

# Template Clinical Ethics Fellowship Curriculum

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Clinical ethics fellowship programs serve a key function in training ethicists. They provide unique opportunities for experiential learning from an experienced practitioner that complements academic coursework, similar to preceptorships or residencies in many other healthcare professions. However, there has been little work done to formalize the structure or expectations of what ethics fellowships offer. Ellen Fox describes some attempts at such formalization elsewhere in this issue. We offer

here a template curriculum for clinical ethics fellowships as one more piece of this effort to provide more rigor in practical training for ethicists.

This project grew out of a workshop at the Catholic Healthcare Innovation in Ethics Forum (CHIEF) in 2023. Participants were divided into three breakout groups to brainstorm specific elements of a fellowship curriculum: key observational opportunities, essential literature, and professions to learn about. Over the next 9 months, we met every other week to flesh out the results of that workshop into a functional template curriculum.

Clinical ethics fellows in Catholic healthcare have opportunities to serve a range of communities and expand their ethical framework and toolkit. Catholic healthcare offers unique clinical ethics fellowship experiences because of its mission and identity. Mission and Catholic identity animate a distinctive type of calling and service. These fellows benefit from the unique vocation of Catholic healthcare, even if they are uncertain about staying in Catholic healthcare. The Mission of Catholic healthcare is advanced by professionals of a diverse array of religious and faith backgrounds; it is ecumenical by nature. The communities served by many Catholic healthcare systems are pluralistic and often are not predominately Catholic. Those

who work in Catholic health care embrace and celebrate these differences, exemplified in part by Directive 11 of the Ethical and Religious Directives for Catholic Health Care Services (ERDs) about responding appropriately to persons' religious beliefs or affiliation. They also draw from the strengths of these diverse life experiences to further Catholic health care's commitment to promote and protect the dignity of all, especially the most vulnerable. Ethics fellows benefit from a focus on theological understanding of clinical ethics issues. Fellows can help make and draw out connections between faith traditions or provide alternative perspectives in the absence of faith traditions. Certainly, in maintaining its religious and moral commitments, Catholic healthcare benefits from having ethicists with both fellowship experience and academic training in theology and ethics who are already formed in the intellectual tradition. Secular health care systems also benefit from fellows formed in the Catholic tradition. As one in five Americans identify as Catholic, ethics fellows from Catholic healthcare are better equipped to respond to needs of Catholic patients, families, and clinicians.

Ethics seeks to identify, unpack, and navigate values. Ethicists in Catholic health care have additional layers of moral analysis to consider, given the theological and social commitments derived from Church teaching. Fellows in Catholic health care will become adept at applying the ERDs and other Catholic teaching to individual cases. Fellows will be required to learn the ethical standards of practice, general moral norms, relevant laws and regulations which would apply in any health care context. Most healthcare facilities are not academic medical centers, yet most clinical ethics

fellowships currently exist in this setting. Catholic healthcare is more representative of the diversity of care settings across the care continuum, especially community hospitals, ambulatory care, and safety net healthcare settings. While the Ethics Consultant (EC) practitioners who designed ASBH's improvement projects generally work in large teaching hospitals with high-volume Ethics Consultation Services (ECSs) (Bruce et al. 2018; Fox 2016), most general hospitals in the U.S. are quite small (50.1% have <100 beds and 71.3% have <200 beds), have no academic affiliation (61.5% are nonteaching hospitals and only 6.1% are major teaching hospitals), and perform between zero and three ECs per year (Fox et al. 2021).

Catholic health care also provides a unique setting to train ethics fellows. Catholic health care goes beyond physiological treatment by treating the whole person, with mind-body-spirit care. It creates a welcoming environment that encourages employees to be their authentic selves, including their religious beliefs, and considers how one can maintain personal, professional, and organizational integrity. Fellows contribute to the mission, formation programs, and even assessment programs like the Ministry Identity Assessment from the Catholic Health Association, which has ethics components and is unique to Catholic healthcare. Given Catholic healthcare's commitments to the poor and underserved, fellows can better experience and engage with the needs of communities.

Finally, Catholic health care offers a formational opportunity to train ethicists through clinical ethics fellowships. This is a needed pipeline not only to help form ethicists

for Catholic healthcare, but also to train ethicists who might work outside Catholic healthcare to help them understand the important nuance that religious beliefs bring to medical decision making. Given the size of Catholic healthcare in the United States, there is also a potential for more fellowships than currently exist in primarily academic medical centers. Catholic health care has a great ability to contribute to this growing area of health care education.

