

# National Survey on Ethics Consultation in U.S. Hospitals

Thank you for agreeing to participate in this study conducted by the Center for Ethics in Health Care at Altarum Institute, a non-profit health systems research organization. This study was made possible by a grant from the Greenwall Foundation, a charitable organization that promotes bioethics research.

Surprisingly little is known about ethics consultation and ethics programs in U.S. hospitals. Our study will provide much-needed data to inform national policy decisions and help improve patient care. Your input and opinions are invaluable.

All information obtained will be held strictly confidential and no institutions or individuals will be disclosed.

## Survey Instructions

1. To navigate through the survey, please use the “Previous” and “Next” buttons at the bottom of each page (instead of using the arrows on your web browser).
2. Participation in this survey is voluntary. Feel free to skip any question you do not wish to answer. Please answer as many questions as possible.
3. If you need to make changes to your responses, you may go back to that question and change the answer.
4. If you are unable to complete your survey in one session, you may close the survey and begin again where you left off.
5. If you have questions about the study or need technical assistance, please email [research assistant email].
6. If you wish to contact the Principal Investigator of the study, please email EllenFoxMD@gmail.com.

Thank you in advance for completing the survey. Please click “Next” to begin.

## Section 1

*For the purposes of this survey, ethics consultation is defined as a service provided by an individual or group in response to questions from patients, families, healthcare professionals, or other involved parties who seek to resolve uncertainty or conflict regarding value-laden concerns that emerge in health care.*

**Q1 Is [name of hospital] currently part of a multi-hospital system (a group of two or more hospitals that are owned, sponsored, or managed by a central organization)?** [select only one]

- A. Yes
- B. No

[Contingency question, if yes] **What is the total number of hospitals in this multi-hospital system?** If you do not know the exact number, please estimate. Only numbers may be entered in this field. [number]

**Q2 Does the service that performs ethics consultations for [name of hospital] perform ethics consultations solely for [name of hospital], or does it also perform ethics consultations for one or more other hospitals?**

[select only one]

- A. Performs ethics consultations solely for this hospital
- B. Performs ethics consultations for one other hospital in addition to this hospital
- C. Performs ethics consultation for more than one other hospital in addition to this hospital
- D. Other

[Contingency question, if other] **If you chose other, please specify:** [open text]

## Section 2

*This survey is focused on the ethics consultation service for [name of hospital]. If [name of hospital] is part of a multi-hospital system, or if [name of hospital]'s ethics consultation service also performs ethics consultation for other hospital(s), please answer this survey only for the part of the ethics consultation service that serves [name of hospital].*

**Q3 How many ethics case consultations did [name of hospital]'s ethics consultation service (ECS) perform in the last year?** *Case consultations are ethics consultations that primarily pertain to a specific, active individual patient case. Ethics consultation services differ on what activities they "count" as ethics consultations. Answer this question based on what counts as an ethics consultation in [name of hospital]. If you do not know the exact number, please estimate. [number]*

**Q4 How many non-case consultations did [name of hospital]'s ECS perform in the last year?** *Non-case consultations are ethics consultations that do not primarily pertain to a specific, active individual patient case. For example, non-case consultations may pertain to policy questions or organizational-level issues. Answer this question based on what counts as an ethics consultation in [name of hospital]. If you do not know the exact number, please estimate. [number]*

## Section 3

This section will focus on *case consultations*.

**Q5 Which model best describes [name of hospital]'s ECS?** [select only one]  
A. Generally, case consultations are performed by a full ethics committee  
B. Generally, case consultations are performed by a small team of individuals  
C. Generally, case consultations are performed by a single individual

**Q6 Please estimate the percentage of [name of hospital]'s case consultations that were performed by a full ethics committee, by a small team, and by a single individual.** Percentages should add up to 100. [number]  
A. Performed by a full ethics committee  
B. Performed by a small team of individuals  
C. Performed by a single individual

**Q7 What percentage of case consultations performed by [name of hospital]'s ECS would you estimate involved conflict between the involved parties, and what percentage involved no clear conflict between the involved parties?** Percentages should add up to 100. [number]  
A. % Conflict  
B. % No clear conflict

**Q8 Who requests the case consultations that [name of hospital]'s ECS performs?** If you do not know the exact number, please estimate. Percentages should add up to 100. [number]  
A. % Patients or families  
B. % Hospital administration/leadership  
C. % Doctors  
D. % Nurses  
E. % Other clinical staff  
F. % Other non-clinical staff  
G. % Not requested by anyone (e.g., automatic or triggered by criteria)

## Section 4

The next questions are about the individuals who perform ethics consultation for [name of hospital] – that is, those individuals who have a direct role in carrying out ethics consultation on behalf of [name of hospital].

