Target Article

Ethics Consultation Quality Assessment Tool: A Novel Method for Assessing the Quality of Ethics Case Consultations Based on Written Records

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Although ethics consultation is offered as a clinical service in most hospitals in the United States, few valid and practical tools are available to evaluate, ensure, and improve ethics consultation quality. The quality of ethics consultation is important because poor quality ethics consultation can result in ethically inappropriate outcomes for patients, other stakeholders, or the health care system. To promote accountability for the quality of ethics consultation, we developed the Ethics Consultation Quality Assessment Tool (ECQAT). ECQAT enables raters to assess the quality of ethics consultations based on the written record. Through rigorous development and preliminary testing, we identified key elements of a quality ethics consultation (ethics question, consultation-specific information, ethical analysis, and conclusions and/or recommendations), established scoring criteria, developed training guidelines, and designed a holistic assessment process. This article describes the development of the ECQAT, the resulting product, and recommended future testing and potential uses for the tool.

Keywords: clinical ethics, ethics consultation, organizational ethics, professional ethics

Health care ethics consultation is an important clinical service in the United States, Canada, and an increasing number of other countries (Dubler et al. 2009; Favia et al. 2013; Svantesson et al. 2014). Despite the widespread use of ethics consultations for addressing uncertainty or conflict about values in health care, few valid and practical tools are available to evaluate, ensure, and improve ethics consultation quality. The quality of ethics consultation is important because poor quality ethics consultation can cause harm or result in ethically inappropriate outcomes for patients, other stakeholders, or the health care system (Wynia 1998; Nilson et al. 2008; Dubler 2010; Frolic 2011).

Concerns about the quality of ethics consultation date back more than 25 years (Fletcher, Quist, and Jonsen 1989; Siegler 1992; Fox and Stocking 1993; Fry-Revere 1993), but have intensified in the past decade. In 2007, a national study reported considerable variability in U.S. ethics consultation practices (Fox, Meyers, and Pearlman 2007). Soon

thereafter, the American Society for Bioethics and Humanities (ASBH) advanced a series of efforts to improve the quality of ethics consultation, including the guide *Improving Competencies in Healthcare Ethics Consultation* (ASBH Clinical Ethics Task Force 2009), the expanded report *Core Competencies for Health Care Ethics Consultation* (ASBH Core Competencies Update Task Force 2011), and the *Code of Ethics and Professional Responsibilities for Healthcare Ethics Consultants* (ASBH Advisory Committee on Ethics Standards 2014). Recently, ASBH has begun to devise and test a process for assessing the qualifications of health care ethics consultants, called the "quality attestation" process (Kodish et al. 2013).

Many efforts to assess ethics consultation quality have focused on process measures. For example, in the Department of Veterans Affairs Veterans Health Administration (VA), ethics consultations are documented through a Web-based software program called ECWeb, which allows users to generate standardized reports about the frequency of various ethics consultation process steps (e.g., visiting the patient, reviewing the patient's health record). These frequency reports indicate the extent to which a particular process is occurring, but do not give any indication of the extent to which a particular process is being performed well. Efforts outside the VA have similarly focused on whether process steps have occurred without assessing the quality of these steps by examining their content. For example, the Clinical Ethics Credentialing Project (CECP) offered a structured approach to assessing the quality of ethics consultation based on the consultation record and developed a checklist to support standardization of documentation practices (Dubler et al. 2009); Bramstedt and colleagues developed a formal consult report template and logging system to track and trend activities (Bramstedt et al. 2009); and Repenshek created an Ethics Dashboard listing critical measures of success (Repenshek 2010; 2012). While it can be helpful to measure whether consultative processes occur, process measures alone are inadequate to ensure ethics consultation quality.

Another approach to measuring ethics consultation quality has been to assess participant satisfaction and other perceptions of the consultation experience (La Puma et al. 1992; Orr and Moon 1993; Repenshek 2010; Svantesson 2014; http://www.ethics.va.gov/docs/integratedethics/Ethics_Consultation_Feedback_Tool_20110822.doc). These efforts have looked at characteristics such as ease of access, responsiveness, and helpfulness. Measures like these can be informative, and can certainly help ethics consultants improve the service they provide. However, like process measures, participants' perceptions are an inadequate measure of ethics consultation quality. For example, participants in a consultation might be satisfied with a consultation that results in an ethically unjustifiable course of action. This might occur when a participant's satisfaction is based on the consultant being respectful and providing timely information.

Given the limitations of process and satisfaction measures for assessing ethics consultation quality, we focused on developing a method to evaluate the content of ethics consultation. We decided to use written records to assess quality because the vast majority of ethics consultation services (ECS) routinely document consultations in internal consultation service records and/or in patients' health records (Fox, Meyers, and Pearlman 2007) and because written documentation is officially sanctioned by ASBH (ASBH 2011).

We wanted to develop a tool for evaluating written ethics consultation records that could be used in several ways. First, we wanted to provide a conceptual framework, a common language, and a systematic process that would help promote a shared understanding of ethics consultation quality. While the *Core Competencies* report and other recent efforts by ASBH have established standards for many details of the ethics consultation process, they have not provided an overarching conceptual framework that helps define and elucidate the construct of ethics consultation quality.

Second, we wanted to be able to provide feedback to VA ethics consultants to improve the quality of their ethics consultation practices. Since 2008, more than 14,500 ethics consultations have been documented in the VA's ECWeb system. With a system so large, it is not possible to provide individual feedback on every consultation. But with a standardized approach to assessment, we could provide feedback on a sample of consults in our system and use these examples for educational purposes.

