

*Institute for the Medical Humanities*  
MEHU 6382 Clinical Ethics Practicum  
Contact Hours: 7 per week (6 Clinical, 1 Discussion)

Course Director:  
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#### COURSE OBJECTIVES

This course provides an opportunity for students to design a program in which they may learn about the culture of clinical medicine by engaging in health care encounters and relationships that typify medical practice. Students will be introduced to basic concepts of clinical ethics through observation of the patient-doctor relationship in various practice sites. They will develop and evaluate their knowledge and skills in clinical ethics. Further, it is intended to provide a context for the integration of theory and practice. Given the professional backgrounds and personal goals of the students, individuals may choose to focus on different areas. Students will develop specific goals and a list of additional readings and provide them to the instructor by the second week of the course. Detailed planning at an individual level will be negotiated between the student and supervisor.

Following full participation in this course, a student should be able to:

1. Develop an awareness, understanding and appreciation of the day-to-day workings of the complex health care environment in which ethical decisions are made.
2. Observe and critically assess the pragmatic, legal, social and other constraints on ethical decision-making and practice in the clinical setting.
3. Observe and critically assess inter- and intra-professional roles and working relationships and the mores and objectives of the institution.
4. Demonstrate ability to identify and critically assess ethical issues as they arise in the clinical setting.
5. Demonstrate practical skills including interacting appropriately with various health professionals and patients *qua* health care ethicist, appropriate communication skills in clinical settings (participation in case conferences, bedside teaching rounds), and teaching skills in clinical settings.

#### COURSE REQUIREMENTS

1. Attendance at and participation in all clinical experiences unless instructor is notified prior to session. Submit short narrative of your clinical experience to Dr. Farroni prior to your weekly meeting. This narrative should focus on the 5 course objectives above.

2. In order to evaluate how well the student has met the learning objectives discussed above, students will be assessed through one or more of the following models. The method of evaluation to be utilized will be flexible and negotiable.
  - a. A teaching session, e.g. Nursing Ethics Seminar, Institutional Ethics Committee or other venues
  - b. Ethics Committee/Department/Working Group Involvement: a written report of the selected project or policy development or a completed annotated bibliography
  - c. A 15 to 20-page paper on a selected topic or observed case presentation.
  - d. A log of the student's experiences, with reflections and critique. Record of what the student does, and their thoughts and reflections about what they're doing, how they might do it differently next time, what they have learned from their experiences, etc.

#### REQUIRED READINGS

Selected readings on Ethics Teaching, Ethics Committees, Ethics Consultation, and Texas Advance Directives will be provided to each student on Blackboard. These articles are intended to provide the student with an introduction to varied aspects of the clinical ethics role within a clinical and/or academic setting. In addition, student and instructor will agree upon additional readings based on student's goals and objectives. These additional readings may expand on a specific aspect of clinical ethics, medical practice, or a clinical issue of interest to the student.

##### Ethics Consultation

Adams DM & Winslade WJ. "Consensus, Clinical Decision Making, and Unsettled Cases," *The Journal of Clinical Ethics*, 22:4 (Winter 2011) pp 1-21.

Adams DM. "The Role of the Clinical Ethics Consultant in 'Unsettled' Cases," *The Journal of Clinical Ethics*, 22:4 (Winter 2011) pp 22-28.

Adams DM & Winslade WJ. "Final Comments," *The Journal of Clinical Ethics*, 22:4 (Winter 2011) pp 52-56.

Aulisio MP. "'Facilitated Consensus,' 'Ethics Facilitation,' and Unsettled Cases," *The Journal of Clinical Ethics*, 22:4 (Winter 2011) pp 39-47.

American Society for Bioethics and Humanities, "Core Competencies for Health Care Ethics Consultation," the Report of the American Society for Bioethics and Humanities (ASBH, 1998).

Aulisio MP, Arnold RM & Youngner SJ. "Health Care Ethics Consultation: Nature, Goals and Competencies," *Annals of Internal Medicine*, 133:1 (July 4, 2000) pp 59-69.

Carter MA & Klugman CM. "Cultural Engagement in Clinical Ethics: A Model for Ethics Consultation" *Cambridge Quarterly of Health Care Ethics*, 10:1 (2001) pp 16-33.

