

Term Information

Effective Term Autumn 2014

Course Change Information

What change is being proposed? (If more than one, what changes are being proposed?)

Request for GEC Cultures and Ideas course

What is the rationale for the proposed change(s)?

See attached

What are the programmatic implications of the proposed change(s)?

(e.g. program requirements to be added or removed, changes to be made in available resources, effect on other programs that use the course)?

See attached

Is approval of the request contingent upon the approval of other course or curricular program request? No

Is this a request to withdraw the course? No

General Information

Course Bulletin Listing/Subject Area	Biomedical Sciences Grad Prog
Fiscal Unit/Academic Org	School of Biomedical Sciences - D2506
College/Academic Group	The College of Medicine
Level/Career	Undergraduate
Course Number/Catalog	2000
Course Title	Theory and Foundations of Bioethics
Transcript Abbreviation	Bioethics Theory
Course Description	Explores moral concerns and ethical decision-making in medicine and health care. Topics include health care reform informed consent, quality of life decisions, decisions to allow to die, rationing, futility, and scarcity of resources. In particular, we will analyze concerns regarding equality, justice, and individual rights to health care.
Semester Credit Hours/Units	Fixed: 3

Offering Information

Length Of Course	14 Week
Flexibly Scheduled Course	Never
Does any section of this course have a distance education component?	No
Grading Basis	Letter Grade
Repeatable	No
Course Components	Lecture
Grade Roster Component	Lecture
Credit Available by Exam	No
Admission Condition Course	No
Off Campus	Never
Campus of Offering	Columbus

Prerequisites and Exclusions

Prerequisites/Corequisites
Exclusions

Cross-Listings

Cross-Listings

Subject/CIP Code

Subject/CIP Code	51.3201
Subsidy Level	Baccalaureate Course
Intended Rank	Freshman, Sophomore, Junior, Senior

Requirement/Elective Designation

Required for this unit's degrees, majors, and/or minors

General Education course:

Culture and Ideas

The course is an elective (for this or other units) or is a service course for other units

Previous Value

Required for this unit's degrees, majors, and/or minors

The course is an elective (for this or other units) or is a service course for other units

Course Details

Course goals or learning objectives/outcomes

- Identify ethical issues that arise in the context of medicine, healthcare, biotechnology, and surrounding issues.
- Understand how general concepts such as "person", "life", "death", etc. function within bioethical arguments.
- Apply moral reasoning to specific ethical situations.
- Form and defend well-supported positions on bioethics issues.

Content Topic List

- Informed Consent
- Healthcare Reform
- Quality of Life Decision Making
- Decisions to Allow to Die
- Rationing
- Futility
- Scarcity of Resources

Attachments

- GE_AssessmentPlan_BSGP2000.doc
(GEC Course Assessment Plan. Owner: Lahmers, Amy Kathryn)
- ProposedGE_BSGP2000.docx
(GEC Model Curriculum Compliance Stmt. Owner: Lahmers, Amy Kathryn)
- Syllabus_BSGP2000.docx
(Syllabus. Owner: Lahmers, Amy Kathryn)

Comments

Workflow Information

Status	User(s)	Date/Time	Step
Submitted	Lahmers, Amy Kathryn	07/03/2014 08:35 AM	Submitted for Approval
Approved	Lahmers, Amy Kathryn	07/07/2014 11:43 AM	Unit Approval
Approved	Clinchot, Daniel Michael	07/07/2014 12:08 PM	College Approval
Pending Approval	Vankeerbergen, Bernadette Chantal Nolen, Dawn Jenkins, Mary Ellen Bigler Hogle, Danielle Nicole Hanlin, Deborah Kay	07/07/2014 12:08 PM	ASCCAO Approval

Autumn Term 2014

Theory and Foundations of Bioethics

BSGP 2000, MW 4-5:15

[Classroom local]

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1. COURSE DESCRIPTION

This course explores moral concerns and ethical decision making in medicine and healthcare. Topics include healthcare reform, informed consent, quality of life decision-making, decisions to allow to die, rationing, futility, and scarcity of resources. In particular, we will analyze concerns regarding equity, justice, and individual rights to health care. There is no prerequisite to this course.

