INTEGRATEDETHICS®

1. REASON FOR ISSUE: This Veterans Health Administration (VHA) directive sets forth policy and operational requirements for IntegratedEthics® (IE).

2. SUMMARY OF MAJOR CHANGES:

a. This amendment dated May 12, 2020, removes the local policy mandate in accordance with VHA Notice 2019-23, Business Rules for VHA Program Offices, dated November 1, 2019.

b. This directive dated October 24, 2018 is being revised to meet formatting requirements of VHA Directive 6330, Controlled National Policy/Directives Management System, dated June 24, 2016; update nomenclature, and delete outdated references.

3. RELATED ISSUES: VHA Directive 1004, National Center for Ethics in Health Care, dated October 31, 2018.

4. RESPONSIBLE OFFICE: The National Center for Ethics in Health Care (10E1E) is responsible for the contents of this directive. Questions may be addressed at 202-632-8457.

5. RESCISSIONS: VHA Handbook 1004.06, IntegratedEthics, dated June 16, 2009, is rescinded.

6. RECERTIFICATION: This VHA directive is scheduled for recertification on or before the last working day of October 2023. This VHA directive will continue to serve as national VHA policy until it is recertified or rescinded.

/s/ Richard A. Stone, M.D.
Executive in Charge

NOTE: *All references herein to VA and VHA documents incorporate by reference subsequent VA and VHA documents on the same or similar subject matter.*

DISTRIBUTION: Emailed to the VHA Publications Distribution List on October 25, 2018.

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INTEGRATEDETHICS®

1. PURPOSE

This Veterans Health Administration (VHA) directive sets forth policy and requirements for IntegratedEthics® (IE) at Veterans Integrated Service Networks (VISN) and VA medical facilities. **AUTHORITY:** Title 38 United States Code (U.S.C.) Section 7301(b).

2. BACKGROUND

a. IE was designed to establish a national, standardized, comprehensive, systematic, integrated approach to ethics in health care. This national education and organizational change initiative was based on established criteria for performance excellence in health care organizations, methods of continuous quality improvement, and proven strategies for organizational change.

b. The IE model was developed and systematically tested over 5 years by a design team comprised of individuals from diverse fields, including bioethics, medicine, public administration, business, education, communications, nursing, and social sciences. Since early 2008, IE has been implemented throughout all VHA's medical facilities and VISNs. IE undergoes continuous improvement and incorporates updated resources and materials over time to reflect developments in the field of ethics in health care.

c. The goal of IE is to support, maintain, and improve ethics quality in health care. Ethics quality in health care refers to practices throughout a health care organization that are consistent with widely accepted ethics standards, norms, or expectations for the organization and its staff. Ethics quality encompasses individual and organizational practices at three levels: decisions and actions, systems and processes, and environment and culture. While IE recognizes that employees must comply with laws, regulations, and institutional policies, IE also emphasizes a values-oriented approach to ethics that looks beyond rules to inspire excellence. IE provides guidance and a structure to foster an ethical environment and culture where key values, including Department of Veterans Affairs (VA) core values, spread through all levels of the organization, are discussed openly, and are a part of everyday decision-making.

d. IE is not designed to handle allegations of unethical practice. Such matters are handled by other VHA or VA programs or offices such as the Office of the Medical Inspector (clinical matters), the Office of Compliance and Business Integrity (business matters), the Office of Research Oversight (research matters), the Office of the Inspector General (matters relating to waste, fraud, and abuse) and the Office of General Counsel (legal matters, including conflict of interest law and Standards of Conduct matters).

e. The IE program includes the following structural elements:

(1) In VA Central Office, the National Center for Ethics in Health Care (NCEHC).

(2) In each VISN, an IE Advisory Board.

(3) In each facility, an IE Council.

NOTE: *Any concerns that involve criminal conflict of interest law or Standards of Ethical Conduct (that is, government ethics) are matters for the Designated Agency Ethics Official (DAEO). The DAEO, Chief Counsel for the Ethics Specialty Team, addresses issues involving the application of criminal conflict of interest laws (18 U.S.C. Chapter 11) and the Standards of Ethical Conduct for Executive Branch Employees (Title 5 Code of Federal Regulations (CFR) Part 2635). The DAEO, the Alternate DAEO, and the Ethics Officials in the Office of General Counsel are the only source of authoritative advice on criminal conflicts of interest and the legal questions relating to Standards of Ethical Conduct. If you are located at VA Central Office (VACO), these Ethics Officials can be contacted at governmentethics@va.gov. If you are located outside VACO, please contact the following based on your location:*

(a) *OGCNorthAtlanticEthics@va.gov: CT, DC, DE, MA, MD, ME, NC, NH, NJ, NY, PA, RI, VA, VT, WV*

(b) *OGCSouthEastEthics@va.gov: AL, FL, GA, KY, Puerto Rico, SC, TN*

(c) *OGCMidwestEthics@va.gov: IA, IL, IN, KS, MI, MN, MO, NE, ND, OH, SD, WI*

(d) *OGCContinentalEthics@va.gov: AR, CO, LA, MS, MT, OK, TX, UT, WY*

(e) *OGCPacificEthics@va.gov: AK, AZ, CA, Guam, HI, ID, NM, NV, OR, Philippines, WA*

Following the good faith advice of such ethics officials provides the employee with meaningful protection from criminal or administrative sanctions under government ethics law. The imposition of criminal sanctions ultimately rests with the Department of Justice after receiving the matter from the Inspector General.

3. POLICY

It is VHA policy that each VA medical facility and VISN in VHA must promote ethics quality in health care by implementing IntegratedEthics (IE) according to the procedures and operational requirements outlined in this directive.

4. DEFINITIONS

a. **CASES.** CASES is a systematic, step-by-step process for performing ethics consultations. The steps of the CASES approach are:

(1) Clarify the consultation request.

(2) Assemble the relevant information.

(3) Synthesize the information.

(4) Explain the synthesis.

(5) Support the consultation process.

b. **Cross-cutting Ethics Issue.** A cross-cutting ethics issue is an ethics quality gap that affects more than one organizational structure. A facility-level cross-cutting ethics issue affects more than one service line, a VISN-level cross-cutting ethics issue affects more than one facility in a VISN, and a national-level cross-cutting ethics issue affects more than one VISN.

c. **Domains of Ethics in Health Care.** The IE model defines the following content domains for ethics in health care, which are designed to apply to all health care organizations:

(1) Shared decision-making with patients (how well the organization promotes collaborative decision-making between clinicians and patients).

(2) Ethical practices in end-of-life care (how well the organization addresses ethical aspects of caring for patients near the end-of-life).

(3) Ethical practices at the beginning of life (how well the organization promotes ethical practices with respect to conception, pregnancy, and the perinatal period).

(4) Patient privacy and confidentiality (how well the organization protects patient privacy and confidentiality).

