Development of the Assessing Clinical Ethics Skills (ACES) Tool

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Context

• ASBH Quality Attestation
  • Move to standardize competencies for clinical ethics consultants
  • Portfolios – Pilot phase
  • How to assess interpersonal skills?
Context

- Develop Assessment Tool for Simulated Ethics Consultations
  - As close to “live” performance as feasible
- Use Simulated Ethics Cases to Rate Ethics Consultant’s (student’s) performance on competencies
  - Supplement QA portfolio
- Tool Development
- Case Development
- Rater Training
- Pilot Course
Tool Development

• Assessing Clinical Ethics Skills (ACES) Tool
  • 4 Bioethicists + Medical Education assessment expert
  • Existing Assessment Tools
    • VA Ethics Proficiency Assessment Tool = established self-assessment tool
    • Based on ASBH Core Competencies
    • Selected 12 items from VA tool as framework for ACES
      • Not comprehensive for all elements of ethics consultation
      • Identified specific behaviors to be assessed for each item
      • Only those we could assess within a simulation
Tool Development

• Assessing Clinical Ethics Skills (ACES) Tool
  • In-depth process of selection and refining behaviors to reach consensus
  • Used past student videos from ethics simulation course to train raters
  • Stufflebeam’s Guidelines (2000) for Checklist Evaluation Development
Training Raters

• Reviewed Core Competencies and VA Ethics Tool
• Agreed elements to include on ACES tool
  • What was within the scope?
• Viewed ethics case videos and revised the tool
• Drafted guidance for scoring each item
• Ongoing process
Ethics Case Simulations

• Case 1 – Stroke
  • 78 y/o woman with 7 cm right-sided ischemic stroke
  • Intubated and transferred to medical center for surgical evaluation
  • Daughter Patti is POA wants to withdraw, physician wants 7 days

• Case 3 – Futility
  • 67 y/o woman with non-resectable colon cancer, other co-morbidities (CHF, pulmonary embolism?)
  • “Full code” based on discussion with patient
  • Daughter Jane is decision maker and wants to keep going, physician thinks it is futile
# Average Observed Agreement of Raters

<table>
<thead>
<tr>
<th>Student</th>
<th>Case 1 (%)</th>
<th>Case 2 (%)</th>
<th>Case 3 (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student 1</td>
<td>98.1</td>
<td>94.5</td>
<td>100.0</td>
</tr>
<tr>
<td>Student 2</td>
<td>66.7</td>
<td>73.5</td>
<td>78.4</td>
</tr>
<tr>
<td>Student 3</td>
<td>93.2</td>
<td>92.6</td>
<td>96.3</td>
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<tr>
<td>Student 4</td>
<td>92.0</td>
<td>88.9</td>
<td>94.8</td>
</tr>
</tbody>
</table>

Wasson et al 2015
ACES Carrot Case

- [https://lucapps.luc.edu/acespublic/aces.htm](https://lucapps.luc.edu/acespublic/aces.htm)
Lessons Learned

• Simulation can be helpful in training clinical ethics consultants
• Must be focused with clear aims and competencies identified
• Assessing interpersonal, process, analytic skills
• Resource intensive
Future Directions

• Launch ACES website in 2015
• Create additional ethics case simulation videos for training
• Explore ways of using simulation and ACES tool with other clinical ethics groups for QA portfolio
  • Links to Catholic Healthcare
ACES: Process Skills

• Mange the formal meeting
• Gather relevant data
• Express and stay within the limits of the ethics consultant’s role
ACES: Interpersonal Skills

- Listen well, and communicate interest, respect, support, and empathy to participants
- Elicit the moral views of the participants in a non-threatening way
- Enable participants to communicate effectively and be heard by other participants
- Accurately and respectfully represent the views of the participants to others
- Educate participants regarding the ethical dimensions of the case
- Mediate among competing views
ACES: Analytic Skills

• Distinguish the ethical dimensions of the consultation from other, overlapping, dimensions
• Identify and explain a range of ethically justifiable options and their consequences
• Recognize and address barriers to communication