**CECA TELECON MINUTES**
**Wednesday, June 2, 2010**

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

The meeting was called to order at 12:05PM (Eastern).

The minutes for the previous teleconference were approved via email.

**Report on activities of C/A [accrediting/credentialing/certifying] sub-group**

The C/A sub-group, which Colleen is chairing, has been using a template to collect data related to individual certification, including how to measure health care ethics consultation (HCEC) core competencies for C/A purposes. Colleen summarized what has been collected to date. For example, demonstrating that an individual has specific process skills could be done by observation of actual ethics consultation and a review of a written ethics consultation case note. Other competencies could be evaluated via a written exam and interview with the individual. Colleen will email the template and information collected to date to CECA members. Marty will email CECA members a copy of the article published in the Journal of Clinical Ethics (Spring, 2010) on a proposal for certification (similar elements as in the template but also includes use of standardized patients/families for evaluating ethics consultation). Colleen plans to circulate a draft report to the CECA group by August, 2010. Members of this sub-group will be working on this draft report collectively.

We discussed the logistics of financing certification and fees that would be charged to individuals pursuing individual certification. The report will include details of financing options, however, the likely recommendation to the Board will be that ASBH put out a request for proposals to companies that develop professional certification programs (e.g., Prometrics in Maryland). Those companies would then conduct a needs assessment and prepare a budget estimate that would inform fees charged for such a certification.

Certification of individuals is seen as an initial step toward ensuring that individuals are qualified to

perform HCEC, as those pursuing this certification would initially be doing so voluntarily, and would likely be individuals working as professional, paid, clinical ethics consultants. Over time, this would allow for congruence on ways to measure core competencies that could be expanded to others performing HCEC.

*As a reminder, we previously decided to focus first on certification of individuals rather than accrediting programs that train HCE consultants, as the evaluation measures needed for the former would be needed for the latter, and individual certification could serve as an incentive for graduate programs educating HCE consultants to ensure that competencies evaluated in the certification process were met.*

**Report on activities of HCEC standards/resources (Anita's) sub-group**

Anita, who is chairing the HCEC standards/resources sub-group, reported that the immediate task of this sub-group will be to review the final version of the revised Core Competencies in order to recommend that the Board approve it for publication. She reminded everyone that each CECA member will need to vote in regard to sending the revised Core Competencies to the Board for publication. The Core Competencies Revision Task Force is reviewing this final revision now, and has until June 24 to complete their final reviews. The final document will be distributed to CECA members in July, with any suggested edits/changes submitted to Anita by July 31. On its September teleconference, CECA will vote whether to recommend that the revised Core Competencies be sent to the Board to approval. Majority vote will pass. If there are dissenting opinions, we may consider writing a minority opinion.

Anita mentioned that the current Education Guide references the 1998 Core Competencies document, and that there are currently 350 copies (out of 2000) remaining before a new printing will be needed. We discussed whether to revise the page number references to the Core Competencies in the Education Guide. If so, Anita suggested reformatting to create more white space in the document. We discussed this and decided, since reformatting would require a new edition, to either leave the Education Guide as it is for now, or just change the page number references to the revised Core Competencies (keeping the edition number the same). It was pointed out that it shouldn't be too difficult for those searching for a reference to the first Core Comp edition to find it in the second edition.

Anita reported that Ken Kipnis has decided to opt out of active involvement drafting a Code of Ethics for Health Care Ethics Consultants. Instead, he and Bob Baker have agreed that Bob will work with CECA to develop a Code of Ethics. Bob will take part in the next sub-group teleconference to discuss his recommendations for drafting a Code of Ethics based on historical data and what has been collected to date through the ACES survey and subsequent discussions. Bob and the CECA sub-group will determine a strategy for moving forward with this Code of Ethics development in a way that maximizes the potential for endorsement from CECAG members and other ASBH members involved in health care ethics consultation.