We also wanted to develop a valid scoring system for ethics consultation records that would enable us to examine the relationship between ethics consultation quality and a wide range of other factors, such as ethics consultation training, proficiency and volume, and satisfaction with ethics consultations (Fox 2013). Understanding the factors that are associated with high-quality ethics consultation would help us and others to better focus improvement efforts.
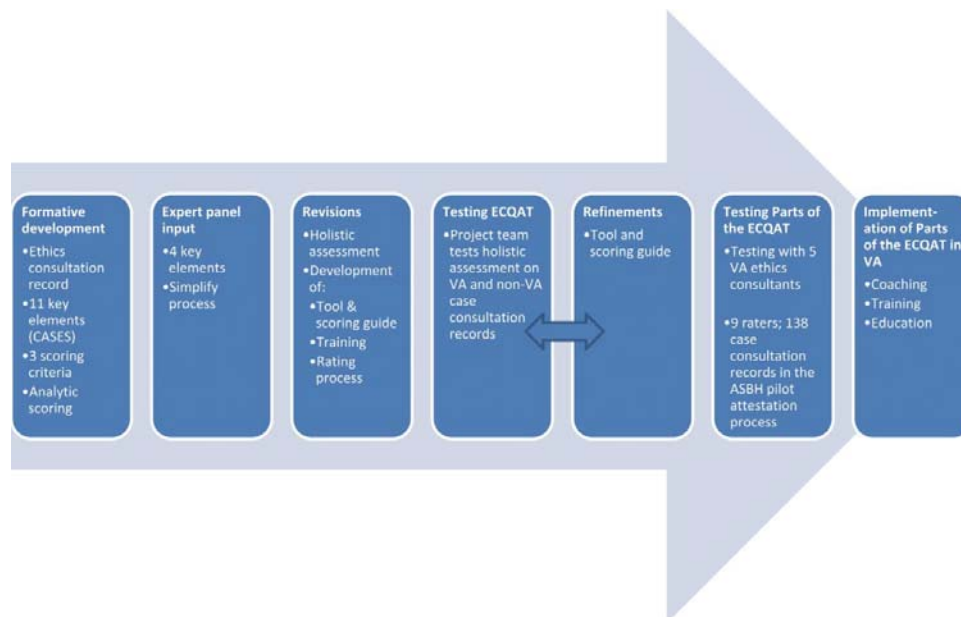
Consequently, we embarked on a project to identify key elements that must be present in a quality consultation and to develop a tool that anchors to these elements to assess ethics consultation quality based on written records. This project resulted in the Ethics Consultation Quality Assessment Tool or ECQAT. This article describes the methods we have used to date to develop and test the ECQAT, along with the results of this development and testing process—specifically, the tool and its associated training and scoring process. This article also describes how ECQAT is being used in VA, and recommendations for future testing and uses of the tool.

METHODS

Project Team and Expert Panel

Figure 1 presents an overview of the development process for the ECQAT. A project team of senior staff from the VA's National Center for Ethics in Health Care (RAP, MBF, EF, JHC, BLC, KAB) led the effort to develop a novel

Figure 1. Summary of development process for ECQAT

method to assess the quality of ethics consultations based on written consultation records. Expertise of the project team included ethics consultation, medicine, nursing, quality improvement, evaluation, and empirical bioethics.

The project team identified expert ethics consultants ("expert panel") working outside the VA ($n = 14$) to provide individual feedback on the project team's work, to identify and avoid biases and the possibility of groupthink, and to offer additional insights. Nine of these individuals had experience in directing ethics programs, and all had extensive experience in performing ethics consultations. Their backgrounds included philosophy, medicine, nursing, psychiatry, and law. The group of experts met twice with the project team (see acknowledgments for their names).

Ethics Consultation Quality Assessment Tool (ECQAT) Development Process

Consultation Record and Initial Elements

One challenge we faced in developing a method to assess the quality of ethics consultations based on the written record was that different institutions have different approaches to charting and recording consultations. For example, in some institutions the only written records of consultations are found in patient's charts, while in other institutions there are supplementary notes that are internal records of the ECS. Consequently, we defined the ethics consultation record as whatever records exist for the consultation, including health record notes and/or internal ECS records.

In our efforts to identify key elements for assessing the quality in the content of an ethics consultation record, we initially anchored our discussion to items identified in two primary sources: the *Core Competencies for Healthcare Ethics Consultation*, a report that establishes standards for ethics consultation in the United States (ASBH 2011), and *Ethics Consultation: Responding to Ethics Questions in Health Care*, a primer that describes the VA's ethics consultation model, which was developed after an extensive consensus-building process that included a request for comments from all ASBH members and incorporated input and suggestions from numerous external subject matter experts (Berkowitz et al. 2015; Fox et al. 2010; http://www.ethics.va.gov/ECprimer.pdf). We then discussed the relative importance of the elements, whether they were applicable to ethics consultation regardless of the specific model that was used, whether they were relevant to consultations across different topics and settings, whether they were measurable along a continuum reflecting levels of quality, and whether they would be sufficiently documented in written records to serve as a basis for assessing quality. These discussions were informed by reading a variety of ethics consultation records. As a result of this process we identified 11 broad elements: information about the request, information about the consultant(s), the type of assistance desired, relevant medical facts, patient's preferences and interests, other parties' preferences and interests, the ethics question, ethical analysis, identification of the ethically appropriate decision maker, ethics facilitation, and recommendations.