This template is written as one example for fellowship programs to adapt as needed. Not all elements will apply to all fellowships, and not all suggestions will be feasible in all hospitals. More work also needs to be done in clinical ethics fellowships, in particular a formal assessment process to evaluate the progress of fellows towards functioning as independent ethicists after completion. We reference such an assessment but do not address it in detail as this project focused on the curriculum itself. Even still, we believe this template curriculum will help fellowship program directors in Catholic hospitals and non-Catholic hospitals as they create and revise their own curricula.

#### *Purpose:*

This one-year Clinical Ethics Fellowship is designed to provide fellows practical experience in daily clinical ethics work, including consultation services, ethics education, policy review, and ethics rounds. This program gives fellows exposure to clinical and organizational elements of healthcare. Fellows are expected to work collaboratively with Mission Integration and spiritual care while cultivating an understanding of Catholic healthcare.

#### *Eligibility:*

To be eligible to apply, prospective fellows must have a masters or doctorate degree in bioethics, theology, philosophy, or a related field.

#### *Outcome:*

The goal of the Clinical Ethics Fellowship is to provide the training and experience necessary to develop the knowledge, skills, ability, and character one should possess before entering the clinical ethics profession. Fellowship training will emphasize developing ethics consultation skills sufficient to perform independent clinical ethics consultation in acute care settings, with a focus on Catholic health care settings.

#### *Competencies:*

This fellowship is a competency-based program, organized around the following competencies:

- Knowledge
  - Be conversant in basic concepts in healthcare finance, reimbursement, and payer strategy
- Skills and Abilities
  - Consultation
  - Policy Development
  - Policy Review
- Character Development and Spiritual Formation
  - Leadership
  - Ways to integrate work as a clinical ethicist and prayer life
- Systems-Based Practice
- Education and Scholarship
- Presentation skills and engagement with the literature

#### *Opportunities and Experiences:*

### Clinical

- Fellows will have exposure to and integration into clinical areas to understand how clinical care works and the ethics needs of patients, clinicians, and their families.
- The following areas are required for fellows to have exposure to. Each area can be done all at once (e.g. one week at a time) or periodically over the fellowship (one or two days a month or weekly rounds). If an area is not available at a hospital or health system, the fellow should spend time at another local hospital that offers the service.
  - Critical Care
  - Emergency department
  - Med-Surg
  - Cardiology
  - Oncology
  - Labor and delivery
  - NICU
  - Ambulatory care
  - Operating room
- The following areas are encouraged if available, but not required if unavailable.
  - Pediatrics
  - PICU
  - Behavioral health
  - Skilled nursing facility
  - Home health
  - Hospice
  - Palliative care
  - Transplant
  - Nephrology
  - Advance care planning
- In addition to clinical areas, fellows will shadow members of the following professions or roles for at least one day.
  - Case manager
  - Nurse (direct caregiver)

- House supervisor
- Social worker
- Palliative care team
- Chaplain
- Physician
- Medical resident

### Organizational

- Fellows will have exposure to and integration into organizational areas to understand how healthcare leaders work and their ethics needs.
- The following areas and meetings are required for the fellow to attend.
  - Safety huddle (hospital wide)
  - Quality committee
  - Medical executive committee
- The following areas are encouraged if available, but not required if unavailable.
  - Schwartz rounds or similar event focusing on emotional support for clinicians
  - Leadership meeting with the Mission leader
  - IRB
  - Tumor board
  - Morbidity and mortality review
- Fellows will become familiar with the health system's discernment process and participate in a discernment process if available
- Fellows will learn how to cultivate relationships and when to contact key partner groups including: Mission integration, legal, risk management, patient experience, communications, etc.
- Fellows will have opportunities to become familiar with hospital operations and various leadership roles including the following.