2. COURSE OBJECTIVES

Students taking this course will learn to

- a. understand the general features (and limitations) of current bioethical discussion
- b. identify the normative, contemporary values of medical decision-making
- c. identify the moral questions that medical practice and the health issues raise
- d. differentiate between ethically problematic or significant situations and situations which do not require ethical analysis
- e. evaluate common beliefs about medical ethics
- f. conceptualize the nature of a medical relationship, and understand the moral principles such relationships involve
- g. apply moral reasoning to specific situations and defend the conclusions of that reasoning
- h. write clearly, eloquently and effectively about particular moral dilemmas
- i. direct and manage their own future learning about ethics

3. *GE Culture and Ideas* Goals and ELO

3.1 *Goals*

Students evaluate significant cultural phenomena and ideas in order to develop capacities for aesthetic and historical response and judgment; and interpretation and evaluation.

Expected Learning Outcomes:

3.2 Students analyze and interpret major forms of human thought, culture, and expression.

3.3 Students evaluate how ideas influence the character of human beliefs, the perception of reality, and the norms which guide human behavior.

How BSGP2000 helps students achieve these ELOs: Bioethics is a major form of human thought, culture, and expression as healthcare and medicine are realities all human engage. As such, BSGP2000 addresses *identification* and *understanding* of biomedical ethics as a major form of human thought, culture, and expression. Likewise, this course seeks to address different modes of *evaluating*, *conceptualizing*, and *applying* how bioethics functions as a norm that affects one's perception of reality and guides human behavior.

4. REQUIREMENTS

4.1 *Attendance*

Attendance and class participation are required.

4.2 *Homework*

For each set of readings there are assigned reading questions.

Due date: Each Wednesday (or second class meeting of the week) students are to turn in answers to the reading questions. Each set of questions should be no more than 2 typed double spaced pages. Homework must be turned in by the beginning of class, or, prior to the class, to Kelly Bolt (2190 Graves Hall). Please note: we are unable to accept homework via email.

4.3 *Papers*

There are two short research papers due. Each should be 10 typed double spaced pages in length on a topic approved by the instructors. General grading criteria will include depth of research and analysis, clarity of presentation, style of composition, the ability to reason soundly to interesting conclusions, and clear indication that the paper has been a learning experience. These are research papers, so external research from scholarly sources is essential.

4.4 *Late Penalty*

Late penalty: papers turned in late will lose one half of a letter grade each day they are late, including Saturday and Sunday. Please note: we are unable to accept papers by email.

5. SPECIAL ACCOMMODATIONS

Students with disabilities that have been certified by the Office for Disability Services will be appropriately accommodated and should inform the instructor as soon as possible of their needs. The Office for Disability Services is located in 150 Pomerene Hall, 1760 Neil Avenue; telephone 292-3307, TDD 292-0901; <http://www.ods.ohio-state.edu/>.

6. ACADEMIC INTEGRITY & MISCONDUCT

OSU official statement on academic misconduct: “It is the responsibility of the Committee on Academic Misconduct to investigate or establish procedures for the investigation of all reported cases of student academic misconduct. The term “academic misconduct” includes all forms of student academic misconduct wherever committed; illustrated by, but not limited to, cases of plagiarism and dishonest practices in connection with examinations. Instructors shall report all instances of alleged academic misconduct to the committee (Faculty Rule 3335-5-487). For additional information, see the Code of Student Conduct <http://studentlife.osu.edu/csc/>.” Further, plagiarism is defined as “the representation of another's work or ideas as one's own; it includes the unacknowledged word for word use and/or paraphrasing of another person's work, and/or the inappropriate unacknowledged use of another person's ideas” (www.studentaffairs.osu.edu/csc/).

