

Note: A version of these vignettes is available as a YouTube video, which can be found at the bottom of the ethics curriculum page. Discussion questions for each vignette can be found below.

Vignette 1

It is 7:30 A.M. on Monday, and Peyton is coming off an overnight call shift covering the psychiatric emergency department. Morgan meets her/him in the resident lounge for sign-out as she/he is going to be taking over the care of the Team A service.

Peyton: Oh, man, you're finally here. Let's do this!

Morgan: How was your night?

Peyton: I've said it before and I'll say it again: I swear I have a perpetual black cloud hanging over my head. Can you see it?

Morgan: Oh, sorry to hear, sorrier, though, that I have to relieve you now... *laughs*

Peyton: Ha, ha.... Ok, so the first admit was a bounce-back from team C, total dump but there were no beds on their unit and we were open, of course, so I had to admit him to our service. 49-year-old alkie, Johnny Walker, I'm sure you must have dealt with him before...he's a revolving door patient.

Morgan: Oh, yeah, I had him about a month ago, last time I was on the CSU doing detox service. What's the story this time?

Peyton: Apparently, he's been in the ED 4 times since his last discharge from team C five days ago. We weren't consulted the last 4 times, but it seems they convinced him to come back in for detox again, so I was called. Basically, he's been drinking a handle a day... again. He's on the detox protocol with CIWA Q2 hours, and, so far, has needed 4mg of Ativan to keep his vitals stable. Otherwise, there isn't much to do with him.

Morgan: What's his CIWAs been like overnight?

Peyton: High teens with autonomic instability present: no DT's yet.

Morgan: Okay... next.

Peyton: Second admit is a 22-year-old female with depression and suicidal thinking, long history of cutting and dramatic behavior: name is Maria S. She was threatening to kill herself last night after her boyfriend told her he wants to move on. She grabbed a knife and

threatened to kill herself and inflicted some superficial scrapes on her left arm until he got the knife away from her and called the cops.

Morgan: Did you start her on anything?

Peyton: No, seems to be all personality at first glance...borderline to me, she's on a BA, probably can rescind it and send her home today or tomorrow.

Morgan: Did the boyfriend come in with her?

Peyton: No, probably didn't want to deal with her; she was hysterical.

Morgan: Okay, I'll save seeing her until last, so she can enjoy being locked in and think about what she did – hopefully, she never wants to get BA'd again.

Peyton: Sounds like a plan.

And they continue to go back and forth signing out patients until all the admits are reviewed

Discussion Questions:

1. Find all the medical jargon in this vignette.
2. What is your initial opinion about this vignette? Is this a typical sign-out conversation? Does this type of conversation seem familiar?
3. What could be some possible repercussions for Morgan's initial treatment encounters with these patients based on what was discussed in sign-out?

Vignette 2

It is 7:30 am on Wednesday, and Peyton and Morgan are covering the inpatient unit, Team B. They are getting sign-out from Jaime, who covered the adult inpatient unit last night.

Jaime: Hey, guys, so glad to see your smiling faces. I totally got slammed last night. One went off, and then it just started a chain reaction. I had to give 2 ETO's and nearly had to do 4 points on one of them.

Morgan: Yikes. Glad you wanted to take the moonlighting shift off my hands...

Peyton: So, what do we have?

Jaime: Room one is still Joe. He was fine last night, slept well, no issues. Room two is Betty; she was sun-downing badly and thought she was in her parent's house. Asking for her father all night. Finally had to give her a small dose of Risperdal so she would calm down

and sleep. Started to get combative with the nurses who kept redirecting her, but eventually she was just not responding and started fighting them about staying quiet in her room, so they begged me for some meds. I gave her 0.5mg and she settled down. No other issues overnight. Room three is a new admit, 19-year-old, first time in for overdose attempt. Swallowed ten Benadryl to kill herself.

Morgan: Uhm... yeah, that's not going to do the job.

Jaime: No kidding. She's not the brightest bulb, young and naïve, but she did tell me she thought that would be enough to "check-out," so I'm considering her to be high-risk based on her perception of lethality.

Peyton: Are there any family involved with her?

Jaime: Yeah, she lives with her mom and dad, and their number's in the chart. I forgot to get the ROI last night, with all the craziness, so you'll have to get it this A.M. I think she'll do it.

Morgan: So I'm not hearing any crazy yet; are you being dramatic? Want me to call the whambulance?

Jaime: Ha, ha... you're so funny. So, room four was a late discharge after the Baker Act ran out; intern on yesterday didn't deal with the expiring BA, so I got stuck sorting it out around 9 P.M. when the nurse told me it was going to expire in 1 hour.

Peyton: Who was the intern? Was it Joe? That guy sucks. He needs to get it together. What a mess!

Jaime: Jeez; how did you know? Anyway, I tried to get him to sign in voluntary, but he was not having it. Streeted him with a taxi voucher home, since he had no one to pick him up.

Morgan: So room four is up for a hit today, undoubtedly.

Jaime: Room five, Bernice, started up around 10 P.M. when I admitted one to room six that she knew. Apparently, she used to get her meth from him, but she didn't pay with cash, if you get my drift. So once she saw him, she went into full-on status dramatics, and I had to give her a 5-2-1 to prevent her from attacking him. Needless to say, she's been down for the count, but you are going to need to jockey her or him to another unit, because there is no way we can keep them on the same unit. Just couldn't do it last night – was waiting until there are some discharges today freeing up space.

Peyton: Okay, I'll deal with that. We'll try to get rid of her, unless room six is worse?

Jaime: So Room six is the dealer, Marco. He came in manic and was totally antagonizing Bernice.

Morgan: Is this the same Marco that was here a couple months ago? Short guy, two teeth, total meth mouth and a ton of tattoos?

Jaime: Yeah, he's a frequent flyer. Third time in in 2 months, but not considered a bounce back this time. He is non-compliant and insists on stopping his meds and using when he gets out. I loaded him with Depakote, and per the history, he should come around in three days or so. I had to ETO him, too, with a 5- 2-1, because Bernice got him going, and I thought I was going to have to four point him, but seclusion and meds calmed him down. Moved him out of seclusion around 2 A.M., and he's been out since.

Morgan: So, Peyton, what do think? Should we try punting Bernice or him?

Discussion Questions:

1. Find all the medical jargon in this vignette.
2. What is your initial opinion about this vignette? Is this a typical sign-out conversation? Does this type of conversation seem familiar?
3. How could Morgan or Peyton demonstrate professionalism by bringing to light the derogatory slang and addressing it in a non-critical manner? How difficult would it be to do this with the current climate in your residency program?