

# SPECTRUM HEALTH





# Developing a Volunteer Chaplaincy Program in a Rural Healthcare Organization

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# Disclosure

*I have not been reimbursed nor do I represent any commercial group in the presentation of this seminar nor has any commercial group participated in the production of this presentation except for Spectrum Healthcare and only to the extent that the information given aligns with its core principles values, and mission.*

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# Workshop Purpose

This afternoon we will be looking at:

- Designing a volunteer chaplaincy group for your hospital
- Assessing and selecting a model for training volunteer chaplains
- Establishing ongoing support mechanisms within the organization and for the volunteer chaplain group
- Developing an assessment rubric that can be presented to administrators



# Building a Rural Chaplaincy Program

## Option #1 – Rural Healthcare Chaplaincy Model (Poor design)

- Pray that a local clergy person has 3 units of CPE and will direct the chaplain department
- Beg local clergy to serve as volunteers
- Select everybody in chaplain pool
- Train volunteers to deal with ANYTHING!!
- Minister to needs

## Option #2 – Rural Healthcare Chaplaincy Model (Great design)

- Select a person with a **heart for chaplaincy** to lead
- Inform local clergy on options to assist your chaplaincy program development
- Carefully select clergy to become chaplains
- Strategically train volunteers for service
- Minister to needs



# Step 1: What People do I Have?

- Establishing a volunteer chaplaincy program in a rural healthcare organization rest on 4 very important words
- It's ALL about relationships!!





# Visualizing This: A Spiritual Demography

What a spiritual demography does:

- Helps you visualize the spiritual worldview of your surrounding area.
- Why is it helpful:
  - Knowing the worldview allows you to assemble a vision for the volunteer chaplaincy and present that vision to others.

What a spiritual demography Can Not do:

- It cannot, by itself, insure local clergy support of a volunteer chaplaincy program.
- It cannot identify the clergy that make good chaplains.
- It cannot mandate the best form of volunteer chaplaincy program.



# Developing a Spiritual Demography

You will need answers to the questions:

- What churches are in my area?
- What are their beliefs?
- Who are the leaders?
- What is the best way to relate to them?



