**CAAHEP Template-2021** **Approved** **1/15/2021, Attachment 1 Revised 3/17/23**

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**Standards and Guidelines**

**for the Accreditation of Clinical Training Programs in**

***Clinical Ethics***

**Standards initially adopted in xxxx; revised in xxxx; and effective xx/xxxx.**

**Developed by**

***Council on Program Accreditation for Clinical Ethicist Training (COPACET)***

**Endorsed by**

**The Association of Bioethics Program Directors**

**The Catholic Health Association of the United States**

**and**

**Approved by the**

**Commission on Accreditation of Allied Health Education Programs**

The Commission on Accreditation of Allied Health Education Programs (CAAHEP) accredits programs upon the recommendation of the *Council on Program Accreditation for Clinical Ethicist Training (COPACET)*

These accreditation **Standards** are the minimum standards of quality used in accrediting programs that prepare individuals for entry-level jobs in the *Clinical Ethics* profession as practicing Clinical Ethicists. Standards are the minimum requirements to which an accredited program is held accountable. Guidelines are descriptions, examples, or recommendations that elaborate on the Standards. Guidelines are not required but can assist with interpretation of the Standards.

Standards are printed in regular typeface in outline form. *Guidelines* *are printed in italic typeface*.

**Preamble**

The Commission on Accreditation of Allied Health Education Programs (CAAHEP), Council on Program Accreditation for Clinical Ethicist Training (COPACET), and The Catholic Health Association of the United States and the Association of Bioethics Program Directors cooperate to establish, maintain and promote appropriate standards of quality for educational programs in Clinical Ethics and to provide recognition for educational programs that meet or exceed the minimum standards outlined in these accreditation**Standards and Guidelines for the Accreditation of Educational Programs**. CAAHEP encourages innovation and quality education programs throughout the CAAHEP accreditation process, consistent with the CAAHEP policy on institutional autonomy. These **Standards and Guidelines** are designed to ensure the integrity of the CAAHEP accreditation process. Directories of accredited programs are published for the information of trainees, employers, educational institutions and organizations, credentialing bodies, and the public.

These **Standards and Guidelines** are to be used for the development, evaluation, and self-analysis of Clinical Ethics training programs. Site visit teams assist in the evaluation of a program's compliance with the accreditation standards.

**Description of the Profession**

Clinical Ethicsisa practical discipline within the broader field of bioethics that provides a structured approach to identify, analyze, and assist in navigation of ethical conflicts, dilemmas, and uncertainties that arise, in healthcare practice. It draws upon various disciplines, methods, and sources of knowledge to guide ethical decision-making in healthcare delivery. Clinical ethicists provide expertise in ethical decision-making, policy development, ethics case consultation and analysis, ethics education, research, and organizational change, with the aim of improving the quality, safety, and experience of health care.

1. **Sponsorship**
   1. **Program Sponsor**

## A program sponsor must be at least one of the following

## A post-secondary academic institution accredited by an institutional accrediting agency that is recognized by the U.S. Department of Education and must be authorized under applicable law or other acceptable authority to provide a post-secondary program, which awards a minimum of a certificate at the completion of the program.

1. A post-secondary academic institution outside of the United States and its territories that is authorized under applicable law or other acceptable authority to provide a post-secondary program, which awards a minimum of a certificate or equivalent at the completion of the program.
2. A hospital, clinic or medical center accredited by a healthcare accrediting agency that is recognized by the U.S. Department of Health and Human Services, and authorized under applicable law to provide healthcare, and authorized under applicable law to provide the post-secondary program, which awards a minimum of a certificate at the completion of the program.
3. A branch of the United States Armed Forces, or a federal or state governmental agency, which awards a minimum of a certificate at the completion of the program.

1. A consortium, which is a group made up of two or more education providers, that operate an educational program through a written agreement that outlines the expectations and responsibilities of each of the partners. At least one of the consortium partners must meet the requirements of a program sponsor set forth in I.A.1.- I.A.4.

Consortium does not refer to clinical affiliation agreements with the program sponsor.

* 1. **Responsibilities of Program Sponsor**

The program sponsor must

1. Ensure that the program meets the Standards;
2. Award a certificate upon successful completion of all the requirements of the training program; and
3. Have a preparedness plan in place that assures continuity of education services in the event of an unanticipated interruption.