- Shadow members of the following professions or roles as available.
  - COO
  - CMO
  - CNO
  - CFO
  - Director of case management
  - Nursing unit manager (critical care and med/surg)
  - Director of a service line such as cardiology, oncology, nephrology, etc.
  - Clinic director
  - Mission leader
- Conduct information interviews to get to know members of hospital senior leadership, their role, and how they
- Attend leadership meetings or create 1:1 opportunities to gain knowledge and familiarity with:
  - Basic concepts in healthcare finance, reimbursement, and payer strategy
    - + For example, CHA's Mission Leader Seminar on Finance for Mission Leaders
  - Audits or reviews like TJC, internal ethics audits, CMS, or other regulatory agencies
- Fellows will get exposure to meeting with bishops or diocesan healthcare liaisons
- The fellow should attend meetings and shadow areas related to Mission Integration in order to be familiar with the work of a Mission leader. Examples may include:
  - Market or Region Mission Leadership meetings
  - Spiritual care rounds, including Clinical Pastoral Education (CPE) program verbatim if available
  - Formation sessions, if available
  - Community Health meetings to

review the Community Health Needs Assessment (CHNA) and ongoing community health projects

- Faith Community Nursing
- Community Benefit program, if available

### Policies

- The fellow will become familiar with policy review and development, including the following experiences:
  - Learn how to access policies
  - Assist in ongoing policy development and revisions:
    - Revising policies in light of individual cases
    - Conducting literature reviews to identify best practices and evolving policy standards
    - Identifying stakeholders and gathering stakeholder input/feedback
    - Review, revise, edit, or develop at least one policy and shepherd it through the approval process.

### Ethics

- Fellows will have exposure to clinical ethics experiences to develop and grow skills related to clinical ethics.
- The opportunities required for fellows include:
  - Clinical ethics consultation
    - The following definition of clinical ethics consultation is used for this document: "Clinical ethics consultation is a service provided in response to a question (or questions) from a patient, family

- member, surrogate decision-maker, healthcare professional, administrator, or other involved party who seeks to resolve uncertainty or conflict regarding value-laden concerns." (Core Competencies, 2025, p 3-4)
- Observe at least 100 hours of consultation performed by an ethicist.
- Perform at least 100 hours of consultation while being observed by an ethicist.
- Perform at least 100 hours of consultation independently.
- At least 15 hours of consults in each category must include face to face interaction with a combination of the following in order to build and practice ethics facilitation skills: the patient, legally authorized decision maker, family members or loved ones, and the care team.
- Activities that count towards the required hours include: speaking to the person who requested the consult to clarify the request, speaking to members of the care team or other ethics colleagues about the consult, speaking to the patient or their family, meeting with stakeholders, searching the literature, reviewing the chart, and writing a note in the patient's chart.
  - + If the volume of ethics consults does not allow for the number of hours to be met, it can be supplemented with palliative care family meetings.
- Participate in ethics on-call consultation service.
- Consultation experience should vary by topic to include issues at the end of life, beginning of life, and in various departments and health disciplines.
- Work with local ethicist on consultations regarding matters related to the ERDs, including
  - + Identifying relevant Directives in particular consults
  - + Discussing when the Directives might establish boundaries that may be different in non-Catholic hospitals
  - + Demonstrating a working knowledge of how the Principle of Cooperation applies to commonly encountered issues
- Regularly attend Ethics Committee meetings
- Documentation
  - Grow from observing an ethicist document a consult in the patient's medical record, to writing a note after a consult to be reviewed with faculty and not placed in the patient's record, to documenting in the patient's record independently with later review by faculty.
  - Learn how to access and navigate the Electronic Medical Record (EMR)
  - Write one verbatim monthly from an ethics consultation or ICU rounds and debrief with faculty.
- Conduct ethics rounds together with hospital's primary ethicist or hospital leaders to identify potential ethics needs, and grow to be able to conduct ethics rounds independently
- Attend regular Ethics Leadership meetings
- Attend ongoing ethics education, such as

CHA webinars, external ethics education, or HEC-C training sessions

- Attend regular Ethics Committee meetings and grow to lead or co-plan one
- Regular meeting with VP of ethics or market ethics lead to debrief
- Participate in employee orientation and relevant orientation for new clinicians
- Work closely with Advance Care Planning Coordinator
- Prepare report and analysis on ethics metrics, especially related to consultation

### Education

- Attend CHA Theology and Ethics Colloquium, CHA Assembly, or CHA Foundations for Ethicists
- Participate in monthly CHA Ethics Webinars
- Attend one clinical ethics conference
  - ASBH, CHIEF, APPE, Clinical Ethics Unconference, etc.
- Provide a presentation to faculty on a research paper or a topic from academic work
- Offer ethics education to a medical staff or department meeting
- Dedicate 5 hours weekly to personal research and writing for academic work, as applicable (Comprehensive Exams, Dissertation, Preparation for Ethics Consultation Certification by ASBH, etc.)