Criteria for Assessing Quality

To go beyond identifying the presence or absence of content elements in a quality consultation record (akin to a checklist), we identified what characteristics contributed to quality in the descriptions of the 11 broad elements. We identified three criteria for assessing or scoring the quality of an ethics consultation record. The first was completeness, which we defined as the degree to which the

information conveyed the specified elements at the level of detail needed for the consultation (amount of information). The second was correctness, or the degree to which the information conveyed is plausible, appropriate, and consistent with standards (content of information). The third criterion was clarity, or the degree to which the information was conveyed in an understandable and coherent way. To score these three criteria, we developed a 4-point scale that ranged from poor to excellent. We then developed a worksheet that contained 11 elements and three criteria along with fields for narrative comments and descriptive information to inform both the scoring process and an overall global rating for a consultation record.

Expert Panel Input

In preparation for the first meeting of the expert panel, we provided all panel members with two ethics consultation records and asked them to rate the quality of each record by giving letter grades (A–F) and point scores (0–100). No framework, tools, or instructions were provided regarding how to rate the records. Fifteen panel members gave the first case grades between A– and D, and point scores ranged from 90 to 60. Three raters gave A–, six gave B, five gave C (one C+), and one gave the case a D. The average point score was an 80. For the second case, grades ranged from B+ to F with point scores ranging between 85 and 50. Three raters gave B (one B+), four gave C (one C-), five gave D (two D+), and three gave the case an F. The average point score was 67. A brief discussion of the cases revealed that different experts had very different reasons for their ratings. These results helped emphasize to the expert panel the importance of standardizing the assessment of ethics consultation quality.

At the first face-to-face meeting, expert panel members reviewed the 11 elements and three criteria for assessing quality and then evaluated an ethics consultation using a draft worksheet. Members of the panel provided a variety of different types of comments. One theme that emerged from the discussions was that the idea of scoring numerous distinct elements based on several different criteria was overwhelming, impractical, and too resource-intensive. A second theme related to the questionable validity of combining scores on different elements because each consultation is unique, and what is most critical for one consultation may be of little importance for another. Some members expressed the desire for some type of measure that would be comparable to a pass/not pass score, and others suggested that the scoring system should place more weight on how well the consultation record conveyed the flow and logic of the story and how the elements fit together.

Revisions to Approach: Four Key Elements and Holistic Assessment

In response to the panel's feedback, the project team went back to the drawing board. Our aim was to simplify the rating process, reduce the number of critical elements, and

evaluate the narrative as a whole instead of in terms of individual components. After a great deal of dialogue and numerous drafts, this combination of factors led to the definition of four key elements, which are described under "Results."

Through a literature review that extended beyond the field of bioethics, we determined that a holistic assessment approach would better meet our objectives. This approach is used to evaluate essays, such as those on the Scholastic Aptitude Test (SAT), and legal briefs (e.g., administrative decisions for the National Appeals Division of the U.S. Department of Agriculture [USDA]) (White 1993; Klurfeld and Placek 2011). Holistic assessment comprises a scoring method based on the premise that a whole piece of work is greater than the sum of its parts. Raters consider key elements and other factors that work together and score the narrative account on the "total impression" it makes upon the rater (Klurfeld and Placek 2011; Cherry and Meyer 1993; Beyreli and Ari 2009). Holistic scoring methods are distinguished from analytic scoring methods, in which the rater assigns a separate score to multiple individual elements and then applies a mathematical formula to the separate scores to determine an overall score. Holistic scoring methods are generally less time-consuming and therefore less costly than analytic scoring methods (Nakamura 2004).

When reviewing the application of holistic assessment in different fields, we realized that its application within the USDA (National Appeals Division) was similar to our intended application to ethics consultation records. The USDA assesses legal documents with particular attention to important elements, such as the issue, the organization, and the analysis. Consequently, we adopted many of the procedures employed by the USDA. For example, we decided that raters would first read the consultation and give it an overall score of acceptable or less than acceptable based on the scoring criteria and then would read the consultation again and assign a more specific summary score.

Initially, we attempted to use the scale that was part of the holistic assessment employed by the USDA. Its 6-point scale was divided into two categories, unsatisfactory (1 = incompetent, 2 = weak, 3 = marginal) and mastery (4 = competent, 5 = strong, 6 = superior) (Klurfeld and Placek 2011). However, we found that we were unable to discriminate reliably at this level of detail with ethics consultations. Consequently, we simplified the scale and modified the language describing the categories and scores. The result was a scale with two categories and four numerical points ("less than acceptable" category: 1 = poor, 2 = less than adequate; "acceptable" category: 3 = adequate, 4 = strong).

After four project team members (RAP, MBF, KAB, and BLC) attended a formal USDA training for rating legal briefs, the project team also adapted the USDA approach to training raters (Klurfeld and Placek 2011). We ultimately settled on a training protocol that is very similar to the protocol the USDA used and that involves several steps. A

trainer first provides an overview of the ECQAT, instructions on the use of the tool, and an explanation of how a sample consultation record was previously scored by a consensus group of trained reviewers. The trainees then rate two ethics consultation records (using the ECQAT). Next, the trainer leads a discussion in which the raters explain the reasoning behind their individual ratings. In this discussion the trainer uses the raters' explanations to reinforce the scoring criteria, and to identify and reframe misconceptions. The bulk of the training involves having raters repeatedly rate and discuss prescored consultation records until they achieve high congruence between raters and concordance with preestablished scores. This latter part of the training is referred to as calibration.

Formative Evaluation of the ECQAT

The project team tested the new draft version of the ECQAT and the associated holistic approach with deidentified VA and non-VA ethics consultation records. For testing purposes, we focused on case consultations (i.e., consultations pertaining to an active patient case). Project team members evaluated 20 consultation records independently using the ECQAT and then discussed the reasoning behind our scores. These discussions led to refinements in the specifications of the elements and the scoring criteria. In addition, this process led to near unanimity in numeric scoring across the project team. We subsequently used our numeric scores as part of training for testing of the ECQAT because of our high rate of concordance in scoring. In addition, during this process we identified additional topics for the qualitative sections of the ECQAT that would provide feedback to consultants for self-improvement purposes.

