What is CPE

Clinical Pastoral Education

Guide

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Introduction

If it was not for the unfortunate mishap of my beloved Brother Bobby, “I would not have this beautiful ministry.”

My Brother was involved in an accident, sent to Banner Hospice Rehabilitation Center. I received a phone call from the Spiritual Care Department at Banner Good Samaritan. During the conversation she (secretary) mentioned that one of the chaplains came very curious, at the time with him, and what he heard... That both of us would go and visit patients, offering prayer. She was captivated by what was said.

She mentioned that Good Samaritan Hospital was offering classes for such calling. **C.P.E. “Clinical Pastoral Education.”** Ask me to be interviewed, possibly as a candidate for their program.

Initiating, the First Bilingual Chaplain Program of its kind in the country. I accepted.

Four Units later and with the help of Our Lord...the rest is history.

With all sincerity, I would like to be honest. I had no idea the role of a chaplain...

To this day, I have much gratitude for my C.P.E. Instructor. Through her I learned so much about myself.

I was in the potter’s hands. **Jeremiah 18:1–6**

Keeping her name anonymous.

During the interview, she asked me what is the task of a chaplain?

I responded, “a chaplain goes down to the giftshop. Buys gum and candy, flowers... Whips drool from the patient’s mouth, sometimes feeds them.”

How ignorant I was...

She responded, “a chaplain duties are not as such.... i’m going to teach you.”

Throughout the years I have had the privilege of sharing this admirable calling to others. Sector Services, District Services, National Conventions, and

2. History of Clinical Pastoral Education

Clinical Pastoral Education (CPE) emerged in the early 20th century as a response to the growing recognition of the importance of spiritual and emotional support for patients in hospitals. The history of Clinical Pastoral Education is characterized by the development of a standardized curriculum, the establishment of accrediting bodies, and the expansion of its scope beyond traditional religious institutions.

The origins of CPE can be traced back to the early 20th century when a few visionary individuals began to advocate for the inclusion of spiritual care within the healthcare system. One of the pioneers of CPE was Anton Boisen, a Protestant minister and former mental patient. Boisen's personal experience with mental illness led him to believe that spiritual care should be an integral part of the treatment process. In the 1920s, Boisen founded the first Clinical Pastoral Training program at the Worcester State Hospital in Massachusetts, where theology students could receive practical training in providing pastoral care to patients.

The development of CPE as a structured educational program gained momentum in the 1940s and 1950s. The Rev. Russell Dicks, a Methodist minister, played a crucial role in shaping the curriculum and methodology of CPE. Dicks emphasized the importance of a “learning by doing” approach, which involved theological reflection on pastoral encounters and the integration of theory and practice. He also advocated for the use of group dynamics and peer supervision as essential components of the CPE experience.

In 1960, the Association for Clinical Pastoral Education (ACPE) was established to provide oversight and accreditation for CPE programs. ACPE aimed to promote high standards of education and training, ensuring that CPE programs met specific criteria and produced competent and reflective chaplains. Over the years, ACPE has expanded its reach and now accredits CPE programs in various healthcare settings, including hospitals, hospices, and long-term care facilities.

In the late 20th century, CPE began to evolve beyond traditional religious institutions. The field recognized the need for spiritual care in diverse settings, including prisons, military hospitals, and community organizations. CPE programs started to embrace interfaith and multicultural approaches to better serve the needs of individuals from different religious and cultural backgrounds. This shift led to the establishment of organizations like the National Association of Catholic Chaplains (NACC) and the Association of Professional Chaplains (APC), which expanded the reach of CPE to include chaplains from different faith traditions.

Today, CPE continues to evolve in response to the changing landscape of healthcare and the growing recognition of the importance of spiritual care in promoting holistic well-being. CPE programs are now offered in various formats, including full-time intensive programs, part-time extended programs, and online courses. The focus has expanded to include issues such as ethics, cultural competence, and end-of-life care. CPE has become an essential component of professional chaplaincy, providing individuals with the skills, knowledge, and self-awareness necessary to provide effective spiritual care in diverse healthcare settings.