7. GRADES

Weekly responses to the reading questions = 25%
First paper = 35%
Second paper = 40 %

8. TEXTS

Engelhardt, Jr., H.T.: 1996, *The Foundations of Bioethics*, second edition, Oxford University Press, New York.

Other Readings:

Selections from *The Journal of Medicine and Philosophy*— some distributed and some on Carmen

Selected readings on health care in Hong Kong— some distributed and some on Carmen

Selected readings on health care in Canada— some distributed and some on Carmen

Selected readings on Intensive Care Medicine—some distributed and some on Carmen

9. APPROXIMATE SCHEDULE

<i>7.1 Theory and Foundations</i>	
Class/date 1	Introduction: scarcity, rights talk and the hope for a decent minimum
...class / date # 2	Basic Concepts: health care as a right. Health care as a commodity.
# 3, etc	Basic Concepts: some potentially futile reflections on medical futility.
	Engelhardt: Preface and Ch. 1
	Engelhardt: Chs. 2 & 3
	Engelhardt: Chs. 2 & 3
	Engelhardt: Ch. 4
	Engelhardt: Ch. 4
<i>7.2 Special Topics</i>	
	<p>Informed Consent – Individual vs. Family Cherry & Engelhardt. Informed consent in Texas: theory and practice. <i>The Journal of Medicine and Philosophy</i> 29(2)(2004): 237-252.</p> <p>Fan. Consent to medical treatment: the complex interplay of patients, families, and physicians. <i>The Journal of Medicine and Philosophy</i> 29(2) (2004): 139-148.</p> <p>Cong. Doctor-family-patient relationship: the Chinese paradigm of informed consent. <i>The Journal of Medicine and Philosophy</i> 29(2) (2004): 149-178.</p> <p>Fan & Li. Truth telling in medicine: the Confucian view. <i>The Journal of Medicine and Philosophy</i> 29(2)(2004): 179-193.</p>
	Informed Consent – Individual vs. Familial...
	<p>Informed Consent – Families and Minor Children Engelhardt. Beyond the best interests of children: four views of the family and of foundational disagreements regarding pediatric decision making. <i>The Journal of Medicine and Philosophy</i> 35(5) (2010): 499-517</p> <p>Iltis. Toward a coherent account of pediatric decision making. <i>The Journal of Medicine and Philosophy</i> 35(5) (2010): 526-552.</p> <p>Cherry. Parental authority and pediatric bioethical decision making. <i>The Journal of Medicine and Philosophy</i> 35(5)(2010): 553-572.</p> <p>Chen and Fan. The family and harmonious medical decision making: cherishing an appropriate Confucian moral balance. <i>The Journal of Medicine and Philosophy</i> 35(5)(2010): 573-586.</p>

	Informed Consent – Families and Minor Children...
	<p>Allocation of Scarce Resources – The Intensive Care Unit Rie. Respect for human life in the world of intensive care units: secular reform Jewish reflections on the Roman Catholic view.</p> <p>Taboada. What is appropriate intensive care? A Roman Catholic perspective.</p> <p>Society of Critical Care Medicine Ethics Committee. Consensus statement on the triage of critically ill patients. <i>JAMA</i> April 20: 271(15) (1994):1200-3.</p>
	<p>Allocation of Scarce Resources – The ICU ...</p> <p style="text-align: center;">***PAPER ONE DUE ***</p>
	<p>Health Care Reform Iltis and Cherry. First do no harm: critical analyzes of the roads to health care reform. <i>The Journal of Medicine and Philosophy</i> 33(5) (2008): 403-415.</p>
	<p>Health Care Reform – Liberty and Equality Menzel. How compatible are liberty and equality in structuring a health care system? <i>The Journal of Medicine and Philosophy</i> 28(3)(2003): 281-306.</p> <p>Trotter. The illusion of legitimacy: two assumptions that corrupt health policy deliberation. <i>The Journal of Medicine and Philosophy</i> 33(4)(2008): 445-460.</p>
	<p>Health Care Reform – England Meadowcroft. The British National Health Service: lessons from the ‘Socialist Calculation Debate.’ <i>The Journal of Medicine and Philosophy</i> 28(3)(2003): 259-280.</p> <p>Meadowcroft. Patients, politics, and power: government failure and the politicization of UK health care. <i>The Journal of Medicine and Philosophy</i> 33(5)(2008): 427-444.</p>
	<p>Health Care Reform – Canada Lemieux. Public health insurance under a nonbenevolent State. <i>The Journal of Medicine and Philosophy</i> 33(5)(2008): 416-426.</p> <p>Barua, Rovere and Skinner. Waiting your Turn: Wait Times for Health Care in Canada, 2011 Report.</p> <p>Barua. Why we wait: physician opinions on factors affecting health care wait times.</p> <p>Skinner and Rovere. The Misguided War against Medicines, 2011.</p> <p>Rovere and Skinner. Access Delayed, Access Denied: Waiting for New Medicines in Canada, 2011 Report.</p>
	Health Care Reform – Canada ...