We proceeded to test the ECQAT with a sample of five VA ethics consultants who had no prior experience with the tool (three ethics consultants based in VA hospitals who were not members of the National Center for Ethics in Health Care [NCEHC], and two ethics consultants in the NCEHC who were not members of the project team). The purpose of this testing was not to train official raters, but rather to elicit feedback, particularly on the qualitative sections of the ECQAT, and to characterize whether the tool and training would help ethics consultants distinguish between records of acceptable versus less than acceptable quality. Thus, raters were provided with basic instruction on the use of the tool but did not undergo a training process that aimed to achieve calibration. A trainer (RAP) introduced and discussed the ECQAT in a 1-hour virtual meeting. This was followed by a homework assignment that involved having the consultants score four case consultation records. These scores were discussed at a second virtual $1\frac{1}{2}$-hour meeting in which the trainer reinforced the key elements and scoring criteria. Homework after the second session involved scoring another consultation record. In the third and final $1\frac{1}{2}$-hour session, the homework case and a new case were discussed, while the trainer continued to reinforce the key elements and scoring criteria. In total, the five VA ethics consultants scored six

blinded case consultation records (for which consensus ratings [acceptable/less than acceptable] and numeric scores [1–4] were predetermined by the project team). The ethics consultants found the ECQAT tool and training useful in helping them to understand, analyze, communicate, and reach agreement about ethics consultation quality. Their feedback helped refine the tool and the scoring instructions by, for example, emphasizing that it is important for the consultation to include details about the patient's individual values or preferences to the extent that they are known, and clarifying that the highest score (4) represents strong work, but not necessarily excellent or outstanding work. Across the six-case consultation records, their scores matched the predetermined rating of acceptable or less than acceptable 79% of the time, and matched the numerical score 69% of the time.

We also tested aspects of the ECQAT with the ASBH Quality Attestation President's Task Force (QAPTF). This ASBH Task Force was formed to develop a means to attest to the expertise of ethics consultants in conducting clinical ethics consultations. Members were appointed for their expertise and experience in clinical ethics consultation and the diversity of their professional and educational backgrounds. The ASBH reviewers had an average of 24 years of clinical ethics consultation experience (range 16–30 years). The Task Force used specific components of the ECQAT to evaluate case consultation records as part of a larger quality attestation feasibility pilot.

Due to time and resource constraints, the ASBH pilot did not utilize the full ECQAT training and rating process (described under "Results") but rather a simplified version. In this modified approach, raters were offered limited training, not all raters participated fully in the training that was offered, no attempt was made to achieve calibration through training, raters did not complete the qualitative sections of the ECQAT, no third rater was used to adjudicate disagreements, and the final numeric score was determined using a process that was designed specifically for the pilot. The process that was used in the ASBH pilot is described in more detail in a separate publication (see Fins et al. 2016).

Testing with the ASBH Task Force included two components: a secondary analysis of data obtained from the ASBH pilot, and feedback from ASBH raters. For the secondary analysis, we were provided with data from 138 case consultation records that had been rated by nine members of the Task Force, including an author (RAP). Specifically, each case consultation record had been scored by two raters who were blinded to the identities of the institution and the consultant who submitted the record, as well as to the identity of the other rater. The pairings of raters were assigned randomly; repeat pairings accounted for 22% of all pairings. If the two raters disagreed as to whether a particular consult record was acceptable versus less than acceptable, their identities were disclosed and they were encouraged to discuss such disagreements and attempt to reach consensus.

Given that the ASBH protocol differed from the ECQAT methodology in multiple respects, we did not

Table 1. Assessing the quality of ethics consultations based on written records

Record: Key Elements in an Ethics Case Consultation

These four key elements are essential and must be documented for a quality ethics consultation.

Key Element 1: Ethics Question—The ethics question(s) focuses the consultation response. Specifically, the consultation record:

    (1) Clarifies the ethical concern(s) (uncertainty or conflict about values) that gave rise to the consultation request.
    (2) Identifies whose values are uncertain or in conflict.
    (3) Identifies the decisions(s) or action(s) in question.

Key Element 2: Consultation-Specific Information—The consultation-specific information informs the ethical analysis. Specifically, the consultation record:

    (1) Conveys the most important information (i.e., relevant information necessary to answer the question and inform the ethical analysis) about the medical and social facts, patient preferences, values and interests, and other parties' preferences, values, and interests.
    (2) Reflects appropriate sources and processes used to obtain relevant medical and social facts, patient preferences (e.g., face-to-face visit with patient or surrogate as appropriate), and/or other parties' preferences.

Key Element 3: Ethical Analysis—The ethical analysis provides justification for the conclusions and/or recommendations. Specifically, the consultation record:

    (1) Articulates valid and compelling arguments and counterarguments based on the consultation-specific information (e.g., inclusion of different stakeholders' perspectives) and consultation-relevant ethics knowledge (e.g., ethical standards, empirical literature, precedent cases).
    (2) Analyzes the ethical concern(s) (uncertainty or conflict about values) with focus (avoiding extraneous, distracting information) and depth (providing sufficient details as appropriate to the consultation).
    (3) Reflects appropriate weighing and balancing of arguments and counterarguments.