*Examples of unanticipated interruptions may include unexpected departure of key personnel, natural disaster, public health crisis, fire, flood, power failure, failure of information technology services, or other events that may lead to inaccessibility of educational services.*

1. **Program Goals**
   1. **Program Goals and Minimum Expectations**

The program must have the following minimum expectations statement: “To prepare clinical ethicists who are competent in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains to enter the profession.”

Programs that adopt educational goals beyond the minimum expectations statement must provide evidence that all trainees have achieved those goals prior to entry into the field.

Program goals must be compatible with the mission of the sponsoring institution(s), the expectations of the communities of interest, and accepted standards of roles and functions of a clinical ethicist. Goals are based upon the substantiated needs of health care providers and employers, and the educational needs of the trainees served by the educational program. Program goals must be written referencing one or more of the learning domains.

The program must assess its goals at least annually and respond to changes in the needs and expectations of its communities of interest.

* 1. **Program Advisory Committee**

The program advisory committee must include at least one representative of each community of interest and must meet annually. Communities of interest served by the program include, but are not limited to, trainees, graduates, faculty members, sponsor administrators, employers, healthcare professionals, clinical ethicists and the public.

The program advisory committee advises the program regarding revisions to curriculum and program goals based on the changing needs and expectations of the program’s communities of interest, and an assessment of program effectiveness, including the outcomes specified in these Standards.

*Program advisory committee meetings may be conducted using synchronous electronic means. When identifying healthcare professionals to include on the program advisory committee, programs should consider which disciplines most commonly utilize or have an interest in the functions performed by a clinical ethicist. Examples of healthcare professionals that a program may consider are case managers, chaplains, nurses, occupational therapists, physical therapists, physicians, respiratory therapists, social workers, speech therapists, etc.*

1. **Resources**
2. **Type and Amount**

Program resources must be sufficient to ensure the achievement of the program’s goals and outcomes. Resources must include, but are not limited to

1. Faculty;
2. Administrative and support staff;
3. Curriculum;
4. Finances;
5. Faculty and staff workspace;
6. Trainee workspace**;**
7. Space for confidential interactions;
8. Classroom (physical or virtual);
9. Ancillary trainee facilities;
10. Clinical affiliates or supervised practice experiences;
11. Equipment;
12. Supplies;
13. Information technology;
14. Instructional materials; and
15. Support for faculty professional development.
16. **Personnel**

The sponsor must appoint sufficient faculty and staff with the necessary qualifications to perform the functions identified in documented job descriptions and to achieve the program’s stated goals and outcomes.

At a minimum, the following positions are required.

* + 1. **Program Director**

1. **Responsibilities**

The program director must be responsible for all aspects of the program, including but not limited to

* + - * 1. Administration, organization, supervision of the program;
        2. Continuous quality review and improvement of the program;
        3. Academic oversight, including curriculum planning and development; and
        4. Clinical Training oversight, including supervision of clinical instructors.

1. **Qualifications**

The program director must

1. Possess a minimum of a *masters degree in an ethics-related field* or the equivalent;
2. Have experience as a clinical ethicist, including but not limited to delivery of ethics consultation, and
3. Have documented education or experience in instructional methodology.

* + 1. **Faculty/Instructional Staff**
  1. **Responsibilities**

For all didactic, experiential, and clinical instruction to which a trainee is assigned, there must be a qualified individual(s) clearly designated by the program to provide instruction, supervision, and timely assessments of the trainee’s progress in meeting program requirements.

* 1. **Qualifications**  
     Faculty/instructional staff must be effective in teaching and knowledgeable in subject matter as documented by appropriate professional credential(s)/certification(s), education, and experience in the designated content area.
     1. **Program Coordinator**

1. **Responsibilities**

Under the direction of the Program Director, the program coordinator supports the administration of the program, which may include but are not limited to

* 1. coordinating and scheduling trainee activities, including onboarding and orientation requirements of the program or program sponsor;
  2. maintaining trainee records (e.g. absence requests, trainee evaluations, completion of program requirements);
  3. supporting curriculum development and administration; and
  4. supporting other administrative functions for the program as determined by the Program Director.

1. **Qualifications**

The program coordinator must

* 1. have documented administrative or administrative support experience.
  2. possess knowledge of the curriculum and requirements of the program; and
  3. possess knowledge about the program’s evaluation of trainee learning and performance.

*The Program Director may serve as the Program Coordinator. The position of Program Coordinator may be shared by more than one person, each meeting the above qualifications.*

1. **Curriculum**

The curriculum content must ensure that the program goals are achieved. Instruction must be based on clearly written course syllabi that include course description, course objectives, methods of evaluation, topic outline, and competencies required for graduation. Instruction must be delivered in an appropriate sequence of classroom and clinical activities.

