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Clinical Ethics Training in Canada: Moving Towards Standardization

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Résumé de l'article

Ce texte résume la présentation et les commentaires des parties prenantes recueillis lors de l'atelier de la Société canadienne de bioéthique et du forum communautaire de mai 2023, lors d'une session intitulée « Clinical Ethics Fellowship in Canada: Making the Move Towards Standardization ». Ce résumé donne un aperçu du paysage des bourses en éthique clinique au Canada, y compris les lacunes actuelles dans la formation des éthiciens des soins de santé canadiens et les possibilités de progresser vers la normalisation.

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ACTES DE COLLOQUE / CONFERENCE PROCEEDINGS

Clinical Ethics Training in Canada: Moving Towards Standardization

CANADIAN BIOETHICS SOCIETY SOCIÉTÉ CANADIENNE DE BIOÉTHIQUE
In collaboration with / En collaboration avec

Winifred Badaiki[a], Andrea Frolic[a,b]

Résumé
Ce texte résume la présentation et les commentaires des parties prenantes recueillis lors de l'atelier de la Société canadienne de bioéthique et du forum communautaire de mai 2023, lors d'une session intitulée « Clinical Ethics Fellowship in Canada: Making the Move Towards Standardization ». Ce résumé donne un aperçu du paysage des bourses en éthique clinique au Canada, y compris les lacunes actuelles dans la formation des éthiciens des soins de santé canadiens et les possibilités de progresser vers la normalisation.

Mots-clés
éthique, fellowship, consultation éthique, formation, standardisation, accréditation

Abstract
This paper summarizes the presentation and stakeholder feedback gathered from the Canadian Bioethics Society Workshop and Community Forum in May 2023, in a session entitled, "Clinical Ethics Fellowship in Canada: Making the Move Towards Standardization". This summary provides insight into the clinical ethics fellowship landscape across Canada, including current gaps in the training of Canadian healthcare ethicists and opportunities to advance the journey towards standardization.

Keywords
ethics, fellowship, ethics consultation, training, standardization, accreditation

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INTRODUCTION

Clinical ethics is a discipline that provides stakeholders in healthcare settings with education, resources, tools and practical assistance in responding to moral dilemmas in healthcare. The American Society for Bioethics and Humanities' (ASBH) *Core Competencies for Healthcare Ethics Consultation* outlines the essential knowledge, skills and traits expected of clinical ethicists (1,2). Clinical ethics training improves the ability of healthcare professionals to competently identify and address ethical problems they encounter in their practice (3).

In Canada, opportunities for graduate education in clinical ethics are scarce, and programs geared toward direct and hands-on clinical ethics training are further limited. Informal conversations among members of the ethics team at Hamilton Health Sciences (HHS), as well as clinical ethics fellows and clinical ethicists[1] working in healthcare settings across Canada revealed that clinical ethics fellowship programs operate with great variability. Unlike training programs for nurses, pharmacists, social workers or physicians – which have uniform standards and accrediting bodies that enable trainees to appraise the strength of their training and ensure appropriate assessment of their skills – the variability in ethics fellowships and the absence of a standardized curriculum and assessment process leaves both fellows and prospective employers vulnerable. Clinical ethics fellows cannot accurately determine whether they are adequately trained compared to their peers or whether they are prepared for independent practice, and employers hiring clinical ethicists cannot define clear performance expectations for incoming employees who have just completed a fellowship. In addition to the above concerns, internationally, healthcare ethics is grappling with questions of competency and quality; the creation of the ASBH Healthcare Ethics Consultant-Certified (HEC-C) exam in the USA is one example of an attempt to create a standardized process to assess readiness to practice for clinical ethicists. This national and international context informed our interest in exploring a path forward for the standardization of clinical ethics training in Canada.