(5) Professionalism in patient care (how well the organization fosters behavior appropriate for health care professionals).

(6) Ethical practices in resource allocation (how well the organization demonstrates fairness in allocating resources across programs, services, and patients).

(7) Ethical practices in business and management (how well the organization promotes high ethical standards in its business and management practices).

(8) Ethical practices in research (how well the organization ensures that its employees follow ethical standards that apply to research practices).

(9) Ethical practices in the everyday workplace (how well the organization supports ethical behavior in everyday interactions in the workplace).

(10) Ethical practices in government service (how well the organization fosters behavior appropriate for government employees).

NOTE: *For additional information on each of these domains see http://www.ethics.va.gov/IEoverview.pdf* or https://www.ethics.va.gov/docs/integratedethics/domains_of_ethics_in_health_care_022515.pdf.

d. **ECWeb.** ECWeb is a secure, intranet-based database used throughout VHA to document, track, monitor, and assess all ethics consultation activities. ECWeb reinforces the CASES approach, helps ethics consultants manage consultation records, and supports quality improvement efforts. ***NOTE:*** *ECWeb is currently undergoing modification and expansion and will be renamed IEWeb.*

e. **Ethical Concern.** An ethical concern is an uncertainty or conflict about values.

f. **Ethical Decision-making.** Ethical decision-making is a process that includes:

(1) Identifying decisions that raise ethical concerns;

(2) Addressing decisions systematically in a manner that is informed, participatory, values based, beneficial, systems-focused, and reasonable; and

(3) Explaining the final decision to relevant parties.

g. **Ethical Leadership.**

(1) Ethical leadership (EL) refers to specific behaviors and activities by leaders to foster an ethical environment and culture. It means that leaders:

(a) Make clear through their words and actions that ethics is a priority,

(b) Communicate clear expectations for ethical practice,

(c) Practice ethical decision-making, and

(d) Support their organization's ethics program.

(2) EL is one of the three core functions of IE.

h. **Ethics.** Ethics is the discipline that considers what is right or what should be done in the face of uncertainty or conflict about values. Ethics involves making reflective judgments about the optimal decision or action among ethically justifiable options.

i. **Ethics Consultant.** For the purposes of this directive, an ethics consultant (also known as health care ethics consultant) is an individual designated by VHA officials to perform ethics consultation as defined in this directive.

j. **Ethics Consultation.**

(1) Ethics consultation (EC) (also known as health care ethics consultation) refers to the activities performed by an individual ethics consultant, a team of ethics consultants, or an ethics committee on behalf of a health care organization to help patients, Community Living Centers (CLC) residents, providers, or other parties resolve ethical concerns in the health care setting.

(2) EC is one of the three core functions of IE.

(3) There are two types of ethics consultations: ethics case consultations and ethics non-case consultations.

(a) Ethics Case Consultation. An ethics case consultation is an ethics consultation that pertains to an active clinical case. Case consultation requires interaction with the patient (or surrogate) and documentation in the health record except when the patient's or CLC resident's involvement would not be relevant to the ethical concern.

(b) Ethics Non-Case Consultation. An ethics non-case consultation is an ethics consultation that does not pertain to an active clinical case. Non-case consultations include answering questions about ethics topics in health care, interpreting policy relating to ethics in health care, reviewing documents from a health care ethics perspective, providing ethical analysis of organizational ethics questions, and responding to hypothetical or historical questions.

k. **Ethics Consultation Service.** For the purposes of this directive, an Ethics Consultation Service is an organizational structure designated by VHA officials to be responsible for ethics consultation activities.

l. **Ethics Issue.** An ethics issue is an ongoing or recurring situation involving organizational systems and processes that gives rise to ethical concerns.

m. **Ethics Quality.** Ethics quality in health care refers to practices throughout a health care organization that are consistent with widely accepted ethics standards, norms, or expectations for the organization and its staff. Ethics quality encompasses individual and organizational practices at the level of decisions and actions, systems and processes, and environment and culture.

n. **Ethics Quality Gap.** An ethics quality gap is the difference between best ethics practice and current ethics practice, where "best ethics practice" refers to an ideal established based on widely accepted standards, norms, or expectations for the organization and its staff. In other words, the ethics quality gap is the difference between what ought to be (ideally speaking) and what is (right now).

o. **Ethics Question.** An ethics question is a question about which decisions are right or which actions should be taken when there is uncertainty or conflict about values.

p. **IE Facility Workbook.** The IE Facility Workbook is used to assess the structures and functions of a facility's IE program and determine the extent to which the IE program is comprehensive, systematic, broadly deployed, and integrated, to identify strengths as well as opportunities for improvement. The IE Facility Workbook can be found at: http://www.ethics.va.gov/integratedethics/ieresources.asp.

q. **ISSUES.** ISSUES is a systematic, step-by-step, quality improvement approach that is similar to other quality improvement frameworks such as VA Team Aim Map Measure Change Sustain (VATAMMCS) but is customized to focus on ethics quality gaps. The ISSUES approach is designed to produce measurable and sustainable changes in ethical practices by identifying and intervening on aspects of an organization's systems and processes that contribute to and sustain ethics quality gaps. The steps of the ISSUES process are:

(1) Identify an issue.

(2) Study the issue.

(3) Select a strategy.

(4) Undertake a plan.

(5) Evaluate and adjust.

(6) Sustain and spread.

r. **Preventive Ethics.**

(1) Preventive ethics (PE) activities apply the principles and practices of continuous quality improvement to identify and address ethics quality gaps at the level of an organization's systems and processes.

(2) PE, similar to other quality improvement approaches, reduces variation in ethical practices by identifying and intervening in aspects of an organization's systems and processes that contribute to ethics quality gaps.

(3) PE is one of the three core functions of IE.

s. **Preventive Ethics Team.** For the purposes of this directive, the PE Team is an organizational structure designated by VHA officials to be responsible for PE activities.

t. **PE Storyboard.** A PE storyboard is a standardized template for documenting a quality improvement process conducted by a PE Team working systematically to address an ethics quality gap. It can be used to disseminate the results to the organization.

u. **Values.** Values are strongly held beliefs, ideals, principles, or standards that inform ethical decisions or actions.

5. INTEGRATEDETHICS CORE FUNCTIONS

IE is organized around three core functions, each of which targets one of the three levels of ethics quality:

a. EC, which involves responding to ethical concerns and questions, targets individual and organizational practices at the level of decisions and actions.

b. PE, which involves addressing ethics quality gaps on a systems level, targets individual and organizational practices at the level of systems and processes.

c. EL, which involves creating an ethical environment and culture, targets individual and organizational practices at the level of environment and culture.