	<p>Health Care Reform – Hong Kong Fan. Freedom, responsibility, and care: Hong Kong’s health care reform. <i>The Journal of Medicine and Philosophy</i>, 24(6)(1999): 555-570.</p> <p>Tao. does it really care? The Harvard Report on health care reform for Hong Kong. <i>The Journal of Medicine and Philosophy</i>, 24(6) (1999): 571-590.</p> <p>Au. Constructing options for health care reform in Hong Kong. <i>The Journal of Medicine and Philosophy</i> 24(6)(1999): 607-624.</p>
	<p>Health Care Reform – Hong Kong ...</p>
	<p>Death Iltis & Cherry. Death revisited: rethinking death and the dead donor rule. <i>The Journal of Medicine and Philosophy</i> 35 (2010): 223-241.</p> <p>Bernat. How the distinction between ‘irreversible’ and ‘permanent’ illuminates circulatory-respiratory death determination. <i>The Journal of Medicine and Philosophy</i> 35(2010): 242-255.</p> <p>Shewmon. Constructing the death elephant: a paradigm shift for the definition, criteria, and tests for death. <i>The Journal of Medicine and Philosophy</i> 35(2010): 256-298.</p> <p>Miller et al. The dead donor rule: can it withstand critical scrutiny? <i>The Journal of Medicine and Philosophy</i> 35 (2010): 299-312.</p> <p>Veatch. Transplanting hearts after death measured by cardiac criteria: the challenge to the dead donor rule. <i>The Journal of Medicine and Philosophy</i> 35 (2010): 313-329.</p> <p>Khushf. A matter of respect: a defense of the dead donor rule and of a ‘whole brain’ criterion for determination of death. <i>The Journal of Medicine and Philosophy</i> 35 (2010): 330-364.</p>
	<p>Death ...</p>
	<p>Buying and Selling Human Organs Kuntz. A litmus test for exploitation: James Stacey Taylor’s Stakes and Kidneys. <i>The Journal of Medicine and Philosophy</i> 34 (2009): 552-572.</p> <p>Kerstein. Autonomy, moral constraints, and markets in kidneys. <i>The Journal of Medicine and Philosophy</i> 34 (2009): 573-585.</p> <p>Davis & Crowe. Organ markets and the ends of medicine. <i>The Journal of Medicine and Philosophy</i> 34 (2009): 586-605.</p> <p>Hughes. Constraint, consent and well-being in human kidney sales. <i>The Journal of Medicine and Philosophy</i> 34 (2009): 606-631.</p>

	<p>Stacey Taylor. Autonomy and organ sales, revisited. <i>The Journal of Medicine and Philosophy</i> 34 (2009): 632-648.</p> <p>Cherry. Why should we compensate organ donors when we can continue to take organs for free? A response to some of my critics. <i>The Journal of Medicine and Philosophy</i> 34 (2009): 649-673.</p>
	Buying and Selling Human Organs
	Rights to Health Care Engelhardt: Ch. 8
	Removal of the relics of St. Athanasius the Great (AD 296-373), most feared and hated by the Arians.
	PAPER TWO DUE

