

ALIGNMENT DOCUMENT:
Alignment of the ASBH HCE-C Program with
HCE's Clinical Ethics Rotations, 646, 647, 681, 682.

Revised: 6-15-20

Introduction.

In 2018, the American Society for Bioethics and Humanities (ASBH) initiated the Healthcare Ethics Consultation Certification (HCE-C). Duquesne University's Center for Healthcare Ethics (HCE) has revised the four Syllabi for the HCE Program's Clinical Ethics Rotations in alignment with the ASBH HCE-C Program.¹

This alignment seeks to include the readings and requirements of the ASBH HCE-C Program in the HCE Ethics Rotation Syllabi. Although this alignment does not claim to train or prepare HCE students for the ASBH HCE-C Exam and Certificate, it can be helpful to provide links to the ASBH HCE-C Program, as follows.

1. The HCEC Certification Commission (<https://asbh.org/certification/hcec-certification-commission>) has prepared the *Healthcare Ethics Consultant (HCE-C) Examination Candidate Handbook* (2018). See, https://asbh.org/uploads/certification/HEC-C_Candidate_Handbook.pdf
2. Information about the HCE-C Program is available online, at, <https://asbh.org/certification/hcec-certification>

This website provides links to information including the following:

- A. Eligibility for the Certification: a minimum of a Bachelor's degree and "400 hours of healthcare ethics experience-related to the major domains of the content outline-within the previous 4 years" (<https://asbh.org/certification/hec-c-eligibility>).
- B. Certification Renewal Requirements (<https://asbh.org/certification/renewal-requirements>).
- C. Exam Information (<https://asbh.org/certification/hec-c-exam-information>).
- D. Content Outline (<https://asbh.org/certification/content-outline>).
- E. Core References / Reading List (https://asbh.org/uploads/professional-development/HEC-C_Content_Outline_and_Core_References.pdf)
- F. Sample Questions (<https://asbh.org/certification/hec-c-sample-questions>).
- G. Study Resources (<https://asbh.org/resources/test-prep>), including a Review Course, a Practice Exam, and ASBH Publications.

The sections that follow explain how the HCE-C Course Outline and Reading References, as well as the more basic ASBH texts on ethics consultation, are included in the HCE Rotation Syllabi.

¹ Gratitude is expressed to the following students for their input in this process (Fall 2019 / Spring 2020) based on their experience with the HCE Clinical Ethics Rotations: Andrew Harrington (Clinical Ethics Fellow); Adele Flaherty; Hillary Villarreal. The HCE faculty reviewed and approved the revised Syllabi (attached separately).

1. HCE Course Outline & Readings.

The alignment of the HCE Clinical Ethics Rotations with the HCE-C Program focuses on the Content Outline and Readings (https://asbh.org/uploads/professional-development/HEC-C_Content_Outline_and_Core_References.pdf).

HCEC's Four Domains: See Appendix A: related questions for each domain.

Assessment: this includes 7 tasks (e.g., gather & discern factual information).

Analysis: this includes 5 tasks (e.g., clarify relevant ethical issues).

Process: this includes 15 tasks (e.g., facilitate effective communication).

Evaluation & Quality Improvement: this includes 8 tasks (e.g., obtain feedback).

HCEC's Foundational Knowledge Statements (63 items): assessed in the HCEC Exam.

These delineate knowledge about the following (see Appendix A):

K01: Moral Reasoning (e.g., theories, methods, concepts).

K02-K32: Healthcare Ethics Issues (e.g., autonomy, informed consent).

K33-K37: Healthcare Systems (e.g., regulatory and accreditation standards).

K38-K47: Clinical Context (e.g., factors influencing health care decision making).

K48-K59: Local Healthcare Organizations and Policies (e.g., organizational culture).

K60-K63: Health Law (e.g., relationship between law and ethics).

Core References. HCE-C Program Reading references, see Appendix A and item 6 below.

2. ASBH Basic Texts on Ethics Consultation.

Clinical Ethics Consultation Affairs Committee. 2017. *Addressing Patient-Centered Ethical Issues in Health Care. A Case-Based Study Guide*. Chicago, IL. American Society for Bioethics and Humanities.

