<table>
<thead>
<tr>
<th>No.</th>
<th>Title</th>
<th>Author/Year</th>
<th>Aims</th>
<th>Study Type</th>
<th>Study Population and Setting</th>
<th>Curricula (Briefly)</th>
<th>MERSQI (Max 18)</th>
<th>COREQ (Max 32)</th>
<th>Results</th>
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<tr>
<td>1</td>
<td>The Consortium Ethics Regional Ethics Network Program: An Approach to for Ethics Committees:</td>
<td>McMillan, J., 2002</td>
<td>Improve training for ethics committee members</td>
<td>Quantitative</td>
<td>German hospitals: content, fellowship</td>
<td>Realistic educational model of ethics training and core competencey training for ethics committee members. A standardized “tiered ladder” training model is proposed that takes into consideration the time constraints and job role requirements, educational curricula and funding base.</td>
<td>12</td>
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<td>Improves training for ethics committee members.</td>
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<td>4</td>
<td>The Pittsburgh Center for Medical Ethics: a model of continuing medical ethics education</td>
<td>May, T., 2001</td>
<td>Develop a continuing medical ethics education model</td>
<td>Quantitative</td>
<td>May, T., 2001</td>
<td>Develop a continuing medical ethics education model.</td>
<td>11</td>
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<td>Develops a continuing medical ethics education model.</td>
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<td>5</td>
<td>The Division of Health Care Ethics at Stanford University: an overview of the program</td>
<td>Chidwick, P., et al 2004</td>
<td>Overview of the program</td>
<td>Qualitative</td>
<td>Chidwick, P., et al 2004</td>
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<td>6</td>
<td>The Ethics Consultation Service at the University of Western Ontario: a decade of experience</td>
<td>Bærøe, K. and Norheim, O.</td>
<td>Ethical consultation services</td>
<td>Qualitative</td>
<td>Bærøe, K. and Norheim, O.</td>
<td>Ethical consultation services.</td>
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Clinical ethics committees

Consultation Competences

Certification and evaluation of

National Survey

Humanities

Clinical Ethics Service

and literature

Collaboration

Trust: Rationale,
at Barts and the London NHS

The Two-Layer Model of

Cusveller, B., 2012

institutions to emulate or build off our program, if they so

with such challenging questions as: Should the certifying

examination may be offered. In particular, it seems likely

consultants or accrediting programs will be discussed and

role of clinical ethics committees in providing ethics support

consequences in a particular situation

experiences, the one American and the other German, the

core competencies should be defined for those who provide

ethics consultations do not want events to overtake the

not been able to reach a consensus on what the standards,

NHS Trust has played precisely such a role and have given

The article by Fox et al. (2007) demonstrates that clinical

moral expert, we can stop worrying about why consultants

practice and thus improving patterns of good clinical

moral discourse needed to arrive at sound medical decisions.

competencies these nurses themselves say they need to

nurses in ethics committees. The question was what

conducted 8 to 11 semi-structured interviews each with

What knowledge, skills and attitudes are involved in this

The competency profile underlying higher nursing education

skills and attitudes nurses need for ethics meetings. Without

participate competently in various forms of ethics meetings.

Nurses require specific knowledge, skills and attitudes to

facilitation requires certain core competencies; 3) core

be particularly necessary because it would create a feeling of

and Cassandra J. Rivais (2018), I want to offer a few

expertise.

the interesting article by Bruce D. White, Wayne N. Shelton

Opinion/Commentary

Opinion/Commentary

Opinion/Commentary

Qualitative

study.

February 2015 and January 2017 and all referring teams are included in this

invited active members of the clinical ethics community with extensive

the number of years of involvement in ethics meetings is less than 10, with a n

multidisciplinary patient consultations. According to the majority of respo ndents,

Of the 35,616 subscribers to the newsletter, 8081 opened the call for

mock ethics consultation activity. [...] Finally, Day 3—Getting to Yes—fo cused on conflict resolution and mediation in ethics consultation.

The ECS Training Program consisted of three one-half day sessions that w ere a mix of didactic presentations and activities. [...] Day

pursue as a long term project in an analogous way to continuing professional dev elopment.

We have selected the portfolio review as the first step for evaluating the  quality of the individual consultant, not in the abstraction of an

CEC, and CEC experience including time frames and practice settings; (2) a  written summary of the candidate's philosophy of CEC; and (3)

consultants must complete a 1-year apprenticeship. [...] Educational bac kground, participation in a formal training program, and completion

process would involve a portfolio containing the following items: (1) having  at least 10 years of clinical experience in a health care speciality;

For those countries where the professionalization of fulltime clinical ethic s consultants is not possible, our proposal for the acreditation

respective hospitals.

literature such as the use of metaphors. Reading stories, especially biogr aphies and well-crafted novels, is a way to understand the moral

The literary approach to narrative education involves interpreting a story t hrough analysis of character, plot, and various other aspects of
The need for clinical ethics training opportunities has become increasingly obvious, thus, we in the Center for Ethics at Washington Hospital Center, in Washington, D.C., have talked about how we might contribute to closing this training gap. [...] The result of that several-year planning process was our inaugural course, held 20 through 24 May 2011. This special section of The Journal of Clinical Ethics focuses on core aspects of the mediation process designed for this article, we also enumerate how the Study Guide could be used in teaching and learning, and we identify areas that are ripe for future work.

We have reviewed the literature for mediation and have identified a typological compass of some kind is effective management of clinical conflict emanating from communication breakdowns, highly charged value conflicts, and instances of perceived disrespect. [...] In this article, we present a study that analyzes the potential of mediation and training in bioethics as a tool for practice. [...]

It becomes evident that a typological compass of some kind is effective management of clinical conflict emanating from communication breakdowns, highly charged value conflicts, and instances of perceived disrespect. [...] In this article, we also enumerate how the Study Guide could be used in teaching and learning, and we identify areas that are ripe for future work.