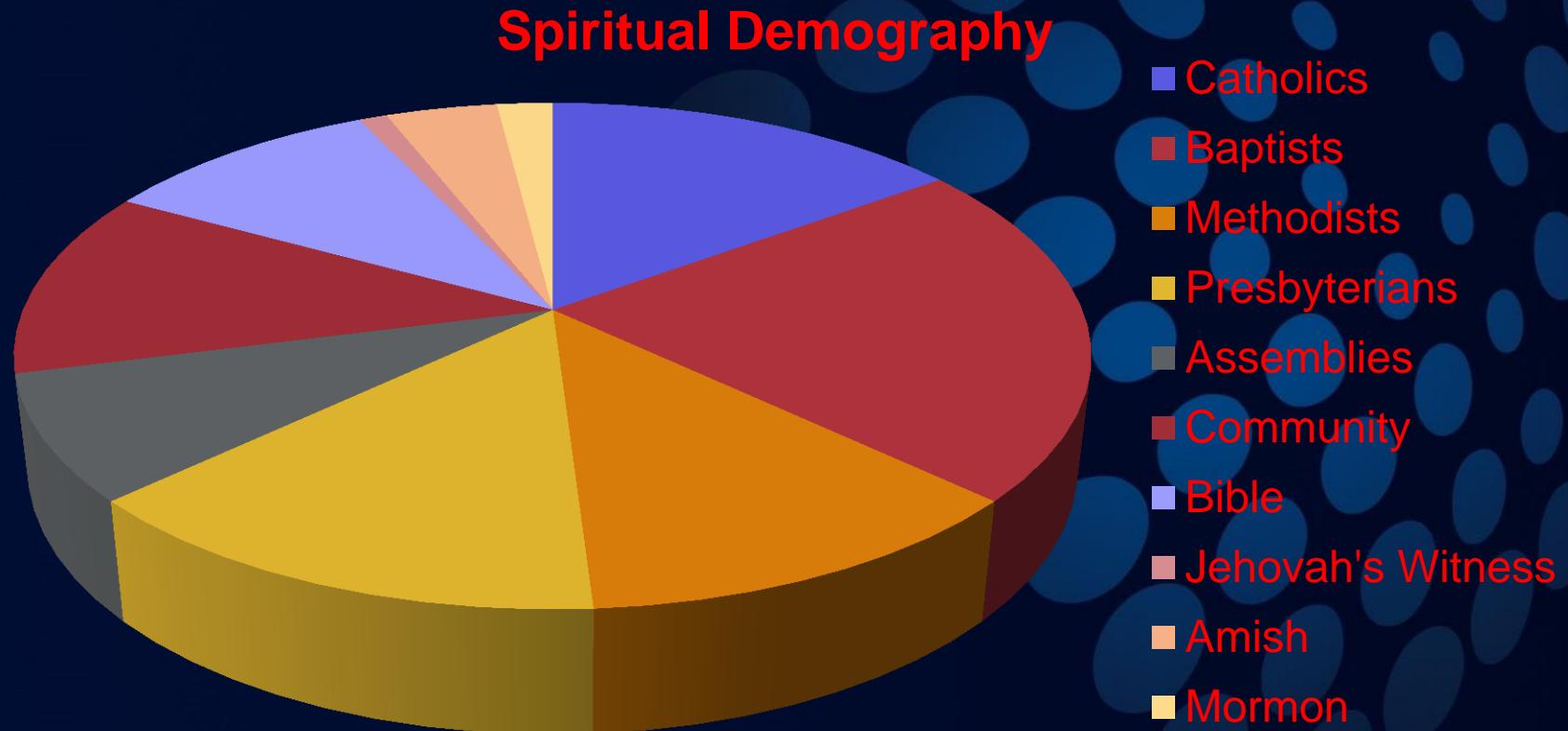
# Building a Spiritual Demography

From these questions find this information:

- Denominational affiliation (if any)
- Church names and addresses
- Phone numbers for church and pastors
- E-mail, fax, and social media contacts



# Spiritual Demography – Barry County, MI



# Example

- Over 7 years I have assembled a data base of 136 churches county wide
- I have church names, contact information by phone, e-mail, fax, website and/or Facebook. I also pastors names and contact information by phone, e-mail, and text
- I always add new churches as I hear about them and update everything two times a year.
- I always include information from local congregations not always considered – The Mormons, The Amish, The Jehovah Witnesses, The Native American tribes



# What will this allow you to do?

- You will be able to contact a new pastor as they are transitioning into a local church and welcome them to the area, inform them of your role, and how you can help them.
- You will be able to call, from a patient's bedside, their spiritual leader or pastor (provided you log all your information into your smart phone!) and establish a connection between patient and spiritual leader immediately.
- You will be able to establish reliable bridges between churches and the hospital which can assist both sets of leaders in conversations with each other.
- You can confidently engage in outreach across denominations and faith groups in your area
- You can build a solid, innovative, professional chaplaincy program based on best practices.



# Step #2: Write Mission and Values Statements

## Mission Statements

### 2 Questions:

- What do we believe?
- How do we live that out?
- Steps:
  - Involve administrators in integration with hospital mission statement
  - Keep it short – Elevator statement
  - Replay, Replay, Replay

## Values Statement – Really??

- Values statements streamline recruitment
- Values statements synchronize beliefs of members
- Values statements reflect “best practice” methods
- Values statements support professionalism



# Determine Volunteer Chaplaincy Model

There are several models from which to choose:

- **Chaplain and lone volunteer assistant**
- **Chaplain and local clergy group**
- **Chaplain, volunteer assistant, and local clergy group**
- **Chaplain, local clergy group, and trained lay assistants.**

Each of these models have positives and negatives to their use and you may need to experiment with several to find one that suites your circumstances best.

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# Step #3: Recruitment

Now it is time for “Calls, Cokes, and Commitments”

Sub step A: Develop a recruitment folder

Contents

- Mission and Value statements
- Position description
- Question and Answer sheet
- Floor plan of hospital with pastoral care office (if there is one) plus any chapel circled.
- Contact information card



# Calls...Initial assessment

First step...join the local clergy association, if one is present  
OR create one yourself and invite local clergy to join you for a monthly meeting on topics of interest.

- It gets your mission and passion out to other clergy in the area – nothing is better than word of mouth advertising!!
- It allows you to assess local clergy in a neutral atmosphere for follow up later
- It allows you to build bridges to staff members at local congregations – knowing secretaries is **most** beneficial.
- It allows you to ask of local clergy “what can I do for you?”



