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CECA COMMITTEE MEETING MINUTES
JANUARY 7, 2010

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Members Present		Members Excused
Armand Antommaria	Kayhan Parsi	Mark Aulisio
Jeffrey Berger	Marty Smith	Nancy Berlinger
Joseph Carrese	Jeffrey Spike	Art Derse
Ellen Fox	Terry Rosell	Autumn Fiester
Colleen Gallagher (Co-Chair)	Anita Tarzian (Co-Chair)	John (Jack) Gallagher
Paula Goodman-Crews	Lucia Wocial	Nneka Mokwunye
Tracy Koogler		John Moskop
Steve Latham	Bob Baker (guest)	Bob Pearlman
Christine Mitchell		Millie Solomon

The meeting was called to order at 4:00 PM (Eastern) by Anita Tarzian.

Code Development Recap

Bob Baker presented a summary of the development of a code of ethics for clinical ethics consultants. He and Ken Kipnis are working on a process that involves generating feedback from clinical ethics consultants (e.g., members of ASBH's Clinical Ethics Consultation Affinity Group [CECAG] listserv) on various ethics cases to identify core tenets of professional ethics, autonomy, and conditions of employment for clinical ethics consultants. We agreed to discuss a draft document of what Ken & Bob have produced thus far at the "Competencies" sub-group teleconference in February, to determine whether that draft is ready for release to the CECAG listserv and other ethics consultants for feedback, and to direct further Code development. The intent is to circulate the draft Code as widely as possible.As to the timeframe of the Code development, Bob explained that this depends on the degree of buy-in from clinical ethicists. Viewing the Code as a living, organic product that will go through various iterations after its initial release should help to thwart heel-dragging. Bob proposed that we strive to create a framing statement and some core positions as the initial version of the Code, and then develop sub-groups to work through specific questions and problems as they arise. We discussed the question of how the initial Code would be finalized (i.e., would it be approved by the ASBH Board? Voted on by members?). Since only a subset of ASBH members are clinical ethics consultants, to whom the Code applies, it will not apply to all ASBH members. Therefore, a process needs to be established by which clinical ethics consultants are involved in validating or endorsing an initial Code. We agreed to schedule a teleconference in February in which these issues will be discussed, including a process and timeline for approving and revising the Code. Anita will follow up to arrange this teleconference with the Competencies sub-group members, Ken and Bob.

Core Competencies Revision Update

Anita gave an update about the Core Competencies revision that is posted on the ASBH website and responses thus far through the Survey Monkey feedback tool. We discussed a suggestion from one respondent to re-insert a bibliography, and reviewed reasons for leaving this out of the document. There was general agreement that an extensive bibliography would be redundant to what already exists on the internet without the advantage of being more frequently updated, and thus is not worth the amount of time it would take to compile. Instead, a suggestion was made to consider adding a list of resources, such as ethics-related websites that are kept up-to-date. A reminder was sent out through the ASBH, MCW, and CECAG listserves that the open comment period extends through January 31. Committee members (not including those on the Core Competencies Update Task Force) are encouraged to evaluate the revised document. Suggestions were made to send out another reminder with the link to the actual feedback survey, and to make it easier for individuals to find the revised Core Competencies on the ASBH website. Anita will follow up with these suggestions.

Pre-Conference Workshop Planning Update

We discussed how the ASBH Program Committee is deciding which topics (and faculty) will be chosen for pre-conference workshops related to clinical ethics . Previously, we recommended that a competitive process be instituted in which proposals meeting the following criteria would be solicited:

- Interactive workshops

- Interdisciplinary faculty
- Reflective of ASBH diversity
- Likely to attract attendees to generate revenue for ASBH
- Proven ability of faculty to present effectively
- Consistent with any endorsed clinical ethics standards (e.g., Core Competencies, if related to ethics consultation)
- Preference that one pre-con will focus on basic and one on advanced competency in clinical ethics

Individuals with recognized expertise in clinical ethics would evaluate the submissions and choose the pre-con's based on the degree to which they meet these established criteria. However, the Program Committee has not re-instituted this competitive process, and instead, is inviting pre-con presenters as they have done in the past. We discussed our concerns that this process lacks transparency and is an unreliable method of ensuring that pre-con's are chosen without bias, and in a way that is fair to potential presenters. Anita will follow up with the Program Chairs to discuss possibilities for addressing this concern for 2010 and beyond.

