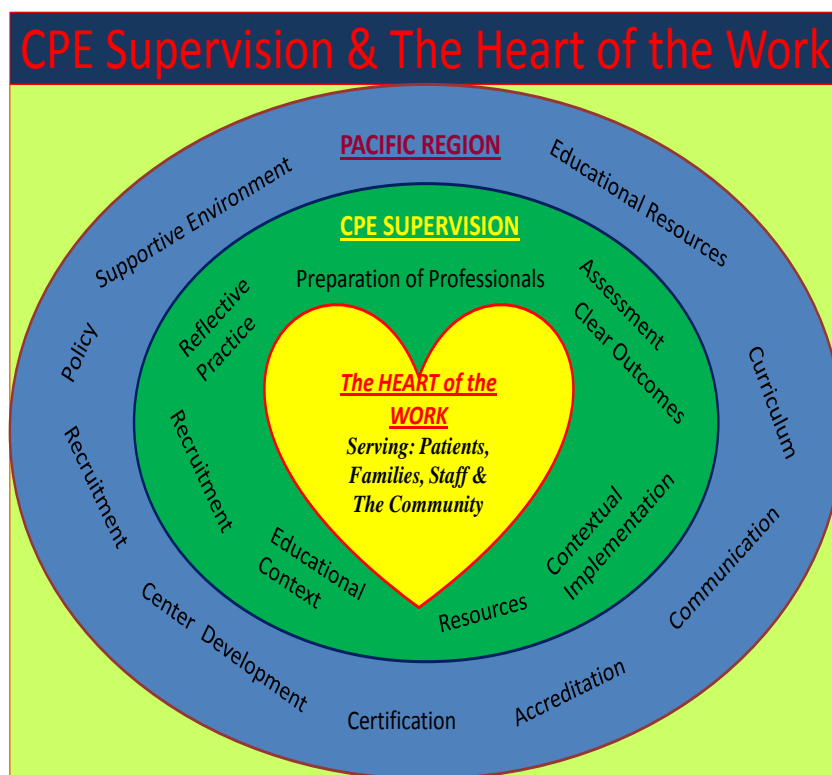


Curriculum Resource



A Resource for Clinical Pastoral Education
Supervisors, Centers & Supervisory CPE Students

CLINICAL PASTORAL EDUCATION CURRICULUM RESOURCE
Edition #1

Curriculum Resource

Edition 1

A Resource for Clinical Pastoral Education Supervisors,
CPE Centers & Students in Supervisory CPE

Education Committee
Pacific Region ACPE



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Honolulu, Hawaii

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INTRODUCTION

This resource is intended to strengthen and support the ongoing learning of those who are preparing to care for the spiritual needs of individuals, their families, staff and colleagues in hospitals and other clinical settings throughout the ACPE Pacific Region. It is the work of many in the region: members of the education committee who have dedicated time, talents, writing skills and insights from their practical experience to create this draft and connect it directly to national ACPE standards. It also draws upon thoughtful feedback of colleagues during the 2011 and 2012 Regional Meetings. It is a work in progress; ready for thoughtful use. This is an invitation to build on existing strengths and continue to improve what we bring to the care of those we serve.

The Curriculum Resource suggests learning expectations, while leaving room for creativity and responsiveness to the particular learning needs and strengths of individual students. We invite you to select, try out, and contribute your thoughts and suggestions for improvement as you support student learning.

This Curriculum Resource represents nearly four years of effort to create a resource for Supervisors, Centers and persons learning the art of supervision. This document consolidates the ACPE Standards, Outcomes and Competencies of the APC/NACC into eight areas of learning and lists outcomes that are necessary to meet ACPE Standards and APC/NACC competencies. The focus was placed on Level 1 and Level 2 Standards as this represents the primary focus of Clinical Pastoral Education. Level 1 and Level 2 were also chosen to assist persons in Supervisory CPE. Students in Supervisory Education must begin constructing curriculum for the students they will serve and prepare CPE Centers to be accredited educational sites. This Curriculum Resource provides a comprehensive look at the whole of learning a Level 1 and Level 2 CPE Student must achieve to be fully prepared for certification as a Chaplain and to begin working in the profession.

This Curriculum Resource was prepared using the principles and understandings from adult learning research. It is adult learning that is the corner stone of our educational process. The guiding principles from adult learning research are:

- ✓ Active listening and open communication with learners matters;
- ✓ Timely information and feedback matter;
- ✓ Choice matters;
- ✓ System or organizational learning matters;
- ✓ Student-focused learning matters most.

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The logo on the cover was created by adapting these principles to our work as CPE Supervisors as a service to our association of professional colleagues. It has been a guiding symbol of the Education Committee and Pacific Regional Council as this document was developed.

To distinguish Level 1 from Level 2 work, the terms “basic” and “going deeper” were utilized. “Basic” addresses the first learning students in CPE are likely to do. “Going Deeper” addresses what is called “Level 2” in ACPE language to show how learning in all areas is deepened and more focused as students’ progress. The best way to understand the distinction is to think of shift from Basic to Going Deeper as representing the movement of students through their learning process.

While there are descriptions of behaviors – the “I Will...” statements – these descriptions do not prescribe the way the learning is to happen or how a Supervisor might choose to help students in a particular area of learning. The “I Will” statements are intended to be a guide for CPE students: to know where they are going and what to expect as part of their learning process. Some may have great competency in one area and be deficient in another. The Guide can be used by students to create learning covenants and focus their learning more effectively.

It is the hope of the Education Committee and Regional Council that this Curriculum Resource will assist with curriculum development in Centers, serve as a guide for students in Supervisory CPE and be a spur to continue the discussion of developing educational resources for our Region. Please share your comments, suggestions, ideas as to how to use the guide and offer resources – books, articles, reports, teaching models, movies, art teaching aids, etc. – that can assist in implementing the curriculum. Resources will be posted on the website for Members’ use.

Know that this Curriculum Resource is a work in progress. It is not and likely should not ever be complete. Those interested in assisting with this ongoing work may contact the Education Committee or the Regional Chairperson.

Education Committee
Pacific Region ACPE

SELF-AWARENESS

Although developing specific pastoral skills and a knowledge base are important elements of pastoral formation, a spiritual caregiver cannot be truly competent if those skills and knowledge are not informed by *self-awareness*.

