Written case studies

Session 1

WCS-1

Shuli, a hotel worker, falls from the 4th story. She's in the ICU in a coma on a ventilator. Repeat MRI images a few days later demonstrate hypothalamus, basal ganglia, and hippocampal damage and inappropriate brain activity. Doctors say damage is severe and irreparable. Senior doctor explains to the family members that people in this situation rarely recover. Junior physicians discuss a decision. The senior doctor chooses to give Shuli more time after hearing from his team, giving the family hope.

The next morning, a nurse called young doctors to the ICU. The nurse's history and physical findings indicate a stroke. The stroke worries the family. Her uncle considers withdrawing the ventilator because her condition hasn't improved, but Shuli's friend Dan pushes them to give her more time.

Dan afterwards planted flowers beside shuli. The nurse later finds nasal flaring. Senior doctor tells family members it's a coma patient's olfactory response. Mother asks, "Is that a yes?" Doctor says treatment is working, so be positive.

Few months later, physicians see she's reacting to spoken directions with eye movements. The doctor asks her to do the same with her family. He tells them she's understanding vocal commands. The family is joyous. Dan calls out Senior Doc in the parking lot, who tells him she will take time and can become conscious.

WCS-2

Parents bring their 7-year-old son to the ER. Doctors start with emergency care and ask parents how this happened and about any medicine allergies. The parents reported he fainted at school and has no allergy history. Doctors told them he needs to go to ICU and to finish hospital formalities. Mom deposits cash at the reception.

Parents are frightened, and the junior doctor says they're doing their best and will remark after reports come in, but the best idea will come from Dr. Goenka. Dr. Goenka is on the phone when the parents try to interrupt. The father laments that their child has been in the ICU since yesterday and they have no idea what's wrong with him. "Don't you trust this hospital and its doctors?" Goenka asks. We know our job."

The parents watches from outside as the physicians examine the ICU patient. The doctor then tells the parent that their child has VSD, a heart hole. Father panics and asks, "How? He never had issues? The doctor believes symptoms appear as the condition worsens and they will implant a pacemaker through open-heart surgery. The operation is urgent. Father: what's the alternative? Dr: please ask my assistant Mr. Sinha. The doctor ignores the father while on the phone.

Father meets Mr Sinha, who informs him to pay 5.5 lakh for the hospital bills, including drugs and operation, and 2.5 lakh for the doctor fees, of which 2 lakh must be paid in advance before the procedure. The father is shocked.

Parents try to get money. They sell their car, mortgage their home, and ask for aid. They can raise 5.5lakh. Father asks Mr Sinha to schedule the surgery while he arranges further funds. Mr. Sinha argues it's beyond his say.

Father requests Dr. Goenka at a new under construction heart facility. The doctor is outraged and says this isn't his visiting room; how dare he come here? Father waits beside the car and tells the doctor he has arranged hospital fees and desires operation; he will arrange doctors fee in the meantime. The doctor gets rude and says he cannot do anything. The father says you're establishing a massive Heart Hospital & have some sympathy towards patients. The doc tells him no fees means no surgery & walks out. The father is speechless.

The child dies without surgery, & parents are heart-broken

WCS-3

A fire breaks in the house. Poonam, a bride-to-be, is seriously burned. She's taken to the hospital's burn unit by ambulance. Plastic surgeon is called who goes to ICU, performs basic care, and then calls family members into his cabin.

Doctor: Patient has suffered 40% superficial to deep burns, few 3rd degree burns. Thank God that she is alive.

Guardian 1- Dr, tomorrow is her wedding.

Dr: Sorry to say but in such cases even the blood relatives don't support, so what to say about in-laws. This time is crucial for her. I will have to operate tomorrow morning. Now, please excuse me as I have to discuss this case with my team.

Next morning

Guardian 2: Dr, will Poonam be alright after operation?

Doctor: It's a very difficult case. Burn patients have a psychological impact also. You and I can't actually understand what she is going through. Just external healing is not sufficient.

Dr: Krishan ji, it's time for the operation. I have told you all about the complications of the case. Please, sign these papers so that I can go ahead with the operation

Guardian 1 holds the pen with shaking hands.