### Scholarship

- Fellows will have opportunities to write and publish on topics related to clinical ethics
  - For fellows who are doctoral candidates, this could include flexibility for conducting dissertation work.

### *Assessment and Mentorship:*

Faculty will use the following methods to assess the fellow's progress towards developing the five competencies described above. Assessments will occur periodically throughout the fellowship, including an initial and a final assessment.

- Routine one-on-one meetings with a faculty member to discuss:
  - Overall experience
  - Clinical ethics cases
  - Feedback on professional and interpersonal skills: composure, behavior, comportment, implicit bias, ability to develop and maintain relationships with colleagues, etc.
  - Any concerns or obstacles for the fellow to meet the expectations of a fellowship graduate should be surfaced early and directly to provide the fellow the best opportunity for growth
- Self-reflection and self-evaluation
  - This should be a somewhat formal or guided process to provide the fellow with a structure for continued reflection and self-care. For example, a fellowship program could adapt CHA's Mission Leader Examen to be used for ethicists. (Available at [https://www.chausa.org/docs/default-source/prayers/cha\\_missionleaderexamen-8-5x11\\_hr.pdf?sfvrsn=f510cbf2\\_0](https://www.chausa.org/docs/default-source/prayers/cha_missionleaderexamen-8-5x11_hr.pdf?sfvrsn=f510cbf2_0))
- Documentation of activities regularly reviewed by preceptor/fellowship director
- Mentorship of clinical consultation skills by preceptors for clinical consultation skills, executive presence, leadership, and teaching abilities as well as feedback from the fellow

- Clinical ethics consultation skills will be assessed according to a formal set of criteria, for example ACES, Core Competencies, the literature, or a combination of these sources. A formal assessment of the fellow's progress will occur quarterly throughout the fellowship including at the end of the fellowship
  - Assess the ability to respond to and incorporate constructive feedback

## APPENDIX 1: CORE KNOWLEDGE TOPICS

The following are core topics that clinical ethics fellowship programs should focus on for improving fellows' competency.

- End of life or severe/chronic illness issues
  - Proportionate and disproportionate means
  - Advance directives and advanced care planning
  - Brain death and working with Organ Procurement Organizations
  - Understanding palliative care and hospice
- Reproductive issues
  - Ectopic pregnancy debate (May vs Moraczewski)
  - Direct vs. indirect abortion and the principle of double effect
- Patient-provider relationship issues
  - Decision making capacity
  - Identifying the appropriate surrogate, including working knowledge of state law
  - Unrepresented patients
  - Informed consent
  - Shared decision making
  - Pediatric decision making; parental authority and limitations
- How healthcare works
  - General psychology around grief and trauma
  - The role of the Ethics Committee
  - Knowing what the role of ethics is and is not
  - Professional boundaries (when you stop and someone else takes over; when to escalate)
  - Basic understanding of hospital structure (e.g. Med Exec Committee)
  - Medical and nursing training; roles in the hospital; what is a med resident
  - Basic understanding of ethics codes in other disciplines
  - HIPAA
  - Policies and procedures – how to find existing policies, skills for writing policies
  - Knowledge of Joint Commission/Regulatory
- Values integration
  - Catholic social teaching
  - Cooperation issues excluding M&A
- Clinical ethics facilitation skills and tools
  - Mediation skills (e.g. Nancy Dubler and Carol Liebman)
  - Strategies for difficult and complex conversations
  - Group facilitation skills
  - Meeting management for an EC
  - Moral distress and resilience
  - EMR Documentation
  - Common pedagogy for teaching ethics relative to setting and participants
  - Self-awareness of biases
- Vulnerable populations
  - Behavioral health
  - People who are incarcerated or formerly incarcerated