If we are unaware of how our own background, values, assumptions, beliefs, feelings and reactions shape our ministry, our interactions and interventions *may serve our own interests and agendas, rather than the needs of the people we serve*. The caregiver's experiences, past and present, have the potential to be an important tool, or a significant liability, in ministry. The difference often is determined by the degree to which the caregiver is aware of and able to monitor how personal experiences serve as "blind spots" or "windows" in relation to others' experiences. To avoid pitfalls and to acquire professional competence in the art of spiritual care-giving, a primary task must be to develop knowledge of self, one's inner emotional dynamics, one's own biases and preferences, and one's own responses to diversity. A self-aware student is one who, in relation to his/her ministry:

- knows his/her personal story,
- is able to establish healthy relationships with others,
- is developing awareness of his/her self, motivations, biases, and preference (i.e., inner dynamics),
- Is knowledgeable and respectful of spiritual diversity.

Your vision will become clear only when you can look into your own heart. Who looks outside, dreams; who looks inside, awakes.

– Carl Jung

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SELF-AWARENESS

Know my own personal story

BASIC	GOING DEEPER
<p>I WILL ...</p> <ul style="list-style-type: none">• Identify the ways my own experiences, past and present, shape how I assess and respond to the events and relationships I encounter in ministry, both in one-to-one interactions and in group contexts.• Recognize how the many facets of my identity [including, but not limited to, sex, national origin, race, age, sexual orientation] inform my perceptions of self and others.• Be aware of my own physical, emotional, and spiritual needs and find healthy ways to meet those needs in appropriate contexts. <p>Add ACPE Standards 309.1, 309.2, 309.3</p>	<p>I WILL ...</p> <ul style="list-style-type: none">• Recognize and articulate when a pastoral relationship reminds me of a relationship with a family member or someone else close to me in order to distinguish my relational experiences from the relational experiences of the person(s) I am serving.• Be aware that I have biases and assumptions that may not apply to the experiences of others.• Seek counsel to clarify whether my assumptions and biases accurately reflect the experiences of the person(s) I am serving. <p>Add ACPE Standards 309.2, 311.2</p>

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SELF-AWARENESS

Aware of how I establish relationships with others

BASIC	GOING DEEPER
<p>I will...</p> <ul style="list-style-type: none">• Be able to establish healthy boundaries in my pastoral relationships by:<ul style="list-style-type: none">✓ Identifying ways my own assumptions and experiences influence my response to others' authority and the exercise of my own authority.✓ Recognizing that appropriate relational boundaries must vary according to the multiple levels of relationship and power differences.• Recognize and articulate my responsibility in a relationship and what is, or what I assume to be, the other person's responsibility.• Identify, articulate and put aside my own emotionally charged experiences in order to convey compassion to people in painful situations.• Identify my own reactions and feelings in response to the content or circumstances of a pastoral or collegial relationship.• Identify, articulate and monitor my response to conflict, to stay present during tense or anxious situations, and adapt new behaviors as appropriate. <p style="text-align: center;"><i>ACPE Standards 309.9, 309.10, 311.2, 311.3</i></p>	<p>I will...</p> <ul style="list-style-type: none">• Discern appropriate ways to use and/or manage my own reactions and feelings in response to the content or circumstances of a pastoral or collegial relationship. <p style="text-align: center;"><i>ACPE Standard 309.3, 311.3</i></p>

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SELF-AWARENESS

Develop awareness of my own inner dynamics

BASIC	GOING DEEPER
<p>I will...</p> <ul style="list-style-type: none"> • Be aware of my inner dynamics (<i>emotions, concerns, reactions</i>) in the moment, articulate what I am thinking and feeling, and modify my pastoral intervention accordingly. • Understand and articulate the differences between another person's needs and my own needs. • Identify, articulate and avoid projecting my own emotional agenda or my own life experience on those to whom I minister. • Recognize and articulate the emotions that signal a need to take into account verbal and non-verbal aspects of pastoral conversations. • Attend to my intuitions and emotions, so that I can use them appropriately in pastoral and collegial relationships. <p><i>ACPE Standards 309.1, 309.2, 309.7, 309.9, 311.2, 311.3</i></p>	<p>I will...</p> <ul style="list-style-type: none"> • Be aware of how my perception of authority may and may not be congruent with or the same as that of other people. • Articulate how I understand and embody authority in relationships with others. • Recognize and articulate the meaning of transference and counter-transference in pastoral relationships and identify when it has happened in the pastoral encounter. • Seek consultation from peers and mentors in managing issues of transference and counter-transference in pastoral and collegial relationships. <p align="center"><i>ACPE Standards 312.6, 312.7</i></p>

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SELF-AWARENESS

Be knowledgeable and respectful of spiritual diversity

BASIC	GOING DEEPER
<p>I will...</p> <ul style="list-style-type: none">• Identify and articulate my most basic faith beliefs and how they influence my pastoral and collegial relationships.• Identify and articulate the faith beliefs of others that challenge or pose difficulties for me within pastoral and collegial relationships.• Demonstrate respect for others' beliefs while honoring the integrity of my own beliefs. <p><i>ACPE Standards 311.1, 311.2, 311.9, 312.1, 312.6, 312.9</i></p>	<p>I will...</p> <ul style="list-style-type: none">• Identify and articulate ways my beliefs may enhance or detract from my pastoral and collegial relationships.• Discern when diversity of belief systems creates internal or external conflicts and find mutually respectful ways to respond to those conflicts. <p><i>ACPE Standards 311.1, 311.2, 311.9, 312.1, 312.6, 312.9</i></p>

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DELIVERY OF CARE

I will offer appropriate spiritual care

The following skills and habits of mind apply directly to students' clinical work. They guide students' thoughtful and compassionate support for individuals, family members and interdisciplinary teams. It is with these skills that CPE interns and residents uniquely contribute to overall care by:

- Offering comfort and support for life change/transitions
- Initiating pastoral relations with individuals & groups
- Recognizing and using my emotions appropriately in pastoral relationships
- Designing and using 'ritual'
- Supporting persons in crisis
- Utilizing a repertoire of pastoral intervention skills
- Contributing to bio-ethics consultation
- Participating in care conferences
- Offering end of life (EOL) care
- Providing closure to relationships
- Applying knowledge of grief leading to emotional coping

To heal the spirit involves creating a pathway to sensing wholeness, depth, mystery, purpose, and peace. – Nancy Flam

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DELIVERY OF CARE

Offer comfort and support for life change/transitions

BASIC	GOING DEEPER
<p>I WILL ...</p> <ul style="list-style-type: none">• Invite sharing of experiences of life change/transitions.• Listen attentively for feelings that come up when those I serve talk about changes.• Respond with compassion and support.• <i>Normalize*</i> and <i>validate*</i> feelings about change.• Express an appreciation for the challenges that change can demand.• Convey empathy and understanding through body language and tone of voice.• Invite elaboration of concerns or fears. <p><i>ACPE Standards 311.6, 312.3, 312.4</i></p>	<p>I WILL ...</p> <ul style="list-style-type: none">• Support individuals in identifying their strengths through encouraging them to reflect on ways of coping with difficult changes in the past.• Name strengths I observe to enhance individuals' capacity for embracing these strengths within them.• Affirm individuals' strengths as tools to draw upon while facing life changes.• Collaborate with team members/colleagues to formulate coordinated plans of care to support individuals through change.• Suggest/encourage journaling or other creative expression for exploring feelings around change.• Share spiritual resources to enhance coping with changes.• Create rituals that honor and sanctify change. <p><i>ACPE Standards 311.6, 312.3, 312.4</i></p>

