

# Putting standards into practice

by Daniel H. Grossoehme BCC and William E. Scrivener BCC



How chaplains at one medical center are strategically planning their department's future using the new Standards of Practice for Professional Chaplains in Acute Care

Our department has been involved in the Standards of Practice for Professional Chaplains in Acute Care from the beginning. Staff member Daniel Grossoehme served on the APC work group that developed the standards and contributed to the drafts of three standards. Shortly after the standards were published in draft form, we began to engage them as a group as a means of reflecting on our practice.

Cincinnati Children's Hospital Medical Center employs 11 staff chaplains; two bereavement staff; four residents in clinical pastoral education (CPE); and three Association for Clinical Pastoral Education (ACPE) supervisors, one of whom is the department's senior director, and one of whom also provides staff chaplaincy part-time at a 100-bed satellite facility. The hospital is a major medical center with 475 inpatient beds, annually serving over 1 million patients who come from all over the United States and 40 other countries. Our department's vision statement is to be the leader in pediatric pastoral and bereavement care.

The first level of engagement began when all staff members were sent a copy of the standards and a scoring grid to assess how each person presently saw the department in relation to each standard and where each person would like to see the department in the future. Those two categories were subdivided into three levels (which match some of the standards' divisions): basic, intermediate and advanced. Staff members were asked to rate the department as a whole, not themselves as individual chaplains.

Next, we met for a two-hour staff development session. Discussions revealed a predictably mixed reaction to the standards, ranging from those who were excited about using them as benchmarks against which to reflect on our practice of chaplaincy, to others who were not convinced of their usefulness. Consensus was achieved early on by clarifying that it was not necessary for all staff in the department to function at an advanced level for every standard. We agreed to seek to have at least one person who functioned at an advanced level for each standard, and that most chaplains would function at basic or intermediate levels on most standards. This consensus relieved some anxieties about how much chaplains would be pushed to significantly broaden their practices and increase their levels of functioning. The discussion led us to further consider some areas in which we were likely under-functioning: care of the organization and systems thinking.

Some months later, a small group of chaplains began developing a draft strategic plan to present to the entire department for discussion and revision in August, 2010. Once again, the standards of practice entered the conversation as a means of thinking about areas in which we wanted to grow. The group identified five of the standards as priorities: delivery of care, care of staff, care of the organization, research and the staff as leader. (We subsequently customized the last standard to our needs to include the department's bereavement care program and staff.)

The lack of an explicitly defined role within the standards for the chaplain as a teacher has meant that education, especially the CPE program, was not initially included in our priority list. This is an area we intend to add as an element of our developing strategic plan. Many of our chaplain staff members provide educational programs at national conferences, but we have not devoted much energy to providing educational programming within our institution or to local clergy, and this is something we'd like to do in the future.

We see a relationship between care of the organization and systemic thinking. If we think of the institution as an entity (and the one consistent entity we have, since the patient population continuously changes), then how do we provide chaplaincy to this entity? How might chaplains bring issues to administrators' awareness – not to problem-solve them as they arise but rather to explore the larger systemic issues to which individual problems may point. In the course of staff conversations, chaplains routinely hear complaints and laments. Some fraction of those laments represent a level of employee concern to which chaplains are privy and which they are uniquely situated to bring to administrators. How we make these “from the trenches” reports is a matter of ongoing discussion. ▶▶

Courtesy of Cincinnati Children's Medical Center



*Emergency department staff discuss an issue with Chaplain Paul Beckman (center) in the trauma bay.*

The standards, and their role in our department's strategic goals, have been useful in presenting our strategic planning approach to the senior vice president to whom the department reports. That the standards represent a consensus about pastoral practice held by all six members of the Spiritual Care Collaborative, a North American consortium of chaplaincy care professional organizations, gives them added weight.

Our medical center is moving to a performance management model within the coming year. The next step for us is to explore if and how the standards can be incorporated into an overall job performance matrix. Inclusion of 13 standards may be too cumbersome for an individual's annual review. Some of the standards, such as ethics, may be too broad. Others, such as confidentiality, may not be chaplain-specific and are included as core criteria on all employee reviews. However, the standards bear serious consideration as job-specific competencies for chaplains. Since some standards already contain examples of performance, broken down into basic, intermediate and advanced levels of competency, this may suggest ways in which the standards can inform how a director and chaplain can use them to evaluate the current level of practice and set goals for the coming year.

The Standards of Practice for Professional Chaplains in Acute Care have led to some spirited department-wide discussions about how each of us understands his or her ministry. We have reached consensus on some aspects of how we want to use the standards, but it is the open discussion itself that has perhaps been of the most value. Despite our history of working closely together in a department with a very low staff turnover, we continue to surprise ourselves at how we all do the same things differently. The standards have been useful in framing our strategic planning process and help us be deliberate in thinking about aspects of chaplaincy we have continued to leave unaddressed.

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## Professional Chaplains Develop Standards of Practice

*by Jon Overvold BCC*

In health care, doctors, nurses and other professionals with whom chaplains serve and communicate have standards of practice to serve as a descriptive framework to support their work. Although chaplains had established standards for certification and a code of ethics, they lacked standards of practice.

To move professional chaplaincy toward standards of practice, the Association of Professional Chaplains' Commission on Quality in Pastoral Services brought together leaders in health care chaplaincy to develop consensus about such standards. The first work group focused on minimal, but essential, standards of practice for board certified chaplains in acute care settings.

Models in social work and nursing, as well as models in Australian and Canadian chaplaincy, informed this work and provided catalysts for identifying and explicating standards of practice within health care chaplaincy in acute care settings. The primary goal of the work group was to reach consensus about what standards of practice are most important at this time and to set those standards in front of the profession. The first work group created Standards of Practice for Professional Chaplains in Acute Care, which are available on the APC Web site, [www.professionalchaplains.org](http://www.professionalchaplains.org), under the Standards of Practice tab. The standards have been affirmed by the professional chaplaincy organizations of the Spiritual Care Collaborative.

Work has already begun to develop Standards of Practice for Professional Chaplains in Long-Term Care. Building on the work of the Standards of Practice for Professional Chaplains in Acute Care, the APC Commission on Quality in Pastoral Services has engaged a group of board certified chaplains with expertise in long-term care to adapt standards of practice for this specialized setting. This work group expects to complete the standards later this year.

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