WORKSHOP DESCRIPTION

The HHS ethics team decided to initiate a national conversation about the state of clinical ethics training in Canada by presenting a workshop at the Canadian Bioethics Society (CBS-SCB) Workshop and Community Forum in May 2023; the session was entitled, "Clinical Ethics Fellowship in Canada: Making the Move Towards Standardization". Our aim for the workshop was to 1) explore Canada's ethics fellowship landscape to understand the similarities and differences across various programs; 2) engage in perspective-taking by stakeholders on the pros and cons of standardization of fellowship programs, and; 3) foster an open session to exchange ideas regarding the potential to standardize ethics fellowships in Canada. The workshop was attended by 32 participants from across Canada, and 1 participant from the USA. Approximately 40% were

[1] Note on terminology: throughout the paper, we refer to "clinical ethicists" or "clinical ethics fellows" as those who practice (or are learning to practice) healthcare ethics in a clinical setting. Their work may incorporate various branches of ethics, including clinical ethics, organizational ethics and research ethics. While these individuals may teach or do research in academic settings, they are generally employed by healthcare systems, not universities, and their practice focuses on the delivery of ethics services within clinical environments.

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early career ethicists (students, fellows or in first few years of practice) and 60% were mid-career ethicists. For the purpose of our workshop, an early career ethicist was defined as someone with less than five years of experience and a mid to late career ethicist was defined as someone with five years or more experience.

Table 1: Participant Origins and Stage of Career

Province/State	Early career ethicist(s)	Mid- late career ethicist(s)
Alberta, CA	1	6
British Columbia, CA	-	3
Manitoba, CA	1	-
Newfoundland and Labrador, CA	1	2
Nova Scotia, CA	1	1
Ontario, CA	7	6
Quebec, CA	-	2
Washington, USA	-	1

The session, which was designed to be interactive, was divided into three main sections. In the first section, we invited fellowship directors from across Canada to provide a summary of their program and engage in brief discussion on the current state of fellowships in the country. The second section involved stakeholder engagement on key questions about fellow recruitment and training. For this portion, participants were split into two groups – Group 1 comprised of students, current fellows and trainees and early career ethicists, while Group 2 comprised of mid- to advanced career ethicists. These breakout groups were designed deliberately to ensure participants could share their unique perspectives and thoughts freely and comfortably among peers. The final phase of the workshop involved a joint conversation wherein all participants analyzed a case vignette about a bioethics program looking to develop a fellowship program, discussed the pros and cons of standardization, shared themes discussed in the breakout groups, and brainstormed next steps. Polls were distributed during the session, and the answers were recorded manually. The facilitators reviewed the transcripts and audio recordings of the workshop to identify themes, which are summarized below.

WORKSHOP THEMES

Before the fellowship: Challenges in fellow recruitment

One of the questions posed to the participants was about the admission requirements for an ethics fellowship, including qualifications and skills: “What do you think is the most important academic qualification required to get into an ethics fellowship?” to which 74% of attendees selected “masters” while 26% responded “PhD”. The other answers (“Bachelors”, “Other terminal degrees” and “None of the above”) were not selected. Participants from both groups noted that although most candidates accepted into clinical ethics fellowships are required to have a background in philosophy or applied ethics, the clinical ethics landscape is comprised of people with different academic qualifications ranging between philosophy, medicine, nursing, anthropology, and social work, among others. There was agreement between the two groups on the importance of specifying base degrees for entry into a fellowship. Participants from Group 1 particularly advocated for designating a master’s degree as the base degree for admittance into a fellowship. Although Group 2 participants were not opposed to this, some attendees mentioned that fellows also need to have developed maturity and demonstrate adequate clinical experience to be set up for success. For example, candidates from fields where clinical exposure is not part of their training, such as philosophy or anthropology, would benefit from gaining clinical experience through an internship or other practicum, prior to the ethics fellowship, to understand how to navigate clinical environments.

Participants from both groups argued that candidates from other fields not directly related to the practice of bioethics or healthcare, such as law or the life sciences, should be encouraged and accepted into clinical ethics fellowships. Given that clinical ethics has a human resource problem, with some posted positions going unfilled because of a lack of skilled candidates, further restricting admissions into fellowships could reduce the labour pool.