Dr: Don't worry, we will try our best.

Guardian 1 signs the paper

WCS-4

Ankur Arora had abdominal ache and nausea for a day. An intern suspects acute appendicitis after examining him in the ER. Ultrasound and CT scan corroborate the patient's diagnosis. Just 1 hour before the operation, the boy eats 3-4 biscuits alone, but he tells the nurse Rosie, who tells the operating doctor Asthana, who is on the phone and says we'll use the Ryles tube. The nurse asks the mother to sign the consent paperwork, saying it's hospital protocol. Mother signs without reading.

The doctor forgets the Ryles tube during surgery. Dr Asthana successfully removes the appendix and after putting the stitches moves out of the OT room but immediately then the child vomits and starts aspirating. The anaesthetist suctions and inserts the endotracheal tube until the doctor returns. The doctor realises he forgot the Ryles tube. OT is in shambles and Ankur's saturation is falling.

Dr. Asthana becomes irritated with the anesthesiologist and pressurises him to execute an intubation he's done before. With much difficulty, the anaesthetist is able to place the tube in Ankur's trachea, and his oxygen saturation begins to rise again. But by then, Ankur has gone into a coma, and the doctor admits to his fellow doctors and nurses that he forgot Ankur had eaten a few biscuits. He threatens them all and orders them not to disclose anything to anyone outside the OT room and simply say that Ankur went into postoperative atelectasis so he is put on the ventilator

WCS-5

Son takes his mother to Dr Bagga's clinic. The doctor checks the mother's blood pressure and says, "Its fine. Why are you here?" The son is about to say something but the doctor stops him in the middle and says let me talk to the mother. The mother reports feeling restless, losing her appetite for 1-2 days, and vomiting once or twice. The doctor listens to her carefully and says that you should have told this earlier to me. You must have eaten something from outside. The mother says no, but the doctor while examining her tongue continues to say that "People today can't control their junk food cravings." Before you came, Mr. Mathur had piles and passed blood in his stools, but he still eats outside food and he complains that doc your medicine is not working."

The son is asked to move out and call his father. The lady patient requests the doctor to call his doctor wife, since she has additional concerns. The female doctor examines her and the patient's husband then enters the room. Urine pregnancy test is done which comes out positive. Female doctor says "don't worry it happens many times, sometimes people get to know at the time of delivery. Think about it over 2 to 3 days, whether you want to get it aborted? But don't delay, as we've learned late and your age is high."

WCS-6

A nuclear family is traveling by air, when suddenly the health of their daughter, who is a known case of severe combined immunodeficiency syndrome (SCID), deteriorates. An oxygen

cylinder is arranged and she is taken to the hospital immediately after the landing of the plane. In the hospital, the doctor discusses with the parents about the lung transplant. He had advised earlier also when the problem was first diagnosed and now, he recommends even more that they should get it done. The mother and father enter into a heated argument with the mother simply denying the transplant option while the father being in favor of it. The doctor keeps sitting there silently and does not intervene between them. No one even cares to ask the daughter about what she wants, although she is above 18 years of age. Finally, the mother's decision overpowers and they don't go for a lung transplant.

Session 2

WCS-1

Patient enters doctor's room as she's talking to a MBBS student.

Patient: Hello Doc Suman!

Doc: Hi Zaheer. Reports please. Student you may leave. Student: I would like to stay. What's wrong, Mr Zaheer?

Zaheer: For a few days there was some discomfort & I vomited some blood yesterday so

thought of consulting

Student: Seems food poisoning to me. Do you eat lot of outside food (Doc reading reports)

Zaheer: Yes I do as there is no one else to cook. My family lives elsewhere

Dr Suman: Zaheer can anyone come from your family

Zaheer: Why doctor? Is there any problem?

Doc (*standing*): You should have come a few months earlier. Come Zaheer, sit down & relax. Try to be mentally strong. I'm very sorry to inform you that you probably have

stomach cancer. Just relax Zaheer. I think you should get admitted right now

Zaheer: No no, doctor, I have an important 2:00 PM meeting

Doctor: Ok, no problem get admitted tomorrow morning?

Zaheer: You just said I should have come earlier, why did you say that?