6. RESPONSIBILITIES

a. **Under Secretary for Health.** The Under Secretary for Health is responsible for ensuring overall VHA compliance with this directive.

b. **Deputy Under Secretary for Health for Operations and Management.** The Deputy Under Secretary of Health for Operations and Management is responsible for:

(1) Communicating the contents of this directive to each of the Veterans Integrated Services Networks (VISN);

(2) Ensuring that each VISN Director has the sufficient resources to fulfill the terms of this directive in all the VA medical facilities within that VISN; and

(3) Providing oversight of VISNs to assure compliance with this directive, relevant standards, and applicable laws, regulations, and VA and VHA policies.

c. **Executive Director, National Center for Ethics in Health Care.** The Executive Director, National Center for Ethics in Health Care (NCEHC) is responsible for:

(1) Leading and directing IE on a national level.

(2) Establishing, interpreting, and communicating standards and guidance for IE, including the information in this directive.

(3) Establishing and communicating IE program performance and quality improvement goals.

(4) Identifying, on an annual basis, key measures for monitoring adherence with this directive.

(5) Collecting quarterly and annual data on identified key measures for policy adherence and providing data analyses and progress reports to IE staff and to VHACO, VISN, and VA medical facility leaders.

(6) Reporting inadequate directive adherence at the VA medical facility and VISN level to the Deputy Under Secretary for Health for Operations and Management.

(7) Creating and distributing tools, education, and training in each of the core functions, and supporting the field in implementing IE.

(8) Responding to requests for ethics consultation received from VISN officials, VA medical facility leaders, and designated IE staff.

(9) Conducting site visits to gather information or to assist VA medical facilities in adequately implementing IE, when deemed appropriate by the NCEHC Executive Director or designee.

d. **Veterans Integrated Service Network Director.** The VISN Director is responsible for:

(1) Serving as a role model for ethical leadership as that term is defined in this directive. This responsibility cannot be delegated.

(2) Establishing the VISN IE Advisory Board, designating appropriate officials to serve in key VISN IE roles, and holding designated VISN IE staff accountable for IE-related responsibilities.

(3) Ensuring all VA medical facilities in the VISN are appropriately and adequately staffed to develop and maintain effective facility IE programs (e.g., budget, space, clerical support, reference materials, ongoing training).

(4) Ensuring that VA medical facility IE programs achieve national and local IE program performance and quality improvement goals. ***NOTE:*** *This responsibility is typically delegated by the VISN Director to the VISN IE Advisory Board.*

e. **VISN IntegratedEthics Senior Lead.** The VISN IE Senior Lead is responsible for:

(1) Serving as a role model for ethical leadership as defined in this directive. This responsibility cannot be delegated.

(2) Acting as a spokesperson and leader for IE in the VISN.

(3) Providing overall vision and direction for the implementation, development, and management of IE across all VISN facilities and, as directed, within the VISN office.

(4) Chairing, and designating members to, the VISN IE Advisory Board and keeping the VISN Director apprised of the Board's activities.

(5) Setting clear expectations for the role of the VISN IE Advisory Board and ensuring members understand IE concepts, the purpose of the VISN IE Advisory Board, and their role on the VISN IE Advisory Board.

(6) Ensuring the VISN IE Advisory Board performs the activities with which it is charged.

(7) Ensuring VISN staff receives ethics education and training necessary to support assigned responsibilities and roles, particularly with respect to ethical leadership.

(8) Ensuring that issues that affect more than one VA medical facility in a VISN are identified and that a comprehensive and unified approach to achieving consistent practices in these areas is implemented across the VISN. ***NOTE:*** *The VISN IE Senior Lead may charge the VISN IE Advisory Board or other VISN organizational structures (e.g., ad hoc subcommittees or workgroups) to address cross-cutting ethics issues.*

f. **Chair, VISN IntegratedEthics Advisory Board.** The VISN IE Advisory Board is the VISN-level structural element of the IE program that implements IE at the VISN and supports the VISN Director's oversight of IE deployment and integration throughout all VA medical facilities in the VISN. ***NOTE:*** *The VISN IE Advisory Board does not provide legal advice. If there is a question about whether an issue before the VISN IE Advisory Board involves legal matters, the VISN IE Advisory Board must consult with Offices of Chief Counsel in the Districts.* The VISN IE Advisory Board Chair is responsible for:

(1) Ensuring the VISN IE Advisory Board meets regularly (at least quarterly).

(2) Ensuring Board membership adheres to the following parameters:

(a) The VISN Senior Lead chairs the VISN IE Advisory Board.

(b) The VISN IE Point-of-contact (POC) serves as the Executive Officer of the VISN IE Advisory Board.

(c) Members of the VISN IE Advisory Board typically include the Integrated Ethics Program Officers (IEPOs) from each VA medical facility, representatives from each of the three core functions of IE, and other staff as designated by the VISN Director.

(3) Reporting to the VISN Director, or other VISN-level organizational structure (e.g., VISN executive leadership committee) as established in the VISN IE Advisory Board charter.

(4) Ensuring that IE programs are fully deployed and integrated throughout all facilities in the VISN.

(5) Facilitating strategic relationships among staff and leaders at facilities and the VISN regarding IE, coordinating ethics-related and IE program activities across VA medical facilities in the VISN, and encouraging mutual support among facilities in the VISN.

(6) Facilitating inter-facility communications regarding IE program development and management, such as sharing local IE program strong practices and exploring opportunities and approaches for improvement.

(7) Enabling inter-facility staff development that enhances the capacity of VA medical facility Ethics Consultation Coordinators (ECCs), Preventive Ethics Coordinators (PECs), IEPOs, and EL Coordinators to develop and maintain effective facility IE programs (for example, partnering experienced staff with less experienced staff for mentoring and coaching).

(8) Reviewing data and reports derived from IE tools (e.g., IE Facility Workbook, EC Proficiency Assessment Tool) and other sources. ***NOTE:*** *For additional information on the EC Proficiency Assessment Tool, please see:* https://www.ethics.va.gov/docs/integratedethics/ec_pat_12232013.docx.

(9) Supporting each VA medical facility's efforts to achieve national and local IE program performance and quality improvement goals.

(10) Identifying issues that affect more than one VA medical facility in a VISN (i.e., cross-cutting ethics issues) that may require action at the VISN-level and providing recommendations to manage those issues.

(11) Performing other activities as established by the VISN Senior Lead.

(12) Establishing, as needed, the VISN process for managing VISN-level ethics consultations. The following mechanisms may be used for VISN-level ethics consultations:

(a) Referral of ethics consultations to an experienced VA medical facility-level Ethics Consultation Service within the VISN.

(b) Establishment of a VISN-level Ethics Consultation Service.

g. **VISN IntegratedEthics Point-of-Contact.** The VISN IE Point-of-Contact (POC) is responsible for:

(1) Serving as the liaison between the NCEHC, VA medical facility IEPOs, and other designated IE staff.

(2) Serving as the Executive Officer of the VISN IE Advisory Board and in that capacity:

(a) Performing duties related to administering the VISN IE Advisory Board.