Key Element 4: Conclusions and/or Recommendations—The conclusions and/or recommendations promote ethical practices. Specifically, the consultation record:

    (1) Identifies and explains the range of ethically justifiable options.
    (2) Makes practical conclusions and/or recommendations that are ethically justifiable and responsive to the ethics question(s).

conduct rigorous psychometric testing, but instead limited our secondary analysis to the extent of agreement between raters on the 138 case consultation records. We found that there was 43% agreement between raters with respect to the specific scores, and 74% agreement between the raters with respect to acceptable and less than acceptable. After discussion, we found that there were two disagreements between the raters with respect to acceptable and less than acceptable (98.6% agreement).

The ASBH raters also provided us with verbal feedback about their experience with the ECQAT at an in-person task force meeting. They reported that the key elements and scoring criteria provided useful guidance for structuring and standardizing the assessment of case consultation quality, and that the discussions between the pairs of raters were valuable in serving as a quality check. In addition, the ASBH raters found the method practical and estimated that it took them an average of 12½ minutes to rate each consultation record (range: 5–20 minutes). It should be noted, however, that the narrative sections of the ECQAT (Parts III and IV) were not used; it would take additional time to complete these sections. Our results from this testing suggest that the ECQAT provides a conceptual framing and a means for achieving consistency in assessing whether case consultation records are of acceptable quality.

Institutional review board (IRB) approval was not sought for these tests of the ECQAT, as ECQAT development is considered to be a quality improvement initiative and not a research activity requiring IRB review (Lynn et al. 2007; Department of Veterans Affairs 2011).

RESULTS

Key Elements and the Rating Scale

The extensive process of developing the ECQAT led to identifying and characterizing four key elements that capture the narrative of an ethics consultation and that are indicators of ethics consultation content quality. Each key element has a defined purpose and subelements that explain the characteristics of the element and the interrelationships between them. The key elements are: (a) the ethics question(s), which focuses the consultation response and has three subelements; (b) the consultation-specific information, which informs the ethical analysis and has two subelements; (c) the ethical analysis, which provides justification for the conclusions and/or recommendations and has three subelements; and (d) the conclusions and/or recommendations, which promote ethical practices in the area of identified uncertainty or conflict and have two subelements. See Table 1 for a stand-alone description of the elements and each subelement. These elements serve as the basis for rating the quality of the ethics consultation.

The ECQAT, presented in Table 2, includes a description of the rating scores for an ethics consultation, as well

as characteristics for each key element. The overall rating of an ethics consultation anchors to the degree to which the conclusions and/or recommendations are supportable. A score of 1 or 2 represents less than acceptable consultation quality; a score of 3 or 4 represents acceptable consultation quality. In general, an ethics consultation with a score of 1 represents poor work, and as such, the consultation is significantly flawed to the degree that the conclusions and/or recommendations are not supportable. In general, an ethics consultation with a score of 2 represents less than adequate work; the consultation is flawed in some way or ways that raise significant questions about whether the conclusions and/or recommendations are supportable. In general, an ethics consultation with a score of 3 represents adequate work, and as such, the consultation is flawed in some way or ways but the flaws do not raise significant questions about whether the conclusions and/or recommendations are supportable. In general, an ethics consultation with a score of 4 represents strong work; the consultation may have minor flaws, but the conclusions and/or recommendations are easily supportable.

Narrative Feedback

The ECQAT provides two opportunities for narrative feedback from a rater to an ethics consultant. Narrative feedback is intended to provide the consultant with specific information (more individually tailored than a score) that will help him or her to improve their consultations in the future (Hattie and Timperley 2007). In Part III of the ECQAT, raters are asked to provide specific comments about strong features and opportunities for improvement for each of the key elements. In addition, ECQAT provides opportunities for a rater to give additional feedback about other supplemental factors that contribute to a quality consultation (e.g., coherence in the narrative and professional tone), process steps (e.g., execution of facilitation and/or mediation), and follow-up activities. These supplemental factors are not intended to be used in the determination of the overall rating because they may not be reliably discernable from a consultation record and/or their assessment may be highly subjective.

ECQAT Training and Rating Process

The ECQAT is designed to be used by raters who have received specific training. The ECQAT rating and training process, which was adapted from the USDA's process, is designed to ensure that ratings are fair by minimizing sources of potential bias related to human factors (Klurfeld and Placek 2011). Briefly, raters need to base their assessments primarily on what is written and need to be extremely cautious in making inferences based on the information contained in the consultation record. To reduce unintentional bias, raters should be blinded, to the

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Table 2. Ethics consultation quality assessment tool*

Part I: Initial Rating
Instructions:
- Read the ethics consultation record.
- Give the record an initial rating of acceptable ("above the bar") or less than acceptable ("below the bar") based on initial impressions.
_____ Acceptable _____ Less than acceptable

Part II: Overall Holistic Rating
Instructions:
- Read the ethics consultation record carefully.
- Based on the following information about levels of quality, assign the record an overall numerical score based on the holistic scoring criteria.
- If necessary, adjust the initial rating to be consistent with the overall holistic rating.
___ 1 (Poor) ___ 2 (Less than adequate) ___ 3 (Adequate) ___ 4 (Strong)

In general, a score of 1 represents poor work. The consultation is significantly flawed to the degree that the conclusions and/or recommendations are not supportable. An ethics consultation in this category generally displays the following attributes:
- The ethics question is inadequate to focus the consultation response. The ethics question(s) contains one or more of the following major flaws: missing the most critical content, uninterpretable content, or grossly inappropriate content.
- The consultation-specific information is inadequate to inform the ethical analysis. Critical content is uninterpretable due to major omissions, confusing descriptions, glaring inconsistencies, or inappropriate subject matter or level of detail.
- The ethical analysis is inadequate to justify the conclusions and/or recommendations. The analysis contains one or more of the following major flaws: very confusing and/or grossly simplistic arguments, missing the most important argument(s), absent or very poor justifications for the most important arguments, major gaps in logic, or misapplication of ethics knowledge to consultation-specific information.
- The conclusions and/or recommendations are inadequate to support ethical practices. The conclusions and/or recommendations contain one or more of the following major flaws: recommends ethically unjustifiable options, makes no recommendations when one or more would be appropriate, or is unresponsive to the ethics question(s).

