

**Availability of Ethics Remediation and Effective Delivery Mechanisms
For Physical Therapy Licensing Boards
3rd Edition**

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Introduction

Many jurisdictions utilize ethics courses either for continuing education or remediation as part of disciplinary action. Members from licensing boards communicated to FSBPT that they felt they had limited resources for dealing with physical therapists (PT) or physical therapist assistants (PTA) who were being disciplined for behavioral and ethical issues versus clinical competence issues. Effective ethics remediation however, does not necessarily require attending a traditional course but could involve one-on-one counseling, interactive group work or other non-traditional applied learning methods. Often overlooked when determining the best option for remediation, is the important first step of identification of the underlying problem through assessment. Understanding the cause of the ethical violation provides the licensing board with better direction in applying the most appropriate discipline, including remediation. The Citizen Advocacy Center identified assessment as an important component of an overall remediation program, describing the two as being closely linked.¹

Licensing boards often struggle with the disciplinary process particularly when it comes to establishing appropriate sanctions for ethical or behavior infractions. Typical sanctions include fines or some form of restricting the practice of a licensee, including revocation of the license. However, it is unlikely that sanctions such as fines and restricting practice themselves will address behavioral problems. Grant and Kelly have shown there is a relatively high level of repeat offenses among physicians, particularly for those that have been disciplined for “severe” infractions.² A licensing board’s primary responsibility is to protect the public so unless the board can be assured that a licensee’s behavior will change, other than revoking the license, a board has limited options.

This study will attempt to look at a broad spectrum of courses and mechanisms available for ethics assessment, training and remediation that might be appropriate for PTs and PTAs and for use by physical therapy licensing boards. This paper in no way makes any recommendations regarding any specific remediation resource. It is intended as a list of ethics remediation tools to identify resources that can be added to and updated on an ongoing basis.

Background Information

Many disciplinary sanctions handed down by licensing boards have focused on results of the action with very little consideration of the reasons for the mistake and the ability of the licensee to learn from the transgression. Marx identifies four behavior categories that cause errors: 1) human error, 2) negligent conduct, 3) reckless conduct and 4) intentional rule violations. Marx suggests that each of these potentially involves a higher level of culpability on the part of the health care provider. Marx further states that, “In many organizations today, disciplinary action is possible for any rule violation – intended or not. Those who have revised their policies to encourage learning from mishaps have raised the disciplinary threshold to intentional rule violations.” This is not to suggest that as one moves up the continuum of behavioral categories from human error to intentional rule violation, severe sanctions are not appropriate. But it does suggest that in human error, negligent conduct and even in the arena of reckless care, intention should be considered.

Ethics Resources Specific to Physical Therapy

Board members are accurate when they have complained that there are limited resources regarding ethics and ethics remediation available specific to physical therapy. Resources which have been identified in the course of writing this report are found in Appendix 1. Boards may consider other potential options for ethics courses or programs include approaching state APTA chapters, local colleges and universities (particularly those with physical therapy programs), or looking within their jurisdiction for recognized professionals such as psychologists and biomedical ethicists who have expertise in ethics remediation.

Ethics Resources Not Specific to Physical Therapy

In contrast to resources specific to physical therapy, there are numerous resources developed for medicine and nursing. This fact may be attributed to a number of reasons the greatest of which is probably sheer volume. The numbers within each of these professions are significantly greater than those in the field of physical therapy. Beyond this, the opportunities for behavioral issues to arise related to prescribing and administering medications in medicine or nursing are not typically applicable to PTs or PTAs. However in contrast, the amount of time PTs and PTAs spend one-on-one with patients as compared to physicians or nurses is often much greater thus providing opportunities for violating patient boundaries.

While many programs are geared specifically to physicians or nurses, there are a significant number that include all healthcare professionals. Information regarding many of these programs can be found below and in Appendix 2.