In response to the question about how to structure a fellowship – including length, employee status (full-time or part-time), training model and compensation – attendees agreed that it is difficult standardize these across different settings. Most programs train fellows based on the needs of their geographical location, available staff to support training, funding, and workload of the ethics program. All of these factors influence the timeframe of a fellowship. There was consensus amongst Group 2 participants that the ideal duration for a fellowship is one to two years, as this allows the fellow to gain familiarity with the healthcare system, build collaborative relationships, understand the variety of ethical issues in healthcare, learn how to use decision-making frameworks and develop effective conflict resolution skills.

The caseload of a program also influences the duration of the fellowship. A fellow training in a program with a low-volume caseload may not be ready to graduate at the end of one year. Although the American Association of Bioethics Program

Directors (4)[2] recommends fellows serve as the lead consultant for at least 30 clinical ethics consultation cases, it was highlighted by participants that it is unrealistic to have a set number of hours or cases as a goal to be met by fellows, as some programs do not receive a high volume of cases.

On the topic of compensation, Group 1 participants noted the meagre compensation most fellowships provide, because they are categorized as trainees, which may discourage a prospective fellow from applying to a fellowship with a longer duration. One the other hand, Group 2 recognized the challenge that compensation presents for fellows, but also identified that compensation and duration are both influenced by available funding, which is always tight in healthcare organizations.

During the fellowship: Challenges in fellow training

Clinical ethics is an interdisciplinary practice, and those working in the field have different training and backgrounds. Given that people enter fellowships with varied backgrounds, the workshop participants were asked to consider how to support fellows to meet their learning goals and to properly assess their competencies and shortcomings. Group 1 participants were asked what supports they require to be successful as a fellow. They articulated the importance of regular assessment meetings with supervisors, creating an environment within which fellows can identify gaps and progress, engaging in reflection about competencies and skills with supervisors and using peer support. In addition to regular assessments and reflections, Group 2 participants noted the importance of having a standard competency assessment framework at the outset to help define reasonable expectations and responsibilities of the fellow and the fellowship program.

Another method of assessment suggested by Group 2 participants is through Objective Structured Clinical Examination (OSCE) style cases. OSCE is designed to be objective and is typically used in assessing healthcare trainee's practical skills and competence across multiple disciplines in a standardized environment. Carrying out practice sessions using OSCE style cases will enable ethics fellows to practice and demonstrate their competencies and skills across various areas of healthcare ethics, including areas in which they may not have gained much exposure due to institutional constraints. To this point, participants suggested there might be a role for fellowship supervisors to carry out collective evaluations of fellows across different programs to avoid biased evaluations from direct supervisors. Recurring evaluation and assessment will help clarify the fellows' strengths and growth edges and determine whether the fellow will require an extension to meet their goals and basic competencies.

End of fellowship: Challenges in fellow assessment

In this portion, we asked participants how supervisors should assess a fellow's readiness for independent practice: "Should ethics fellows take certification exams such as the healthcare ethics consultant certification (HEC-C) exam from the American Society of Bioethics and Humanities (ASBH)?" According to the ASBH (5), "the Healthcare Ethics Consultant-Certified (HEC-C) program identifies and assesses a national standard for the professional practice of clinical healthcare ethics consulting…and affirms your expertise, competence, and skillset". The majority of the participants answered "No", followed by "Maybe", while "Yes" received the least positive responses. While there was no agreement on using the HEC-C as an assessment for readiness for independent practice, Group 2 participants discussed a variety of strategies used when hiring clinical ethicists to assess the competencies of candidates, including assigning topics for presentation and carrying out mock consultations or using case studies in the interview to assess readiness to work independently.

The participants in both groups also noted that fellows cannot learn everything about the role of a clinical ethicist during their fellowship; therefore, hiring organizations need to design orientation and provide mentorship to support successful practice when transitioning to a new environment. Ideally, an ethicist with more experience would work closely with the new hire to ensure that they are prepared and supported to work independently.

Next steps toward the goal of standardization of clinical ethics fellowships in Canada

The workshop participants agreed that it is time to muster concentrated effort towards standardization of ethics fellowships in Canada. Specifically, there was interest in creating a working group or community of practice in order to continue the discussion and develop strategy. This may involve looking across the border, learning what has been done in other jurisdictions and collaborating to reach the goal of standardization.