In general, a score of 2 represents less than adequate work. The consultation is flawed in some way(s) that raises significant questions about whether the conclusions

and/or recommendations are supportable. An ethics consultation in this category generally displays the following attributes:

- The ethics question is somewhat inadequate to focus the consultation response. The ethics question(s) contains one or more of the following flaws: missing some content, unclear content, or partially inappropriate content.
- The consultation-specific information is somewhat inadequate to inform the ethical analysis. Some critical content is difficult to interpret due to omissions, unclear descriptions, inconsistencies, or inappropriate subject matter or level of detail.
- The ethical analysis is somewhat inadequate to justify the conclusions and/or recommendations. The analysis contains one or more of the following flaws: unclear and/or unsophisticated arguments, missing important argument(s), inadequate justifications for arguments, gaps in logic, or questionable application of ethics knowledge to consultation-specific information.
- The conclusions and/or recommendations are somewhat inadequate to support ethical practices. The conclusions and/or recommendations contain one or more of the following flaws: failure to identify one or more of the most important ethically justifiable option(s), omits one or more of the most practical recommendation(s), or is not fully responsive to the ethics question.

In general, a score of 3 represents adequate work. The consultation is flawed in some way(s), but the flaws do not raise significant questions about whether the conclusions and/or recommendations are supportable. An ethics consultation in this category generally displays the following attributes:

- The ethics question is largely adequate to focus the consultation response. The ethics question(s) is generally complete and clear, but some minor aspect(s) are incomplete, vague, or inappropriate.
- The consultation-specific information is largely adequate to inform the ethical analysis. Critical content is generally complete and clear, but some information is difficult to interpret due to omissions, unclear descriptions, inconsistencies, or inappropriate subject matter or level of detail.
- The ethical analysis is largely adequate to justify the conclusions and/or recommendations. The analysis includes the most important arguments, but argument(s) are somewhat unclear, incomplete, or not well justified, or there are relatively minor gaps in logic or in the application of ethics knowledge to the consultation-specific information.
- The conclusions and/or recommendations are largely adequate to support ethical practices. The conclusions and/or recommendations are generally ethically justifiable and responsive to the ethics question, but are

somewhat lacking in one or more of the following areas: the range of ethically justifiable options, the range of practical recommendations, or the degree of responsiveness to the ethics question.

In general, a score of 4 represents strong work. The consultation may have minor flaws, but overall the conclusions and/or recommendations are easily supportable. An ethics consultation in this category generally displays the following attributes:

- The ethics question is adequate to focus the consultation response. The ethics question(s) is complete, clear, and appropriate.
- The consultation-specific information is adequate to inform the ethical analysis. Content is complete, clear, consistent, and appropriate in subject matter and level of detail.
- The ethical analysis is adequate to justify the conclusions and/or recommendations. The analysis is generally clear, complete, well justified, logical, balanced, and appropriate in the application of ethics knowledge to the consultation-specific information.
- The conclusions and/or recommendations are adequate to support ethical practices. The conclusions and/or recommendations are ethically justifiable, practical, and responsive to the ethics question.

Part III: Feedback on Key Elements
Instructions:

- Carefully assess each of the four elements.
- Consider the main element and the subelements.
- Check the most appropriate level for each element.
- Provide narrative feedback by citing specific positive features and opportunities for improvement.

Key Element 1: Ethics Question—The ethics question(s) adequately focuses the consultation response. Specifically, the consultation record adequately:

a) Clarifies the ethical concern(s) (uncertainty or conflict about values) that gave rise to the consultation request.
b) Identifies whose values are uncertain or in conflict.
c) Identifies the decisions(s) or action(s) in question.

Descriptions of Quality Levels for the Ethics Question
Overall, the ethics question(s) is:

_____ inadequate to focus the consultation response. The ethics question(s) contains one or more of the following major flaws: missing the most critical content, uninterpretable content, or grossly inappropriate content.

_____ somewhat inadequate to focus the consultation response. The ethics question(s) contains one or more of the following flaws: missing some content, unclear content, or partially inappropriate content.

_____ largely adequate to focus the consultation response. The ethics question(s) is generally complete and clear, but some minor aspect(s) are incomplete, vague, or inappropriate.

_____ adequate to focus the consultation response. The ethics question(s) is complete, clear, and appropriate.

Positive features and opportunities for improvement:

Key Element 2: Consultation-Specific Information—The consultation-specific information adequately informs the ethical analysis. Specifically, the consultation record adequately:

a) Conveys the most important information about the medical and social facts, patient preferences, values and interests, and other parties' preferences, values, and interests (i.e., relevant information necessary to inform the analysis and recommendations that answer the question).

b) Reflects appropriate sources and processes used to obtain relevant medical and social facts, patient preferences, and/or other parties' preferences.

Descriptions of Quality Levels for Consultation-Specific Information

Overall, the consultation-specific information is:

_____ inadequate to inform the ethical analysis. Critical content is uninterpretable due to major omissions, confusing descriptions, glaring inconsistencies, or inappropriate subject matter or level of detail.

_____ somewhat inadequate to inform the ethical analysis. Some critical content is difficult to interpret due to omissions, unclear descriptions, inconsistencies, or inappropriate subject matter or level of detail.