Practitioner Remediation and Enhancement Partnership (PreP4 Patient Safety) was a pilot project developed in the 1990s providing “tools for state *medical and nursing* boards to work with hospitals and other health care organizations to identify, remediate, and monitor health care practitioners with deficiencies that do not rise to the level of disciplinary action.”³ The United States Department of Health Resources and Services Administration (HRSA) in conjunction with the Citizen Advocacy Center (suspended operations in 2020 secondary to Covid-19 pandemic) developed this program.

The concept behind this program was that patient safety improves by allowing organizations and licensing boards to work together to identify providers with clinical deficiencies in a non-punitive environment. Several boards successfully implemented the PreP4 Patient Safety program, including the North Carolina Nursing Board. A representative from the North Carolina Nursing Board presented a program at the FSBPT 2008 annual meeting. The program was potentially applicable to physical therapy with some modifications.

Although the pilot program has since expired, PreP4 Patient Safety should be looked at as a model from which to develop a non-punitive, teaching and remediation. The model, in effect, was designed to assist state licensing boards and hospitals in developing an assessment and remediation program using PreP4 Patient Safety’s guidelines and model rules.

Professional/Problem Based Ethics (ProBE) is a remediation program offered throughout the year in various cities in the United States.⁴ ProBE offered virtual sessions during the Covid-19 pandemic. ProBE was originally designed for physicians but now describes itself as a resource for all United States healthcare professionals.⁴ The program focuses on the specific ethical difficulty of each individual attendee. The course is given over 2.5 days with the expectation the participant has done some required preparation prior to arriving at the course. Each workshop is limited in participants to allow for the individual attention required to remediate the specific ethical breach. Time in the course is spent as direct contact hours, interaction with and small group discussion among the participants, evaluation, and assessment. At the conclusion of the workshop, each participant must write an essay that relates the substance of the ProBE Program to the particular violation that led to participation. This essay is shared with the licensing board. Physical therapy boards and FSBPT (NPTE cheating cases) have made referrals to the ProBE program.

Professional Boundaries, Inc. provides educational programs, boundary maintenance and accountability groups, and monitoring and compliance oversight systems. It has a core teaching faculty at various locations around the country. It provides workshops, seminars and training programs focused on prevention and risk management. Professional Boundaries offers a series of online and telephonic workshops and courses. In addition it offers training and rehabilitation programs for professionals dealing with professional boundary issues or violations.

The Center for Professional Health at Vanderbilt (CPH) offers a number of interactive courses and other resources on a variety of professional and ethical topics for health care professionals including a three-day interactive course on ***Maintaining Proper Boundaries*** focusing on the issues of sexual boundaries in their offices and clinics.

The Vanderbilt Comprehensive Assessment Program, for Professionals (V-CAP) is a multi-disciplinary program that provides assessment and monitoring services to professionals suffering from addictions, mental health, boundary-related and burnout problems. Its services include:

- Psychological testing and reports
- Psychiatric evaluation
- Psychosocial history
- History and physical, where indicated
- Blood work and drug testing, when indicated
- Collaborative information
- Follow-up session(s) with the assessment team to review findings and make recommendations
- A comprehensive written report for the client and referral source

Professional Renewal Center is an assessment, consultation and treatment program. The treatment portion of the program includes group therapy. It is appropriate for disruptive behavior, professional sexual misconduct, mood and anxiety disorders and substance and behavior addictions. It also works with professionals who have trouble controlling their impulses or have been referred for treatment on the basis of their "personality type."

