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Article abstract

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ACTES DE COLLOQUE / CONFERENCE PROCEEDINGS

Do Clinical Ethicists Improve with Experience? And, If So, How Would We Know?

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CANADIAN BIOETHICS SOCIETY / SOCIÉTÉ CANADIENNE DE BIOÉTHIQUE
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Résumé
Lors de l'atelier organisé dans le cadre de l'atelier et du forum communautaire 2023 de la SCB-SCB, nous avons exploré et problématisé le concept d'« amélioration » des éthiciens cliniques, dans le contexte plus large des discussions sur la professionnalisation de l'éthique clinique. Ce résumé présente les principaux points de vue d'éthiciens cliniques à travers le Canada sur ce sujet et comprend des suggestions sur les mesures que nous pourrions prendre sur le terrain pour permettre et soutenir l'amélioration des éthiciens cliniques à l'avenir.

Abstract
During our workshop at the 2023 CBS-SCB Workshop and Community Forum, we explored and problematized the concept of "improvement" of clinical ethicists, situated within the larger context of discussions about the professionalization of clinical ethics. This summary provides key insights on this topic by clinical ethicists from across Canada and includes suggestions for steps that we might want to take in the field to enable and support the improvement of clinical ethicists going forward.

Mots-clés
amélioration, éthique clinique, éthique des soins de santé, consultation, professionnalisation, évaluation, compétence

Keywords
improvement, clinical ethics, health care ethics, consultation, professionalization, evaluation, competency

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INTRODUCTION

For more than a decade, the field of clinical ethics has been concerned with issues of professionalization (1), standardization and education (2-3), and evaluation (4-5) of clinical ethics consultation, which continue to receive attention in the literature (6-10). Those of us working in the field are familiar with the challenges associated with these three related endeavours. Here, however, we are interested in the question of improvement as it relates to clinical ethics consultation work; and more specifically, whether clinical ethicists improve with experience in their consultative work, and the mechanisms or contextual features that enable improvement. This topic, while closely related to the topics noted above, has received significantly less attention yet is critical to adequately addressing both the training and ongoing assessment of clinical ethicists. While we appreciate that the role of the clinical ethicist is much broader than ethics consultation, we narrowed our focus for the purposes of the workshop to improvement in the consultative context. We considered consultation broadly, including patient groups and policy consultation, for instance, in addition to the more standard individual patient-based consultation.

While definitions of "improvement" typically capture the idea of "getting better" (11), this concept seems more complex when applied to the practice of clinical ethics consultation. After all, while there may be an assumption in clinical ethics discourse that clinical ethicists improve over time – just consider how the title "senior ethicist" often seems to be allocated based on years of practice – experience *doing* ethics consultations might not automatically lead to improvement in the *quality* of ethics consultation. In fact, there may be reasons to doubt that clinical ethicists inevitably improve with experience and so continue to improve over the course of their careers. Consider the possibilities of biases and cognitive errors becoming entrenched, the development of over-confidence, experiences of work-related burnout and exhaustion, strengthened alignments with certain stakeholders, and/or education and training becoming outdated (or forgotten!).

From September 2022 to May 2023, five[1] clinical ethicists from across Canada[2] met regularly to discuss these ideas, conduct a literature review, and develop a national workshop for the 2023 Canadian Bioethics Society-Société canadienne de bioéthique *Workshop and Community Forum* ("CBS-SCB Forum"), held virtually from May 15-18, 2023. Group members spanned career stages from early career to recently retired, and had diverse disciplinary backgrounds, including philosophy, law and anthropology, reflecting some of the many different paths taken by ethicists in Canada.

Our discussions challenged the assumption that practice at ethics consultation inevitably improves one's performance in this area of clinical ethics practice. We focused on several lines of inquiry that we wished to explore further with the larger bioethics community. What does improvement in the clinical ethicist's performance look like? How is it assessed? What does improvement *feel* like, from the first-person perspective of the clinical ethicist?[3] Which aspects of the consultation role lend themselves to improvement over time? Which aspects are more resistant in this regard?

