

**Pre-Meeting**

Done Not Done Done Incorrectly

1.	Identify which individuals (e.g., patient, healthcare professionals, family members) need to be involved in a consultation.			
2.	Gather relevant data (e.g., medical facts, patients' preferences and interests, and other participants' preferences and interests)			
3.	Clarify the patient's advance directive status			
4.	Confirm the appropriate decision maker			
5.	Identify your own relevant moral values and intuitions and how these might influence the process or analysis			

**Introductions**

6.	Turn off phone, pager, other electronic devices			
7.	Identify yourself and your role as the ethics consultant			
8.	Health professionals and administrators should distinguish their clinical role from their ethics role as needed			
9.	Have each participant introduce themselves			
10.	Explain the purpose of the consult (goal of the meeting?)			
11.	Establish the wishes and expectations (hopes and fears) of participants			
12.	Clarify participants' roles and expectations, including equal involvement			
13.	Correct errant expectations of Clinical Ethics Consultant's role as needed			

**Middle of Meeting**

14.	Express supportive statements early in the consult			
15.	Have the family introduce the patient (if patient cannot be present)			
16.	Establish the moral views (relevant beliefs?) and values of participants (e.g. quality of life, risk taking, what health and illness mean to the patient)			
17.	Elicit the relevant medical, clinical, and psychosocial facts in the case (medical, nursing, patient information)			
18.	Identify various assumptions that involved parties bring to the consultation (e.g., unarticulated agendas, unspoken assumptions)			
19.	Identify common goals and areas of agreement and disagreement			
20.	Clarify the cause of conflict (if any exists) by focusing on interests (why people want something) and not positions (what people say they want)			
21.	Direct questions regarding other fields to appropriate services (e.g., legal, institutional, medical, social work, chaplaincy).			

**Prudential Judgment**

22.	Educate participants regarding the ethical dimensions of the case			
23.	Clearly articulate the ethical concern(s) and the central ethics question(s).			
24.	Identify the range of ethically (in)appropriate options			
25.	Recognize and mitigate bias			
26.	Facilitate discussion about options and ways forward			
27.	Elicit or propose potential compromise options (e.g. time trial, meet again)			
28.	Explain the rationale for the ethically (in)appropriate options and the ethics recommendation (if any).			

**Close and Follow-Up**

29.	Establish next steps for implementing agreed-upon tasks.			
30.	Discern the need for additional meetings.			
31.	Determine whether the ethics consultant should continue to follow the consult or sign off of the case.			
32.	Document consultations in internal records and the patient's chart.			

**Interpersonal Skills**

Done Not Done Done Incorrectly

33.	Listen well, and communicate interest, respect, support, and empathy to participants			
34.	Maintain eye contact			
35.	Use engaged body language (facing person, nodding)			
36.	Avoid distracting behaviors			
37.	Give each participant an opportunity to share his or her views			
38.	Recognize and address social or relational barriers to communication (e.g. power imbalances, moral distress, emotions, cultural or religious norms)			
39.	Determine if other ethics resources need to be consulted for the case (e.g. experienced ethics consultant, ethics committee)			

**Negotiation Tools**

40.	Use plain/simple language (i.e. avoid jargon where possible)			
41.	Ask clarifying questions when needed			
42.	Redirect conversation when needed			
43.	Reframe issues and terms when needed			
44.	Summarize the conversation reflecting the views expressed ("To summarize so far...", "What I hear you saying is..."); allow them to confirm or clarify			

**For the Coach**

45.	If the consultant does not clearly articulate the ethical concerns, the central ethics question, and a sufficient rationale or justification for their recommendation, can they do so when prompted by the coach?			
46.	In a role play, ask the consultant how they would address pre-work elements that aren't included in the role play			

Beginner  
Intermediate  
Expert