Teaching Clinical Ethics for Professional Chaplaincy Competency: A Curriculum Development Process

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Abstract

How well does this clinical pastoral education (CPE) program equip students, particularly chaplain residents, to enter the world of professional chaplaincy? Reflecting on this question, the author of this paper shares elements of an ethics curriculum development project carried out during the 2023–2024 academic year. Flowing from a two-part needs assessment about clinical competency, both theory and practice, the author shares the content, goals, strategies, and implementation experiences of the adapted curriculum, as well as the lessons learned from the curriculum development process. Initial evaluation of the revised curriculum indicates that it is preparing students to address ethics-related professional chaplaincy competencies.

Keywords: Ethics, Clinical pastoral education, Curriculum development, Board certification

INTRODUCTION[1]

Pádraig Ó Tuama, Irish poet theologian and conflict mediator, offers a great question to move his readers toward reflecting on spirituality and ethics: "What does it mean to pay spiritual and moral attention to the conflicts of our lives?"[2] Ó Tuama's point in his essay is that there is a moral component to interpersonal and intrapersonal conflict. For an educator, Ó Tuama reinforces the notion that students should not avoid conflict but should instead engage it to sharpen their moral reasoning, deepen their self-awareness, and better understand the perspectives of others. Competent supervision through such engagement offers students the opportunity to experience ethics education as part of a dynamic process of personal enquiry rather than merely a theoretical exercise.

And yet, ethical theory is important, especially in light of emerging Association of Clinical Pastoral Education (ACPE) outcomes and the Board of Chaplaincy Certification, Inc. (BCCI) certification process. For example, ACPE's 2024 outcomes and indicators feature a theoretical development in ethics for students to engage, beginning with awareness of mandatory reporting, integrity, and ethical conduct and moving the student through consultation around ethical issues and onwards to integration of ethical decision-making in their context. Pivotal to the swing from "awareness" to "integration"

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is the Level IIA indicator, “Demonstrate knowledge of ethical principles/theories used in spiritual care contexts.”[3] Likewise, BCCI’s three ethics-related competencies feature an emphasis on theory. The competency labeled Integration of Theory and Practice 4 (ITP4) reads, “Incorporate a working knowledge of at least one ethical theory appropriate to one’s professional context.”[4] An article published in 2022 identified ITP4 as the third most missed competency on chaplain board certification interviews.[5]

As an educator with a keen interest in ethics, I found myself going down a rabbit hole of sorts, looking for ways clinical pastoral education (CPE) educators teach ethics. Anecdotally, I knew of a number of programs that featured a one-hour didactic on the principles of bioethics: autonomy, beneficence, nonmaleficence, and justice. Shockingly, I found an essay, which referenced the 2022 article mentioned above, titled “Chaplains Report Receiving No Ethics Education.” The essay itself was more nuanced, though; one researcher said, “Some programs offer as little as occasional discussion of ethical situations that occur in spiritual care cases. Others offer formal ethics courses that run for 12 to 16 weeks.”[6] I became curious about my program’s practice of teaching ethics, aware that our chaplain resident curriculum is more robust than most but certainly does not approach the sixteen weeks of ethics courses reported by some. With these considerations in mind, I and our hospital’s clinical ethicist began a curriculum development initiative that has borne good fruit for our students. Below, I share some of our journey.[7]

NEEDS ASSESSMENT

Our journey began with a needs assessment review of our curriculum. For us, designing an ethics curriculum for chaplain residents was not simply a matter of selecting topics and assigning readings. We wanted to begin by understanding what our students need—both for their immediate clinical work and their long-term professional development. Our experience is that some enter CPE eager for structured ethical reflection while others struggle to articulate the ethical competencies they lack. For example, we have encountered students who felt confident in their pastoral instincts but hesitated when asked to name the ethical principles guiding their decisions. Others, when engaging in interdisciplinary discussions, found themselves at a loss for language to describe the moral dimensions of their work. These realities underscored two key areas of need: helping students demonstrate theoretical competency and integrate ethical reasoning into their clinical practice.

