Rounding as an Ethicist: Challenges & Recommendations

I. Distinct Challenges to effective rounding as an ethicist:

A. Professionalization is an abstract way of thinking.
B. Being too quiet or too loud: not knowing when to interject and risk being perceived as busy.
C. Interject for educational purposes; and
D. Past twenty-four hour events include: review of patients, etc., and may be deferred to a later time. Retrospective engagement.

II. Being Alert to Moral Hazards:

A. Lack of professionalism in caring for a patient who does not consent to be treated.
B. Misperception of duty to respect patient privacy by deflecting formal ethics consultations more judiciously (e.g., for truly dilemmatic cases) [3].
C. Drawing on other educational content;
D. Soliciting and providing feedback [1, 15]; and
E. Being competent as an ethicist [14]; and
F. Modeling ethical discourse in patient care [3, 17];
G. Ensuring adequate time in the ethicist’s schedule;
H. Selecting and providing feedback [1, 13].

III. Promising Practices in laying the foundation for effective rounding:

A. Outreach: Outreaches to key clinicians to build trust and respect relationships.
B. Answering as directly and succinctly as is appropriate.
C. Promoting various educational formats.
D. Soliciting and providing feedback.
E. Offering explanations;
F. Making suggestions, and
G. Providing constructive feedback.

IV. Promising Practices in how an ethicist engages rounding:

A. Proactive engagement: The ethicist should initiate take-questions if not already done so or if not consented to.
B. Interactive engagement: The ethicist should engage in the patient care when the opportunity arises.
C. Retrospective engagement: The ethicist may reflect on the types of moral hazards that occurred in a case and use this information to foster future ethical decision-making.

REFERENCES

A bibliography is available upon request; please email nick.kockler@providence.org or john.tuohey@providence.org.

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