In what follows, we explain the structure of the workshop and the questions we posed to participants for discussion. We then summarize the key themes that were prevalent in participants' responses, including possible next steps to advance the conversation.

WORKSHOP DESCRIPTION AND EXPOSITION

We developed a 3.5-hour workshop specifically designed to elicit the thoughts and perspectives of other interested individuals on the topic of improvement in clinical ethics consultation. We facilitated this workshop on May 16, 2023, during the four-day CBS-SCB Forum. During the workshop, approximately 30 participants, including practising clinical ethicists, administrators, students and fellows, from across Canada, gathered together to discuss the following questions:

1a) Do ethicists improve over time and, if so, what is the trajectory of this improvement?
1b) How do we know that we are improving? What does it feel like?

2a) Which aspects of the consultation role improve "naturally" over time? How? Why?
2b) Which aspects of the role require more deliberate attention? How? Why?

3) How should we structure the field of clinical ethics to enable improvement?

4) What are the next steps following today's discussion?

Discussions of questions 1 and 2 took place in small groups and then were shared and discussed further within the full group. The four small groups were determined randomly, except for a workshop facilitator being assigned deliberately to each group. Questions 3 and 4 were discussed solely as a large group. The workshop facilitator took notes and reviewed the transcripts and recording of the workshop in order to capture the common themes of the responses. These common themes discussed in response to each question are summarized here.

Question 1a. Do ethicists improve over time and, if so, what is the trajectory of this improvement?

In a poll shared at the beginning of the workshop asking, "Do clinical ethicists improve over time?", 40% of workshop attendees answered that they "strongly agree", 45% "somewhat agree", and 15% were "neutral". No one selected the remaining answers of "somewhat disagree" or "strongly disagree". The small group discussions confirmed a general consensus that clinical ethicists do improve over time. However, participants also reaffirmed our problematization of the mechanisms of "improvement", wondering if it related to time, experience, exposure, or self-reflection. In other words, what are the key factors that influence this improvement?

Following on this idea, participants noted that one's growth, job focus, and opportunities are significantly determined by one's institutional environment. Job requirements and workplace relationships/structures can set expected areas of work or specialization, bring to the forefront certain needs or demands, engender new consults or exposure to more complex cases, and present opportunities to build relationships and skills that are important for growth.

Question 1b. How do we know that we're improving? What does it feel like?

Workshop participants noted that many assessments of improvement are inherently problematic. For example, newer clinical ethicists may experience "imposter syndrome" (a belief that one is less competent or intelligent than others might think, coupled with the fear that this truth will be discovered) (12) and related physiological manifestations of nerves, which may abate over time. However, increasing comfort or confidence may not necessarily correlate to improvement in the actual conduct of an

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[1] Jennifer Flynn and Victoria Seavilleklein first met to discuss these ideas, inviting Frank Wagner and Katarina Lee-Ameduri to join them for greater diversity in disciplinary background and career experience, and, thus, perspectives. Andrea Frolic was welcomed into the group in April 2023 when it became known that Frank Wagner would not be able to attend the workshop; Andrea contributed substantively to the development of the topic and the workshop.
[2] Group members were from Alberta (VS), Manitoba (KL), Ontario (FW, AF) and Newfoundland (JF).
[3] Notably, despite the great interest currently in the training and evaluation of clinical ethicists, that literature glances over the potential role of first-person perspectives in these considerations.

ethics consultation. Increasing confidence may, in fact, reflect ingrained cognitive biases or complacency, such as not paying as much attention; pre-judging the case, content, or outcome; skipping steps in the process; or losing curiosity or an open-ness to new possibilities.

Participants also noted the challenges of relying on the feedback of others, especially concepts of "satisfaction" or of "being liked" by those who request consultations, which may not correlate straightforwardly with doing good ethics work. In many cases, participants noted that their direct supervisors/managers who are not trained in ethics are not necessarily qualified to assess ethics competency, let alone improvement.

