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Integrating Ethics and the Opioid Crisis via Simulation:  
An Ethical Debriefing for Nursing Students

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An Honors College Project Presented to  
the Faculty of the Undergraduate  
College of Health and Behavioral Sciences  
James Madison University

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by Raigan Alexandra Joyce Shackelford

May 2021

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Accepted by the faculty of the School of Nursing, James Madison University, in partial fulfillment of the requirements for the Honors College.

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PUBLIC PRESENTATION

This work is accepted for presentation, in part or in full, at The Honors Symposium on April 23, 2021.

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# INTEGRATING ETHICS AND THE OPIOID CRISIS

## **Preface**

The opioid crisis is a modern health crisis beginning in the 1990s with the increased use of prescription opioid medications such as oxycodone, hydrocodone, and methadone; by 2009, treatment for substance abuse has surpassed the 1999 rate by six times (Centers for Disease Control and Prevention [CDC], 2011). The crisis became further evident during a second wave in the 2010's as heroin began to gain popularity due to affordability and availability—doubling the death rate from heroin in 28 U.S. states within two years (CDC, 2010). Finally, in 2013, a third wave began as synthetic opioids such as fentanyl became available (CDC, 2016). By 2017, overdose death rates had risen from 3,442 to 12,029 per year from 1999 to 2017 (National Institute on Drug Abuse, 2021). In October of that same year, the U.S. Department of Health and Human Services declared the opioid crisis a public health emergency (2017).

With such a dramatic increase in opioid-related deaths within the United States over the past three decades, healthcare professionals encounter significantly more patient scenarios involving opioids than previous generations. These patient scenarios often cause bouts with moral distress due to the complexity of the problem at hand in conjunction with the needs of the individual. Because of this newfound norm within healthcare, nurses and nursing students are exposed to more ethically challenging patient interactions. This study was designed to complement a James Madison University School of Nursing simulation influenced by the opioid crisis.

### **Acknowledgements**

I want to take this opportunity to extend my heartfelt gratitude to the members of my project committee: my project advisor, Dr. Erika Metzler Sawin, and my readers, Dr. Mark Piper and Professor Lauren Mullen. You all have been so supportive, and I could not have imagined a better team. Thank you for your patience, diligence, and willingness to work with me as we navigated this project. It has been an honor and a pleasure to work alongside such brilliant minds and learn from you all along the way.

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Additionally, I would like to take the time to extend my appreciation to the Madison Collaborative and the Center for Assessment and Research at James Madison University, particularly Dr. Jeanne Horst, for graciously sharing the Survey of Ethical Reasoning with me and supporting my project. Thank you to Carolyn Shubert with the JMU libraries for providing

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me with a solid foundation for research and being willing to provide assistance whenever necessary.

Last but certainly not least, thank you to my peers for being so willing to participate in this study and providing me with the support needed to confidently execute this debriefing.

Thank you for your enthusiastic participation and engagement. It has been such an honor to complete this program alongside each and every one of you and watch you grow in your skills.

You will all make amazing nurses, and I cannot wait to see what you all will accomplish.

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### **Abstract**

Over the past three decades, opioid medication misuse and abuse has skyrocketed. The increase in improper use has created the need for more frequent exercise of ethical reasoning skills in practice. This study was designed to determine the effect of an ethics-centered debriefing exercise following a standardized simulation scenario concerning opioid misuse/abuse on nursing students' value of and perceived confidence in ethical reasoning skills. 18 senior level BSN students at James Madison University in Harrisonburg, VA, participated in an ethics-focused debriefing exercise following the simulated scenario. The debriefing was constructed using the ANA Code of Ethics and James Madison University Eight Key Question framework. Students' outlooks on ethical reasoning, both perceived confidence and value of, were captured before and after the experience via the CARS Survey of Ethical Reasoning. This study found that overall confidence, knowledge, and perceived value of ethical reasoning were increased following the simulation and debriefing experience and concluded that a structured debriefing exercise following exposure to an opioid-involved patient scenario was beneficial to students' ethical reasoning skills, and better prepared them for these scenarios in practice.

**Key Words:** *ethical reasoning, opioid crisis, nursing, simulation, nursing education*



### **Introduction and Literature Review**

For the past three decades, the opioid crisis has impacted many professions, including the field of nursing. Nurses have been and continue to be tasked with combating the effects of opioid misuse and abuse, as well as preventing the epidemic from expanding. To do so, nurses rely heavily on individual ethical decision-making skills in addition to their clinical training to meet the needs of the patient while ensuring they are fulfilling their role in this public health emergency (Ortelli, 2019).

Nurses must engage in ethical reasoning at all levels of practice, but the assessment portion has become vital with the advent of the opioid crisis. Ethical reasoning skills are necessary for the differentiation of opioid misuse and abuse in itself as these scenarios require differing approaches in providing patient care. In the case of misuse, the patient is intentionally taking a drug incorrectly, however, the physiological/psychological effects the drug may have were not the intent of the user, unlike in cases of drug abuse in which drugs are intentionally taken incorrectly to produce a physiological response of euphoria (Smith et al., 2013). The nurse has the assessment techniques available to determine whether the patient is engaging in improper or abusive behavior; however, the nurse must still juggle the human aspects of the encounter--building rapport, balancing empathy, overcoming biases, determining the truth of the encounter, etc. From there, the nurse must reason their way through the best approach, direction, and outcomes for the patient as well as themselves.

It is no secret that nursing is a profession that revolves heavily around the field of ethics, and many nurses encounter ethical dilemmas in their practice frequently; for example, some ethical concerns include end-of-life care, staffing shortages, physician conflicts, patient privacy, and many others, as demonstrated by a 2018 study published in the *Journal of Clinical Nursing*

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(Rainer et al., 2018). At the core of these dilemmas is awarding equal consideration to all nursing values when making decisions regarding patient care. According to Sturdivant (2020), key values to the nursing profession are those which reflect the ANA's code of ethics: beneficence, patient autonomy, nursing autonomy, advocacy, and veracity. The nurse is expected to practice in accordance with these values, particularly when making decisions regarding patient care.

It is also necessary to abide by these values as the first point of contact for many patients, which is even more vital during the opioid epidemic in order to prevent long-term effects of misuse/abuse on the individual and community as a whole. Brady et al. (2015) describe the near impossibility of determining who will abuse/misuse medications in the event that there is no pertinent medical history, and therefore screening and assessment skills are vital to the nursing profession. It is the responsibility of the nurse to weigh ethical values along with assessment techniques in order to best balance subjective and objective information (Sturdivant, 2020).

Regarding the nursing profession, stigmatization of opioid-dependent patients is a bias that has risen from the opioid epidemic and "... is largely inconsistent with nursing values, specifically patient centeredness, respect for human dignity, and advocacy" (Copeland, 2020, p. 8). Treatment should be both pharmacological and non-pharmacological when targeting a population with an opioid dependence as well as those without, and it is the nurse's role to form a rapport with the patient to determine the reality of the patient's condition (Brady, 2020; Copeland, 2020). In accordance with core nursing values, nurses need to be mindful in treating patients with compassion and approach individuals from an unbiased and open-minded perspective.

Ethics in nursing is by nature a complex issue and difficult to approach; for this reason, it is recommended that ethics be a concept introduced to students before entering the clinical

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setting under the guidance of an experienced instructor (Yildiz, 2019); however, many pre-nursing education programs do not offer courses in ethics. With the increased prevalence of opioid misuse/abuse, nurses are now routinely encountering more challenging ethical reasoning scenarios, which they are not always well equipped to reason through. The introduction of ethical reasoning in relation to the opioid crisis while students would better prepare nurses to handle these scenarios in practice; however, Lewis and Jarvis (2019) note that undergraduate nursing curricula have not adapted adequately to the opioid crisis. Furthermore, students have been exposed to negative, stigmatizing language during their education. After incorporation of curriculum designed to emphasize the importance of the opioid epidemic in relation to nursing, students were able to approach ethically challenging scenarios in a manner which allowed for identification of biases and inappropriate nursing care (Lewis & Jarvis, 2019). The need for ethical reasoning experience paired with the public health emergency of the opioid crisis paved the way for a valuable learning experience which prepares students for exercising ethical decision-making as well as encountering care of patients, families, and communities affected by the opioid crisis, a phenomenon all students will encounter in practice.

All nurses frequently apply ethical theories to practice in order to determine the best course of action for their patient, whether consciously or subconsciously. In addition to ethical dilemmas such as the opioid crisis, this has become increasingly evident with the SARS-CoV-2 pandemic, which has caused healthcare professionals to encounter moral dilemmas constantly (Savulescu et al., 2020). In order to better understand ethics as it relates to healthcare professionals, a literature review was conducted which analyzed ethical principles and theories relevant to the medical field. The discussion below is not an all-encompassing examination, but

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instead discusses topics which provide background knowledge useful to the simulation experience in this study.

### **A Brief Discussion of Applied Ethical Theory in Nursing**

Medical ethics is centered around four core principles: autonomy, non-maleficence, beneficence, and justice; an action taken by a healthcare professional cannot be deemed ethical without equal consideration for all four principles, despite whichever one is determined to be most applicable (Page, 2012). Therefore, the nurse must determine the best action which bears equal consideration to these core concepts. By adhering to these principles, the nurse must promote the individual's right to make choices by honoring autonomy, optimize the welfare of others by acting beneficently, uphold the responsibility to do no harm by upholding the notion of non-maleficence, and consider all patients equally through promotion of justice. To do this, there are a variety of ethical theories that one may deploy in practice; however, this discussion will focus on applied utilitarianism and deontology.

Utilitarianism, in short, is the theory that "in deciding what to do, we should... ask what course of conduct would promote the greatest happiness for all those who will be affected" (Rachels, 2003, pg. 91). Utilitarianism is frequently associated with healthcare, and specifically nursing, as the profession itself embraces the caretaker role. By embracing this role, nursing typically falls into a pattern of action consistent with utilitarianism. By focusing on promoting the wellbeing of the patients and individuals in their care, utilitarianism is reflected in the core principles of beneficence and non-maleficence in particular. The nurse engages in therapeutic relationships with patients in order to promote overall wellness and wellbeing.

Some shortcomings of this theory, which often lead to moral dilemmas as applied to the nursing profession, are the limitations of autonomy and justice within the utilitarianism model.

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What would promote the best outcomes, and overall well-being of the individual, is not always desired by the patient. It is not always possible to act in a way that maximizes good for all of those involved when autonomy is factored into play. The nurse is not granted full autonomy to treat the patient how they best see fit to promote the most good, as the nurse must follow orders given by the physician as well as adhere to rules and regulations in terms of scope of practice set in place by authoritative bodies. The nurse is also restricted by patient autonomy. The patient has a right to deny treatment, or to only agree to certain procedures. Despite determining the best course of action to promote the most good, the nurse is limited in their ability to do so.

Similarly, justice is not always applicable to this field under the utilitarianism model. There are times in which the actions which would promote the most happiness, or the most good, would prioritize some individuals over others. Whether that be for the safety of the community, to make the most efficient use of resources, to promote scientific advances, etc. In this sense, promoting the most good does not always correlate with doing no harm.

The concept of deontology, however, differs from utilitarianism in that action must be determined based on a set of moral rules, such as, in the context of medical ethics, the duty to do no harm (Mandal et al., 2016). Unlike utilitarianism, deontology emphasizes the intention behind an action, however that action may manifest at a later time, i.e., regardless of the consequences. Where utilitarianism lacks in intention, deontology lacks in outcomes. Deontology emphasizes the motive behind the action, and thus highlights the moral principles of autonomy and justice. To allow every individual a voice and to treat each individual with fairness is to choose the action with the best intention. How this may play out is not the direct concern of the deontological perspective.

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Nurses and nursing students often take different approaches from an ethical perspective. To some, the concepts of beneficence and nonmaleficence are held to the highest standard. To others, the concepts of autonomy and justice are prioritized in the same manner. For this reason, many students and professionals may tend to see patient care through the lenses of utilitarianism while others see through the lens of deontology, and vice versa. These predispositions, often influenced by personal experience, impact the nurse's approach to patient care and interaction. Thus, it becomes the nurse's responsibility to acknowledge all principles in conjunction with individual biases to choose the path which promotes all equally.

To summarize these applied ethical theories, nurses often approach patient interaction from differing perspectives. With regard to the opioid crisis, it is easy to focus more heavily on either the intentions or the consequences of actions. Taking on a caregiver role can often impede patient progress due to the outcomes or intentions which guide the action. For example, to approach the conversation surrounding dependence, the nurse must weigh the importance to promote the most good (the overall health of the patient), but keep in mind the consequences of the action (this conversation could ultimately destroy the nurse-patient relationship and discourage treatment if not received or executed well). On the same note, the nurse has a responsibility to do no harm, and therefore must do *something*, regardless of the outcome. There are many other aspects of and scenarios within the clinical picture of opioid dependence that create a morally distressing situation and require careful navigation of ethical reasoning skills, particularly regarding patient autonomy and fairness in treatment. Some of which include: an addict's access to pain medications when obviously in significant pain, the patient's ability to refuse treatment altogether, the likelihood of treatment success, etc.

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Healthcare workers battle furiously with these morally distressing scenarios on a constant basis, but the opioid crisis has made these questions appear routinely. Nurses juggle to what degree they should exercise empathy, justice, patient autonomy, nursing autonomy, outcomes, etc. in a way that is unique to each individual battling dependence.

### **American Nurses Association Code of Ethics & The Madison Collaborative's Eight Key Questions**

In addition to the main principles of medical ethics as well as utilitarian and deontological lenses, the nursing profession in the United States is also influenced and guided by the American Nurses Association (ANA) Code of Ethics (Figure 1). The provisions put forth by this authoritative body provide ethical standards nurses are expected to meet in their everyday practice. This code, in combination with the James Madison University (JMU) Eight Key Questions (Figure 2), is used in this study to facilitate discussion and provide a framework with which to deconstruct the simulation scenario.

These two frameworks were chosen due to the ANA's role as an authoritative body for the field of nursing and the accessibility of the JMU Eight Key Questions framework for JMU students as all receive instruction on this framework during their undergraduate experience. The JMU Eight Key Questions are guiding questions with which JMU students are already familiar and can apply to the learning experience. As the ANA Code of Ethics is the official ethical code nurses are held to in practice, it is important to acknowledge these provisions in relation to a complex patient scenario designed to simulate ethical reasoning outside of the classroom. The JMU Eight Key Questions framework prompts students to answer ethically challenging questions while the ANA Code of Ethics provides standards to which nurses are held. The intention here is to integrate a previously well-understood framework with a relatively less well-

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understood framework to deconstruct the simulation experience. Namely, the intention is to provide guidance to work through a scenario utilizing ethical reasoning so that students are better prepared to encounter dilemmas such as those discussed previously when they enter the workforce. Together, these two frameworks allow students to reflect on their performance, as well as identify any elements of the two frameworks which students feel are personal weaknesses in regard to ethical reasoning.

<b>Figure 1.</b> The ANA Code of Ethics	
Provision 1	The nurse practices with compassion and respect for the inherent dignity, worth, and unique attributes of every person.
Provision 2	The nurse's primary commitment is to the patient, whether an individual, family, group, community, or population.
Provision 3	The nurse promotes, advocates for, and protects the rights, health, and safety of the patient.
Provision 4	The nurse has authority, accountability, and responsibility for nursing practice; makes decisions; and takes action consistent with the obligation to promote health and to provide optimal care.
Provision 5	The nurse owes the same duties to self as to others, including the responsibility to promote health and safety, preserve wholeness of character and integrity, maintain competence, and continue personal and professional growth.
Provision 6	The nurse, through individual and collective effort, establishes, maintains, and improves the ethical environment of the work setting and conditions of employment that are conducive to safe, quality health care.
Provision 7	The nurse, in all roles and settings, advances the profession through research and scholarly inquiry, professional standards development, and the generation of both nursing and health policy.
Provision 8	The nurse collaborates with other health professionals and the public to protect human rights, promote health diplomacy, and reduce health disparities.
Provision 9	The profession of nursing, collectively through its professional organizations, must articulate nursing values, maintain the integrity of the profession, and integrate principles of social justice into nursing and health policy.

In 2010, James Madison University's Madison Collaborative launched their Quality Enhancement Plan, pioneered by Dr. Bill Hawk and the QEP Task Force (Alger et al., 2013), designed to provide students with the ethical reasoning skills necessary to enhance their interpersonal relationships (Prendergast et al., 2019). This ethical reasoning initiative gave rise to



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the 8 Key Questions, a set of open-ended questions which encourage critical thinking in ethical reasoning (Ethical Reasoning in Action, 2018). The Eight Key Questions, along with the ANA Code of Ethics, were used to structure the conversation and materials for the debrief.

**Figure 2.** The Eight Key Questions (8KQs)

1. Fairness - how can I (we) act justly, equitably, and balance all legitimate interests?
2. Outcomes - what are the short-term and long-term outcomes of possible actions for everyone?
3. Responsibilities - what duties and obligations apply?
4. Character - what actions will help me become my ideal self? Us become our ideal?
5. Liberty - what issues of freedom and personal autonomy (consent) apply?
6. Empathy - how would I respond if I cared deeply about everyone involved?
7. Authority - what do legitimate authorities (e.g., experts, law, my religion or god) expect?
8. Rights - what rights (e.g., innate, legal, social) apply?

### Clarification of Terms and Procedures

Simulation, as defined by Gaba (2004) “is a technique—not a technology—to replace or amplify real experiences with guided experiences that evoke or replicate substantial aspects of the real world in a fully interactive manner.” This definition is also supported by the National Council of State Boards of Nursing (2016).

The JMU SON develops all simulation-based experiences according to the International Nursing Association for Clinical Simulation and Learning Standards of Best Practice: Simulation<sup>SM</sup> (INACSL Standards Committee, 2016). Prior to the simulation, nursing students are given an evidence-based reading assignment to contextualize their experience and allowed limited access to a simulated patient chart which contains relevant patient information and guidance for nursing care. The information available to the student is limited to allow room for discovery and critical thinking during the simulation experience.

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On the simulation day, students attend a pre-brief which provides additional information about the patient and the patient scenario prior to entering the simulation lab. Prebrief is defined by the Healthcare Simulation Dictionary (Lioce et al., 2020, pg. 37) as “an information or orientation session held prior to the start of a simulation activity in which instructions or preparatory information is given to the participants. The purpose of the prebriefing is to set the stage for a scenario, and assist participants in achieving scenario objectives.”

The simulated scenario typically lasts around twenty minutes and involves a standardized patient (SP), an individual “trained to reproduce the components of real clinical experience, especially involving communication between health professionals and patients or colleagues,” (Lioce, 2020, pg. 7) who has been provided with a script to prepare for the simulation. Once the simulation is over, students attend a debriefing with their clinical instructor, where their performance is discussed and reviewed. A debrief is defined as “a formal, collaborative, reflective process within the simulation learning activity” (Lioce et al., 2020, pg. 13). The debriefing experience is formatted based on the Debriefing with Good Judgement Model (Rudolph et al., 2007), which focuses on personal reflection as a means of evaluation of performance rather than a critical outside perspective. In this model, the facilitator encourages participants to reason through their actions and discover assumptions, biases, etc. in order to evaluate their own performance and identify alternative actions or approaches which could have led to a different outcome.

The simulation analyzed in this study was conducted virtually as a telesimulation, an innovative technique that integrates telecommunication with simulation to provide education, training and/or assessment to learners remotely (Papanagnou, 2017).

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### **Aim**

The aim of this study is to assess the effects of an ethics-focused debriefing session following participation in an ethically challenging simulation involving opioid misuse/abuse. Specifically, this study served to evaluate the effects of the simulation and structured debrief on the value of and confidence in ethical reasoning skills in senior BSN students at James Madison University. The participants' perceptions of the value of and confidence in ethical reasoning skills were measured before and after the simulation and debriefing session. The study sought to determine whether these aspects of ethical reasoning were enhanced by the experience.

## **Methods**

### **Participants and Design**

This study was conducted using a pre-experimental quantitative design. 18 participants were invited to participate in the study, of which all agreed. All participants were senior level BSN students at James Madison University. Students were selected for recruitment based on their enrollment in NSG 456, Capstone, and invited to be a part of the study based on their pre-assigned telesimulation date and time. NSG 456, Capstone, is a course included in the JMU School of Nursing BSN curriculum designed to provide a summative leadership experience in which students are encouraged to transition to a professional role within the healthcare environment of their preference. For this reason, this course was chosen as the target for the simulation and debrief due to previous knowledge of assessment, communication, and overall nursing knowledge necessary to focus solely on the ethical reasoning aspect of the simulation rather than technical skills. Institutional Review Board approval was obtained.

### **Simulation and Debriefing Design**

Prior to the telesimulation, students were given a patient profile sheet (Figure 3) to prepare for the experience. On the date of the simulation, students were provided with a handout which lists the ANA Code of Ethics and JMU Eight Key Questions (Appendix 2), and asked to complete a preliminary survey, the CARS Survey of Ethical Reasoning (Appendix 3), if they had not already done so based on instructions with the recruitment email. They then participated in a faculty-facilitated pre-brief, which included a review of objectives for the experience immediately prior to the actual simulation.

The simulation was conducted virtually via WebEx to simulate a telehealth nurse visit. Between three and four students constituted a group and participated in the simulation at a given

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time. Two nursing students actively participated in the simulation, interacting directly with the standardized patient (SP), while the others in the group observed. A faculty member was present on the call in the event that intervention was necessary and to facilitate as needed. Students then interacted with the SP, with the hope that they would screen for drug misuse once cued, build rapport, and provide resources based on the client's needs using ethical reasoning skills. Within the provided SP Script, the SP is directed to demonstrate cues to prompt students to consider opioid misuse/abuse, with the discovery of improper use dependent upon sufficient student inquiry.

<b>Figure 3. Gladys Dean Simulated Patient Profile</b>		
Client Name: Gladys Dean DOB: 8/4/51 (69 years)	Height: 65 inches Weight: 145 pounds	Provider: Nina Flores, FNP Allergies: penicillin
<i>Patient Profile</i>	<p><b>HPI/Situation:</b> Gladys Dean is a 69-year-old female patient presenting to the clinic with complaints of lower back pain.</p> <p><b>Background:</b> Gladys reports having back pain. Previous x-rays show some arthritis in the sacral area. Gladys had been seen several months ago by an orthopedic provider with severe hip and low back pain and was sent for physical therapy. Notes from two visits with the orthopedic PA indicate that Gladys had pulled a muscle and was prescribed prednisone, hydrocodone, and cyclobenzaprine.</p> <p><b>PMH:</b> Hypertension, arthritis</p> <p><b>Surgeries:</b> none</p> <p><b>Psychosocial:</b> Gladys lives in a rural county with her 13-year-old granddaughter. Gladys works as a waitress in a small diner in her community and sees the provider at a local rural health clinic. Gladys is on Medicare but often has to pay out of pocket for prescriptions or services that aren't covered. Gladys collects a very small amount of social security because she was a housewife for 30+ years and did not work.</p> <p>Gladys smokes a ½ pack per day of menthol cigarettes and drinks 1-2 beers per week. Gladys became the guardian of her granddaughter when her son passed away unexpectedly in the spring. Her son was disabled and had no money for a funeral so she made the difficult decision to have him cremated. The economic burden of raising her granddaughter forced her to find a job and apply for social services. Her sister was also diagnosed with pancreatic cancer 2 weeks ago and the prognosis is poor.</p> <p><b>Medications:</b> lisinopril 5mg by mouth daily</p>	

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Following the simulation, this student researcher conducted a debrief which focused primarily on the ethical dilemmas faced during patient interaction. Technical skills and safety measures were not the focus of the debriefing session and were discussed only with relevance to ethical implications of the scenario, differing from a typical debriefing session.

The objectives listed in Figure 5, along with the ANA Code of Ethics and Eight Key Questions, were used as a framework for the debrief.

<b>Figure 5. Simulation Objectives</b>	
Level 4 Objectives:	<ol style="list-style-type: none"><li>1. Demonstrate assimilation of nursing professional values and nursing value-based behavior (SLO 6); QSEN (Patient-centered care, Safety, EBP, Teamwork &amp; Collaboration); QSEN (Patient-centered care; EBP).</li></ol>
Tele-simulation Objectives:	<ol style="list-style-type: none"><li>1. Participate in the chronic care management of a complex patient.</li><li>2. Apply selected assessment tools and methodologies to individuals, families, and communities (SLO 2).</li><li>3. Demonstrate therapeutic communication with the patient and the care team.</li><li>4. Identify and address the ethical, legal, economic, and policy issues that affect the health of at-risk populations and the community (SLO 1, 2, 5, 6).</li></ol>

The JMU Facilitation Flowsheet, created by JMU faculty Lauren Mullen based on the Debriefing with Good Judgement Model and in accordance with the INACSL standards, was consulted in constructing the following outline designed to facilitate discussion and is referenced in Appendix 1. The debriefing script was designed to discuss the objectives of the simulation (Figure 5), the framework created integrating the ANA Code of Ethics and JMU Eight Key Questions (Appendix 2), and to follow the JMU Facilitation Flowsheet previously mentioned.

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The debriefing script for the student researcher (Appendix 3) served as a general outline to guide discussion and ensure integration of all necessary topics in discussion.

### **Instrument**

The Center for Assessment and Research Studies' Survey of Ethical Reasoning (CARS SER) was used to analyze nursing students' confidence in and value of ethical reasoning skills both prior to the simulation and following the debrief (Appendix 3). The CARS SER is composed of four sections. The first section asks students to rank how important statements pertaining to the Eight Key Questions are to them on scale of 1 (Strongly Agree) to 10 (Strongly Disagree). This section includes fifteen questions. This measure can be used to determine a relative value score of ethical reasoning within this framework directly via importance.

The next section is composed of five questions which ask the student to determine the frequency of ethical consideration and reasoning on a scale of 1 (Never) to 5 (Always). This measure can also be used to determine a relative "value" score based on incorporation into daily life, as well as confidence due to the comfort level of utilizing these skills.

The third section asks the student to rank-order how important the following skills are to their lives, 1 being the most important and 10 being the least important: artistic, budgeting, critical thinking, ethical reasoning, interpersonal, oral communication, organization, programming, time-management, and writing. This can be used to determine the "value" score by examining where ethical reasoning skills lie in terms of importance in daily life.

The final section asks the student to rank how important each element of the Eight Key Questions, Figure 2, are in the ethical reasoning process on a scale of 1 (Not at all important) to 5 (Very important). This measure can be used to determine a "value" score of individual elements of ethical reasoning as presented by the Eight Key Questions.



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### **Setting**

Due to Covid-19 guidelines and regulations, the pre-brief, simulation, and debrief were conducted virtually via the Webex platform. Students, faculty, and actors were able to call into the meeting from whatever location they desire, simulating a telehealth call.

### **Results**

Overall, students did an excellent job of identifying the improper usage of the opioid medication within the scenario; however, there were those who were only able to do so following the simulation when prompted within the debriefing. Regardless of identification, students were able to consistently identify issues regarding safety, psychosocial elements, and patient autonomy that played a part in the patient interaction as a whole. They then used ethical reasoning to best incorporate the needs of the patient into their plan of care, or to construct a better plan based on feedback.

Many students expressed concerns of feeling “like they couldn’t help her” or “weren’t sure what to do next” when confronted with the moral dilemma and acknowledged the reality of experiencing a scenario such as this. Students were often aware that something was not “right” but were unprepared for how to handle the situation and expressed a desire for a definite way to ensure that this was a case of misuse/abuse before approaching the conversation. Students also expressed concern of how to find a balance between empathizing with the patient and acknowledging that her medication use was consistent with misuse/abuse. Most students felt they did not have the necessary experience in patient care to make an accusation of improper medication usage and struggled with how best to acknowledge the behavior.

