

From the desk of
The President and Chief Executive Officer
HealthCare Chaplaincy Network
Spiritual Care Association



HealthCare Chaplaincy Network
Clinical Pastoral Education Program
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In a speech¹ given in April, 2016, Rev. Eric J. Hall, President of HealthCare Chaplaincy Network (HCCN), announced the founding of its affiliate, the Spiritual Care Association (SCA). In doing so, he cited a strong demand signal from prominent leaders in the U.S. health care chaplaincy movement including Wendy Cadge, George Fitchett, Kevin Massey and Alexander Tartaglia for major changes in the way health care chaplains are educated and the ways that education was evaluated, particularly in Clinical Pastoral Education (CPE)^(2,3,4). This announcement was followed by a more detailed white paper⁵, *Time to Move Forward: Creating a New Model of Spiritual Care to Enhance the Delivery of Outcomes and Value in Health Care Settings*, which presented and discussed the barriers impeding the full integration of spiritual care and chaplaincy care in health care and recommendations to remove them.

Rev. Hall's 2016 observations on the lack of standardization and measurement of outcomes are not new. Acknowledged pioneers and later leaders of the clinical pastoral education movement have been calling for these changes for sixty years. As early as 1958, John Thomas called for the field to "better measure the effectiveness of clinical pastoral training so we have more objective standards"⁶. Some years later, Clark Aist wrote:

"Do we emphasize the self-development of the student for general ministry? Or do we focus on the acquisition of specific competencies for ministry that might be utilized in specialized settings? Should our educational programs themselves have built-in closure points, or do the various types of certification offered by cognate groups offer a sufficient closing process? And what about the thorny issue of curriculum content? Not only *how* we teach, but *what* we teach."

"Our subjective intuitions have by and large served us well in certification, but there is growing recognition of the need to make the process more objective and to more clearly specify the levels of knowledge and skill that the candidate must acquire."⁷

The last year has brought a myriad of chaplains to the SCA asking how and when they can be reimbursed by payers including Medicare for the care they provide. Before they will reimburse for interventions, or include chaplaincy in a reimbursement model, any payer

will surely require that the provider of such interventions demonstrate that they are delivering high value quality care. This goal can only be successfully met when provider preparation, education, experience and clinical care competency are demonstrated in a standardized and measureable way. This demonstration and measurement is not possible in the historical method and model of professional chaplaincy training and certification that is still widely used.

This lack of standardization in order to demonstrate chaplain's value and quality-based care is the most significant barrier currently facing the field of professional chaplaincy. However, it is an obstacle that is already being overcome through the work and contributions of the SCA. The current objective competency testing established and provided by the SCA shows significant deficiencies in knowledge and competency among current professional chaplains, including critical areas such as communication skills, HIPAA compliance, spiritual assessment and appropriate documentation among others. Inadequacies such as these should not exist at all in chaplaincy and spiritual care and must be addressed across the profession. The SCA is the only organization in the U.S. that is actively working to address this to improve the knowledge, skills, competency, and evidence-based practice of chaplains.

HCCN constantly strives to move the field of health care chaplaincy forward, responding to the challenges posed by its past and present leaders, and improving the spiritual care of patients and caregivers. As soon as it was permitted by its accreditation, HCCN enthusiastically adopted and rolled out newly adopted standards that, for the first time, allowed for virtual CPE. This program has been tremendously successful from the students' point of view as well as providing benefit to the patients and families to whom they provide care. As expected with any new effort, however, the standards and methods to meet them have raised concerns that need to be addressed to make them more effective in meeting educational standards, student needs, and the care of patients and families. To that end, HCCN has committed to address the shortcomings of the model for virtual CPE and better align all methods and settings of chaplaincy training with the current demands of U.S. health care for the benefit of both students and patients.

In order to achieve these goals, HCCN will transition its CPE program to the Institute for Clinical Pastoral Training (ICPT) as its accrediting body. ICPT has emerged as a creative and innovative organization within health care chaplaincy in the U.S. It has sought to implement many of the educational goals that chaplaincy leaders have called for and is committed to moving the field forward.

ICPT is a candidate to receive Department of Education accreditation. As the Spiritual Care Association is the only professional chaplaincy organization in the U.S. that has a program that includes evidence-based standardized curriculum, verified knowledge, and demonstrated competence, ICPT is working closely with SCA to incorporate these essential components into the traditional CPE experience of formation, self-growth, and group communication. In addition, ICPT and the SCA are exploring other standardizations

including methods of spiritual assessment, documentation, taxonomy, interventions and other quality indicators essential to chaplaincy care. Most importantly, all students will participate in objective testing assuring core knowledge has been verified and the student is properly prepared to provide clinical care. This model is better quality, based on evidence, and will cost less for the student.

All who have been in the field of chaplaincy care or have had oversight of chaplaincy departments understand that the system of education, preparation, testing and certification is long overdue for this change. We support current systems because of what they are historically with a clear sense they are not what we need for the future. Numerous institutions unknowingly cite them as a requirement for training without the full knowledge of the inadequacies they present, while many of us have simply followed the path of what is and has been politically expedient. However, a new opportunity and challenge has now come requesting our attention.

Many institutions and individuals are now choosing to follow a new path and model of chaplaincy education which leads to professional certification that provides the highest quality and value of care delivery for patients, caregivers and health systems in every setting. The time to move forward without hesitation is now.

HealthCare Chaplaincy Network and the Spiritual Care Association have taken the steps required to be the leaders of change that the pioneers of chaplaincy and decades of leaders called and hoped for. We are committed to preparing and empowering chaplains to provide high value and quality spiritual care to patients.

Accordingly, effective as of June, 2018, allowing current students to fulfill what they have struggled and scheduled to do, HCCN CPE units will be accredited solely by the Institute for Clinical Pastoral Training.

¹ President's Speech. Caring for the Human Spirit® Conference. San Diego, California. April 11. 2016. <http://bit.ly/2IPm95Q>

² Cadge W. Paging God: Religion in the Halls of Medicine. 2012. Chicago, IL. The University of Chicago Press. <http://bit.ly/2E0yHOn>

³ Massey K. Surfing through a Sea Change: The Coming Transformation of Chaplaincy Training. 2014. Reflective Practice: Formation and Supervision in Ministry. 34. 144-152. <http://bit.ly/2CNkPYy>

⁴ Fitchett G, Tartaglia A, Massey K, Jackson-Jordon B, Derrickson P. 2015. Education for Professional Chaplains: Should Certification Competencies Shape Curriculum? J HealthCare Chaplaincy. 21:4. <http://bit.ly/2lQCvdB> (abstract)

⁵ Time to Move Forward: Creating a New Model of Spiritual Care to Enhance the Delivery of Outcomes and Value in Health Care Settings. 2016. HealthCare Chaplaincy Network. <http://bit.ly/2ISnsQy>

⁶ Thomas J. Evaluations of Clinical Pastoral Training and "Part-Time" Training in a General Hospital. 1958. J Pastoral Care. 12:1. 28-38. <http://journals.sagepub.com/home/pcc> (archived)

⁷ Aist C. Standards: A View from the Past and Prospects for the Future. 1983. J Pastoral Care. 27:1. 6067. <http://bit.ly/2E2py85> (abstract)