# Cokes....recruiting by other means

- Call and ask a local pastor if you can stop by and pick his brain on building the chaplaincy program. (works well for established pastors)
- Invite new pastors to lunch (you buy) and introduce them to the chaplaincy program.
- Make sure to send cards recognizing important events and gift cards for holidays.



# Commitment...Supporting the Shepherd



- Offer education opportunities to local clergy to increase their pastoral care skills
- Write a newsletter focusing on devotionals, new resources, and forums for ministries
- Offer services like Sunday pulpit supply, mid-week service speaking and wedding or funeral support to local clergy



# Give the clergy options

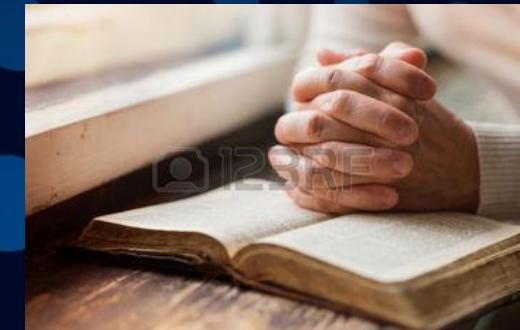
## Option #1 (level A commitment)

- Become a leader and congregation which prays for the hospital chaplaincy



## Option #2 (level B commitment)

- Become a member of an “immediate need” chaplaincy program



## Option #3 (level C commitment)

- Member of volunteer chaplaincy team





# Level A commitment

“Pastor Jeff \* was a outgoing young guy, just graduated from bible college with a call to establish a ministry in town. He started with a small group at the local school. I met with him soon after his arrival and he agreed to become a “praying pastor” for our ministry. This went on for two years and then he asked for training in ministry to people in crisis after a family in his congregation lost a son to suicide. I offered what I had in an on-line format. He was appreciative and had LOTS of questions which I was able to help him find answers to...





# Level B Commitment

He continued to increase his pastoral care skills. One day in an e-mail he asked if he could join our “Code Black Chaplains” group.

“Code Black Chaplains” are dedicated to assisting in the aftermath of a man-made or natural disaster. There are 48 across the county. In not a long period of time Jeff\* became one of the leaders for that group and coordinated with me on several occasions.....



