Reforming Chaplaincy Training

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Center for Spirituality and Health

Clinical Services
Community Engagement
Research
Education

Evidence Based Care

Improved Patient Outcomes

Best Available Clinical Evidence

Clinical Judgment

Pt. Values and Expectations

Established Clinical Principles

(Sackett, Rosenberg, Gray, Haynes, & Richardson (1996); Evidence based medicine: what it is and what it isn't. BMJ, 312: 71-2).

http://tools.aan.com/practice/blog/post.cfm/evidence-based-not-evidence-only-the-three-pillars-of-ebm,

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What is Evidence Based Spiritual Care?

"…the use of scientific evidence on spirituality to inform the decisions and interventions in the spiritual care of persons."

George Fitchett, J. A. (2014). Evidence-Based Chaplaincy Care: Attitudes and practices in Diverse Healthcare Chaplain Samples. *Journal of Health Care Chaplaincy, 20(4), 144-160*

How do we train chaplains to provide EBC?

TRANSFORMING CHAPLAINCY
Promoting Research Literacy
for Improved Patient Outcomes

John Templeton Foundation

Center for Spirituality and Health

Education

| Clinical Pastoral Education | Research Seminars / Journal Club | Grand Rounds |

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What about CPE works?

What about CPE does not work?

Reforming Chaplaincy Training

re·form
rəˈfôrm/
verb
gerund or present participle: reforming

1.make changes in something (typically a social, political, or economic institution or practice) in order to improve it.

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What is Chaplaincy Training?

"Clinical Pastoral Education is interfaith professional education for ministry."

https://www.acpe.edu/ACPE/_Students/FAQ_S.aspx

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History of CPE

- ❑ CPE began as a reformation movement within theological education
- ❑ From academic theology to clinical theology
- ❑ For ministers in congregations

History of CPE

- ❑ Professional health care chaplaincy was an unintended consequence of CPE
- ❑ CPE was designed to form better congregational ministers, not health care chaplains

History of CPE

"…while the medical establishment increasingly focused on what became known as "evidence-based practice," CPE clung to professional formation and educational methodology. The early stages of healthcare chaplaincy did not follow the route of medical education. Rather than affiliating with the institutions where they would practice, chaplains were more tied to religious organizations that were primarily concerned with congregational life. The result was that chaplains found themselves on an island between two of the three historic professions but embraced by neither."