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DELIVERY OF CARE

Initiate Pastoral Relationships with Individuals and Groups

BASIC	GOING DEEPER
<p>I WILL ...</p> <ul style="list-style-type: none"> • Introduce myself and the role of the chaplain/pastoral caregiver to patients and families • Acknowledge and involve all members present during a pastoral visit • Observe and respond to the tone of voice and body language of my conversation partner(s) • Recognize that the ways people communicate differ according to cultural background • Use my tone of voice and body language to match that of my conversation partner(s). • Identify core concerns of my conversation partner(s) • Invite the sharing and exploration of feelings • Facilitate expressions of feelings of family members • Listen empathically and with unconditional regard to the feelings my conversation partner(s) express (<i>see also pastoral intervention skills</i>) • Introduce closure of the pastoral visit: acknowledge that the visit/session is coming to an end; give an opportunity to address important issues that have not been mentioned. 	<p>I WILL ...</p> <ul style="list-style-type: none"> • Be attentive to variations in communication styles based on differences in culture and personality • Use appropriate self-disclosure to establish rapport • Assess spiritual resources and concerns of my conversation partner(s) and determine appropriate interventions • Access and use appropriate ritual, such as prayer and blessing • Determine and discuss follow-up visits • Determine a spiritual care plan and make referrals to the interdisciplinary team as needed <p align="center"><i>ACPE Standards 311.7; 312.2</i></p>

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Initiate Pastoral Relationships with Individuals and Groups, cont.

BASIC	GOING DEEPER
<p>I WILL ...</p> <ul style="list-style-type: none">• Use verbal and non-verbal signals to close the visit (consider cultural variations this may include: handshake, blessing, plans about follow-up meetings, for example)• Summarize the conversation, check for shared understanding and develop an appropriate follow-up plan <p><i>ACPE Standards 311.7; 312.2</i></p>	

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DELIVERY OF CARE

Recognize and use my emotions appropriately in pastoral relationships

BASIC	GOING DEEPER
<p data-bbox="217 506 347 537">I WILL...</p> <ul data-bbox="217 583 781 1255" style="list-style-type: none"><li data-bbox="217 583 781 646">• Be aware of my physical sensations during a pastoral conversation<li data-bbox="217 688 781 856">• Sense and be aware of my feelings and thoughts as they arise during a conversation (<i>such as sadness, joy, anger, attraction, disgust, as well as assumptions and judgments</i>)<li data-bbox="217 898 509 930">• Withhold judgment<li data-bbox="217 972 743 1003">• Consider and reflect on my emotions<li data-bbox="217 1045 781 1150">• Distinguish my own feelings from those communicated by my conversation partner<li data-bbox="217 1192 781 1255">• Communicate unconditional regard and respect for my conversation partner <p data-bbox="337 1297 743 1329"><i>ACPE Standards 309.2, 309.7</i></p>	<p data-bbox="889 506 1019 537">I WILL ...</p> <ul data-bbox="899 583 1463 1255" style="list-style-type: none"><li data-bbox="899 583 1463 814">• Differentiate feelings and thoughts that are part of my personal and cultural background from those feelings and thoughts that may give me insight in the experience of my conversation partner (<i>understand transference* and counter-transference* responses</i>)<li data-bbox="899 856 1430 961">• Check-out my assumptions and impressions in communication with members of the interdisciplinary team<li data-bbox="899 1003 1463 1129">• Determine whether appropriate and selective disclosure of my feelings and thoughts may serve the pastoral care of the conversation partner<li data-bbox="899 1171 1430 1255">• Seek consultation about feelings that are disturbing to me <p data-bbox="932 1276 1430 1308"><i>ACPE Standards 309.10, 311.8, 312.6</i></p>

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Design and use “ritual”

BASIC	GOING DEEPER
<p>I WILL ...</p> <ul style="list-style-type: none">• Identify major components of traditional life cycle rituals in my own religious tradition/heritage.• Demonstrate competence and confidence in leading rituals from my own religious tradition/heritage.• Be informed about rituals I am/am not empowered/authorized to perform -- within both my own and other faith traditions.• Learn rituals relevant to the populations I work with, including basic prayers and/or practices.• Know when to consult and/or invite other religious professionals to assist in designing ritual or officiating (e.g., Catholic priest for <i>anointing</i>.)• Develop a collection of ritual resources I easily (and appropriately) can draw upon as I make pastoral care visits.• Invite and integrate input from those for whom I'm designing a ritual.• Develop knowledge and skills for using ritual resources from spiritual traditions other than my own.• Recognize that I may need to seek guidance for appropriate and respectful use of the rituals & spiritual traditions. <p>ACPE Standards 311.1, 311.6, 311.7</p>	<p>I WILL ...</p> <ul style="list-style-type: none">• Attend/observe/reflect upon a ritual event from a spiritual tradition different from my own.• Create a new ritual around a life transition (such as moving from a home residence to a nursing facility).• Expand my creativity and capacity for articulating improvised prayer.• Use ritual objects respectfully.• Use objects and symbols appropriately in the creation of ritual.• Discern and abide by boundaries around performing ritual that is outside of my own theological beliefs.• Design and carry out ritual co-created with clergy and/or laity from spiritual traditions different from my own. <p>ACPE Standards 312.1, 312.2, 312.3, 312.6, 312.7</p>

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DELIVERY OF CARE

Support persons in crisis

BASIC	GOING DEEPER
<p data-bbox="253 474 391 506">I WILL ...</p> <ul data-bbox="232 554 797 1724" style="list-style-type: none">• Understand the feelings a person in crisis may experience (<i>disorganization, shock, increased anxiety, anger, fear, etc.</i>)• Be attentive to space and surroundings/assure physical safety• Allow the person in crisis to express their feelings• Validate feelings and communicate unconditional regard• Contain panic reactions by orienting conversation partners to the immediate environment, the present moment, and through grounding *• Collaborate with the interdisciplinary team to assist person in crisis• Focus on the here-and-now• Mobilize resources (explore what has been helpful in the past and might be helpful now)• Assist persons to articulate the core issues they are concerned about• In larger groups: identify spokespersons for others <p data-bbox="358 1761 662 1793">ACPE Standard 312.3</p>	<p data-bbox="889 474 1027 506">I WILL ...</p> <ul data-bbox="899 554 1464 1566" style="list-style-type: none">• Enlarge the understanding of a problem by assisting care seekers to identify information they need, persons they might consult, and resources that are available.• Develop a plan for the immediate future (next hours, next days) and assist in taking the first steps• Use spiritual resources for stabilizing and providing comfort appropriate to the spiritual beliefs and practices of the person(s) in crisis.• Assist persons receiving care to understand their situation: what they may be able to do <u>and</u> what they <i>cannot</i> change at this time• Assist in developing a short-term and long-term plan to help persons in crisis cope with their situation• Identify sources of support to call on for further assistance• Make referrals to mental health professionals as needed <p data-bbox="1032 1751 1336 1782">ACPE Standard 312.3</p>

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DELIVERY OF CARE

Develop and use a repertoire of pastoral intervention skills

BASIC

GOING DEEPER

Empathy and Reflective Listening

Leading and using spiritual resources

I WILL ...

