

NURTURING HEALTH CARE ETHICISTS FOR THE FUTURE

Efforts Continue

It takes a village. “Ultimately, the nurturing of the next generation of Catholic health care ethicists must be a collaborative venture involving CHA, graduate faculties and Catholic health care ethicists currently working as facility or system ethicists. In fact, all involved in Catholic health care should see mentoring the next generation of Catholic health care ethicists as part of their responsibility.”¹ So wrote my colleague, Fr. Tom Nairn, OFM, in this column a few issues ago.



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HAMEL**

With this responsibility in mind, CHA intends to take steps in the coming months to promote and support mentoring of the next generation. Though these efforts are still in development, we hope they will result in more and more of our colleagues nurturing future health care ethicists.

There certainly is a need. Several undergraduate and graduate students have told us they had no idea it is possible to pursue a career in Catholic health care ethics. Students pursuing a Ph.D. in health care ethics with a view to a career in Catholic health care have lamented their complete unfamiliarity with the realities of Catholic health care. New Ph.D. graduates often have commented that they were unprepared to function in the real world of Catholic health care — virtually all of their knowledge about health care ethics and Catholic health care resulted from their studies.

Several of these individuals have suggested CHA initiate some type of mentoring to address these needs.

Mentoring has been described as “the process whereby an experienced, highly regarded, empathic person (the mentor) guides another individual (the mentee) in the development and re-examination of their own ideas, learning and personal and professional development. The mentor, who often, but not necessarily, works in the same organization or field as the mentee, achieves

this by listening and talking in confidence to the mentee.”² Or, put a bit differently, a “deliberate pairing of a more skilled or experienced person with a lesser-skilled or experienced one, with the agreed-upon goal of having the lesser-skilled person grow and develop specific competencies.”³

Mentoring, as employed here, is being used in a very broad sense, as an umbrella term to include a variety of relationships and activities, all aimed at assisting in some way prospective and newly-minted ethicists. The more experienced person may be providing information or guidance, supervised experiences, development of certain competencies or advice, insights and wisdom to the inexperienced or less experienced individual.

In other words, a mentoring relationship, as envisioned here, can be either informal or formal and take several different expressions. It might

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take the form of periodic conversations or targeted experiences for an individual who is exploring the possibility of a career in Catholic health care ethics and seeks to learn more about what that would look like. Or it might be a limited period of time that provides an individual with opportunities to experience Catholic health care. Or it might be more like coaching or advising a new ethicist, being available by phone or email to answer questions or discuss an issue. Or it might involve a new ethicist spending time with a more established

ethicist to learn or develop certain skills or acquire certain knowledge.

These kinds of relationships already exist, but our hope is to see them increase in number and to help facilitate that happening. Here are a few examples of what is currently going on and, hopefully, what we will see more of:

■ Michael Panicola, corporate vice-president for ethics and social responsibility with SSM Health Care, St. Louis, has invited several Saint Louis University graduate students in health care ethics to attend ethics committee meetings as well as other ethics-related meetings. They will also be shadowing someone in pastoral care. This is an informal type of mentoring relationship.

■ Kathleen Benton, director of clinical ethics at St. Joseph's/Candler Hospital, Savannah, Ga., invites one undergraduate or graduate student per semester to assume the role of ethics intern. These individuals shadow her, participate in ethics projects, take part in educational sessions and attend the monthly ethics committee meeting.

■ Lynn Maitland is currently vice-president for mission and ethics with Trinity Health, Novi, Mich. When she was system director of ethics at Mount Carmel Health System in Columbus, Ohio, she invited a young system ethicist to spend five weeks with her and gain more clinical experience.

■ Fr. Peter Clark, SJ, director of the Institute of Catholic Bioethics at St. Joseph's University in Philadelphia, is starting a formal mentoring program in conjunction with Mercy Health System in Philadelphia. The program will be 4-6 weeks in duration and requires that participants have an M.A in health care ethics or bioethics. Individuals in the mentoring program will be involved in a variety of activities and experiences.

■ Bon Secours Virginia Health System offers a one-year renewable fellowship for doctoral students in health care ethics who are entering the dissertation phase of their studies. The fellowship is intended to provide students with time to work on their dissertation while at the same time gain practical experience in an applied ethics setting. They do this under the mentorship of David Belde, vice-president for mission and ethics.

■ Mark Repenshek, ethicist at Columbia St. Mary's hospital system in Milwaukee, has been informally mentoring a graduate student for over a year and recently initiated a master's fellowship

in ethics for an individual in the final semester of a master's program. The fellowship assists the student in integrating theological coursework with clinical experience so that the aspiring ethicist can apply knowledge gained through the master's program to practical clinical and organizational situations in Catholic health care. Both were described in the Fall 2011 issue of *Health Care Ethics USA*.⁴ The internship program is an example of a more structured or formal mentoring relationship.