**Q9 How many individuals performed a single ethics case consultation for [name of hospital] in the past year?** Please indicate the minimum, maximum, and average number of individuals that perform a single consult. [number]

- A. Minimum
- B. Maximum
- C. Average

**Q10 In total, how many individuals performed ethics case consultations for [name of hospital]'s ethics consultation service in the last year?** [number]

**Q11 Please indicate roles of each of the individuals who perform ethics consultation for [name of hospital].** Enter the number of individuals in each category. Total should equal the number of individuals who performed ethics case consultations, (i.e., [response to Q10 shown]). [number]

- A. Physician
- B. Nurse
- C. Social worker
- D. Chaplain
- E. Attorney
- F. Administrator
- G. Other health care provider
- H. Lay person
- I. Other

[Contingency question] **If you indicated an "other" role for individuals who perform ethics consultations, please describe that role.** [open text]

**Q12 What ethics-related training was received by the individual(s) who perform ethics consultation?** Please enter the number in each category. Total should equal [response to Q10 shown]. [number]

- A. Completed a fellowship or graduate degree program in bioethics
- B. Learned to perform ethics consultation with formal, direct supervision by experienced members of service
- C. Learned to perform ethics consultation independently, without formal, direct supervision by experienced members of service
- D. Other

[Contingency question] **If you indicated "other" ethics-related training was received by those who perform ethics consultations, please describe that training.** [open text]

**Q13 How many of these individuals who performed ethics consultations would you say have demonstrated proficiency at the novice level, the basic level, and the advanced level?** *For the purposes of this survey, novice-level proficiency means the individual is unable to perform ethics consultations without supervision. Basic-level proficiency means the individual is able to perform common and straightforward consultations without supervision. Advanced-level proficiency means the individual is able to perform the most complex ethics consultations without supervision.* Responses should add up to [response to Q10 shown]. [number]

- A. Novice level
- B. Basic level
- C. Advanced level

**Q14 Which of the following best describes [name of hospital]'s approach to assessing whether ethics consultants have the competencies required for this role?** [select only one]

- A. The hospital does not specifically assess ethics consultants' competencies
- B. The hospital only assesses ethics consultants' competencies if someone questions their proficiency or suggests there is a problem
- C. The hospital routinely assesses ethics consultants' competencies, but we do not have explicit standards
- D. The hospital routinely assesses ethics consultants' competencies against explicit standards, but does not use a systematic measurement process
- E. The hospital routinely assesses ethics consultants' competencies against explicit standards using a systematic measurement process

## Section 5

The next several questions ask for your opinions about ethics consultation.

**Q16 How satisfied are you with the overall performance of [name of hospital]'s ethics consultation service (ECS) in each of the following areas?** Please choose the appropriate response for each item: [five-point rating scale: not at all satisfied, somewhat satisfied, satisfied, very satisfied, extremely satisfied]

- A. Gathering complete and accurate information about a case
- B. Modeling respect for different values and opinions
- C. Understanding the practical realities of a hospital
- D. Providing good customer service
- E. Communicating with health care providers
- F. Communicating with patients and families
- G. Communicating with hospital administrators
- H. Promoting sound ethical decision making
- I. Documenting ethics consultations
- J. Having clear quality standards for ethics consultation
- K. Meeting those quality standards for ethics consultation

**Q17 On a scale of 0 to 10, where 0 is not at all satisfied and 10 is extremely satisfied, how satisfied are you with the performance of [name of hospital]'s ECS overall?** [11-point rating scale from 0 to 10]

**Q18 Rate the effectiveness of [name of hospital]'s ECS in each of the following areas:** [five-point rating scale: not at all effective, somewhat effective, effective, very effective, extremely effective]

- A. Reducing moral distress among the staff involved in the case
- B. Reducing moral distress among the patient and family involved in the case
- C. Resolving conflicts between parties involved in the case
- D. Increasing the ethics knowledge of staff involved in the case
- E. Decreasing the risk of lawsuits relating to the case
- F. Reducing unnecessary or wasteful treatments in the case
- G. Improving the quality of patient care for the patient in the case
- H. Preventing future ethical problems in other patient cases

**Q19 On a scale of 0 to 10, where 0 is not at all effective and 10 is extremely effective, how would you rate the effectiveness of [name of hospital]'s ECS overall?** [11-point rating scale from 0 to 10]

