

DNR Discussion Role Play Exercise

Adapted from:

IMPROVING END-OF-LIFE CARE A RESOURCE GUIDE FOR PHYSICIAN EDUCATION

3rd Edition

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THE DNR DISCUSSION
ROLE PLAYING EXERCISE

Faculty Guide

1. Review and discuss the **DNR Discussion** teaching outline.
2. Ask students to form pairs and distribute the role playing exercise.
3. Students should spend 5-7 minutes role-playing. The "patient" and "physician" should then independently complete an evaluation form and discuss their impressions of the interview. If there is time, have the students switch partners and change roles so everyone has the opportunity to role-play the "physician".
4. Debrief the experience with the entire group--good points, bad points, what worked well, what was less effective, what did they learn that they would apply in their work, etc.
5. You may choose to demonstrate your technique at this type of discussion using the case and choosing one student to play the role of the patient.

CASE BLUEPRINT

Purpose of Case: Discussing DNR orders

Training Level: Medical students, post-graduate trainee, or faculty

Simulated patient name: Mr./Mrs. Williams (same patient as in Treatment Goal Role Play)

Diagnosis: Metastatic Pancreas Cancer

Setting: Hospital room

Reason for Visit: Discuss goals and DNR orders

Time allotted: 7 minutes

INFORMATION FOR PHYSICIAN

MEDICAL HISTORY: Mr./Mrs. Williams is 50 y/o, diagnosed with pancreatic carcinoma 5 months ago after presenting with a locally advanced, unresectable, pancreatic mass and painless jaundice. He/she underwent surgery to relieve the biliary obstruction and then received radiation and two months of chemotherapy. The chemotherapy was very hard on him/her, causing severe nausea and fatigue. He/she called you one week ago saying that over the past 3 weeks there was a decline in energy, generalized fatigue and little appetite. He/she has no pain or nausea. You ordered an abdominal CT scan which showed new liver metastases. You met the patient last week to review treatment options; the patient elected not pursue any further chemotherapy, that his/her goal was to remain at home and be as comfortable as possible. However, yesterday he/she called and said the pain was much worse and he/she was vomiting and unable to keep food down. The patient was admitted yesterday for pain and nausea management. Overnight he/she did much better and today is taking clear liquids with much less pain.

PAST HISTORY

Mild hypertension controlled with medication; one episode of renal colic 3 years ago.

SOCIAL HISTORY

Patient is married with two daughters, ages 28 and 24, both live in the area. The patient is an elementary school special education teacher, on extended leave since the cancer surgery. The patient has never smoked and uses alcohol rarely.

TASK

Enter the "hospital" room and begin a discussion with Mr./Mrs. Williams, you have the following two goals for this visit:

1. Re-affirm the patient's goals for future care
2. Discuss CPR/DNR orders

Note: Do not discuss the issue of hospice referral in this exercise.

PATIENT PROFILE

MEDICAL HISTORY

I am Mr./Mrs. Williams; I was diagnosed with pancreatic cancer 5 months ago after presenting with an unresectable pancreatic mass and jaundice. I underwent surgery to relieve the biliary obstruction and then received radiation and two months of chemotherapy. I became very ill from the chemotherapy and resolved never to do that again. Over the past 3 weeks I noticed a decline in energy, generalized fatigue and little appetite. I contacted my primary care physician who ordered an abdominal CAT scan. Last week I came to his/her office and was told that the cancer was progressing, that further chemotherapy would be of little benefit. The doctor asked me about my goals for the time I had left. I indicated a desire to be kept comfortable and to be at home.

Two days ago I began having increasing abdominal pain, nausea and vomiting; yesterday my doctor admitted me to the hospital for pain and nausea control. He/she started some new medication and I feel much better today, I am hoping to go home by tomorrow. I ate breakfast today, the pain is much better.

SOCIAL HISTORY

Family Relationships and Living Situation: I am married and have two daughters, ages 28 and 24 who live in the area, they are both single.

Occupation: I am an elementary school special education teacher, on leave since the cancer was found. The work is very stressful but rewarding.

Hobbies and Recreation: I sing in a community choir and like to grow vegetables.

Religion: I was raised Lutheran, but am not involved with a church. I do believe in God and an afterlife.

MOOD, AFFECT, AND Demeanor

I appear in my normal mood, fairly cheerful since I feel much better today. However, this recent pain and nausea was scary, I don't know what the future will bring.

TASK AND RESPONSES TO PHYSICIAN

Your primary care doctor will be coming to visit you. He/she will ask you to re-affirm your goals for the time remaining, say "I want to be kept comfortable and I don't want to be a burden on my family". "I'd like to be at home if possible".

If the doctor asks you about CPR/DNR, be sure to ask him/her to explain any terms you don't think an average patient would understand. After you feel you understand the question, ask the doctor:

- If I get better in the coming days can you change the order?
- Will you still be my doctor even if I decide I want to go on "life support?"

The doctor may make a recommendation about CPR; tell the doctor that you do not want to be resuscitated.

LEARNER EVALUATION TOOL

Checklist of skills for role play : Use a 1-3 scale where 1=not at all, 2=somewhat and 3=excellent.

Name: _____

Basic Interviewing Skills

- _____ Introduction—doctor introduced him/herself
- _____ Comfort—doctor put patient at comfort, ensured privacy
- _____ Doctor assumed a comfortable interpersonal communication distance
- _____ Doctor made appropriate eye contact
- _____ Doctor's posture was open (was leaning forward, didn't cross arms over chest, etc)
- _____ Used language that was clear and understandable; no medical jargon
- _____ Doctor was attentive to comments--nodding head, used verbal cues ("yes", "hmm", "I see")
- _____ Doctor gave me opportunity to ask questions
- _____ Doctor answered questions in a straightforward manner
- _____ Doctor suggested a follow-up plan
- _____ Appeared empathic (indicate by body posture, tone of voice, facial expressions and choice of words, that they care about the patient and have some sense of understanding of the impact of the bad news)

Goal Setting / DNR Skills

- _____ Doctor asked patient to articulate personal goals
- _____ Doctor discussed the use of CPR within the context of the disease, and prognosis
- _____ Doctor made a clear recommendation regarding CPR/no-CPR

Overall Impression—was the physician able to discuss DNR orders with compassion in a manner so as to do no harm?

YES OR NO, Needs more training

If you feel additional training is needed, please indicate what problems need to be addressed (circle all that apply):

- basic communication skills (eye contact, rate of speech, personal space)
- professional attitude (sullen, not empathic, angry, giggles)other: please describe: _____
- Other: