

# A simulated online clinical ethics committee

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# In Adolescent /Young Adult Cancer Care

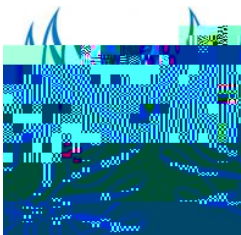
@-betweeners - a crucial life stage

1% total cancer population

AYA have unique needs

Health workers need to know about these

## TYA or AYA?



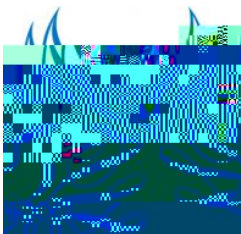
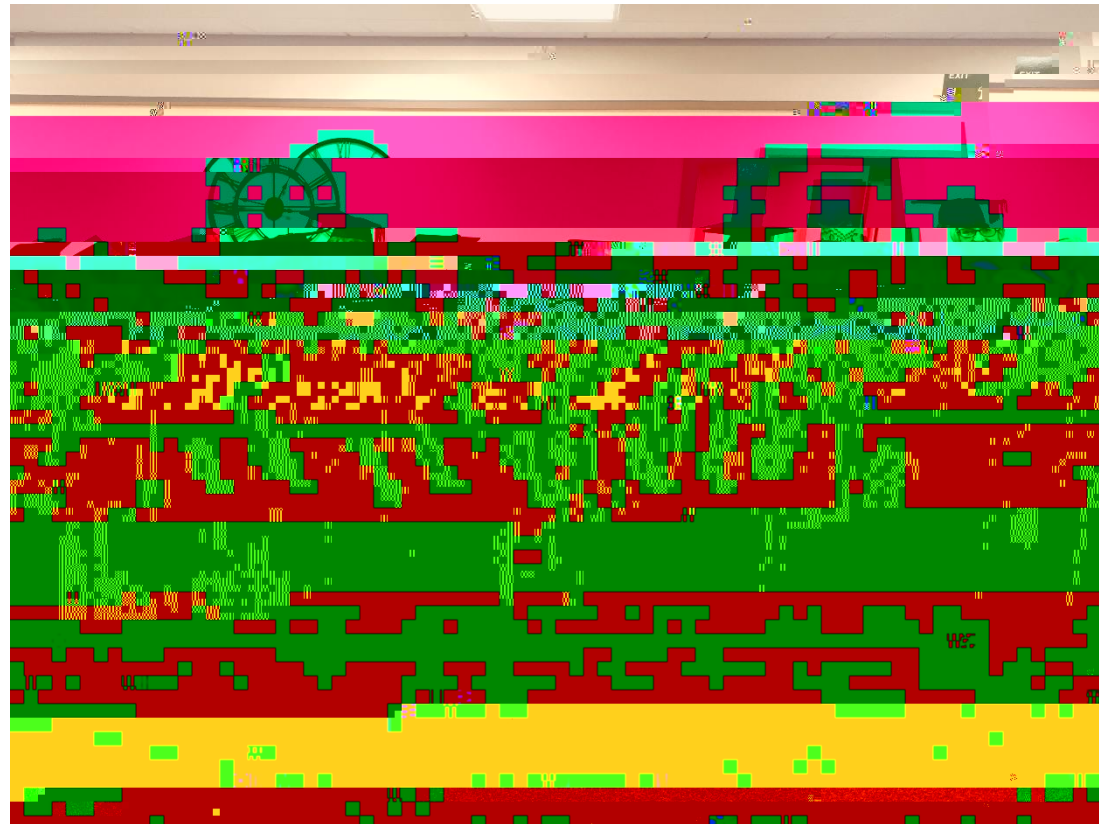
# Educating the AYA Cancer Workforce

Interprofessional who is involved?

International

E-learning

Curriculum development





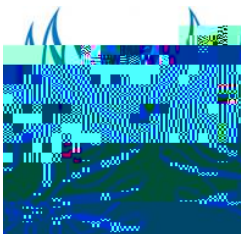
# ETHICS- thinking from a practitioner perspective

Underpins all professional codes of practice **for those that are regulated**

More than moral judgement or getting approval for a research study

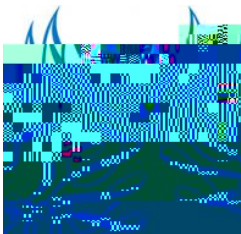
Sometimes its hard to


## What does it mean to you?



# Biomedical Ethical Principles & Frameworks

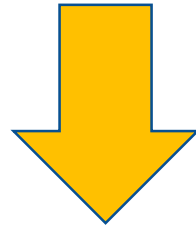
Justice, Autonomy, Beneficence, Non-maleficence



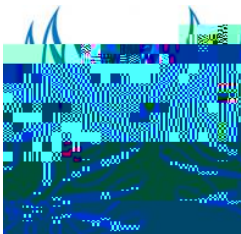
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# TECHNOLOGY

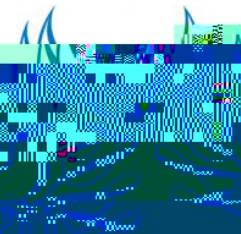


# DISRUPTIVE LEARNING THROUGH TECHNOLOGY





Disruption- a VE+ OR VE- thing in  
education?





# Q- But can we disrupt when learning ethics?

## A- YES

### How?

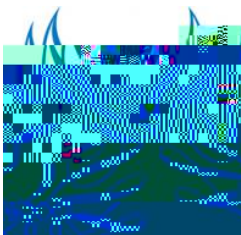
By running a SYNCHRONOUS virtual Clinical Ethics committee.

Chaired by a chair of a real ethics committee

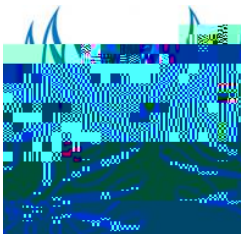
Preceded by 2 lectures on Ethical Principles & a podcast from Inside the Ethics Chair

CEC was recorded for reflection.

Discussion posts invited online.



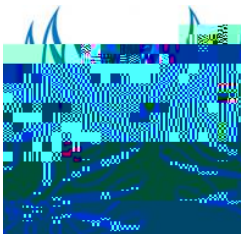
# Our CEC & its evaluation



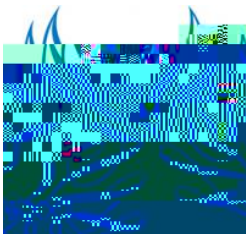
# Clinical Ethics Committee

CECs have an important role to play in helping health care professionals and others address ethical dilemmas

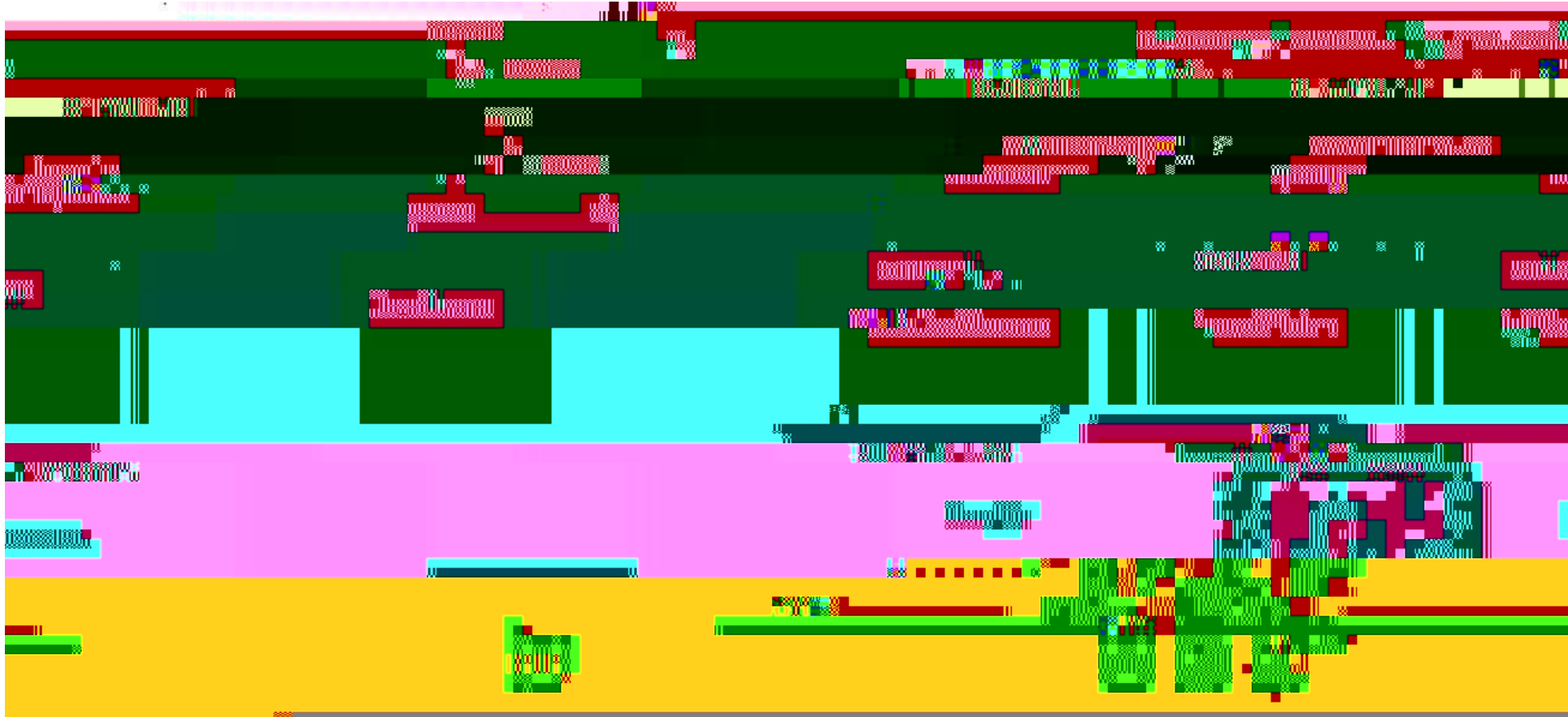
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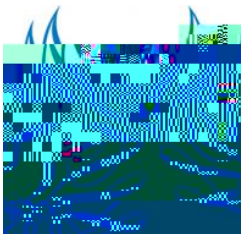
# The Case - Freddie



# The Mock CEC- ° M ' )



Chaired formally by Laura Strumidlo and lasts for one hour  
Afterwards student asked to post their reflections in a discussion forum.



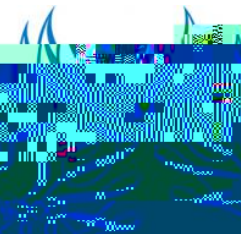
# Evaluation methodology

Ethics committee approval.

Purposive sample taken from x2 cohorts ( cohort 1 n=10, cohort 2 n=12)

Data Collection method - Bristol Online Survey on usefulness of the CEC and impact of the experience on their perceived knowledge and understanding.

12 participants responded to BOS





# Findings

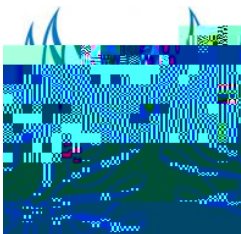
Student type	Numbers
Nurse Consultant	1
Clinical Nurse Specialist	6
Staff Nurse	2
Social Worker	1
Research Nurse	2

Yrs. of TYAC experience	Numbers
0-4	87
5-9	2
10-14	1
15-19	1
20+	1

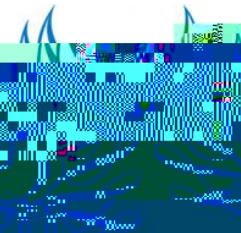
Place of work	Numbers
Principal Treatment Centre for TYA with cancer	8
Designated Centre	3
Paediatric shared care	1

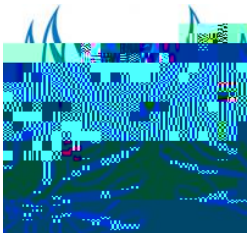
Previous experience of participating in CEC?	
Yes	1
No	11

Value of pre CEC learning materials	
Good	5
Excellent	17

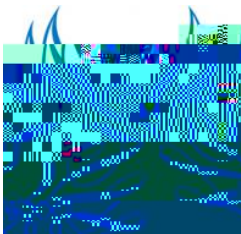


# 1. Taking on another role

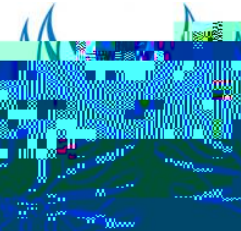




### 3. The authenticity of the CEC chair

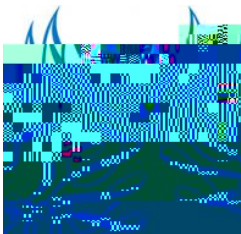


# Usability and acceptability as a teaching tool



# Discussion

1. We appear to have disrupted student learning & challenged thinking through the application of situated decision making.
2. Challenged unconscious bias.
3. The experience of the Chair enhanced learning and made it an authentic experience
4. There is evidence of enhanced learning about the role and function of CEC
5. Conscious of the need to create safe space to facilitate this.
6. The blend of synchronous and asynchronous learning works here.



# Acknowledgements

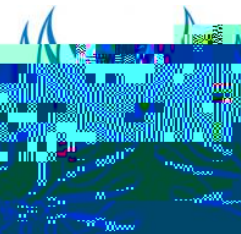
Students/Participants

Chair of CEC

Module tutors

Imran Ali- learning technologist

Laura Strumidlo and Debbie Critoph- both not here today



# References

Christensen, Clayton M. 1997.

Boston: Harvard Business School Press,

UK Clinical Ethics Network [http://www.ukcen.net/ethical\\_issues/ethical\\_frameworks](http://www.ukcen.net/ethical_issues/ethical_frameworks)

WHO (2010) Framework for action on interprofessional education and collaborative

