



Fall 2024 Health Care Ethics and Moral Distress Consultation Intensive Training Course

Sunday, October 20: (breakfast and lunch provided)

09:00-9:30 am: **Introduction to the Course (MF Marshall, Julia Taylor, Dawn Bourne)**

1. Welcome and introductions
2. Review of syllabus/mutual expectations

9:30-11:30 am: **Approaches to Moral Reasoning (James F Childress)**

Break: 10:30-10:45

1. Decision making processes or frameworks (K01, K49)
2. Principles-based approaches
3. Case-based reasoning
4. Virtue-based approaches
5. Care/relationship-based approaches
6. Moral psychology

11:30-12:00: Lunch Provided

12:00- 1:30 pm: **Domain 1: Health Care Ethics Consultation/Assessment (MF Marshall)**

Review of ASBH HEC Role Delineation Study: Domains, Tasks, and Knowledge Statements

1. Discussion re: Ethics Consultant Proficiency Assessment Tool Results
2. Gather and discern factual information relevant to the case (e.g., clinical, psychological, spiritual, institutional, legal) (K51)
3. Assess the social and interpersonal dynamics of those involved in the consultation (e.g., power relations, racial, ethnic, and cultural) (K29, K44, K48)
4. Distinguish the ethical dimensions of the consultation from other dimensions (e.g., legal, institutional, medical)
5. Institutional policies (K51)
6. Elicit the moral views of those involved in the consultation
7. Identify relevant assumptions, beliefs, values, and interests of those involved (K28)

8. Identify the ethical concern(s) and the central ethical questions
9. Identify your own relevant experiences, values, and intuitions and how these might influence the consultation

1:30-2:00 pm: **The Patient Care Consulting Subcommittee (statutory requirements and process)**
(Nick Yates)

2:00-2:15 pm: Break

2:15-4:00 pm: **Domain I Continued: Case Discussion**

4:00-4:15 pm: Break

4:15-5:00 pm: **Case and Wrap Up**

Homework: Case for Analysis/Discussion

Monday, October 21 (breakfast and lunch provided)

8:00-9:00 am: **Domain II: Health Care Ethics Consultation/Analysis (Susan Aronhalt)**

Case Discussion

1. Models of ethics consultation
2. Evaluate and apply relevant health care ethics information (e.g., law, institutional policy, professional codes and formal guidance) (K 23, K51, K60)
3. Clarify relevant ethical issues (e.g., confidentiality, privacy, informed consent, best interest, professional duties)
4. Identify a range of ethically acceptable options and their consequences (IC: 79)
5. Evaluate evidence and arguments for and against different options
6. Offer recommendations (IC: 81)

9:00-11:00 am: **Domain III: Health Care Ethics Consultation/Process (Jeffery Spike)**

1. Health care ethics consultant resources and relationships (K44, K50)
2. One-on-one encounters with patients or surrogate decision makers
3. Understanding how patients or their surrogate decision makers interpret health, disease, and illness (K46, K47, K56, K58)
4. Create a respectful and trusting environment (K6)
5. Promote respect for diversity (K 48, K58)
6. Establish realistic expectations about the consultation process
7. Determine whether a particular request will involve only the healthcare ethics consult service or is appropriate for joint effort (K44)
8. Facilitate effective communication among all parties (IC: 78)

9. Identify who should be involved in a consultation (e.g., patient, healthcare professionals, family members) (K44)
10. Collaborate with other responsible persons, departments, or divisions within the institution
11. Facilitate formal meetings (e.g., clarifying participants' roles, identifying the goal, establishing expectations and confidentiality) (K6, K44, K45)
12. Educate involved parties about the ethical dimensions of the consultation (K02, K16, K19, K 20, K21, K22, K28, K31, K42, K43)
13. Recognize and attend to relational barriers to communication (e.g., suffering, moral distress, strong emotions) (K10, K17, K43,
14. Represent the views of the involved parties to others
15. Identify underlying systems issues and bring them to the attention of the appropriate institutional resource for handling such concerns at the appropriate level (K54, K 55, K59)

11:00-11:15 am: Break

11:15-12:15 pm: Domain III: Health Care Ethics Consultation/Process and Entering a Note in the Electronic Medical Record (Julia Taylor)

1. Document consultations in internal healthcare ethics consultation service records
2. Document consultations in patient health records
3. Summarize and communicate documentation to relevant parties
4. Identify the need for and establish the timeline for and complete follow-up activities
5. Provide informal guidance or sounding-board (e.g., "curbside" consultation)
6. Use institutional structures and resources to facilitate implementation of recommendations (K55, K59)

12:30-2:00 pm: Ethics and Moral Distress Consult Services Weekly Meeting

2:00-3:00pm: Mental Health Issues (presentation and case for discussion) (Andrew Legan)