**Q20 Thinking about [name of hospital]'s ECS and all the people who perform ethics consultation, indicate the extent to which, in your opinion, the following words describe the ECS as a whole:** [five-point rating scale: not at all, somewhat, moderately, very, extremely]

- A. Well respected
- B. Experienced
- C. Well trained
- D. Expert
- E. Approachable
- F. Open minded
- G. Compassionate
- H. Thorough
- I. Systematic
- J. Pragmatic
- K. Humble
- L. Efficient
- M. Courageous
- N. Well resourced
- O. Valuable

## Section 6

**Q21** Besides [name of hospital]'s ECS, are you familiar with any other hospital's ECS (i.e., you have specific knowledge of the individual hospital's ethics consultation practices)? [select only one]

- A. Yes
- B. No

[Contingency question, if yes] **Not including [name of hospital]'s ECS, how many other hospital's ECSs would you say you're familiar with?** [number]

**Q22** [Contingency question, if yes] **Considering the other hospitals' ECSs that you are familiar with, how would you describe the quality of [name of hospital]'s ECS overall?** [five-point rating scale: far below average, below average, average, above average, far above average]

**Q23** **At [name of hospital], what percentage of the patient cases that would benefit from ethics consultation get referred to the ECS? Although there is no way to know the actual number of cases that would benefit, please give your impression.** [number]

**Q24** **To what extent do you think the following are barriers to referring patient cases to the ethics consultation service (ECS) at [name of hospital]?** Please choose the appropriate response for each item: [five-point rating scale: not a barrier, minor barrier, moderate barrier, substantial barrier, major barrier]

- A. People do not know that the ECS exists
- B. People do not understand what the ECS does
- C. People do not recognize ethical issues when they arise
- D. People do not appreciate the benefits of ethics consultation
- E. People think ethics consultations are too time-consuming
- F. People fear retaliation for requesting an ethics consultation
- G. People are not always able to access ethics consultation
- H. People view ethics consultations as a sign of failure
- I. People think that the ethics consultation service lacks expertise
- J. People have concerns about ethics consultation quality
- K. Other

[Contingency question] **If you indicated there was an "other" barrier to referring patient cases to the ECS, please describe that barrier.** [open text]

**Q25** **In your opinion, to what extent are each of the following a problem at [name of hospital]?** Please choose the appropriate response for each item: [five-point rating scale: not a problem, minor problem, moderate problem, substantial problem, major problem]

- A. Lack of ethics consultation requests
- B. Lack of personnel who have the expertise required to perform ethics consultation
- C. Lack of financial compensation for ethics consultation personnel
- D. Lack of personnel time to perform ethics consultation
- E. Lack of logistical support for the ECS (e.g., office space, library resources, IT)
- F. Lack of access to outside ethics experts when needed
- G. Lack of access to high quality training for ethics consultation personnel
- H. Lack of support for the ECS by hospital administration
- I. Lack of clear standards for ethics consultation
- J. Lack of quality control for ethics consultation

**Q26** **In your opinion, how important are each of the following factors in explaining why your hospital currently has an ethics consultation service (ECS)?** Please choose the appropriate response for each item: [five-point rating scale: not at all important, somewhat important, moderately important, very important, extremely important]

- A. Leadership at our hospital supports having an ECS
- B. Members of our ECS support having an ECS
- C. Other staff at our hospital support having an ECS
- D. The Joint Commission supports having an ECS
- E. The American Society for Bioethics and Humanities supports having an ECS

- F. Other hospitals have an ECS
- G. Other

[Contingency question] **If you indicated there was an "other" factor explaining why there is an ECS, please describe that factor.** [open text]

## Section 7

The next few questions are about ethics consultation policy and practices at [name of hospital].

**Q27 Which of the following best describes [name of hospital]'s policy or other formal guidance document that addresses ethics consultation?** [select only one]

- A. The hospital has a comprehensive policy or other formal guidance document that addresses all of the following topics: who may request an EC, the roles and responsibilities of EC service members, what requests are appropriate and inappropriate for EC, what approaches are used for EC, what steps are involved, how ECs are documented, and who is accountable for the quality of EC.
- B. The hospital has a policy or other formal guidance document that does not address all of the elements listed in the above option
- C. The hospital does not have a policy or other formal guidance document on ethics consultation

**Q28 At [name of hospital], can anyone involved in a case request an ethics consultation from the ECS?** [select only one]