**Discussion of short- and long-term CECA goals**

In planning short and long-term goals for the CECA committee, we discussed possible ways to address dissatisfaction among some CECAG members (e.g., via listserv discussions) regarding how ASBH addresses the specific interests and needs of clinical ethics consultants. We discussed possible sources of discontent, including insufficient time at the affinity group meeting, poor meeting space (last year's CECAG meeting was very crowded), and insufficient ASBH presentations that address practical/applied aspects of clinical ethics. Some wondered if concerns expressed were representative of all ASBH

members who are involved in clinical ethics. We discussed conducting a brief online survey through SurveyMonkey to get a better grasp of what ASBH members involved in clinical ethics want from ASBH. We agreed to have Anita check with AMC to obtain available information about what disciplines are represented in ASBH and what percentage of the membership is comprised of individuals involved in clinical ethics. She will also query the President and Program Committee Chair about the possibility of surveying ASBH members, or targeting a survey to clinical ethicists, and if there was support for the idea (i.e., if it would yield useable information we don't already have), to send a first round of sample questions to CECA members to determine whether to pursue this. For example, the survey might lead to suggested ways to enhance the annual meeting that might better meet the needs of members involved in clinical ethics, such as tracks for clinical ethics. Or, it might reveal that a majority of ASBH members who attend the annual conference prefer integrating with other represented disciplines. Some pointed out that the annual meeting is already evaluated, so a new survey should not duplicate what's already been done. We should be wary of creating more work for what may turn out to be a small number of dissatisfied (but vocal) individuals. We agreed to offer to present a summary of CECA activities at the CECAG meeting in San Diego.

We discussed a suggestion to have a CECAG meeting focusing on clinical ethics one day before or after the annual ASBH meeting, or at a separate time during the year. It was pointed out that this can already be done (for example, ASBH endorses conferences in humanities and other related topics throughout the year, and has co-sponsored a spring conference in the past). Thus, CECAG could decide to plan its own annual conference endorsed by ASBH, perhaps with alternating sponsors. The logistics of this would have to be determined (i.e., an activity of CECAG, or CECA?). *Note: endorsement of a conference by ASBH simply means that the conference is posted on the ASBH website and can be advertised as being endorsed by ASBH. An endorsed conference is planned, financed, and implemented by its own sponsors.*

We discussed the value of ASBH's diversity, and that we should continue efforts to encourage unity among disciplines, rather than fragmenting as in the days of the Society for Bioethics Consultation.

**Future possible CECA goals**

We discussed assembling a meeting of stakeholders to discuss certification/accreditation/credentialing of health care ethics consultants. CECA members would attend, in addition to bioethics program directors and other relevant stakeholders. Howard Brody has expressed interest in the past regarding hosting such a meeting. Colleen and Jeffrey Spike agreed to follow up on this. We discussed having such a conference in Texas in February or March.

We discussed different projects CECA can take on after the Core Competencies revision is finalized. Ideas included developing a "Top 10 Things to Avoid in HCEC" document, webinars on clinical ethics topics a few times a year, publishing case studies on different clinical ethics topics using the categories in the Education Guide, and developing teaching modules for both basic and advanced clinical ethics consultants. Other ideas included holding regional meetings or CEU courses to train HCE consultants, developing a CITI-type course to teach basic health care ethics knowledge, and (in collaboration with the Disability Affinity Group), a learning module focused on allowing ethics committees or consultation services to effectively represent a disability rights perspective. If anyone wants to take the lead on such a project, let Anita know. The standards/resources sub-group will discuss how to prioritize these projects on its next teleconference.

Anita pointed out that after we finish the C/A report and submit it to the Board, we can re-evaluate the sub-group structure. We may decide to organize ourselves differently at that time.

We decided to meet TWO TIMES in San Diego in October: on Thursday evening for dinner (place TBD), and Sunday afternoon from noon to 4PM at the conference hotel. Given that those who live on the East Coast will likely need to stay an extra night to make the Sunday afternoon meeting, we recognize that not everyone will be able to do attend. The focus of the Sunday afternoon meeting will be announced closer to the meeting (e.g., could be on the Code of Ethics, on suggestions for clinical ethics content in the annual meeting, or setting priorities and an action plan for the next year).

The meeting was adjourned at 1:30 PM.