Objective
Given daily challenges faced by the evolving role of the nurse …
✓ Share innovative strategies to engage clinical nurses in everyday dialogue about ethical situations that arise at the bedside.
Foundational Work

- Annual Pediatric Nursing Conference
  – pre-conference workshop
- PICU RNs identify need for continued learning/dialogue
- Pediatric Ethics Education Program designed
- Informal interest group continues
  – Journal Club ➔ literature search ➔ unit based ethics conversations

From idea ....

The problem:
- clinical nurses experience ethical questions on daily basis
- formal processes, such as ethics consult, overwhelming
- concern that build-up over time ➔ moral distress

Moral Distress

The painful psychological disequilibrium that results from recognizing ethically appropriate action, yet not taking it, because of such obstacles as lack of time, supervisory reluctance, an inhibiting medical structure, institution problems, or legal considerations

(Jameton, 1984)
Unit Based Ethics Conversations (UBECs)

Purpose
“Provide a forum for meaningful conversation among staff nurses about ethical issues they face in routine clinical practice and which are felt to contribute to moral distress”

Goals
- Increase participants abilities and confidence in dealing with ethically challenging situations
- Provide an environment free of judgment for disclosure and frank discussion of morally troubling situations

(Wocial, 2009)

Access to external consultants

- Collaboration between clinical nurse & nurse ethicist
- Medical College of WI – Center for Biohumanities sponsors Ethics Grand Rounds featuring
  Lucia Wocial, PhD, RN
  - Facilitated UBEC as part of discussion
  - 15 Children’s participants, clinical RNs (PICU) + nursing leadership

To planning …

- UBECs/theory of overall impact
  - Over time, an improved ethical climate will be experienced on the critical care units where UBECs are offered. The improvement will be demonstrated in the aggregate. Not everyone will have to participate in a UBEC to see a collective difference in the way in which ethical situations or conflicts are managed on participating units.

- Partnership with nursing leadership
  - Magnet/special projects manger
  - executive director, pt care
  - chief nursing officer

- Access to external expert to serve as facilitator
Proposal

- 12 month pilot
- UBECs held monthly on West 4 Pediatric Intensive Care Unit
- Facilitator funding secured
- Evaluation:
  - Pre, 6 months, after each UBEC

Pre-UBEC Needs Assessment - All PICU staff

- I participate in discussions related to the ethics of a patient care situation with my interdisciplinary colleagues.
  - 72% - sometimes/rarely/never
- Adequate resources are available to me if I have a question or concern related to the ethics of a patient care situation.
  - 45% - Agree/Strongly Agree
- I feel comfortable requesting an ethics consult.
  - 68% - Neutral / Disagree/Strongly Disagree
- I feel it is important to have an opportunity to freely discuss ethical issues encountered in my work.
  - 96% - Agree/Strongly Agree

To implementation ....

Clinical Nurse takes the lead

Logistics
- Coordination with unit leadership
- Advertising / promotion
- Central location on unit
- Development of evaluation form
6 Month UBEC Evaluation
12 Respondents

• Should UBECs be continued on West 4?
  – Yes: 92% (11/12)
  – No: 1 person; did not attend a UBEC
  – Reasons given:
    • Safe place to bring up issues
    • Staff needs support
    • Only chance for staff to have an open forum for sensitive topics
    • Great way to explore things that have happened
    • Having a facilitator that can probe and knows the right questions to continue thoughtful process
    • Great to have other disciplines there

UBEC Challenges

• Expectations
  – Open forum
  – Confidentiality
  – Specific vs general discussion
• Maintain constructive processing
  – Interpersonal dynamics
• Participation
  – Staffing
  – Access for all shifts to attend
  – Interprofessional

• Format changed to topic-based, identified by staff
  – Recent case study
  – Donation after Cardiac Death
  – Professional boundaries

• Rotate among 3 pediatric intensive care units
Practical Challenges: real-life on the unit

• Acuity
• Staffing
• Morale
• Leadership changes
• Departure of clinical RN champion
• Measuring outcomes
  – Objective vs subjective

Key Learnings

• Need for nimbleness
• Help staff navigate resources
• Evolving role of external consultant
  – weekly trauma rounds

Expansion to Acute Care

Recognition that acute care units have different challenges than critical care units

End-of-life vs …
  – Management of behavioral patients
  – Discharge family w/ hx of non-adherence
  – Teenagers & suicide
  – Access to interpreter resources
  – Childhood obesity
To planning …

- Nurse ethicist becomes internal expert
  - affiliated agreement
- Partnership with nursing leadership
  - Magnet/special projects manager
  - executive director, pt care
  - chief nursing officer
- Development of pilot proposal
- MD buy-in

Engaging Clinical Nurses

- Road-show
  - unit partnership councils
- Survey acute care nurses by unit

I would be interested in learning more about the following (check all that apply):
- Basic overview of pediatric ethics
- What do we mean by “best interests” of the child?
- When can/should children start having input on their medical care?
- Conflicts related to life-sustaining medical treatment
- Managing “difficult” families
- Influence of religion/culture/socioeconomics on health care decision-making
- Personal and professional values assessment
- Moral distress (and moral courage)
- Recognizing potential for health care provider bias
- Professional boundaries in Facebook age
- Institutional resources to help resolve ethical issues
- Other __________
• The best way(s) for me to learn are through (check all that apply):
  – Small group discussion
  – Role play
  – Reading articles (self-study)
  – Lecture & discussion
  – Large group presentations
  – Small groups
  – Having someone available for questions during rounding or as needed
  – Other _________

• I think my unit would benefit by learning in this type of environment:
  – Rounding- clinical ethics rounds or ethics part of kardex rounds
  – Unit based ethics conversations
  – Class
  – Journal club
  – Hospital wide orientation
  – Annual ethics workshop
  – Nursing grand rounds
  – Case-study review
  – Other _________

Survey says …

• Nurse ethicist participation in interprofessional patient rounds

• Clinical nurses as ethics liaison

• Priority topics of interest:
  – Managing “difficult” families
  – Pediatric ethics overview
  – Assent
**Nurse ethicist presence during rounds**

- Deeper understanding of day-to-day challenges
- Familiarity – RN, case workers, social workers
- Immediate access
- Appreciation for complexity
- Identification of / follow-up on organizational ethics issues

**Nurse Ethicist Reflections**

Incorporate Code of Ethics

Power of nursing

Affirmation

Validation

**Next Steps**

- Ongoing collaboration based on identified needs
- Accessibility of nurse ethicist
- Infusing the voice of ethics within organizational structures and processes
Bedside ethics @ your hospital

- Understand current state
- Identify clinical nurse champions
- Leverage shared governance councils to determine priorities
- Environmental scan of available resources
- Plan – Do – Study – Act
- Nimbleness within the complexity of health care environment

What questions do you have?

References