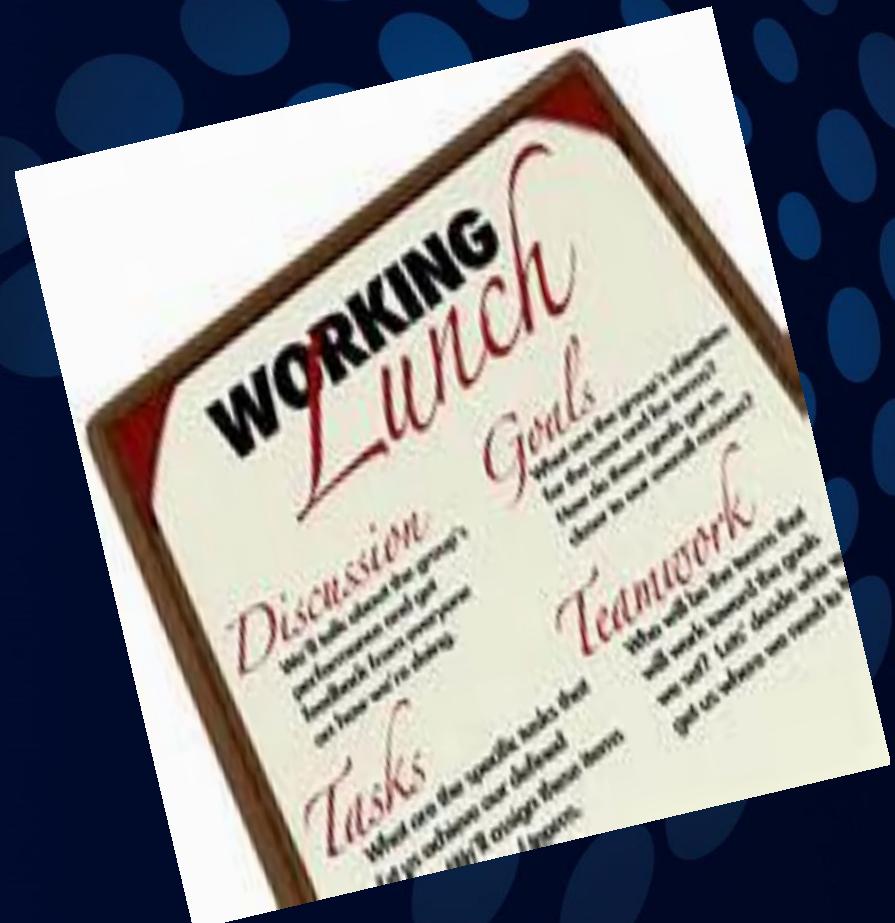


# Level C Commitment

“Jeff didn’t stop there. He had grown enough in his abilities that after a year he added a need to become part of our volunteer chaplaincy program. It meant some more coursework but he was ready for that step.

Now, I talk with Jeff and two other local clergy weekly on team issues and how we can grow the ministry we have.”

\* Jeff is not his real name





# Ministry Extension??

The Volunteer Chaplaincy Team has been working on several ideas for extending our ministry in the community. Two large ones are:

- A YouTube channel to assist with pastoral care training of rural clergy and laity
- Inviting those who work in volunteer chaplaincy with local assisted living centers and nursing homes to join us



## Step 2: Training





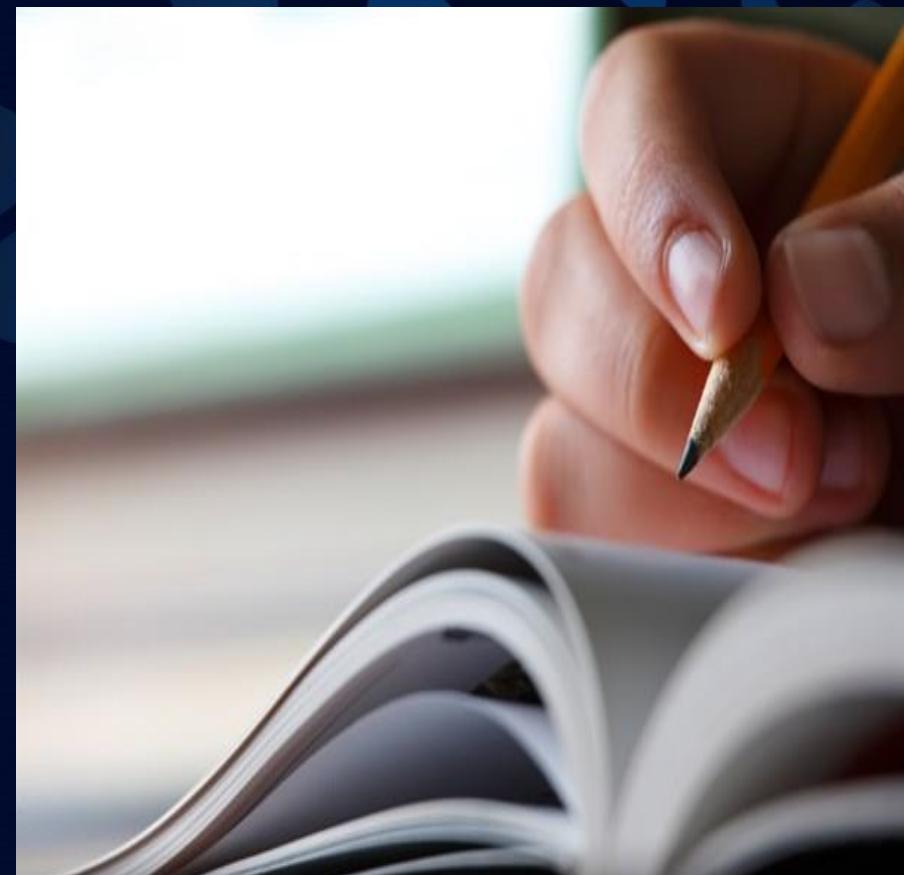
# Training Models

- There are varying models of training available to use with chaplains. These include
  - Day long seminars
  - Monthly CEE's (Chaplain Education Events)
  - Special Speakers/Special Topics
  - Online courses
- The model does not matter as much as the **consistency** does!!



