Bridging the gap between knowledge and skill: integrating standardized patients into bioethics education

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Disclosure

As an employee of the Kennedy Institute of Bioethics, Laura Bishop worked on the institute's high school bioethics project; she also served as a consultant on the NWABR projects, receiving honoraria, and was employed as a writer on the NIH Exploring Bioethics Curriculum Supplement. Lola Szobota received honoraria for her work for KIE, NWABR, and the Roche-NJSELA Bioethics Project.

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10. More detailed information about the various programs to support the teaching of bioethics in secondary schools may be found online at <https://highschoolbioethics.georgetown.edu>.

Bridging the Gap between Knowledge and Skill: *Integrating Standardized Patients into Bioethics Education*

BY NADA GLIGOROV, TERRY M. SOMMER, ELLEN C. TOBIN BALLATO, LILY E. FRANK, AND ROSAMOND RHODES

Upon entering the examination room, Caitlyn encounters a woman sitting alone and in distress. Caitlyn introduces herself as the hospital ethicist and tells the woman, Mrs. Dennis, that her aim is to help her reach a decision about whether to perform an autopsy on her recently deceased husband. Mrs. Dennis begins the encounter by telling the ethicist that she has to decide quickly, but that she

is very torn about what to do. Mrs. Dennis adds, "My sons disagree about the autopsy." As a standardized patient (SP), a specialized actor, the woman playing Mrs. Dennis has already delivered the same opening lines several times to different learners practicing their clinical ethics consultation skills.

An SP encounter is a simulated patient encounter used for educational purposes that requires the standardization of verbal and behavioral responses. In the encounter, the simulator, or "patient," uses a scripted medical history to enable the learner to employ a certain skill, say, the ability to perform a neurological exam. The use of standardized patients in the evaluation of clinical skills has become a staple in medical

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education.¹ Recently, SPs have also been incorporated into the medical school curriculum to evaluate the ability of medical students and residents to grapple with ethical issues. In some institutions this tool has been used to test medical students' ability to identify ethical dilemmas and has been incorporated into objective structured clinical examination exercises.² Martin Smith and colleagues have described the use of simulated patient encounters to evaluate the ability of residents to identify and resolve common ethical dilemmas.³ SPs have also been used to teach physicians communication skills required to deliver bad news.⁴ Others have used SPs to identify gaps in the ability of physicians to conduct end-of-life discussions with patients⁵ and their ability to provide informed consent.⁶

To tackle the challenge of teaching clinical ethics consultation skills, we have incorporated SP encounters into the curriculum of the Bioethics Program of The Union Graduate College and Icahn School of Medicine at Mount Sinai. Our competency-based program is comprised of online and onsite courses and offers both a master of science degree in bioethics and a certificate in clinical ethics consultation.⁷ SP encounters are incorporated into one of our onsite classes, the Onsite Clinical Ethics Practicum, and they are part of the capstone examination, which all of our graduates must complete successfully. The inclusion of simulated encounters into the curriculum is one way in which we equip our students with the core competencies specified by the American Society for Bioethics and Humanities (ASBH) Task Force for clinical ethicists.⁸

The Onsite Clinical Ethics Practicum concludes a sequence of two online courses, Clinical Ethics and the Online Clinical Ethics Practicum. Because our students come from a variety of backgrounds, some with a lot of clinical exposure and others with none, the onsite practicum is designed to familiarize all of our trainees with the hospital environment and to develop their interpersonal interview and clinical moral reasoning skills. During the practicum, the students spend time in a variety of clinical settings at The Mount Sinai Hospital, including intensive care units and the dialysis unit. They also shadow our patient representatives and the physicians of our Visiting Doctors Program, which delivers care to homebound patients. In addition to clinical exposure, the students receive individual and group training in interview skills. Students also participate in several mock ethics committee meetings, where they take the role of ethics committee members to practice clinical moral reasoning. In the Mock Ethics Committee meetings, they are presented with ethically challenging cases by Mount Sinai physicians. Students question the presenter to elicit critical facts about the case, participate in the discussion of the case, and ultimately render a recommendation to resolve the issue. At the end of the practicum week, they assume the role of ethics consultant in two SP encounters. Past students have positively evaluated these encounters. Going forward, we plan to formally assess the impact of the simulated encounters on the students' ability to conduct a clinical ethics consultation.

