another small heart attack 5 years ago. Since she came into hospital she has had a number of tests and treatments, and is not getting any better. You had an initial conversation with the heart doctors in which you all agreed that a bypass operation would be too risky for your mother's health.

You feel that she is becoming increasingly distressed by regular blood tests and you wish for your mother to be left to die in peace. This is what you think she would have wanted. You would not wish for her to be resuscitated in the event of a cardiac event, and would like to take her home.

You visit your mother on the ward, and ask to speak to one of the doctors to discuss this with them.

For student

You are an F1 doctor working on a general medical ward.

One of your patients, Mrs Smith, is an 80 year old woman admitted two weeks ago with a myocardial infarction (NSTEMI). She has a background of hypertension, type 2 diabetes and a previous myocardial infarction. Prior to admission, she was living alone at home and mobilised with a zimmer frame. She had a troponin of >1000 on admission. She underwent a coronary angiogram which showed diffuse disease. The decision was made in consultation with the patient and family that a coronary artery bypass graft (CABG) would be too high risk, and that she should have medical management only.

She has not made significant improvement since admission, and an echocardiogram has shown significant left ventricular impairment (ejection fraction 15%). She is unconscious and your consultant's assessment of the patient is that she is dying. A resuscitation decision has not yet been discussed with her family.

Mrs Smith's son/daughter comes to the ward to visit his/her mother, and wishes to discuss her ongoing care with you.

Scenario 3

For actor

Your brother was admitted to hospital 3 days ago with a high fever. He is 52 years old and has advanced lung cancer which has spread to the liver and bones. Your brother does not have any other family and you are his next of kin. You have been to the appointments with the cancer doctors with him. You were told two weeks ago that the cancer cannot be cured, and that no further chemotherapy or radiotherapy will help. Your brother is becoming increasingly weak. He was offered support from the community palliative care team but has declined this as he thinks he can manage on his own.

He was given strong antibiotics through a drip when he first came into hospital. You are extremely concerned as he has not improved since admission. You wish for everything possible to be done to save your brother's life, as he is so young. You certainly would wish for him to be resuscitated in the event of a cardiac arrest, and would wish for him to go to the intensive care unit.

You visit your brother on the ward, and ask to speak to one of the doctors to discuss his treatment. Your brother is currently too unwell to be involved in the conversation.

Scenario 3

For student

You are an F1 doctor working on a general medical ward.

One of your patients, Mr Butler, is a 52 year old man admitted 3 days ago with neutropenic sepsis. He has a background of metastatic small cell lung cancer (metastases to liver and bone). He has had chemotherapy, but has been reviewed by the oncologists in the last 2 weeks and has been told that further chemotherapy will not be of benefit. The treatment intent is now palliative, and the prognosis is likely to be weeks to short months. Mr Butler previously declined support from the community palliative care team.

On admission, he was commenced on intravenous antibiotics and fluids. He has been reviewed by your consultant, who has suggested that the patient should not be resuscitated in the event of a cardiac arrest. This has not yet been discussed with the patient or family and a DNAR form has not been signed. A referral to the palliative care team has been made.

Mr Butler's sister/brother comes to the ward to visit him. You have been asked to discuss Mr Butler's current management and 'do not attempt resuscitation' decision with him/her. Mr Butler has severe sepsis and associated delirium with a fluctuating level of consciousness. He is currently too unwell to participate in the discussion.

Scenario 4

For actor

Your father was admitted to hospital yesterday with a severe stroke. He is paralysed all down the right side of his body and is not able to speak or swallow. He is 90 years old and lives in a residential home. Prior to admission he was mobilising independently, and took part in the communal activities in the home.

He has been transferred to the stroke unit. He has a feeding tube in place, and has been given a number of new medications.

If asked by the doctor, you have never had conversations with your father about resuscitation and you aren't sure what you think would be best. If you are honest, you don't really understand what is meant by 'resuscitation'. You would like to find out more about it, and to

be given clear information about your father's prognosis. You are devastated by what has happened to your father, but feel strongly that you would not wish him to suffer.

You visit your father on the ward, and ask to speak to one of the doctors to discuss his condition.

Scenario 4

For student

You are an F1 doctor working on the stroke unit.

One of your patients, Mr Chant, is a 90 year old man admitted yesterday with a left sided TACS stroke. He awoke with right sided facial, arm and leg weakness. He also has expressive dysphasia and dysarthria. As the time of onset is unclear, he was not a candidate for thrombolysis. He was previously fit and well, mobilising independently in a residential home.

On admission, he was reviewed the stroke team and commenced on rectal aspirin as his swallow is unsafe. An NG tube was inserted and he is 'nil by mouth'. He has been seen by the physiotherapy team.

You have been asked by your seniors when they visit, to explain that Mr Chant's prognosis is extremely poor, and that he is unlikely to demonstrate significant functional improvement. You have been asked to discuss resuscitation status, and a 'do not attempt resuscitation' decision with the family.