

**Clinical ethics fellowship programs in the U.S. and Canada:  
Program directors' opinions about accreditation and funding**

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## **Abstract**

To succeed, an accreditation process for clinical ethics fellowship programs (CEFPs) would need support from CEFP directors. To assess CEFP directors' opinions, we surveyed all 36 CEFP directors in the U.S. and Canada, achieving a 100% response rate. We found that support for accreditation is strong, with 30.6% strongly supportive, 44.4% supportive, 22.2% neutral, 2.8% opposed, and 0% strongly opposed. Most directors (77.8%) would be likely to apply for accreditation within the next five years regardless of the availability of government funding; even more (86.1%) would apply if government funding became available for accredited programs. Most directors thought that lack of a national accreditation process (75.0%), agreed upon standards (90.0%), and funding for CEFPs (91.7%) were at least moderate problems for the field. When directors were asked what they thought was the greatest challenge or barrier to developing an accreditation process, many mentioned the diversity of programs and the challenge of achieving consensus on accreditation standards. Directors offered a variety of suggestions for how to overcome or manage challenges or barriers, including collecting data on existing programs, mirroring standards established for other health professions, and setting clear expectations on the need for compromise. When directors were asked how they expected that accreditation and government funding would affect their own programs, the field of clinical ethics, and patient care, directors mostly had very positive expectations; no director expected negative effects in any of these areas. Overall, this study provides evidence that developing an accreditation process for CEFPs would be both possible and desirable. Our findings have immediate practical implications for the field and will inform efforts that are already underway to establish an accreditation process for CEFPs.

## Introduction

Clinical ethics fellowship programs (CEFPs) that aim to prepare trainees for jobs as clinical ethicists have been proliferating rapidly in recent years as part of a broader trend toward professionalization of the field (Fox and Wasserman 2024). However, concerns have been raised about variation across CEFPs in terms of structure, goals, content, academic rigor, and potentially, quality (Cline et al. 2012; Fox and Wasserman 2024; Gremmels 2021; Moore and Horner 2020; Sawyer et al. 2021). Some have questioned the extent to which CEFPs prepare trainees for their first jobs (Chidwick et al. 2004; Guerin et al. 2020), while others have proposed specific standards for such programs (Association of Bioethics Program Directors 2017; Bibler et al. 2024; Langois, Makkar, and Szego 2022; Sawyer et al. 2021).

A number of clinical ethics commentators have suggested that the appropriate next step in professionalizing the field is to develop an accreditation process for CEFPs (DeRenzo 2021; Eisenhauer 2022; Jankowski et al. 2020; Magill 2013; Moore and Horner 2020; Shelton and White 2016). A recent report of an International Consensus Group on the role of accreditation in 21<sup>st</sup> century health professional education defined accreditation as follows:

Accreditation in the health professions is the process of formal evaluation of an educational program, institution, or system against defined standards by an external body for the purposes of quality assurance and continuous enhancement (Frank et al. 2020).

By developing standards for training programs and ensuring those standards are met, accreditation processes aim to decrease variation and improve quality of both education and practice. For an emerging new profession, accreditation of training programs is an important step, since it is designed to ensure that programs are meeting the standards of the profession.

Efforts are now underway to establish an accreditation process for CEFPs. At the 2022 “Unconference” on Clinical Ethics in Atlanta, GA, a workgroup was formed to explore whether developing an accreditation process for CEFPs would be potentially achievable and desirable (Fox and Wasserman 2024). As part of this effort, several members of the workgroup secured funds from their respective organizations and commissioned us to conduct this research study. Thus, the overall aim of this study was to inform future decisions about developing an accreditation process for CEFPs. Specifically, we addressed the following research questions:

- 1) What are the characteristics and practices of CEFPs in the U.S. and Canada?
- 2) What are the opinions of CEFP directors regarding accreditation and funding?

This article is the second of two articles describing this study and will focus on the second research question. The first question is addressed in a companion article in *The American Journal of Bioethics* (Fox and Wasserman 2024).

