### Breakout Session D

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| D1 Communicating Through Uncertainty in Potential Transplantation | Lissi Hansen, PhD, RN         | 1. Define three different forms of uncertainty  
2. Describe at least six sources of uncertainty related to potential transplantation  
3. Describe the role of communication to address sources of uncertainty in potential transplantation |
| D2 Cracking the Code of Advance Care Planning in Medical Decision Making: Uses, Misuses, and Common Excuses | Kevin DirkSEN, M.Div, MSc.   | 1. Understand the background of advance care planning materials in medical decision making for patients who lack decision making capacity  
2. Identify key factors and situations that prevent the appropriate consideration of a patient’s prior treatment direction acutely  
3. Explore how uncertainty inhibits the ability of a health care professional to respect an incapable patient's autonomy and can be mitigated |
| D3 Standing With the Unrepresented Patient: Being There in Times of Uncertainty | Jessica Johnson, MSW Melissa Monner, MS | 1. Examine and identify best practices of Informed Consent for unrepresented patients  
2. Analyze cases and practice developing a plan(s) of care for an unrepresented patient |
| D4 Who Decides when Medical Care Becomes Futile? – Using Graphic Narrative to Explore Medical Decision Making in the ICU | Molly Osborne, MD, PhD Julia Zottola | 1. Applying four bioethical principles in surviving breast cancer (patient autonomy)  
2. Using graphic narratives to enhance medical decision-making in the ICU  
3. Discuss “Critical Space” - a graphic narrative of authority and emotions in the ICU |

### Breakout Session E

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| E1 Turning Off the Pacemaker: Is it Euthanasia?             | Molly Gramley, MD Nick Kockler, PhD, MS | 1. Learn new ways to identify and respond to the challenges associated with uncertainty in medical decision making  
2. Differentiate between natural death and euthanasia and learn the ethics behind this  
3. Discuss the influence of authority and power in health-related decision making  
4. Understand the power of language when medical professionals are communicating with one another or patient or family |
| E2 VA Integrated Ethics: Unit Based Ethics Conversations & A Changing Culture of Communication | Morgan Bresko, MPH, LCSW Rebecca Morris, Chaplain | 1. How do we use ethics to create a safe environment for everyone?  
2. How do we create an environment of trust?  
3. How can organizational ethics (preventive ethics) be a catalyst for positive culture change around leadership, communication, and decision making? |
| E3 Whose Pain is it Anyways? Ethical Principles in the Treatment of a Patient’s Pain | Laura Heesacker, LCSW Jim Shames, MD | 1. Understand current best practices for pain relief  
2. Understand the risks and benefits of opioid treatment  
3. Discuss pain from a cultural, spiritual, and psychological perspective |
| E4 A Contextual Meaning of Ethics: Where Values and Culture Align | Stephen Hale, MD               | 1. Understand the magnitude of disruptive behaviors on healthcare workers  
2. List critical behaviors to improve quality and safety in patient care  
3. Understand how to manage disruptive behaviors |

### Breakout Session F

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| F1 In God We Trust – Everyone Else Must Have Data           | Fred Grewe D.Min, BCC         | 1. Help participants become more comfortable with the uncertainty constituent in medical care decision making.  
2. Enable participants to assess how a patient's spiritual beliefs impact the decision making process and give participants tools to communicate more clearly in light of this understanding |
| F2 Clinical Ethics and Medical Decision Making – A False Dichotomy | Mark Tonelli, MD, MA          | OBJECTIVES NOT AVAILABLE                                                                                                                                                                                                                     |
| F3 Knowing Subjects: Intersectional Approaches to Medical Diagnosis | Devora Shapiro, PhD           | 1. Discuss potential concrete diagnostic benefits of engaging medical subjects as intersection, knowing subjects  
2. Explore ways for professionals to view each patient as a unique representative of their communities, experiences, and environments |