The history of Clinical Pastoral Education reflects the growing recognition of the importance of spiritual care in healthcare and the development of a standardized educational model to train chaplains. From its humble beginnings in the early 20th century, CPE has evolved into a comprehensive and dynamic field that addresses the spiritual needs of individuals in various healthcare contexts.

3. Purpose of CPE

Clinical Pastoral Education is a unique and transformative educational model that equips individuals with the skills and insights necessary to provide effective spiritual and emotional care in a healthcare setting. The purpose of CPE extends beyond traditional theological education, emphasizing practical experience, self-reflection, and growth. There are several benefits to pursuing Clinical Pastoral Education.

1. Developing Self-Awareness and Personal Growth:

At the heart of CPE is the intention to cultivate self-awareness and personal growth. Through structured learning and supervised encounters with patients and their families, CPE participants have the opportunity to reflect on their own beliefs, values, and biases. This reflective practice allows them to gain deeper insights into their humanity, strengths, limitations, and areas for growth. By examining their own lives, CPE participants can enhance their ability to empathize, connect, and provide meaningful support to those in need.

2. Enhancing Pastoral Skills and Competence:

CPE goes beyond theoretical knowledge by providing a hands-on learning environment. Participants engage in real-life encounters with individuals facing various challenges, such as illness, grief, and loss. These experiences enable them to develop essential pastoral skills, such as active listening, effective communication, and a comforting presence. CPE participants also learn to navigate diverse cultural, religious, and

spiritual backgrounds, ensuring they can provide respectful and inclusive care to people from all walks of life.

3. Providing Spiritual and Emotional Care to Patients:

One of the primary purposes of CPE is to equip individuals with the tools needed to offer spiritual and emotional care to patients in healthcare settings. Illness, hospitalization, and medical procedures can evoke profound emotions and questions about the meaning and purpose of life. CPE participants learn how to create safe spaces for patients to explore their spiritual concerns, provide comfort, and facilitate healing. By addressing the spiritual dimensions of healthcare, CPE helps patients find solace, hope, and meaning amid their health challenges.

4. Supporting Families and Loved Ones:

CPE recognizes the significant impact of illness on the entire family unit. Participants learn how to engage with families and loved ones, offering support, empathy, and guidance during difficult times. They are trained to navigate complex family dynamics, facilitate effective communication, and address the unique spiritual needs of each family member. By caring for families, CPE participants contribute to the overall well-being and resilience of patients, recognizing that support networks play a crucial role in the healing process.

5. Fostering Collaboration with Healthcare Professionals:

In addition to patient care, CPE emphasizes collaboration with healthcare professionals. By working alongside doctors, nurses, and other healthcare staff, CPE students become part of an interdisciplinary team dedicated to holistic care. They learn to navigate the healthcare system, communicate effectively, and advocate for the spiritual and emotional well-being of patients. This collaboration ensures that healthcare providers view spirituality as an essential component of comprehensive care.

Clinical Pastoral Education serves a profound purpose in equipping individuals with the skills, self-awareness, and competencies necessary to provide compassionate spiritual and emotional care in healthcare settings. By combining practical experience with reflective practice, CPE prepares individuals to address the holistic needs of patients, support families, and collaborate with healthcare professionals. As the importance of spiritual care in healthcare continues to be recognized, the purpose of CPE remains paramount in cultivating compassionate

4. Who can take CPE?

Clinical Pastoral Education is regarded as graduate-level education for ministers and clergy who desire to improve their spiritual care. Some seminaries offer CPE as part of their course curriculum, while most residencies ask applicants to have a master's degree related to religion or theology. This is not always required depending on the requirements for clergy of different religions. The chaplain endorsing body of your religion or denomination can help you know the educational requirements for professional chaplaincy related to your spiritual or religious tradition.

CPE is available to anyone who wishes to participate, regardless of their religious affiliation, and is considered interfaith education. The National Association of Catholic Chaplains (NACC), the Association of Professional Chaplains (APC), and the National Association of Jewish Chaplains (NAJC) all require CPE through the Association of Clinical Pastoral Education for board certification.