In terms of the second research question, we sought to collect data that would be useful to future decision makers who would ultimately determine whether and how to develop an accreditation process. For example, decision makers would need to understand the likelihood that CEFPs will apply for accreditation if it were available. This information is essential because accrediting bodies are primarily funded by institutional dues and fees collected from the training programs they accredit – for example, application fees, site visit fees, and annual dues (Eaton 2015). An accreditation process for CEFPs could not succeed unless program directors value accreditation enough to apply themselves. We also thought it would be useful for decision makers to have information about program directors’ opinions about problems

with CEFPs, the greatest challenge or barrier to developing an accreditation process for CEFPs, suggestions for overcoming or managing this challenge or barrier, expected positive and negative effects of accreditation and government funding for CEFPs, and overall support for developing an accreditation process for CEFPs.

## **Methods**

The methods of this study are described in detail in the aforementioned article (Fox and Wasserman 2024). Briefly, the study population consisted of all directors of CEFPs in the U.S. and Canada that had at least one fellow enrolled in the program in at least one of the three years prior to survey administration (i.e., between July 1, 2020-June 30, 2023). Fellowships that focused exclusively on research or scholarship and did not include a clinical component were excluded from the study. We identified 36 programs that met these inclusion criteria.

The protocol for this study was reviewed and deemed exempt by the institutional review board of Oakland University.

The survey development process included a literature review, multiple drafts, and feedback from members of a working group consisting of 8 clinical ethicists. The survey was successively refined through cognitive interviewing with nine individuals who had backgrounds similar to the expected study participants but were not expected to participate (e.g., former program directors or associate program directors).

The final survey included 12 Likert-style questions (2 of which contained 8 subparts each) and 5 open-ended questions assessing opinions about accreditation and funding of CEFPs. The survey also included questions about program characteristics, which are described in Fox and Wasserman (2024). The opinion questions about accreditation and funding appeared at the end of the survey, and were immediately preceded by the following background information:

The final section of this survey is intended to assess the feasibility and usefulness of two possible future projects for the field of clinical ethics: 1) developing a national accreditation process for clinical ethics fellowship programs in the U.S. and/or Canada, and 2) seeking government funding for clinical ethics fellowship programs.

In the U.S., to help ensure that an adequate workforce of health care professionals is available to the public, the U.S. Centers for Medicare and Medicaid Services (CMS) incentivizes hospitals to operate clinical training programs by reimbursing them for “passed through” program costs. CMS funds clinical training for a wide variety of professionals ranging from physicians and nurses to occupational therapists, X-ray technologists, dietitians, pharmacists, and hospital chaplains. CMS typically reimburses hospitals for costs incurred for trainee stipends, compensation of teachers, and other training activities allowed under Medicare regulations.

Currently hospitals are not eligible to receive CMS funding for clinical ethics training. To be approved for CMS reimbursement, clinical ethics fellowship programs would need to be accredited by a nationally recognized organization. Such an organization would need to establish specific program standards for clinical ethics fellowships and a process for determining whether programs meet the accreditation standards.

An accreditation process for clinical ethics fellowships could potentially accredit programs in both the U.S. and Canada.

Data collection was performed between July and October of 2023.

We analyzed the data using SPSS, version 28.0.0.0. We used descriptive statistics to summarize program characteristics. We used a conventional content analysis approach for qualitative survey data in which responses to open-ended questions were manually coded line-by-line, with similar codes raised into categories based on input from members of the research team. We used paired t-tests to evaluate differences between parallel questions (problems for the respondents' clinical ethics program vs. problems for the field of clinical ethics; likelihood that programs would apply for accreditation without government funding vs. with government funding). We used a series of one-way analyses of variance (ANOVA) tests to evaluate the association between program characteristics. For each test, the critical value was set *a priori* at .05 (two-sided).

## **Results**

As described in Fox and Wasserman 2024, the 36 CEFs in this study included 30 U.S. programs and 6 Canadian programs. All 36 completed the survey for a response rate of 100%.

### ***Problems with CEFs***

Participants were given a list of potential problems and were asked to rate the extent to which each was a problem for their own program and for the field of clinical ethics, respectively.

Results are shown in Table 1.

For the respondent's *own program*, the items scored as most problematic were the four that related to lack of funding (lack of available paid fellowship positions for your clinical ethics fellowship program, lack of government funding for your clinical ethics fellowship program, lack of other funding for your clinical ethics fellowship program, and lack of sustainable funding for your clinical ethics fellowship program in future years). Each of these problems was rated as at least a moderate problem by well over half of program directors.