- People experiencing homelessness
- Minors
- Unrepresented
- Immigrants and persons who are undocumented
- Self-pay, those without insurance
- Cultural and religious issues
- Common faith norms of religious and cultural groups.
- Research ethics
  - Research vs experimentation
  - Optimism bias
- Key legal cases
  - Dax Cowart
  - Henrietta Lacks
  - Nancy Cruzan
  - Jahi McMath
  - Other issues unique to the legal jurisdiction of the fellowship program
- Additional Topics
  - *Ethical and Religious Directives for Catholic Healthcare Services* (ERDs), United States Conference of Catholic Bishops, 7th Edition, 2025.
  - Address of His Holiness John Paul II to the Leaders in Catholic Health Care (September 14, 1987) in Phoenix
  - Note on the Morality of Some Anti-Covid-19 Vaccines (December 21, 2020) Congregation for the Doctrine of the Faith
  - *Dignitas personae* (June 20, 2008) Congregation for the Doctrine of the Faith
  - Responses to Certain Questions of the United States Conference of Catholic Bishops concerning Artificial Nutrition and Hydration, with Commentary (August 1, 2007) Congregation for the Doctrine of the Faith
    - Congregation for the Doctrine of the Faith Commentary
  - Address to the Participants in the International Congress on Life-Sustaining Treatments and the Vegetative State: Scientific Advances and Ethical Dilemmas (March 20, 2004) Pope John Paul II
  - Address to the Eighteenth International Congress of the Transplantation Society (August 29, 2000) Pope John Paul II
  - Moral Principles concerning Infants with Anencephaly (September 19, 1996) Committee on Doctrine National Conference of Catholic Bishops (U.S.)
  - *Evangelium vitae*, “*The Gospel of Life*,” (March 25, 1995) Pope John Paul II
  - Responses to Questions Proposed concerning “Uterine Isolation” and Related Matters (July 31, 1993) Congregation for the Doctrine of the Faith
  - Nutrition and Hydration: Moral and Pastoral Reflections (1992) Committee for Pro-Life Activities National Conference of

## APPENDIX 2: LIST OF CURRICULUM DOCUMENTS

The following is a list of core articles and literature to review with clinical ethics fellows during their fellowship. These are the references that fellows would be expected to be generally familiar with, or would be helpful for faculty to refer to while teaching the core knowledge topics. A fellow would not necessarily be expected to thoroughly read every item on this list during the fellowship. This list is not comprehensive; other sources may be needed and used. They are grouped by category but are not listed in order of importance.

### Key articles and literature

Magisterial Teaching

- Catholic Bishops (U.S.)
  - *Donum vitae, Instruction on Respect for Human Life in Its Origin and on the Dignity of Procreation* (February 22, 1987) Congregation for the Doctrine of the Faith
  - Declaration on Euthanasia (May 5, 1980) Congregation for the Doctrine of the Faith
  - *Quaecumque sterilizatio, Responses on Sterilization in Catholic Hospitals* (March 13, 1975) Congregation for the Doctrine of the Faith
  - Declaration on Procured Abortion (November 18, 1974) Congregation for the Doctrine of the Faith
  - *Humanae vitae* (July 25, 1968) Pope Paul VI
  - "The Prolongation of Life," Address to an International Congress of Anesthesiologists (November 24, 1957) Pope Pius XII
  - *Dignitas infinita*, 2024 CDF
  - *Samaritanus bonus*, 2020, CDF
  - *Veritatis splendor*, Pope St. John Paul II
  - USCCB Doctrinal Note on transgender issues
  - The New Charter for Healthcare Workers, *Pontifical Council for Health Care Workers*, 2016
- Catholic Bioethics
  - Striving for Excellence in Ethics, *Catholic Health Association*, 2014.
  - Pope Francis and the Transformation of Health Care Ethics
  - Contemporary Catholic Health Care Ethics, 2nd edition
  - Catholic Bioethics and the Gift of Human Life by William May
  - Hamel, Ron. Early Pregnancy Complications and the ERDs. *Health Care Ethics USA*. 2014, 22:1.
- Lysaught, M. Therese. Respect: Or, How Respect for Persons Became Respect for Autonomy. *Journal of Medicine and Philosophy*. 2006, 29:6.
- Moraczewski, Albert. Ectopic Pregnancy Revisited. *Ethics & Medics*, 1998, 23:3.
- Derse, Arthur R., David Schiedermayer. Practical Ethics for Students, Interns, and Residents. 4th edition, 2017.
- Family dynamics – L. Maitland, "Taking Families Seriously in Patient Care," Trinity Health Ethics Institute, 2012, available because of permission from Trinity Health and L. Maitland's next-of-kin; Psychology Today Staff, "Understanding Family Dynamics," available at <https://www.psychologytoday.com/us/basics/family-dynamics>.
- Negotiation literature (in addition to Getting to Yes) – D. Shapiro, *Negotiating the Nonnegotiable*, reprint ed., New York, NY: Penguin Books, 2017; C. Voss, *Never Split the Difference: Negotiating as if Your Life Depended on It*, Harper Business, 2016; S. Finder and M. Bilton, eds., *Peer Review, Peer Education, and Modeling in the Practice of Clinical Ethics Consultation: The Zadeh Project*, Springer Cham, 2018.
- Health care continuum of care, finance, and operations – sources (an operations coach?) L. Shi and D. Singh, *Delivering Health Care in America*, 8th ed., Burlington, MA: Jones & Bartlett Learning, 2022; E. Askin and N. Moore, *The Health Care Handbook: A Clear and Concise Guide to the United States Health Care System*, St. Louis, MO: Washington University in St. Louis, 2012; R. Pearl, *Uncaring: How the Culture of Medicine Kills Doctors & Patients*, New York, NY: PublicAffairs, 2021; J. Wolff, *Ethics and Public Policy: A Philosophical Inquiry*,