(b) Supporting the VISN IE Advisory Board in performing the activities with which it is charged.

(3) Compiling IE related data and coordinating VISN and VA medical facility reporting on IE performance and quality improvement goals.

(4) Providing the coordination and support needed to ensure the effectiveness of IE across the VISN.

h. **VA Medical Facility Director**. The VA medical facility Director is responsible for:

(1) Serving as a role model for ethical leadership as that term is defined in this directive. This responsibility cannot be delegated.

(2) Establishing a strong ethical "tone at the top" by demonstrating the ethical leadership character of the organization and the commitment to ethics. This responsibility cannot be delegated.

(3) Ensuring the facility has a strong ethical environment and culture.

(4) Championing IE and generating support and engagement for IE from the leaders in the facility.

(5) Ensuring that the IEPO has direct access to senior leadership to discuss significant ethical issues that impact the facility.

(6) Establishing clear lines of authority and accountability for IE in the facility.

(7) Serving as the EL Coordinator or designating another member of the executive "Quadrad" or equivalent executive senior leadership team if that member would be more effective in this role. For specific responsibilities of the EL Coordinator, see paragraph 6.j.

(8) Establishing local procedures for recommendation, approval, and assignment of individuals to the positions of IEPO, ECC, PEC, ethics consultant, PE team member, and IE Council member.

(9) Ensuring appropriate and adequate resources are allocated to support the IE program, including:

(a) Ensuring the IEPO has adequate resources for management of the IE program and that the IEPO receives protected time to manage the IE program effectively.

(b) Ensuring the ECC has adequate resources for management of the Ethics Consultation Service and that ECCs and ethics consultants receive protected time to perform their role effectively.

(c) Ensuring the PEC has adequate resources for management of PE Teams and PE team members receive protected time to perform their role effectively.

(d) Ensuring the IE program receives adequate budget, space, clerical support, reference materials, ongoing training, and other resources necessary to meet the requirements of this directive.

(10) Ensuring that designated IE staff has performance plans that include clear delineation of IE-related responsibilities.

i. **IntegratedEthics (IE) Council.** The IE Council is the VA medical facility-level structural element of the IE program that, in general, is charged with supporting the EL Coordinator, overseeing and supporting implementation of the local IE program, ethics policy review and development, and coordination of ethics-related activities throughout the facility and its associated sites of care delivery. The IE Council does not provide legal advice. If there is a question about whether an issue before the IE Council involves legal matters, the IE Council must consult with the Offices of Chief Counsel in the Districts. The IE Council is responsible for:

(1) Meeting regularly (at least every 2 months).

(2) The EL Coordinator chairs the IE Council.

(3) The IEPO serves as the Executive Officer of the IE Council.

(4) Members of the IE Council include facility leaders and senior staff who regularly encounter ethical concerns and are engaged in improving ethics quality at the facility. Membership, which may vary according to the existing governance structure and needs of the facility and its associated sites of care delivery, typically includes:

(a) The EL Coordinador;

(b) IEPO;

(c) ECC;

(d) PEC; and

(e) Senior leaders representing key functions or offices in the VA medical facility (e.g., Executive “Quadrad” or equivalent executive senior leadership team member, Quality Management, Patient Safety, Compliance, Clinical Services, Chaplaincy, Human Resources, Social Work, Fiscal, Learning, Research).

(5) The IE Council is charged with overseeing and supporting implementation of the VA medical facility IE program, including:

(a) Supporting the EL Coordinator in managing the VA medical facility’s EL function.

(b) Ensuring VA medical facility readiness regarding ethics-related accreditation standards, national policies, and procedures.

(c) Reviewing and interpreting the IE Facility Workbook and establishing local annual performance and quality improvement goals for the VA medical facility IE program based on relevant IE data sources, the IE Facility Workbook, and national objectives for IE.

(d) Supporting and monitoring IE core function efforts to achieve national and local IE program performance and quality improvement goals, data collection and reporting, as required by NCEHC.

(e) Ensuring that designated IE staff receive education and informational updates related to their designated IE role (e.g., IE Improvement Forum calls targeted to their designated IE role).

(f) Reviewing and prioritizing ethics issues identified on the VA medical facility PE ethics issue log and advising the PEC regarding action plans for managing identified ethics issues.

(g) Monitoring the implementation of ethics-related processes that result from local EC or PE functioning, VISN-directed changes, or national ethics-related policy revisions or guidance.

(h) Identifying VA medical facility needs related to ethics, and establishing plans for addressing identified needs that include, among other elements, allocation of appropriate and adequate resources.

(i) Reviewing and participating in development of ethics-related national VHA policies, such as those policies released by the NCEHC.

(j) Coordinating ethics-related activities throughout the VA medical facility, and ensuring information regarding ethics activities, the VA medical facility IE program, ethics resources, and education on how to recognize ethical concerns is readily available to all facility staff.

(k) Reviewing and making recommendations for assignment of staff to designated IE positions (i.e., IEPO, ECC, PEC, ethics consultants, PE team members, and IE Council membership) according to procedures established by the VA medical facility Director.**Ethical Leadership Coordinator.** The Ethical Leadership (EL) Coordinator is responsible for:

(1) Managing the facility's EL function, including:

(a) Serving as a role model for ethical leadership as defined in this directive and advocating for actions that promote a strong ethical environment and culture in the facility.

(b) Ensuring that new facility leaders undergo orientation to EL (see App. A) and understand their role in creating and sustaining an ethical environment and culture.

(c) Facilitating strategic relationships across the organization that strengthen the ethical environment and culture and integrate IE into the foundation of the organization. This may necessitate coordinating with other facility groups that are responsible for promoting the organizational health of the facility (e.g., Civility, Respect, and Engagement in the Workforce Initiative).

(d) Developing, coordinating, supporting, and advocating for EL activities.

(e) Developing local annual performance and quality improvement plans for EL.

(2) In most cases, goals and targets selected are based on data from the approved NCEHC evaluation tools (e.g., the EL Self-Assessment Tool; particularly questions in the domains of ethical practices in the everyday workplace and ethical practices in business and management; the IE Facility Workbook, see par. 25).

(3) If data from a different systematic evaluation of EL yields information more relevant to the facility's EL performance, it can form the basis of the performance and quality improvement plan.

(a) Leading the completion of the EL section of the IE Facility Workbook and interpreting the results in collaboration with the IEPO and IE Council.

(b) Collaborating with the IEPO, ECC, and PEC to develop the facility IE procedures, ensuring that the EL section and local practices are consistent with this directive.

(c) Making recommendations for assignment of staff to the IE Council according to procedures established by the facility Director.