For the *field of clinical ethics*, almost all (8 out of 9) of the potential problems listed received mean ratings between moderate and substantial; the only item that was not considered much of a problem was "lack of qualified applicants for clinical ethics fellowship programs."

Each of the listed items was rated as more of a problem for the field of clinical ethics than for the respondents' own programs; all but one of these differences (lack of government funding) were statistically significant.

### ***Program directors' prior knowledge about national accreditation***

When participants were asked how much they knew about national accreditation for CEFPs before they began this survey, 4 (11.1%) responded that they were "not at all knowledgeable," 7 (19.4%) were "slightly knowledgeable," 11 (30.6%) were "moderately knowledge-able," 11 (30.6%) were "very knowledgeable," and 3 (8.3%) were "extremely knowledgeable." When they were asked how much they knew about government funding for CEFPs before they began the survey, 8 (22.2%) responded that they were "not at all knowledge-able," 11 (30.6%) were "slightly knowledgeable," 5 (13.9%) were "moderately knowledgeable," 10 (27.8%) were "very knowledgeable," and 2 (5.6%) were "extremely knowledgeable."

### ***Likelihood that CEFPs will apply for accreditation***

Participants were asked how likely their program would be to apply for accreditation if a national accreditation process were developed for CEFPs within the next five years. They were then asked the same question if government funding became available for accredited CEFPs. Results are shown in Figure 1. Without the availability of government funding, more than three quarters of programs (77.8%) would be either extremely likely or likely to apply for accreditation, while, if government funding became available, even more programs (86.1%) would be either extremely likely or likely to apply. The mean rating for likelihood of applying if government funding became available (4.3, SD=.8) was only slightly higher, but significantly different from, the mean rating for likelihood of applying with no available government funding ( $p = .01$ ).

### ***Greatest challenge or barrier to developing an accreditation process for CEFPs***

Following the Likert-scale items, participants were asked to explain in a text box what they see as the greatest challenge or barrier to developing an accreditation process for CEFPs and why. Most respondents thought the greatest challenge related to the diversity of programs in terms of their mission (e.g., to train clinical ethicists vs. academicians vs. program leaders), setting (e.g., university vs. hospital; U.S. vs. Canada), focus areas (e.g., clinical ethics vs. clinical/organizational/research ethics; pediatrics vs. other), structure, requirements, and methods. The other major theme, closely related to the first, was the challenge of achieving consensus on accreditation standards. Several directors expressed particular concern that standards might be set too low, as they perceived to be the case with the Healthcare Ethics

Consultant – Certified (HEC-C) program. Other responses offered challenges related to funding, buy-in, or practical factors such as turf battles and lack of support from the American Society for Bioethics and Humanities (ASBH).

***Suggestions for overcoming or managing the challenge or barrier***

Participants were then asked to explain what they thought would help to overcome or manage the challenge or barrier they had listed and why. Their suggestions varied widely and included collecting data on existing programs, mirroring standards established for other health professions, setting clear expectations on the need for compromise, basing training on accepted clinical ethics consultation competencies, providing the business case to hospitals, and designing ways to accommodate specialty programs.

***Expected effects of accreditation and government funding for CEFPs***

Participants were asked separate, parallel questions about how they believed accreditation and government funding would affect their program, the field of clinical ethics, and patient care, respectively. Quantitative results are shown in Table 2. None of the respondents expected that accreditation and government funding would have an overall negative effect in any of these areas. The mean rating for the expected effect on the field of clinical ethics was slightly higher than the mean rating for the expected effects on the respondent's own program, but this difference was not statistically significant.

***Effects on fellowship programs***

For each of the questions related to the effects of accreditation and government funding, participants were asked to explain their answer in a text box, citing both positive and negative effects, if applicable. Respondents mostly expected that *their own programs* would be positively affected because they would be able to train more fellows and/or sustain their programs in future years. Only a few mentioned that they expected the quality of their own programs to improve. Several respondents thought their programs would be largely unaffected, either because their program was already of high quality or because they did not expect to apply for or receive accreditation or funding. A few respondents mentioned negative effects including expected difficulties meeting the accreditation standard and possible increased competition due to the development of new CEFPs.

