Re-Imagining Ethics Education: A New Approach to the Clinical Ethics Intensive

INTRODUCTION

As healthcare systems navigate increasingly complex clinical environments, the need for intentional and proactive ethics has become central to high-quality care. In response to this need, Ascension has undertaken a comprehensive re-imagining of how it trains Ethics Integration Committee (EIC) members to participate meaningfully in proactive clinical ethics processes. This work culminated in a redesigned version of the Clinical Ethics Intensive (CEI), Ascension's flagship ethics education program.

The new CEI positions EIC members not as passive recipients of ethics expertise, or as "miniature ethicists," but as embedded ethics resources who play an essential and active role in the identification, triage, and analysis of ethical concerns from the perspective of their own field of expertise. The CEI trains participants to listen for ethics within their existing workflows, articulate concerns as structured ethics questions, and connect cases to the appropriate ethics processes. The CEI is not simply an educational module; it represents a strategic intervention aimed at reshaping how clinicians recognize, name, and respond to ethical concerns at the bedside.

A PROACTIVE ETHICS INTEGRATION PARADIGM

To illustrate proactive ethics integration, the CEI envisions a river along which patients, families, and clinicians move and where ethical concerns, if not addressed early, can place individuals at risk of drowning in unresolved conflicts, moral distress, or crisis.

Upstream, the goal is early identification. Ethics integration at this stage involves listening for ethics in everyday clinical encounters, promoting clear pathways for requesting ethics support, providing education on common ethics consult categories, and implementing ethically aligned processes. When ethics is integrated upstream, teams are better equipped to anticipate concerns and address them before escalation.

When ethical concerns cannot be fully anticipated, ethics leadership deploys a responsive life raft, engaging in real-time patient-specific consultation or partnering with clinical and operational teams to ensure policies, processes, or initiatives align with Ascension's Catholic identity prior to implementation. Downstream, following serious ethics events, near misses, or successful process implementation, ethics provides and participates in retrospective reviews to identify

education gaps, process failures or successes, and quality improvement opportunities that inform upstream prevention.

Ethics committees are a critical component of Ascension's ethics infrastructure. They function as the defined mechanism for responding to ethics consultations and supporting ethics leaderships through structured, reliable processes. Committees provide forums for retrospective review of complex cases, enabling learning, identifying education gaps, and informing quality improvement. Ethics committees and consultants are often engaged too far downriver, after goals of care have fractured or conflict has escalated. Clinicians frequently express that they "sense something is off" long before they feel equipped to name the underlying issue.

The CEI responds directly to this need by expanding the ethical vocabulary and confidence of the frontline. Its overarching goal is to promote ethics engagement consistent with best practice criteria, including timely consultation, interdisciplinary participation, and the effective use of committee mechanisms. In doing so, the CEI strengthens the quality, reliability, and accessibility of the ethics program across ministries.

DESIGN AND PEDAGOGY

The CEI is delivered in two parts, the "Core Session", and "Deep Dives". The Core Session is modular, interactive, and case-driven, allowing for use across diverse markets and adaptable to multiple formats (in-person, virtual, hybrid). It includes:

1. *Foundations of Clinical Ethics Practice*

Participants explore what a clinical ethics service does, how Ascension approaches ethics, and how personal morality differs from clinical ethics as a disciplined practice rooted in the Catholic moral tradition. It includes:

- Introduction to common ethical principles within the Catholic moral tradition
- Overview of the Ethical and Religious Directives for Catholic Healthcare Services
- Review of the Clinical Ethics Deliberation Process - highlighting exactly where EIC members contribute

One of the biggest paradigm shifts represented in the CEI is evident in this section. Rather than teaching participants primarily how to apply these principles and the ERDs to specific cases, the focus is on the ability to recognize the principles at play to identify and articulate ethics issues and connect to resources. While the CEI introduces and engages principles of Catholic healthcare ethics, it does so in the context of an ethicist-driven consult model that leverages the ethicist as subject matter expert in Catholic ethics principles.

2. *Listening for Ethics*

The Core Session established the foundation for this redesign, emphasizing the fundamental responsibility of all committee members to "Listen for Ethics." Listening for Ethics is a practice of recognizing ethical dimensions in routine clinical care before those dimensions escalate into crises. Participants learn to identify common ethical themes, distinguish between unfortunate situations and ethically problematic ones, and surface early indicators

of ethical tension. EIC members serve as the"front line" to:

- Identify ethical dimensions of clinical practice;
- Assess the key facts to articulate the Ethics Question; and
- Connect the case to the appropriate ethics resources or consultation processes.

Through guided discussion and vignettes, participants consider what ethics "sounds like" and how ethical dimensions emerge in conversation and workflow. This structure makes ethics a shared organizational competency, not the sole purview of professional ethicists. Participants explore ethical issues with depth, nuance, and practical relevance. This approach reflects a key insight: ethics is learned not only through theory, but through guided reflection on lived experience.

3. *Assessing Ethical Concerns and Formulating Ethics Questions*

Participants learn to articulate ethical concerns as structured ethics questions, which integrate relevant case facts, values conflicts or perspectives, and actions under consideration. Building this skill is challenging but critical, as well-constructed ethics questions support clear consult requests, efficient fact-finding, and reliable ethics analysis.

4. *Connecting to Ethics Resources*

The CEI equips EIC members to connect care teams to appropriate ethics resources. EIC members are trained to function as trusted intermediaries who translate clinical unease into ethics questions and help determine the appropriate pathway for engagement. This approach reduces reliance on crisis-driven consultation and promotes consistency across ministries. Connecting to ethics is framed not only as a reactive function, but as a proactive strategy that supports early engagement, organizational learning, and alignment with Catholic identity.

Building on the Core Session, the Deep Dive Sessions explore how EIC members participate in patient-specific clinical ethics consultation. These five sessions focus on content relevant to the participant's area of work: acute care, maternal-fetal, ambulatory, behavioral health and pediatrics. They clarify how EIC members contribute as subject matter experts and provide case-based practice that mirrors real clinical consultation processes. This approach helps demystify ethics consultation, reducing the perception that ethical analysis is inaccessible, intimidating, or untethered from the practicalities of patient care, demonstrating a structured process grounded in the clinical realities participants already know well.

CONCLUSION

The redesigned Clinical Ethics Intensive reflects Ascension's commitment to building a culture that is proactive, collaborative, and mission-aligned. In a healthcare environment marked by complexity, uncertainty, and profound human vulnerability, the CEI offers a scalable model for interdisciplinary collaboration and reaffirms our collective commitment to dignity, justice, and the common good in every patient encounter. By training embedded ethics resources to recognize the early signals of ethical dimensions of care and bring their

own expertise to consultation discussions, the CEI is an essential programmatic element that cultivates ethics capacity across disciplines and strengthens the moral fabric of clinical practice.

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