Clinical Ethics Consultation Affairs Committee. 2015. *Improving Competencies in Clinical Ethics Consultation: An Education Guide*. 2nd ed. Chicago, IL. American Society for Bioethics and Humanities.

ASBH. 2011. *Core Competencies for Health Care Ethics Consultation*. 2nd ed. Chicago, IL. American Society for Bioethics and Humanities.

3. HCE-C Program Reading References.

See, Core References / Reading List: https://asbh.org/uploads/professional-development/HEC-C_Content_Outline_and_Core_References.pdf

For the distribution of these ASBH HCE-C Reading References in the four HCE Syllabi, see item 6 below. Many of the ASBH HCE-C reading references are somewhat dated: these are identified in the HCE Rotation Syllabi with an asterisk. The HCE Syllabi provide more updated readings for the clinical ethics rotations.

4. Alignment of ASBH Texts with HCE Clinical Ethics Rotations.

| <i>ASBH Core Competencies</i> | Pages | HCE | ASBH Books |
|--|--------|-----|--|
| II:1 Nature & Goals for HCEC | 2-18. | 646 | |
| II: 2.1. Core Competencies: Rationale | 19-21. | 647 | <i>Improving Competencies, Skills, II: pp. 68-84.</i> <i>Knowledge, I: pp. 7-67.</i> |
| II: 2.2. Core Skills for HCEC | 22-25. | | |
| II: 2.3. Core Knowledge for HCEC | 26-31. | | |
| II: 2.4. Attributes, etc. for HCEC | 32-33. | 681 | <i>Improving Competencies, Responsibilities, III: pp. 84-97.</i> <i>Case-Based Study Guide, Adults, 5-86.</i> |
| II: 3. Evaluating HCEC Services | 34-46. | | |
| II: 4. HCEC as a Professional Practice | 47-50. | 682 | <i>Improving Competencies, Appendices 1-6 (99-114)</i> <i>Case-Based Study Guide, Minors, 89-113.</i> <i>Case-Based Study Guide, Appendices: Surrogates; Families; Models (115-120).</i> |

5. Alignment of the HCE-C Domains & Knowledge with HCE Clinical Ethics Rotations.

| Rotations | | 646 | 647 | 681 | 682 |
|--|--|-----|-----|-----|-----|
| | | | | | |
| HEC-C Domains: see Appendix A. | DU HCE rotation focus | | | | |
| HEC-C Exam Content Outline:- | | | | | |
| <i>Assessment</i> (7 items: A-G) | 646 focus on <i>Assessment</i> | 646 | | | |
| <i>Analysis</i> (5 items: A-E) | 647 focus on <i>Analysis</i> | | 647 | | |
| <i>Process</i> (18 items: A-R) | 681 focus on <i>Process</i> | | | 681 | |
| <i>Evaluation & Qual Impr</i> (8 items: A-H) | 682 focus on <i>Eval & QI</i> | | | | 682 |
| | | | | | |
| HEC-C Knowledge. | | | | | |
| HEC-C Exam Content Outline:- | K-items, see Appendix A | | | | |
| <i>Moral Reasoning</i> | K: 1 | 646 | | | |
| Healthcare Issues & Concepts | | | | | |
| I: Big Picture. | K: 1-3, 5-6, 13, 18-19, 21, 23-27, 29, 32. | | | 681 | |
| II. Clinical Encounters | K: 4, 7-12, 14-27, 20, 22, 28, 30-31. | | | | 682 |
| <i>Healthcare Systems</i> | K: 33-37. | | 647 | | |
| <i>Clinical Context</i> | K: 38-47. | 646 | | | |
| <i>HC Organizations & Policies</i> | K: 48-59. | | 647 | | |
| <i>Health Care Law</i> | K: 60-63. | | 647 | | |

6. Distribution of HCE-C Readings in the Four HCE Syllabi.

COURSE READINGS:

An asterisk (*) denotes all the reading reference for the ASBH HCE-C Program

- **646 open book entrance exam.**
 - Schroeter, K., A. Derse, C. Junkerman, D. Scheidermayer. 2002. *Practical Ethics for Nurses and Nursing Students. A Short Reference Manual*. Hagerstown, MD: University Publishing Group.
 - United States Conference of Catholic Bishops (USCCB). 2018. *Ethical and Religious Directives for Catholic Health Care services*. 6th ed. Washington, DC: USCCB.
- **646 required course readings:**
 - * Applebaum, P. S. 2007. Clinical Practice. Assessment of Patients' Competence to Consent to Treatment. *New England Journal of Medicine* 357 (18): 1834-1840.
 - * Fletcher J., P. Lombardo, E. Spencer. 2005. *Fletcher's Introduction to Clinical Ethics*. 3rd ed. Hagerstown, MD: University Publishing Group.
 - Jonsen, A., M. Siegler, W. Winslade. 2015. *Clinical Ethics. A Practical Approach to Ethical Decisions in Clinical Medicine*. 8th ed. New York: McGraw Hill.
- **647 open book entrance exam.**
 - * ASBH. 2011. *Core Competencies for Health Care Ethics Consultation*. 2nd ed. Chicago, IL. American Society for Bioethics and Humanities.
- **647 required course readings:**
 - * Berlinger, N., B. Jennings, S. Wolf. 2013. *The Hasting Center Guidelines for Decisions on Life-Sustaining Treatment and Care Near the End of Life*. Oxford University Press.
 - * Kon, A. A., et al. 2016. "Defining Futile and Potentially Inappropriate Interventions: A Policy Statement for the Society of Critical Care Medicine Ethics Committee. *Critical Care Medicine* 44 (9): 1769-1774. doi: 10.1097/CCM.0000000000001965.
 - * Lo, B. 2013. *Resolving Ethical Dilemmas. A Guide for Clinicians*. 5th ed. Philadelphia: Lippincott, Williams & Wilkins.
 - Lo. B. 2020. 4th ed. *Resolving Ethical Dilemmas*. Used in HCE courses.
- **681 no exam.**
- **681 required course readings:**
 - * ASBH. 2017. *Addressing Patient-Centered Ethical Issues in Health Care. A Case-Based Study Guide*. Chicago, IL. American Society for Bioethics and Humanities.
 - * ASBH. 2015. *Improving Competencies in Clinical Ethics Consultation. An Education Guide*. 2nd ed. Chicago, IL. American Society for Bioethics and Humanities.
 - * ASBH. 2011. *Core Competencies for Health Care Ethics Consultation*. 2nd ed. Chicago, IL. American Society for Bioethics and Humanities.

- * Hester, D. M., T. Schonfield. *Guidance for Healthcare Ethics Committees*. 2012. Cambridge University Press.
- Junkerman C., A. Derse, D. Scheidermayer. 2008. *Practical Ethics for Students, Interns, and Residents. A Short Reference Manual*. 3rd ed. Hagerstown, MD: University Publishing Group.
- **682 no exam.**
- **682 required course readings:**
 - ASBH. 2017. *Addressing Patient-Centered Ethical Issues in Health Care. A Case-Based Study Guide*. Chicago, IL. American Society for Bioethics and Humanities.
 - ASBH. 2015. *Improving Competencies in Clinical Ethics Consultation. An Education Guide*. 2nd ed. Chicago, IL. American Society for Bioethics and Humanities.
 - ASBH. 2011. *Core Competencies for Health Care Ethics Consultation*. 2nd ed. Chicago, IL. American Society for Bioethics and Humanities.
 - Bruce, C. C., et al. 2019. “Developing, Administering, and Scoring the Healthcare Ethics Consult Certification Examination.” *Hastings Center Report* (Sep/Oct 2019): 15-23.
 - * Ford, P., D. Dudinski, eds. 2008. *Complex Ethics Consultations: Cases that Haunt Us*. Cambridge University Press.
 - * Dubler, N., C. Liebman. 2011. *Bioethics Mediation: A Guide to Shaping Shared Solutions*. Nashville, TN: Vanderbilt University Press.

ASBH HCE-C Reading References, assigned in HCE Courses.

- *Beauchamp, T., J. Childress, *Principles of Biomedical Ethics*. 8th ed. Oxford, UK: Oxford University Press, 2019.
- * Diekema, D., M. Mercurio, M. Adam, eds. 2011. *Clinical Ethics in Pediatrics: A Case-Book Textbook*. Cambridge University Press.

