

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

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