Reasons to Integrate SPs in Clinical Ethics Education

Martin Smith and colleagues showed that there is a divergence between cognitive ability or background knowledge and the ability to communicate properly with patients in ethically challenging situations.⁹ They demonstrated that there was no correlation between medical residents' ability to identify an ethical issue and their ability to communicate effectively and respectfully with patients. Our program's courses, Clinical Ethics and the Online Clinical Ethics Practicum, provide students with the requisite knowledge of ethical principles and concepts, and the online discussion boards and writing assignments required in those courses give them ample practice in applying those principles to ethical dilemmas. Communication skills, however, are difficult to teach in an online classroom environment and require repeated practice in an appropriate context. SP encounters provide the opportunity to practice communication skills in a realistic environment.¹⁰ They help students prepare for the unique challenge of combining reasoning skills and communication skills, all while having to think through an ethical dilemma on their feet.

This type of practice is particularly important for ethics consultants, as training in bioethics often does not provide enough clinical exposure. Bioethicists have diverse educational backgrounds and come from areas such as nursing, medicine, law, and philosophy. Individuals come to bioethics with distinct approaches to ethics consultation, depending, in part, on their areas of expertise. In order to develop skills that conform to a professional standard, all trainees need exposure to models of best practices in clinical ethics consultation.¹¹ SP training is a way to help ensure the competency of bioethicists, specifically in basic interpersonal communication, interviewing, explaining complex ethical concepts, and facilitating a helpful resolution of an ethical dilemma.

Ethics consultants are expected to provide recommendations in a variety of situations that often involve highly controversial and emotional matters. Ethicists are consulted by physicians about whether to discontinue care and whether breaching confidentiality is justified. They also evaluate instances of refusal of care. In any such instances, the wrong recommendation or infelicitous communication could harm a patient or family member. According to some commentators, using SP encounters is ethically imperative.¹² Steven Miles and colleagues argue that learning to deal with difficult ethical situations, such as end-of-life decisions, should be practiced on SPs in order to minimize any psychological harm to patients that could be the result of poor communication or misinformation about end-of-life options.¹³ Simulated encounters with SPs provide a controlled learning environment.¹⁴ As Amitai Ziv and colleagues argue, the selection of suitable cases and the careful scripting and staging of encounters encourage student learning that is superior to the ad hoc learning that occurs with on-the-job training.¹⁵ This is in part because using SPs provides the opportunity to tailor

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those encounters to supplement a carefully designed curriculum, with specified goals and objectives and an optimal level of challenge for learners.

In addition, the encounters enhance learning because they allow for constructive criticism. SPs give trainees immediate feedback about their interpersonal skills, which enables students to improve their performance. Moreover, members of the bioethics faculty, who also evaluate the trainees, respond with specific focus on the students' skills in eliciting the ethically relevant information and their ethical analysis. For a competency program such as ours, which aims to develop skills in ethics consultation rather than merely provide background knowledge, SP encounters are essential.

Selecting Cases for Simulated Encounters

As part of the coursework toward the degree from our Bioethics Program, students complete four SP encounters. The first two, which come at the end of their onsite clinical practicum, are designed to be formative experiences. During the practicum and before the SP exercises, the students are provided with instruction in communication skills, and they practice interviewing and communication skills in small groups using the "time in–time out" technique.¹⁶ During "time in" the students are actively engaged in the SP encounter, but they can ask for a time-out if they need help proceeding. This technique also allows several different students to interact with the same SP because the instructor overseeing the exercise can call time-out and ask a different student to begin interacting with the SP. The practicum (including the two practicum SP cases) is designed to prepare our students to pass the two SP encounters that are part of their end-of-program capstone exercises.