Ethics Consultation, Recommended Reading for HCE Rotations.

- Aulisio, M. P., R. M. Arnold, S. J. Youngner, eds. 2003. *Ethics Consultations: From Theory to Practice*. Johns Hopkins University Press.
- Farber Post, L., J. Blustein. 2015. *Handbook for Health Care Ethics Committees*. 2nd ed. Johns Hopkins University Press.

APPENDIX A. SAMPLE QUESTIONS FOR EACH DOMAIN.

Guiding questions related to each domain, listed in HCEC Certification Commission.

Assessment.

- Did you participate in gathering information that was helpful in forming the analysis for an ethics consult?
- Did you serve as a peer reviewer or sounding board to a mentee or colleague who asked for your input on the gathered data?

Analysis.

- Did you research your institution's policies and/or state laws and provide that information to others to address an ethical question?
- Did you apply principles and frameworks that helped address an ethical question?

Process.

- Did you explain to patients, families, or clinicians what to expect or not to expect as part of the consultation process?
- Did you facilitate a team-only healthcare ethics meeting?

Evaluation & Quality Improvement.

- Did you survey clinicians about their experience with a specific ethics consultation?
- Did you prepare an evaluation or analysis of a consult for internal recording or quality improvement?

For the original items listed with each domain see, HEC-C Examination Content Online, Certification Committee, at: https://asbh.org/uploads/professional-development/HEC-C_Content_Outline_and_Core_References.pdf.

Healthcare Ethics Consultation (HEEC) 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

Core Competencies Task Force (2011). *Core Competencies for Healthcare Ethics Consultation* (2nd ed.). Chicago, IL: American Society of Bioethics and Humanities.

Clinical Ethics Consultation Affairs Committee. (2017). *Addressing Patient-Centered Ethical Issues in Health Care: A Case-Based Study Guide for*. Chicago, IL: American Society of Bioethics and Humanities.

Clinical Ethics Consultation Affairs Committee. (2015). *Improving Competencies in Clinical Ethics Consultation: An Education Guide*, 2nd ed. Chicago, IL: American Society of Bioethics and Humanities.

Applebaum, P. S. (2007). Clinical practice. Assessment of patients' competence to consent to treatment. *New England Journal of Medicine*, 357(18), 1834-1840.

Beauchamp, T., & Childress, J. (2012). *Principles of Biomedical Ethics* (7th ed.). Oxford, UK: Oxford University Press. Berlinger, N., Jennings, B., & Wolf, S. (2013). *The Hastings Center Guidelines for Decisions on Life-Sustaining*

Treatment and Care Near the End of Life. Oxford, UK: Oxford University Press.

Diekema, D., Mercurio, M., & Adam M (Eds). (2011). *Clinical Ethics in Pediatrics: A Case-Based Textbook*. Cambridge,

UK: Cambridge University Press

Dubler, N., & Liebman, C. (2011). *Bioethics Mediation: A Guide to Shaping Shared Solutions*. Nashville, TN.: Vanderbilt University Press.

Fletcher, J., Lombardo, P., & Spencer, E. (2005). *Fletcher's Introduction to Clinical Ethics* (3rd ed.). Hagerstown, MD: University Publishing Group.

Ford, P., & Dudzinski, D. (Eds.). (2008). *Complex Ethics Consultations: Cases That Haunt Us*. Cambridge, UK: Cambridge University Press.

Hester, DN and Schonfeld, T. (2012). *Guidance for Healthcare Ethics Committees*. Cambridge, UK: Cambridge University Press.

Jonsen, A., Siegler, M., & Winslade, W. (2015). *Clinical Ethics: A Practical Approach to Ethical Decisions in Clinical Medicine* (8th ed.). New York: McGraw Hill.

Kon AA, Shepard, E. K., Sederstrom, N. O., Swoboda, S. M., Marshall, M. F., Birriel, B., & Rincon, F. (2016). Defining futile and potentially inappropriate interventions: A policy statement from the Society of Critical Care Medicine Ethics Committee. *Critical Care Medicine*, 44(9), 1769-1774. doi: 10.1097/CCM.0000000000001965

Lo, B. (2013). *Resolving Ethical Dilemmas: A Guide for Clinicians* (5th ed.). Philadelphia: Lippincott Williams & Wilkins.