#### *Effects on the field of clinical ethics*

Most respondents thought that *the field of clinical ethics* would be positively affected due to more fellowship slots and more qualified clinical ethicists, though a few also mentioned that at some point there could be an oversupply. Most also expected that the field would be positively affected due to higher quality training programs, more credibility, and/or increased professionalization of clinical ethics. A few respondents mentioned potential negative effects including the loss of innovative or specialized programs or practices, adverse consequences for small or unaccredited programs, or proliferation of low-quality programs if standards are set too low.

#### *Effects on patient care*

Respondents also mostly expected positive effects on *patient care* due to more well-trained ethicists, fewer conflicts, less disparities in care, and more ethical care. A few respondents thought there was insufficient evidence that patient care would be positively affected.

### ***Overall support for developing an accreditation process for CEFPs***

Finally, participants were asked how strongly they support or oppose developing an accreditation process for CEFPs. Three quarters were either strongly supportive (11, 30.6%) or supportive (16, 44.4%). The rest were mostly neutral (8, 22.2%). Only one respondent was opposed (1, 2.8%) and no one was strongly opposed.

### ***Associations between program characteristics and support for accreditation***

We examined associations between various program characteristics and program directors' level of support for accreditation, as shown in Table 3. While certain program characteristics tended to be associated with higher likelihoods of applying for accreditation and higher levels of support for developing an accreditation process (e.g., U.S. programs tended to be more supportive than Canadian programs), none of these differences were statistically significant with one exception: compared to small programs, large programs (>3 fellows enrolled in the prior year) were significantly less likely to apply for accreditation in the next five years in the absence of government funding for accredited CEFPs.

Programs in all categories would be less likely to apply for accreditation in the absence of government funding than they would be if government funding became available with the exception of Canadian programs, which would be equally likely to apply. The effect of

government funding on likelihood of applying for accreditation was particularly pronounced among programs that do not pay any salary or stipend to trainees and among large programs.

## **Discussion**

This opinion survey of all CEEP directors in the U.S. and Canada achieved a 100% response rate. We studied program directors' opinions about problems with CEFPs, the likelihood that CEFPs will apply for accreditation in the next 5 years, the greatest challenge or barrier to developing an accreditation process for CEFPs, suggestions for overcoming or managing this challenge or barrier, expected positive and negative effects of accreditation and government funding for CEFPs, and overall support for developing an accreditation process for CEFPs.

### ***CEFP directors' opinions on accreditation***

While the bioethics literature contains a number of published articles suggesting that an accreditation process should be developed for CEFPs, the degree to which CEEP directors support this suggestion was previously unknown. This study demonstrates that support for accreditation among CEEP directors is strong, with three quarters of directors either strongly supportive or supportive and only 3% opposed. Correspondingly, three quarters of CEEP directors consider the lack of a national accreditation process for CEFPs to be at least a moderate problem for the field of clinical ethics, and almost 90% consider lack of agreed upon standards for CEFPs to be at least a moderate problem.

In keeping with these findings, more than three quarters of CEEP directors indicate that they would be either likely or extremely likely to apply for accreditation in the next five years.

According to these directors, the greatest barrier to developing an accreditation process is the diversity among programs and the challenges inherent to achieving consensus on standards. A range of suggestions were offered for how to overcome these barriers including collecting data on existing programs, mirroring standards established for other health professions, and setting clear expectations on the need for compromise.

These results have immediate practical implications for the field. An accreditation process would be primarily funded by institutional fees from CEFPs and therefore could not succeed without substantial program director support. Program directors' specific suggestions for overcoming challenges will be passed along to the group that will develop accreditation standards so that they may apply this information directly to their work.

### ***CEFP directors' opinions on funding***

While most CEFP directors (77.8%) would be likely to apply for accreditation regardless of the availability of government funding, even more (86.1%) would be likely to apply if government funding became available (as would likely be the case for U.S. programs since accredited programs satisfying regulatory requirements would be eligible to apply for pass-through funding under Medicare). A related finding is that most CEFP directors consider lack of funding to be to be at least a moderate problem for their own program and an even greater problem for the field of clinical ethics. Directors are especially concerned about the lack of a sustainable funding source for CEFPs, with 94% of program directors considering this at least a moderate problem for the field. These findings highlight the potential for accreditation to help solve a significant problem for the field by enabling U.S. CEFPs to apply for Medicare pass-through funding.