### **Block 1: Ethical Reasoning Knowledge, Application, and Confidence**

Block 1 of the SER asks students to indicate the extent to which they agree with statements pertaining to ethical reasoning knowledge, application, and confidence. Students responded on a scale of 1 (Strongly Disagree) to 7 (Strongly Agree). A dependent-samples t-test was performed and indicated that scores were significantly higher for 8 out of the 15 scale items

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from pre-simulation to post-simulation survey results including: confidence in making the better choice ( $t(18) = -2.500$ ,  $p < 0.05$ ), preparation ( $t(18) = -3.117$ ,  $p < .05$ ), comfort ( $t(18) = -2.397$ ,  $p < .05$ ), participation ( $t(18) = -2.699$ ,  $p < .05$ ), and capability ( $t(18) = -2.474$ ,  $p < .05$ ). Table 1 includes statistically significant data for Block 1 of the SER. Questions 1-5, which emphasized knowledge, did not demonstrate significant changes as all exhibited a mean greater than or equal to 6.50 in pre-survey results, leaving little room for improvement. Question 5 assessed attentiveness to survey questions and was not relevant to ethical reasoning skills, thus an increase in scores was not predicted. A Cohen's  $d$  value of greater than 0.50 for questions 7-15 indicates a large effect size.

<b>Table 1. <i>Ethical Reasoning Knowledge, Application, and Confidence</i></b>					
	<i>t</i>	<i>M</i>	Std Deviation	<i>Sig. (2-tailed)</i>	Cohen's <i>d</i>
When faced with an ethical dilemma, I feel confident in making the better choice.	-2.500	-.611	1.037	.023	.589
I feel prepared to deal with complex life situations that involve ethics.	-3.117	-.667	.907	.006	.735
I am comfortable with applying my ethical reasoning skills in real life.	-2.397	-.556	.984	.028	.565
I can actively participate in a discussion on ethics.	-2.699	-.500	.786	.015	.636
I am capable of evaluating my options using an ethical reasoning process.	-2.474	-.500	.857	.024	.583
I can state from memory the eight key questions relative to a particular ethical situation or dilemma.	-3.249	-1.111	1.451	.005	.766
I can correctly identify the relevant key questions relative to a particular ethical situation or dilemma.	-2.530	-.889	1.491	.022	.596
I can weigh and balance the relevant key questions to make an informed decision.	-2.179	-.722	1.406	.044	.514
I can apply the eight-key-question ethical reasoning framework to aspects of my life.	-2.530	-.889	1.491	.022	.596

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### **Block 2: Frequency of Ethical Reasoning**

Block 2 of the SER asks students how often they integrate ethical reasoning skills into daily life. Responses corresponded to a scale of 1 (Never) to 5 (Always). A Wilcoxon signed ranks test was performed to analyze the frequency with which students actively incorporate ethical reasoning skills pre- to post-survey. This block also assesses confidence of ethical reasoning as evidenced by willingness/intention to integrate ethical reasoning into their routines. There was an increase in reported frequency ( $Z=-1.941$ ,  $p=.052$ ) on question 17 “How often do you apply ethical reasoning to solve a puzzle or make a decision?” This measure indicates participants utilized ethical reasoning skills to tackle ethically challenging scenarios such as the one presented in the simulation.

### **Block 3: Ranking of Skills**

Block 3 of the SER asks students to rank various skills in order of importance on a scale of 1 (Most important) to 10 (Least Important). This section was left incomplete for one participant, therefore only 17 pre- and post-survey results were analyzed for this section. This measure sought to see whether the simulation/debriefing increased the importance of ethical reasoning skills in this sample. Skills ranked included artistic, budgeting, ethical reasoning, interpersonal, oral communication, organizational, programming, time-management, and writing. Pre-survey results revealed a mean of 4.06, meaning ethical reasoning skills were ranked highly prior to the experience. Post-survey results revealed a mean rank of 2.89, indicating the importance of ethical reasoning skills increased in relation to this sample following the simulation/debriefing. This ranking was a statistically significant change ( $Z=-2.297$ ,  $p=.022$ ). Other statistically significant changes in ranking included budgeting ( $Z=-2.581$ ,  $p=.010$ ) and

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time-management skills ( $Z=-2.132$ ,  $p=.033$ ), though these changes were negative as they decreased in importance following the experience.

### **Block 4: Value of Eight Key Questions**

Block 4 of the SER asks students to rank the importance of each element of the eight key questions on a scale of 1 (Not at all Important) to 5 (Very Important). This measure indicates how students' value of specific ethical reasoning elements vary in comparison to others. A Wilcoxon signed ranks test was performed to compare pre- and post-survey results. This test revealed statistically significant increases in importance of liberty ( $Z=-2.530$ ,  $p=.011$ ), outcomes ( $Z=-2.333$ ,  $p=.020$ ), and authority ( $Z=-2.111$ ,  $p=.035$ ).

### **Discussion**

Pre- and post-survey results reveal an overall increase in confidence, knowledge, and value related to ethical reasoning skills. These findings support those of Greco et al. (2016), which verified the importance of ethical reasoning skills after exposure to an ethically complex scenario in BSN nursing students (Greco et al., 2016).

Although not all questions directly targeting the importance of ethical reasoning skills demonstrated a significant increase in value, these measures were initially ranked highly amongst this sample, indicating a possible ceiling effect in the importance of ethical reasoning. This is likely due to the sample of senior level nursing students, in their last semester of coursework. Results did indicate an upward trend in confidence and knowledge of ethical reasoning following the simulation and debriefing exercise, however.

The frequency of which nursing students in this sample utilize ethical reasoning did not result in a significant change. This is attributable to the limited time frame of the simulation/debriefing and inability to routinely incorporate ethical reasoning as well as the specificity of the simulation in relation to the questions asked. Students were able to state they more regularly incorporate ethical reasoning into complex scenarios due to the nature of the simulation itself and the following discussion.