The Physician Assessment and Clinical Education Program (PACE) is a program offered by the University of California, San Diego. Its assessment services are focused on physicians but it also offers an ***Anger Management for Healthcare Professionals***. PACE is designed to help those physicians and healthcare providers who have contributed to a disruptive working environment by way of inappropriate expression of anger. Conflict, stress and disruption in the hospital and clinic setting create low morale, heightened rates of staff turnover, and patient safety concerns. The Anger Management for Healthcare Professionals program is a small (six to eight participants), intensive and highly interactive three-day course taught by a minimum of one UCSD physician board-certified in psychiatry. Participant coursework in the form of self-reported inventories of mood and interpersonal conflict as well as reading is required. There is also a ***Professional Boundaries*** course offered, which is a three-day educational training program facilitated by a minimum of two physicians board-certified in psychiatry. Program post course follow-up occurs at three months, six months, and one year to help ensure behavioral changes are maintained.

Affiliated Monitors is compliance and monitoring program based in Boston, Massachusetts. They offer services in many states and specialize in monitoring practitioners that have been sanctioned by oversight agencies.

Assessment of Ethics

As mentioned previously, objective assessment is viewed by many as critical to any remediation program. However, it appears that few regulatory boards use ethics assessment instruments with any frequency. There are many ethics assessment tools designed to evaluate and individual's ethical decision making and some have been used within healthcare professions. For example, the Defining Issues Test (DIT) has been used both in dentistry and nursing. Dentistry has several specific tests including the Dental Ethical Sensitivity Test (DEST) and the Dental Ethical Reasoning and Judgment Test (DERJT). However, it appears these tests have been used pre-licensure during the education and training phase with students; the literature does not indicate that dentistry licensing boards are using these tools for the assessment of ethical attitudes or decision making. It is unclear why licensing boards do not typically use ethics assessment instruments but it may be due to ignorance to the existence and availability of the tools, lack

of information and understanding and training/expertise in how to use them. When Boards do refer licensees, it is typically only for egregious violations such as sexual misconduct or substance abuse and then to specific identified practitioners for assessment purposes.

Effective Delivery of Ethics Content

Just as there is a paucity of information regarding the best way in which to remediate ethics violations, there is little evidence to support the best way to teach ethical decision making to physical therapists. Fortunately our colleagues in medicine, nursing, dentistry and psychology, also concerned with the delivery of ethics-based information to determine the most effective methodology to improve ethical decision making, have produced some work in the area.

There have been a few older studies that support a positive correlation between ethics education that includes discussion of ethical situations and dilemmas with higher scores on tests of ethical decision making.^{11,12,13,14,15} Handelsman¹⁶ found that if ethical decision making was deficient, formal exposure to ethical decision making with actual cases improved the individual's ability to make ethical decisions and was much more effective than other forms of ethics education, which he called "Ethics by Osmosis."

The 2007 journal article by Rees and Knight¹⁷ pointed out the tenfold increase in articles about professionalism and ethics in the medical literature for the 15 years prior. What concerns Rees and Knight is that the profession may not be looking at the right indicators, observing only behaviors and not attitudes therefore developing conclusions that may not lead to the appropriate teaching of ethical behavior as an indicator of professionalism. The authors contend that without proper assessment tools evaluators may pass students with professional behaviors but unethical attitudes and fail students with unprofessional behaviors and ethical attitudes. The observance of professional behaviors, real or "faked" is easier than determining the underlying attitudes where ethical behaviors occur. This study raises some interesting questions for further development of determining ethical understanding, which would appear to be necessary for determining the appropriate ways in which to deliver ethics content for its most effective use.

Students are equally challenged by the necessity to combine ethical decision making with the concrete didactic knowledge they are busy acquiring during their professional education. While they are often not as interested in the obscure professional and ethics issues, they find them to be more challenging when they are actually in a practice setting. Students tend to be more comfortable with their clinical skills in the practical experiences and less comfortable when confronted with ethical dilemmas.²⁰ Very little has been done in physical therapy education to determine the effectiveness of ethics education. The CAPTE requirements for ethics education are very broad including content in professional ethics, values, and responsibilities. There are no specific guidelines for the amount of ethics education in the curriculum and certainly no guidelines with regard to how it should be taught. This is consistent with the lack of information that we have on the outcomes of various types of educational programs. One of the CAPTE objectives specifically states that students are to practice ethical decision making but we do not have any data about the effectiveness of the variety of approaches to ethics education. CAPTE does insist that topics at a minimum include ethics, tools of ethical analysis and decision making using ethical theory.²¹