The program must demonstrate that the curriculum offered meets or exceeds the *competencies* listed in Appendix B of these **Standards**.

*CAAHEP supports and encourages innovation in the development and delivery of the curriculum.*

1. **Resource Assessment**

The program must, at least annually, assess the appropriateness and effectiveness of the resources described in these **Standards**. The results of the resource assessment must be the basis for ongoing planning and change. An action plan must be developed when needed improvements are identified in the program resources. Implementation of the action plan must be documented, and results measured by ongoing resource assessment.

1. **Trainee and Graduate Evaluation/Assessment**
   1. **Trainee Evaluation**
      1. **Frequency and purpose**

Evaluation of trainees must be conducted on a recurrent basis and with sufficient frequency to provide both the trainees and program faculty with valid and timely indications of the trainees’ progress toward and achievement of the curriculum competencies in the required learning domains.

*Validity means that the evaluation methods chosen are consistent with the learning and performance objectives being tested.*

* + 1. **Documentation**

Trainee evaluations must be maintained in sufficient detail to document learning progress and achievements.

* 1. **Outcomes**

The program must meet the established outcomes thresholds.

* + 1. **Assessment**

###### The program must periodically assess its effectiveness in achieving established outcomes. The results of this assessment must be reflected in the review and timely revision of the program.

Outcomes assessments must include but are not limited to national credentialing examination(s) performance, programmatic retention, graduate satisfaction, employer satisfaction, and placement in full or part-time employment in the profession or in a related profession.

A related profession is one in which the individual is using cognitive, psychomotor, and affective competencies acquired in the educational program.

Graduates pursuing academic education related to progressing in health professions or serving in the military are counted as placed.

*A national certification examination program should be accredited by the National Commission for Certifying Agencies (NCCA), American National Standards Institute (ANSI), or under International Organization for Standardization (ISO).*

*Results from an alternative examination may be accepted as an outcome, if designated as equivalent by the organization whose credentialing examination is so accredited.*

* + 1. **Reporting**

At least annually, the program must submit to the COPACET the program goal(s), outcomes assessment results, and an analysis of the results.

If established outcomes thresholds are not met, the program must participate in a dialogue with and submit an action plan to the COPACET that responds to the identified deficiency(ies). The action plan must include an analysis of any deficiencies, corrective steps, and timeline for implementation. The program must assess the effectiveness of the corrective steps.

## Fair Practices

* 1. **Publications and Disclosure**
     1. Announcements, catalogs, publications, advertising, and websites must accurately reflect the program offered.
     2. At least the following must be made known to all applicants and trainees
  2. Sponsor’s institutional and programmatic accreditation status;
  3. Name and website address of CAAHEP;
  4. Admissions policies and practices;
  5. Technical standards;
  6. Occupational risks;
  7. Policies on transfer of credits and credits for experiential learning;
  8. Requirements for completion of the program;
  9. Availability of articulation agreements for transfer of credits;
  10. Salary/stipend and benefits (e.g. medical insurance, vacation, travel stipend) provided to trainees;
  11. Costs incurred by trainees to complete the program requirements, if any;
  12. Policies and processes for withdrawal; and
  13. Policies and processes for assignment of clinical experiences.
      1. At least the following must be made known to all trainees

1. Academic/training program calendar;
2. Trainee grievance procedure;
3. Policies and processes for dismissal of a trainee from the program, if any;
4. Appeals processes;
5. Resources available to support trainee well-being, if any;
6. Criteria for successful completion of each segment of the curriculum and for graduation; and
7. Policies by which trainees may perform clinical work while enrolled in the program.
   * 1. The sponsor must maintain and make accessible to the public on its website a current and consistent summary of trainee/graduate achievement that includes one or more of these program outcomes: national credentialing examination(s), programmatic retention, and placement in full or part-time employment in the profession or a related profession as established by the COPACET.
   1. **Lawful and Non-discriminatory Practices**

All activities associated with the program, including trainee and faculty recruitment, trainee admission, and faculty employment practices, must be non‑discriminatory and in accord with federal and state statutes, rules, and regulations. There must be a faculty grievance procedure made known to all paid faculty.

* 1. **Safeguards**

The health and safety of patients/clients, trainees, faculty, and other participants associated with the educational activities of the trainees must be adequately safeguarded. Clinical Ethics trainees must be readily identifiable as trainees.