Tartaglia, A. (2015). Reflections on the development and future of chaplaincy education.
Reflective Practice: Formation and Supervision in Ministry, 35, 116-133.
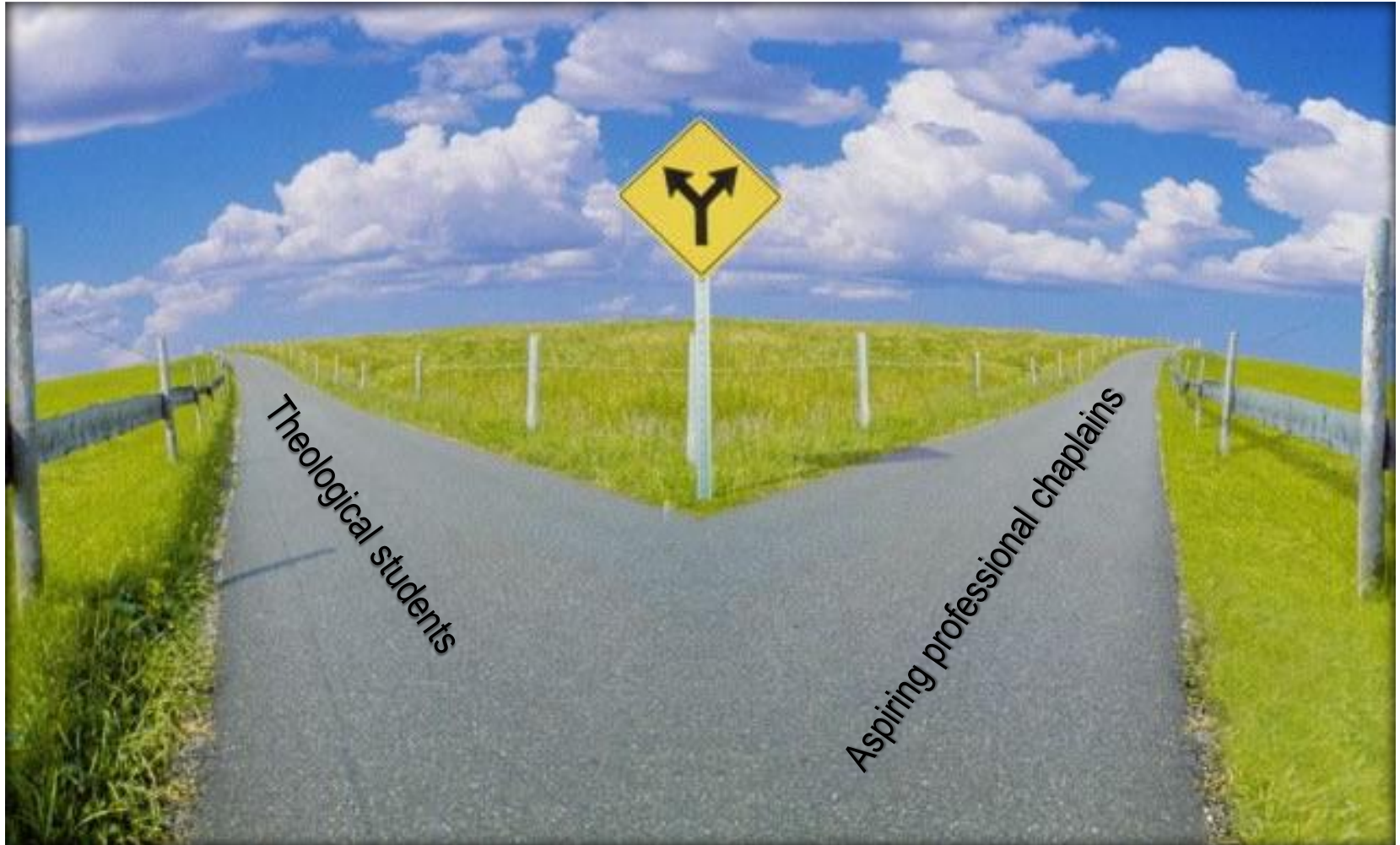
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History of CPE

Medicine ← Chaplains → Ministry

Who takes CPE?

Theological students

Aspiring professional chaplains

The Dilemma

Who are we training?

Aspiring
Religious Professionals?

Aspiring
Health Professionals?

The Dilemma

How do we address this dilemma?

Aspiring
Religious Professionals?

Aspiring
Health Professionals?

The Dilemma

Specializations

CPE for Theological
Students

CPE for
Aspiring Chaplains

CPE for
Health Professionals

Why reform Chaplaincy training?

Because health care has changed!

- Health care is evidence-based
- Health care is oriented towards the evaluation of patient-centered outcomes

"The educational goals and outcomes of CPE weren't designed or intended to address the same needs and questions as that of evidence-based and patient-centered outcomes in healthcare."

Massey, K. (2014). Surfing through a sea change: The coming transformation of chaplaincy training. Reflective Practice: Formation and Supervision in Ministry, 34, 144–52.

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Why reform Chaplaincy training?

So tomorrow's chaplains are evidence-based practitioners of spiritual care focused on patient-centered outcomes.

Reformers

Wendy Cadge, Ph.D.

Professor of Sociology

Brandeis University

Kevin Massey, M.Div., BCC

Vice President of Mission and Spiritual Care

Advocate Lutheran General Hospital in Chicago, IL.