Doctor: No no, I was just saying..

Zaheer: Plz, don't lie, I have lot of responsibilities. How much time do I have?

Doctor: Finish all your work today and come tomorrow morning

Zaheer: How can I finish responsibilities in half a day? I have to buy a house, settle down,

marry my sister, and take ammi for Haj.

Doctor: Calm down Zaheer, if God is willing you will be alright soon

Zaheer: God wants to give me half a day of life, I don't know why this happened.

Doctor: Zaheer...

Zaheer: All my friends drink, smoke, and have all sorts of bad habits. Why did this happen when I've never done this? I thought I should fulfill all my responsibilities and then enjoy my life, my whole life remaining. But this is what had to happen

then enjoy my life.. my whole life remaining .. But this is what had to happen

Doctor: listen
But he walks out

Student: You should have given him a tight hug

Doctor: it does not happen this way

Student goes out & hugs Zaheer, who slaps him and says, "Leave me alone, I'm coming tomorrow."

WCS-2

At the cash counter of a private hospital there's a long line. Attendant Mr Mathur is holding his son. His turn comes.

Mr Mathur: Hema Mathur, 601.

Cashier typing on the computer, puts out his hand to collect the cash. Mr

Mathur hands over a huge bundle of money.

Cashier calls his senior to confirm if all cash has been paid. Then he gives Mr Mathur a slip and orders him to collect the dead body.

Mr Mathur: What? What are you saying?

Cashier: your wife died last night.

Mr Mathur: What? When? I was sitting here the whole night with my son. Why didn't you tell me at that time? He could have met his mother for one last time. We could have said our final byes. You sent me to bring cash, then made me wait in line. Why didn't you tell me?

Cashier: Listen, my work is to keep track of bills and cash, not patients. Anyways, we give this information after Bill payment. Otherwise, people like you will leave without paying bills.

Mr Mathur: She died last night!! You want more money, I will give it to you. But please let my child meet his mother once...

Cashier: It's a hospital. Please don't create a scene. These are the rules here. If you have an objection go to a government hospital

WCs-3

A mother comes to the emergency department late at night with her son Ankur who has complain of pain in his abdomen. An intern Dr. Romesh approaches them, does a formal introduction, takes a proper history and does a thorough examination while maintaining proper privacy. He then explains to them in a simple language that most probably it is acute appendicitis which can be confirmed by USG, and advises them to get admitted to which they oblige.

The next morning a team of doctors comes on rounds wherein Dr. Asthana (Senior doctor) cross-questions the intern about his diagnosis and then praises him. Dr. Asthana informs the mother that it's best to get it operated on but since the operation theatre is not available for the same day, the operation will be done tomorrow. The intern immediately interrupts him in front of the patient and relatives and says that an OT is available now, as a surgery has been cancelled. But doctor Asthana says adamantly that the operation will be done tomorrow only.

After moving out of the ward, doctor Asthana confronts the intern and says that he shouldn't ever undermine his authority in front of the patients and also if the patient will stay a day longer in the hospital, it will add to the revenue which in turn will be beneficial for better treatment of the patients. So, the intern should try and understand these obligations.

WCS-4

Munna, a 30-year-old man enters the emergency ward and sees a young boy lying down on the stretcher coughing out froth from his mouth. On enquiring about the case from the hospital attendant, he gets to know that it is a suicide case and his mother is desperately standing in the line to fill out the form. He then spots a senior doctor and requests him to provide emergency care to the patient. The doctor refuses and says that he is off duty. Moreover, it is a suicide case so it is mandatory to fulfill all the formalities first. Munna then argues and threatens the doctor who then immediately attends to the patient and saves his life.

WCS 5

In a small group discussion with the students, a doctor is discussing a case and asks the students to look at the subject. He tells them that the subject is totally unresponsive and demonstrates that although his pupils are reacting to light and there is constriction of the pupils but he is not even blinking his eyes. He tells the students that the subject cannot understand anything and he has been in this state for the past 12 years. Repeatedly, the doctor calls him "the subject". A student gets offended and says that he is such an old patient and requests to show some respect and call him by his name. The doctor says that the student shouldn't get so emotional as the subject cannot understand anything and that Mr. Anand (Patient's name) is completely unaware of what is happening there and then questions the class "Do you think it is justified to keep such a patient alive on medicines and let him occupy a bed in the hospital, especially in a country like India where there is so much shortage of hospitals and bed?".