Dalinis P. "Bioethics Consultation, Appropriate Uses in End-of-Life Care," *Journal of Hospice and Palliative Nursing*, 6:2 (April-June 2004) pp 117-122.

Derrington S, & Dworetz AR. "Confronting Ambiguity: Identifying Options for Infants with Trisomy 18," *The Journal of Clinical Ethics*, 22:4 (Winter 2011) pp 32-38.

Dubler N, Webber M, Swiderski D, *et al.* "Charting the Future. Credentialing, Privileging, Quality, and Evaluation in Clinical Ethics Consultation," *Hastings Center Report*, No. 6, (November-December 2009), pp 23-33.

Fox E, Myers S, & Pearlman RA. "Ethics consultation in United States hospitals: a national survey" *American Journal of Bioethics*, 7:2 (February 2007) pp 13-25.

Jonsen AR. Commentary on "Consensus, Clinical Decision Making, and Unsettled Cases," *The Journal of Clinical Ethics*, 22:4 (Winter 2011) pp 48-51.

Scofield GR. "What is Medical Ethics Consultation?" *The Journal of Law, Medicine, and Ethics*, 36:1 (Spring 2008) pp 95-118.

Schumacher J. "Moving Beyond 'On the Job Training': Preparing Hospital Ethics Consultants for Intensive Care Unit (ICU) Rounds," *HEC Forum*, 13:4 (2001) pp 368-380.

Stell L. "Clinical Ethics and Patient Advocacy," *North Carolina Medical Journal*, 70:2 (2009) pp 131-135.

Watson AR. "Ethics Support in Clinical Practice," *Archives of Disease in Childhood*, 90 (2005) pp 943-946.

Winslade WJ. "Ethics Consultation: Cases in Context," *Albany Law Review*, 57:3 (1994) pp 679-691.

Winslade WJ. "The Roles of the Ethics Consultant," *The Journal of Clinical Ethics*, 22:4 (Winter 2011) pp 29-31.

Winslade WJ. "Clinical Ethicists: Consultants or Professionals?" *The Journal of Clinical Ethics*, 25:1 (Spring 2014) pp 36-40.

#### Evaluating; Ethics Consultation

Chen YY, & Chen YC. "Evaluating ethics consultation: randomized controlled trial is not the right tool" *Journal of Medical Ethics*, 34 (2008) pp 594-597.

Lo Bernard. "Answers and Questions About Ethics Consultations," *JAMA*, Vol 290, No. 9, (September 3, 2003), pp 1208-1210.

Schneiderman L, Gilmer T & Teetzel HD. "Impact of Ethics Consultations in the Intensive Care Setting: A Randomized, Controlled Trial" *Critical Care Medicine*, 28:12 (2000) pp 3920-3924.

Schneiderman LJ, Gilmer T, Teetzel HD, *et al.* "Effect of ethics consultations on non-- beneficial life-sustaining treatments in the intensive care setting" *JAMA*, 209 (2003) pp 1166-1172.

#### Ethics Committees

Aulisio MP, Arnold RM & Youngner SJ. "Role of the Ethics Committee: Helping to Address Value conflicts or Uncertainties" *The American College of Chest Physicians*, 134:2 (August 2008).

DeVries R & Forsberg C. "Who Decides? A Look at Ethics Committee Membership" *HEC Forum* 14:3 (2002) pp 252-258.

McGee G, Caplan A, Spanogle J, *et al.* "A National Study of Ethics Committees" *MIT Press* 1:4 (Fall 2001) 60-64.

#### Teaching Ethics

Chambers T. "No Nazis, No Space Aliens, No Slippery Slopes and Other Rules of Thumb for Clinical Ethics Teaching" *The Journal of Medical Humanities* 16:3 (1995) pp 189-200.

Ginsburg S, Regehr G, & Lingard L. "The Disavowed Curriculum: Understanding Students' Reasoning in Professionally Challenging Situations" *Journal of General Internal Medicine*, 18 (December 2003) pp 1015-1022.

Glover JJ, Ozar DT & Thomasma DC. "Teaching Ethics on Rounds: The Ethicist as Teacher, Consultant, and Decision-Maker" *Theoretical Medicine*, 7:1 (1986) pp13-32.