Some of the most cogent work in ethics education assessment evolved out of the competencies conference held in 2002 hosted by the Association of Psychology Post-doctoral and internship centers in collaboration with cosponsors from Canada, Mexico, the United States and the American Psychological Association. One of the working groups discussed ethics training and the assessment of that training.²²

The working group identified several key components that psychologists need to have to develop or enhance their skills to do ethical decision making. The important point made was these components and

the evolving skills were necessary for the student and continued to be just as necessary throughout the professional life of the psychologist.

The work of several authors encourages the use of James Rest's^{23,24} four component model of ethical decision making.^{25,26,27} The four component model is easy to understand and provides an opportunity to develop assessment protocols in the future. It has been adapted by others into decision-making tools such as the RIP's model²⁸

Rest's Four Stage model of ethical decision-making:

| Stage | Action |
|-------|---|
| 1 | Recognition of an ethical situation and emotional response. |
| 2 | Understanding of the moral issues involved. |
| 3 | Decide on a course of action |
| 4 | Carry out appropriate response. |

de las Fuentes²² differentiated between the skills one would expect entry-level students to develop and those that advanced or practicing physical therapists should have acquired and continue to develop. It would be expected that advanced skills will involve making culturally appropriate, reasoned decisions regarding ethical situations. The advanced practitioner will demonstrate ethical behaviors when confronted with various types of learning situations, case studies, role plays and vignettes. The individuals with more advanced ethical decision-making skills demonstrate the ability to integrate the moral judgment abilities into all aspects of professional interaction. They will also demonstrate professional behaviors that include appropriate interactions with peers, supervisors, patients and the organizations where they either work or study. The advanced decision-making skills still often require the use of consultants or those practicing longer and having more experience.

The appropriate development of ethical decision-making skills recognizes the importance of peer mentoring and utilizing the ethical decision making skills in a variety of situations, relying on assistance as appropriate. What is most important is the realization that the skills are developed over a continuum that spans the entire professional career. There are multiple ways to assess the ethical decision-making skills of the student and the clinician which take into account the different skill levels of students, entry level and seasoned practitioners. There are certain expectations for behavior based on experience that are important to note when determining if a practitioner is demonstrating questionable or inappropriate ethical decision-making skills. This is an area that we have not yet developed as a profession and therefore our boards are challenged when faced with recognizing a breach of ethical conduct and determining the methodology most appropriate to remediate it.

The psychologists recommended that their students take the Examination for Professional Practice in Psychology and the ethics score be made available so that the ethics education can be customized to the weaknesses of the individual. Establishing this baseline has implications for ethics remediation for licensing boards. Another interesting recommendation that the group developed is for the licensing board to provide information to the education programs about the adjudication of their graduates. This will provide the programs with trends about their graduates, and perhaps assist them in determining characteristics or warning signs about individuals that may have challenges in ethical decision making.²²

The literature reflects the rather unsettling revelation that ethical decision-making skills and professional behavior appear to decline during medical school causing the faculty and institutions to self-reflect on the causes of this decline.^{29,30,31} Ethics education early on is divorced from the clinical setting and the discussions are not in the actual context of the practitioner-patient relationship. This reflects strongly on the theories that support the modeling of ethical behavior which can either result in a negative or a positive effect.

The University Of Washington's School Of Medicine is one of many that recognize professionalism cannot be taught in the same manner as other areas of the curriculum. A rule-based approach to learning about ethical challenges is not effective. Coulehan³² found that for learning to be effective and therefore useful, the student must experience the professionalism that involves ethical decision making through interaction using contemporary narratives or observing role model professionals. If neither of those options are available, it may be possible to achieve the same effect through stories and video. Presenting rules, behaviors, and didactic lessons in a classroom environment give little opportunity for context-based understanding.