- 2nd ed., New York, NY: Routledge, 2020.
- J. Glaser, “Catholic Health Ministry: Fruit on the Diseased Tree of U.S. Health Care,” *Health Care Ethics USA* 15, no. 1.
- M. McDonough, *Can a Health Care Market be Moral? A Catholic Vision*, Washington, D.C.: Georgetown University Press, 2007
- J. Renken, *Church Property: A Commentary on Canon Law Governing Temporal Goods in the United States and Canada*, Staten Island, NY: Alba House, 2009.
- Moral distress and moral injury – C. Rushton, *Moral Resilience: Transforming Moral Suffering in Healthcare*, New York, NY: Oxford University Press, 2018; E. Nagoski and A. Nagoski, *Burnout – The Secret to Unlocking the Stress Cycle*, New York, NY: Ballantine Books, 2019.
- Leadership and leadership training – R. Jones, “The Family Dynamics We Grew Up with Shape How We Work,” *Harvard Business Review*, available at <https://hbr.org/2016/07/the-family-dynamics-we-grew-up-with-shape-how-we-work>.
- Organizational ethics (business ethics) – K. Goodpaster, “Business Ethics and Stakeholder Analysis,” *Business Ethics Quarterly* 1, no. 1; G. Magill, “Organizational Ethics in Catholic Health Care: Honoring Stewardship and the Work Environment,” *Christian Bioethics* 7, no.1; Markkula Center for Applied Ethics at Santa Clara University, Business and Organizational Ethics webpage, available at <https://www.scu.edu/ethics/focus-areas/business-ethics/resources/articles/>.
- Organizational dynamics, politics, and behaviors – GreggU, “Organizational Behavior,” YouTube, available at [https://youtu.be/QJAv6674\\_Sw?si=NzHLDFBpYq0ldS-P](https://youtu.be/QJAv6674_Sw?si=NzHLDFBpYq0ldS-P); GreggU, “Organizational Dynamics and Behavior,” YouTube, available at [https://youtu.be/AU1PMNPy\\_vl?si=IP2JEIkYHeGe3TtR](https://youtu.be/AU1PMNPy_vl?si=IP2JEIkYHeGe3TtR;);
- Basic medical terms and language – American Institute of Medical Science and Education, “All Essential Medical Terms in One Place,” 2022, available at <https://aimseducation.edu/blog/all-essential-medical-terms>; Harvard Medical School, “Medical Dictionary of Health Terms,” 2011, available at <https://www.health.harvard.edu/a-through-c>; St. George’s University School of Medicine, “75 Must-Know Medical Terms, Abbreviations, and Acronyms,” 2021, available at <https://www.sgu.edu/blog/medical/medical-terms-abbreviations-and-acronyms/>.
- Whom is responsible for what? – (Covered in *The Health Care Handbook*)
- Public speaking, education, and adult learning – BrightMorning, “The Principles of Adult Learning,” available at <https://brightmorningteam.com/wp-content/uploads/2019/08/Principles-of-Adult-Learning.pdf>; Cornerstones Education Limited, “The Six Steps of Curriculum Design,” infographic, available at <https://cornerstones-live.s3.eu-west-2.amazonaws.com/uploads/2021/07/19092736/The-six-steps-of-curriculum-design-ENGLAND-UPDATED-JUL21-2.pdf>; C. Gallo, *Talk Like TED – The 9 Public-Speaking Secrets of the World’s Top Minds*, New York, NY: St. Martin’s Press, 2014; M. North, “10 Tips for Improving Your Public Speaking Skills,” Professional Development, Harvard Division of Continuing Education, 2020, available at <https://professional.dce.harvard.edu/blog/10-tips-for-improving-your-public-speaking-skills/>; J. Stark and L.

