Integrated Ethics in Action

Issue 8

On joining the Integrated Ethics Team:

Five new IE members share EXPERIENCES AND INSIGHTS

In "the beginning, I didn't receive very much support for my new role in IntegratedEthics [IE]," La'Lani M. Moses, HT, said. Jeanne M. Flottemesch had a similar experience. "When I became IE Program Officer (IEPO), the previous PO had already transferred to another VA and provided me little assistance. Actually, two of the three staff who had IE training left at the same time, so we new team members had to learn the program together."

As the IE program matures, every facility will face turnover of key IE positions. Staff members that were initially trained by the Ethics Center will leave and new people – who have not received the benefit of this training – will take their place. Consequently, if IE is to remain viable and effective over the long term, present staff must address the issue of succession planning. Who will take over key IE function roles? How can new members be successfully oriented to their responsibilities?

In this issue of IntegratedEthics In Action, five VHA staffers who recently joined their facilities' IE teams share their experiences of making the transition. Speaking from the unique perspectives of IE's various roles, these contributors offer guidance on choosing and orienting new members, and discuss the specific supports and challenges they faced.

How can prospective IE team members be identified?

In many cases, VHA staffers who successfully transition into IE roles have had prior experience in ethics, either within or outside VHA. **Padmashri Rastogi, MD**, for example, had previously served on her facility's Ethics Consultation (EC) team before becoming the EC Coordinator (ECC). Ms. Flottemesch had received ethics training and performed ethics consultation at her

previous non-VHA position before joining the EC team at her facility. She has since assumed the role of IEPO. **Kirt Thompson** had served on ethics committees in the non-

profit and private sectors, and for **Karen Budnick**, **LICSW**, joining the IE team was a logical "evolution" of her work in hospice palliative care where "you have many ethical dilemmas and end-of-life is-

"Ethics pervades every aspect of our life. It's the essence of who we are, the bedrock of our society."

sues that families are facing."

Other staffers may be attracted to IE because of its potential to address systemic issues at their facilities. When describing why she immediately responded to an email asking for IE volunteers, Ms.

Moses said, "I wanted to make a difference in the system. . . . I felt it was very important that we who work at the Community Based Outpatient Clinics [CBOCs] are included in all decisions, discussions, and information as they apply to hiring practices, ethics programs, and recreational activities. . . . I wanted to be the 'go-between.'" She now serves on her parent facility's Preventive Ethics (PE) committee.

When choosing a new IE team member, Mr. Thompson advises: "Find someone who is interested in ethics, has a thirst for knowledge, is a critical thinker, and is comfortable



with uncertainty. This is a role that cannot be taken lightly because peoples' lives and quality of life are affected by our rulings."

Which practices and procedures help ease the transition?

Before learning the specifics of any IE role, Ms. Budnick suggests that interested staff members first endeavor to gain an overall understanding of ethics and how it relates to the health care profession. As they become involved in IE, they should also seek ongoing education about ethics through conferences, courses, and literature, including those developed by non-VHA ethics experts. "You should connect with your own passion as it relates to ethics, and your ethical stance," she said.

She then recommends that new members of the IE program follow these steps:

- 1. Try to meet with your predecessor at least one time to "pick their brain," and acquire their IE-related resources.
- 2. Read and study the materials provided by the Ethics Center: toolkits, primers, proficiency assessment tools, and online modules. They are available on the Ethics Center intranet at http://vaww.ethics.va.gov/integratedethics/ieresources.asp.
- 3. Within the first two to three weeks, meet the other function coordinators for the purpose of learning their roles, accomplishments, goals, and current activities. In addition, ask IE Council members about the type of buy-in IE is receiving from the facility. IEPOs should plan to join the EC and PE committees, and all function coordinators should also join the IE Council.
- 4. To gain a broader perspective of how the program is being implemented across VHA, contact Ethics Center staff, as well as your VISN Point of Contact (POC).
- 5. Touch base with the Chief of Staff and facility Director regularly and ask for their suggestions regarding administration of the IE program.
- 6. Develop your own action plan.

What factors contribute to early success in new IE roles?

The contributors emphasized the importance of:

- Working with their predecessors as closely as possible
- Seeking frequent input from facility leadership
- Reviewing materials provided by the Ethics Center (e.g., toolkits, primers, etc.)
- Attending national- and VISN-level IE events, such as conferences and technical assistance (TA) calls.