(4) Chairing the IE Council, including:

(a) Ensuring that the IE Council performs the activities with which it is charge

(b) Ensuring that the IE Council follows procedures established by the facility director for recommendation, approval, and assignment of individuals to the positions of IEPO, ECC, PEC, ethics consultant, or PE team member.

k. **IntegratedEthics Program Officer.** The IntegratedEthics Program Officer (IEPO) is responsible for:

(1) Collaborating with the IE Council to develop and maintain a VA medical facility IE program that is structured and managed according to the provisions of this directive, published IE guidance, and IE materials. ***NOTE:*** *For additional information, please see the IE Resources page at:* https://www.ethics.va.gov/integratedethics/ieresources.asp.

(2) Identifying resources (e.g., dedicated time, educational materials, workspace) needed by each IE core function to succeed and communicating identified needs to the IE Council and facility Director.

(3) Collaborating with the IE Council to establish annual performance and quality improvement goals for the facility IE program based on relevant IE data sources including the IE Facility Workbook, and the national objectives for IE.

(4) Monitoring and reporting on achievement of VA medical facility and national IE program performance and quality improvement goals to VA medical facility leadership, the IE Council, and the VISN IE POC on a quarterly basis, or as requested.

(5) Coordinating completion of the IE Facility Workbook, and, as directed by the EL Coordinator, participating in the development of the strategic responses to the IE Facility Workbook.

(6) Collaborating with the IE Council and EL Coordinator to champion IE by:

(a) Creating awareness and support for IE throughout the facility.

(b) Ensuring that appropriate communication and education materials are available to all employees, including information about how to contact the IE program. This may include:

1. Ensuring discussion of ethics at appropriate venues such as town hall meetings, departmental staff meetings,

2. Hosting educational activities during National Ethics and Compliance Week, and

3. Developing ethics content for inclusion in standard facility communications, such as newsletters or facility e-mails.

(7) Coordinating ethics educational activities with the facility Designated Learning Officer and other relevant facility groups and, if appropriate, linking local educational activities to VISN and VA Central Office activities.

(8) Serving as Executive Officer for the IE Council and in that capacity:

(a) Performing duties related to administering the IE Council.

(b) Holding regular IE Council meetings (at least every 2 months).

(c) Collaborating with the EL Coordinator to develop the IE Council agenda.

(d) Setting clear expectations for the role of the IE Council.

(e) Ensuring IE Council members understand IE concepts, the purpose of IE in the facility, and their role as members on the IE Council.

(f) Communicating regularly with the ECC and the PEC on IE program function and progress.

(8) Serving as a member of the VISN IE Advisory Board at the request of VISN senior leadership.

(9) Serving as the primary facility IE liaison to the VISN IE POC and to the NCEHC.

(10) Collaborating with the EL Coordinator, ECC, and PEC to ensure that facility IE procedures are consistent with this directive.

(11) Participating, as requested, in forums and training hosted by the NCEHC to ensure local IE information and strong practices are shared across VHA.

(12) Attending and, as appropriate, participating in national educational conference calls scheduled by the NCEHC.

(13) Completing introductory IE training, which includes: EC, PE, EL primers and videos and the EL Self-Assessment Tool (see Appendix A).

(14) Taking, as appropriate for ethics knowledge development, self-directed training such as: IE Online Learning Modules or other materials developed by the NCEHC (see Appendix A).

l. **Ethics Consultation Coordinator.** The Ethics Consultation Coordinator (ECC) is responsible for:

(1) Managing the VA medical facility's Ethics Consultation Service, including:

(a) Ensuring that patients, CLC residents, families, and staff have access to the Ethics Consultation Service and know how to request an ethics consultation. ***NOTE:***

The Computerized Patient Record System (CPRS) cannot be the only method for accessing the Ethics Consultation Service because that would exclude patients, CLC residents, families, and staff who do not have access to CPRS.

(b) Ensuring the Ethics Consultation Service is available, at a minimum, throughout normal work hours.

1. Ethics consultants must respond to a consultation request in a timely fashion (e.g., make at least initial contact with the consult requester within 1 business day for routine requests, and within 4 hours for urgent requests).

2. After-hours coverage arrangements may vary but must be adequate to meet the needs of the facility. For example, in facilities where the volume of consultation requests is high, ethics consultants may need to be available by pager over weekends, nights, and holidays.

3. In facilities where there are fewer consultations, requests may be considered by an administrator who has access to an ethics consultant as needed.

(2) Making recommendations for assignment of ethics consultants to the Ethics Consultation Service according to procedures established by the VA medical facility Director. ***NOTE:*** *Typically, recommendations for staff assignment to the Ethics Consultation Service are submitted for consideration through the IE Council.*

(3) Providing timely notification to the IE Council, and as directed, other appropriate facility leaders regarding ethics consultations that may be controversial, might establish precedent, or may result in media or legal involvement.

(4) Serving as an ethics consultant.

(5) Serving as the representative for EC on the IE Council and in that capacity:

(a) Reporting to the IE Council about EC workload, national and local performance and quality improvement goals, significant accomplishments, barriers to success, and systems issues.

(b) Contributing to the identification of cross-cutting ethics issues, including bringing potential issues to the attention of the IE Council.

(c) Supporting IE Council activities, as requested.

(d) Leading completion of the EC section of the IE Facility Workbook and in collaboration with the IEPO, interpreting the results.

(e) Contributing to organizational learning through dissemination and exchange about the experience and findings of the Ethics Consultation Service.

(f) Serving as a liaison between the VA medical facility and NCEHC for EC-related matters, accessing the NCEHC's Ethics Consultation Service when EC support is needed, and responding to NCEHC requests for information or action.

(g) Collaborating, as appropriate, with other ECCs to identify and discuss cross-cutting ethics issues.

(h) Collaborating with the IEPO, EL Coordinator, and PEC to develop the VA medical facility IE procedures, ensuring that the EC section and local practices are consistent with this directive.

(i) Participating, as requested, in forums and training hosted by the NCEHC.

(j) Attending and, as requested, participating in national educational conference calls scheduled by the NCEHC.

(k) Ensuring that information and strong EC practices are shared across VHA.

(6) Ensuring that before ethics consultants work independently on a consult or enter information into ECWeb, they have at a minimum:

(a) Read the Ethics Consultation Primer, "Ethics Consultation: Responding to Ethics Questions in Health Care";

(b) Completed the 2-hour ethics consultation video course, including the exercises;

(c) Viewed the ECWeb online learning module;

(d) Completed the EC Proficiency Assessment Tool; and

(e) Achieved the requisite proficiencies commensurate to the ethics consultant's assigned responsibilities.

NOTE: *For information on these materials, see Appendix A.*

(7) Administering ECWeb and ensuring that at least one other ethics consultant is trained in administering ECWeb.

(8) Determining which of the following models is appropriate for the particular ethics consultation request:

(a) Individual Ethics Consultant Model. One trained ethics consultant who possesses the competencies required for the particular consultation request performs the consultation. This model is generally appropriate only for the most straightforward consultations and for the most proficient ethics consultants.