All activities required in the program must be educational and trainees must not be substituted for staff.

* 1. **Trainee Records**

Completion of program requirements and trainee evaluations must be recorded and permanently maintained by the program sponsor in an accessible and secure location. Trainees and graduates must be given directions on how to access their records. Records must be maintained for trainee admission, advisement, and counseling while the trainee is enrolled in the program.

* 1. **Substantive Change**

The sponsor must report substantive change(s) as described in Appendix A to COPACET in a timely manner.

* 1. **Agreements**

There must be a formal affiliation agreement or memorandum of understanding between the program sponsor and all other entities that participate in the education of the trainees describing the relationship, roles, and responsibilities of the program sponsor and that entity.

**APPENDIX B**

**Competencies and Learning Outcomes for Clinical Ethics Fellowship Programs**

The fellowship program must demonstrate that its graduates meet or exceed each of the competencies and learning outcomes listed in the table below.

Definitions:

*Ethics consultation* is a service provided by a designated ethics consultant or ethics consultation team in response to a specific request to help resolve uncertainty or conflict regarding value-laden concerns in healthcare.

A *case consultation* is an ethics consultation that primarily pertains to an active, individual patient case.

A *non-case consultation* is an ethics consultation that does not primarily pertain to an active, individual patient case. For example, non-case consultations may pertain to a policy question, a past patient case, or an organizational-level issue.

Use of Simulated Learning Experiences:

Learning outcomes EC.P.1. (A through J) and EC.P.2. require non-simulated contact with patients and families during real-life case consultations. For all other learning outcomes, simulated learning experiences (e.g., standardized patients, role-playing, scenario-based interactive exercises) are also acceptable. For example, learning outcome EC.P.3., Perform several different types of non-case consultations, may be achieved through real-life ethics consultations, simulated learning experiences, or both.

Institutional Differences in Service Delivery Models:

Programs must achieve all required competencies and learning outcomes irrespective of their institution’s clinical ethics service delivery model. For example, programs must achieve learning outcome EL.P.7., Demonstrate the skills needed to chair an institutional ethics committee, even if the program’s organization does not have an institutional ethics committee, since clinical ethicists newly entering the profession are often called upon to perform this role.

