Healthcare Ethics Consultation (HCEC) Certification Committee
HEC-C Examination Content Outline

The 2017 ASBH Role Delineation Study and needs assessment are the key documents used to create the HEC-C examination content outline. The content outline is divided into four domains: assessment, analysis, process, evaluation, and quality improvement—with supporting tasks for each. The role delineation study also identified 63 knowledge statements that are included as a part of the content outline and represent foundational knowledge that will be assessed through the examination.

The content outline was used by the volunteer item writers who developed questions (i.e. items) for the certification examination. Each item links back to a task and knowledge statement included in the content outline and will appear in the exam based on the weighting of each domain. The core references used for item writing were limited to only those listed at the end of the content outline. Therefore, the content outline and reference list represent the exam specifications and is an essential preparation tool for those planning to take the exam.

Assessment (32%)
A. Gather and discern factual information relevant to the case (e.g., clinical, psychosocial, spiritual, institutional, legal)
B. Assess the social and interpersonal dynamics of those involved in the consultation (e.g., power relations, racial, ethnic, cultural)
C. Distinguish the ethical dimensions of the consultation from other dimensions (e.g., legal, institutional, medical)
D. Elicit the moral views of those involved in the consultation
E. Identify relevant assumptions, beliefs, values, and interests of those involved
F. Identify the ethical concern(s) and the central ethical question(s)
G. Identify your own relevant experiences, values, and intuitions and how these might influence the consultation

Analysis (28%)
A. Evaluate and apply relevant health care ethics information (e.g., law, institutional policy, professional codes and formal guidance)
B. Clarify relevant ethical issues (e.g., confidentiality, privacy, informed consent, best interest, professional duties)
C. Identify a range of ethically acceptable options and their consequences
D. Evaluate evidence and arguments for and against different options
E. Offer recommendations
Process (27%)
A. Create a respectful and trusting environment
B. Promote respect for diversity
C. Establish realistic expectations about the consultation process
D. Determine whether a particular request will involve only the healthcare ethics consultant service or is appropriate for joint effort
E. Facilitate effective communication among all parties
F. Identify who should be involved in a consultation (e.g., patient, healthcare professionals, family members)
G. Collaborate with other responsible persons, departments, or divisions within the institution
H. Facilitate formal meetings (e.g., clarifying participants’ roles, identifying the goal, establishing expectations and confidentiality)
I. Educate involved parties about the ethical dimensions of the consultation
J. Recognize and attend to relational barriers to communication (e.g., suffering, moral distress, strong emotions)
K. Represent the views of the involved parties to others
L. Identify underlying systems issues and bring them to the attention of the appropriate institutional resource for handling such concerns at the appropriate level
M. Document consultations in internal healthcare ethics consultation service records
N. Document consultations in patient health records
O. Summarize and communicate documentation to relevant parties
P. Identify the need for and establish the timeline for and complete follow-up activities
Q. Provide informal guidance or sounding-board (e.g., “curbside” consultation)
R. Use institutional structures and resources to facilitate implementation of recommendations

Evaluation and Quality Improvement (13%)
A. Obtain feedback from persons involved in ethics consultations
B. Use criteria to evaluate ethics consultation outcomes (e.g., satisfaction, conflict resolution, knowledge acquisition)
C. Ensure systematic recording of ethics consultation data
D. Use data to analyze structural or systemic barriers to effective consultation process
E. Use data to analyze structural or systemic obstacles to excellent care that may have contributed to the need for the consultation
F. Identify patterns (e.g., frequently repeated consultations about the same issue, or from the same unit or department)
G. Consider the implications of outcomes of consultations for the wider organization, including its mission and ethical standards
H. Recommend policy and practice changes within the organization
The following knowledge statements may be incorporated into the above domains and tasks:

**Moral Reasoning**

K01 Approaches to moral reasoning (e.g., theories, methods, concepts)

**Healthcare Ethics Issues and Concepts**

K02 Advance care planning
K03 Autonomy, informed consent, and refusal
K04 Beginning-of-life decision making
K05 Common barriers to “patient adherence”
K06 Confidentiality and privacy
K07 Conflicts of interest and of obligation
K08 Decision-making capacity
K09 Determination of death
K10 Difficult-to-care-for patients and surrogates
K11 Disclosure and truth telling
K12 Disruptive or impaired providers
K13 Duty to warn
K14 End-of-life decision making
K15 Genetic testing and counseling
K16 Life-sustaining treatment
K17 Moral distress
K18 Organ donation and transplantation
K19 Palliative care and pain management
K20 Parental permission, decision making, and assent for children and adolescents
K21 Patients’ rights and responsibilities
K22 Potentially inappropriate treatment/futility
K23 Professional codes of ethics and guidance documents
K24 Professionals’ rights and responsibilities (and conscientious objection to treatment)
K25 Public health issues
K26 Reproductive issues
K27 Resource allocation
K28 Shared decision making
K29 Social determinants of health
K30 Staff and patient safety
K31 Surrogate decision making, substituted judgment and best interest standards
K32 Vulnerable populations

Healthcare Systems

K33 Continuum of care delivery
K34 Delivery and payment systems
K35 Development of health policy
K36 Health care organization administration
K37 Relevant regulatory and accreditation standards

Clinical Context

K38 Basic concepts and processes used in diagnosis, treatment, and prognosis
K39 Clinical course of commonly seen illnesses
K40 Current and emerging technologies
K41 Distinctions between clinical research and therapeutic innovation
K42 Factors that influence the process of health care decision making
K43 Grieving process and psychological responses to illness and loss
K44 Health care professionals and their roles, relationships, and responsibilities
K45 How care is provided on various services, settings, and levels of acuity
K46 Treatment goals and the related plan of care
K47 Understanding how patients or their surrogate decision makers interpret health, disease, and illness

Local Healthcare Organizations and Policies

K48 Community beliefs and perspectives that bear on the health care of marginalized groups
K49 Decision making processes or frameworks
K50 Health care ethics consultant resources and relationships
K51 Health care organization policies
K52 Local health care facility’s code of professional conduct
K53 Medical records system
K54 Mission, vision, and values
K55 Organizational culture
K56 Perspectives of those who are physically, developmentally, or behaviorally challenged and their surrogates
K57 Range of services, sites of delivery, and populations served
K58 Resources for understanding and interpreting cultural and faith communities
K59 Structure, including departmental, organizational, governance, and committee structure

Health Law

K60 Relevant health law
K61 Federal, state, and local statutes and case law
K62 Relationship between law and ethics
K63 Reporting requirements
Core References