I WILL ...

- Match my demeanor, eye contact, and tone of voice and space taking to that of my conversation partner.
- Respect my conversation partner's boundaries by asking permission to sit down, touch, etc.
- Reflect my conversation partner's comments through paraphrasing
- Ask open-ended questions that invite conversation
- Make use of silence and pauses
- Summarize a conversation to check if I have understood what my conversation partner has expressed
- Listen to my own feelings (*see appropriate use of emotions*)
- Invite a conversation partner to share feelings
- Validate feelings
- Invite the exploration of meaning
- Check out my own assessments through clarifying questions
- Identify presenting and underlying concerns
- Notice the language, most frequently uttered words, and use those in the pastoral conversation.

- Invite sharing through prompting
- Identify main issues and concerns your conversation partner has raised
- Refocus conversation on core concerns
- Ask for increasing details and specifics
- Propose alternate understanding through reframing
- Reflect on the conversation to identify discrepancies
- Communicate discrepancies and conflicts in a respectful and caring manner
- Encourage exploration of alternatives and different perspectives
- Ask about spiritual resources for coping
- Make use of helpful spiritual practices in the moment (anointing, final blessing)
- Invite those in care/families to participate in and contribute to spiritual practice
- With permission, use appropriate touch

ACPE Standards 309.6, 309.10, 312.2, 312.3

ACPE Standard 312.3

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Conflict Resolution

I WILL ...

- Articulate basic understanding of internal and interpersonal conflict
- Assure that conversation partners are not under time pressure and can be undisturbed when discussing a conflict
- Facilitate the respectful expression of feelings related to conflict through reflective listening
- Facilitate an articulation of the content of the conflict [*Normalize** strong emotions involved in conflict]
- Assure that all parties (internal conflict: all sides) involved in a conflict can express their needs and values
- Help both parties listen to each other and to consider the conflict through the perspective of the other
- Assist parties in brainstorming possible solutions without evaluation
- Invite parties to select a solution that seems workable to both/all
- Assist parties to develop and implement a plan.

ACPE Standard 312.3

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DELIVERY OF CARE

Participate in bioethics consultations

BASIC	GOING DEEPER
<p>I WILL...</p> <ul style="list-style-type: none"> • Articulate a basic understanding of decision processes, principles in medical ethics (for example respect for <i>autonomy*</i>, <i>nonmaleficence*</i>, <i>beneficence*</i>, <i>justice*</i>, <i>veracity*</i>; <i>narrative ethics*</i>) • Articulate a basic understanding of bioethical terms: <i>Informed Consent</i>, <i>Advanced Directives</i>, <i>Do Not Resuscitate/Allow Natural Death Orders</i>, <i>Organ Donation</i>, <i>Medical Futility</i>, <i>Ordinary and Extraordinary Means</i>, <i>Palliative Care</i> 	<p>I WILL ...</p> <ul style="list-style-type: none"> • Find resources that help me understand the basic medical issues involved in an ethical conflict • Describe the role of each member in an ethics consultation • Provide a non-anxious and non-judgmental presence in Medical Ethics Consultations • Listen and reflect on concerns and feelings expressed by patients/families and members of the medical team • Normalize and validate emotions of all parties involved • Discern when patients/families do not fully understand medical information or implications of ethical decisions explained to them • Empower patients/families to ask clarifying questions that lead to a more complete understanding • Elicit spiritual values that guide patients'/families' decision processes • Advocate that patients/families express their values, needs, and concerns • Invite patients/families to imagine the short-term and long-term implications of their possible choices

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- Invite patients/families to consider the resources and support network(s) that are available to them to live and cope with possible short- and long-term choices
- Provide a supportive presence to patients/families, members of the medical team during and after the consultation

ACPE Standards 311.5; 312.2; 312.3

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Participate in care conferences

BASIC	GOING DEEPER
<p>Care Conferences: <i>Interdisciplinary Team meetings</i></p> <p>I WILL ...</p> <ul style="list-style-type: none">• Describe the patient care role of each member in the interdisciplinary team• Find resources that help me understand medical terminology• Raise questions to understand basics about the medical condition of patients discussed• Contribute spiritual concerns of patients and families as they relate to overall care• Make referrals based on an understanding of the roles of other health care team members• Describe my assessments and interventions with patients and families to the interdisciplinary team• Distinguish information that is helpful and necessary for the health care team from information that is confidential (i.e. confession) or inappropriate <p>ACPE Standards 311.5; 312.7</p>	<p>Care Conferences: <i>Family conferences</i></p> <p>I WILL ...</p> <ul style="list-style-type: none">• Communicate my assessments and interventions with patients and families verbally and through documentation with the health care team• Maintain consistent communication with interdisciplinary team members• Be present during a family conference in a non-anxious and impartial manner• Discern when families may not fully understand medical conditions and treatment options explained to them• Empower* families to ask questions to clarify their understanding: “<i>Do you have any questions or concerns for the doctors? Do you feel you have a full understanding of the situation?</i>”• Elicit important spiritual values that may influence the decision of patients and families• Provide a non-anxious and supportive presence in follow-up of the family conference <p>ACPE Standards 311.5, 312.7</p>

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Offer end-of-life (EOL) care