### ***Expected effects of accreditation and funding***

On the whole, CEFPP directors expected that accreditation and government funding for CEFPPs would have positive effects on their own programs, the field of clinical ethics, and patient care. They expected to be able to train more fellows and/or sustain their programs in future years, and most also expected that the field of clinical ethics would be positively affected due to higher quality training programs and most qualified clinical ethicists. These findings suggest that from the perspective of program directors, accreditation would be highly desirable.

### ***Limitations***

This study achieved a 100% response rate such that the data reflect the total population rather than a sample and are therefore robust. Still, several limitations must be acknowledged. First, the subjective nature of the survey introduces the possibility of response bias, particularly social desirability bias, where participants provide responses designed to make their program appear more favorable. Second, reliance on Likert scales restricted response options, which may have resulted in a failure to capture nuances in respondents' opinions. Finally, the small size of our study population and the even smaller size of subgroups within the population limited the utility of statistical analyses. Despite these limitations, the study provides valuable information about program directors' views on accreditation and funding.

### **Conclusion**

Overall, CEFPP directors support developing an accreditation process for CEFPPs, would be likely to apply for accreditation within the next five years if an accreditation process became

available, and believe that accreditation and funding would have positive effects on their own programs, the field of clinical ethics, and patient care.

The results of this study provide evidence that developing an accreditation process for CEFPs would be both possible and desirable. Our findings will be used to inform the efforts that are already underway to establish such an accreditation process, and thereby enable U.S. programs to apply for Medicare pass-through funding – which we expect will improve both quality and access for clinical ethics services nationwide.

## Tables

**Table 1: Directors' Opinions About Problems with Clinical Ethics Fellowship Programs**

|                                                                                                                                                     | N  | Not a problem<br>(Rating=1) | Minor problem<br>(Rating=2) | Moderate problem<br>(Rating=3) | Substantial problem<br>(Rating=4) | Major problem<br>(Rating=5) | Mean<br>(SD)              |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|----|-----------------------------|-----------------------------|--------------------------------|-----------------------------------|-----------------------------|---------------------------|
| <b>In your opinion, to what extent are each of the following a problem <i>for your program</i>?</b>                                                 |    |                             |                             |                                |                                   |                             |                           |
| Lack of an adequate workforce of appropriately trained clinical ethics professionals to serve as faculty in your clinical ethics fellowship program | 36 | 10 (27.8%)                  | 9 (25.0%)                   | 8 (22.2%)                      | 6 (16.7%)                         | 3 (8.3%)                    | 2.5 <sup>†</sup><br>(1.3) |
| Lack of available paid fellowship positions for your clinical ethics fellowship program                                                             | 36 | 10 (27.8%)                  | 3 (8.3%)                    | 5 (13.9%)                      | 7 (19.4%)                         | 11 (30.6%)                  | 3.2 <sup>‡</sup><br>(1.6) |
| Lack of government funding for your clinical ethics fellowship program                                                                              | 35 | 7 (19.4%)                   | 4 (11.1%)                   | 8 (22.2%)                      | 8 (22.2%)                         | 8 (22.2%)                   | 3.2<br>(1.4)              |
| Lack of other funding for your clinical ethics fellowship program                                                                                   | 36 | 5 (13.9%)                   | 6 (16.7%)                   | 8 (22.2%)                      | 8 (22.2%)                         | 9 (25.0%)                   | 3.3 <sup>‡</sup><br>(1.4) |
| Lack of sustainable funding for your clinical ethics fellowship program in future years                                                             | 35 | 7 (19.4%)                   | 3 (8.3%)                    | 9 (25.0%)                      | 3 (13.9%)                         | 11 (30.6%)                  | 3.3 <sup>‡</sup><br>(1.5) |
| Lack of qualified applicants for your clinical ethics fellowship program                                                                            | 35 | 16 (44.4%)                  | 8 (22.2%)                   | 6 (16.7%)                      | 2 (5.6%)                          | 3 (8.3%)                    | 2.1 <sup>†</sup><br>(1.3) |
| Lack of a national accreditation process for your clinical ethics fellowship program                                                                | 35 | 6 (16.7%)                   | 12 (33.3%)                  | 8 (22.2%)                      | 7 (19.4%)                         | 2 (5.6%)                    | 2.6 <sup>†</sup><br>(1.2) |
| Lack of agreed upon standards for your clinical ethics fellowship program                                                                           | 35 | 8 (22.2%)                   | 8 (22.2%)                   | 13 (36.1%)                     | 4 (11.1%)                         | 2 (5.6%)                    | 2.5 <sup>†</sup><br>(1.1) |
| <b>In your opinion, to what extent are each of the following a problem <i>for the field of clinical ethics</i>?</b>                                 |    |                             |                             |                                |                                   |                             |                           |
| Lack of an adequate workforce of appropriately trained clinical ethics professionals to serve as faculty in clinical ethics fellowship programs     | 36 | 3 (8.3%)                    | 3 (8.3%)                    | 14 (38.9%)                     | 4 (11.1%)                         | 12 (33.3%)                  | 3.5<br>(1.3)              |
| Lack of available paid fellowship positions in clinical ethics fellowship programs                                                                  | 36 | 1 (2.8%)                    | 4 (11.1%)                   | 9 (25.0%)                      | 8 (22.2%)                         | 14 (38.9%)                  | 3.8<br>(1.2)              |
| Lack of government funding for clinical ethics fellowship programs                                                                                  | 35 | 3 (8.3%)                    | 3 (8.3%)                    | 13 (36.1%)                     | 8 (22.2%)                         | 8 (22.2%)                   | 3.4<br>(1.2)              |
| Lack of other funding for clinical ethics fellowship programs                                                                                       | 36 | 0                           | 3 (8.3%)                    | 11 (30.6%)                     | 11 (30.6%)                        | 11 (30.6%)                  | 3.8<br>(1.0)              |
| Lack of sustainable funding for clinical ethics fellowship programs in future years                                                                 | 35 | 0                           | 2 (5.6%)                    | 9 (25.0%)                      | 10 (27.8%)                        | 14 (38.9%)                  | 4.0<br>(1.0)              |
| Lack of qualified applicants for clinical ethics fellowship programs                                                                                | 36 | 8 (22.2%)                   | 9 (25.0%)                   | 8 (22.2%)                      | 3 (8.3%)                          | 8 (22.2%)                   | 2.8<br>(1.5)              |
| Lack of a national accreditation process for clinical ethics fellowship programs                                                                    | 35 | 2 (5.6%)                    | 6 (16.7%)                   | 14 (38.9%)                     | 6 (16.7%)                         | 7 (19.4%)                   | 3.3<br>(1.2)              |
| Lack of agreed upon standards for clinical ethics fellowship programs                                                                               | 36 | 1 (2.8%)                    | 3 (8.3%)                    | 15 (41.7%)                     | 6 (16.7%)                         | 11 (30.6%)                  | 3.6<br>(1.1)              |