Lex Tartaglia, D.Min., BCC, ACPE Supervisor

Senior Associate Dean School of Allied Health Professions

Virginia Commonwealth University

Calls for Reform

Cadge

- If the chaplaincy profession had to build its training model from the ground up, what would it look like today?
- Joint M.Div./MPH degree or a separate Master's degree in Chaplaincy
- **Do chaplains need a theological degree? Why or why not?**

Massey

- CPE's goal is development of the student's pastoral identity, not proficiency as a health care chaplain.
- **What specific training on techniques and procedures in the delivery of chaplaincy care is needed and how should aspiring chaplains get it?**

Tartaglia

- There are no metrics constituting evidence that students have met ACPE learning outcomes.
- **What metrics should be implemented to ascertain that students have met the learning outcomes?**

CPE at Mount Sinai

At Mount Sinai we seek to form chaplains who are:

- ❑ Emotionally intelligent
- ❑ Culturally competent
- ❑ Theologically reflexive
- ❑ Ethically guided
- ❑ Research literate
- ❑ Outcomes oriented

Core Competencies for Clinicians

- **Practice-based Learning and Improvement:** Show an ability to investigate and evaluate patient care practices, appraise and assimilate scientific evidence, and improve the practice of medicine.

- **Medical Knowledge:** Demonstrate knowledge about established and evolving biomedical, clinical, and cognate sciences and their application in patient care.

- **Interpersonal and Communication Skills:** Demonstrate skills that result in effective information exchange and teaming with patients, their families and professional associates (e.g. fostering a therapeutic relationship that is ethically sound, uses effective listening skills with non-verbal and verbal communication; working as both a team member and at times as a leader).

- **Patient Care and Procedural Skills:** Provide care that is compassionate, appropriate, and effective treatment for health problems and to promote health.

- **Systems-based Practice:** Demonstrate awareness of and responsibility to the larger context and systems of health care. Be able to call on system resources to provide optimal care (e.g. coordinating care across sites or serving as the primary case manager when care involves multiple specialties, professions or sites).

- **Professionalism:** Demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles and sensitivity to diverse patient populations.

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Competencies

	ABMS Core Competencies	Related Chaplaincy Competencies
• **Practice-based Learning and Improvement**	• Show an ability to investigate and evaluate patient care practices, appraise and assimilate scientific evidence, and improve the practice of medicine.	☐ Demonstrate knowledge of relevant developments in evidenced-based and best practices in chaplaincy care through reading and reflecting on the current research and professional practice.[1] ☐ Seek and create opportunities to enhance the quality of chaplaincy care practice by engaging in continuous quality improvement.[2]

[1] APC Standards of Practice, Standard 12
[2] APC Standards of Practice, Standard 11

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Competencies

	ABMS Core Competencies	Related Chaplaincy Competencies
• **Medical Knowledge**	• Demonstrate knowledge about established and evolving biomedical, clinical, and cognate sciences and their application in patient care.	☐ Demonstrate knowledge of relevant developments in evidenced-based and best practices in chaplaincy care through reading and reflecting on the current research and professional practice.[3]

[3] APC Standards of Practice, Standard 12

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Competencies

	ABMS Core Competencies	Related Chaplaincy Competencies
• Interpersonal and Communication Skills	• Demonstrate skills that result in effective information exchange and teaming with patients, their families and professional associates (e.g. fostering a therapeutic relationship that is ethically sound, uses effective listening skills with non-verbal and verbal communication; working as both a team member and at times as a leader).	☐ Employ communication strategies that include active and attentive listening, awareness of non-verbal, appropriateness, and relevant content.[4]

[4] CASC Competencies for Spiritual Care and Counseling, Competency 4

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CPE at Mount Sinai

We are bringing a medical model of education to chaplaincy training through:

- ❖ Research Seminars

- ❖ Journal Club

- ❖ Grand Rounds

- ❖ Clinical Preceptors

Research Seminars

❑Scientific research-oriented events consisting of a small group of investigators and students working together with a view to addressing topics in depth and in searching to break new ground.

❑Topics include:

➢Research on religion, spirituality and health

➢Creating a research question

➢Applying findings to clinical practice

❖Use of the Taxonomy

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The Research Question

- ❑ Has 4 basic components (PICO)
    - ➢ Population: Who are the subjects?
    - ➢ Intervention(s) (or exposure): What is the therapy, Risk factor(s), Test(s) or Surveys to be used?
    - ➢ Comparison or control: What is the alternative group to the intervention or exposure group?
    - ➢ Outcome: Is it clinical, functional, economic ?