- A. Yes
- B. No

[Contingency question, if no] **Can you please explain who can and cannot request an ethics consultation?** [open text]

**Q29 Does [name of hospital]'s ECS have an expected response time for case consultation requests (i.e., the interval between the time the request is made and the time someone from the ECS makes contact with the requester)?** [select only one]

- A. Yes
- B. No

[Contingency question, if yes] **What is the expected response time for urgent requests?** Please indicate the # of hours. [number]

[Contingency question, if yes] **What is the expected response time for non-urgent requests?** Please indicate the # of hours. [number]

**Q30 Officially, what steps must occur prior to a case consultation at [name of hospital]?** [select all that apply]

- A. Attending physician of record must grant permission
- B. Attending physician of record must be notified
- C. The patient's primary care physician must grant permission
- D. The patient's primary care physician must be notified
- E. The patient/surrogate must grant permission
- F. The patient/surrogate must be notified
- G. Other

[Contingency question] **If you chose "other": please specify your response in the accompanying text field.** [open text]

**Q31 Which of the following best describes how [name of hospital]'s ECS generally handles requests for "informal" or "curbside" consultations on active patient cases?** For this survey, a *formal ethics consultation* is defined as a consultation that follows a comprehensive, systematic process. [select only one]

- A. The ECS declines to comment informally, but offers to complete a formal ethics consultation instead.
- B. The ECS agrees to comment informally, but indicates that they can only respond in general terms and cannot make recommendations about an individual patient without completing a formal ethics consultation process
- C. The ECS agrees to comment informally, making specific recommendations about the patient upon request

**Q32 Which of the following best describes how [name of hospital]'s ethics consultation service would respond if the service encountered violations of law, professional codes of ethics, or organizational codes of conduct that were not being reported to responsible parties such as hospital administration, compliance, human resources, risk management, or legal counsel?** [select only one]

- A. The ECS would report all violations to responsible parties
- B. The ECS would report egregious violations to other responsible parties, but would not report minor violations
- C. The ECS would never report violations to other responsible parties

**Q33 At [name of hospital], in practice, how is information gathered in a case consultation?** Estimate the frequency of each practice. Please choose the appropriate response for each item: [five-point rating scale: never, rarely, sometimes, often, always]

- A. One-on-one discussions with members of the clinical staff
- B. One-on-one discussions with patient (and/or family)
- C. Direct examination of the patient's chart/health record
- D. Direct observation of the patient
- E. Group meeting with members of the clinical staff in attendance
- F. Group meeting with the patient in attendance
- G. Group meeting with family members in attendance

**Q34 Which best describes [name of hospital]'s usual practice with regard to visiting the patient in a formal ethics consultation? The usual practice is to...** [select only one]

- A. Visit the patient in all cases
- B. Visit the patient, except in cases where the patient is unconscious
- C. Visit the patient, except in cases where the patient lacks decision making capacity
- D. Visit the patient or not visit the patient at the consult requester's discretion
- E. Visit the patient only if the patient's perspective is unclear
- F. Visit the patient only in exceptional cases
- G. Never visit the patient.
- H. Other

[Contingency question] **If you chose "other," please specify your response in the accompanying text field.** [open text]

**Q35 Estimate the percentage of case consultations at [name of hospital] that include a formal meeting.** For this survey, *a formal meeting is defined as a meeting that is convened for the purpose of enabling the key stakeholders in a case to discuss and resolve their ethical concerns.* [number]

**Q36 At [name of hospital], in practice, what is the end result of case consultations?** Estimate the percentage of consultations in each category. Percentages should add up to 100. [number]

- A. The ECS recommend a single best course of action
- B. The ECS specifies a range of acceptable actions
- C. The ECS does not make any specific recommendations

**Q37 At [name of hospital], how are results of case consultations recorded in the patient's medical record?** Estimate the percentage of consultations in each category. Percentages should add up to 100. [number]

- A. A brief notation is made in the medical record
- B. A detailed case description or analysis is written in the medical record
- C. Results of the case are not recorded in the medical record

**Q38 What sort of records regarding case consultations does [name of hospital]'s ECS keep in its internal files?** Estimate the percentage of consultations in each category. Percentages should add up to 100. [number]

- A. The consultation is documented with a brief note
- B. The consultation is documented with a detailed description or analysis
- C. The consultation is not documented

Q39 **Is there a *formal* process for evaluating [name of hospital]’s ECS that involves the collection and analysis of data on consultations performed?** [select only one]