# Methodology for Training

- Allow the training to begin with essential skills as determined by the group of clergy you have.
- Those essential skills may consist of:
  - Pastoral visitation
  - Effective listening
  - HIPPA
  - Caring for Patients and Families in Crisis I
  - Effective Reports I





# Methodology for Training

- Level 2 Training for Chaplains could possibly include:
  - Effective Listening II
  - Caring for Patients and Families in Crisis II - Children
  - Geriatric Spirituality
  - Caring for Children in Crisis
  - Life Care – advanced directives, palliative and hospice care





# Methodology for Training

- Advanced Training may include:
  - Chaplaincy in Mental Health and Substance Abuse
  - Chaplaincy with Veterans and PTSD
  - Stress and Trauma Care
  - “Diagnosis” Chaplaincy
    - Cancer
    - Stroke
    - Cardiac
    - Neurological





# Effective Uses of Experiential Learning

- A newer method is experiential learning where the chaplain would work themselves through a simulated chaplain call on a patient
- This would happen after several sessions to allow the new chaplains to experience how one deals with issues that normally occur in a visit
- It is also a realistic assessment tool





# Step 3: Building a Support Network





# Step #3 Building a Support Network

The number one reason volunteer efforts of all kinds fail is:

- A support network is not in place to guide their growth and assist with recruitment.
- Therefore it is necessary to plan for how you are going to continue to support this volunteer group within the organization and outside in the community



# First support step: Within the Organization

You need an “administrative champion”

- Chief Nursing/Medical Officer
- Director of a medical/surgical program

Why?

- Someone needs to be able to help you communicate your vision and mission to decision makers in the organization



# Next support step: In the community



It is advisable to have a small group of clergy serve as a “Chaplain’s Oversight Committee”

- They assist with keeping the vision focused.
- They are the accountability group for the program’s leaders
- They are the ones to introduce the volunteer chaplain’s group to your community



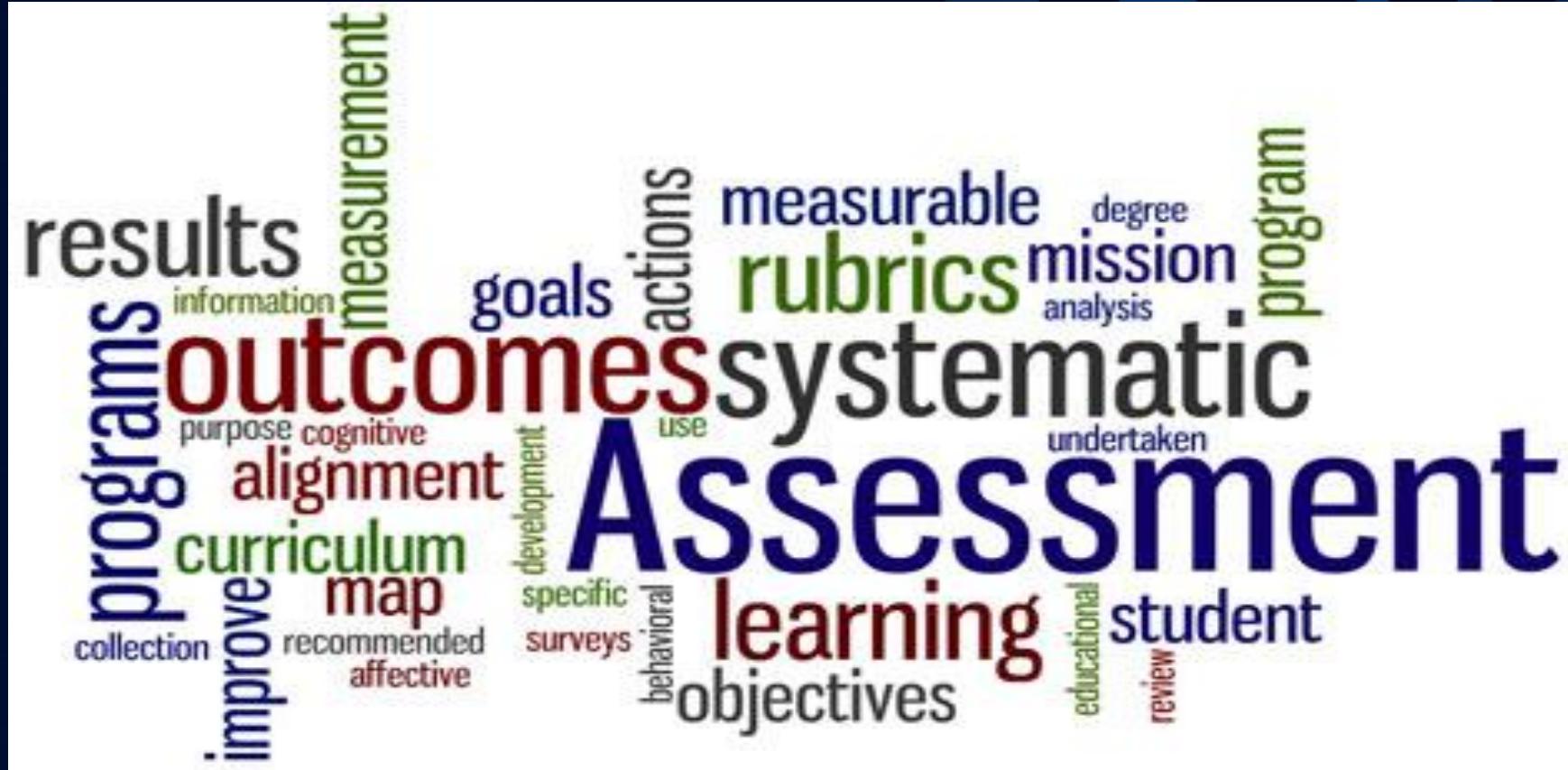
# Final step: Consult with a national group