10. READING QUESTIONS

DATE DUE	
Class/date # 1	Define scarcity. Define compassion. How do these two issues cause difficulties for the practice of medicine and for honest and rational health care reform? How do claims to a “right to health care” cause difficulties for defining a “decent basic minimum”.
#2	According to Engelhardt, “bioethics” is a plural noun. What does this mean? How does he define “toleration”? What are the nine (9) possible standards for ethical decision making? In contrast, what is the foundation of general secular moral authority.
#3 etc.	Briefly explain Engelhardt’s principles of permission, beneficence, and justice.
	According to Engelhardt, what is a general secular person and why are such beings central to secular moral authority? According to Engelhardt, how is state moral authority limited?
	Explain and critically assess the practice of informed consent in Hong Kong. How is it different than informed consent in the United States? Are these differences morally objectionable? Why or why not? Support your answer utilizing the readings provided.
	Who ought to be appreciated as in authority over minor children – parents (adult guardians) or the children themselves?

	Support your answer utilizing the readings provided.
	Is it appropriate to utilize scarce ICU resources to support a patient in a permanently vegetative state? Support your answer utilizing a critical appreciation of the articles by Rie, Taboada, and the Society for Critical Care Medicine.
	According to Meadowcroft, what is government failure? Explain and give examples from the readings.
	Provide three ways in which the Canadian health care system rations health care. Are these morally objectionable? Why or why not? Support your answer utilizing the readings provided.
	Does the Hong Kong health care system ration care? If so, how? Is this morally objectionable? Why or why not? Support your answer utilizing the readings provided.
	Define the dead donor rule. Next, provide a critical summary of whole body, whole brain, and higher order brain definitions of death.
	From the readings, choose three arguments against the sale of human organs for transplantation. State the objection and the reasons that purport to support the objection, then carefully and critically assess.

11. PAPERS

Assignment

Choose a topic that engages some aspect of medical ethics. Your analysis should consider the insights and arguments from the authors we have been reading. You need not agree with their position, but you must carefully evaluate and analyze their arguments. Consider also objections that one might raise to your own analysis and, using the author's position as well as your application of those arguments, defend your moral analysis.

Mechanics

Papers should be 10 typed, double-spaced pages. They should be very well researched. They should be written clearly, well organized, and utilize correct grammar. They should have a bibliography and utilize a consistent method of citation. *Note: Wikipedia, random political pundits, and BLOG sites never count as a good source of information.*

Grade

General grading criteria includes clarity of presentation, style of composition, the ability to reason soundly to interesting conclusions, and clear indication that the paper has been a learning experience. Your grade will depend on clarity of thought and ability to understand the moral theories we have been working with as well as appropriately to apply them to the

particular case at hand. We strongly recommend that your analysis, in large measure, work closely from the texts we have been reading. Do not simply reiterate lecture material but work carefully to show the strengths and weaknesses of the moral positions you are working with as well as to present and defend a moral analysis.



THE OHIO STATE UNIVERSITY

COLLEGE OF MEDICINE

CENTER FOR BIOETHICS AND MEDICAL HUMANITIES

GE STATUS CREDIT PROPOSAL FOR BSGP 2000

Category: Cultures and Ideas

Goals: Students evaluate significant cultural phenomena and ideas in order to develop capacities for aesthetic and historical response and judgment; and interpretation and evaluation.

Expected Learning Outcomes:

1. Students analyze and interpret major forms of human thought, culture, and expression.
2. Students evaluate how ideas influence the character of human beliefs, the perception of reality, and the norms which guide human behavior.

