

CECA COMMITTEE MEETING MINUTES
February 10, 2011

MEMBERS PRESENT	MEMBERS ABSENT
Armand Antommara	Colleen Gallagher
Jeffrey Berger	Ann Heesters
Ken Berkowitz	Kayhan Parsi
Joseph Carrese	Tia Powell
Brian Childs	
Art Derse	Invited guest: Bob Baker
Jack Gallagher	
Paula Goodman-Crews	
Martha Jurchak	
Christine Mitchell	
Nneka Mokwunye	
Kathy Powderly	
Terry Rosell	
Wayne Shelton	
Marty Smith	
Jeffrey Spike	
Anita Tarzian	
Lucia Wocial	

The meeting was called to order at 10:05 AM, Eastern Time Zone.

The meeting began with a review of 2010 CECA activities. CECA activities accomplished in 2010 include: reviewed the 2nd edition of ASBH's *Core Competencies for Health Care Ethics Consultation* and recommended its approval to the ASBH Board; Provided a report and recommendation to the ASBH Board regarding Health Care Ethics Consultation (HCEC) Certification and Accreditation, and provided feedback to the ASBH Board and Annual Meeting Program committee regarding clinical ethics meeting content.

We discussed the following CECA goals for 2011.

Follow-up on HCEC Certification/Accreditation Report

One goal for 2011 is to follow-up on CECA's report to the Board regarding HCEC certification/ accreditation, as follows: developing and posting a "Frequently Asked Questions" (FAQ) document on the ASBH website regarding HCEC certification/accreditation, developing and disseminating an online survey for clinical ethics consultants to gather information about potential HCEC certification applicants, and writing a request for proposals (RFP) to companies to develop a certification process for health care ethics consultants.

A draft FAQ, based on a content analysis of MCW and CECAG listserv discussions related to HCEC certification/accreditation, was posted on the CECA google group shared document space. We discussed methods of providing edits to the FAQ, and agreed to try to edit the single FAQ document on the this shared web platform, rather than having individuals send tracked changed edits to one person for synthesis. A final version of the FAQ will be posted on the ASBH website by March, 2011.

A sub-group comprised of Colleen, Armand, Kayhan, Lucia, and CECA intern Kala Perkins are developing the online survey mentioned above, and are working on the RFP. The survey and RFP will be sent to CECA members before the survey is disseminated and the RFP is submitted to the Board.

The idea of accrediting an *HCEC service* (rather than programs training HCEC practitioners) was discussed. This would be consistent with the *Core Competencies* document, which recognizes the collective competency of the HCEC team. This would put the onus of improving quality on the institution by providing a positive incentive that the institution could use toward its competitive advantage (akin to palliative care programs, IRBs, and hospitals using palliative care program accreditation, IRB accreditation, and MAGNET accreditation, respectively, to demonstrate proficiency of specific services). We agreed to discuss this at a future CECA meeting.

Improve HCEC quality & competency of HCEC practitioners

Another CECA goal for 2011 is to develop resources to improve HCEC quality and the competency of HCEC practitioners. Methods of achieving this goal for 2011 include: developing a Code of Ethics for health care ethics consultants (through collaboration with CECA liaison Bob Baker and CECAG members) and creating and disseminating “best practice” resources for HCEC, such as a Top List of HCEC Do’s and Don’ts, and “HCEC Pearls.”

Regarding the Code of Ethics, Anita will follow up with Bob Baker regarding the status of the draft code. The plan is to disseminate the draft code first to CECA members and then post publicly for ASBH and CECAG member feedback. We discussed having someone do a content analysis of CECAG and MCW listserv discussions related to the Code of Ethics, to help Bob in this process (similar to what was done to develop the FAQ mentioned above). It was suggested that the initial Code be kept succinct: a preamble followed by 9 or 10 Principles fitting on one or two pages (i.e., no commentary or elucidation of the principles). Anita will follow up with Bob to determine “next steps” for finalizing the draft code.

We agreed that if we are trying to establish “best practices” in HCEC by publishing “do’s and don’ts” or “HCEC pearls,” we should publish in an ethics journal such as one of ASBH’s partner journals. Publishing in a mainstream medical journal should be reserved for disseminating established HCEC best practices to a wider audience (i.e., inform health care providers what they should expect from HCEC). Along those lines, we discussed whether the ASBH Revised *Core Competencies* will be published in a medical journal, as it was after the original document was released. Anita and Ken are working on this as follow-up from the ASBH *Core Competencies* Update Task Force.

Regarding “best practice” publications, we agreed that a “lead CECA author” should be identified, and that the CECA Committee as a whole be credited rather than listing individual CECA members (other than the lead author) as authors. The style and amount of narrative included in such articles would be based on the journal where they are published. For now, we agreed to pursue the “Top List of HCEC Do’s and Don’ts” with Joe as lead author, and consider a recurring “HCEC Pearls” feature after that (frequency to be determined). Source publications have yet to be determined, but we agreed to select from ASBH partner journals first. If there is still an ASBH Board Liaison to Partner Journals, CECA will work with this person to identify “next steps” for publishing these HCEC best practice pieces.

Regarding dissemination of such HCEC resources, it was pointed out that many individuals involved in HCEC practice in relative isolation from academic or bioethics centers and could benefit from having improved access to such articles. We discussed developing a contact list to help disseminate HCEC-related resources to local practitioners (e.g., contacts for state bioethics networks, bioethics

commissions, local medical societies, etc.), or identifying some other effective method of reaching end users (e.g., Institute for Health Care Improvement's newsletter or Joint Commission Quarterly Report?). Other activities we might pursue include developing the ASBH website to house these resources, and asking professional societies to have a link to our website.

We discussed developing CITI-type online learning modules to teach basic HCEC knowledge, but agreed not to pursue this as a CECA goal for 2011 due to lack of funding, concerns about duplication of resources that already exist, and a concern that this could establish a ceiling rather than a floor for HCEC competency.

The meeting adjourned at 11:20 AM. The next meeting teleconference date will be determined by email. We will try to establish a monthly standing meeting time.