Concretely, we first wanted our students to be ready to speak to relevant ACPE indicators in their evaluations as well as relevant board certification competencies. Reading through the new outcomes and indicators for ACPE as well as BCCI competency ITP4, it occurred to us that helping students name their conscious competence in relation to ethical theory would be helpful for them.[8] Our driving question became how we could help students begin to speak to theories and theorists when discussing ethical dilemmas as a way of preparing them to demonstrate competence.

The second component of our needs assessment focused on clinical practice. In addition to merely "teaching to the test," through conversations with former chaplain residents we identified the need to prepare our students to graduate from residency and hold positions on—perhaps even chair—ethics committees as well as participate in ethics consultations. Additionally, we identified a need to help students recognize, assess, and mitigate moral distress in family members, medical center staff, spiritual care colleagues, and themselves. With this twofold needs assessment complete, we began to prioritize curriculum content.

DETERMINING AND PRIORITIZING CONTENT

When the 2023–2024 academic year began, we had the advantage of building upon an established ethics curriculum rather than starting from scratch. Our hospital's clinical ethicist, who has worked with our CPE program since 2011, initially delivered a one-hour didactic session. By 2021, her expertise—rooted in both clinical ethics and pastoral care—enabled this to expand into a three-part series emphasizing foundational ethical principles relevant to chaplaincy. The following three 75-minute didactic sessions continue to form the backbone of our ethics curriculum: 1. Introduction to Theory and Virtue Ethics, 2. Deontology and Utilitarianism, and 3. Principles and Virtues in Bioethics, Feminism, and Ethical Issues in Healthcare.

Based on student feedback, curricular review, and program evaluations, we introduced a fourth didactic session for the 2023–2024 residency focused on case studies. This session, using real-world, deidentified cases provided by staff chaplains, emphasized the complexities of ethical decision-making in spiritual care. Additionally, we added ethics case rounds—a monthly, hour-long discussion of a deidentified clinical case presented by our clinical ethicist to the hospital community—to the education calendar, providing students with firsthand exposure to ethical decision-making processes in clinical settings. Lastly, plans were implemented for residents to attend ethics committee meetings, offering them insight into institutional ethics, policy discussions, and the complexities of interdisciplinary deliberation. These enhancements were designed to ensure that students not only engaged with ethical theory but built competency with organizational ethics practices.

In the end, we prioritized content that would (1) clarify the distinct but complementary roles of chaplains and clinical ethicists, helping students understand how ethics and spiritual care intersect; (2) equip students with multiple ethical frameworks to enhance moral reasoning without privileging a single approach; (3) deepen students' ability to engage in real-time ethical reflection by integrating clinical case discussions; (4) help students recognize, assess, and mitigate moral distress in care recipients; and (5) expand students' experience of institutional ethical decision-making through hospital-wide learning opportunities, such as ethics case rounds and committee meetings. Table 1

provides a brief summary of the curriculum components that comprise each of these five priorities.

TABLE 1. Ethics curriculum components

Prioritized Content	Examples from Curriculum
1. Clarify the distinct but complementary roles of chaplains and clinical ethicists, helping students understand how ethics and spiritual care intersect.	**Overlap:** Both professions provide empathetic listening to patients, families, and care teams, and both accompany people at existentially significant moments. Spiritual care may be present within ethics consultations, and some chaplains bring formal ethics expertise. **Spiritual care focus:** Attending to the person's inner life and emotional experience (witnessing distress, joy, awe, grief, etc.); supporting relationships and community connections (being present at significant relational or transitional moments); and fostering meaning and purpose when events challenge hope or create existential uncertainty. **Ethics consultation focus:** Identifying and analyzing moral uncertainty or conflict; clarifying who is affected (with attention to voices that are easily silenced); facilitating respectful deliberation oriented toward both process and decisions; ensuring relevant perspectives are heard; identifying ethically justifiable courses of action that respect dignity and individuality, honor relationships (including relationships to institutions/systems), avoid undue harms or burdens, promote patient benefit, and reflect fair distribution of resources.
2. Equip students with multiple ethical frameworks to enhance moral reasoning without privileging a single approach.	**Multiple theories:** Ethical theories are presented not as competing frameworks from which students must choose a single preferred approach, but as complementary supports for moral reasoning. One metaphor used in the curriculum is that of a pyramid: each ethical theory functions as a wall that helps hold the structure upright. Different cases place pressure on different sides of the pyramid, and ethical discernment involves noticing which supports are most needed in a given situation rather than privileging one theory as universally sufficient. **Frameworks introduced:** *Virtue ethics* (Aristotle) emphasizes moral character formed through habituated practice, with the "golden mean" guiding clinicians away from excess or deficiency. *Deontology* (Kant) grounds ethical action in universalizable duties and respect for persons, ensuring, for example, that no one is treated merely as a means. *Utilitarianism* (Bentham and Mill) focuses on consequences, inviting students to weigh harms and benefits across stakeholders using both act- and rule-based reasoning. *Principles of biomedical ethics* (Beauchamp and Childress) offer guidance through four principles—autonomy, beneficence, nonmaleficence, and justice—linking deontological duties with utilitarian reasoning. *Feminist/relational ethics* centers relationships, power, and context, providing a corrective when abstract or "neutral" analysis obscures lived experience or marginalization. **Forming virtues for caregiving:** Students are introduced to Beauchamp and Childress's five focal virtues as character traits that incline toward ethical