■ For several years, Ascension Health has provided a 4-year graduate assistantship (and tuition) to a Saint Louis University graduate student in health care ethics. Based in the system office in St. Louis, the student participates in the activities of the ethics team under the mentorship of Dan O'Brien, vice-president for ethics and church re-

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lations, and John Paul Slosar, senior director for ethics. Last summer, this individual spent a month with Mark Repenshek at Columbia St. Mary's doing clinical ethics.

These are just a sampling. Other health care organizations like Catholic Health East and Catholic Health Partners have offered the occasional internship. And 45 health care organizations indicated last summer in a survey that they would or possibly could offer an internship to interested graduate students. (This listing can be found on the chausa.org website on the ethics page under "Careers in Catholic Health Care Ethics"). The mentoring noted above illustrates the range of very informal to quite structured mentoring relationships, involving varying degrees of intensity, experiences and resources. Each serves a purpose and meets particular needs within the parameters of a specific context and the possibilities afforded by that context.

CHA wishes to promote and support these many efforts. In addition to underscoring the importance of mentoring, CHA will, as a first step, attempt to develop a list of system and facility ethicists who are willing to identify themselves as re-

sources/mentors in some capacity, together with pertinent information about each. Accompanying this list will be a document that describes possible goals and activities of these relationships. CHA either will post the list on the CHA website or attempt to connect those seeking some particular type of assistance with those who can provide it.

As a second step, CHA is exploring the feasibility of a one- to two-week intensive program in St. Louis for graduate students that will expose them to various dimensions of Catholic health care.

The goals of any particular mentoring relationship will depend largely on the resources of the individual and organization providing the mentoring and the needs of the individual seeking mentoring. Here are some examples of possible goals:

- To increase understanding of and experience with a Catholic health care organization, whether a facility or system
- To gain a better understanding of and firsthand experience with the role of the ethicist in Catholic health care, whether at the facility or system level
- To increase understanding of and experience with the work of ethics committees and institutional review boards
- To gain experience with ethics consultation, including family conferences
- To better understand and gain experience in applying the *Ethical and Religious Directives for Catholic Health Care Services* and the essentials of Catholic social teaching
- To gain a better understanding of and gain experience with the ethical issues that emerge in the clinical setting
- To gain a better understanding of and gain experience with the ethical issues that emerge within organizations, whether facilities or systems, including business ethics
- To gain experience in the development and delivery of educational modules or programs for a variety of audiences
- To gain a better understanding of ecclesial issues and relationships

These goals can be achieved through a variety of activities or experiences, also depending upon the resources of the mentor and his or her organization. For example:

- Answering questions; providing information or advice
- Periodic discussions about key issues in Catholic health care ethics
- Guided reading
- Case study analyses

- Writing project
- Research
- Attendance at ethics committee meetings
- Attendance at institutional review board meetings
- Participating in ethics consultations, including family conferences
- Participating in teaching rounds
- Shadowing medical interns, residents, physicians
- Shadowing the ethicist
- Participating in educational programs, including development of and delivery of such programs
- Shadowing mission leaders and key administrators
- Meeting with key administrators to better understand the workings of a hospital/system

Mentoring relationships of varying kinds are one more way of nurturing ethicists for the future. They can provide encouragement and direction to individuals thinking about a possible career in Catholic health care ethics, as well as knowledge, experiences and skills to graduate students to complement their academic classroom work. They can assist new ethicists in navigating unfamiliar waters and even help them to deepen certain knowledge and strengthen certain skills.

Mentoring the next generation of ethicists is the responsibility of every seasoned ethicist. It will, after all, help to shape our future and the future of Catholic health care. We would be seriously remiss to neglect such a responsibility.

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NOTES

1. Thomas Nairn, "Nurturing Ethicists for the Future of Catholic Health Care," *Health Progress* 92, no. 6 (November-December 2011): 83-85.
2. Standing Committee on Postgraduate Medical and Dental Education, *Supporting Doctors and Dentists at Work: An Enquiry into Mentoring* (London: SCOPME, 1998.)
3. Margo Murray, *Beyond the Myths and Magic of Mentoring* (San Francisco: Jossey-Bass, 1991) quoted in Janine Boldra et al., "The Value of Leadership Development through Mentoring," *Health Progress* 89, no. 4 (July-August 2008): 33.
4. Alysson Isaakson and Mark Repenshek, "Advancing the Field of Health Care Ethics through Solidarity," *Health Care Ethics USA* 19, no. 4 (Fall 2011): 2-6.

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