We take a variety of considerations into account when we create cases for the simulated encounters. All cases require the application of important ethical concepts and principles and revolve around an ethical problem. As is typical in bioethics consultation, some cases involve a health professional facing an ethical question, and others involve providing ethical guidance directly to a patient or a family member. We create cases with both sorts of relationships in order to offer the students a range of ethical consultation challenges and enhance their skills in communicating with individuals in different positions. The cases are designed to be resolved within a twenty-minute encounter without the consultation of other professionals. Each case involves an ethical problem with a

resolution that would be accepted by most bioethicists. Especially challenging cases or ones that might have more than one acceptable resolution are reserved for our Mock Ethics Committee meetings.

To date, our SP encounters have focused on issues such as confidentiality protections and justified breaches of confidentiality, truth telling and patient autonomy, refusal of care, and surrogate decisions about end-of-life care. We evaluate students' abilities to communicate skillfully and respectfully, to identify the relevant ethical issue, and to facilitate a resolution during each SP interaction.

Identifying and Assessing Competencies for Clinical Ethics Consultation

The ASBH Task Force has specified a comprehensive list of competencies for health care ethics consultation, including core knowledge and core skills.¹⁷ The overall curriculum of our Bioethics Program addresses all the core competencies, while the SP encounters aim to enhance specifically the students' core skills for HCEC, which include assessment and analysis, process, and interpersonal skills.¹⁸

We designed two separate checklists to assess our students' core skills: an ethics faculty checklist and a communication checklist. The ethics faculty checklist addresses ethics competencies. It is completed by a member of the ethics faculty who observes the SP encounter in real time on a video monitor. The communications checklist is limited to interpersonal communications competencies and is completed by the SP immediately after the encounter. Both completed checklists are returned to the student in a private discussion for verbal feedback immediately after each encounter. Students also receive a digital video recording of their encounter. In the capstone course, the recorded encounter is reviewed again with a communication skills expert from the Bioethics Program faculty.

Our ethics faculty checklist is designed to mirror a systematic approach to clinical moral reasoning initially designed by Rosamond Rhodes and David Alfandre.¹⁹ This approach to ethical dilemmas requires the student to identify relevant ethical principles, some of which might be in conflict. The student is then required to accurately identify the conflicting principles, formulate a question that expresses the conflict, and provide a resolution by offering reasons for prioritizing one of the conflicting principles in the specific situation.

The students in our program are introduced to the Rhodes-Alfandre model of clinical moral reasoning in the Online Clinical Ethics course. By the time they reach the onsite clinical practicum, they have used it to resolve dilemmas in a variety of clinical cases on the discussion boards. The assumption is that this experience provides sufficient preparation for the students to apply the model during the SP encounters.

The Rhodes-Alfandre model is closely aligned with several analysis elements specified by the ASBH core skills. These specific skills are practiced and assessed in the SP encounters. For example, the encounters focus on the ability to identify and analyze relevant values and the ability to identify and analyze a conflict. The clinical moral reasoning sequence guides students in developing these skills, and our faculty members evaluate these competencies. In addition, the students are required to identify the boundaries of their expertise and recommend the use of other institutional resources when they are appropriate. Furthermore, both our communication skills and ethics faculty checklists include items for the assessment of listening skills, ability to elicit moral views of the involved parties, and ability to educate, all of which the ASBH identifies as the core skills for HCEC.

Our communication checklist is based on established criteria for assessment of communication and interpersonal skills,²⁰ but it also includes specific items that enable us to provide students with useful feedback on the interpersonal aspects of their performance. For example, we rate them on making introductions, clarifying the ethics consultant role, clarifying the client's preferred form of address, professional demeanor, the eliciting of relevant information, establishing a respectful and nonjudgmental tone, acknowledging and validating the client's concerns, organizing the encounter, communicating clearly, avoiding jargon, summarizing the recommendation, and providing closure.