- A. Yes
- B. No

[Contingency question, if yes] **Please describe the formal process used for evaluating [name of hospital]’s ECS.**  
[open text]

## Section 8

Q40 **To what extent do you think the following would be useful to promote high quality ethics consultation at [name of hospital]? Please choose the appropriate response for each item:** [five-point rating scale: not at all useful, somewhat useful, moderately useful, very useful, extremely useful]

- A. Detailed practice guidelines on performing ethics consultation
- B. Validated tools to assess the quality of ethics consultation
- C. Meaningful data on ethics consultation from other hospitals
- D. An outside expert to provide advice and resources on ethics consultation
- E. An internal credentialing and privileging process for individuals who perform ethics consultation
- F. An external certification process for individuals who perform ethics consultation
- G. Accredited graduate degree programs that train individuals to perform ethics consultation
- H. Other types of education and training programs for individuals who perform ethics consultation
- I. External expert review and feedback on [name of hospital]’s ECS
- J. Specialized software to support high quality ethics consultation
- K. A "bioethics network" or "consortium" that provides education and support to hospital ethics programs

Q41 **Is [name of hospital] currently a member of a "bioethics network" or "consortium" that provides education and support to hospital ethics programs?** Examples include the Arizona Bioethics Network, the Health Care Ethics Consortium of Georgia, and the Midwest Ethics Committee Network. [select only one]

- A. Yes
- B. No

[Contingency question, if yes] **What is the name of that network or consortium?** [open text]

Q42 **Ideally, which do you think should be minimum requirements for individuals who perform ethics consultation as a *lead or solo consultant*?** [select all that apply]

- A. A specific amount of training in ethics consultation.
- B. A specific amount of graduate-level university coursework or an advanced degree in bioethics
- C. A specific amount of experience with ethics consultation
- D. A specific assessment of competency to perform ethics consultation
- E. A specific certification process for ethics consultants by a professional association
- F. A specific licensure process for ethics consultants
- G. No specific requirements
- H. Other

[Contingency question] **If you chose other, please specify your response.** [open text]

Q43 **Ideally, which do you think should be minimum requirements for individuals who perform ethics consultation with others, as a *member of an ethics consultation service*?** [select all that apply]

- A. A specific amount of training in ethics consultation.
- B. A specific amount of graduate-level university coursework or an advanced degree in bioethics
- C. A specific amount of experience with ethics consultation
- D. A specific assessment of competency to perform ethics consultation
- E. A specific certification process for ethics consultants by a professional association
- F. A specific licensure process for ethics consultants
- G. No specific requirements
- H. Other

[Contingency question] **If you chose other, please specify your response.** [open text]



**Q44 In your opinion, how important is it for someone who performs health care ethics consultation as a lead or solo consultant to have the following competencies?** Rank the following competencies in order of importance with #1 being the most important competency and #5 being the least important. Please number each box in order of preference from 1 to 5. [five-point ranking]

- A. Analytic skills/critical thinking
- B. Interpersonal skills/emotional intelligence
- C. Knowledge of ethics
- D. Skills specific to ethics consultation
- E. Common sense

**Q45 In your opinion, how important is it for someone who performs health care ethics consultation with others, as a member of an ethics consultation service, to have the following competencies?** Rank the following competencies in order of importance with #1 being the most important competency and #5 being the least important. Please number each box in order of preference from 1 to 5. [five-point ranking]

- A. Analytic skills/critical thinking
- B. Interpersonal skills/emotional intelligence
- C. Knowledge of ethics
- D. Skills specific to ethics consultation
- E. Common sense

**Q46A In your opinion, is the financial support devoted to ethics consultation at [name of hospital] sufficient?** [select only one]

- A. Yes
- B. No

**Q46B Please explain your answer.** [open text]

**Q47A In your opinion, how likely is it that each of the following factors would motivate hospitals to devote more time or resources to ethics consultation? New ethics consultation standards published by:** Please choose the appropriate response for each item: [five-point rating scale: not at all likely, somewhat likely, moderately likely, very likely, extremely likely]

- A. The Joint Commission (TJC)
- B. The Centers for Medicare & Medicaid (CMS)
- C. The National Quality Forum
- D. The Institute of Medicine
- E. The American College of Healthcare Executives
- F. The Presidential Commission for the Study of Bioethical Issues
- G. The American Society for Bioethics and Humanities (ASBH)
- H. Another organization

[Contingency question] **If you indicated that standards published by "another organization" would motivate hospitals, please name that organization.** [open text]