Goldstein et al³³ pointed out that the teaching of ethical decision making is not just for the novice as every student could reflect on an instance where they observed either residents or faculty engaging in questionable ethical or unprofessional behavior. This assertion is supported by a study done by Brainard et al³⁴ in which they determined that students felt that the current literature about ethics was not on target because in the students' opinions the largest barrier to learning about medical ethics, was inappropriate conduct by medical educators after whom the students would normally model behaviors. Once again the modeling of behavior appears to be a very significant influence on the student.

An interesting corollary to the discussion of how ethics content is delivered is the discussion of how capable educators are in recognizing and addressing lapses in ethical behavior. Training in this area was provided to faculty at Indiana University School of Medicine and they felt they developed valuable skills as a result of the training. This is of interest to the regulatory community as not all board members feel particularly adept at recognizing or recommending remediation for lapses in ethical behavior.³⁵

Summary and Conclusions

For the most part, the information presented in this report focuses on how ethics education is disseminated in medicine and psychology. There are very few ethics remediation programs that target physical therapists specifically. Physical therapy licensing boards will find many more programs specifically target physicians or nurses; however, many are open to all healthcare professionals. While the profession of physical therapy can certainly identify with many of the issues discussed by our colleagues, we have unique considerations. Even if the program is open to healthcare professionals, boards may find that because the majority of attendees are physicians and nurses, the program does not meet the needs of the physical therapist. Still, these programs may be valuable sources of information and ideas and may also be willing to modify their program to meet the needs for remediation of the sanctioned physical therapist.

Physical therapists have not been dealing as autonomously with ethical issues as long as our colleagues other medical fields. We can easily identify several issues that arise out of the information presented:

1. There is very little information or classes specific to PT ethical education.
2. There are some resources available, but they are not specific to PT.
3. That which is specific to PT is not focused on the sanctioned practitioner needing remediation.
4. There is a need to determine what the most effective means of education are, and to define what would be the most beneficial to improve ethical decision making.
5. It appears that modeling ethical decision making along with scenario discussion and interaction appear to be the most effective means of teaching ethical decision making.
6. There is a need to determine what is necessary to assess ethical behavior in clinicians. Board members would benefit from learning the best way to recognize ethical violations.
7. Boards looking for resources may look at PT programs with resident experts in ethical decision making; state chapters may also be able to help.

¹ HRSA. Healthcare Provider Assessment and Remediation Resource Manual.

² D. Grant, K. Alfred. 2007. Sanctions and Recidivism: An Evaluation of Physician Discipline by State Medical Boards, Journal of Health Politics, Policy and Law 32(5):867-885

³ Practitioner and Remediation Enhancement Program website: <http://www.4patientsafety.net/>

⁴ Center for Personalized Education for Physicians (CPEP) Website: <http://www.cpepdoc.org/probe.htm>

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Appendix 1
Examples of Ethics Resources Specific to Physical Therapy