WCS-6

Jamuna, a middle-aged woman, belonging to a Rajasthani joint family from a small district is 7 months pregnant and is complaining of severe pain in her abdomen. Her husband and mother-in-law are not at home at that time, but the rest younger members decide to call a doctor. The doctor visits them and after examination, advises them for immediate hospitalization since life of both mother and baby was in danger. The family members agree but just at the time they are about to shift her in the ambulance, the mother-in-law and her husband arrive at home. The Mother-in-law is the most senior member and the decision maker of the family. She is offended and is very angry with the family members for calling a doctor and instantly refuses to take her daughter-in-law to the hospital even though she is crying in pain. The doctor tries to explain the urgency and gravity of the situation but yet he is asked to leave. The mother-in-law scolds everyone and tells Jamuna that she too has borne kids and that many females do without the aid of a doctor and hence, there is no need for any doctor or hospital. She tells the daughter-in-law to just go to her room and rest. Jamuna's wishes to go to the hospital are completely ignored.

WCS 7

A middle-aged, very lean and thin man comes to visit the doctor in a government hospital. Upon asking about the complaint, he says that he feels very uneasy and lethargic, and his hands feel numb. The doctor does the examination and observes the gloves and stocking anaesthesia.

He then asks him to walk and notices a foot drop. The doctor says that he will see what he can do, and asks him to take rest for now. The doctor along with the nurse moves out of the ward. The doctor asks the nurse to discharge the patient and send to some other place as the patient is suffering from leprosy and they do not treat such patients.

WCS 8

Kartik, a 35 yr old man, works in a multinational company. He comes to visit a psychiatrist - Dr. Suman with the complains of hearing voices through telephone calls that command him to do things and threaten him if he does not follow the orders. The doctor explains to the patient that these are his imaginations, that they don't really exist and probably he is suffering from Schizophrenia. But Kartik is reluctant to accept. The doctor then asks him if these calls come in front of someone else too and does he know who calls him? Kartik says that they never come in front of anyone. He asks the telephone exchange which confirms that no one calls him at that time. The doctor requests Kartik to let her help him and start the treatment. But Kartik is still not willing to accept. The doctor says that she will make an exception and visit him in his house at the time when he receives the call and try to prove to him that all this is his imagination and that therapy will help him. Kartik agrees to let her visit him in his house.

STUDENT FEEDBACK QUESTIONNAIRE - 1

Session-1

Pre- post-test questionnaire Time -20 minutes

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I have been explained about the session and I am willing to participate.		
Instructions:		

- This is an anonymous questionnaire (Do not write your name or roll number).
- · Please answer the following question according to your present knowledge of the doctorpatient relationship.

Section A: Please answer pointwise using words or phrases

(Don't write long sentences)

1. What are the components of effective communication between a doctor and a patient?

2. What are the duties of a doctor as a leader of a healthcare team?

3.	What are the components of informed consent for a medical procedure?
4.	What are the steps in breaking bad news to the patient or their relatives?
5.	When can confidentiality be breached (can be broken)?

Section B: Tick the most appropriate option:

- 1. Mr. Anand comes to the hospital with severe pain in the abdomen. On examination and investigations, appendicitis was diagnosed. He was advised of emergency surgery. Based on this, what should be the most appropriate next step?
 - a. The surgeon explains the benefits and risks of surgery and the nurse requests him to sign the consent form
 - b. The nurse explains the benefits and risks of surgery and requests him to sign the consent form
 - c. The surgeon explains the benefits and risks of surgery and requests him to sign the consent form
 - d. The junior doctor in the operating team explains the benefits and risks of surgery and requests him to sign the consent form.
 - e. Any of the above.
- 2. Mrs. Khurana, a 40-year-old female comes to the doctor with the complaint of pain in the right upper abdomen and vomiting for the past 2 days. These are the 2 different scenarios.