BASIC	GOING DEEPER
<p>I WILL ...</p> <ul style="list-style-type: none">• Affirm patients' worth and personhood.• Assess patients' desires for interpersonal connectedness between themselves and their families/loved ones through listening attentively for comments regarding relationships that are important to them.• Reinforce and support what I hear patients articulate regarding relationships they value, for instance: through rephrasing back what I hear; through exploring with patients ways to foster the connectedness they desire; and helping to facilitate opportunities for patients to engage meaningfully with family members/ loved ones.• Support patients' personal goals and help them make peace with decisions.• Inquire of the patient: "<i>How are you doing on the inside?</i>"• Slow down my pace as appropriate to meet the pace of the patient.• Explore patients' spiritual beliefs and/or sources of meaning.• Give patients opportunities to engage in life review.• Provide reassurance of care providers' commitment to ensure the patient will not be abandoned and to remain vigilant throughout the patient's full end of life journey (<i>consider context -- this is</i>	<p>I WILL ...</p> <ul style="list-style-type: none">• Support patients <i>and</i> their families/loved ones in coping with end of life concerns.• Respond to patients' questions regarding any worries they may have about the dying process -- making referrals to other disciplines as appropriate (e.g., medical concerns).• Educate family members about the dying process (what to expect).• Respect a patient's need to do inner work, and be willing to be a quiet, patient, supportive presence without feeling compelled to engage in conversation.• Invite patients to share their feelings about and visions of what comes next (e.g., views of afterlife).• Discern sources of pain -- whether physical, emotional, social, and/or spiritual.• Understand how certain terminal diagnoses may affect emotional/spiritual distress (e.g. COPD -- chronic obstructive pulmonary disease -- may exacerbate feelings of anxiety due to patients' breathing difficulties).• Explore the importance (or not) of facilitating these communications between patients and their loved ones: "<i>Forgive me; I forgive you; thank you; I love you; good bye.</i>" <p>ACPE Standards 311.6, 311.8, 312.3, 312.4</p>

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standard for care in hospice and palliative services).

- Communicate observations about patients' physical and/or emotional symptoms to appropriate staff.
- Understand and respond to patients' particular needs and desires for honesty.
- Offer patients the opportunity to talk about the dying process.
- Invite patients to share what it means to them to be at peace (to die at peace).
- Provide music, prayer, guided meditation, reading of sacred text assessed as helpful and meaningful to the patient. For example, pray with the patient using the patient's words / desires.
- Use gentle touch and focused breathing techniques assessed as supportive and comforting to the patient.

ACPE Standards 311.6, 311.8, 312.3, 312.4

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DELIVERY OF CARE

Support closure to relationships

BASIC	GOING DEEPER
<p>I WILL ...</p> <ul style="list-style-type: none"> • Anticipate impending relationship closures so that I can adequately prepare both myself and those I care for. • Create an intentional plan of care for closure. • Coordinate and collaborate closure plans with other care team members. • Communicate honestly, sensitively, and empathetically with all individuals affected by a changing relationship. • Communicate significant patient information to new care providers in order to foster continuity of care (e.g., spiritual preferences, emotional needs, family dynamics, practical concerns, sensitivities around physical limitations or complications). • Introduce new care providers to patients/families in ways that ensure continuity of care (for instance, by making a joint visit with the new care provider prior to completing the transition). <p><i>ACPE Standards 311.6, 311.8, 312.3, 312.4</i></p>	<p>I WILL ...</p> <ul style="list-style-type: none"> • Invite patients/families to share feelings about and perceptions of the relationship's closure. • Listen attentively and empathetically to what patients/families express about impending relationship closures. • Leave a card or special prayer/poem for the patient/family as a comforting memento of our relationship. • Gather ideas from experienced colleagues in order to consider additional ways of initiating and carrying out closure effectively (i.e., utilize consultation). <p><i>ACPE Standards 311.6, 311.8, 312.3, 312.4</i></p>

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DELIVERY OF CARE

Acknowledge grief leading to emotional coping/healing

BASIC

I WILL ...

- Provide time and space for the expression of grief.
- Accept (avoid judging) patients' expressions of feelings.
- Give patients choice and control about their care to the extent possible.
- Promote support systems -- whether family, special friends, spiritual community, pets, or other sources.
- Explore sources of spiritual strength.
- Normalize* grief responses. (provide reassurance that a range of emotions are commonly experienced/are "normal" in grief; for instance: *shock, numbness, denial, anger, guilt, relief, anxiety, depression, loneliness, confusion, and/or impaired concentration.*)
- Learn signs for identifying complicated/pathological grief (*examples: suicide ideation, drug/alcohol abuse, evidence of self-destructive behaviors, chronic depression, lack of self-care*).
- Assess for complicated/pathological grieving, consulting with bereavement and/or psychological professionals when worrisome signs emerge (see above).
- Encourage active listening and supportive communication between patients and their families/loved ones.
- Explore coping skills with patients.

ACPE Standards 311.6, 311.8, 312.3, 312.4

GOING DEEPER

I WILL ...

- Invite and facilitate verbalization of feelings and source(s) of hopelessness through open-ended questions/comments, such as, "*Sounds as if you're feeling discouraged . . .*")
- Encourage patients to identify source(s) of life meaning.
- Assist patients to identify areas in which they feel useful and/or blessed.
- Draw upon prayer, sacred texts, and/or poetry that give meaningful expression to the grief experience.
- Integrate music, art, gentle touch, meditation, and/or focused breathing techniques as assessed as contributing to effective coping.
- Help patients explore "little" hopes and events to look forward to.

ACPE Standards 311.6, 311.8, 312.3, 312.4

RESPECT FOR DIVERSITY

I will learn to minister to, work and learn with people from diverse backgrounds with openness and humility.

Patients and their families, staff, CPE students and CPE supervisors come from diverse backgrounds. In clinical pastoral education we define *diversity* as the *cultural* features within each person that contribute to forming our identities. Culture includes (but is not limited to) systems of knowledge and values, a person's religious and spiritual background, race and ethnicity, nation of origin, socio-economic background, sexual orientation and gender identity, physical abilities and disabilities. Accrediting agencies emphasize **our** responsibility to take the cultural and religious beliefs of those we serve into account as we plan for and provide spiritual care. Best practices in professional chaplaincy affirm that the chaplain actively models and collaborates in providing culturally competent and respectful care by:

- Expanding knowledge of cultural and religious/spiritual diversity
- Examining and evaluating personal assumptions about diverse cultural and spiritual traditions.
- Applying knowledge and insights about my own and others' cultural and spiritual diversity to provide respectful and effective care
- Collaborating with colleagues to ensure that the spiritual beliefs, cultural values and needs of those we serve are included in the planning and delivery of care

***The world in which you were born is just one model of reality.
Other cultures are not failed attempts at being you:
they are unique manifestations of the human spirit. – Wade Davis***

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Edition #1

RESPECT FOR DIVERSITY

Knowledge & understanding of cultural, religious/spiritual diversity.