| Provider | Course Title | Mode | CEU/ Hours | Website/ Contact Number |
|---|---|------|------------|---|
| HomeCEUConnection.com (need to go through their Web site state-by-state) | Variety of courses in the topic area of ethics, laws, rules specific for physical therapy providers based on a jurisdiction-by-jurisdiction basis | HS | 1-3 | www.HomeCEUConnection.com |
| GSC Home Study Courses (need to go through their Web site state-by-state) | Ethical Issues and Decision Making 2 nd edition | HS | 5 | https://www.elitecme.com/physical-therapy |
| | Ethical Practices with Older Adults, updated 1 st edition | HS | 4 | |
| At Home Seminars | Promoting Legal & Ethical Awareness Module 1 | HS | 4 hours | www.athomeseminars.com |
| | Promoting Legal & Ethical Awareness Module 2 | HS | 4 hours | |
| | Promoting Legal & Ethical Awareness Module 3 | HS | 4 hours | |
| | Promoting Legal & Ethical Awareness TX Specific | HS | 5 hours | |
| PTCourses.com | Ethics and Jurisprudence: Advice from Aristotle, "Do What is Beautiful" | HS | 4 | http://ptcourses.com/ |
| | Ethics for Physical Therapy Clinicians: Dealing with Child Abuse Legally, Ethically, and with Compassion | HS | 3 | |
| | Ethics for Physical Therapy Clinicians: Real World Cases (2019+) | HS | 2 | |
| | Ethics and Jurisprudence: Advice from Aristotle, "Do What is Beautiful" GA, HI, TN | HS | 4 | |
| Wild Iris Medical Education | State mandated course in child abuse recognition and reporting, CA ethics, laws and regulations | | | www.therapyceu.com |
| Professional Boundaries, Inc. | The PBI Professional Boundaries and Ethics- PB-24 | OS | 24 | https://pbieducation.com/?s=physical+therapist |
| | Medical Ethics & Professionalism ME-15 & ME-22 | OS | 15 or 22 | |
| | The PBI Medical Record Keeping Course Physical Therapist Edition | OS | 17 | |
| Innovative Educational Services | Ethics & Jurisprudence CA, GA, IN, MS, TN, UT, WI | HS | 2 | www.cheapceus.com |
| | Ethics DE, IL, LA, NY, OK, PA | HS | 2 | |
| Allied Health Education | Ethics in Physical Therapy How to Navigate as a Licensed Therapist | HS | 2 or 3 | https://www.alliedhealthed.com/courses |
| American Physical Therapy Association APTA | Professionalism Module 1: Introduction to Professionalism | HS | 2 | http://www.apta.org/CoursesConferences.aspx?navID=10737422670 |
| | Professionalism Module 2: History of Professionalism in Physical Therapy | | | |

HS: Home Study OS: Onsite TC: Teleconference

Appendix 2

Ethics Remediation Resources That May Be Applicable to Healthcare Professionals

| Provider | Course Title | Description | Mode | CEU/ Hours | Website |
|--|--|--|------------------------------|---------------|---|
| Physician Assessment Clinical Education Program (PACE), University of California, San Diego | Anger Management for Healthcare Professionals | | Interactive Course | 29.5 | http://www.paceprogram.ucsd.edu |
| | Professional Boundaries Course | | Educational Training Program | 38.75 | http://www.paceprogram.ucsd.edu |
| Center for Personalized Education for Physicians (CPEP) | PROBE Professional/Problem Based Ethics (ProBE) | Weekend workshop limited to 14. Focuses on each individual's specific issues and involves reflection, interaction and group work. | Interactive Course | 25.25 | https://www.cpepdoc.org/cpep-courses/probe-ethics-boundaries-program-united-states-2/ |
| Center for Professional Health at Vanderbilt | Maintaining Proper Boundaries | This course is for physicians and other health professionals who need education about the issues of sexual boundaries in their offices and clinic; it emphasizes understanding of general and sexual boundary issues. This is not a course for physicians with an active sexual addiction. | Interactive Course | 21.25 | https://medsites.vumc.org/cph/courses-0#maintaining |
| | Vanderbilt Comprehensive Assessment Program (VCAP) | The Vanderbilt Comprehensive Assessment Program, for Professionals (V-CAP) is a multi-disciplinary program that provides the highest quality assessment and monitoring services to professionals suffering from addictions, mental health, boundary-related and burnout problems. | Testing and evaluation | X | https://www.vanderbilthealth.com/program/behavioral-health-assessment-professionals |
| Professional Boundaries, Inc. | PB-24 PBI Professional Boundaries Course Essential | Topics include professional misconduct, sexual misconduct, and other boundary violations with a focus on prevention. This professional boundaries course | Live conference | 24 | https://professionalboundaries.com/other-healthcare-professional-courses.php |