(b) Ethics Committee Model. A standing multidisciplinary committee of trained ethics consultants who together possess the competencies required for the particular consultation request (typically between six and twenty people) performs the consultation. ***NOTE:*** *This model is useful for ensuring broad organizational input into difficult consultations, including those that might establish precedent or result in media involvement or legal proceedings. This model may also be appropriate for facilities that handle a low volume of consultations or lack specialized ethics expertise.*

(c) Ethics Consultation Team Model. A small group of trained ethics consultants who together possess the competencies required for the particular consultation request jointly performs the consultation. This model accommodates a wide range of situations and levels of consultant expertise and is in some ways a compromise between the individual and committee models.

(9) Maintaining an active Ethics Consultation Service. ***NOTE:*** *An ethics consultation service that completes fewer than four case consultations per year is not considered active. It is expected that most facilities will complete far more than four case consultations per year.*

(10) Developing and implementing quality improvement plans for the EC function based on the systematic evaluation of the EC function using, at a minimum, the following approved NCEHC tools (see App. A):

(a) The Ethics Consultant Proficiency Assessment Tool and Ethics Consultation Service Proficiency Assessment Tool. The ECC administers the Ethics Consultant Proficiency Assessment Tool at least annually to all ethics consultants to assess the knowledge and skills of ethics consultants and summarizes the Ethics Consultation Service results in the Ethics Consultation Service Proficiency Assessment Tool. ***NOTE:*** *For additional information on the Ethics Consultant Proficiency Assessment Tool, please see:* https://www.ethics.va.gov/docs/integratedethics/ec_pat_12232013.docx. ***NOTE:*** *For information on the Ethics Consultation Service Proficiency Assessment Tool, please see:* https://www.ethics.va.gov/ECSPAT.pdf.

(b) The ECWeb Evaluation Report. The ECC reviews the ECWeb Evaluation Report at least semiannually to assess participant feedback regarding ethics consultations.

(c) The ECWeb Standard and Process Reports. The ECC reviews the ECWeb Standard and Process Reports at least quarterly to assess utilization, access, and processes of ethics consultations.

(d) The IE Facility Workbook.

(11) Ensuring that the VA medical facility has individuals, or access to individuals, who possess adequate subject matter expertise to address ethics questions.

(12) Developing Ethics Consultation Service proficiencies by identifying areas for improvement and collaborating with ethics consultants to create and implement annual personal professional development plans based on individual and aggregated results from IE assessment tools.

m. **Ethics Consultants.** Ethics consultants report to the ECC, and are responsible for:

(1) Promoting strong ethics consultation programmatic goals and practices.

(2) Ensuring continuing professional development of ethics consultation proficiencies by:

(a) Completing the Ethics Consultant Proficiency Assessment Tool annually. ***NOTE**: For additional information on the Ethics Consultant Proficiency Assessment Tool, see:* https://www.ethics.va.gov/docs/integratedethics/ec_pat_12232013.docx.

(b) Developing a personal professional development plan in collaboration with the ECC, and

(c) Taking actions to achieve the professional development plan.

(3) Conducting all ethics consultations using the CASES approach. ***NOTE:*** *Details of the CASES approach can be found in Ethics Consultation: Responding to Ethics Questions in Health Care, at:* *http://www.ethics.va.gov/docs/integratedethics/Ethics_Consultation_Responding_to_Ethics_Questions_in_Health_Care_20070808.pdf.*

(4) Directing requesters, who are not seeking assistance resolving an ethical concern or who are seeking assistance with other types of matters, to other appropriate offices in the organization. For example, ethics consultants must direct requesters bringing forth allegations of ethical misconduct or intentional unsafe acts to appropriate VA or VHA programs or offices (e.g., Office of the Medical Inspector, Office of Compliance and Business Integrity, Office of Research Oversight, the Office of the Inspector General, Office of General Counsel). ***NOTE:*** *As a general principle, if a requester thinks that a circumstance raises an ethical concern, the assumption should be that it does.*

(5) Ethics consultation requests from an anonymous requester may not be accepted because ethics consultants must interact with the requester as part of conducting the case or non-case consultation. (See *Ethics Consultation: Responding to Ethics Questions in Health Care, available at:* http://www.ethics.va.gov/docs/integratedethics/Ethics_Consultation_Responding_to_Ethics_Questions_in_Health_Care_20070808.pdf.). ***NOTE:*** *PE team members may accept referrals of ethics issues from anonymous sources provided the issues are appropriate for a PE approach.*

(6) Documenting each ethics case consultation and each ethics non-case consultation in ECWeb according to the instructions accessible to the ethics consultant on ECWeb user screens within the following timeframes:

(a) Ethics consultation records must be initiated in ECWeb as soon as possible and no later than 7 days after receiving an ethics consultation request.

(b) All ethics consultation progress notes that have been entered into a patient's health record must also be entered, in their entirety, into ECWeb within 7 days of the signature date of the health record note.

(c) All other activities related to an ethics consult must be documented in ECWeb as soon as possible and no later than 7 days after a final consultation response is provided to the requester.

(7) Documenting each ethics case consultation in the patient's electronic health record except when the patient's involvement would not be directly relevant to the ethical concern. For example, if the ethics question pertains to whether it is ethically justifiable for a health care team member to be excused from participation in a particular patient's case for reasons of conscience, it would not generally be appropriate to involve the patient or CLC resident in the consultation process or document the consult in the patient's record because the answer to the ethics question would hinge on the medical facts of the case and the health care provider's preferences and interests, not the patient's or CLC resident's preferences and interests. ***NOTE:*** *VHA Handbook 1907.01, Health Information Management and Health Records, dated March 19, 2015, strongly discourages copying and pasting information in a patient's electronic health record (EHR) because it can create clinical, ethical, financial, and legal problems. However, judicious and responsible copying and pasting of information between ECWeb and a patient's EHR (and vice versa) is allowed to promote complete, relevant, and accurate documentation of ethics consultations. ECWeb users should assure that information copied and pasted between ECWeb and a patient's EHR is clear and accurate and avoids unnecessary duplication in the patient's EHR. See VHA Handbook 1907.01 regarding utilizing the "copy and paste" function to enter information into the EHR, or contact* vhaethics@va.gov *for clarification of specific questions. Authorized VA employees may access ECWeb online at: http://vaww.ecweb.ethics.va.gov/.* ***NOTE:*** *This is an internal VA Web site and is not available to the public.*

(8) Ensuring that all VISN-level ethics consultants have met the requirements stated in Appendix A.

(9) Referral of ethics consultations to the NCEHC.

(10) Responding to a consultation request in a timely fashion (e.g., make at least initial contact with the consult requester within 1 business day for routine requests, and within 4 hours for urgent requests).

n. **Preventive Ethics Coordinator.** The Preventive Ethics Coordinator (PEC) is responsible for:

(1) Managing the VA medical facility's PE function, including:

(a) Ensuring that facility leadership and staff are aware of the PE function and know how to request assistance with ethics issues that may be amenable to a PE approach.