|  |  |  |  |
| --- | --- | --- | --- |
| **Competency Areas** | **Learning Outcomes** | | |
| Cognitive | Psychomotor | Affective |
| Core Knowledge (CK):  By the end of the fellowship, trainees must demonstrate competency in knowledge areas that are foundational to the clinical ethics profession. | CK.C.1. Demonstrate knowledge in each of the following areas as they relate to clinical ethics practice:   1. Moral reasoning and ethical theory 2. History of the field of clinical ethics and its evolving role in healthcare settings 3. Common bioethical issues and concepts including those relevant to clinical ethics, organizational ethics, research ethics, and public health ethics 4. Medical terminology and the clinical context 5. Healthcare organization and system structures, characteristics, types, components, and policies 6. Professional codes of ethics, published clinical ethics guidelines, and ethics-related hospital accreditation standards 7. Religious, spiritual, and cultural beliefs that commonly influence individuals’ values perspectives on clinical ethics issues. 8. Relevant health law. | CK.P.1 Apply these foundational knowledge areas to clinical ethics practice. | CK.A.1. Value the importance of these knowledge areas as the foundation for high quality clinical ethics practice. |
| Professionalism (P):  By the end of the fellowship, trainees must demonstrate competencies that embody the professional norms of a clinical ethicist. | P.C.1. Explain the ethical norms and standards for clinical ethicists (e.g., managing conflicts of interest, acting within professional boundaries, maintaining confidentiality). | P.P.1. Adhere to the ethical norms and professional standards for clinical ethicists.  P.P.2. Respond appropriately to requests to act outside the scope of the clinical ethicist’s role.  P.P.3. Appropriately identify and manage personal biases in clinical ethics practice.  P.P.4. Demonstrate a commitment to personal development and life-long learning by:   1. Establishing a habit of reflective practice and continuous self-evaluation and improvement. 2. Identifying personal strengths, weaknesses, and opportunities for growth. 3. Setting learning and self-improvement goals. 4. Performing appropriate learning activities to achieve those goals. | P.A.1. Demonstrate an aptitude for and commitment to a career as a clinical ethicist.  P.A.2. Demonstrate the attributes foundational to clinical ethics practice (e.g., tolerance, patience, compassion, honesty, courage, prudence, humility).  P.A.3. Demonstrate accountability for one’s actions and a willingness to make adjustments to practice based on constructive feedback. |
| Communication Skills (CS):  By the end of the fellowship, trainees must demonstrate communication skills that result in the effective exchange of information and ideas. | CS.C.1. Identify strategies for communicating effectively with different audiences, including peers, healthcare professionals, organizational leaders, patients and families, and the general public.  CS.C.2. Describe how communication strategies can be adapted to meet the needs and preferences of specific individuals, cultures, circumstances, and settings. | CS.P.1. Clearly and accurately explain the role of the professional clinical ethicist, adapting the explanation, as appropriate, to various audiences and settings.  CS.P.2. Use active listening techniques to understand the perspectives of patients, families, and other healthcare professionals.  CS.P.3. Facilitate ethical discussions in healthcare settings, promoting open, respectful communication among participants.  CS.P.4. Mediate discussions when there are ethical disagreements, helping participants collaborate to develop mutually acceptable and ethically justifiable solutions.  CS.P.5. Demonstrate skill in both verbal and non-verbal communication. | CS.A.1. Value the importance of clear and accurate communication when discussing ethical concerns with patients, families, and healthcare teams. |
| Interpersonal Skills (IS):  By the end of the fellowship, trainees must demonstrate interpersonal skills that result in positive, productive relationships with others. | IS.C.1. Explain effective techniques for building trust and rapport in challenging situations. | IS.P.1. Establish and maintain positive, productive relationships with peers, patients, families, healthcare staff, and interdisciplinary teams.  IS.P.2. Manage interpersonal conflicts in a professional manner, seeking to reconcile differences where possible.  IS.P.3. Skillfully manage and respond to high stress and emotionally charged conversations.  IS.P.4. Exhibit skill in navigating power dynamics in healthcare interactions.  IS.P.5. Demonstrate cultural humility in effectively interacting with individuals from diverse cultural backgrounds. | IS.A.1. Demonstrate respect and appreciation for the wide range of values perspectives on ethical issues in healthcare.  IS.A.2. Show sensitivity to the emotional and psychological aspects of ethics-related communication.  IS.A.3. Demonstrate a commitment to building trusting relationships with others through mutual respect, empathy, and compassion. |
| Ethics Consultation (EC):  By the end of the fellowship, trainees must demonstrate competencies needed to provide ethics consultation services in accordance with professional standards. | EC.C.1. Differentiate questions that are appropriate for ethics consultation from those that should be referred to other individuals or services.  EC.C.2. Describe the various types of ethics consultation (e.g., case vs. non-case, formal vs. informal, organizational ethics, research ethics)  EC.C.3. Describe in detail the steps involved in performing an ethics case consultation (see definitions). | EC.P.1. Perform case consultations (see definitions), demonstrating skill in each of the following areas:   * 1. Identify the important ethical considerations relevant to the case and clearly formulate the relevant ethics question(s).   2. Identify the appropriate sources and methods for gathering information relevant to the case.   3. Collect and synthesize the important facts and contextual information relevant to the case.   4. Elicit and clarify the various beliefs, values, and perspectives of parties involved in the case.   5. Access and navigate patient health record systems to gather information about the case.   6. Identify and integrate available ethics-related literature relevant to the case.   7. Perform a clear and cogent ethical analysis of the case, including justifications that reflect accepted ethical standards.   8. Provide practical recommendations to promote ethical practices.   9. Follow up on consultation cases over time, as appropriate.   10. Document case consultations appropriate in both in patient health records and consult service records.   EC.P.2. Perform case consultations across a wide variety of ethical content areas, patient populations, and clinical contexts.  EC.P.3. Perform several different types of non-case consultations (see definitions). | EC.A.1. Demonstrate a commitment to quality in ethics consultation practice.  EC.A.2. Value the importance of following a systematic and thorough ethics consultation process. |