| Provider | Course Title | Description | Mode | CEU/ Hours | Website |
|----------|---|--|---|------------------|---------|
| | | meets and exceeds every state regulatory board's required continued education in professional boundaries and ethics. Standard / Enhanced and Comprehensive Editions available. | | | |
| | PB-24 PBI Professional Boundaries Course Enhanced | Topics include professional misconduct, sexual misconduct, and other boundary violations with a focus on prevention. This professional boundaries course meets and exceeds every state regulatory board's required continued education in professional boundaries and ethics. Standard / Enhanced and Comprehensive Editions available. Additional 10 hours of pre-course work than Essential Course | Live conference, online Primer and post-conference teleconference seminar | 34 | |
| | Professional Boundaries Course Extended | Topics include professional misconduct, sexual misconduct, and other boundary violations with a focus on prevention. This professional boundaries course meets and exceeds every state regulatory board's required continued education in professional boundaries and ethics. Standard / Enhanced and Comprehensive Editions available. Additional 10 hours of pre-course work than Essential Course | Live conference, online Primer and post-conference teleconference seminar (46 CME 13 pre-course21 live, 12 post-course) | 46 | |
| | ME-22 Medical Ethics & Professionalism Regular and Extended | Starts with the premise that everyone has a "violation potential." Explore personal risk factors, vulnerabilities, accountability and resistance to | Pre-course workbook, telephone interview, On-site course, follow up | 22 Reg 34 Ext | |

| Provider | Course Title | Description | Mode | CEU/ Hours | Website |
|-----------------------------|------------------|---|---|--|---|
| | | face violation potential. Develop a personal ethics protection plan. These courses address and remediate issues that are relationship-based. Either sexual or non-sexual, these issues occur when professional lines are crossed. | | | |
| Professional Renewal Center | | Provides comprehensive ethics evaluations, compliance auditing, planning and training. | Monitoring/ compliance Programs | NA | https://prckansas.org/wp/services/ |
| Affiliated Monitors | | Customized Monitoring Programs to address concerns about competence, boundaries, ethics, billing, office systems, practices, etc. Individualized Clinical Skills Assessments Personalized Education Programs Compliance & Best Practice Programs –individuals & group practices | | | https://www.affiliatedmonitors.com/healthcare-professionals-and-other-licensees/ |
| AJ Novick Group, Inc. | Anger Management | Designed for individuals who need to take an anger management course for a court order, at the request of their employer, or for personal reasons or requirements. Anger management is an educational class. It is not psychotherapy or a substitute for psychological or medical advice or counseling. | Online self-paced, Home study option | 8, 10, 12, 16, 26, 36, and 52 hour options | http://www.ainovickgroup.com/anger- |

| Provider | Course Title | Description | Mode | CEU/ Hours | Website |
|---------------------------------|---|---|---|---------------|---|
| | Disruptive Physician Coaching | Disruptive physician coaching (options): group setting on site, one/one coaching sessions, 1 day intensive on site, coaching at home site. Includes assessment, structured curriculum, progress reports, DVD power point, pre and post tests, and post program follow ups. | *No online programs allowed for disruptive physician coaching | | management/disruptive-physicians.aspx |
| Alden March Bioethics Institute | Better Doctoring | A web-based, distance-learning seminar on medical ethics and professionalism for physician continuing education. | Online | 25 | http://www.amc.edu/Academic/bioethics/educational_programs/betterdoctoring/index.cfm |
| | Alden March Bioethics Institute Ethics Consultation Service | A resource for Patients, Families, Physicians, and Staff To assist patients, families and care providers in making complex decisions, Albany Medical Center offers an Ethics Consultation Service. By helping people resolve the ethical dilemmas that modern medicine can present, the Ethics Consultation Service strives to maintain and support the highest standards in the delivery of patient care. | Telephone | | https://www.amc.edu/academic/bioethics/ethics_consult.cfm |