



Journal Club Summary September 2020

**Guidelines for the Responsible Use of Deception in Simulation :
Ethical and Educational Considerations**



Expert Opinion: Dr Ian Summers

"I didn't sign up for a movie with a twist!"

Guidelines for the Responsible Use of Deception in Simulation: Ethical and Educational Considerations

[Calhoun, Aaron, Pian-Smith, May, Shah, Anjan, et al. Guidelines for the Responsible Use of Deception in Simulation: Ethical and Educational Considerations. Simul. healthc.. 2020;15\(4\):282-288. doi:10.1097/SIH.0000000000000440.](#)

Summary Author :

- Dr Ben Symon

Expert Commenter :

- Dr Ian Summers

Editors :

- Dr Victoria Brazil
- Jesse Spurr

First Published : 15/10/2020

Simulcast Journal Club is a monthly/ series that aims to encourage simulation educators to explore and learn from publications on Healthcare Simulation Education.

Each month we publish a case and link a paper with associated questions for discussion.

We moderate and summarise the discussion at the end of the month, including exploring the opinions of experts from the field.

The Case :

As Amir watched the playback video of his scenario, he became quietly frustrated.

The course orientation had stated there'd be no tricks, that this was a safe space for learning, and that he was expected to push himself to the edge of his comfort zone in pursuit of learning. As an avid lifelong learner, this was something he'd been happy to embrace. Performing well in front of his junior staff was important for him but so was being open to feedback and becoming a better physician.

But if this was such a 'safe space', why had the patient's notes containing critical background information been placed in an obscure part of the room under a coffee cup and some patient handouts? Critical minutes had been wasted pursuing an incorrect treatment pathway for the patient's real condition, and while the resultant discussion had generated some great discussion about shared mental models and situational awareness, he couldn't help shake the feeling that he'd been somehow set up as the patsy in the greater pursuit of transformative teamwork conversations.

This particular safe container, he felt, left a somewhat bitter aftertaste.

Discussion :

This month we get to revisit a topic we explored at the very start of simulation journal club : deception in simulation. As we chat this month, we ask our journal clubbers : how does this article change or inform your practice? What has been your experience with deception in simulation? When have you seen it used effectively, and what have you learned to avoid?

Article Summary :

The article addresses the use of deception in sim, and puts forth a series of “considerations, recommendations, and guidelines regarding the uses and potential pitfalls of deception”.

The authors acknowledge that deception is a hard thing to even define, particularly in simulation; After all, most sims rely to some degree on the establishment of a fiction contract and an agreement to respond to events and information that isn't actually real. So the authors draw from Erving Goffman's work to propose that deception refers “to an element introduced into a simulation for which there is no clear agreement or knowledge among participants and facilitators regarding its presence, ground rules, or boundaries.”. I think this essentially hints that the fictional simulated space created by learners and participants has vague boundaries, but that when one side alters that reality without the consent of the other party, it becomes a potential deception.

The article describes deception being applied in 2 main ways by facilitators :

- Omitting information or aspects of the environment
- Providing false information or faulty equipment as sabotage

And then they note that how the deception is revealed can also vary :

- Sometimes it's in the pre-brief (ie we will deceive you)
- During the debrief
- Or sometimes it's just kept hidden and never acknowledged.

There is a brief description of some drawbacks and benefits to deception, which essentially seems to come down to a tension between authenticity of experience vs loss of trust, and the authors acknowledge that it's not just the deception itself that poses risks, but also how it's facilitated and acknowledged. They describe high risk situations as ones that include : “Disregarding the learning objectives as understood by learners, breaking promises or other guarantees made by facilitators, and/or introducing confusion regarding what is part of the simulation and what is real.” And there are some great vignettes in Table 1 outlining some very believable examples of types of deception used in simulation.

And then the article moves to some pragmatics, firstly starting with Key Ethical Decision Points :

- Is it actually necessary
 - o If it is, do you need to deceive or can you just omit?
 - o What is the dose of deception needed to achieve your desired result
 - o What is the impact on the participant? Is this an assessment or an educational experience?
 - o Consider the emotional context of the case and the level of resilience the individual learners may have

Finally the article teases out the difference between a deception that still fits within the established ground rules of a sim is very different from a deception that creates confusion about what the ground rules and where the boundaries lie. It's one thing to have a piece of equipment malfunction after presenting a lecture on equipment malfunction, it's another thing to have a faculty member collapse to the floor and claim they have chest pain. How then to proceed? The authors propose we maintain 3D's : deliberate, disciplined and discerning when considering sim design, and to use 3P's when rolling out the deception : plan it, pre-empt confusion with a 'go to' phrase, prepare for disclosure.