_____ largely adequate to inform the ethical analysis. Critical content is generally complete and clear, but some information is difficult to interpret due to omissions, unclear descriptions, inconsistencies, or inappropriate subject matter or level of detail.

_____ adequate to inform the ethical analysis. Content is complete, clear, consistent, and appropriate in subject matter and level of detail

Positive features and opportunities for improvement:

Key Element 3: Ethical Analysis—The ethical analysis adequately justifies the conclusions and/or recommendations. Specifically, the consultation record adequately:

a) Articulates valid and compelling arguments and counterarguments based on the consultation-specific information (e.g., inclusion of different stakeholders' perspectives) and consultation-relevant ethics knowledge (e.g., ethical standards, empirical literature, precedent cases).

b) Analyzes the ethical concern(s) (uncertainty or conflict about values) with focus (avoiding extraneous, distracting information) and depth (providing sufficient details as appropriate to the consultation).

c) Reflects appropriate weighing and balancing of arguments and counterarguments.

Descriptions of Quality Levels for Ethical Analysis

Overall, the ethical analysis is:

_____ inadequate to justify the conclusions and/or recommendations. The analysis contains one or more of the following major flaws: very confusing and/or grossly simplistic arguments, missing the most important argument(s), absent or very poor justifications for the most important arguments, major gaps in logic, or misapplication of ethics knowledge to consultation-specific information.

_____ somewhat inadequate to justify the conclusions and/or recommendations. The analysis contains one or more of the following flaws: unclear and/or unsophisticated arguments, missing important argument(s), inadequate justifications for arguments, gaps in logic, or questionable application of ethics knowledge to consultation-specific information.

_____ largely adequate to justify the conclusions and/or recommendations. The analysis includes the most important arguments, but argument(s) are somewhat unclear, incomplete, or not well justified, or there are relatively minor gaps in logic or in the application of ethics knowledge to the consultation-specific information.

_____ adequate to justify the conclusions and/or recommendations. The analysis is generally clear, complete, well justified, logical, balanced, and appropriate in the application of ethics knowledge to the consultation-specific information.

Positive features and opportunities for improvement:

Key Element 4: Conclusions and/or Recommendations— The conclusions and/or recommendations adequately support ethical practices. Specifically, the consultation record adequately:

a) Identifies and explains the range of ethically justifiable options.

b) Makes practical conclusions and/or recommendations that are ethically justifiable and responsive to the ethics question(s).

Descriptions of Quality Levels for Conclusions and/or Recommendations

Overall, the conclusions and recommendations are:

_____ inadequate to support ethical practices. The conclusions and/or recommendations contain one or more of the following major flaws: recommends ethically unjustifiable options, makes no recommendations when one or more would be appropriate, or is unresponsive to the ethics question(s).

_____ somewhat inadequate to support ethical practices. The conclusions and/or recommendations contain one or more of the following flaws: failure to identify one or more of the most important ethically justifiable option(s), omits one or more of the most helpful recommendation(s), or is not fully responsive to the ethics question.

_____ largely adequate to support ethical practices. The conclusions and/or recommendations are generally appropriate, ethically justifiable, and responsive to the ethics question, but are somewhat lacking in one or more of the following areas: the range of ethically justifiable options, the range of helpful recommendations, or the degree of responsiveness to the ethics question.

_____ adequate to support ethical practices. The conclusions and/or recommendations are appropriate, ethically justifiable, helpful, practical, and responsive to the ethics question.

Positive features and opportunities for improvement:

Part IV: Supplemental Factors
NOTE: These factors are not intended to be used in determining the overall rating, but may be used when raters are unable to arrive at consensus with respect to whether a consultation is "acceptable" or "less than acceptable."
Instructions:
● Read factors 1–8 below.
Provide additional *comments* in the text box below on the supplemental factors as applicable.
1. The ethics consultant(s) and their role(s) in the consultation are clearly identified.
2. The ethics consultation indicates that the ethics consultant communicated the ethical analysis, conclusions, and/or recommendations to the key participants, including the patient (as appropriate).
3. If applicable: The ethics consultation documents a process of facilitation and/or mediation, and the process seems to be appropriately executed.
4. The ethics consultation indicates that the ethics consultant(s) followed up over time, when appropriate.
5. The ethics consultation identifies underlying systems issues when applicable.
6. The ethics consultation is organized and presents a coherent narrative.
7. The ethics consultation generally uses appropriate grammar, punctuation, and avoidance of uncommon acronyms or abbreviations.
8. The ethics consultation suggests that the ethics consultant(s) demonstrated appropriate professional behavior and attributes (e.g., did not take over medical management of the patient, maintains confidentiality, avoidance of bias in choice of language).
Additional Comments:

Address each of the supplemental factors, as applicable.

*Contact the author to request a formatted copy of the Ethics Consultation Quality Assessment Tool

extent possible, to the identities of the institution and the ethics consultant(s) responsible for the case consultation. Also, two raters should rate an ethics consultation; and when they disagree about whether a consultation record is acceptable or less than acceptable, they should attempt to reach consensus through discussion. If consensus is not reached, a third rater should offer an independent rating and determine the overall rating in one direction or the other. The third rater may use the last part of ECQAT, the supplemental factors, in their adjudication.