<sup>†</sup>p<.001

<sup>‡</sup>p<.01

Table 2: Program Directors' Expectations About How Accreditation and Government Funding  
Would Affect Clinical Ethics Fellowships (N=34)

|                                                                                                                                                                          | Extremely<br>Negatively<br>(Rating=1) | Negatively<br>(Rating=2) | Neutral<br>(Rating=3) | Positively<br>(Rating=4) | Extremely<br>Positively<br>(Rating=5) | Mean<br>(SD) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|--------------------------|-----------------------|--------------------------|---------------------------------------|--------------|
| If accreditation and government funding were available for clinical ethics fellowship programs, how do you expect <i>your program</i> would be affected overall?         | 0                                     | 0                        | 9 (25.0%)             | 19 (52.8%)               | 8 (22.2%)                             | 4.0<br>(0.7) |
| If accreditation and government funding were available for clinical ethics fellowship programs, how do you expect <i>the field of clinical ethics</i> would be affected? | 0                                     | 0                        | 4 (11.1%)             | 19 (52.8%)               | 11 (30.6%)                            | 4.2<br>(0.6) |
| If accreditation and government funding were available for clinical ethics fellowship programs, how do you expect <i>patient care</i> would be affected?                 | 0                                     | 0                        | 10 (27.8%)            | 19 (52.8%)               | 5 (13.9%)                             | 3.9<br>(0.7) |