Dr. Rastogi and Ms. Flottemesch both recommended that incoming IE members receive a hands-on orientation from the IEPO, the previous function coordinator, or both. Dr. Rastogi reported that she was able to make a smooth transition because she worked with the outgoing ECC for several months. During that time, she became familiar with the various tasks associated with the role, including use of ECWeb. "If I were training my successor," she explained, "I would walk with the person, and show them each aspect of EC, including how to use ECWeb and the facility workbook and, mainly, how we have achieved the dissemination of information on IE." Ms. Flottemesch suggested that new members should make a field trip to another facility in their VISN to meet the person who's serving in an equivalent role.

Ms. Budnick's facility Director, Tammy Follensbee, first sent her to the VISN's ethics summit in December 2009. Later, they brainstormed about a goal plan for the facility's IE program that covered three questions:

- How could each IE function (ethics consultation, preventive ethics, and ethical leadership) effect change at the facility?
- What specific actions were IE team members going to take?
- What was the timeframe for accomplishing them?

In addition, Ms. Budnick met with her predecessor who gave her the ISSUES storyboards, results of the IE Staff Survey (IESS), IE leadership council memos, and documentation for meeting IE performance measures.

Ms. Flottemesch, however, did not have an opportunity to meet with her predecessor. Instead, she received her primary training from the IE toolkit and information posted on the Ethics Center Web site. In addition, her facility's Chief of Staff gave her a general orientation about the scope and goals of IE. While serving as chair of the IE Council, he also planned meetings and agendas with her, and initiated discussions about ethical aspects of patient care and management issues.

Mr. Thompson was ready to "run with" his new role as ECC after attending VISN 23's IE conference. Its forums and breakout sessions gave him an understanding of

IE's "big picture," and the VISN's other ECCs shared their knowledge of specific practices. He gained additional insight and tips about his IE role from the monthly VISN IE conference calls.

What are common challenges in transitioning to new IE roles?

In cases where the predecessor had already left the position, contributors reported confusion about what was expected of them, as well as difficulty fitting IE tasks into their regular duties.

"No time or personnel support was given to help me execute my duties," Mr. Thompson said. "Just making time to fulfill my ECC responsibilities was, therefore, a challenge."

Because she was given .5 FTE for her IE role, Ms. Budnick also assumed some EC duties, and she reported experiencing a "learning curve" when she first began entering consults into ECWeb and conducting the post-consult surveys. Dr. Rastogi

also felt challenged in understanding the IESS results and generating ECWeb reports. In addition, soon after she became ECC, she was called to present her facility's history of ethics consultation at an IE Advisory Board retreat. By that time, the previous ECC had left the facility, and Dr. Rastogi had difficulty developing the presentation, partly because she lacked the software to perform the necessary statistical analyses.

Ms. Flottemesch experienced similar initial struggles when she became IEPO because she needed to orient other new IE members while also completing the performance measures. "We had a lot of ground to make up in addition to learning about the IE program," she explained.

Contributors

- Karen Budnick, LICSW, IEPO, Bedford (MA) VAMC
- Jeanne M. Flottemesch, IEPO, Togus (ME) VAMC
- La'Lani Moses, HT, PE Committee team member, Columbia (SC) VAMC
- Padmashri Rastogi, MD, ECC, Dallas VAMC
- Kirt Thompson, ECC, lowa City VAMC

Conclusion

While the contributors admitted that assuming a new IE role did involve some challenges and sacrifices, they all recognized that IE is a valuable initiative with broad impact, and that their new roles were important to its successful implementation. When asked if, in fact, she would have done anything differently with regard to making the transition, Ms. Moses said, "I would have joined sooner!"

Even though she has only

recently become IEPO, Ms. Budnick realizes that IE is evolving, and while she will continually assess progress, she also needs to ensure that leadership remains committed to the program. "Ethics pervades every aspect of our life," she said. "It's the essence of who we are, the bedrock of our society. If, through the IE program, I can make it tangible to front-line staff so that they understand how they can make a difference, I've made a difference."

Developed by the IntegratedEthics team at the National Center for Ethics in Health Care, IntegratedEthics in Action is published on the IE website vaww.ethics.va.gov/integratedethics/IEaction.asp and via other IE venues. Its purpose is to rapidly disseminate promising practices and feature emerging IE champions to help facilities and VISNs in their implementation of the IE initiative. We welcome your comments and suggestions for topics to: vhaethics@edc.org.