Take advantage of information, advice, and templates that you can access through membership in any professional chaplaincy organization:

- Association of Professional Chaplains
- Association for Clinical Pastoral Education
- HealthCare Chaplaincy Network and SSC



# Step 4: Assessment





# Types of assessment

The selection of the types of assessment you use for your volunteer program is **CRITICAL**

Why?

- Administrators will use it to determine your adherence to mission, values, and goals
- TJC may look to see that your group is meeting care standards
- You will need to make your case for continued funding.





# What assessments are available?

## Monthly Assessments

- Monthly Report: Word document which compiles categorical statistics
- Spiritual Care Unit book: an Excel spreadsheet color coded for time/intensity of care visit by day/week/month
- Department Report Card: an Excel spreadsheet reporting multi indices of care against a standard





# Other assessments

Yearly assessments:

- **File Audits**: This is a standard way of assessing whether the care that the group is providing matches the standard they should provide.
- **Goal Session**: This is a great way of building joint ownership by volunteers and keeping the vision of service focused on a yearly basis.





# A Unique Assessment

## Assessment of the Chaplain

- Done bi annually
- Led by local clergy team
- Follows APC guidelines

## Reason?

- Performance feedback to the chaplain
- Investment by local clergy in program



# Summary of Assessment Tools

## Monthly Tools

- Monthly Reports / Monthly Report Cards
- Spiritual Care Unit Spreadsheet
- Departmental Report Card

## Yearly Tools

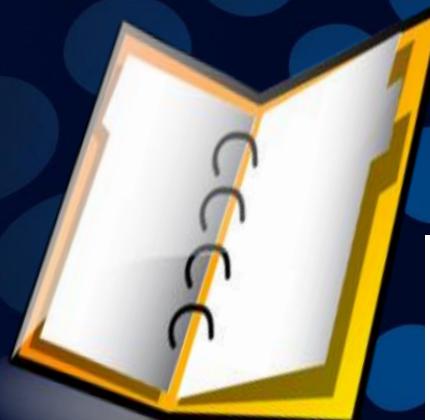
- File Audits
- Goal Sessions
- Chaplain Performance Assessment



# Assessment Presentations

## Rule 1: Know your audience

- Expect to make a year end report to administrators
- Keep accurate yearly records
- Anticipate questions
- Provide advance copies to senior administrators
- Make your case **carefully**, **cogently**, and **completely**.



# Conclusions





# Next Steps....

Read through the provided handbook and **breathe**....It looks like a lot but it can be done!!