**Q47B In your opinion, how likely is it that each of the following factors would motivate hospitals to devote more time or resources to ethics consultation?** Please choose the appropriate response for each item: [five-point rating scale: not at all likely, somewhat likely, moderately likely, very likely, extremely likely]

- A. Other hospitals devote more time and resources to ethics consultation
- B. Ethics consultation improves patient and family satisfaction
- C. Ethics consultation improves organizational culture and staff morale
- D. Ethics consultation reduces the risk of legal liability and malpractice claims
- E. Ethics consultation improves health care quality and safety
- F. Ethics consultation reduces length of stay and cost

**Q15 Even though ethics consultation services are now commonplace, opinions differ with respect to their practical value. On a scale of 0 to 10 where 0 is not useful at all in reaching better ethical decisions and 10 is extremely useful in reaching better ethical decisions, how would you rate the usefulness of ethics consultations in general (not just at [name of hospital])?** [11-point rating scale from 0 (not at all useful) to 10 (extremely useful)]

## Section 9

The next section asks your opinions about ethics consultation standards.

**Q48 A variety of national organizations in the U.S. have published standards for health care ethics consultation. Rate your familiarity with each of the following publications:** [five-point rating scale: not at all familiar, not very familiar, moderately familiar, very familiar, extremely familiar]

- A. American Academy of Pediatrics (AAP): Institutional Ethics Committees
- B. American College of Physicians (ACP): Ethics Manual – Ethics Committees and Consultants
- C. American Medical Association (AMA): Code of Medical Ethics, Opinion 9.115
- D. Ethics Consultations
- E. American Nursing Association (ANA): Guidelines on Health Care Ethics Consultation
- F. American Society for Bioethics and Humanities (ASBH): Core Competencies for Health Care Ethics Consultation
- G. Catholic Health Association (CHA): Striving for Excellence in Ethics
- H. Joint Commission (TJC): Hospital Accreditation Standards, Standard LD.04.02.03, Ethical principles guide the hospital's business practices.
- I. Veterans Health Administration (VHA): IntegratedEthics® primer entitled Ethics Consultation: Response to Ethics Questions in Health Care

**Q49 Which of the following best describes your experience with the report entitled Core Competencies for Health Care Ethics Consultation, published by the American Society for Bioethics and Humanities (ASBH)?** [select only one]

- A. I am not at all familiar with this publication.
- B. I am familiar with this publication, but I have not read it
- C. I have read parts of this publication and/or skimmed it
- D. I have read this publication thoroughly
- E. I have read this publication thoroughly and referred to it many times

**Q50 [Contingency question – skipped if respondent answered not at all familiar to Q49] How important do you think it is for hospitals to follow the standards recommended in this ASBH publication?** [five-point rating scale: not at all important, not very important, moderately important, very important, extremely important]

**Q51 [Contingency question – skipped if respondent answered not at all familiar to Q49] To what extent would you say [name of hospital] has implemented the standards recommended in this ASBH publication?** [five-point rating scale: not at all, to a small extent, to a moderate extent, to a large extent, fully]

**Q52 [Contingency question – skipped if respondent answered not at all familiar to Q49] How important are each of the following factors in explaining why [name of hospital]'s ECS has not fully implemented the ASBH standards?** [five-point rating scale: not at all important, not very important, moderately important, very important, extremely important]

- A. Members of the ECS lacks knowledge of the ASBH standards
- B. Members of the ECS do not view the ASBH standards as relevant to them
- C. Members of the ECS disagree with the content of the ASBH standards
- D. The ECS lacks the personnel time required to implement the ASBH standards
- E. The ECS lacks the expertise required to implement the ASBH standards
- F. The ECS lacks other resources required to implement the ASBH standards
- G. The ECS has tried to implement the ASBH standards but has had difficulty doing so
- H. Other (rate here; you will then be asked to specify in the next question)

**[Contingency question] If you indicated an "other" factor to explain why the ECS has not fully implemented ASBH standards, please describe that factor.** [open text]

**QASBH Are you a member of the American Society for Bioethics and Humanities (ASBH)?** [select only one]

- A. Yes
- B. No

## Section 10

The next section asks your opinions about ethics consultation training.