Ethical reasoning skills in the post-survey results demonstrated a significant increase in rank order when compared to pre-survey results, indicating the simulated experience and subsequent debriefing exercise increased awareness and value of ethical reasoning as applied to the nursing profession. With an increase in the importance of ethical reasoning skills, drops in budgeting and time-management skills significantly dropped, most attributable to the increasing value of ethical reasoning skills. The simulation focused primarily on building rapport and

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navigating an ethical dilemma rather than providing quick and efficient care. This could be why a decrease in the importance of time-management skills was seen in post-survey results, but more information is required to draw this conclusion.

Results demonstrated a significant increase in importance of the eight key questions liberty, outcomes, and authority. These were all consistent topics discussed during debriefing. Students often emphasized the importance of outcomes when approaching the patient, making sure to balance rapport with education so that optimal outcomes were met for both the patient and the nurse. Liberty was not specifically discussed, but conversations regarding patient autonomy frequently surfaced; specifically, assessing the patient's willingness to participate in treatment as well as right to participate/steer their plan of care based on the best interest of the individual. Authority was another topic discussed during debriefing, with an emphasis on laws and regulations set in place for controlled substances. Additional authoritative bodies mentioned included insurance, physicians, and pharmacies. Notably, empathy did not demonstrate a significant change from pre- to post-results, however empathy remained constantly rated a top priority with a mean of 4.94 for both measures. This is likely due to the empathetic nature of the nursing profession which predisposes this sample to prioritize this eight key question.

Though this study did not seek to discover the necessity of ethical reasoning education in relation to the opioid crisis, it is evident that more education is needed to further prepare students to face these sorts of ethical dilemmas in practice. The increase in post-survey rankings indicates that students felt this exercise was beneficial to their future practice.



### **Limitations**

Limitations of this study include a small sample size, which makes results inapplicable to the program as a whole. In addition to small sample size, students were restricted in the virtual format, as connectivity issues often made it difficult to view environmental cues, such as the writing on the pill bottle, and imposed a barrier to smooth communication with lags in verbal cues. In addition to this, having a peer-led discussion may have influenced students' responses as the personal relationship could have potentiated positive results.

### **Conclusions and Nursing Implications**

Results of this study conclude that this simulation and debriefing experience increased students' value of and confidence in ethical reasoning in response to an opioid misuse simulation scenario. Conclusions that can be made from this study include the presence of ethical dilemmas in nursing related to the opioid crisis as well as the need for ethical reasoning instruction in educational programs. Opioid misuse/abuse education is a necessity as the rise in opioid misuse/abuse means nurses will more frequently encounter this issue than those in previous generations. Though this sample is not applicable to BSN students as a whole, this study supports the claim that an ethics-focused debriefing session improves these measures when implemented following an ethically challenging simulation. More research is needed to determine whether ethical reasoning instruction is beneficial to future practice and whether students receive comprehensive ethical reasoning education prior to entering the nursing field.

## Appendix 1: Simulation Facilitation Flowsheet



### Simulation Facilitation Flowsheet

#### Simulation Pre-brief

Element 1:  
Establishes an engaging learning environment (pre-sim)

- Welcome, environment, logistics, confidentiality
- Fiction contract, assignment of roles, fidelity
- Limitations, OBJECTIVES, expectations
- Conveys respect

#### Simulation Scenario

#### Simulation Debrief

Element 2:  
Maintains an engaging learning environment (post-sim)

- Clarifies objectives, roles, expectations
- Engages students in limited realism context
- Conveys respect and foster psychological safety

Element 3:  
Structures the debriefing in an organized way

- Encourages emotional purge early-DB
- Guide analysis of performance mid-DB
- Collaborates to summarize learning end-DB

Element 4:  
Provokes engaging discussion

- Inquiry and discussion using concrete examples
- Reveals own reasoning and judgement
- Facilitates discussion with mutual respect
- Supports psychological safety for all learners
- Uses A/V as appropriate

Element 5:  
Identifies and explores performance gaps

- Provides feedback on performance
- Explores source of performance gap

Element 6:  
Helps learners achieve or sustain good future performance

- Guides closure of performance gap
- Demonstrates grasp of subject
- Meets objectives of the session

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Appendix 2: Ethics in Nursing Handout

# Ethics in Nursing

An Integrative Template of the ANA Code of Ethics and JMU's 8 Key Questions

## THE ANA CODE OF ETHICS

### Provision 1

The nurse practices with compassion and respect for the inherent dignity, worth, and unique attributes of every person.

### Provision 2

The nurse's primary commitment is to the patient, whether an individual, family, group, community, or population.

### Provision 3

The nurse promotes, advocates for, and protects the rights, health, and safety of the patient.

### Provision 4

The nurse has authority, accountability, and responsibility for nursing practice; makes decisions; and takes action consistent with the obligation to promote health and to provide optimal care.

### Provision 5

The nurse owes the same duties to self as to others, including the responsibility to promote health and safety, preserve wholeness of character and integrity, maintain competence, and continue personal and professional growth.

### Provision 6

The nurse, through individual and collective effort, establishes, maintains, and improves the ethical environment of the work setting and conditions of employment that are conducive to safe, quality health care.

### Provision 7

The nurse, in all roles and settings, advances the profession through research and scholarly inquiry, professional standards development, and the generation of both nursing and health policy.

### Provision 8

The nurse collaborates with other health professionals and the public to protect human rights, promote health diplomacy, and reduce health disparities.

### Provision 9

The profession of nursing, collectively through its professional organizations, must articulate nursing values, maintain the integrity of the profession, and integrate principles of social justice into nursing and health policy.

## THE JMU 8 KEY QUESTIONS

### 1. Fairness

How can I (we) act justly, equitably, and balance legitimate interests?

### 2. Outcomes

What possible actions achieve the best short-term and long-term outcomes for me and all others?

### 3. Responsibilities

What duties and/or obligations apply?