Expert Opinion: Dr Ian Summers



Ian Summers is an emergency physician and simulation educator and the Director of Monash Simulation in Melbourne. His interest in deception comes from years working with learning groups of advanced emergency trainees and specialists, with a relatively high tolerance of uncertainty and discomfort and with time to build longitudinal relationships of trust and safety. The simulations he runs are designed to challenge and promote learning, reflection and improve patient care.

He has taken this attitude and skills to the audiences of stage presentations utilising simulation (and where necessary, small doses of deception) to draw interaction and engagement to large groups at conferences presentations and workshops. He is also a long standing friend of this journal club and Simulcast and a member of the Debriefing Academy.

Deception: "Expert" Opinion

Warning. This expert opinion piece contains movie spoilers for Fargo, Fight Club, and the new Bond movie, A Time to Die, because my cousin is a Hollywood cinematographer and he likes a chat and a whisky*

Second warning: this is intended to be provocative**

Third warning. It contains deeply personal experiences of my life as a simulation participant, designer and as a clinician ***

The events depicted in this film took place in Minnesota in 1987. At the request of the survivors, the names have been changed. Out of respect for the dead, the rest has been told exactly as it occurred.

Fargo 1996, the Cohen Brothers. Well worth seeing if you haven't.

In fact, if you haven't stop reading this and go and watch it.

Fargo is about real events. Extraordinary, dark humoured crime.

But it's not.

There are **no** real events.

We were duped! And it made the film better...because we thought the characters had real motivations, real fallibilities and it made the humour all the more, well.....real.

But it wasn't better. We were deceived.

Did I care?

Yes! I didn't sign up for a movie with a twist! Well I did, I guess..I hoped for a twist, in fact a movie with no twists....is not so good. I hate it when there is no twist, but not **this** twist. I paid my money, I consented for a twist and to suspend my disbelief, that's the contract.

They tricked me! It's pretty much all fiction.

Is that still part of the contract? Just what do I sign up for when I pay my money, take my seat and hand over my sense of reality? Entertain me? Teach me? Make me think? Make me uncomfortable?

You should see this film. It's called Fight Club. I will tell you about it, ISBAR style. This guy fights with himself. Really does. He imagines a character that he fights with, that's Brad Pitt, and at the end you find out Brad Pitt isn't really there and he's made it all up.

*What? I **spoiled** it???*

But mate..I know how you hate to be deceived so I thought.....

Imagine for a second, that I am no longer in my seat, but **in** the action, Full Monty simulation with my identity, my pride and my competence all at stake, working with and observed by my peers. What now is the contract? Make me learn, make me (comfortably) uncomfortable, make me push myself, **make me safe**.

Make me accept false reality, make me feel the experience, make me believe, make it real. Most of all, **make me prepared**, for the real world is full of surprise.

On the last journal club about this topic I made this, statement about deception:

“Don’t do it. Low gain, high risk and reasonable alternatives exist. Destroy trust and we lose the long game”

Yet, I now find that deceptively...simple. Looking through the high risk behaviours Calhoun et al list in the thought provoking “*Guidelines for the responsible use of Deception in Simulation*” as high risk events I note that I have (carefully! ***) used nearly all of them at various times over 20 years in sim design and will continue to do so.

We take a modality based on the creation of a false environment which we ask our learners to accept as real, then we disagree with the premise of providing information which is false and that we pretend is real. Or incomplete when their world is full of uncertainty. What makes it all good learning, and what makes it all dark deception?

How do we justify the potential risk to trust, psyche safety and harm?

The article looks at the ethical case against deception, but not the ethical case for. These stories are highly personal and shared with the intent of improving worldwide simulation practise***

First day, new job, senior ED physician.

Two other consultants are in a cubicle, nurses, monitors, equipment, the lot.

Patient in VT, BP in his boots, on BiPAP for his heart failure, chest pain, panting...desperately needs sedation and electrical cardioversion.

“Looks like VT”, says I.

“Yes”, says they, “it is”.

Silence. One starts drug therapy, the other is busy doing an echo.

“He looks unstable”, says I.

“Yes”, says they, and give me a look. Is that a dirty look?

I slink off.

Return.

“If I was managing this patient, I would revert him”, says I.

“Oh”, says they. It is a dirty look.

I teach escalation strategies. I run sims on them. I am possibly the most over- qualified escalator in history.