Tick the one you feel is better:

Situation A

Dr: Hello Mrs. Khurana! How are you?

Pt: Dr, I am having pain on the right side of the abdomen, colicky in nature. It aggravates when I eat fatty food. I have been vomiting for the last 2 days. These symptoms often appear at night and disturb my sleep. My weight has also increased.

Dr: Does the pain radiate somewhere?

Pt: I don't know, maybe yes.

Dr: Did you take any medicine for it.?

Pt: yes, I took an antispasmodic but no relief.

Situation B

Dr: Hello Mrs. Khurana! How are you?

Pt: Dr, I am having pain on the right side of the abdomen, colicky in nature. It aggravates when I eat fatty food......

Dr: Does the pain radiate somewhere?

Pt: I don't know, maybe yes.

Dr: Any other complaints?

Pt: I have been vomiting for the last 2 days.

Doctor: how many children do you have?

Pt- 3

Dr: What were you saying about the pain?

Pt: Ahh! I don't remember.

The doctor expresses genuine concern.

	c. d.	j j							
4.	4. For effective communication between a doctor and patient, the doctor needs to summarize what was discussed								
	a.	Yes	b.	No					
	c.	Sometimes	d.	Can't say					
5.	In a m a. b. c. d.	edical team treating patients, the of All medical professionals in the Doctors and nurses Doctors, nurses, and patient's reduction Doctors, nurses, patient's relations.	tean	n (senior & junior doctors) es					
6.		taking informed consent, is it essures or treatments	entia	I to make the patient aware of the alternative					
	a.	Yes	b.	No					
	c.	Sometimes	d.	Can't say					
	a. b. c. d.	4. Patient should be warned the Only 1 is correct Both 1 and 2 are correct 1, 2 and 3 are correct 1, 2 and 4 are correct.	chunk nce nt ev hat th	en if he doesn't want to know. ne bad news is coming prior to disclosure.					
8.	Who s	hould break the bad news to the p							
	a.			unior residents					
	c.	Nurse	d. A	Anyone of the above					
9.	a. b. c.	a doctor be punished if they divu Yes No Sometimes							
10	loss.			mplaints of polyurea, polydipsia, and weight be diabetic. His medical condition can be					

3. A patient named Mr. Yuvraj, 19 years old boy, a football player comes to the doctor with a complaint of pain in his legs. While examining the patient, the doctor should not use

which of the following statements?

a.

b.

How much water do you drink?

You must be playing a lot.

- b. Must be kept confidential
- C. Can't say.
- D. Yes

STUDENT FEEDBACK QUESTIONNAIRE - 2

Session-2

Pre- post-test questionnaire

Time -20 minutes

Consent

I have been explained about the session and I am willing to participate. Yes/No Instructions:

- This is an anonymous questionnaire (Do not write your name or roll number).
- · Please answer the following question according to your present knowledge of the doctor-patient relationship.

Section A: Please answer pointwise using words or phrases

1. How can empathy be developed in a doctor?

2. What is the difference between boundary crossing and boundary violation in a doctor-patient relationship?

MCQs

- 1. Which of the following does not fall in the realm of ideal doctor-patient relationship?
 - A. A doctor who tries to interpret their patient's goals and informs them what intervention will work best.
 - B. A doctor who makes the best choices for the patient based on doctor's own beliefs.