CPE follows an adult learning model, where the student is responsible for setting their own goals and learning through an action-reflection-action model. This means the student will make patient visits and perform other chaplain duties, then reflect on these visits and duties with other students and a supervisor, and then go back out to make more visits having learned from their reflection.

CPE is a demanding program, both emotionally and spiritually. It requires students to be vulnerable and honest with themselves if they are to learn and grow from the experience. But for those who are called to chaplaincy, CPE can be a life-changing experience that prepares them for the challenges of ministry.

5. Ways to do CPE

Residency

If you are interested in becoming a healthcare or hospice chaplain, completing a CPE residency is the best option for you. Many hospitals and hospices require 4 units of CPE and finishing most residency programs will result in you having 4 units of CPE. Some programs require you to have one unit before you can become a resident and some of these programs will offer 3 units throughout the residency.

In addition to receiving significant training toward becoming a chaplain, having 4 units of CPE is one requirement for board certification through the Association of Professional Chaplains, which is a requirement of many hospitals and hospices for employment as a chaplain.

Intern

If you are looking for one unit of CPE, either to be able to apply for a residency program or ordination in your faith group, becoming an intern is probably the right answer for you. Many CPE centers offer intern groups in the summer months, which allows seminary students to participate between semesters.

A unit of CPE as an intern is similar to a unit as a resident, as it requires the same number of clinical and educational hours. Interns will not be employees but will gain their clinical hours through volunteering in a clinical setting. The exact schedule and setting will vary greatly from CPE center to CPE center.

Extended

Extended units allow for people with full-time employment, such as clergy, to engage in CPE. Instead of completing a unit in three months like you would in a residency or internship, extended units are spread over 5–6 months, or even longer. Typically educational times are held weekly in the evenings, though this may vary by location. Extending the time frame required to get the 100 educational and 300 clinical hours allows the students to take a part-time pace. An extended student might complete their clinical time by visiting the hospital one afternoon a week and taking call weekly.

2nd year/Fellowship

There are CPE programs around the country that have 2nd year or fellowship opportunities. These programs allow the student to specialize in a specific area of spiritual care. These specializations include emergency/trauma, mental health, substance abuse, research, palliative care, and long-term care. These programs are similar to normal residency programs in the balance of educational and clinical time, though both of these aspects will be more focused on the specific area of concentration.

Online

Online CPE is a relatively new venture but is being done within ACPE and the Institute for Clinical Pastoral Training. The educational hours can be done online but the clinical time needs to take place in an approved facility. This can be a good option for someone who is already employed as a chaplain but still needs CPE and there are no centers nearby.

Certified Educator

After completing four units of CPE, some chaplains move to become a Certified Educator Candidate (CEC, which is the terminology of ACPE). This is a multi-year process of education to become an ACPE-certified educator. A certified educator is the person who runs the CPE program, supervises residents and interns, and organizes the educational aspects of CPE.

The process to become an educator includes writing several essays to demonstrate the competencies needed for admission as a CEC. After being admitted as a CEC, the student writes theory papers that are presented to a committee, and participates in group education and support, along with other educational endeavors. The CEC process normally takes several years to complete.

6. Why CPE?

Professional Chaplaincy

If you would like a career in chaplaincy, CPE is a must have. While it is more important for careers in healthcare chaplaincy, it still provides vitally important education to those who wish to become a military, corporate, or prison chaplain. Most hospitals and hospices require CPE of their chaplains. CPE, four units, is also required to become a board-certified chaplain through the Association of Professional Chaplains.

Ordination

Some religious and denominational organizations require CPE for ordination. United Church of Christ, Episcopalians, United Methodists, and Unitarian Universalists are examples of denominations that require CPE for ordination. Chaplaincy positions generally do not require ordination, but do require an endorsement from a religious organization. An endorsement for chaplaincy ministry could require CPE but this would vary by religious organization.