Table 3: Associations Between Various Program Characteristics

| Program Characteristics                                      | Likelihood that program would apply for accreditation a national accreditation process was developed for clinical ethics fellowship programs in the next five years... |                                                                             | Overall level of support for developing an accreditation process for clinical ethics fellowship programs Mean (SD) |
|--------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
|                                                              | if no government funding became available for accredited fellowships Mean (SD)                                                                                         | if government funding became available for accredited fellowships Mean (SD) |                                                                                                                    |
| Non-paying* (N=4)                                            | 4.0<br>(0.7)                                                                                                                                                           | 4.8<br>(0.4)                                                                | 4.2<br>(0.8)                                                                                                       |
| Paying (N=32)                                                | 4.1<br>(1.0)                                                                                                                                                           | 4.3<br>(0.8)                                                                | 4.0<br>(0.8)                                                                                                       |
| Large programs (>3 fellows enrolled last year) (N=6)         | 3.3†<br>(0.7)                                                                                                                                                          | 4.0<br>(1.0)                                                                | 3.6<br>(0.9)                                                                                                       |
| Small programs (≤3 fellows enrolled last year) (N=30)        | 4.2<br>(0.9)                                                                                                                                                           | 4.4<br>(0.7)                                                                | 4.1<br>(0.7)                                                                                                       |
| Does not meet definition of clinical ethics fellowship (N=2) | 3.5<br>(0.7)                                                                                                                                                           | 4.0<br>(0.0)                                                                | 3.5<br>(0.7)                                                                                                       |
| Meets definition of clinical ethics fellowship** (N=34)      | 4.1<br>(1.0)                                                                                                                                                           | 4.3<br>(0.8)                                                                | 4.1<br>(0.8)                                                                                                       |
| University-based (N=15)                                      | 4.1<br>(0.9)                                                                                                                                                           | 4.5<br>(0.6)                                                                | 4.0<br>(0.8)                                                                                                       |
| Community-based (N=20)                                       | 4.0<br>(1.0)                                                                                                                                                           | 4.2<br>(0.9)                                                                | 4.0<br>(0.8)                                                                                                       |
| United States (N=30)                                         | 4.1<br>(1.0)                                                                                                                                                           | 4.4<br>(0.7)                                                                | 4.1<br>(0.8)                                                                                                       |
| Canada (N=6)                                                 | 3.8<br>(0.9)                                                                                                                                                           | 3.8<br>(1.1)                                                                | 3.5<br>(0.6)                                                                                                       |
| ABPD member organizations (N=24)                             | 4.0<br>(1.0)                                                                                                                                                           | 4.2<br>(0.8)                                                                | 4.0<br>(0.9)                                                                                                       |
| ABPD non-member organizations (N=12)                         | 4.2<br>(0.8)                                                                                                                                                           | 4.6<br>(0.6)                                                                | 4.2<br>(0.6)                                                                                                       |
| CHA member organizations (N=2)                               | 5.0<br>(0.0)                                                                                                                                                           | 5.0<br>(0.0)                                                                | 5.0<br>(0.0)                                                                                                       |
| CHA non-member organizations (N=34)                          | 4.0<br>(0.9)                                                                                                                                                           | 4.3<br>(0.6)                                                                | 4.0<br>(0.8)                                                                                                       |

\*programs that do not offer any salary or stipend to trainees

†p≤.05

## Figures

Figure 1: Likelihood that Clinical Ethics Fellowship Program Directors  
Would Apply for Accreditation Within the Next Five Years (N=36)