APPENDIX B. HCE-C CERTIFICATION RENEWAL TRACKING FORM (Spring 2020).

These pages are copies of the documents provided by HCEC Certification Commission.

APPENDIX B. RENEWAL DOCUMENT #1.

HEC-C Certification Renewal Tracking Form Clinical Healthcare Ethics Consulting Experience

Renewal candidates choosing Path 1 or Path 3 must have at least 200 hours of demonstrated clinical ethics experience related to the major domain areas of the HEC-C program content outline within the 5-year certification period. It is recommended that you track your experience throughout the certification period on this form as it reflects the information that will be collected on the renewal application.

How to track clinical healthcare ethics consulting experience

First document your accumulated experience by selecting the HEC-C content outline domain(s) and task(s) that best describe the healthcare ethics consultation work you have performed during the 5-year certification period. Then you will provide the requested information for each professional position you have held during the 5-year certification period involving your experience related to the HEC-C content outline.

HEC-C Content Outline

Your 200 hours should relate to Assessment, Analysis, Process, or Evaluation/Quality Improvement activities. Visit www.asbh.org/certification/content-outline for information on the development of the content outline and examples of the types of activities that can be counted toward the 200 hours of clinical healthcare ethics consulting. Please select the HEC-C content outline domain(s) and task(s) that best describe the healthcare ethics consultation work you have performed during the 5-year certification period.

Note: Renewal candidates do not need to demonstrate experience in all domains and tasks to be eligible for renewal. Please indicate all that apply across each clinical ethics position listed below in the Professional Position(s) section:

Domain 1: Assessment

- ☐ Gather and discern factual information relevant to the case (e.g., clinical, psychosocial, spiritual, institutional, legal)
- ☐ Assess the social and interpersonal dynamics of those involved in the consultation (e.g., power relations, racial, ethnic, cultural)
- ☐ Distinguish the ethical dimensions of the consultation from other dimensions (e.g., legal, institutional, medical)
- ☐ Elicit the moral views of those involved in the consultation

- ☐ Identify relevant assumptions, beliefs, values, and interests of those involved
- ☐ Identify the ethical concern(s) and the central ethical question(s)
- ☐ Identify your own relevant experiences, values, and intuitions and how these might influence the consultation

Domain 2: Analysis

- ☐ Evaluate and apply relevant health care ethics information (e.g., law, institutional policy, professional codes and formal guidance)
- ☐ Clarify relevant ethical issues (e.g., confidentiality, privacy, informed consent, best interest, professional duties)
- ☐ Identify a range of ethically acceptable options and their consequences
- ☐ Evaluate evidence and arguments for and against different options
- ☐ Offer recommendations

Domain 3: Process

- ☐ Create a respectful and trusting environment
- ☐ Promote respect for diversity
- ☐ Establish realistic expectations about the consultation process
- ☐ Determine whether a particular request will involve only the healthcare ethics consultant service or is appropriate for joint effort
- ☐ Facilitate effective communication among all parties
- ☐ Identify who should be involved in a consultation (e.g., patient, healthcare professionals, family members)
- ☐ Collaborate with other responsible persons, departments, or divisions within the institution
- ☐ Facilitate formal meetings (e.g., clarifying participants' roles, identifying the goal, establishing expectations and confidentiality)
- ☐ Educate involved parties about the ethical dimensions of the consultation
- ☐ Recognize and attend to relational barriers to communication (e.g., suffering, moral distress, strong emotions)
- ☐ Represent the views of the involved parties to others

- ☐ Identify underlying systems issues and bring them to the attention of the appropriate institutional resource for handling such concerns at the appropriate level
- ☐ Document consultations in internal healthcare ethics consultation service records
- ☐ Document consultations in patient health records
- ☐ Summarize and communicate documentation to relevant parties
- ☐ Identify the need for and establish the timeline for and complete follow-up activities
- ☐ Provide informal guidance or sounding-board (e.g., “curbside” consultation)
- ☐ Use institutional structures and resources to facilitate implementation of recommendations