Journal Club

❑A group of individuals (staff and students) meeting regularly, usually weekly, to learn how to *critically evaluate* recent articles in the academic literature that are specific to the field of spirituality and religion

❑Focus on

➤Relevance of the research discussed in the article

➤Appropriateness of the methods used in research

➤Validity of the methods and results

➤Discussion of strengths and limitations of the research

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Rush Research Summary Outline*

- ❑ What is the BACKGROUND for the study?
  - ➢ What were the STUDY AIMS, RESEARCH QUESTIONS, or HYPOTHESES?
- ❑ Summarize the following information about the research METHODS:
  - ➢ Study design
  - ➢ Sample
  - ➢ Measures
- ❑ What were the RESULTS of the study?
- ❑ Summarize the investigators' DISCUSSION of the following
  - ➢ Integration with other research
  - ➢ Limitations of the study
  - ➢ Implications of the study for further research
- ❑ CRITICAL EVALUATION
- ❑ What do you think are the strengths of this research
  - ➢ What do you think are the weaknesses of this research?
- ❑ CLINICAL APPLICATION
  - ➢ What are the implications of this research for your ministry, if any?
  - ➢ Does the research have implications for the work of other clinicians (or clergy)?

* From the Research Program of the Department of Religion, Health, and Human Values at Rush University Medical Center.
Sept 2010, version 2

Grand Rounds – Outside Speakers

- November 2015: Teresa Cutts and Gary Gunderson
  - ➤ Evidence based Proactive Mercy through the Lens of Faith Health
- January 2106: Wendy Cadge
  - ➤ Paging God: Religion in the Halls of Medicine
- March 2016: George Fitchett
  - ➤ "Who needs Spiritual Care? Who receives it?": Developing Evidence-based Models for Screening for Spiritual Needs.

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Articles of the Month

Each month, these pages highlight articles of special interest not only for researchers but for CPE supervisors and students in general. The articles are intended to encourage discussion among Research Network members and to suggest to CPE supervisors potential resources for research-based article discussions with students. To propose articles for this page, contact Chaplain John Ehman, Network Convener, at john.ehman@uphs.upenn.edu.

- **MARCH 2016** -
  TOPIC: Spiritual Peace as a Predictor of 5-Year Mortality in Congestive Heart Failure Patients, Using a Single Item Assessment of Inner Peace or Harmony

- **FEBRUARY 2016** -
  TOPIC: Factors That Influence Chaplains' Suicide Intervention Behavior in the Army

- **JANUARY 2016** -
  TOPIC: Issues Post-Stroke for Muslim People in Maintaining the Practice of *Salat*

- **DECEMBER 2015** -
  TOPIC: Chaplains on the Medical Team: A Qualitative Analysis of an Interprofessional Curriculum for Internal Medicine Residents and Chaplain Interns

- **NOVEMBER 2015** -
  TOPIC: Increasing the Number of Palliative Care Outpatients Receiving Spiritual Assessment

- **OCTOBER 2015** -
  TOPIC: The Importance of *Faith* in FACIT-Sp Assessments of Quality-of-Life in Caner Survivors

- **SEPTEMBER 2015** -
  TOPIC: Spirituality and the Recovery of Quality of Life Following Hematopoietic Stem Cell Transplantation

- **AUGUST 2015** -
  TOPIC: Summary Analysis and Update on Religion, Spirituality, and Health Research

- **JULY 2015** -
  TOPIC: Patient and Family Perceptions of Chaplain Presence during Post-Trauma Care
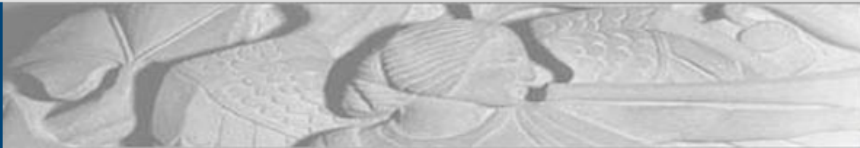
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Next Steps

Closing the gap between evidence and practice:

- ➢ Use of Spiritual Screens
- ➢ Use of Spiritual Assessment Tools
- ➢ Standardizing Interventions
  - ❖ Use of the Taxonomy

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The Future of Chaplaincy Training?

❑What do you imagine chaplaincy training will look like in the future?
❑What other novel approaches to chaplaincy training should we consider?

Questions / Comments