1. Assessing decisional capacity
2. Challenges to providing mental health treatment for patients with medical admissions
3. Judicial treatment orders for emergency custody, temporary detention, involuntary commitment, or mandatory outpatient commitment order related to mental health treatment

3:00-4:00 pm Core Knowledge: Ethical Issues Involving Children and Adolescents (Julia Taylor)

1. Parental permission, decision making, and assent for children (K20)
2. Parental permission, decision making, and assent for adolescents (K 20, K61)
3. Ethical issues involving the treatment of adolescents (K8, K28, K31, K49)

3:30-4:30 pm: **Ethical Issues Involving Neonates (Pete Murray)**

1. Parental permission, decision making, and assent for newborns and infants (K20)
2. Difficult decisions in the delivery room and the NICU

Homework: Case for Moral Distress Analysis/Discussion

Sunday, October 20

**Moral Distress Consultation
Addressing Root Causes of Moral Distress**

Tuesday, October 21: (breakfast and lunch provided)

8:00-9:00 am: **Introduction to Moral Distress, Moral Residue and the Crescendo Effect (Dawn Bourne) (K17)**

1. Health care professionals and their roles, relationships, and responsibilities (K44)
2. Use data to analyze structural or systemic obstacles to excellent care that may have contributed to the need for the consultation
3. Professionals' rights and responsibilities (and conscientious objection to treatment) (K24)
4. Identify patterns (e.g., frequently repeated consultations about the same issue, or from the same unit or department)
5. Consider the implications of outcomes of consultations for the wider organization, including its mission and ethical standards (K54, K55)
6. Recommend policy and practice changes within the organization (K35, K36, K37, K51, K54, K55, K59)
7. Potentially inappropriate treatment/futility (K22)
8. Staff and patient safety (K30)
9. Disclosure and truth telling (K11)
10. Difficult-to-care-for patients and surrogates(K10)

9:00-9:45 am: **Moral Community, Moral Hazard, Moral Injury, Burnout, and Secondary Post-Traumatic Stress (MF Marshall)**

1. Health care professionals and their roles, relationships, and responsibilities (K44)
2. Professionals' rights and responsibilities (and conscientious objection to treatment) (K24)
3. Organizational culture (K55)
4. Health care organization administration (K36)

5. Difficult-to-care-for patients and surrogates(K10)
6. Professional codes of ethics and guidance documents (K23)

9:45-10:00: Break

10:00-11:00 am: **The Process of Moral Distress Consultation (Dawn Bourne)**

11:00-11:45 am: **Addressing Institutional Challenges to Moral Distress Consultation (Dawn Bourne)**

1. Conflicts of interest and obligation (K07)
2. Health care organization administration (K36)

11:45-1:00 pm: Lunch provided

1:00-2:00 pm: **Domain I: Addressing End-of-Life Issues (Dea Mahanes)**

1. Common end-of-life treatments and conditions/life sustaining treatment (K16)
2. Treatment goals and the related plan of care (K46)
3. Central moral concepts (K01)
4. End-of-life decision making (K14)
5. Factors that influence the process of health care decision making (K42, K43)
6. Community beliefs and perspectives that bear on the health care of marginalized groups (K48, K58)
7. Potentially inappropriate treatment/futility (K22)
8. Professionals' rights and responsibilities (and conscientious objection to treatment) (K42, K51)
9. Development of health policy (K35)
10. Major controversies surrounding end-of-life treatment decisions
11. Determination of death (K09)
12. Palliative care and pain management (K19)
13. Legal and policy issues
14. Federal, state, and local statutes and case law (K61)

2:00-3:00 pm: **Domain IV: Healthcare Ethics Consultation/Evaluation and Quality Improvement (IC: 82, 93) (Kat Egressy)**

1. Management of conflicting interests and commitments (K7)
2. Disruptive or impaired providers (K12); patients' rights and responsibilities (K21)
3. Obtain feedback from persons involved in ethics consultations
4. Use criteria to evaluate ethics consultation outcomes (e.g., satisfaction, conflict resolution, and knowledge acquisition)
5. Ensure systematic recording of ethics consultation data
6. Use data to analyze structural or systemic barriers to effective consultation process

7. Use data to analyze structural or systemic obstacles to excellent care that may have contributed to the need for the consultation
8. Identify patterns (e.g., frequently repeated consultations about the same issue, or from the same unit or department)
9. Consider the implications of outcomes of consultations for the wider organization, including its mission and ethical standards
10. Recommend policy and practice changes within the organization (K35)

3:00-3:15 pm: Break

3:15-4:00 pm: **Moral Distress Case Analysis: Discussion (All)**

4:00-4:30 pm: **Wrap up and Course Evaluation**