GE Rational for BSGP 2000 Meeting Expected Learning Outcomes:

A. How do the course objectives address the GE category expected learning outcomes?

The two expected learning outcomes highlight “major forms of human thought, culture, and expression” as well as “ideas that influence the character of human beliefs, the perception of reality, and the norms which guide human behavior.” The nine course objectives for BSGP 2000 align broadly and specifically with both of these emphases. Broadly, biomedical ethics is a major form of human thought, culture, and expression as healthcare and medicine are realities all human engage. From Hippocrates and the earliest recorded discussions on medical ethics to contemporary debates on synthetic biology and transhumanism, the ethical import of healthcare and medicine is a fundamentally human need and reality. Bioethics rightly may be seen as one particular form of ethics in general, whereby bioethics naturally addresses norms of human behavior in the sphere of healthcare and medicine. Specifically, learning outcomes 2.a-c address the *identification* and *understanding* of biomedical ethics as a major form of human thought, culture, and expression. Learning outcomes 2.d-i address different modes of *evaluating*, *conceptualizing*, and *applying* how bioethics functions as a norm that affects one’s perception of reality and guides human behavior.

B. How do the readings assigned address the GE category expected learning outcomes?

The primary text for BSGP 2000, Engelhardt’s *The Foundations of Bioethics*, is one of the essential texts in Bioethics literature. As a volume of primary literature, this book is more than a standard textbook, and it accomplishes at least two central needs of a primary text for bioethics: 1) it surveys the history and significant works of the field of bioethics; 2) it is written philosophically and engages the foundational ideas within bioethics. The selections from prominent bioethics journals—from both a

Western and Eastern traditions—offers an international perspective on bioethics, including opportunities for students to practically engage bioethics theory through court cases and clinical ethical cases. Between the core Engelhardt text and the varied bioethics journal selections, the students will encounter readings that engage bioethics in theory—as a major form of human thought, culture, and expression—as well as through specific, practical cases that analyze the ethical norms of human behavior.

C. How do the topics address the GE category expected learning outcomes?

The following are primary—but not exhaustive—topics included in this course: healthcare reform, informed consent, quality of life decision-making, decisions to allow to die, rationing, futility, and scarcity of resources. These topics naturally represent significant aspects of the healthcare field and medicine, and yet these topics engage *the human experience itself* within the healthcare field and medicine. As Margaret Edson’s 1999 Pulitzer Prize winning play “Wit” demonstrates so well, the experience and role of a patient and physician are never merely “clinical” events, but rather these medical experiences factor as broader participations of inevitable human frailty and sickness. Understood in the proper sense of the term, bioethics (*bios*, life; *ethos*, character) involves an identification, understanding, and analysis of the good life applied to our contemporary medical technologies and healthcare profession. As such, these topics directly address major forms of human culture and expression—medicine and healthcare—while considering the traditional, professional, moral norms that influence and affect the human experience within medicine and healthcare.

D. How do the written assignments address the GE category expected learning outcomes?

This course requires two types of writing assignments: weekly written answers to reading questions (no more than 2 pages) and two short research papers (10 pages) on a topic approved by the teaching faculty. Both writing assignments are designed to give students the chance to respond and engage throughout the course with the ethical human experience involved in healthcare and medicine. As an example, the reading responses allow students the opportunity to identify and analyze reading response questions around the topics of “scarcity” and “compassion.” “How do these two issues cause difficulties for the practice for medicine and for honest and rational health care reform?” Further, after reading Engelhardt, students are asked to respond to the “nine (9) possible standards for ethical decision making” and to reflect upon “bioethics” as a plural noun. The nature of the written assignments align well with the GE category expected learning outcomes.