BASIC	GOING DEEPER
<p data-bbox="212 457 342 489">I WILL...</p> <ul data-bbox="212 531 792 1833" style="list-style-type: none"><li data-bbox="212 531 792 730">• Define terms that are central to understanding and respect for diversity: (<i>culture, cultural competence, diversity, generalizations, stereotypes, traditions, values, humility, rituals, beliefs, individualism/collectivism...</i>)<li data-bbox="212 772 792 930">• Identify common features of cultures (<i>relationships, respect, family, communication patterns, language and its uses/users, teaching/learning, values...</i>)<li data-bbox="212 972 792 1077">• Identify core values in my cultural heritage and describe how they are expressed.<li data-bbox="212 1119 792 1245">• Describe how my own and others' cultural experiences inform behavior, attitudes, communication styles and orientation to authority and time.<li data-bbox="212 1287 792 1413">• Give examples of low and high context communication and the implications for misunderstanding that these differences represent.<li data-bbox="212 1455 792 1581">• Recognize potential barriers to understanding one another when we are unaware of the cultural values and spiritual traditions of others.<li data-bbox="212 1623 792 1728">• Define and describe my own spiritual beliefs and the values I carry with me as I serve others.<li data-bbox="212 1770 792 1833">• Demonstrate knowledge of religions/spiritual traditions other than my own. <p data-bbox="354 1833 670 1862">ACPE Standards 311.7</p>	<p data-bbox="878 457 1008 489">I WILL...</p> <ul data-bbox="878 531 1474 1770" style="list-style-type: none"><li data-bbox="878 531 1474 636">• Describe and give examples of how my own and others' cultural heritage influence spiritual care<li data-bbox="878 678 1474 783">• Identify varied ways that respect is shown among the cultures represented in my clinical setting.<li data-bbox="878 825 1474 909">• Demonstrate basic knowledge of religions and cultures within my clinical setting.<li data-bbox="878 951 1474 1014">• Compare ways that common features of cultures are expressed.<li data-bbox="878 1056 1474 1161">• Invite those in my care to share cultural values, spiritual beliefs and practices related to illness and life transitions<li data-bbox="878 1203 1474 1329">• Apply knowledge of the cultural heritage, practices and values of those I serve in order to provide effective pastoral care<li data-bbox="878 1371 1474 1434">• Identify spiritual/religious traditions that are found in my clinical setting.<li data-bbox="878 1476 1474 1602">• Seek guidance among my peers, supervisors, and professional resources to deepen my understanding of varied religious/ spiritual traditions.<li data-bbox="878 1644 1474 1770">• Respectfully ask questions to deepen my knowledge and understanding of the religious/spiritual practices and preferences of those I serve. <p data-bbox="979 1801 1385 1833">ACPE Standards 312.2, 312.6</p>

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RESPECT FOR DIVERSITY

Examining and evaluating my personal assumptions about cultural and spiritual diversity

BASIC	GOING DEEPER
<p>I WILL ...</p> <ul style="list-style-type: none"> • Identify similarities and differences between my own and other spiritual traditions. • Name at least two of my assumptions about people who are different from me. • Work to understand others' perspectives. • Recognize personal assumptions that can become barriers to quality care of those I serve. • Appreciate differences as opportunities for learning and increased self-awareness • Be aware of culture-based elements in learning: <ul style="list-style-type: none"> √ Knowledge base √ Goals for learning √ Ways of learning √ Ways of expressing what's been learned √ Ways of communicating with others √ Ways of participating √ Ways of showing what's been learned <p>ACPE Standards 309.2, 309.5, 311.1</p>	<p>I WILL ...</p> <ul style="list-style-type: none"> • Monitor my responses to others with awareness of potential biases that can limit my effectiveness. • Suspend judgment and let the other person define who they are and what they need. • Reexamine and reflect on ways to deepen my understanding of how my own and others' cultural and spiritual values and beliefs can influence the quality of my care. • Recognize and respond to potential cultural barriers to my spiritual care. • Take action to expand my knowledge and understanding of diverse cultural and spiritual traditions and practices. • Seek insights into the implications of what matters most in cultures that tend toward individual fulfillment and achievement, personal choice, independence and self-expression as compared to those which highly value belonging, interdependence, responsibility toward the group, respect for authority/elders, group consensus <p>ACPE Standards 309.2, 312.2, 312.6</p>

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RESPECT FOR DIVERSITY

Modeling respect for the dignity and worth of all

BASIC	GOING DEEPER
<p>I WILL ...</p> <ul style="list-style-type: none">• Show respect for the dignity and worth of others in my words and behaviors.• Engage in respectful conversation.• Use invitational language to learn more about the cultural experiences, traditions and religious beliefs of peers, colleagues and those in care.• Be culturally self-disclosing when affected by another• Ask questions to learn from others. <p>ACPE Standards 309.1; 309.2, 309.4, 309.8, 311.2; 311.6, 311.7</p>	<p>I WILL ...</p> <ul style="list-style-type: none">• Demonstrate effective pastoral care for those whose culture or spiritual values and traditions differ from my own.• Advocate and model respect for the dignity of all within the interdisciplinary team• Use culturally matching non-verbal and verbal communication (i.e. <i>spatial distance, eye-contact</i> and <i>communicating with family spokesperson</i>) to gain insights into how to best support those we serve <p>ACPE Standards 309.1, 309.2, 309.4, 309.8, 312.1; 312.2</p>

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RESPECT FOR DIVERSITY

Collaborating with colleagues to ensure spiritual beliefs, traditions and needs of those we serve are incorporated into care plans

BASIC	GOING DEEPER
<p>I WILL ...</p> <ul style="list-style-type: none"> • Provide examples and discuss similarities and differences between beliefs and rituals. • Identify cultural and spiritual beliefs and practices about illness and life transitions • Invite and encourage conversation about the experiences, beliefs and perspectives of work partners • Advocate for spiritual care as an essential part of overall care. • Identify resources and share information about spiritual care with colleagues • Model respect for the dignity of all members of the team. <p><i>ACPE Standards 309.4, 309.7, 309.10</i></p>	<p>I WILL ...</p> <ul style="list-style-type: none"> • Discuss with the team how spiritual/religious beliefs and rituals can support and contribute to overall care. • Describe how cultural values and practices may influence responses to illness, confinement and life transitions. • Identify ways that family relationships can affect responses to care. • Provide examples for the interdisciplinary team of how values and beliefs impact treatment: expression of pain, end of life (EOL) decision-making. • Communicate how spiritual care can contribute to treatment. • Educate staff about diverse cultural and spiritual/religious traditions • Contribute information and insights during treatment rounds. • Identify and include patients' religious and cultural beliefs, needs and preferences in plans for care. <p><i>ACPE Standards 312.2, 312.3, 312.7</i></p>

SPIRITUAL ASSESSMENT

I will Identify and respond to spiritual needs.

Spiritual assessment is an essential first step toward understanding and supporting the spiritual needs of those in our care. Spiritual assessment identifies internal and external spiritual resources, beliefs, issues of concern and important spiritual practices. Spiritual assessment is also vital for communicating with family, loved ones and others providing care. Effective spiritual assessment shapes prayer and guides thoughtful and compassionate care. Spiritual assessment for effective pastoral care includes...

