



## **Nursing Practice, Sovie Center, and Department of Health Humanities & Bioethics Ethics Liaison Program 2023/2024**

### **Eligibility**

- 1) Any nurse in Nursing Practice and any APP who is in good standing
- 2) With at least 1.5 years employment at Strong Memorial Hospital or its related affiliates
- 3) Given the demands, students are not eligible for this program. We welcome you to apply once you have completed your program of study.

### **Purpose**

The purposes of this program are to:

1. Improve knowledge of basic ethics standards in common scenarios in the clinical practice setting.
2. Ability to recognize and address moral distress and cases that require early intervention to minimize future ethical problems.
3. Apply a standard format to analyze an ethical dilemma.
4. Develop skills to facilitate small group discussions in 2 types of settings— discuss current concerns with team AND debrief staff about difficult cases.
5. Recognize the available resources at SMH for ethics-related concerns and access them as appropriate.

### **Program Components**

- 1) Paid time for participation at educational sessions and work on ethics-related project (approved by the Director of the Clinical Ethics program and supervisor).
- 2) Collaborative teamwork to complete a project using team science.
- 3) Development of project (i.e., abstract and poster) for presentation.
- 4) Attend all nine classes held on the 2<sup>nd</sup> Wednesday of the month from 0800-1200, devoted to study and application of content (Contact Hours = approximately 50 hours).
  - a. Ethics related topic presented by experts
  - b. Journal Club review evidence-based articles
  - c. Use of library resources, project planning, work on projects and educational sessions
- 5) Mentorship by an experienced clinical bioethicist.

If you have any questions about the internship contact Chris Donnelly, Administrative Assistant, Department of Health Humanities & Bioethics at [christine\\_donnelly@urmc.rochester.edu](mailto:christine_donnelly@urmc.rochester.edu).

### **Coordinating Faculty:**

**Margie Hodges Shaw, JD, PhD, HEC-C**  
Director, Clinical Ethics  
Associate Professor

Department of Health Humanities & Bioethics  
Phone: (585) 275-0174  
[margie\\_shaw@urmc.rochester.edu](mailto:margie_shaw@urmc.rochester.edu)



**Nursing Practice, Sovie Center, and Department of Health Humanities & Bioethics**  
**Application for Ethics Liaison Program**  
**2023/2024**

Please attach a current copy of your resume to this application.

**APPLICATION FORM MUST BE RECEIVED BY JULY 21, 2023 @ 5:00 PM**  
**Applicants will be notified of decision by August 11, 2023.**

Name: \_\_\_\_\_ Preferred contact: \_\_\_\_\_

Unit: \_\_\_\_\_ Service: \_\_\_\_\_ Hospital: \_\_\_\_\_

Career Advancement System Level:      \_\_\_\_\_ II      \_\_\_\_\_ III      \_\_\_\_\_ Senior III  
                                                                                 \_\_\_\_\_ IV      \_\_\_\_\_ V      \_\_\_\_\_ VI

Highest Nursing Degree Level:      \_\_\_\_\_ Diploma      \_\_\_\_\_ Associate's  
                                                                                 \_\_\_\_\_ Bachelor's      \_\_\_\_\_ Master's  
                                                                                 \_\_\_\_\_ Post-Master's      \_\_\_\_\_ Doctoral, DNP  
                                                                                                                         \_\_\_\_\_ Doctoral, PhD

Highest Clinical Degree Level:      \_\_\_\_\_ Associate's      \_\_\_\_\_ Bachelor's  
                                                                                 \_\_\_\_\_ Master's      \_\_\_\_\_ Doctoral, PhD  
                                                                                                                         \_\_\_\_\_ Doctoral, other (e.g. EdD)  
                                                                                 \_\_\_\_\_ I do not have another kind of clinical degree

Highest non-clinical Degree Level:      \_\_\_\_\_ Associate's      \_\_\_\_\_ Bachelor's  
                                                                                 \_\_\_\_\_ Master's      \_\_\_\_\_ Doctoral, PhD  
                                                                                                                         \_\_\_\_\_ Doctoral, other (e.g. EdD)  
                                                                                 \_\_\_\_\_ I do not have another kind of degree

Please list any professional certifications you have earned: \_\_\_\_\_

Duration of service on unit: \_\_\_\_\_ Duration of service to hospital: \_\_\_\_\_ Years of clinical experience: \_\_\_\_\_

**Additional Questions (Limit answer to 50 words for each question):**

1. How/why is clinical ethics important for clinical care?
  
  
  
  
  
  
  
  
  
  
2. What would you like to learn in the ethics liaison program?
  
  
  
  
  
  
  
  
  
  
3. What is your ethics background, if any?

**General Overview**

By completing this application, the applicant acknowledges the programs requirements, which include:

- Attendance at planned educational and application experiences (2<sup>nd</sup> Wednesday of the month from 0800-1200).
  - Time to attend these sessions must be negotiated with the direct supervisor IN ADVANCE of the planned sessions.
    - The dates of the program are: 9/13/23, 10/11/23, 11/8/23, 12/13/23, 1/10/24, 2/14/24, 3/13/24, 4/10/24, 5/8/24
  - The duration of the project is 9 months with a completion date of May 8, 2024.
- Independent reading and investigation of clinical ethics question.
- Presentation of project to program group and unit/service leadership and staff.

This application will be blinded, scored, and ranked by a committee with members of the Clinical Ethics Team and nursing practice leadership. The Committee will then select the most competitive applicants for inclusion in the Ethics Liaison Program.

\_\_\_\_\_ I commit to full participation in the nine-month timeframe and activities required for this program.

\_\_\_\_\_ I commit to two years of employment within my current hospital after completing the internship.

\_\_\_\_\_  
Print Name of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

**Completed by Manager(s):**

\_\_\_\_\_ I support the applicant’s request for participation in the one-year internship and will facilitate attendance at monthly sessions and provide the support needed for the applicant to successfully complete the internship program requirements.

Please provide feedback on this application. Is the applicant a good fit for this internship? Attach additional sheets, if necessary.

\_\_\_\_\_  
Print Name of Nurse Manager/Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Nurse Manager/Supervisor

**Completed by Director of Nursing/Chief Advanced Practice Officer:**

\_\_\_\_\_ I support the applicant’s request for participation in the one-year internship.

Please provide feedback on this application. Is the applicant a good fit for this internship? Attach additional sheets, if necessary.

\_\_\_\_\_  
Print Name of Director of Nursing/Chief Advanced Practice Officer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Director of Nursing/ Chief Advanced Practice Officer

If you have further questions or once actual signatures are obtained, send the completed application form to:

Department of Health Humanities & Bioethics  
Box 676 or via email to [christine\\_donnelly@urmc.rochester.edu](mailto:christine_donnelly@urmc.rochester.edu)