	choices: compassion, discernment, trustworthiness, integrity, and conscientiousness.
3. Deepen students' ability to engage in real-time ethical reflection by integrating clinical case discussions.	**Case examples:** Students engage with ethical reasoning as a dynamic, context-sensitive process by drawing on deidentified cases shared by staff chaplains in clinical practice. This includes noticing how ethical tensions arise, how decisions are navigated, and how multiple perspectives are considered in real time. Students are also encouraged to bring their own encounters or dilemmas to discussion, fostering self-reflection, emotional awareness, and the development of reasoning skills that can be applied in future clinical situations. Attention is given not only to cognitive analysis but also to the chaplain's emotional responses—such as anger, disgust, compassion, or moral distress—as integral data in ethical reflection. The focus is on cultivating attentiveness, moral discernment, emotional insight, and collaborative dialogue rather than producing "correct" answers.
4. Help students recognize, assess, and mitigate moral distress in care recipients.	**Moral distress:** Students are guided to recognize and understand moral distress and related forms of moral and emotional suffering in care recipients and themselves. Instruction includes identifying varieties of emotional suffering, such as secondary traumatic stress, compassion fatigue, and burnout, as well as varieties of moral suffering, including moral uncertainty, moral distress, moral injury, moral apathy, and moral outrage. Students learn to observe both internal and external processes that contribute to moral distress, to differentiate moral distress from other sources of unease, and to reflect on experiences with curiosity and self-compassion. **Moral resilience:** Emphasis is given to the theme of resilience, which includes sustaining integrity amid adversity, learning from morally challenging situations, and developing strategies to support one's own well-being and moral courage. Students are encouraged to engage with these concepts in community, recognizing that moral support and collective reflection are essential for mitigating distress and promoting ethical action.
5. Expand students' experience of institutional ethical decision-making through hospital-wide learning opportunities, such as ethics case rounds and committee meetings.	**Organizational ethics:** Students gain exposure to the broader structures and processes of ethical decision-making within the hospital. Through participation in activities such as ethics case rounds, ethics committee meetings, and interdisciplinary consultations, students observe how complex ethical issues are navigated at the institutional level, including the interplay of policy, professional roles, and organizational constraints. Students are encouraged to note the perspectives and reasoning of different stakeholders—physicians, nurses, social workers, administrators, and patients/families—and to reflect on how ethical decisions are shaped by both moral principles and practical realities. These experiences deepen students' understanding of systemic influences on ethical practice, highlight the importance of collaboration and communication, and provide a foundation for translating personal ethical reasoning into effective participation within institutional processes.

In an ideal context, our revised curriculum offers students the opportunity to complete up to 20 hours of ethics education throughout their residency. This includes four 75-minute didactic sessions, a quarterly rotation on the ethics committee (three

meetings of 1 hour each), and 12 months of ethics case rounds (1 hour per month). Our hope and expectation was that these structured opportunities would cultivate a deeper understanding of ethical complexity in patient care while strengthening students' ability to navigate moral and professional dilemmas with confidence.