Domain 4: Evaluation and Quality Improvement

- ☐ Obtain feedback from persons involved in ethics consultations
- ☐ Use criteria to evaluate ethics consultation outcomes (e.g., satisfaction, conflict resolution, knowledge acquisition)
- ☐ Ensure systematic recording of ethics consultation data
- ☐ Use data to analyze structural or systemic barriers to effective consultation process
- ☐ Use data to analyze structural or systemic obstacles to excellent care that may have contributed to the need for the consultation
- ☐ Identify patterns (e.g., frequently repeated consultations about the same issue, or from the same unit or department)
- ☐ Consider the implications of outcomes of consultations for the wider organization, including its mission and ethical standards
- ☐ Recommend policy and practice changes within the organization

Professional Position(s)

Please provide the requested information for each professional position you have held during the 5-year certification period involving your experience related to the HEC-C content outline. In the event your application is selected for audit, the individuals listed in the verification sections below will be contacted by ASBH staff.

| |
|---|
| Position #1 |
| Organization/Institution: |
| City & State: |
| Professional Title/Role: |
| From date: / To date: / |
| |
| Please provide a brief position description: |
| # of months at this position (not to exceed 60 months): |
| Average # of HEC hours per month: |
| Total hours: |
| Verification |
| Provide information for supervisor or peer who can generally attest to your experience at this position |
| Name: |
| Email: |
| Phone: |

| |
|---|
| Position #2 |
| Organization/Institution: |
| City & State: |
| Professional Title/Role: |
| From date: / To date: / |
| |
| Please provide a brief position description: |
| # of months at this position (not to exceed 60 months): |
| Average # of HEC hours per month: |
| Total hours: |
| Verification |
| Provide information for supervisor or peer who can generally attest to your experience at this position |
| Name: |
| Email: |
| Phone: |

| |
|---|
| Position #3 |
| Organization/Institution: |
| City & State: |
| Professional Title/Role: |
| From date: / To date: / |
| |
| Please provide a brief position description: |
| # of months at this position (not to exceed 60 months): |
| Average # of HEC hours per month: |
| Total hours: |
| Verification |
| Provide information for supervisor or peer who can generally attest to your experience at this position |
| Name: |

| |
|--------|
| Email: |
| Phone: |

| |
|---|
| Position #4 |
| Organization/Institution: |
| City & State: |
| Professional Title/Role: |
| From date: / To date: / |
| |
| Please provide a brief position description: |
| # of months at this position (not to exceed 60 months): |
| Average # of HEC hours per month: |
| Total hours: |
| Verification |
| Provide information for supervisor or peer who can generally attest to your experience at this position |
| Name: |
| Email: |
| Phone: |

APPENDIX B. RENEWAL DOCUMENT #2.

HEC-C Certification Renewal Tracking Form

HEC-Cs who select Path 2 or 3 may use the following form to keep track of their professional development activities over the 5-year certification period.

Professional Activities

Specified professional activities include both 1) **qualifying continuing professional education** and 2) **other specified professional activities** as defined by the HCEC Certification Commission.

1) Qualifying Continuing Professional Education

Any continuing professional education offered by any professional entity that addresses content related to the domains and tasks outlined in the HEC-C Content Outline; the program provider must offer credit from an accredited sponsor (e.g. ACCME, ANCC, NASW, ACPE). In the event of an audit, you will be required to provide evidence of each activity. It is recommended that you maintain documentation for each education activity that includes

1. Number of continuing education hours earned related to HEC-C Content outline.
2. A certificate of completion that indicates number of hours earned and includes a statement that the provider offers credit from an accredited sponsor (e.g. ACCME, ANCC, NASW, ACPE).
3. An outline or schedule for the activity.

| Activity date(s) | Activity title | # of CE hours awarded | # of CE hours related to HEC-C Content Outline | Credit hours offered by an accredited provider? Yes/No | HEC-C Domain(s) covered |
|------------------|----------------|-----------------------|--|--|-------------------------|
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2) Other Specified Professional Activities

Specified professional activities must contribute to the practice of Healthcare Ethics Consulting and the majority of the content must be related to the domains and tasks in the HEC-C Content Outline. Each method has specific criteria and, in each case, the majority content must map to domains and tasks on the HEC-C Examination Content Outline.

