CECA COMMITTEE IN-PERSON MEETING MINUTES
Sunday, October 24, 2010

MEMBERS PRESENT	MEMBERS ABSENT
Armand Antommaria	Jeffrey Berger
Joseph Carrese	Nancy Berlinger
Art Derse	Autumn Fiester (term ending)
Colleen Gallagher	Ellen Fox (term ending)
Paula Goodman-Crews	Jack Gallagher
Tracy Koogler	Steve Latham
Kayhan Parsi	Christine Mitchell
Terry Rosell	Nneka Mokwyune
Anita Tarzian	John Moskop
Lucia Wocial	Robert Pearlman (term ending)
	Marty Smith
	Millie Solomon (term ending)
	Jeffrey Spike

The meeting was called to order at 12:20PM.

Members present debriefed about the meeting and discussions surrounding certification (of individuals), accreditation (of programs), and credentialing (at the health care institutional level) (abbreviated "C/A") of clinical ethics consultants.

In general, members felt there was a good representation of clinical ethics content in the meeting, although not specifically clinical ethics consultation content. The usual challenges of short presentation times and limited time for interaction/meaningful discussion was mentioned. However, the impression from first-time members and dinner conversations was that there was good quality content related to clinical ethics.

Of note, for future meetings the program committee is putting out a call for proposals for the pre-conferences. While some pre-conference workshops may still be solicited by the program committee, others will be able to submit proposals for consideration. More information will be available from the program committee about this process.

We reviewed the developments and discussions related to CEC C/A, including perceived barriers/challenges/opposition and support. Many felt it was a good sign there appears to be a move from "reacting" to meaningfully responding to the questions C/A raises. We agreed on the importance of supporting the documents or recommendations produced or vetted through CECA, despite individual preferences or disagreements. It's important to strive toward and safeguard respectful, informed dialogue. We also discussed Ken Berkowitz's suggestion to consider a program to accredit CEC services at particular health care facilities. This was not included in the C/A Report to the Board, but could be something to consider in the future (for example, along the model of American Nurses Credentialing Center's Magnet accreditation for hospitals).

We discussed questions raised regarding whether the ASBH members should vote on whether ASBH will certify individuals or accredit programs training individuals to conduct CEC. We agreed that this is a decision for the Board.

Regarding C/A, the following entities are at play:

CECA: Provided the C/A report to the Board in October, 2010 recommending (among other things) that the Board issue a Request for Proposals (RFP) from companies that develop certification evaluations, and seek funding to support start-up costs. The report is posted on the ASBH website.

ASBH Board: Accepted CECA's report, and will follow up with the RFP and funding discussions. ASBH is also part of an ad hoc task force to explore steps toward program accreditation (see below).

Association of Bioethics Program Directors (ABPD): An association comprised of individuals representing bioethics programs with at least two full time equivalent staff. ABPD recently decided to undergo a mapping survey to identify curricular components to teach and train individuals to achieve core CEC competency standards. ABPD is also part of an ad hoc task force to explore steps toward program accreditation (see below).

Accreditation Group: Bruce White and Bob Baker initiated this group to develop a process for accrediting bioethics programs that train clinical ethics consultants using the ASBH's *Core Competencies for Health Care Ethics Consultation* standards. This group met in San Diego on Friday, October 22, 2010 with relevant stakeholders to discuss the topic of program accreditation for CEC & its relationship to CEC certification. They agreed to form an ad hoc task force with ASBH & ABPD and work together to conduct the mapping survey mentioned above (to identify curricular components to teach & train individuals to achieve core CEC competency standards). Bob Baker has agreed to chair the group. The membership of this task force is being discussed among the three groups involved, who will also take steps to ensure that their efforts are in sync with ASBH CEC certification efforts.

We discussed aspects of CEC certification. We agreed that the RFP recommended in the C/A report should be well detailed, and should include a budget that is itemized so the Board can decide which specific tasks to undertake and find funding to support (e.g., grandparenting; preparatory materials, etc.). Since CECA's charge (to submit the C/A report to the Board) is complete, CECA awaits a further charge from the Board.

CECA GOALS FOR 2010-11

Based on feedback and listserv discussions regarding pros and cons of CEC C/A, we agreed to **create an FAQ** from content analysis of this discussion. This would include concerns related to cost, administrative issues, impact on ASBH membership, demand for C/A, sources of fear & credibility of concerns (e.g., of unintended consequences such as overly burdensome process) and need to demonstrate that there is an actual need to ensure that individuals providing CEC are competent, the value that C/A could provide, etc..

We discussed whether we should do anything more to promote the ***Education Guide***, such as gather examples of how the document is being used (e.g., query those who purchased a copy; perhaps present a workshop on this at the next ASBH meeting), propose ideas for expanding its visibility (such as publishing an article about it in non-ethics journals, like the Core Competencies was disseminated in *The Annals of Internal Medicine*), or make online ordering available on the ASBH website (instead of having to fill out a form).

Regarding the **C/A Report recommendation** to consider developing an accreditation council (i.e., to

accredit conferences or programs related to CEC), until a time when CEUs are needed to maintain CEC certification or credentialing, we agreed that this should have low priority for now. We agreed to follow up on ideas for increasing demand for quality CEC in health care settings (hospitals, LTC, Joint Commission, National Association of Health Care Quality, etc.).

We agreed to pursue funding ideas and identify collaborators for online educational modules to teach basic ethics knowledge competencies.

We discussed and tweaked Joe's initial Top Ten List of Things to Do and Avoid in Clinical Ethics Consultation, and agreed to issue different CEC "Top Ten" lists with some periodicity (e.g., every 6-12 months; a next topic being "Top Ten Things to Do and Avoid in a CEC Formal Meeting").

CECA MEMBERSHIP

CECA members originally agreed to serve an 18 month term and renew based on mutual agreement of Co-Chairs and members. Some members are asking to leave the committee due to competing obligations, or are no longer needed to serve on the committee now that the C/A report is finished. We agreed to maintain criteria for membership, look for diverse representation, and have different members rotate off so that there is a mix of new and retained members each year. Anita and Colleen will continue to co-chair, but we will move forward as one committee (i.e., dissolve the two sub-committee structure). A three-year term limit was suggested for members. [Later email discussion resulted in suggestion for two year term beginning January, renewable once. We agreed to this via email.] Another suggestion was to avoid having more than one individual from any one institution on CECA at any given time. We agreed to solicit new members by having interested individuals submit a one-page application to CECA to fill vacancies. Membership diversity will be a priority in choosing among self-nominated replacement members.

CURRENT CRITERIA FOR MEMBERSHIP:

- Considered a leader in the field of clinical ethics consultation (based on years of experience doing clinical ethics consults, including active patient case consults, supervising or mentoring novice consultants, running an ethics consult service that evaluates its services, etc.)
- Is committed to the committee's goals and timeline for accomplishing them (e.g., willing to spend an estimated average 5 hours per month on committee activities, able to follow-through on delegated tasks, willing to work mostly through teleconference and email contacts)

The meeting adjourned at 3:00 PM. The next (telecon) meeting date will be determined by email.