

## “WHAT’S ‘INTEGRATED ETHICS’ AGAIN?”

### COMMUNICATING YOUR IE PROGRAM TO ALL AUDIENCES AT YOUR FACILITY

**B**efore “IntegratedEthics (IE), the Ethics Consultation (EC) service at our facility worked in secret and no one knew what they did,” said **E. Ben Walton**. “Now, while we still have to maintain confidentiality for case consults, the three-part IE program has served to make our EC work more public.”

In this edition of *IntegratedEthics in Action* (IEIA), six IE team members describe ongoing efforts to inform and educate their facility communities about the IE program. Here they discuss their goals, ideas for reaching different audiences, and lessons learned. Most importantly, they share how this information has empowered employees and Veterans to consider ethics in their daily interactions and to support the development of an ethics-focused culture at their facilities.

#### What is your primary objective for communicating to the facility community about IE?

“As the IEPO, my desire is to make IE a much more visible part of our everyday business and health care practice – a practice versus a program,” **Deb Miller** explained. The aim of her messages, therefore, is to convey that IE has intrinsic value to the organization, rather than just being another performance measure to check off. **Ame Callahan**’s objective is similar: “To educate both internal and external customers that IE is important to VA, and encourage them to learn more about the program.”

When talking about the IE program, however, the IEIA contributors are also careful to emphasize its relationship to ethics. “In my communications about IE, I try to raise people’s awareness about ethics and the ethical issues in decision-making processes,” said **Karen Budnick**. “I want them to use ethics everyday in the course of their jobs.” To accomplish this, she and the facility

Director ask questions to get people thinking: “What does it mean to practice ethical behavior in your everyday workplace?” “Do you discuss ethics at your staff meetings?” “Do you ask your staff what issues or ethical dilemmas they may have in the workplace?” They have raised these questions in numerous forums, including the “Director’s Corner” column of the facility newsletter and brown-bag presentations. At the recent Nursing Skills Training Day, they even printed these questions on tent cards that were displayed at the IE booth.

Some contributors had more nuts-and-bolts concerns, i.e., educating people how to use the IE program. **Barbara Darling**, for example, is looking to increase the number of ethics consults by providing direction on identifying an ethical concern and contacting EC staff. Mr. Walton informs employees that the facility’s EC service is now connected to the IE program (and represented on the IE Council) and, as such, can supply unbiased opinions on ethical issues that will be respected by leadership. “We want employees to know they have a place to confidentially address their ethical concerns,” he said. “If they don’t feel they have an outlet for their moral distress, they will be more likely to burn out.” Employees at Mr. Walton’s facility are kept informed about the EC service through posters, brochures, and a presentation at every New Employee Orientation.

Tailor the message to the audience



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## What information do you share about the IE program, and how?

Common IE topics reported by all of the contributors were the program's three functions, overarching mission, and contact information for the function coordinators. IE members use a variety of tools and forums to disseminate information, which are listed in the sidebars.

Copies of IE communications documents produced locally by IE team members mentioned in this story have been posted to the [VISN and Facility IE SharePoint site](#). Also available on this site are documents placed by other IE field members and PE Storyboards outlining successful IE practices in other facilities.

Often, different approaches are used for staff and patients/families. For example, while staff members often hear about IE in meetings, newsletters, and e-mail, Veterans and families may need brochures, flyers, and one-on-one conversations with staff. Ms. Callahan's facility recently featured an interview about IE with the facility Director and a member of the VISN 18 IE committee on a local Veterans Views and News cable TV show. "Our market is made up of mostly elderly Veterans who are at home during the day. The TV medium seems to be one of the most effective ways to communicate with them," she said. (Readers who are interested in obtaining a copy of the video can contact Ms. Callahan at [amerophan.callahan@va.gov](mailto:amerophan.callahan@va.gov)).

Tim Maley's IE team has learned to tailor IE messages to the audience. For example, when presenting to medical staff, they emphasize the EC function and whom to contact. Presentations with social workers, on the other hand, focus more on systemic issues addressed by the PE function, while other services (such as Fiscal) receive information on business ethics.

IE members can often take advantage of special events to present a more comprehensive picture of the program. During National Compliance and Ethics Week at Mr. Walton's facility, the IE team conducted three different activities over three days. First, they hosted a leadership forum featuring the Chief of Staff that addressed the importance of ethical leadership and encouraged participants to ask the COS questions on ethical concerns. Next, they staffed a booth in the main lobby whose primary purpose was to answer questions from staff and families about advance directives. Following that, they erected booths for the three functions featuring posters and handouts.

Mr. Walton's facility also devotes several presentations per year on clinical ethics topics. These one-hour sessions include a lecture and Q&A period. The team uses a clinical case scenario to illustrate teaching points, and attendees can receive continuing medical education credits.

## What lessons have you learned?

Following her presentations to service or committee meetings, Ms. Miller often asks participants to fill out a quick evaluation tool that includes a "recommendations for improvement" section. Her goal is to "keep my message serious but enthusiastic and change it up a bit to keep them interested."