- Lattuca, “Academic Plan,” diagram.
  - Tourism Academy, “Adult Learning Realities: An Infographic,” available at <https://blog.tourismacademy.org/infographic-the-reality-of-adult-learning>;
  - Western Governors University, “10 Simple Principles of Adult Learning,” 2020, available at <https://www.wgu.edu/blog/adult-learning-theories-principles2004.html#close>.
  - Other modes (podcasts, TED talks, online training) – “W;t” movie; MasterClass “Organizational Ethics: Examples of Ethical Business Practices,” available at <https://www.masterclass.com/articles/organizational-ethics>.
  - A work that describes the heritage and founding of Catholic healthcare in the US, either one that is unique to the founding congregation(s) of the health system or one that discusses Catholic healthcare in general, for example
    - Mann-Wall, Barbra. Unlikely Entrepreneurs: Catholic Sister and the Hospital Marketplace, *Catholic Health Association*, 2021.
    - Williams, Shannon Dee. Subversive Habits: Black Catholic Nuns in the Long African American Freedom Struggle, *Duke University Press Books*, 2022.
    - Farren, Suzy. A Call to Care: The Women Who Build Catholic Healthcare in America, *Catholic Health Association*, 1996.
  - Gaillardetz, Richard R. *By What Authority?: Foundations for Understanding Authority in the Church*. Liturgical Press, 2018.
  - B. Ashley, J. DeBlois, and K. O’Rourke, *Health Care Ethics: A Catholic Theological Analysis*, 5th ed., Washington, D.C.: Georgetown University Press, 2006.
  - K. O’Rourke, T. Kopfensteiner, and R. Hamel. “A Brief History – A Summary of the Development of the Ethical and Religious Directives for Catholic Health Care Services,” *Health Progress* 82, no. 6.
- ### Intro to Clinical Ethics
- Fletcher’s *Introduction to Clinical Ethics*, 3rd edition
  - A. Derse and D. Schiedermayer. *Practical Ethics for Students, Interns, and Residents: A Short Reference Manual*, 4th ed., Hagerstown, MD: University Publishing Group, 2017.
  - Resolving Ethical Dilemmas: A Guide for Clinicians, 5th edition
  - Addressing Patient-Centered Ethical Issues in Health Care: A Case-Based Study Guide
  - *Improving Competencies in Clinical Ethics Consultation: An Education Guide*, 2nd edition
  - *Core Competencies for Healthcare Ethics*, 2nd edition
  - McCarthy M, Homan M, Rozier M. There’s no harm in talking: Re-establishing the relationship between theological and secular bioethics. *The American Journal of Bioethics*. 2020;20(12):5-13. doi:10.1080/15265161.2020.1832611 (8 pages)
  - Loyola University Chicago, Neiswanger Institute for Bioethics, “The Assessing Clinical Ethics Skills (ACES) Project,” available at <https://lucapps.luc.edu/clinicaethicsdemo/aces.htm>.
  - Code of Ethics and Professional Responsibilities for Healthcare Ethics Consultants (5 pages)
  - The Zadeh Project – A Clinical Ethics Consultation Narrative: The Zadeh

- Scenario (23 pages) (p 19-42)
- O'Toole B. Four ways people approach ethics. A practical guide to reaching consensus on moral problems. *Health Prog.* 1998 Nov-Dec;79(6):38-41, 43. PMID: 10339231. (5 pages)
  - Ruston, CH (2009) The Art of Pause *AACN Advanced Critical Care.* 20-1, p108-111 (4 pages)
  - Optional Readings
  - The Zadeh Project – A Frame for Understanding the Generative Ideas, Formation, and Design (p 1-15) (15 pages)
  - Lanphier E, Anani UE. Trauma Informed Ethics Consultation. *Am J Bioeth.* 2022 May;22(5):45-57. doi: 10.1080/15265161.2021.1887963. Epub 2021 Mar 8. PMID: 33684027.
  - G. McGee, A. Caplan, J. Spanogle, et al., "A National Study of Ethics Committees," *American Journal of Bioethics* 1, no. 4.;
  - C. Crico, V. Sanchini, P. Casali, et al., "Evaluating the Effectiveness of Clinical Ethics Committees: A Systematic Review," *Medicine, Health Care and Philosophy* 24.
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#### Beginning of Life

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