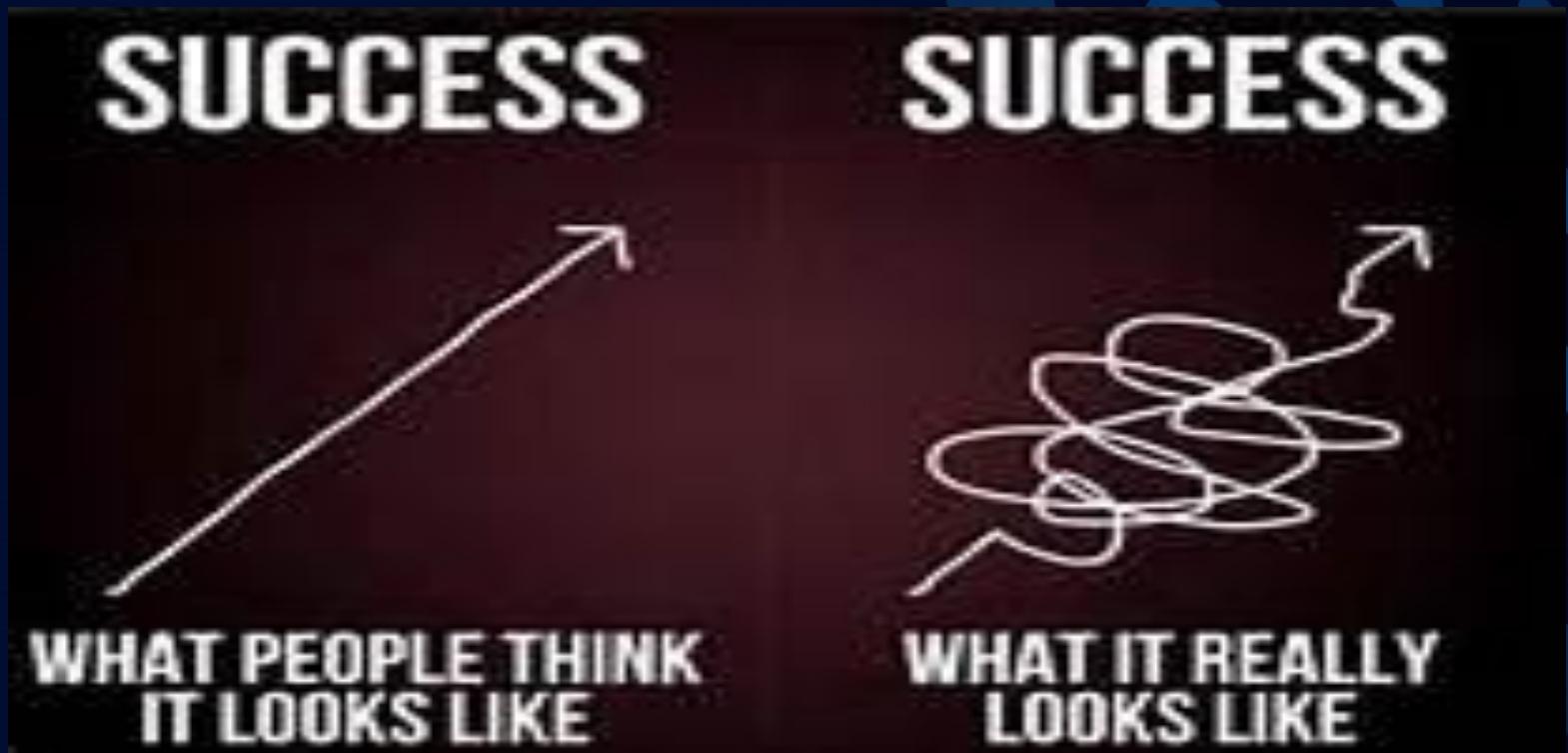
- Determine the population and clergy you serve with a spiritual demography
- Recruit an administrator to be your champion to other senior administrators
- Recruit clergy using “calls” and “cokes”
- Find a model of training that works well for you now and provides ways to expand it as you grow



# Next Steps (cont.)

- Integrate your vision with your hospital and develop an “elevator” mission statement
- Draw up the three P’s – policies, procedures, and protocols
- Build in support networks for the program AND the volunteers
- Select and modify assessment tools to prove your abilities and professionalism...and don’t forget to keep **excellent** records
- Get ready to minister to others!!

# Any Questions??



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