(b) Making recommendations for assignment of individuals to the core PE Team according to procedures established by the facility Director. ***NOTE:*** *Typically, recommendations for staff assignment to the PE Team are submitted for consideration by the IE Council.*

(c) Recruiting VHA staff who possess specific content or process expertise that is applicable to a particular PE quality improvement cycle to serve as ad hoc PE team members.

(d) Ensuring that before PE team members address an ethics quality gap using ISSUES or another quality improvement approach, they have:

1. Read the PE primer, *Preventive Ethics: Addressing Ethics Quality Gaps on a Systems Level* (see Appendix A); and

2. Completed the 2-hour PE video course, including the exercises (see Appendix A).

(2) Managing the PE log of ethics issues.

(3) Determining whether an issue is appropriate for a PE approach, and if it is not, explaining the reasoning for the decision and redirecting to a program, service, or resource for further assistance. The PEC may also seek advice from the IE Council regarding appropriate facility resources to address the issue. ***NOTE:*** *PE team members may accept referrals of ethics issues from anonymous sources provided the issues are appropriate for a PE approach.*

(4) Maintaining an active PE Team. ***NOTE:*** *A PE Team that completes fewer than two PE storyboards is not considered active. It is expected that most mature teams will complete at least four PE storyboards per year.*

(5) Identifying barriers to effective PE team function and establishing action plans to address identified barriers.

(6) Developing and implementing quality improvement plans for the PE function based on the systematic evaluation of the PE function using, at a minimum, the following approved NCEHC tools:

(a) The IE Facility Workbook, and

(b) Review of facility PE storyboards.

(7) Ensuring that the PE Team consists of, or has access to, individuals with adequate subject matter expertise to address facility ethics quality gaps through a quality improvement approach such as ISSUES, including specialized expertise in health care ethics. ***NOTE:*** *Access to specialized expertise in health care ethics can be accomplished by formalizing a linkage between the PE Team and the Ethics Consultation Service (or other person or group that provides ethics expertise to the institution). Many PE Teams include a member of the Ethics Consultation Service as a member. In some cases, the PE team is led, or co-led, by an individual with specialized ethics expertise.*

(8) Developing PE team member proficiencies by identifying areas for improvement and collaborating with individual PE team members to create and implement annual personal professional development plans based on individual and aggregated results from approved IE assessment tools (e.g., IE Facility Workbook, PE storyboards).

(9) Providing timely notification to the IE Council regarding ethics issues that are controversial or that require leadership input before addressing the issue through a quality improvement approach.

(10) Serving as a resource to the facility IE program by recommending quality improvement activities based on results from the IE Facility Workbook, and other IE data sources.

(11) Establishing relationships with stakeholders, including VA medical facility leaders, to build visibility of PE in the VA medical facility and to help identify ethics issues for the PE Team to address.

(12) Serving as the representative for PE on the IE Council and in that capacity:

(a) Reporting to the IE Council regarding PE workload, national and local performance and quality improvement goals, significant accomplishments, outcomes of improvement efforts, barriers to success, and systems issues.

(b) Submitting PE reports, data, and all completed PE storyboards to the IE Council, VISN IE POC, and NCEHC, as requested.

(c) Contributing to the identification of cross-cutting ethics issues and bringing potential issues to the attention of the IE Council.

(d) Ensuring prioritized ethics issues are reviewed and approved by the IE Council, and any controversy or question regarding the applicable ethical standard is considered by the IE Council.

(13) Leading completion of the PE section of the IE Facility Workbook, and in collaboration with the IEPO, interpreting the results.

(14) Contributing to organizational learning through the dissemination and exchange of results of PE activities (e.g., presentations or posting storyboards).

(15) Collaborating, as appropriate, with other PECs to identify and discuss cross-cutting ethics issues.

(16) Collaborating with the IEPO, EL Coordinator, and ECC to develop the facility IE procedures, ensuring that the PE section and local practices are consistent with this Directive.

(17) Participating, as requested in forums and training hosted by the NCEHC.

(18) Attending and, as appropriate, participating in national educational conference calls scheduled by the NCEHC.

(19) Ensuring that PE information and strong practices are shared across VHA.

(20) Serving as a PE Team member.

o. **Preventive Ethics Team Members.** Preventive Ethics (PE) Team members are accountable to the PEC and are responsible for:

(1) Promoting PE programmatic goals and strong PE practices.

(2) Ensuring continuing personal development in PE proficiencies by developing an annual personal professional development plan in collaboration with the PEC and taking actions to achieve the professional development plan.

(3) Identifying ethics issues amenable to a quality improvement approach.

(4) Addressing ethics quality gaps using ISSUES or a similar quality improvement approach. ***NOTE:*** *PE teams are encouraged to use the ISSUES quality improvement process to ensure that their efforts are of high quality, or to use an alternative standardized approach that is well- accepted in the quality improvement field.*

(5) Documenting all ethics issues addressed through PE on a standardized storyboard.

p. **VHA Leaders.** All VHA leaders are responsible for fostering an ethical environment and culture in VHA by incorporating the following four compass points of EL into their leadership behaviors.

(1) Demonstrating that ethics is a priority by talking about ethics, proving that ethics matters to them, and encouraging discussion of ethical concerns. The ethical leader serves as a role model for ethical practice by displaying professionalism, responsibility, honesty, respect and consideration for others, composure and poise

even in times of crisis, and the ability to exercise self-control and restraint. Other suggestions for how to demonstrate that ethics is a priority include:

(a) Scheduling ethics discussions as a regular part of meetings;

(b) Adding ethics-related items to performance plans and reviews;

(c) Rewarding staff, explicitly and visibly, for their contributions to promoting ethical practice; and

(d) Providing positive feedback and proactively following up when ethical concerns are raised.

(2) Communicating clear expectations for ethical practice by recognizing when expectations need to be clarified, stating expectations explicitly, using examples to clarify expectations, and explaining the values underlying their decisions. VHA leaders must ensure their expectations are reasonable and attainable and anticipate and address barriers to meeting their expectations.

(3) Practicing ethical decision-making by identifying when decisions raise significant ethical concerns, addressing ethical decisions systematically, and explaining to individuals who have a stake in an ethical decision both the process used to make the decision and the reasons why certain options were chosen over others. Ethical decision-making requires that leaders:

(a) Are fully informed about the important facts relevant to a decision;

(b) Involve stakeholders who will be affected by the decision, as appropriate;

(c) Clarify and explicitly consider important organizational and social values pertinent to the decision;

(d) Ensure that the anticipated benefits of the decision outweigh the anticipated harms;

(e) Take into account the underlying systems-level implications of the decision; and

(f) Consider whether the decision would seem reasonable to others outside the organization.