- Using a spiritual assessment model to Identify and document the internal and external spiritual resources and needs of those in my care
- Seeking knowledge and insights into the spiritual life of those I serve in order to respectfully incorporate spiritual beliefs/faith traditions into my care
- Self-assessing and reflecting on the quality and impact of my spiritual care.

We must never assume that what we perceive is all that exists.

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SPIRITUAL ASSESSMENT

Using a spiritual assessment model to identify the internal and external spiritual strengths and needs of those I serve

BASIC	GOING DEEPER
<p>I WILL ...</p> <ul style="list-style-type: none">• Know the spiritual assessment model used in my institution• Be aware that there are a variety of spiritual assessment models• Observe spiritual assessments.• Identify the primary purposes and outcomes of a spiritual assessment I have observed.• Raise questions within my peer group about spiritual assessment practices within their spiritual traditions.• Review documentation of spiritual assessments and related planning for care.• Distinguish between spiritual assessment and psycho-social assessment <p><i>ACPE Standards 309.4, 312.4</i></p>	<p>I WILL ...</p> <ul style="list-style-type: none">• Explore alternative spiritual assessment models and describe how they differ.• Develop understanding of the strengths and limitations of various models for spiritual assessment• Evaluate the effectiveness of different spiritual assessment models for use in my work setting.• Where possible, choose a spiritual assessment model that fits well with my own faith tradition and cultural context.• Conduct spiritual assessments.• Use the language of the spiritual assessment model to document results and communicate with other members of the care team. <p><i>ACPE Standards 309.4, 311.6, 312.4</i></p>

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SPIRITUAL ASSESSMENT

Seeking insights into the spiritual life of those I serve and respectfully incorporating spiritual beliefs/traditions into my care

BASIC	GOING DEEPER
<p>I WILL ...</p> <ul style="list-style-type: none">• Initiate a relationship with the patient or family• Observe the milieu around the patient that may provide clues (e.g., flowers, shades up/down, visitors)• Invite conversation about spiritual beliefs that may relate to spiritual needs and concerns (<i>meaning, sense of personal worth, nature of the transcendent, hope/despair, death/dying</i>)• Explore spiritual issues that may be causing distress• Identify spiritual resources important to the patient/family, including whether the person has a faith community (<i>spiritual beliefs, important spiritual practices</i>)• Ask about spiritual practices (<i>prayer, meditation, music, worship and other ritual</i>)• Make referrals as appropriate to colleagues or others to address particular needs identified in my assessment (<i>e.g., contacting a Catholic priest for sacraments</i>) <p>ACPE Standards 309.4, 311.7</p>	<p>I WILL ...</p> <ul style="list-style-type: none">• Seek insights from family members and others to learn more about the persons in my care.• Use information and insights from spiritual assessment along with medical record/patient chart and other relevant information to contribute to an overall plan of care.• Ensure that interdisciplinary team colleagues are aware of the value of spiritual assessment to delivery of care.• Reflect on spiritual assessment results to identify opportunities for support.• Follow up with patient/family and other care providers in order to respond to spiritual needs.• Apply knowledge and insights gained from spiritual assessment to plan an appropriate response/intervention <p>ACPE Standards 312.4, 312.4, 312.7</p>

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SPIRITUAL ASSESSMENT

**Self-assessing and reflecting on the quality and impact
of my spiritual care**

BASIC	GOING DEEPER
<p>I WILL ...</p> <ul style="list-style-type: none"> • Identify and describe the essential elements of quality assessment: <ul style="list-style-type: none"> √ <i>A clear purpose for the assessment—known by myself and those I serve,</i> √ <i>A variety of models and examples of spiritual assessment</i> √ <i>Opportunities for practice and improvement</i> √ <i>Focused feedback</i> √ <i>Reflection on what has been learned – with evidence</i> √ <i>Planning forward using what has been learned</i> • Recognize when the insights and help of others are needed to ensure appropriate and effective spiritual care <p>ACPE Standards 309.5, 309.10, 311.3</p>	<p>I WILL ...</p> <ul style="list-style-type: none"> • Apply knowledge of the essential elements of quality assessment to reflect on my capacity to conduct spiritual assessments. • Check that the purpose of spiritual assessment is clearly understood by those in my care. • Self assess the accuracy and usefulness of my spiritual assessment. • Seek specific feedback and support to strengthen my ability to carry out spiritual assessments • Identify areas for personal improvement related to spiritual assessment. • Apply insights from spiritual assessment to improve and strengthen spiritual care <p>ACPE Standards 309.5, 309.10, 312.4, 312.9</p>

ETHICAL PRACTICE

Learning ethical guidelines that govern the practice of ministry and responses to ethical dilemmas in the clinical setting

Providing care to patients, families, and staff calls for spiritual care givers to establish relationships that bridge cultural, spiritual, and theological differences. In addition, individuals receiving care are often at extremely vulnerable places in their lives. Understanding and establishing appropriate professional boundaries is critical to the ethical practice of spiritual care. In addition, spiritual caregivers are frequently seen as valuable participants in family conferences, ethics consultations, and institutional ethics committees, so developing a process for ethical reflection is important core learning.

- Knowing and practicing my role in maintaining confidentiality and appropriate professional boundaries in ministry
- Attaining knowledge of the ethical issues in my clinical setting and applying a process of ethical analysis to reflect on those issues
- Becoming aware of and practicing approaches to addressing unethical practices by colleagues or my institution

As in the case of most ideals, it seems we are all fellow strugglers to some degree in the effort truly and consistently to practice doing right. – Solomon Papper

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ETHICAL PRACTICE

BASIC	GOING DEEPER
<p>I WILL ...</p> <ul style="list-style-type: none">• Know, abide by, and be committed to the Spiritual Care <i>Collaborative Code of Ethics</i>, the code of ethics of my institution, and the code of ethics of my own faith tradition.• Understand and practice the parameters of confidentiality required of me by my institution and my religious tradition, in order to respect and protect those whom I serve in my ministry.• Describe, establish, and maintain clear boundaries in my spiritual care-giving as they relate to physical, psychological, emotional, sexual, financial, spiritual/religious, and cultural values.• Identify ethical dilemmas and know the resources in my institution for addressing ethical questions (e.g., ethics committees)	<p>I WILL ...</p> <ul style="list-style-type: none">• Articulate the effects of my power and authority in my spiritual care relationships and practice my ministry in ways that do not abuse that power and authority.• Describe and apply a reflective process for ethical decision-making and care, drawing upon clinical ethics models/theorists.• Rehearse with my peers and supervisor how to call colleagues or institutional systems to account for violations of ethical practice.