Other indications of improvement were also noted, including feeling more integrated into the heath system, and being more efficient with time and task management.

Question 2a. Which aspects of the consultation role improve "naturally" over time? How? Why?

The term "naturally" was defined by workshop facilitators to mean "without deliberate attention paid." However, workshop participants still debated this term, noting that certain structures and opportunities enable improvement; for example, the existence of a peer group enables opportunities for debriefing and peer reflections for ethicists, which may not be available to ethicists working in isolation.

Participants recognized that the natural process of aging and the accumulation of life experiences of clinical ethicists might lead to improvements in their consultation work, including becoming more empathetic toward patients and others, and helping to recognize underlying power dynamics. Similarly, increased familiarity with the work environment, health system and political landscape was generally thought to improve elements like navigating new or complex situations, being able to respond to needs, and "political acumen" (i.e., recognizing and using power). Another theme raised by attendees was that experience over time can help to improve abilities like "reading the room", "clinical intuition" (i.e., getting a sense of what is really going on and recognizing the deeper issues), recognizing patterns and themes in consults, seeing various perspectives, and asking the right questions.

Question 2b. Which aspects of the role require more deliberate attention? How? Why?

A common theme among workshop participants was the need to recognize our weaknesses and identify particular areas for improvement. For instance, some aspects of the training of clinical ethicists might conflict with desired approaches to clinical ethics; one example noted by participants is that philosophical training teaches directness, clarity, and rational argumentation, whereas clinical ethics consultations tend to be less well-defined and often require a more nuanced approach that recognizes the emotional, relational and political dimensions of clinical scenarios. Also, other participants observed that some aspects of the personalities of clinical ethicists may make certain parts of the role more challenging; for example, people who are introverted may find it harder to facilitate group consultations while people who are more extroverted may find it harder to sit down and write a consult report.

Participants also commented that deliberate attention would be required to counter some possible negative effects of experience over time, most particularly over-confidence. Such efforts might include nurturing humility, learning to be comfortable with being wrong and being challenged, together with being self-compassionate. Attention should also be paid to addressing challenges associated with repeat consultations, such as fatigue and boredom or burnout, which might result in consequences such as skipping process steps, pre-judging the conclusions of consultations, engraining cognitive biases, and complacency.

Participants also noted the need for more deliberate attention to stay current with the bioethics literature.

Question 3. How should we structure the field of clinical ethics to enable improvement?

Given the need for increased feedback from people who understand the role, the workshop group felt it would be important to have more structured ways of providing peer reflection and peer review. Formats should include both discussion (e.g., in a community of practice) and observed practice (e.g., simulated consultations, partner work, or even an ethics exchange program).

The group also reflected upon other disciplines that have career-long mentors, suggesting that we should establish a supervisorial or mentorship relationship for all clinical ethicists throughout their careers.

Finally, the group recommended that we consider ways to support clinical ethicists in the emotional and trauma-exposed elements of the role (e.g., becoming involved in sad and/or difficult cases) and to work on aspects of the self (e.g., introspection, and aspects of one's personality that may not have a natural fit with some parts of the ethics consultation role).

Question 4. What are the next steps following today's discussion?

Workshop participants greatly appreciated the chance to explore these questions and suggested creating further opportunities for discussion, such as during a conference or in person. More in-depth focus on the conceptual issues was suggested, such

as what we mean by improvement, what might lend itself to improvement, and what structures are necessary to facilitate improvement. The group also wished for further discussion about areas where we might not improve or might even get worse, and how to address these, both within the field and at an individual level (i.e., how do we recognize and describe our failures, and how we are supported to see these as learning opportunities).

As workshop facilitators, we identified several areas requiring further exploration. These include questions of improvement as it relates to: 1) areas of the clinical ethicist role that were not included in this workshop, primarily education, research, and policy work; 2) the social, political, and institutional factors that influence the role of clinical ethicists and, hence, define the contours of the areas in which we are able to improve; and 3) access to, and provision of, the ethics consultation services provided.