Academic Course Work

Includes work for which one receives postsecondary academic credit that is related to Healthcare Ethics Consulting. Coursework can be at the graduate or undergraduate level. Applicants may claim up to 1 hour per classroom hour up to a maximum of 10 hours per course. In the event of an audit, you will be required to provide evidence of each activity. It is recommended that you maintain documentation for academic course work that can verify the information provided below.

| Educational Institution | Completion Date | Course Title | Classroom hours (10 max) related to HEC-C Domains | HEC-C Domain(s) covered |
|-------------------------|-----------------|--------------|---|-------------------------|
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Academic Instruction

Served as lead instructor for a class or a course offered for academic credit at the post-secondary level that is related to Healthcare Ethics Consulting. Applicants may claim up to 1 hour per classroom hour up to a maximum of 10 hours per original course. In the event of an audit, you will be required to provide evidence of each activity. It is recommended that you maintain documentation for academic instruction that can verify the information provided below.

| Educational Institution | Completion Date | Course Title | Classroom hours (10 max) related to HEC-C Domains | HEC-C Domain(s) covered |
|-------------------------|-----------------|--------------|---|-------------------------|
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Professional Presentation

An original presentation given upon acceptance after a peer-review process at a meeting or conference of a professional organization. Applicants may claim a minimum of 0.25 and a maximum of 2 hours per unique presentation, including the time to prepare for the presentation and the actual presentation delivery. Hours claimed must each represent presentation of unique content and not a repeat presentation of previously presented content. In the event of an audit, you will be required to provide evidence of each activity. It is recommended that you maintain documentation for each professional presentation that can verify the information provided below.

| Presentation date | Presentation title | Presentation sponsor (conference, course, organization, etc.) | # of hours related to HEC-C Content Outline | HEC-C Domain(s) covered |
|-------------------|--------------------|---|---|-------------------------|
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Institutional-Based Presentations

Original presentations given within an institution or medical center and has been approved for continuing education credit from an accredited sponsor (e.g. ACCME, ANCC, NASW, ACPE). Examples include Grand Rounds, critical care conferences, and institutional lectures. Applicants may claim a minimum of 0.25 and a maximum of 2 hours per unique presentation, including the time to prepare for the presentation and the actual presentation delivery. Hours claimed must each represent presentation of unique content and not a repeat presentation of previously presented content.

| Presentation date | Presentation title | Organization providing presentation and target audience | Credit hours offered by an accredited provider? Yes/No | # of hours related to HEC-C Content Outline | HEC-C Domain(s) covered |
|-------------------|--------------------|---|--|---|-------------------------|
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Publication Activities

Original manuscript(s) published or accepted for publication. To qualify, a manuscript must be a journal article or text book chapter for healthcare professionals. Applicants may claim a maximum of 5 hours of time per unique publication. In the event of an audit, you will be required to provide evidence of each activity. It is recommended that you maintain documentation for each publication activity that can verify the information provided below.

| Manuscript title (article or chapter) | Name of publication and publisher | Check appropriate box | | Date of publication or acceptance | # of hours related to HEC-C Content Outline | HEC-C Domain(s) covered |
|---------------------------------------|-----------------------------------|-----------------------|---------|-----------------------------------|---|-------------------------|
| | | Text | Journal | | | |
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Editorial Services

Service as an editor, editorial board member, or as a peer reviewer for a journal or text book for healthcare professionals. Applicants may claim up to 10 hours per year for service as an editor or editorial board member, based on actual time served; and up to 1 hour per article or text book chapter peer reviewed. In the event of an audit, you will be required to provide evidence of each activity. It is recommended that you maintain documentation for each editorial service that can verify the information provided below.

| Check appropriate box | | Name of publication and publisher | Check appropriate Box | | | Dates of service | # of hours related to HEC-C Content Outline | HEC-C Domain(s) covered |
|-----------------------|---------|-----------------------------------|-----------------------|------------------------|---------------|------------------|---|-------------------------|
| Text | Journal | | Editor | Editorial board member | Peer reviewer | | | |
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