### 4. Character

What actions help me (us) become my (our) ideal selves?

### 5. Liberty

How do I (we) show respect for personal freedom, autonomy, and consent?

### 6. Empathy

How would I (we) act if I (we) cared about all involved?

### 7. Authority

What do legitimate authorities (e.g. experts, law, my religion/god) expect?

### 8. Rights

What rights, if any, (e.g. innate, legal, social) apply?

## Core Concepts

Autonomy

Advocacy

Compassion

Responsibility

Safety

### Appendix 3: CARS Survey of Ethical Reasoning

#### Survey of Ethical Reasoning (SER)

Response Scale: 1 (Strongly Disagree) – 7 (Strongly Agree), middle option TBD

*Please indicate how much you agree or disagree with the following statements:*

1. Ethical reasoning skills are important to me.
2. Having good ethical reasoning skills increase my chances of getting a job.
3. Every school should teach ethical reasoning.
4. I believe ethical reasoning is a valuable skillset.
5. Ethical reasoning is the key to making an informed ethical decision.
6. I did not read this statement.
7. When faced with an ethical dilemma, I feel confident in making the better choice.
8. I feel prepared to deal with complex life situations that involve ethics.
9. I am comfortable with applying my ethical reasoning skills in real life.
10. I can actively participate in a discussion on ethics.
11. I am capable of evaluating my options using an ethical reasoning process.
12. I can state from memory the eight key questions of ethical reasoning.
13. I can correctly identify the relevant key questions relative to a particular ethical situation or dilemma.
14. I can weigh and balance the relevant key questions to make an informed decision.
15. I can apply the eight-key-question ethical reasoning framework to aspects of my life.

\*\*\*\*\*

Response Scale: 1 (Never), 2 (Occasionally), 3 (Sometimes), 4 (Frequently), 5 (Always)

16. How often do you think about ethical issues?
17. How often do you apply ethical reasoning to solve a puzzle or make a decision?
18. How often do you think about ethics when grappling with complex situations?
19. How often do you engage in ethical reasoning when giving advice to others?
20. How often do you discuss real-life ethical dilemmas with others?

*Rank order the following skills according to your life/career after graduation from 1 (Most important) to 10 (Least important); be sure to use each number only once.*

21. Artistic Skills
22. Budgeting Skills
23. Critical Thinking Skills
24. Ethical Reasoning Skills
25. Interpersonal Skills
26. Oral Communication Skills
27. Organization Skills
28. Programming Skills
29. Time-management Skills
30. Writing Skills

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The *Madison Collaborative: Ethical Reasoning in Action* uses eight key questions to help faculty, staff, and students address complicated ethical situations. Nevertheless, not everyone – including experts in ethics – emphasize all key questions equally. From your current perspective, please indicate how important each of the key questions is in your ethical reasoning process.

Response Scale: 1 (Not at all important), 3 (Somewhat important), 5 (Very important)

31. Empathy  
32. Fairness  
33. Character  
34. Liberty

35. Rights  
36. Responsibilities  
37. Outcomes  
38. Authority

### Appendix 4: Debriefing Script

#### Level 4 Objectives:

1. Demonstrate assimilation of nursing professional values and nursing value-based behavior (SLO 6); QSEN (Patient-centered care, Safety, EBP, Teamwork & Collaboration); QSEN (Patient-centered care; EBP).

*These objectives are reviewed through understanding and applied discussion of the ANA Code of Ethics.*

#### Tele-simulation Objectives:

1. Participate in the chronic care management of a complex patient.
  - a. *Though performance in the context of care management will not be judged, the complexity of this patient provides ample opportunity to discuss ethical decision-making necessary to effective and efficient care.*
2. Apply selected assessment tools and methodologies to individuals, families, and communities (SLO 2).
  - a. *Methodologies and assessments will be discussed with reference to the ethical consideration needed prior to implement these strategies.*
2. Demonstrate therapeutic communication with the patient and the care team.
  - a. *Therapeutic communication is discussed with reference to how the nurse is best able to communicate with the patient, beginning with examining the ethical reasoning which identifies ideal communication methods.*
3. Identify and address the ethical, legal, economic, and policy issues that affect the health of at-risk populations and the community (SLO 1, 2, 5, 6).
  - a. *Legal, economic, and policy issues all play into the ethical dilemmas nurses may face when confronted with a patient of this manner, which is incorporated into the debriefing script below.*

The debriefing will begin with allowing students to share their emotions regarding the simulation, i.e. attitudes, concerns, areas for improvement, etc.

“How did you feel about the simulation overall?”

“Are there any elements that surprised you?”

“Were there any areas in which you were unsure what to do next?”

Following emotional purge, the conversation will steer toward the topic of ethics where students will reference the handout provided.

“Please refer to the handout shared with you. Which of these topics did you consider while engaging with your simulated patient, either intentionally or subconsciously?”

“Which of these key concepts did you feel applied most to this scenario from each of these categories? (The ANA Code of Ethics, 8-Key Questions, and/or overall key concepts).”

The conversation will be individualized for each group as experiences may differ slightly due to a variety of possible responses. However, the objectives will be constant throughout discussions.

“Which nursing values did you think were the most important to keep in mind or prioritize while caring for this patient?”

“What characteristics of this patient do you feel made this an ethically complex scenario? What exactly was the dilemma you were facing as the nurse?”

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“What legal, economic, or policy issues do you feel made this an ethically challenging case?”

“What ethical considerations did you have to make in order to determine the best assessment techniques or methodologies with which to approach this patient?”

Ethical decision-making feedback will be given after discussion based on performance as well as resources if ever there is a scenario in nursing practice where the ethical implications of the patient makes the correct path of action difficult to determine.

The debriefing will conclude with completion the CARS Survey of Ethical Reasoning via QR code or chat link.



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