CONCLUSION

Holding this national workshop contributed significantly to our workshop group's deliberations on the topic of improvement. Certain insights gleaned from workshop discussions are worth noting here. One was the importance of self-reflection in assessing improvement, including having an awareness of one's own personality traits, and general strengths and weaknesses. The importance of peer reflection was also heavily emphasized, highlighting the built-in opportunities for critical reflection and feedback for those ethicists working in teams and the inherent disadvantages in this regard of clinical ethicists working in isolation. The need for a larger community, such as the Canadian Bioethics Society-Sociéte canadienne de bioéthique, in which to have these kinds of conversations is also key.

The recognition that systemic factors can shape improvement was also deeply insightful, making it clear that discussions about improvement cannot consider only the individual ethicist but must take into account the larger context in which they work. Factors that can facilitate or hinder opportunities for improvement may include the contours of one's job, certain organizational structures, and the supportive nature (or lack thereof) of the organization.

An additional take-away was that the field of clinical ethics lacks an authoritative body, such as a health professional college or accreditation body, to set practice standards, which thus complicates our reflections on clinical ethicists' improvement. For instance, against what standard are we to gauge improvement? Must a clinical ethicist rely only on their own internal standard? What does it mean to develop advanced skills in certain sorts of practices? Finally, the possibility of clinical ethicists failing to improve over time, or even getting worse in certain areas, is crucial to explore further.

This workshop presented a unique opportunity to discuss the important topic of improvement with a broad cross-section of members of the Canadian bioethics community. In general, workshop participants were engaged with, and seemed to find important, this range of exploratory questions about the improvement of clinical ethicists. Participants were enthusiastic to find further opportunities to continue these discussions, to work together to facilitate our own improvement as clinical ethicists, and to learn how to better define, assess, and support the improvement of clinical ethicists writ large. We believe that achieving greater clarity about the concept of improvement is central to the ongoing conversations about the professionalization of clinical ethics in Canada.

REFERENCES

1. Canadian Association of Practicing Healthcare Ethicists/Association Canadienne des éthiciens en soins de santé.
2. American Society for Bioethics and Humanities. Core Competencies for Healthcare Ethics Consultation. 2nd edition. 2011.
3. American Society for Bioethics and Humanities. Healthcare Ethics Consultation-Certified Program. HCEC Certification Commission.
4. Finns JJ, Kodish E, Cohn F, et al. A pilot evaluation of portfolios for quality attestation of clinical ethics consultants. American Journal of Bioethics. 2016;16(3):15-24.
5. Pearlman RA, Foglia MB, Cohen JH, Chanko BL, Berkowitz KA. Ethics consultation quality assessment tool: a novel method for assessing the quality of ethics case consultations based on written records. American Journal of Bioethics. 2016;16(3):3-14.
6. Bell JAH, Salis M, Tong E, et al. Clinical ethics consultations: a scoping review of reported outcomes. BMC Medical Ethics. 2022;23:99.
7. Cohn F. Ethics consultation: data and the path to professionalization. American Journal of Bioethics. 2022;22(4):1-4.
8. Haltaufderheide J, Nadolny S, Vollmann J, Schildmann J. Framework for evaluation research on clinical case interventions: the role of ethics consultants. Journal of Medical Ethics. 2022;48(6):401-6.
9. McClimans L, Pressgrove G, Campbell E. Objectives and Outcomes of clinical ethics services: a Delphi study. Journal of Medical Ethics. 2019;45(12):761-9.
10. Schildmann J, Nadolny S, Haltaufderheide J, Gysels M, Vollmann J, Bausewein C. Do we understand the intervention? What complex intervention research can teach us for the evaluation of clinical ethics support services (CESS). BMC Medical Ethics. 2019;20:48.
11. Cambridge Dictionary. Improvement.
12. Psychology Today Canada. Imposter Syndrome.