**Q53 For a training program that prepares someone to perform ethics consultation at a basic level, what do you think would be an appropriate amount of training time? Recall that novice-level proficiency means the individual is unable to perform ethics consultations without supervision. Basic-level proficiency means the individual is able to perform common and straightforward consultations without supervision. Advanced-level proficiency means the individual is able to perform the most complex ethics consultations without supervision. [select only one]**

- A. More than 1,000 hours
- B. 1-5 hours
- C. 6-10 hours
- D. 11-20 hours
- E. 21-40 hours
- F. 41-100 hours
- G. 100-200 hours
- H. 200-500 hours
- I. 500-1000 hours

**Q54 For a training program that prepares someone who is already at a basic level to progress to an advanced level, what do you think would be an appropriate amount of training time? [select only one]**

- A. More than 1,000 hours
- B. 1-5 hours
- C. 6-10 hours
- D. 11-20 hours
- E. 21-40 hours
- F. 41-100 hours
- G. 100-200 hours
- H. 200-500 hours
- I. 500-1000 hours

**Q55 Estimate the number of individuals at [name of hospital] who would benefit from training on: [number]**

- A. How to perform ethics consultation – basic level
- B. How to perform ethics consultation – advanced level
- C. How to direct and manage an ethics program

**Q56 Considering all the people you know at [name of hospital] who would benefit from ethics consultation training, how likely do you think they would be to participate in ethics consultation training on each of the following topics? [five-point rating scale: not at all likely, somewhat likely, moderately likely, very likely, extremely likely]**

- A. Step-by-step approach to performing ethics consultation
- B. Mistakes to avoid in performing ethics consultation
- C. Common ethical issues in ethics consultation
- D. Case examples in ethics consultation
- E. Ethics consultation write-ups
- F. Ethics consultation evaluation

**Q57 Considering all the people you know at [name of hospital] who would benefit from ethics consultation training, how likely do you think they would be to participate in ethics consultation training using each of the following formats? [five-point rating scale: not at all likely, somewhat likely, moderately likely, very likely, extremely likely]**

- A. In-person training, limited interaction (e.g., classroom lecture)
- B. In-person training, extensive interaction (e.g., workshop)
- C. Distance training at scheduled times, limited interaction (e.g., live webinar)
- D. Distance training at scheduled times, extensive interaction (e.g., small group teleconference)
- E. Distance training you complete at your own pace, limited interaction (e.g., video or podcast)

- F. Distance training you complete at your own pace, extensive interaction (e.g., on- line course with discussion board)
- G. Other

[Contingency question] **If you selected an "other" training format, please describe that format.** [open text]

**Q58 If you were to participate in ethics consultation training, how important would each of the following factors be to you? The ability to:** [five-point rating scale: not at all important, somewhat important, moderately important, very important, extremely important]

- A. Interact with the instructor
- B. Interact with other participants
- C. Complete the training during work hours
- D. Complete the training outside of work hours
- E. Complete the training at your own pace
- F. Be part of a group that is taking the training at the same time
- G. Practice ethics consultation skills
- H. Receive certification for completing the training
- I. Other

[Contingency question] **If you indicated an "other" factor would be important in ethics consultation training, please describe that factor.** [open text]

**Q59 What is the maximum amount that you would estimate [name of hospital] would be willing to pay for ethics consultation training for a single individual within the next two years?** [select only one]

- A. Zero
- B. Less than \$500
- C. \$500 - \$1,000
- D. \$1,001 - \$2,500
- E. \$2,501 - \$5,000
- F. \$5,001 - \$10,000
- G. \$10,000 or more

**Q60 How much would you personally be willing to pay (out of pocket) for ethics consultation training within the next two years?** [select only one]

- A. Zero
- B. Less than \$500
- C. \$500 - \$1,000
- D. \$1,001 - \$2,500
- E. \$2,501 - \$5,000
- F. \$5,001 - \$10,000
- G. \$10,000 or more

## Section 11

The final section is not about ethics consultation services, but about health care ethics **programs**. *For this survey, a health care ethics program is defined as an officially sanctioned entity within a hospital that supports health care ethics by providing ethics-related services such as ethics policy development or ethics education.* Services may be performed by one or more designated individual(s), committee(s), office(s), or other organizational structure(s). A health care ethics program may or may not provide ethics consultation.

**Q61 The scope of [name of hospital]'s health care ethics program includes the following:** [select all that apply]

- A. The clinical ethics functions of the hospital
- B. The business ethics functions of the hospital
- C. The research ethics functions of the hospital
- D. The regulatory compliance functions of the hospital
- E. The ethical leadership functions of the hospital
- F. Other

[Contingency question] **If you chose "other," please specify your response in the accompanying text field.** [open text]

**Q62 [Name of hospital]'s health care ethics program is responsible for providing ongoing ethics education to the following target audiences:** [select all that apply]

- A. All staff
- B. Leadership/management
- C. Staff physicians
- D. Medical residents
- E. Nurses.
- F. Other non-clinical staff
- G. Community/general public.