- C. A doctor who uses their knowledge to guide their patient and tries to help their patient understand what they should care about most in their situation
- D. A doctor who provides all the relevant information their patient needs, and does not try to persuade them to choose one over another
- 2. Patient autonomy is being upheld in all of the following situations EXCEPT:
 - A. Uneducated woman from rural background
 - B. Prisoner
 - C. Unsound mind
 - D. Non-working mother of three depending on the head of the family
- 3. In all of the following non-emergency situations a doctor may exercise his autonomy and refuse to treat the patient EXCEPT:
 - A. Case outside the area of doctor's speciality
 - B. Patient or attendant threatening the doctor with harm
 - C. Non-compliant patient missing follow-ups
 - D. His choice to treat whosoever he wishes
- 4. You recently are assigned a patient who has been diagnosed with breast cancer. You research possible treatment options and find 4 techniques that may be useful in her situation. Some of the techniques involve a longer recovery period in the hospital while some have a higher rate of success. However, one option is the most effective option in this scenario. How do you present your information to the patient?
 - A. Inform the patient about the option you feel is best for their scenario. Show them the information that supports your prediction along with its risks and benefits. Ignore the other options and let the patient decide if they want to proceed with the option you presented to them.
 - B. Discuss with the patient what health care value is most emphasized with each treatment, like success rate or hospital discharge, and persuade them to choose the option you feel is most important in this scenario.
 - C. Ask the patient to describe their ultimate goal in treating breast cancer. Explain all the 4 techniques. Identify which treatment best suits the patient's goal and explain how it helps them accomplish this.
 - 5. A 35-year-old male athlete was admitted with pain in the right knee. Investigations reveal that he is suffering from end-stage osteosarcoma and needs extensive chemotherapy and

radiotherapy to treat cancer. His father and mother both died due to cancer. He has a living will that if he is ever diagnosed with cancer, does not want to be aggressively treated by any therapy. The doctor is consistent in treating him with all sorts of treatment possible. The doctor is exercising:

- A. Act of paternalism
- B. Ideal beneficence
- C. Specific beneficence
- D. Surrogate decision maker
- 6. Empathetic listening is operationally defined as:
 - A. Probing, supporting, and understanding
 - B. Probing, advising, and understanding
 - C. Probing, advising, and interpreting
 - D. Probing, evaluating, and advising
- 7. Susan is 25 years old and has been involved in a road accident. She's semiconscious, her hemoglobin is low and her vital signs are poor. The doctor advised immediate blood transfusion for which she flatly refuses as it is against her religious beliefs. The doctor explains that the condition can be life-threatening, but Susan is adamant. How should the doctor respond?
 - A. He should act to preserve her life by giving her a blood transfusion
 - B. He should consult Susan's family members and take the decision
 - C. He should accept Susan's decision in this case.
 - 8. Shared decision-making between clinicians and patients involves all of the following EXCEPT:
 - A. Education of patients about treatment options
 - B. Discussions of the available treatments in depth
 - C. Clinician emphasizes the one best treatment option
 - D. Clinician support for patients' exploration of each option
- 9. Sympathy involves all except which of the following:
 - A. "You poor thing"
 - B. "That looks terrible"
 - C. "How did you get yourself into this mess?"
 - D. "I feel bad for you"
 - E. "I've been there, it hurts"
- 10. All are examples of empathy except:

- A. "You know it's not that bad"
- B. "I know what it is like down here"
- C. "You are not alone"

Comparative feedback after session 2

Please read the statements below and indicate your level of agreement with each statement as it applies to the 2 AETCOM sessions completed (What it means to be a doctor and Doctor-patient relationship taught by using Trigger films and Written case studies), using the 5-point Likert scale as follows:

1-Strongly disagree; 2-Disagree; 3-Not sure; 4 Agree; 5- strongly agree.

Indicate your choice by a tick ()

	Trigger films			Written case studies					
	1 2 3 4 5			1	2	3	4	5	
I was actively involved in the session									
It promoted interaction									
The session was enjoyable/ interesting									
It distracted me from the theme of the lecture									
I could experience the event depicted									
It increased understanding of the fundamentals of the doctor-patient relationship									
The session helped me to understand the patient's experience									
The session helped me to understand and experience a healthcare professional									
I am satisfied with this mode of teaching									
I would prefer traditional mode of teaching (lecture by ppt) for other modules									

Any other comments?
Thank you for your participation and your valuable time!

Faculty feedback questionnaire

Please read the statements below and indicate your level of agreement with each statement as it applies to the AETCOM sessions completed (What it means to be a doctor and Doctor-patient relationship taught by using Trigger films), using the 5-point Likert scale as follows:

1-Strongly disagree; 2-Disagree; 3-Not sure; 4 Agree; 5- strongly agree.

Indicate your choice by a tick ()

	1	2	3	4	5
There was active involvement of students in this session					
The session methodology was innovative and interesting					
I think this methodology is distracting for the students					
I would like to implement this method in my teachings also					
I would like to learn more about it					