Ms. Darling and Mr. Maley have found that audiences are especially receptive to case presentations that provide an opportunity for dialogue, along with personal interactions with IE team members. In fact, they often want more information than is delivered. After the VISN 1 Social Work Conference ("Be Inspired to Do the Right Thing"),

**TV is an effective medium for communicating to elderly Veterans.**

## Contributors

- **Karen Budnick, LICSW**, IE Point of Contact, Bedford (MA) VAMC
- **Ame Callahan**, Member, Preventive Ethics Committee, Northern Arizona VA HCS
- **Barbara Darling**, Ethics Consultant, Samuel S. Stratton VAMC (Albany, NY)
- **Tim Maley**, IE/Customer Service Program Officer, Roudebush (IN) VAMC
- **Deb Miller**, IE Program Officer, Aleda E. Lutz VAMC (Saginaw, MI)
- **E. Ben Walton, PA-C, MMS**, Ethics Consultation Coordinator, West Palm Beach (FL) VAMC

Ms. Budnick learned that some participants would have liked more information on “how the ethical dilemma was resolved or the considerations actually used in resolving the conflict.”

According to Ms. Darling, it’s also important to keep information visible. “All communication methods serve a purpose and potentially reach different audiences and/or serve as reinforcement.”

In order to reinforce the messages at different levels, Ms. Budnick has employed a variety of approaches – and views communication as an ongoing process. “It’s not just a one-time discussion, but rather needs to be integrated into everyday work practice,” she said. “You can distribute as much literature as you want, but unless you’re out there in the trenches, talking to people, using anecdotal stories, and taking time to know staff, Veterans, and families, you’re not going to achieve the results that you want.”

### What have you accomplished?

All of the contributors reported that their communications efforts have yielded an increased level of awareness about IE – and interest in ethical concerns – across their facilities, extending even to Veterans and families. In Mr. Maley’s facility, IE has given his team more exposure to clinical personnel, social work staff, and other patient-care services than they previously experienced. As a result, he’s noted a greater interest in ethics functions. Ms. Darling has also observed that “ethics discussions are happening outside of formal ethics meetings; they are becoming part of the institutional culture.”

Informing people that IE approaches ethics at the systems level has also broadened people’s perspective, according to Mr. Walton. He believes that more people now understand the difference between an ethics question that results from a conflict in values, and a compliance question that addresses which rules to follow. Ms. Budnick believes that staff and families are now more willing to talk about ethics. “They

## Where Are IE Messages Being Conveyed?

### Important Forums

- Grand Rounds presentations
- Teleconferences
- Lunch-and-learns focused on different audiences (e.g., nurses, doctors, administrative staff)
- Meetings (e.g., Service Chiefs, Nurse Managers, VSO, Town Hall)
- Monthly and quarterly Leadership Quorums
- Facility fairs (e.g., Compliance and Ethics Week, Nursing Skills Training Day, Diversity Day)
- New Employee Orientations
- Bulletin boards
- Facility newsletters
- Facility intranet, including the SharePoint site
- Workshops and trainings
- Cable TV programs for Veteran audiences

know they have a safe place to come, and we’re offering solutions.”

Through exposure to the IE program, a Veteran at Ms. Budnick’s facility learned that his medical record was widely accessible through CPRS after he became a VA employee. “The team discovered that we needed to develop a communication plan to inform Veteran employees of their rights regarding privacy of their medical records, and to discuss how safeguards surrounding those records could be established.” This concern became the topic of an ISSUES cycle.

Promotion of EC services has had an especially measurable impact. For example, within the first two quarters of this fiscal year, Mr. Maley reported that their EC service has processed the same number of ethics consults that they did in the entire past fiscal year. Ms. Miller has noted a similar phenomenon: “The

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## How Are IE Messages Being Conveyed?

### Important Tools

Samples are located at

<http://vaww.infoshare.va.gov/sites/IntegratedEthics/Lists/SAMPLE%20IE%20DOCUMENTS/AllItems.aspx>

- Posters in high traffic areas, including elevators
- Brochures that focus on specific function areas, such as the Ethics Consultation Service
- Postmaster (i.e., organization-wide) e-mails
- Flyers
- Handouts (e.g., keychains, sticky-note pads, mints, magnets, pens)
- Screen savers
- Tent cards
- Storyboards
- Pocket cards
- Ethics newsletter columns (frequently authored by the facility Director)
- Videos, such as “Improving Ethics Quality in Health Care”
- Slide shows
- Discussions (including an opportunity for Q&A)

more we educate with short little messages about IE in various forums, the more appropriate consults we receive. Previously, many of the requests were not always reasonable.”

Moreover, employees now feel validated to engage in ethical behavior. Ms. Callahan reported that lab members from her facility recently drove over 100 miles to retrieve patients’ records after the contract courier had an automobile accident so that information would not be compromised. “They felt empowered to do the right thing, and that leadership supported their actions.”

Further, both Mr. Walton and Ms. Miller report that their IE communications have resulted in increased opportunities to participate in non-case consultations that address policy considerations. For example, Mr. Walton’s EC committee has participat-

ed in discussions relating to DNR orders, treatment of patients who can no longer swallow, and facility hospice and palliative care policy. Ms. Miller was recently asked to provide input into the latest version of the Hospital Care Plan. Her suggestion to reinstate “integrity along with its definition” as a core value was accepted.

Finally, the IE Quality Check pocket card is changing practice at Ms. Miller’s facility ([http://www.ethics.va.gov/docs/integratedethics/Ethical\\_Leadership\\_Bookmark\\_quality\\_check\\_20080430.pdf](http://www.ethics.va.gov/docs/integratedethics/Ethical_Leadership_Bookmark_quality_check_20080430.pdf)). “We’ve saturated the mid-level leaders and supervisors with the pocket cards, and discussed how, why, and when to apply their points in making decisions.” The card has since become a permanent part of meeting agendas and is regularly referenced to ensure that ethical concerns are considered. 