E. How does the course aim to sharpen students’ response, judgment, and evaluation skills?

At the core of bioethics students are confronted with issues of life, death, reproduction, genetics, moral and physiological enhancement, research ethics, race, gender, HIV/aids, healthcare allocation and more. As the term bioethics (*bios* + *ethics*) indicates, students are asked to apprehend, consider, and analyze the moral standards that lead to decisions and actions involving these issues in very tangible ways. Hence, the whole of bioethics—and naturally this course—gives students the chance to respond and offer judgment concerning the methods and principles at work within ethical dilemmas. In particular, one of the core requirements of BSGP 2000 is a weekly written evaluation essay where students respond to analytical questions involving bioethics (e.g. “From the readings, choose three arguments against the sale of human organs for transplantation. State the objection and the reasons that purport to support the objection, then carefully and critically assess”). From weekly short essays such as this to class lectures and discussions on the foundations and theory of bioethics, the whole of this class aims to sharpen the students’ response, judgment, and evaluation skills within the field of bioethics.

Center for Bioethics and Medical Humanities GE Assessment Plan

Course Title: *Theory and Foundations of Bioethics*

Date Submitted: *June 16, 2014*

Mission Statement: Housed within the Ohio State University Wexner Medical Center and College of Medicine, the Center for Bioethics and Medical Humanities stands as a forum for collaborative research, education, and clinical consultation. The Center mobilizes the necessary conversation and executes initiatives to better accomplish the OSU Wexner Medical Center's mission "to improve people's lives through innovation in research, education, and patient care." Ethics being a dynamic field subsequently includes multiple interprofessional disciplines and perspectives to give consideration to theoretical ethics, empirical ethics, professionalism, humanities, spirituality, religion, law, and public policy. Thus, the Center for Bioethics and Medical Humanities seeks to carry out the Medical Center vision "working as a team, to shape the future of medicine by creating, disseminating, and applying new knowledge, and by personalizing health care to meet the needs of each person."

The Center for Bioethics and Medical Humanities pursues such goals through scholarship, mentorship and education, and facilitating dialogue within the community. Such cornerstones will be promoted through training those who can make enriching contributions to the field of bioethics, developing increased educational opportunities at all levels of the university, and providing venues to bring together academics and healthcare professionals.

Goal	Expected Learning Outcomes	Assessment Methods and Procedures to Demonstrate Student Achievement	Explanation of the Level of Student Achievement Expected	Planned Improvements Based on Assessment Results (i.e., Feedback and Follow-up Process)
To develop students' ability to evaluate significant cultural phenomenon and ideas in order to develop capacities for aesthetic and historical response and judgment and evaluation	I. Students will analyze and interpret major forms of human thought, culture, and expression. II. Students will evaluate how ideas influence the character of human beliefs, the perception of reality and the norms which guide human behavior.	A. Analysis of weekly <u>student reading response questions</u> .	A. 90% of students will receive a 3 or higher on the reading response rubric – evidence of analyzing and interpreting key bioethical forms of human thought, culture, and expression.	A. Rubric reports data will be kept and analyzed every second offering of the course; readings and/or questions will be adjusted to increase (or decrease) secondary source commentary and/or primary source bioethics literature.

		<p>B. Analysis of <u>student papers</u>.</p>	<p>B. 90% of students will receive B- or higher on their papers – evidence of students evaluating how ideas influence the character of human beliefs, the perception of reality, and the norms which guide human behavior</p>	<p>B. Grades for the two course papers will be kept and analyzed every second offering of the course; the course expectations of students regarding “depth of research” and “ability to reason soundly” within bioethics dilemmas will be evaluated if students are not achieving at the expected level.</p>
		<p>C. Analysis of <u>student surveys regarding how the course helped students achieve the GE Cultures and Ideas ELOs</u>.</p>	<p>C. 80% or more of students will express that BSGP2000 presented “significant opportunity” (1) to analyze and interpret major forms of human thought, culture, and expression; 80% or more of students will express that BSGP2000 presented “significant opportunity” (2) to evaluate how ideas influence the character of human beliefs.</p>	<p>C. Student surveys will be kept and analyzed every second offering of the course; the reading and paper assignments as well as the methods of conducting classroom conversation (i.e., Socratic method, peer/small-group discussion method, etc) will be evaluated in light of student survey results to ensure ELOs are reasonably achievable.</p>