

**CECA FULL COMMITTEE TELECON MINUTES**  
**Monday, August 30, 2010**

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

The meeting was called to order at 3:05PM (Eastern).

**CECA 2 Sub-group Structure**

Given that the two major tasks of the sub-groups are nearing completion (investigating options for certifying/credentialing/ accrediting HCE consultants or graduate programs training them and writing a report with recommendations to the Board; and reviewing the revised Core Competencies and recommending approval to the Board), we discussed the pros and cons of merging into one group. Despite somewhat harder to manage teleconferences, we agreed to disband the sub-groups once these major tasks are completed (which should be by the ASBH Annual Meeting).

**Core Competency Reviews**

We discussed feedback for the revised Core Competencies, including whether to add an appendix with “Works Cited” (i.e., from footnotes). The bibliography from the first edition was removed, given the difficulty keeping a bibliography current in a printed document compared with online capacities. We agreed that a “Works Cited” appendix should not be added to the revised Core Competencies. However, this might be a project for CECA to take on in the future (i.e., keeping a reference list on a WIKI linked to the ASBH website). Armand suggested referring to the American Board of Pediatrics’ annotated bibliography of ethics articles that the ethics committee of the Board maintains, as an exemplar.

All members on the teleconference voted to recommend approval of the revised Core Competencies to the Board. Anita will obtain e-mail votes from members unable to make the call. Before making a recommendation to the Board, Anita will summarize any changes made since the last review that are more than minor edits. Since the deadline for CECA feedback is August 31, this will be done within the next week, with a goal of making a recommendation to the Board shortly thereafter.

**Update: Certifying/Accrediting/Credentialing sub-group**

Since Colleen was unable to make the call, a complete update on the C/A sub-groups work was tabled. Colleen recently spoke with Mark Kuczewski about her sub-group’s progress and is working on finishing the Report to the Board regarding recommendations for certifying HCE consultants. This will include a recommendation that ASBH put out a bid to companies to get an estimate of costs to create a

certification evaluation process. While there may be start-up costs that would need to be covered through external funding, the goal would be to make certification self-sufficient (but not managed by ASBH per se).

We discussed Bruce White's recent efforts to create a "Provisional Accreditation Council on Graduate Bioethics Education (pACGBE)" (described at <http://acgbe.wordpress.com/>). Bruce is Director of the Alden March Bioethics Institute. He feels that program accreditation is an achievable and important step toward ensuring competency of individuals performing HCEC. We discussed ways CECA and Bruce might collaborate—for example, Bruce could serve as a liaison to CECA like Bob Baker is doing with his work on the Code of Ethics. Anita has accepted an invitation to attend a meeting, as a guest, that Bruce is organizing in San Diego on October 22 for "managing program directors or their designated alternate of post-baccalaureate educational programs that purport to train students who aspire to practice as clinical ethics consultation professionals according to the ASBH Core Competencies." We revisited prior discussions about pros and cons of graduate program accreditation versus individual certification. This includes that the competency evaluation measures that would need to be developed for individual certification would also be needed to pursue program accreditation, so starting with certification seems like a logical first step (i.e., programs seeking accreditation would need to show that their graduates have core competencies, and thus could build off measures developed for individual certification). Also, a smaller number of the total of bioethics graduate programs purport to train HCE consultants. Many programs may decide not to pursue HCEC training accreditation, but would still graduate individuals who may perform HCEC. Moreover, there would still be the "grandparenting" need for those already performing HCEC who have not attended an accredited program. Thus, there is still a need to demonstrate competency of individuals performing HCEC. Ideally, both individual certification and program accreditation will be available. Jeffrey (Spike) agreed to speak with Bruce about these efforts and options for collaboration. Anita and Jeffrey will follow up and report back to CECA.

#### **Update: Improving Competencies Sub-Group**

The revised Core Competencies is near complete. We anticipate recommending approval to the Board by September 15 (see above).

We discussed other activities of the "Improving Competencies" sub-group. One idea we revisited is whether to make recommendations to the Program Committee to address educational needs of clinical ethicists attending the ASBH meeting. There is a balance between celebrating diversity and scholarship, and alienating HCE consultants who are looking for applied clinical ethics content. Armand suggested we might look through prior meeting submissions to examine clinical ethics content and see if there is ample representation. We also discussed surveying membership on meeting content preferences, but have tabled this idea for now due to concerns about low response rates and not being worth the input of effort. We also discussed promoting a separate annual conference that could be endorsed or supported by ASBH, but that focused specifically on clinical ethics (much like the international clinical ethics conference, which was held in Portland this year). However, this risks drawing clinical ethicists/those doing HCEC away from the ASBH annual meeting. We agreed to the following recommendation to the ASBH Board:

CECA recommends that the ASBH Board amend the program review instrument for evaluation and selection of proposed presentations, panels and workshops at the annual meeting to add a scoring element for content in applied clinical ethics in order to: (1) meet a continuing education need among a substantial proportion of the membership who work in clinical ethics (e.g., performing HCEC, teaching clinical ethics) in hospitals and health care facilities; (2) advance the work of clinical ethics through the

sharing of new knowledge and best practices; and (3) avoid (insofar as possible) having ASBH members choose to attend other clinical ethics conferences instead of the ASBH annual meeting.

In this way, when program submissions in clinical ethics get high scores but are not accepted due to lack of space in the program, an attempt can be made to ensure that a minimum number of high-scoring submissions in applied clinical ethics are accepted.

### **Agenda for San Diego meeting**

We are planning to meet on Sunday, October 24, from 12N to 3PM in the San Diego Hilton. We discussed possible agenda items for that meeting. We agreed to discuss Joe's "Top 10" list of things to do and avoid in HCEC, as well as review the original list of planned activities that we reviewed last year and plan the upcoming year's goals.

The meeting adjourned at 4:30 PM