Participants articulated the importance of carefully thinking about and defining standards for ethics fellowships before setting them. To achieve this goal, it may be beneficial to consult similar professions that have successfully tackled the issue of setting standards (6), such as chaplaincy or psychotherapy, among others.

[2] The American Association of Bioethics Program Directors (2017) proposed standards for Clinical Ethics Fellowship Programs and they were presented to participants to guide the discussions. They are:

- All Fellows have a terminal degree in a field acknowledged as an accepted discipline that contributes to clinical ethics
- All Fellows receive training or grounding in the American Society for Bioethics and Humanities (ASBH) Core Competencies for Healthcare Ethics Consultation, 2nd ed. (2011) sufficient to function as an individual or single or lead clinical ethics consultant independently
- The Fellowship Program is at least 11 months full-time or the equivalent
- All Fellows receive direct supervision and mentorship for the duration of their training
- All Fellows serve as the lead consultant for at least 30 clinical ethics consultation cases
- All Fellows are periodically assessed and evaluated for meeting the skills and knowledge necessary to carry out consultations in accord with the ASBH core competencies

In pursuing standardization, attendees recognized that fellowship programs may benefit from collaborating with other programs (7). This may include pooling resources, identifying similarities and disparities in programs, sharing fellowship resources, structures, and methods of evaluation, and providing mentorship/education across programs. Such collaboration would enable fellows to get exposure to different organizations and jurisdictions, to learn the strengths and gaps of their and other fellowship programs.

CONCLUSION

We set out to explore the current landscape of ethics fellowships in Canada and exchange ideas regarding the opportunity for standardization. From the discussion, it is clear that the structures, methods of education, funding, and duration of fellowships across Canada have both similarities and important differences. The journey towards standardization for clinical ethics fellowships in Canada does not promise to be an easy one, but participants were enthusiastic to continue the conversation and co-design standards collaboratively. We also learned from our American colleague that the issues around standardization are not unique to Canada, given the massive variability in the structures of fellowship programs and the absence of an accrediting body in the USA. Standardization could help define: the baseline skills a fellow should possess pre-fellowship; the pathways to developing core competencies; and the most appropriate means of competency assessment, while accommodating the diverse backgrounds fellows bring to the role. Developing common evaluation methods and expectations for a fellowship curriculum would help promote consistency, equality, accountability and transparency for fellows and supervisors and help prospective employers to feel more confident in the competencies of fellowship graduates.

Our workshop did not attempt to address other salient questions such as how standards of practice for clinical ethics should be defined or whether ethics fellowship programs should be accredited. However, the workshop was an opportunity to gather information from key stakeholders across the country (both early- and mid-career ethicists as well as current fellowship directors) to gauge the readiness of the field for pursuing the standardization of ethics fellowships. And it identified key themes and strategies to be considered in the process. Our hope is that this workshop will spark more collaboration between ethics fellowship programs across Canada and contribute to ongoing deliberations about the professionalization of clinical ethics in Canada and beyond.

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REFERENCES

1. American Society for Bioethics and Humanities. Core Competencies for Healthcare Ethics Consultation, 2nd edition. 2011.
2. American Society for Bioethics and Humanities' Clinical Ethics Task Force. Improving Competence in Clinical Ethics Consultation: An Education Guide, 2nd edition. 2009.
3. Bailey M and Paulose B. Clinical ethics training opportunities in Canada. Impact Ethics. 13 Oct 2022.
4. Association of Bioethics Program Directors. Clinical Ethics Fellowship Program Standards. Nov 2017.
5. American Society for Bioethics and Humanities. Healthcare Ethics Consultant-Certified Program.
6. Moore B, Horner C. Variation in clinical ethics fellowship programs: Lessons from the field. Journal of Clinical Ethics. 2020;31(3):277-82.
7. Spike JP. Resolving the vexing question of credentialing: Finding the Aristotelian mean. HEC Forum. 2009;21(3):263-73.