| Other Clinical Ethics Support (OS):  By the end of the fellowship, trainees must demonstrate competencies essential to other types of clinical ethics support. | OS.C.1. Describe the range of clinical ethics support services commonly performed by clinical ethicists in healthcare settings.  OS.C.2. Explain the role of the ethicists in performing each of these services. | OS.P.1. Demonstrate the ability to provide the following clinical ethics support services:   1. Participate in clinical rounds and identify when cases should be referred for ethics consultation. 2. Use various teaching strategies to deliver ethics education tailored to different healthcare audiences. 3. Participate in the development, review, and revision of policies relating to ethics in healthcare. 4. Facilitate case-based discussions to promote ethical reflection among interdisciplinary teams and trainees. 5. Serve as the clinical ethics representative to specific organizational committees or services. | OS.A.1. Value the specialized expertise required to design and implement high quality educational programming.  OS.A.2. Demonstrate appreciation for the complexity of policy making and the need to involve subject matter experts and stakeholders in the process. |
| Ethics Leadership (EL):  By the end of the fellowship, trainees must demonstrate competencies necessary to serve as ethics leaders in healthcare organizations. | EL.C.1. Explain the role of clinical ethicists as leaders who help shape clinical ethics practices and organizational culture. | EL.P.1. Lead by example, modeling ethical behaviors.  EL.P.2. Act in ways that inspire confidence and trust.  EL.P.3. Effectively communicate the value of ethics in healthcare.  EL.P.4. Effectively communicate a vision for integrating clinical ethics throughout a healthcare organization.  EL.P.5. Articulate how the goals of clinical ethics align with a healthcare organization’s mission.  EL.P.6. Demonstrate the skills needed for the following leadership activities:   1. Lead an ethics consultation service in a setting where a clinical ethicist newly entering the profession would be expected to play this role. 2. Chair an institutional ethics committee. 3. Chair other types of hospital committees or working groups (e.g., advance care planning committee).   EL.P.7. Demonstrate the leadership skills necessary to work with other organizational leaders and peers. | EL.A.1. Demonstrate a commitment to advocating for the importance of clinical ethics in healthcare. |
| Healthcare Systems (HS):  By the end of the fellowship, trainees must demonstrate competencies needed to work effectively in complex healthcare systems. | HS.C.1. Describe the continuum of healthcare and how it is organized at local, regional, and national levels.  HS.C.2. Describe the roles and contributions of various types of professionals in the healthcare system.  HS.C.3. Explain how social, political, and economic factors impact health outcomes and access to care. | HS.P.1. Spend time in various patient care environments including both acute and non-acute care settings.  HS.P.2. Collaborate with other healthcare professionals and programs, respecting their unique contributions to the healthcare system.  HS.P.3. Participate in the development and implementation of systems-level ethics initiatives throughout an organization. | HS.A.1. Value the importance of systems thinking in clinical ethics practice.  HS.A.2. Demonstrate sensitivity to the impact systems have on individual and group behavior related to ethical issues. |
| Quality Improvement (QI):  By the end of the fellowship, trainees must demonstrate competencies needed for continuous quality improvement of clinical ethics programs and practices. | QI.C.1. Explain how quality improvement approaches can be applied to strengthen clinical ethics programs and practices. | QI.P.1. Identify opportunities and methods for systematically improving ethics programs and practices.  QI.P.2. Collaborate with relevant stakeholders to identify ethics-related quality gaps and plan improvements.  QI.P.3. Gain experience in developing and/or utilizing data-driven tools and measures to assess the quality of ethics programs and practices. | QI.A.1. Value the importance of evidence and data in informing ethical decision-making and improving healthcare practices.  QI.A.2. Show a strong commitment to contributing to the overall quality and ethical standards of healthcare organizations.  QI.A.3. Demonstrate a proactive approach to identifying and addressing emerging ethical challenges in healthcare systems.  QI.A.4. Recognize that specialized expertise in data collection methods, analysis, and interpretation is required for the responsible design and conduct of data-based projects. |
| Scholarly Approach (SA):  By the end of the fellowship, trainees must demonstrate competencies required for intellectual rigor, critical analysis, and advancement of knowledge within the clinical ethics field. | SA.C.1. Identify and describe the various sources of knowledge that inform clinical ethics practice. | SA.P.1. Review the important literature relevant to a given ethics topic.  SA.P.2. Critically evaluate the quality, reliability, and applicability of academic publications and other sources of knowledge that inform clinical ethics practice.  SA.P.3. Uphold the standards of professional discourse in clinical ethics through careful reasoning, clear and accurate communication, appropriate citation, and respectful engagement with diverse sources and viewpoints.  SA.P.4. Refrain from expressing careless, uninformed, or unexamined opinions on clinical ethics topics.  SA.P.5. Demonstrate significant participation in one or more scholarly activities (e.g., conference presentation, empirical or normative research project, publishable article, quality improvement initiative, curriculum development). | SA.A.1. Demonstrate appreciation for the importance of a scholarly approach to clinical ethics practice. |