GOALS AND OBJECTIVES

We discerned four goals for our ethics curriculum that flowed out of our needs assessment and prioritized content. The first goal was to prepare students for addressing ethics-related board certification competencies, especially ITP4. Second, we also wanted our students to be prepared for professional roles in clinical settings, such as participating in ethics committee meetings and ethics consultations. Third, we wanted to foster moral community—a shared sense of belonging rooted in reflective engagement with values, mutual accountability, and a commitment to responsible spiritual care—among our chaplain residents. Lastly, we wanted our students to have opportunities to integrate their learnings into their spiritual care practice.

SELECTING EDUCATIONAL STRATEGIES

Ethical decision-making in chaplaincy rarely unfolds in explicit theoretical terms. In the moment, chaplains are not recalling Kant or Aristotle before offering spiritual care. Yet the ability to engage ethical reasoning is essential—not only for board certification but for professional credibility in interdisciplinary settings. For example, in one local citywide ethics consortium, which represents five hospitals, three of the five members are chaplains. Their role underscores the expectation that chaplains can navigate complex ethical discussions with clarity and depth. At the same time, for chaplains entering fields like hospice, uncertainty about ethical expectations can be a source of anxiety. One former resident, nearing the end of our program, was particularly concerned that they would be expected to lead ethics discussions and felt unprepared for that responsibility. The resident specifically requested more opportunities in the final unit of CPE to develop confidence in ethical reasoning. These realities shaped our approach to ethics education; rather than treating ethics as abstract theory, we sought to equip chaplain residents with a framework for real-world moral reasoning and professional dialogue.

With this in mind, we turned to Schneiderhan, Guetterman, and Dobson, who identify four educational strategies to consider when developing curriculum: "lecture-based information delivery," "hands-on skill delivery," "flipped classroom approach," and "case-based lectures."[9] Our didactic sessions would follow a lecture-based information delivery modality, modified to facilitate mutual conversation and mutual learning. Attendance at ethics committee meetings and ethics case rounds would fit within the framework of case-based lectures. Throughout the use of these modalities, space would be maintained to prioritize CPE's action-reflection-action method of clinical learning.

IMPLEMENTATION OF THE CURRICULUM

We first implemented our revised ethics curriculum during the 2023–2024 academic year. With our clinical ethicist as the primary facilitator, the didactic portion was delivered over four consecutive weeks in 75-minute sessions, following the outlined structure. These sessions were strategically placed at the beginning of the second unit of the residency, which focuses on behavioral sciences in spiritual care. At this stage, residents progressing as expected would be engaging Level IIA outcomes and indicators of CPE, including indicator IIA.17, "Demonstrate knowledge of ethical principles/theories used in spiritual care contexts."[10] Spacing the sessions a week apart allowed time for reflection and application, offering a balance between continuity and opportunity for integration.

A second piece of the curriculum we implemented was attending ethics committee meetings. These meetings happened for one hour once a month, and the residents' "rotation" on the ethics committee was for three months. The inclusion of these meetings in the curriculum involved several stakeholders at the medical center, not least of which was the Pastoral Care Department, which holds its morning huddle concurrent with the ethics committee meeting. There was buy-in from the Pastoral Care staff to have one or two residents attend ethics committee meetings any given month, but maintaining clinical coverage for the department was a competing concern.

The third piece of the curriculum, ethics case rounds, offered students the chance to hear from and interact with lots of members of the interdisciplinary care team. While ethics case rounds also had some competing duties for the resident on call, the department supported our residents be present at these gatherings as part of their overall learning in the clinical setting.

EVALUATION AND APPLICATION OF LESSONS LEARNED

As mentioned above, our program's ethics curriculum has been evolving and adapting since its introduction in 2011. The lessons learned during our intentional curriculum development in 2023–2024 are numerous. One significant area of insight concerned our first goal: to help students integrate ethical theory and language so they would be able to address board certification competencies. To assess the effectiveness of our curriculum, we incorporated structured opportunities for student feedback at three points during the residency year: orientation, after the four weeks of didactic sessions, and at graduation. These feedback mechanisms were designed to inform ongoing program improvement and were framed around learning objectives aligned with the BCCI's Competency Essay Writing Guide.[11] As part of our ongoing curricular review process, students were asked to reflect on their readiness to address the three ethics-related board certification competencies using a four-point Likert scale. Review focused on eight matched participants who completed both the pre-survey at orientation (n = 12) and the post-survey at graduation (n = 10); pre-survey responses demonstrated substantial variability,

ranging from strongly disagree to strongly agree. This variability was most pronounced among chaplains with fewer years of experience and those reporting no prior education in ethics, several of whom recorded multiple disagree or strongly disagree responses across the eleven competency-related prompts.[12]

Post-survey responses showed marked convergence. All matched participants reported responses exclusively in the agree or strongly agree range across all items. Several chaplains who had initially demonstrated mixed or negative responses shifted to uniformly positive responses in the post-survey, including participants who moved from ranges that included strongly disagree to all strongly agree. Participants who entered the program with consistently high pre-survey scores maintained those scores in the post-survey, indicating stability throughout the curriculum period.