(4) Supporting ethics by knowing what their IE program is and what it does, championing the program, and supporting participation in the local ethics program. Examples include:

(a) Dedicating appropriate resources to IE staff to meet the ethics needs of the facility.

(b) Participating in education sponsored by the IE program.

(c) Requesting ethics consultation for specific ethics questions or concerns.

(d) Providing feedback to facility leadership about the quality and effectiveness of the IE program and any suggestions for change.

(e) Working with the PE Team to address ethics quality in their area of responsibility.

(f) Keeping up to date on IE activities and, as relevant to their leadership role, the specific activities of each IE core function.

q. **VHA Employees.** All VHA employees are responsible for:

(1) Contributing to the ethical environment and culture by striving to do the right things for the right reasons.

(2) Utilizing the Ethics Consultation Service when they experience significant ethical concerns on the job that they are unable to resolve.

(3) Contributing to activities that are designed to improve the ethics quality of care provided to Veterans.

(4) Supervisors must not in any way restrict their employees from requesting an ethics consultation, such as by requiring employees to notify supervisors or to obtain supervisory approval for ethics consultation requests.

7. TRAINING REQUIREMENTS

a. Resources to assist VA medical facilities and VISNs with IE development, assessment and improvement can be found at the NCEHC IE internet and intranet Web sites. These sites contain information about the Facility workbook, IE Staff Survey, and other IE tools: http://www.ethics.va.gov/integratedethics/ieresources.asp, and http://vaww.ethics.va.gov/integratedethics/index.asp. ***NOTE***: *The latter is an internal VA Web site and is not available to the public.*

b. For additional training and information regarding IE, log into VA Training Management System at: http://www.tms.va.gov/. Search for key word "IE." ***NOTE:*** *This is an internal VA Web site and it is not available to the public.* ***NOTE:*** *For additional information on required and recommended training, please see Appendix A, IntegratedEthics Basic Training Resources.*

8. RECORDS MANAGEMENT

All records regardless of format (paper, electronic, electronic systems) created by this directive shall be managed per the National Archives and Records Administration (NARA) approved records schedules found in VHA Records Control

Schedule 10-1. If you have any questions regarding any aspect of records management, you should contact your facility Records Manager or your Records Liaison.

7. REFERENCES

a. 38 U.S.C. 7301(b).

b. VHA Directive 1004, National Center for Ethics in Health Care, dated October 31, 2018.

c. VHA Handbook 1907.01, Health Information Management and Health Records, dated March 19, 2015.

d. Fox E, Bottrell MM, Berkowitz, KA, Chanko BL, Foglia MB, Pearlman RA. IntegratedEthics: An innovative program to improve ethics quality in health care. *The Innovation Journal: The Public Sector Innovation Journal*, Vol. 15(2), 2010, available at: http://www.ethics.va.gov/docs/integratedethics/IntegratedEthics-Innovative_Program_TIJ_20101118.pdf

e. *Ethical Leadership: Fostering an Ethical Environment & Culture.* National Center for Ethics in Health Care, available at: http://www.ethics.va.gov/docs/IntegratedEthics/Ethical_Leadership_Fostering_an_Ethical_Envir onment_and_Culture_20070808.pdf

f. *Ethics Consultation: Responding to Ethics Questions in Health Care.* National Center for Ethics in Health Care, available at: http://www.ethics.va.gov/docs/integratedethics/Ethics_Consultation_Responding_to_Ethics_Que stions_in_Health_Care_20070808.pdf

g. *Preventive Ethics: Addressing Ethics Quality Gaps on a Systems Level.* National Center for Ethics, available at: https://www.ethics.va.gov/docs/integratedethics/pe_primer_2_edition_042015.pdf

INTEGRATEDETHICS® BASIC TRAINING RESOURCES

Designated IE Staff	Training Activity	Required?
1. IE Point of Contact (POC)	a. Read *VISN IE POC Training Tool and Handoff Guide* b. Read the primer, watch the accompanying video, and complete the video exercises titled: *Ethical Leadership: Fostering an Ethical Environment & Culture* (TMS #63240) c. Read the primer and watch the accompanying videos (Parts I and II) titled: *Ethics Consultation: Responding to Ethics Questions in Health Care* (TMS #63203) d. Read the primer and watch the accompanying video titled: *Preventive Ethics: Addressing Ethics Quality Gaps on a Systems Level* (TMS #63204)	No, but recommended
2. HPDM Level 2-4 Leaders	Read the primer, watch the accompanying video, and complete the video exercises titled: *Ethical Leadership (EL): Fostering an Ethical Environment & Culture* (TMS #63240) and complete the self-assessment tool.	No, but recommended
3. IE Program Officer (IEPO)	a. Read IEPO *Training Tool and Handoff Guide* b. Read the primer, watch the accompanying video, and complete the video exercises titled: *Ethical Leadership: Fostering an Ethical Environment & Culture* (TMS #63240) c. Read the primer, watch the accompanying videos (Parts I and II), and complete the video exercises titled: *Ethics Consultation: Responding to Ethics Questions in Health Care* (TMS #63203) d. Read the primer, watch the accompanying video, and complete the video exercises titled: *Preventive Ethics: Addressing Ethics Quality Gaps on a Systems Level (*TMS #63204)	No, but recommended

Designated IE Staff	Training Activity	Required?
	e. Read *IntegratedEthics Program Officers Desk Reference Manual*	
4. Ethics Consultation Coordinator (ECC)	a. Read the *Ethics Consultation Coordinator Training Tool and Handoff Guide* b. Read the primer, watch the accompanying videos (Parts I and II), and complete the video exercises titled: *Ethics Consultation: Responding to Ethics Questions in Health Care* (TMS #63203) c. Watch the ECWeb on-line learning module (http://www.ethics.va.gov/ecweb/default.htm)	No, but recommended No, but highly recommended No, but highly recommended
5. Ethics Consultants	a. Read the primer, watch the accompanying videos (Parts I and II), and complete the video exercises titled: *Ethics Consultation: Responding to Ethics Questions in Health Care* (TMS #63203) b. Watch the ECWeb on-line learning module (http://www.ethics.va.gov/ecweb/default.htm)	No, but highly recommended
6. Preventive Ethics Coordinator (PEC)	a. Read the *Preventive Ethics Coordinator Training Tool and Handoff Guide* b. Read the primer, watch the accompanying video, and complete the video exercises titled: *Preventive Ethics: Addressing Ethics Quality Gaps on a Systems Level* (TMS #63204)	No, but recommended No, but highly recommended
7. Preventive Ethics Team Members	Read the primer, watch the accompanying video and complete the video exercises titled: *Preventive Ethics: Addressing Ethics Quality Gaps on a Systems Level* (TMS #63204)	No, but highly recommended

NOTE: *For additional information on training resources, please visit the IE Resources page at: https://www.ethics.va.gov/integratedethics/ieresources.asp.*