**Q63 [Name of hospital]'s health care ethics program participates in the following types of policy work:** [select all that apply]

- A. Leading the development of new policies
- B. Assisting others who are leading the development of new policies
- C. Leading the periodic review of existing policies
- D. Assisting others who are leading the periodic review of existing policies

**Q64 [Name of hospital]'s health care ethics program:** [select all that apply]

- A. Includes an ethics representative positioned at the executive leadership level in the organization
- B. Provides ethics representation to other hospital committees
- C. Leads large-scale quality improvement initiatives relating to ethics.
- D. Is actively engaged in community outreach

**Q65 What do you think is the #1 greatest challenge relating to [name of hospital]'s health care ethics program right now?** Please be detailed and specific. [open text]

**Q66 What do you think would help [name of hospital] to overcome or manage that challenge?** Again, please be detailed and specific. [open text]

**Q67 In total, how many individuals would you say performed work (paid or unpaid) for [name of hospital]'s ethics program in the last year?** Include those who performed ethics consultation as well as those who performed other activities. [number]

**Q68 Estimate the average number of hours per week that each of these individuals devoted to ethics program work at [name of hospital] in the last year.** If any of these individuals performed ethics program work for multiple hospitals, estimate the hours they devoted to [name of hospital]. The total should equal the number of individuals who worked for [name of hospital]'s ethics program, i.e. [Q67.shown]. [number]

- A. Less than 1 hour per week
- B. 1-4 hours per week
- C. 5-9 hours per week
- D. 10-19 hours per week
- E. 20-29 hours per week
- F. 30-39 hours per week
- G. 40+ hours per week

**Q69 How many of these individuals received salary support (or equivalent financial compensation such as a consulting fee or a dedicated percentage of their salary) specifically for ethics program work?** [number]

**Q70 Estimate the total number of FTEs in salary support (or equivalent financial compensation) provided for ethics program work at [name of hospital].** FTE stands for Full-Time Equivalent. 1.0 FTE means the equivalent of one full-time salary; 0.1 FTE means the equivalent of 4 hours per week. Please provide an estimate even if you do not know the exact number. [number]

**Q71 How was this salary support (or other financial compensation) for ethics program work funded?**

Please estimate the percentage for each of the following categories: [number]

- A. Funded by the hospital
- B. Funded by a multi-hospital health care system that includes the hospital
- C. Funded by a university or school
- D. Funded through patient billing
- E. Other

[Contingency question] **If you indicated an "other" category for ethics program salary support funding, please describe that category.** [open text]

**Q72 Which hospital administrator or senior leader at [name of hospital] has oversight responsibility for health care ethics?** This person is not the person who leads or manages the ethics program, but rather a person at a higher leadership level in the hospital. This person would typically receive periodic reports about the ethics program and would potentially intervene if there were big problems with the program. [select only one]

- A. Chief Executive Officer
- B. Chief of Staff
- C. Chief Medical Officer
- D. Chief Nursing Officer
- E. Chief Operating Officer
- F. Other

[Contingency question] **If you chose "other," please specify your response in the accompanying text field.** [open text]

**Q73 On a scale of 0 to 10, where 0 is not at all aware and 10 is extremely aware, how would you rate this hospital administrator's level of awareness about [name of hospital]'s health care ethics activities?** [1 1-point rating scale]

**Q74** Currently, very little is known about the sorts of information contained in the records that ethics consultation services keep on the ethics consultations they perform. To address this gap, we are asking a subset of the participants in this study to provide us with de-identified ethics consultation records for the last three ethics consultations they performed. We plan to review these records using a HIPAA-compliant process that was pilot tested by the American Society for Bioethics and Humanities. **Would you potentially be interested in participating in this study?** Of course, we realize that you cannot make a commitment at this time, but if you are potentially interested, we will contact you later to provide more details. [select only one]

- A. Yes
- B. No

**Q75 What is your main role at [name of hospital]?** [open text]

**Q76 How would you describe your role with respect to health care ethics at [name of hospital]?** [open text]

**Q77 If we have any further questions in the future, may we contact you again by phone or by email?** [select only one]

- A. Yes
- B. No

[Contingency question, if yes] **What is your phone number?** [open text]

[Contingency question, if yes] **What is your e-mail address?** [open text]