Certification Update

Colleen recapped what is being done related to information-gathering about options for certifying clinical ethics consultants. Armand has created a template for gathering information about how various professions have approached certification. Members of the certification sub-group are using this template to collect comparable information for various groups, such as professional chaplains, the American College of Health Care Professionals, family mediators in Canada, and others. Armand described components of the family mediators' voluntary certification program in Canada (e.g., demonstrate certain number of hours of training on a variety of topics, provide a CV and letters of recommendation, provide evidence of malpractice insurance, complete a competency-based exam, submit videotapes of actual or mock mediations which are evaluated using a validated observational tool that evaluates individual on 5 key competencies). Fees are in the ~$200 range. Other examples were also discussed, including the issue of recertification requirements and hierarchical certifications that allow for varying levels of certified expertise. We discussed how continuing professional education requirements might be employed, but there was general agreement that continuing professional education would be necessary but not sufficient for initial certification.

We agreed that information should also be collected about the cost and time that went into the development process for these different models (e.g., if there is an objective exam, how long did it take to create a valid pool of exam questions and how much did it cost?). We reviewed the pro's and con's of pursuing individual certification versus program accreditation, and of using competency-based versus process-based certification standards (e.g., demonstrating actual competency through an exam or mock consultation versus providing evidence of involvement in a certain number of ethics consults). We discussed example of a competency-based evaluation that may offer some insight from a VA nurse leader initiative. Armand agreed to follow up on reviewing this for possible relevance to our work.

Although opinions differ among Committee members regarding whether certification or program accreditation should be our focus, there was general agreement that, in terms of what the field needs right now, it would be more helpful to the field of clinical ethics, to health care facilities, and to clinical ethics consultants themselves, to focus on individual certification. However, we need to be wary of recommending a model that is too resource-intensive, given the lack of available funding and likely low initial revenue stream due to the modest number of individuals who would pursue certification on the first wave.

The goal is to compile detailed information about various models, and then to compare and analyze this information in order to identify certification options that would be a best fit for clinical ethics consultants. The costs associated with pursuing the recommended option would also be presented. Toward that end, other information that will need to be obtained is an estimate of the number of individuals who would pursue such a certification, and how much they would be willing to pay. We also discussed the importance of ASBH emphasizing the true motivation for pursuing clinical ethics consultation certification—to ensure competency of clinical ethics consultants, and not merely as a source of revenue generation for ASBH.

Terry agreed to provide information for professional chaplains. Steve agreed to provide information on health care financial managers and compliance managers. Lucia is providing information from the National Commission for

Certifying Agencies. Jeff B. agreed to provide information on the hospice and palliative medicine certification process. Information on these and any other models should be submitted to Colleen, who will schedule the February teleconference and distribute the template to all Committee members. Colleen will also distribute information collected on the different models collected to members of the certification sub-group in advance of their scheduled February teleconference.

We agreed to change the name of the sub-group Anita is chairing from "Improving Basic Competencies" to "Improving Basic & Advanced Competencies." See the summary of activities these sub-groups are working on. Note that sub-group assignments are merely to facilitate workload distribution and organization. All Committee members will have input into whatever the Committee recommends or produces. Sub-group tasks may be completed by any Committee member.

IMPROVING BASIC & ADVANCED COMPETENCIES (Anita)		CERTIFICATION OF ADVANCED HCEC PRACTICE (Colleen)	
Current tasks: Evaluate Core Competencies revision to recommend Board approval; Provide feedback to ASBH Program Committee on clinical ethics pre-con selection; Work with Bob Baker & Ken Kipnis on Code of Ethics (i.e., review drafts before posting to CECAG) **Potential future tasks:** Develop HCEC resources to post on ASBH website (e.g., a problem-based interviewing guide; "Top 10 HCEC Quality Problem" list; a model process for HCEC retrospective review); create CITI-type modules for basic ethics literacy; offer CPE courses in HCEC &/or train-the-trainer courses akin to EPEC/ELNEC		**Current tasks:** Gather detailed information on various models of professional certification to identify time and resource requirements of different models. Compare these different models in order to evaluate relevance for clinical ethicists. **Future tasks:** Compare information gathered about different models and select an option for certifying individual ethics consultants that can be recommended for ASBH to endorse. Complete a report summarizing the various options, the rationale for the recommended option, and a budget for how to finance the recommended option.	
Autumn Fiester Joseph Carrese Ellen Fox Jack Gallagher Paula Goodman-Crews Tracy Koogler	John Moskop Terry Rosell Millie Solomon Lucia Wocial	Armand Antommaria Mark Aulisio Jeffrey Berger Nancy Berlinger Art Derse Colleen Gallagher Steve Latham	Christine Mitchell Nneka Mokwunye Kayhan Parsi Bob Pearlman Marty Smith Jeffrey Spike

The meeting was adjourned at 5:25 PM.