ACPE Standards 309.1, 309.3, 309.4, 309.7, 309.8, 309.10, 311.3, 311.4, 311.6, 312.5, 312.6, 312.8

TEAMWORK & COLLABORATION

I will work in partnership with interdisciplinary staff, supervisors, and peers

The CPE student has several roles that require collaboration with others: as spiritual care provider on the interdisciplinary team; as a member of the spiritual care department; and as student in a professional learning relationship with their CPE supervisor(s) and peers. Teamwork and collaboration include:

- Collaborating with the interdisciplinary care team in order to provide patient- and family-centered care
- Participating within the spiritual care department with department director, CPE supervisor, staff chaplains, and others to fulfill the department's mission within the larger institution
- Using CPE supervisor(s) and peers as learning resources through collaborative consultation and communication.

I want to be with people who submerge in the task,

Who go into the field to harvest

And work in a row and pass bags along,

Who stand in the line and haul in their places,

Who are not parlor generals and field deserters

But move in a common rhythm

When food must come in or the fire be put out.

– Marge Piercy

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TEAMWORK & COLLABORATION

BASIC	GOING DEEPER
<p>I WILL ...</p> <ul style="list-style-type: none"> • demonstrate professional courtesy and respect • understand basic terminology relevant to the clinical setting, including medical terminology • understand the role of chaplain on the interdisciplinary team • actively participate in interdisciplinary rounds • know appropriate channels of communication • communicate effectively with staff in other disciplines, including articulating the role of chaplain for others on the team. • know how to use the chain of command in my organization • understand basic group dynamics • collaborate and communicate with others in the Spiritual Care department • collaborate with religious leaders and faith communities 	<p>I WILL ...</p> <ul style="list-style-type: none"> • use language of organizational initiatives (e.g., patient satisfaction, patient/family-centered care) • work together with staff to solve problems, with appreciation for the demands and expectations placed on other team members • provide input to the interdisciplinary team, including advocating for patients' preferences and concerns • develop awareness of how organizational systems operate in the institution • identify role boundaries and scope of practice of other disciplines, i.e., understand the overlap and distinctiveness of roles • communicate with staff the value and importance of spiritual care • use conflict resolution skills as appropriate

ACPE Standards 309.4, 309.6; 309.7, 311.3, 311.5, 312.5, 312.7, 312.8

CARE OF STAFF

Learning to identify and respond to the particular spiritual care needs of staff

Care of staff can extend across all levels of the organization, ranging from individual conversations for support to organization-wide responses in the midst of a crisis. For many staff, spiritual care providers serve as primary resources for support related to personal or professional concerns and issues. Core learning in this dimension of CPE includes:

- Developing rapport with staff
- Serving as a resource for support of staff around personal or professional concerns and issues
- Making appropriate assessments, responses, and referrals.

It is good to be here and to feel our way into each other's presence, each other's experiencing, each other's heart and mind. And in that feeling, to sense the strength which comes from the shoulder that touches and the heart that cares. – Howard Thurman

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CARE OF STAFF

BASIC	GOING DEEPER
<p data-bbox="215 464 354 495">I WILL ...</p> <ul data-bbox="215 541 787 1205" style="list-style-type: none"><li data-bbox="215 541 787 604">• get to know the people with whom I am working.<li data-bbox="215 653 787 779">• establish spiritual care relationships, actively develop rapport, and form collaborative connections with members of the staff.<li data-bbox="215 827 787 953">• provide formal opportunities for rituals and other observances for staff to express their grief and to receive support.<li data-bbox="215 1001 787 1100">• identify, affirm, and celebrate staff members' own spiritual resources and gifts.<li data-bbox="215 1148 787 1205">• know the limits of my staff support abilities.	<p data-bbox="889 464 1027 495">I WILL ...</p> <ul data-bbox="889 541 1469 1108" style="list-style-type: none"><li data-bbox="889 541 1469 640">• be alert and responsive to signs of distress among employees at my institution.<li data-bbox="889 688 1469 745">• define moral distress and professional burnout and provide a pastoral response.<li data-bbox="889 793 1469 850">• know and practice a model or a method of debriefing with staff.<li data-bbox="889 898 1469 955">• advocate for and participate in institution-wide wellness initiatives.<li data-bbox="889 1003 1469 1108">• identify appropriate referral resources and make referrals (e.g., to employee assistance program, grief support, etc.)

ACPE Standards: 309.2, 309.4, 309.5, 309.6, 309.7, 309.8, 311.3, 311.6, 311.7, 312.3, 312.4, 312.6, 312.7

CONTENTS -- SUMMARY OF LEARNING GOALS

Self-Awareness

I will...

- Know my personal story
- Be able to establish healthy relationships with others
- Develop awareness of my inner dynamics
- Be knowledgeable and respectful of spiritual diversity

Delivery of Care

I will...

- Initiate pastoral relations with individuals and groups
- Recognize and use my emotions appropriately in pastoral relationships
- Offer comfort and support for life change/transitions
- Design and use ritual
- Support persons in crisis
- Utilize a repertoire of pastoral intervention skills
- Contribute to bioethics consultations
- Participate in care conferences
- Offer end-of-life care
- Provide closure to relationships
- Apply knowledge of grief leading to emotional coping

Respect Diversity

I will...

- Expand my knowledge of cultural and religious/spiritual diversity
- Examine and evaluate my personal assumptions about diverse cultures and spiritual traditions
- Apply knowledge and insights about my own and others' cultural and spiritual diversity to provide respectful and effective care
- Collaborate with colleagues to ensure that the spiritual beliefs, cultural values, and needs of those we serve are included in the planning and delivery of care

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Spiritual Assessment

I will...

- Use a spiritual assessment model to identify and document the internal and external spiritual resources and needs of those in my care
- Seek knowledge and insights into the spiritual life of those I serve in order to respectfully incorporate spiritual beliefs/faith traditions into my care
- Self-assess and reflect on the quality and impact of my spiritual care

Ethical Practice

I will...

- Know and practice my role in maintaining confidentiality and appropriate professional boundaries in ministry
- Attain knowledge of the ethical issues in my clinical setting and apply a process of ethical analysis to reflect on those issues
- Become aware of and practice approaches to addressing unethical practices by colleagues in my institution

Teamwork and Collaboration

I will...

- Collaborate with the interdisciplinary team in order to provide patient- and family-centered care
- Participate within the spiritual care department with the department director, CPE supervisor, staff chaplains, and others to fulfill the department's mission within the larger institution
- Use CPE supervisor(s) and peers as learning resources through collaborative consultation and communication

Care of Staff

I will...

- Develop a rapport with staff
- Serve as a resource for support of staff around personal or professional concerns and issues
- Make appropriate assessments, responses, and referrals

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