Pellegrino E. "Can Ethics Be Taught? An Essay" *The Mount Sinai Journal of Medicine*, 56:6 (November 1989) pp 490-494.

Lantos J. "Ethics Class" *Hastings Center Report*, (May-June 2005) p 9.

#### Texas Advance Directives Legislation

Heitman E & Gremillion V. "Ethics Committees Under Texas Law: Effects of the Texas Advance Directives Act" *HEC Forum*, 13:1 (2001) pp 82-104.

Truog RD. "Tackling Medical Futility in Texas" *NEJM*, 357:1 (July 5, 2007) pp 1-3.

Fine R. "The Texas Advance Directives Act of 1999: Politics and Reality" *HEC Forum* 13:1 (2001) pp 59-81.

#### ACADEMIC ADVISING

The instructors are available to each student who may have individual questions or concerns. Meeting times can be arranged.

#### SCHEDULE

Clinical experiences include rounding with various clinical teams and attending family meetings and consultations as they arise. It is the expectation that students will complete 90 hours of clinical or other similar experiences throughout the term. Students are responsible for tracking their clinical time. Current rounding schedule includes:

Surgical Intensive Care Unit (SICU)	Mondays 9am
SICU Interdisciplinary Meeting	Mondays 10:30am
Medical Intensive Care Unit (MICU)	Tuesdays 8:30am
Stroke IDT	Tuesdays 1pm
Palliative Care Patient Conference	Wednesdays 9:30am
Infant Special Care Unit	Thursdays 9:30am

*Rounding schedule is subject to change; rounding duration is*

*dependent on the attending physician and census size.*

- Students must meet weekly with Dr. Farroni for a Debrief session. These sessions will be held once a week in the Administration Building, Room 2.206J.
- The Institutional Ethics Committee generally meets once a month. In the John Sealy Annex, 7.136. Plan to attend at least one meeting.
- Nursing Ethics Seminars are held the second Wednesday of each month. You should attend at least one session.
- Other clinical experiences and opportunities will be available according to individual needs and goals, e.g. attending patient care meetings, ethics consultations, ethics-related participation in other courses, shadowing other health care professionals, etc.

## POLICIES

### *Grading Criteria*

The course is graded on a scale from A to F.

### *Components of Final Grade*

Clinical Experience Participation	45%
Discussion of Readings	15%
Project	40%
Total	100%

### *Appealing a Grade*

Any appeals for grading changes must be submitted to the instructors responsible for the writing and grading of the question within 5 business days after the return of the graded assessment to the student. The instructors must report any grade changes to the course director.

### *Course Evaluations*

End-of-course evaluations are required for all GSBS courses that are graded A-F. The GSBS Executive Committee voted in July and August 2007 to reaffirm this policy, which is required for accreditation by the Southern Association of Colleges and Schools (SACS). Students are required to complete evaluations in any course graded A- F in order to receive a grade in the course. If a completed evaluation form is not received from a student, an Incomplete (I) grade will be reported to the Office of Enrollment Services. If the course evaluation is not completed within thirty days, the grade of "I" automatically converts to a grade of F (failure in the course). The evaluations are anonymous and are available to the course director and instructor(s) only after grades have been assigned.

### *Late Papers*

Late papers will not be accepted unless students have contacted the instructor in advance of the deadline day, formally requested an extension, and thoroughly explained the need for such an extension. Such requests may be approved at the instructor's discretion depending upon extenuating circumstances. In the interest of fairness and equity, grades on late papers may be lowered depending upon the circumstances and length of the extension.

### *Absence Policy*

If a student must be absent from class for any reason, the student must notify the instructor as soon as the student is aware of the need to be absent, preferably before the class meeting time. Because the course depends heavily on participation, absence from more than two class meetings may result in a letter grade reduction, depending on the circumstances.

### *Honor Pledge*

Students are expected to do their own work and to comply fully with the UTMB Honor Code and be able to sign the Honor Pledge at the end of all their papers:

“On my honor, as a member of the UTMB community, I pledge to act with integrity, compassion and respect in all my academic and professional endeavors.”

Link to full Honor Pledge statement and access the *Institutional Handbook of Policies and Procedures (IHOP)*, Section 7.1.3. *Student Conduct and Discipline*:

<http://www.utmb.edu/student-services/honorpledge.asp>.