ResetEthics
THE MORAL HARM PROJECT

How we co-creation the resources

The co-creation of moral harm scenarios and videos involved the following steps:

1. Identification of need
2. Scenario development
3. Video creation and editing

Below each of these steps are briefly described, accompanied by learning and recommendations from our experiences. These are not intended to be fully comprehensive, or a step-by-step guide for video co-creation. Rather, they are reflections that aim to support others undertaking similar work.

Identification of need

With our co-creation group we solicited what kinds of areas and issues they thought were worth discussing and those that they had experienced in their practice working with healthcare professionals. The content of the scenarios also drew on themes from the original Reset research findings.

Scenario development

To develop the scenarios, we adapted created an actor brief template that was adapted from one previously used at Warwick Medical School. We identified and focussed on the following key issues:

1. It's not just you – moral distress can happen to anyone.
2. Don't suffer alone – how I reached out for help.
3. Experiences of supporting colleagues with moral distress.
4. Why I left the NHS.

Each template covered key information to support actors in improvising their roles:

- Basic character profile (age, gender, role, length of service, brief background); dress guide.
- Background context to the event (i.e. ward environment, key aspects of characters professional identity).
- A description of the event(s) that contributed to moral harm.
    - Prompts to draw out ethical features.
    - Prompts to draw out emotional impacts.
- Suggested length of scenario as a video.

Each section had brief instructions to guide completion. To support co-creation, an example scenario was created by the Reset Ethics team which drew on findings from the original Reset Ethics project, offering an example to illustrate how to work with the template.

The co-creation group then engaged in idea generation where we captured key features of scenarios based on the co-creation group's experiences. Following this, co-creation group members volunteered to fully develop scenarios using the template, including consulting with clinical teams to enhance authenticity, and the Reset Ethics team developed others. This was an iterative process with the co-creation group. The Reset Ethics team drove the process by editing and refining to provide clarification and to draw out ethical tensions, with confirmation from the co-creation group and their workplace colleagues. All final scenarios were reviewed and approved by co-creation group members. Following the development of scenarios as actor briefs, we adapted these into a narrative format and added content warnings to support engagement.

Recommendations for future use of the scenario actor brief template

- Avoid including too much detail and keep a focus on the 'moral harm' elements (i.e. contributory events, ethical features, emotional impacts).
- Once complete, ensure that 'essential' aspects of the case – context, events, ethical features and language, and emotional impacts, are highlighted. This aids video creation as it gives the actors guidance on aspects that are essential to convey.

Video creation and editing

The videos were performed by actors who were part of the Simulated Patient Team at Warwick University and had previous experience of playing healthcare professionals. Actors were selected to match basic character profiles as far as possible, seeking representation across gender, age, and ethnicities. Actors were sent the briefs in advance of the recording session to review and prepare for the role.

Before recording commenced a member of the Reset Ethics team spent a minimum of 45 minutes orienting the actor to the project, reviewing the character and role, and agreeing key elements of the scenario to ensure that these were conveyed (e.g. specific ethics language or emotional features). The actor rehearsed the scenario initially with that team member, and subsequently with a further team member via TEAMS. Feedback was given throughout this process to confirm focus and balance, identify any

omissions of content, and prepare for the recording. A broad pattern for the videos emerged, namely:

- very brief introduction (some character description was incorporated into later sections).
- recounting the event(s) that contributed to moral harm.
- weaving in an explanation as to how this created an ethically challenging situation for the character ('moral' element and language cues for secondary training use), and emotional impact (distress/harm elements).

Experiments with video angles lead to a preference for a face-on single frame against a neutral hospital-office environment backdrop.

Filming was done directly onto a laptop using the internal camera and microphone. All except the first recording were completed in one 'take'. This was to give the impression of a direct conversation with someone that was realistic and spontaneous. Three or four complete takes were recorded for each scenario, each slightly different. Complete takes were uploaded to a shared drive for the Reset Ethics team to view them whilst the actor took a break. Feedback was offered – either confirming takes or making suggestions for a final recording.

Video editing was kept to a minimum. It involved adding title pages, content warning, credits, and video transcript to ensure accessibility. More editing was needed for the discussion between the Chaplain and Psychologist for 'My experiences of supporting a colleague with moral harm.'

Recommendations for future scenario videos

- Actors found detailed scenario briefs very helpful for character development, but it was not feasible to include all details and keep the videos to recommended length of three to four minutes.
- Work with experienced actors with an interest in improvisation and where possible, the topics being explored. The willingness of the actors to bring their experiences to bear and how to weave together distilled elements of the scenario effectively was highly valuable.
- Whilst the single take conveyed authenticity, for the actors this was extremely challenging. They preferred shorter takes to be edited together, to increase the accuracy of medical / ethics language, recall of sequences of events. To have been able to have shorter takes edited together would also have increased the options for the final video content.

- We opted for improvisation rather than script writing. Producing scripts would have needed significantly more resources but may have provided the wider co-creation group more control over final content and timing.
- With additional time/resources, we would recommend co-creation group input into viewing pilot recordings for feedback to ensure their input into the final video creation process.
- We did not use professional recording teams, simply recording the videos on a laptop. On balance we feel this has enhanced the authenticity and rawness of the videos which would have been lost with a more professionalised finish.