Open-ended, post-survey qualitative responses reinforced the quantitative findings. Students described increased ability to recognize ethical issues in real time, articulate the ethical foundations of their spiritual care practice, navigate conflicts between patient beliefs and medical recommendations, and identify appropriate ethics-related resources for patients, families, and care teams. Several respondents emphasized strengthened professional confidence, clearer role boundaries, and deeper integration of ethical reflection into daily chaplaincy practice. These narrative responses align with observed increases in post-survey Likert scores.

This assessment is limited by incomplete pairing between pre- and post-survey respondents. Although twelve participants completed the pre-survey and ten completed the post-survey, only eight responses could be confidently matched across instruments.[13] As a result, findings are based solely on matched data and may not reflect the experiences of all participants who completed either survey independently. Additionally, the analysis relies on self-reported Likert-scale responses and brief narrative comments, which reflect participants' perceptions rather than direct observation of clinical behavior. Despite these limitations, the consistency of directional change within matched responses supports the internal coherence of the findings for our context.

Additional learnings were gleaned through conversations and observations. Related to our second goal, which included preparing students for professional roles on ethics committees, residents expressed having a broader understanding of ethical dilemmas presented in healthcare after they had the opportunity to attend ethics case rounds, and the cases presented in ethics case rounds sparked later group discussions for the residents. Our assessment is that such conversations did indeed lead to increased moral community among the resident group, our third goal for the ethics curriculum. Relevant here was our hope that attending ethics committee meetings would offer residents the opportunity to further develop their professional practice; however, we experienced difficulty scheduling chaplain residents to attend ethics committee due to the residents' clinical responsibilities, especially responsibilities around the department huddle.

We identified two opportunities for continued ethics curriculum growth: first, demonstrating more intentionality regarding the scheduling of residents in the ethics committee, and second, continuing to invite students to integrate ethical competency into other areas of the CPE curriculum. In regard to the first, the residents experienced a dilemma; they wanted to attend the ethics committee but felt like they needed to be at the morning department huddle. For example, a resident who had the on-call pager was also scheduled to attend ethics committee, with the result that the resident rightly attended the department huddle to coordinate care for the day. This ended up happening three months of the year. More intentionality in the future to limit "double booking" will help the residents attend the ethics committee to gain that professional experience. Balancing competing needs around the ethics committee remains a challenge for our program. Ultimately, this represents an opportunity for the educator to partner with residents in a more intentional way to offer clearer opportunities to the residents to participate in the ethics committee in the future.

Regarding the second opportunity for growth—and relevant to our fourth goal identified for the curriculum—we see more opportunity to tap into the resources of CPE to help students integrate ethical theory into their practice. Verbatims, for example, can offer occasions for students to reflect not only upon their internal process and the interpersonal processes experienced in visits but also on ethical considerations that emerge from visits. One strategy we are now integrating is framing verbatims around level-specific indicators for CPE.[14] Emphasizing and integrating ACPE indicators focused on ethics into other curriculum items and reflective processes can be a way to continue to broaden and invite ethical understanding and practice. Opportunities also exist through individual supervision and group supervision sessions, such as interpersonal relations group gatherings. Moreover, as we continue to reflect, we have discerned potential for a fifth ethics session focusing on the role of an ethics committee,[15] which could be placed in the final unit of the residency to further support professional competency for outgoing residents.