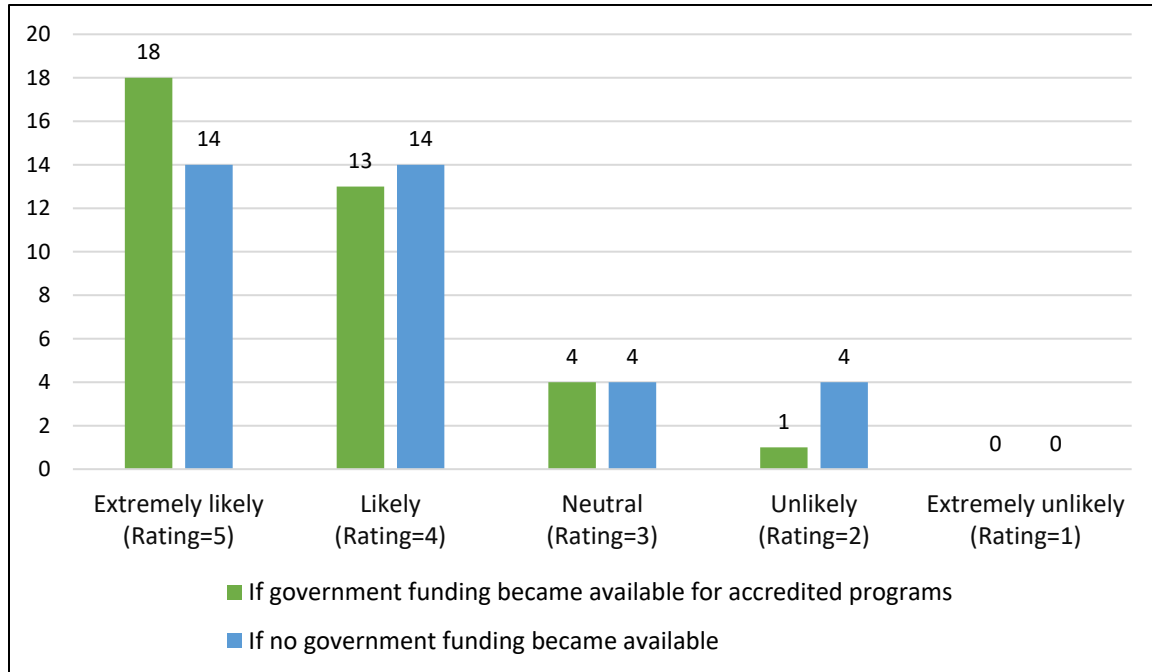
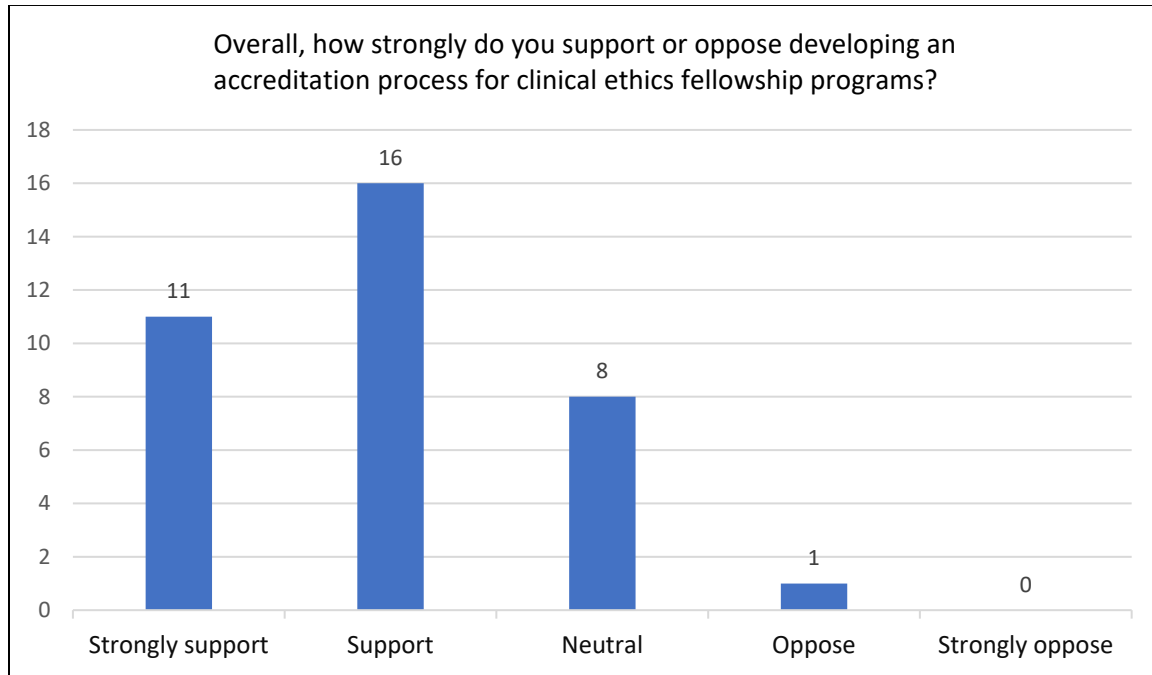


Figure 2: Program Directors' Level of Support for Developing an Accreditation Process  
for Clinical Ethics Fellowship Programs (N=36)



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