I slink off to the tearoom, too embarrassed to stay.

Just what is the point, of all this strategy, if at the first sign of surprise and social awkwardness, I run?

Just what is the point if they demonstrate their escalation process on the clearly flagged confederate senior doctor initiating the flagged wrong therapy, divorced from the nuances of hospital culture, the hierarchy and awkwardness of speaking up? To what extent do we fail our learners, and fail their patients, if their first experience of speaking fails under the weight of reality? What if it not followed by skilled debriefing? Where, in this article, was the ethical balance of **benefit** of deception?

Him: Did you give the midazolam?

Me: Yes.

H: In that syringe?

(puzzled, he points)

M: Yes

H: That was suxamethonium.

M: No, it wasn't.

H: Yes, it was. I drew it up

M:

H:

Patient. everything OK?

(stops breathing)

Surprise, cognitive load, action, patient communication, care of staff, feedback, error, bias, risk, safety.

Deception? Yes: at least when created in the sim world.

Preparation? Yes

Prevention? Yes

Justification? Maybe.

Where in this article was the balance of good **intent**? Where was the extension of the basic assumption to faculty? Retribution, "gotcha" humiliation, research under false pretence, unimpeded by ethics or decency. *What the hell is going on in these centres?*

Where was the dangers of the (pre)briefing declaration of impending deception? What would our learners trust or mistrust? Anything? Each other? To what extent will they perceive false positive deception, and to what extent will this warp their simulated reality?

But enough false levity and outrage, for this is a valuable contribution to sim literature and the pause for consideration, reflection on intent, rejection or mitigation makes this of value for all who practise the dark of arts of reality distortion. Thanks to the authors, and to the Simulcast team for the chance to contribute.

* he gets the girl and saves the British empire. Great car too

**Or deceptively provocative

*** may not be true

Summary of this Month's Journal Club Discussion by Vic Brazil & Ben Symon :

Blog Contributors :

- Charlotte Alexander, Vic Brazil, Lisa Paganotti, Dan Hufton, Aaron Calhoun, Warwick Isaacson, Sarah Janssens, Ian Summers

There was a lot of gold from our discussants online with many helpful comments.

Participants acknowledged that deception was harder to define than originally thought, but a concept of 'fairness' came through quite strongly. As Charlotte Alexander said *"I've realised deception is more difficult to define than I initially thought. In some ways everything in sim is a small form of deception – but I think a lot of us recognise when there is something in there that feels like it was designed to 'trick us', was not part of the agreed upon rules and makes us feel unsettled."*

It was identified that what learners might perceive as fair might be different to what facilitators perceive as fair, Dan Hufton acknowledged the risks by using the following analogy : *"perhaps deception should be treated like a medication with a very small therapeutic window/toxic side effects.... smallest dose possible to achieve effect for least amount of time with risk/benefit properly considered and participants consent to taking it?"*

Participants frequently used language and analogies from emotionally intimate relationships to try and describe the feelings involved in deception and identify the boundaries at which it was acceptable. In some ways it seemed that people were very familiar with 'feeling' a sense of deception, but that quantifying it and describing it to other people is very hard indeed. Warwick Isaacson provided the following particularly colourful analogy : *"I think the analogy of deception in Sim with that of infidelity within a relationship helps to frame some of the issues. It is understandable that for sim providers there is a temptation to justify the large commitment of time, resources and personnel with a crescendo moment that catches all off guard. Flirting with the rare and unexpected certainly has its appeal but is it worth the longer-term collateral damage? The alternative – a stable relationship that is predictable, reliable and based on mutual respect may seem a little tame in comparison but it does offer a foundation with many hidden benefits."*

The importance of expertise in pre-briefing and debriefing in navigating what 'was fair' was important, and the longitudinal relationships between learners and facilitators had significant impact on establishing trust, as Aaron Calhoun described one can established a 'trust bank' with participants long term, that you can potentially draw from to utilise some deception in sim and still maintain integrity with one's colleagues.

Acknowledgements :

Thank you to Dr Summers for his expert commentary this month.

Thank you to all commenters this month for sharing your thoughts and allowing us to learn from you.

Simulcast would like to thank the creators of the ALiEM MEDiC series for the inspiration for the journal club's blog format and their ongoing support and contributions to the project.

References :

1. Conigliaro, R., Peterson, K. and Stratton, T., 2020. Lack of Diversity in Simulation Technology. *Simulation in Healthcare: The Journal of the Society for Simulation in Healthcare*, 15(2), pp.112-114.