

AGENDA CECA COMMITTEE TELECONFERENCE

Minutes from the meeting on Tuesday, September 29, 2009

Members Present:

Armand Antommaria	John Moskop
Jeffrey Berger	Steve Latham
Joseph Carrese	Nneka Mokwyune
John Gallagher	Kayhan Parsi
Art Derse	Robert Pearlman
Ellen Fox	Marty Smith
Colleen Gallagher	Jeffrey Spike
Paula Goodman-Crews	Anita Tarzian (Chair)
Tracy Koogler	Lucia Wocial

Members unable to participate:

Mark Aulisio
Nancy Berlinger
Autumn Fiester
Myra Christopher (Terry Rosell stood in)
Christine Mitchell
Millie Solomon

The meeting was called to order by the Chair at 4:02 PM (Eastern Time Zone). Members gave permission for audiorecording, which will be available to CECA committee members for 30 days following the call (information to follow on how to access this).

Anita reviewed the proposed scope of committee work by summarizing the goals for each sub-committee. CECA committee members are primarily responsible for the tasks of their assigned sub-committee (which is posted on Google Groups in the Files link). However, members are also free to work on tasks identified for either sub-committee.

Tasks of the standards sub-committee include finite ones (i.e., tasks with a defined end product) and ongoing (i.e., tasks that this sub-committee will continue to work on). Finite tasks include: (1) reviewing the final draft of the revised *Core Competencies* document, and the *Code of Ethics* for health care ethics consultants (which Ken Kipnis and Bob Baker are working on) before they are presented to the ASBH Board, and (2) working with the C/A sub-committee to identify standards and corresponding evaluation methods by which to judge an individual to be minimally competent to perform health care ethics consultation (HCEC). There will be overlap between the two sub-committees for the latter task. As we move forward, we will have to clarify the focus of each sub-committee related to this task.

Ongoing tasks of the Standards sub-committee include working with the ASBH Annual Meeting Program Committee to help choose HCEC-relevant content (including preconference programs) that is consistent with established HCEC standards, and continuing to identify standards in HCEC competency (both professional skills/knowledge and procedural standards). Steve suggested that the CECA committee could also opine on whether ASBH should provide continuing professional education in HCEC. We agreed to add this to the list of tasks the standards sub-committee will take on.

Tasks of the C/A sub-committee are geared toward two main goals: (1) writing a detailed report to the ASBH Board outlining ways that individuals could demonstrate competency to perform case-based HCEC (e.g., pro's, con's, logistics, cost, process, etc. for certifying individuals as competent, or accrediting graduate programs that claim to educate/train qualified HCE consultants), and (2) making a recommendation to the ASBH Board regarding which methods to endorse and what ASBH's role should be. At this point, the Committee is not endorsing one particular approach, but merely exploring ways in which competency could be demonstrated. We agreed that graduate programs purporting to prepare individuals to practice HCEC should be held to some established standards. Armand voiced a preference for competency-based evaluation (e.g., testing actual HCEC knowledge/skills) rather than process-based evaluation (e.g., demonstrating a minimum number of hours of training or preceptorship). Ellen pointed out that the latter can be more substantive (e.g., those involved in a HCEC evaluating the consultant, rather than merely counting the number of HCECs an individual has performed). We discussed various models for demonstrating competence, such as a CEU-based test that "certifies" an individual as having minimum knowledge (akin to the CIP exam for IRB professionals, or the more basic "CITI" program; concerns were raised here regarding the value of demonstrating minimum knowledge but not skills), a credentialing-type testing process that includes an evaluation of skills, "privileging," "licensing," and program accreditation options. Colleen and Paula discussed the point of view of social work, and others pointed to medicine (including palliative medicine) as instructive models to inform our work.

The following terms were clarified and assumptions identified during this teleconference:

- The definition of “health care ethics consultation” from the revised *Core Competencies* will drive our work (“... a set of services ... to help ... address uncertainty or conflict regarding value-laden concerns that emerge in health care”).
- Some believe the term “clinical” is less precise than “health care.” Recognizing that “clinical ethics consultant” is in common use, since the *Core Competencies* uses the term “health care ethics consultant/consultation,” we will do the same.
- “Health care ethics consultation” refers to activities performed in response to a specific request. A professional health care ethics consultant will engage in a broad range of activities, some of which may fall under the domain of “bioethics.” However, our attention will be mostly focused on the more narrow domain of HCEC, and specifically, case-based (rather than non-case based) HCEC. For example, a request to address a question about deactivating an implanted cardiac defibrillator in a particular patient requires certain skills and process standards that would not be required for a request to address a broader question about deactivating ICDs in a class of patients. While there will be overlap in skills/knowledge required to address both requests, our concerns lie more with the case consult due to the higher stakes involved in impacting a particular patient care decision.
- The underlying motivation for the work of this Standing Committee is to ensure that individuals responding to a HCEC request are adequately qualified.

We discussed several logistical issues. First, we agreed that the revised *Core Competencies* should be open for a period of public comment, that CC Task Force members should summarize the comments received and their responses to these comments, and that CC Task Force members should finalize the updated *Core Competencies* before turning the document over to the CECA Standards Sub-Committee for final review. Ellen will share a form and process for gathering feedback that was used to inform the VA’s *Integrated Ethics* materials, which could also be used for *Core Competency* feedback.

We discussed switching from Google Groups to a Blackboard-type platform (like the public-access “Moodle”) for Committee work, but some expressed concern related to learning a new technology, and wondered whether this would be worth the gain, if any. We agreed to use email as the primary method of communicating (direct email to Committee members for small group work, and email to the CECA listserv address for general announcements). We should try to limit the number of email messages sent to the entire group. The Google Groups web site will serve primarily for sharing documents. Anita will provide specific Committee member expectations as they evolve.

Methods for achieving transparency of Committee work were discussed, and we agreed to have the CECA Committee Scope & Description, Committee member bio’s & contact information, Committee meeting dates, agenda, and minutes posted on the ASBH website. At this time, we do not have the resources to moderate a daily blog eliciting feedback from HCE consultants/ASBH members. We may formulate FAQs at some point to post on the website.

The next Committee meeting is an in-person meeting after the ASBH meeting at the Hyatt Regency Capitol Hill in Washington, D.C., on Sunday, October 18, 12N to 5PM. At that meeting, we agreed to further clarify the terms we are using and the scope of our work, and come up with an action plan for the next year. If time allows, we will conduct small group work at this meeting. For example, the Standards sub-committee might actually draft criteria by which to judge which submissions to include in the ASBH Annual Meeting and which pre-conference programs to invite. The C/A sub-committee could identify data that need to be gathered and agree on work load division. Anita will send out an agenda.

To prepare for the October 18 meeting, Committee members should read the articles in the current issue of the HEC Forum, Dubler et al.’s Hastings Center article, and the Agich article in the Cambridge Quarterly 18(4) issue (2009). All but the latter are uploaded to the Google Groups CECA web page under “Files.”

The meeting was adjourned at 5:56 PM (Eastern).