The scoring sheet for providing feedback uses a three-point scale whose anchors are "Above average," "Acceptable," and "Unacceptable." The behaviors being evaluated are elaborated below each item, and the anchors' definitions are clarified relative to the listed behaviors, as in this example:

Organization of Encounter

- Identifies the main issue.
 - Maintains focus on the issue.
 - Structures the conversation coherently, not erratically.
 - Uses transitional sentences from one topic to another.
- () Above average: Does all items and does them smoothly and effectively.
- () Acceptable: Does three items effectively.
- () Unacceptable: Does fewer than three items effectively.

Developing Standardized Patient Cases

Using SP encounters requires thorough development of helpful cases. Consider a case we have developed that revolves around truth telling and giving bad news even though a family member has requested that the patient not be told her terminal prognosis. In this instance, the ethics consult is requested by a physician, Dr. Fisher, who wants help in deciding how to proceed. The elderly patient, Ana, does not speak English, and her adult son took it upon himself to act as a translator during the initial doctor-patient encounter, which preceded the ethics consult. The son has justified withholding information from his mother by invoking the family's culture and claiming that his mother is fearful of hospitals and medical treatment. The case's central ethical dilemma is the conflict between truth telling and respect for the patient's autonomy, on the one hand, and minimizing harm to the patient, on the other. The assessment of decisional capacity, the maintenance of trust in the doctor-patient relationship, and confidentiality are also relevant factors.

Starting with the initial description of the ethical issue, we developed a detailed narrative to fill out the details of the case. These needed to guide the actor who would play the role of the doctor requesting the ethics consult. The scenario also had to include the information that the SP would need in order to answer questions that we predicted students would ask. The case description included the patient's social history as well as the history of present illness.

The case description given to the SP also includes sections about Ana's and her son's values. This material is meant to enable the SP to provide the student with enough background to resolve the central ethical dilemma. In this case, the son believes that his mother wants a peaceful death and not to have her dying prolonged in a hospital on machines. The son is caring, albeit protective of his mother. He has explained to Dr. Fisher that he wants to spare his mother any suffering. He is concerned that his mother would not be able to handle a terminal diagnosis and that she would be harmed by the disclosure.

In line with the clinical moral reasoning approach to ethical dilemmas, we expect the students to identify the pertinent ethical issues and clearly explain the conflict to Dr. Fisher. We want students to appreciate the need to convey respect to the son and acknowledge his concerns. At the same time, successfully resolving the case turns on identifying that it is critical to have the patient's decisional capacity assessed. If Ana has the capacity to make her own health care decisions, she should be offered the truth, and her wishes about knowing her medical diagnosis and prognosis should be respected.²¹ If she lacks decisional capacity, her son could act as her surrogate, and withholding the information from the patient could be justified.²² Once students identify the capacity issue, their task should be to discuss how to accomplish a capacity assessment. In addition, the students are

Our standardized patient encounters have focused on issues such as confidentiality protections, truth telling and patient autonomy, refusal of care, and surrogate decisions about end-of-life care.

expected to help Dr. Fisher consider how to handle the interaction with the son.

As with all of our SP cases, the resolution is determined by a consensus of the ethics faculty members who evaluate the students' performance during the practicum and capstone exercises. We also share the view that SP encounters are opportunities for students to combine their knowledge of ethical concepts with their interviewing skills. They allow students to practice eliciting relevant information from the individual requesting the consult and providing compassionate support that facilitates a successful resolution of the ethical dilemma.

The Presenting Situation and Prompts

Immediately before commencing the SP encounter, students are given five minutes to read the presenting situation, a short description of the reasons for the consultation. For the most part, this includes the identity of the person who requested the consult and a brief background of the situation, the kind of information that would be provided before a formal ethics consultation is initiated. In cases for which medical information or state law is relevant, that information is also provided.

Our SP encounters are conducted in the Icahn School of Medicine's Morchand Center for Clinical Competence, which is nationally known for the use of SPs in the education and assessment of medical students. The encounters are conducted in examination rooms equipped with a dual camera system to capture the interaction between the student and the SP. The video is then streamed live to another room in which members of the ethics faculty watch, listen, and evaluate the encounter as it occurs.