Throughout the process of curriculum development, I have found myself thankful for the resources available to my CPE program, the most important of which is our hospital's clinical ethicist. I am aware that many programs may not have a dedicated in-house clinical ethicist, and indeed, as noted above, in some contexts chaplains themselves may find themselves at the tip of the ethics mechanism spear. I see great need for a comprehensive ethics text for spiritual caregivers, offering both grounding in theory and opportunities to engage cases. Many resources are available, including online resources like the Center for Practical Bioethics[16] and the Markkula Center for Applied Ethics at Santa Clara University,[17] which provide collections of case studies addressing various topics; the Association of Professional Chaplains' "Guidelines for the Chaplain's Role in Health Care Ethics"[18]; and, perhaps most importantly, the American Society for Bioethics and Humanities, which provides webinars, case studies, and discussion forums that

explore contemporary ethical issues in healthcare.[19] However, a single, dedicated text on ethics written for clinical spiritual caregivers would fill a current gap in the literature.

CONCLUSION

I sat down to start writing this conclusion two days after a former student successfully completed their board certification interview. Several days prior to the interview, the student asked to meet with me to go over their presenter's report, which included a question about ITP4. On the surface, it appeared that the feedback centered on the student's knowledge of Beauchamp and Childress.[20] However, as I processed the presenter's feedback with my student, the student realized that they could speak more directly and clearly about all four principles of biomedical ethics then they had in their competency essay, which had only examined a vignette through the lens of autonomy. As we talked, my student realized that they could also talk about their vignette through the principles of beneficence, nonmaleficence, and justice. My former student then asked, "Kant is the one that talks about duty, right?" I smiled and knew in my heart that their interview was going to go just fine, so long as they could stay in the moment with their interview team.

Staying in the moment, remaining present, open, and reflective, is a fruit of integration. It's perhaps the most important skill a spiritual care provider can develop. In this paper, I have outlined the development and implementation of our revised ethics curriculum for CPE, designed to facilitate the integration of ethical theory and clinical practice in our context. Beginning with an assessment of both professional and clinical needs, we have shaped a curriculum that not only introduces ethical principles but also equips students to apply them meaningfully in their work. Through structured didactics, engagement with hospital-wide ethics discussions, and opportunities for real-world application, we have sought to deepen students' ethical competency. The year-long implementation provided us with valuable insights—affirming areas of strength while highlighting opportunities for refinement. As we continue to evolve this curriculum, our goal remains the same: to form chaplains who can navigate clinical complexities with pastoral presence, ethical clarity, and professional integrity.

NOTES

[1] Portions of this paper were previously presented as Craig D. Katzenmiller, "Teaching Clinical Ethics for Professional Chaplaincy Competency: A Process Improvement Study," paper presented at the American Society for Bioethics and Humanities Annual Conference, St. Louis, September 21, 2024). The author wishes to thank Annette Mendola for the ongoing feedback and expertise she offered during the development of this paper and continues to offer our CPE program. Additional thanks go to John Hardwig for reviewing and offering feedback on a

previous version of this paper. The content of this paper does not necessarily reflect the views of the University of Tennessee Medical Center.

[2] Pádraig Ó Tuama, "What Does It Mean to Pay Spiritual and Moral Attention to the Conflicts of Our Lives?" *America: The Jesuit Review*, September 20, 2019, https://www.americamagazine.org/faith/2019/09/20/what-does-it-mean-pay-spiritual-and-moral-attention-conflicts-our-lives.

[3] *ACPE Manuals*, "Category E: Professional Development," under "Outcome 2: Ethical Practice and Professionalism," accessed October 15, 2024, https://www.manula.com/manuals/acpe/acpe-manuals/2016/en/topic/category-e-professional-development.

[4] "Changes to Competency Verbiage," Board of Chaplaincy Certification, Inc., accessed October 15, 2024, https://www.apchaplains.org/bcci-site/wp-content/uploads/sites/2/2024/02/Changes-to-Competency-Verbiage-Aug-2023.pdf. In addition to ITP4, competencies PIC7 and OL4 relate directly to ethics and ethical behavior in one's context.

[5] David W. Fleenor, Paul Cummins, Jo Hirschmann, and Vansh Sharma, "Ethics Education in Clinical Pastoral Education: Prevalence and Types," *Journal of Health Care Chaplaincy* 28, no. 2 (2022): 286.

[6] "Chaplains Report Receiving No Ethics Education," *Medical Ethics Advisor*, July 1, 2021, https://www.reliasmedia.com/articles/148211-chaplains-report-receiving-no-ethics-education.

