**Supplementary Digital Content 1: Information For Confederates**

**Patient’s mother**

This role is played by an appropriately aged confederate (ideally a trained standardized patient). You have been very close with her especially after your husband, Roger, divorced you 7 years ago. Her recent battle with cancer has been devastating for you and you have read everything you could find about this illness to the point of being frightened of every complication.

Even though you know better, part of you blames Roger for her illness – the stress of your conflicts and ultimately your divorce had a deep impact on Patti. While Roger and you have reconciled somewhat to the point where you are friends, he does not come to visit often. Yet he has still kept in close contact with Patti, calling her and talking for long periods of time every evening.

In the last few months when she has spoken to you on the phone, she has seemed a lot more tired. She has had a persistent cough that has had you very worried. When you have questioned her, she always tells you it is nothing. You have been with her at all of her appointments and when you witnessed her seizure you were terrified. Yesterday she seemed very short of breath and has just deteriorated since then. For the past few days you were so worried that you have been staying in the hospital 24/7. You could see the doctors were worried too, yet nothing seemed to be changing fast enough to help Patti.

You are in shock during the code. You cannot believe this is happening. It all seemed surreal and as if things were happening in slow motion. You heard the Code Blue being called and everyone rushed in. You cannot leave her now. You beg the team to continue, she has to be saved.

**Ward Nurse**

This role is played by a confederate who plays the role of a ward nurse. You have had experiences in the past where you worked in the ICU and cared for young patients with end stage cancer that have ended up on artificial life support but have not survived their ICU stay. You have found this emotionally difficult and have the perspective that patients with end stage cancer are “not appropriate” for the ICU and should not be resuscitated. Although you feel that this code should not be run in a prolonged way, you do provide support to the mother if necessary. You may also opt to ask one of the team members who is less active in the code to assist in explaining things to the family if the spiritual care/social worker role is omitted.

**Respiratory Therapist (RT)**

This role is played by a confederate who plays the role of a respiratory therapist. You are around the same age as the patient and have a young family. You sympathize with the patient’s situation. You have worked on the code blue team for many years and are aware that this patient has many poor prognostic factors including never achieving an EtCO2 over 10mm Hg, but find it difficult to suggest withdrawing care. You will mention several times as the code progresses that the patient’s EtCO2 has never risen above 10 mm Hg, but you still suggest to the team leader the code should be continued.

**Spiritual care/Social worker**

This role is played by a confederate who plays the role of a social worker or spiritual care worker depending on local practices. You have a lot of experience counseling families during crises. You empathize with the patient’s mother. If the team leader asks that the patient’s mother leave the room, you will offer to speak with them. You will then take them into the corner of the room, comfort them and explain what the team is doing. If the team leader asks a second time that the patient’s mother leaves, you will ask that they stay but if they ask more than twice you will take the patient’s mother outside.