DISCUSSION

We developed a novel approach to assess the quality of ethics consultations based on written consultation records. The development of an ethics consultation quality assessment tool was driven by the desire to continuously improve the quality of ethics consultation and to promote ethically appropriate outcomes for patients and other stakeholders. We developed the ECQAT using a process that included engaging experts and stakeholders, iterative testing, and repeated refinements to the tool and the scoring process. We defined four key elements—ethics question, consultation-specific information, ethical analysis, and conclusions and/or recommendations—that are intended to serve as standards for all ethics consultation case records, regardless of the model used. ECQAT uses a holistic assessment method, reflecting the importance of the interdependence and coherence among the key elements in a consultation. The scoring process results in a numeric rating (1–4), which can be used to aggregate scores and to compare performance across settings or over time. The ECQAT also includes narrative feedback, which provides ethics consultants with insight into strong features and improvement opportunities regardless of the ethics consultation score.

Both VA and non-VA ethics consultants found the ECQAT to be practical and useful for assessing ethics case consultation quality. In addition, an analysis of secondary data from QAPTF demonstrated that expert ethics consultants were able to use the ECQAT to reach near unanimous agreement about whether the quality of an ethics consultation was acceptable or less than acceptable. In other words, the ECQAT concepts helped ethics experts resolve disagreements and ultimately reach a shared understanding of acceptable ethics consultation quality. This result is significant because prior to using the ECQAT, ethics experts were shown (see Methods section) to have very different notions of the factors that influence ethics consultation quality.

There are several potential limitations to the ECQAT. First, it relies on documentation of ethics consultations. As such, it does not directly assess interpersonal and interprofessional skills that are important consultant proficiencies when providing a quality ethics consultation. These aspects of consultant proficiency can be assessed by other means (e.g., direct observation, participant feedback). Second, written records cannot be expected to perfectly mirror actual practices. For example, a consultant may have performed certain key elements of the consultation extremely well, but failed to document the element in sufficient detail to give the

rater confidence that the element was properly performed. In addition, even though the ASBH Core Competencies report (ASBH 2011) and other standards (Dubler 2009; Berkowitz et al. 2015) establish clear and thorough documentation as the quality standard for ethics consultation, expectations for documentation may differ from one health care institution to another, or even among consultants or teams within institutions (Nilson et al. 2008; Swiderski et al. 2010). If the ECQAT becomes widely adopted, we expect that the cultural norm of both ethics consultations and documentation will begin to align with the standards set forth by the field and reflected in the ECQAT.

While there is future potential to apply the tool widely, it is important to remember that ECQAT has only undergone limited testing. So far we have only evaluated specific aspects of the instrument, training, and scoring process. Going forward, it will be important to test the ECQAT methodology in its entirety. This should include more comprehensive training with the intention of achieving calibration, use of the qualitative sections of the tool, use of all four numeric scores in the determination of interrater reliability (pre- and postdiscussion), and use of a third judge to adjudicate disagreements between raters that remain after attempts at reaching consensus.

Moreover, our formative evaluations were not designed to assess or demonstrate the reliability and validity of ECQAT scores. Before using the ECQAT for a particular purpose, it will be necessary to demonstrate that its reliability and validity are sufficient for the purposes of its intended use. For example, before the ECQAT is used as part of a formal quality attestation process or certification process for ethics consultants, future testing is needed to demonstrate substantial agreement with regard to specific numeric scores when raters assign scores independently. In the ASBH pilot, a high rate of agreement was ultimately reached (joint probability of agreement = 98.6%), but only with regard to acceptable versus less than acceptable ratings, and only after discussion between raters.

It will also be important to test how the ECQAT performs when it is used for purposes other than quality attestation or certification. The ECQAT was not designed to assess the qualifications of an individual ethics consultant, but rather to assess the quality of ethics consultations in everyday practice, across the full range of ethics consultation quality. For example, the tool could be used to assess the quality of an ethics consultation service at the hospital level by rating randomly selected (instead of self-selected) consultation records. Future testing should assess how the tool performs with different populations in different settings and contexts.

Future validation testing should also assess the relationship between ECQAT scores and other variables that are expected to be associated with ethics consultation quality. We would expect, for example, for ECQAT scores to be higher in hospitals where clients and/or organizational leaders are very satisfied with the effectiveness of their ethics consultation service. We also would expect high ECQAT scores to be associated with desirable outcomes; for example, we would expect hospitals with high ECQAT scores to have lower levels of moral distress among health care providers.

Currently, NCEHC is beginning to use the key elements of the ECQAT in coaching and training of ethics consultants and ethics consultation fellows during case reviews, and as part of quality improvement site visits to assess the functioning of the IntegratedEthics programs at several facilities. During these activities, NCEHC staff members use the key elements to inform discussions of the cases and provide feedback to ethics consultants. In the future, following appropriate testing of the tool, we plan to explore additional ways to use the ECQAT to assess and improve the overall quality of ethics consultation services throughout the VA.

We hope and expect that over time, use of the ECQAT will promote more consistent approaches to ethics consultation, improve quality, and promote accountability in clinical ethics, both within and outside of the VA. We encourage other organizations to use the key elements of the ECQAT to educate consultants to essential attributes of an ethics case consultation and to support standardization, and thus improve the quality of their own ethics case consultations.

CONFLICTS OF INTEREST

Dr. Robert A. Pearlman was a member of the American Society for Bioethics and Humanities (ASBH) Quality Attestation President's Task Force and a member of the subset that used the Ethics Consultation Quality Assessment Tool (ECQAT) to assess ethics consultations in their pilot attestation process. At the time this project was conducted, Dr. Ellen Fox directed the National Center for Ethics in Health Care at the Department of Veterans Affairs; she is now President of Fox Ethics Consulting, which provides a range of services to universities and healthcare organizations seeking to improve their ethics programs.

DISCLAIMER

The views expressed herein represent those of the authors and not the official views of the Department of Veterans Affairs. ∎

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