

Assessing Clinical Ethics Skills (ACES) Scoring Rubric

The ACES training is designed to teach you how to use this tool to evaluate the performance of clinical ethics consultants in simulated case consultations. The scoring rubric describes what counts as "Done", "Not Done," and "Done Incorrectly" for each item on the ACES tool. This description is based on the agreement of the expert raters who designed the tool as they scored the clinical ethicist's performance. To maximize your training experience, familiarize yourself with the scoring rubric before starting each scene (1-4).

VIDEO SCENE 1 (Q1-3)	Done	Not Done	Done Incorrectly
1. Manage the formal meeting (e.g., length, purpose, structure, participants)			
1.1 Identify yourself and your	Consultant introduces him/herself	No personal introduction is given.	Consultant introduces him/herself but neglects to
role as the ethics consultant	and identifies him/herself as the ethics consultant.	No explanation of the consultant's role in the consult is provided.	identify his/her role as the ethics consultant.
1.2 Have each party introduce	Asks each person to introduce	Neglects to have anyone	Neglects to have everyone introduce him/herself,
themselves	him/herself.	introduce themselves.	e.g., asks some not all.
1.3 Explain the purpose of the	Tells parties why everyone is	No explanation given. Consultant	Gives incomplete or inaccurate explanation, e.g.,
consult	gathered, e.g., "We are here	assumes everyone knows what	the purpose of the consultation is to direct patient
	today to talk about some	the meeting is about.	care in a certain way or it is just like a family
	challenging issues. My goal is to		meeting.
	arrive at some kind of ethical		
	consensus on these issues."		
2. Gather relevant data (e.g., medical facts, patients' preferences and interests, and other participants' preferences and interests)			
2.1 Elicit the relevant facts in	Consultant asks the physician,	Consultant neglects to ask	Consultant elicits partial or incomplete facts in the
the case (medical, nursing,	nurse, and patient, surrogate to	physician, nurse, patient, and	case.
patient information)	explain and summarize the	surrogate for summary of medical	
	medical issues. Counts as done if	and other facts.	
	the information is offered.		
2.2 Clarify when needed	Ask follow up questions to gain	Consultant fails to ask clarifying	Consultant asks follow-up questions for only some
	more information about parties'	questions to gain the relevant	of the relevant information in the case.
	views.	information about parties' views.	
3. Express and stay within the limits of the ethics consultant's role during meetings or encounters			
3.1 Health professionals and	Health professionals and	Consultant who is a clinician	Consultant attempts to distinguish his/her role but
administrators should	administrators should distinguish	neglects to clarify role. May lead	is unsuccessful or unclear.
distinguish their clinical roles	their clinical roles from their ethics	participants to believe that he or	
from their ethics role as needed	consultant role.	she is there to render a medical	
		opinion.	
3.2 Correct errant expectations	Explains to participants that	Neglects to correct errant	Consultant partially corrects errant expectations.
of ethics consultant's role as	consultant's role is facilitative and	assumptions about the	
needed	informative, not directive or as an	consultant's role ("You'll back me	
	advocate for one party over	up on this, right?")	
	another.		