The actors selected for our bioethics cases have performed in medical scenarios at The Morchand Center and are all experienced, working New York actors. SPs are trained to portray the signs and symptoms of the illness particular to the patient in the encounter, and they must also standardize their portrayal with the other SPs who play the same role. They learn an extensive historical case description of their patient and simulate the patient's demeanor (also standardized). At the same time, they are trained to evaluate the learners in a standardized way. SPs at The Morchand Center receive from five to twenty-five hours of training depending on their case and the program it supports. They are routinely evaluated by the

clinical skills center directors for their rater, inter-rater, and intrarater reliability.

To help keep the students on track, SPs are also trained to deliver prompts as needed. Prompts are additional lines that the actors can use for steering students back on course if they stray from their goal during the encounter. These are strategies that could nudge the student toward identifying a pertinent issue without explicitly revealing the answer. The need for prompting is noted on the faculty checklist and reflected in the student's score. In an ideal encounter, the student would require no prompts, and many of our students are able to complete the encounter without any.

Initially the prompts are developed during the actors' training. After the SPs are cast, ethics faculty members participate in their training by helping them to rehearse. In rehearsals, the SPs first focus on learning their roles and on adjustments in their performance. When faculty members join a rehearsal, they are asked to begin by performing an "ideal" encounter. Next they are asked to perform in a way that demonstrates how a student might fail to identify the relevant ethical issue in the case and fall short of successfully completing the encounter. In the Dr. Fisher case, for example, a student might not realize that despite the son's appeal for cultural consideration, the physician must determine whether the patient has decisional capacity and ascertain whether she wishes to be her own primary medical decision-maker. In rehearsal of the Dr. Fisher case, a faculty member could, for example, fail to identify capacity as the primary issue in the case. During rehearsals, we would then devise prompts to steer the student toward thinking of the relevance of capacity.

After the first year of using an SP case, we base our prompts on the performances of past students. We then standardize our prompts to correspond to the relevant items on the ethics checklist. In the Dr. Fisher case, because the capacity issue was so critical, the SP playing Dr. Fisher had two prompts to offer. The faculty checklist item and prompts are these:

- a) Helps Dr. Fisher identify that Ana's capacity is the critical issue in the case.

First prompt:

I'm not sure what Ana understands.

Second prompt:

If she is able to understand and I don't share information with her, am I treating her like a child?

The SP was instructed to deliver the second prompt only when the first prompt was not effective and the student was still unable to identify capacity as a critical concern in the case.

A further item on the faculty checklist is about confidentiality:

- b) Helps Dr. Fisher fully explore the importance of confidentiality.

This is the prompt for this item:

Is it alright for me to tell her son things about my patient's condition that I haven't told the patient?

When a student fails to address a key issue despite appropriate prompting, the SP repeats the student's statement or recommendation to afford the student another opportunity for correction. The SP would say, for example, "Let me make sure I correctly understood what you said. Your recommendation is that I should . . ." The student would then be able to assent to the SP's reiteration or correct it.

Because Bioethics Program students come from diverse backgrounds, it is important to prepare the SP to anticipate variations in how the students will approach the encounters. The communication checklist does not have any explicit prompts. Much of the training for SPs is, however, aimed at sharpening their understanding of the elements of the communication checklist and preparing them to react to the students' different communication styles. The interviewing style of a trainee who is a physician with many years of experience treating patients is likely to be very different from a minister or someone with a background in philosophy. The immediate SP feedback on the encounter helps students identify both their strengths and weaknesses in communication. Students find it very helpful to learn that their questioning or responses were either appropriate or perhaps insensitive and patronizing.

Learning much-needed skill-based competencies for clinical ethics consultation requires a teaching methodology that transcends the traditional knowledge-based didactic approach to instruction. SPs are particularly useful in bridging the gap between knowledge and practice that often remains even after the completion of courses in ethics. SP exercises provide students with the opportunity to apply their knowledge together with their skills in communication and clinical moral reasoning. Practicing in a controlled learning environment with timely faculty feedback prepares students to face the challenges of clinical ethics consultation and diminishes their need for on-the-job training.

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