[7] The remainder of this paper is arranged according to the curriculum development process identified by Jill Schneiderhan, Timothy C. Guetterman, and Margaret L. Dobson, "Curriculum Development: A How To Primer," *Family Medicine and Community Health* 7, no. 2 (2019): 2, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6910735/pdf/fmch-2018-000046.pdf.

[8] I am indebted to Maurice Appelbaum, who, during a presentation about ACPE's new outcomes and indicators in 2023, observed how the progression from Levels IA to IB to IIA to IIB mirror the stages of competence from unconscious incompetence (IA) to conscious incompetence (IB) to conscious competence (IIA) to unconscious competence (IIB). Maurice Appelbaum, "Outcomes and Indicators," virtual presentation to Appalachian Community of Practice retreat, Seabrook Island, South Carolina, April 21, 2023.

[9] Schneiderhan, Guetterman, and Dobson, "Curriculum Development," 4–5.

[10] *ACPE Manuals*, "Category E: Professional Development," under "Outcome 2: Ethical Practice and Professionalism."

[11] Board of Chaplaincy Certification, Inc., "BCCI Competency Essay Writing Guide," accessed October 16, 2024, https://www.apchaplains.org/bcci-site/becoming-certified/applications-and-forms/bcci-competency-essay-writing-guide/.

[12] Prompts for assessing ITP4 were as follows: I can articulate what this competency means to me, I can articulate commonly used principles of ethics, I can articulate ethical theories that inform my spiritual care, and I can discuss a time I've used ethical theory in my practice. Prompts for PIC7 were as follows: I can articulate what this competency means to me; I can demonstrate an awareness of contents of the Common Code of Ethics for Chaplains, Pastoral Counselors, Clinical Pastoral Educators, and Students; I can talk about how I abide by the Common Code of Ethics for Chaplains, Pastoral Counselors, Clinical Pastoral Educators, and Students in my provision of

spiritual care; and I can select one principle from the Common Code of Ethics for Chaplains, Pastoral Counselors, Clinical Pastoral Educators, and Students and demonstrate how I integrate it into my spiritual practice. Lastly, prompts for OL4 were as follows: I can articulate what this competency means to me, I can articulate my role in ethical decision-making as spiritual caregiver, and I can discuss an example of ethical decision-making in my practice.

[13] Attrition between time points reflects incomplete post-survey responses rather than student withdrawal.

[14] Elizabeth Rickert Dowdy used the following questions to invite reflection on Level IA ethics indicators: "How did you adhere to [the] Pastoral Care Department Code of Professional Ethics in this encounter? (L1A.18)" and "How did you demonstrate integrity or honesty in this encounter? (L1A.19)." These questions can be adapted for each program's context and can provide a pattern for verbatims addressing subsequent levels of CPE. Elizabeth Rickert Dowdy, "ACPE Level IA Verbatim Template" (2023), n.p. (received via email on October 13, 2023, from an ACPE Certified Educator participating in piloting the new outcomes and indicators).

[15] Our plan for this fifth didactic focuses on the first chapter of *Guidance for Healthcare Ethics Committees*, which can serve as a guide for conversation within the didactic. D. Micah Hester and Toby Schonfeld, "Introduction to Heathcare Ethics Committees," in *Guidance for Healthcare Ethics Committees*, ed. D. Micah Hester and Toby Schonfeld (Cambridge University Press, 2012), 1–31.

[16] Center for Practical Bioethics, "Explore Our Resources," accessed February 7, 2025, https://www.practicalbioethics.org/search-results/case-studies/.

[17] Markkula Center for Applied Ethics at Santa Clara University, "Bioethics Cases," accessed February 7, 2025, https://www.scu.edu/ethics/focus-areas/bioethics/resources/cases/.

[18] Association of Professional Chaplains, "Guidelines for the Chaplain's Role in Health Care Ethics," accessed March 7, 2025, https://www.apchaplains.org/resources/reading-room/guidelines-for-the-chaplains-role-in-health-care-ethics/.

[19] See the American Society for Bioethics and Humanities website: https://asbh.org/.

[20] Tom L. Beauchamp and James F. Childress, 8th ed., *Principles of Biomedical Ethics* (Oxford University Press, 2019).