Spiritual Care/Ministry

CPE equips clergy to care for those in their care and prepares them to encounter difficult situations. Unlike most seminary or master's level courses, CPE provides practical experience through caregiving relationships.

7. How to pick an organization and location

Organizations

When you first start looking into CPE, you might be confused to find several different organizations that offer CPE. Clinical pastoral education began in the 1920s when Anton Boisen was hired at the Worchester State Hospital in Massachusetts. The theological education that Boisen would develop would be the start of clinical pastoral education. Out of this educational model a formal association would form in 1930 and that association would become the **Association for Clinical Pastoral Education (ACPE)** in 1967.

The **Association of Clinical Pastoral Education** is accredited by the Department of Education of the United States. This means that ACPE allows you to count your CPE toward a graduate or doctoral degree at an accredited university or seminary. If you want to pursue board certification as a professional chaplain through the Association of Professional Chaplains (APC) then CPE through the ACPE is the easiest road. Four units of CPE are required for full certification through the APC, though one unit of another organization's CPE can be given as equivalency.

[Link to the Association of Clinical Pastoral Education website]

The **College of Pastoral Supervision and Psychotherapy (CPSP)** was founded in 1990 by a group of CPE supervisors who wanted to make changes to the CPE model. CPSP established local chapters in which members are expected to participate after their CPE training is done. These chapters provide an opportunity for support and continued growth for chaplains and counselors. CPSP also divides the CPE

experience into "units" that are roughly the same number of clinical and education hours (400).

[Link to the College of Pastoral Supervision and Psychotherapy website]

The **Institute for Clinical Pastoral Training (ICPT)** was established in 2013. Their educational method combines educational training in an online format with clinical experience in a local opportunity near the student. ICPT is associated with the Spiritual Care Association.

[The Institute for Clinical Pastoral Training website]

Questions to help you pick a CPE center

1. What kind of CPE is right for you at this stage in life?

What is your reasoning for pursuing CPE at this moment? If you know you want to become a hospital chaplain and desire to jump right into completing the four units of CPE you need then a **residency** would be right for you.

Some residency programs require a unit of CPE before being eligible for the residency. It is helpful to enroll in one unit of CPE during seminary or graduate school if you know you would like to be a CPE resident after graduation.

Are you looking for one unit of CPE for ordination in your denomination? Either an **extended** unit or a summer unit of CPE during seminary is a good fit. Extended units are done over a longer period than normal units, which allows clergy or other full-time employees to get the necessary clinical and education hours for a unit of CPE.

Many CPE centers offer single units of CPE in the summer since many denominations require a unit for ordination. These single-unit students are generally called interns.

2. Are there CPE programs located near you or are you willing to relocate for CPE?

If you are located near a metropolitan area in the United States then there is a good chance there is at least one CPE center near you. Follow this link to find our list of ACPE centers by state or click here to go to the ACPE website where you can search for centers.

If you are within driving distance of a CPE center then there are options to get your clinical hours at a facility closer to your home and drive to the center for your educational hours. You will need to talk to the CPE educator to find out your options as you will have to have an approved facilitator at the clinical site for your hours to count.

There are also some online options for CPE where you would gain your clinical hours at a local facility and participate in educational and group time online. These are rare but could grow in the future.

3. What type of facility would be most beneficial for your career objectives?

It is important to consider what kind of facility you want to complete your clinical hours in for CPE. What are your career goals? If you are looking for a career as a hospice chaplain then you probably want to find a hospital with a strong palliative care or inpatient hospice unit.

Larger, urban hospitals provide different clinical experiences from smaller, community hospitals. CPE is also offered at rehabilitation and longer-term facilities. These programs could be helpful for a future pastor to learn to care for an elderly population.

In addition to the type of clinical experience a CPE center offers, another factor could be the type of ownership of the facility. Government, privately owned, and faith-based facilities can offer different experiences and it can be important to consider which type best suits your goals. It is important to research the CPE centers you are considering to see if they align with your career goals.

4. Does the schedule fit what you are looking for?

This question is probably one that will not be answered until you have an interview for a position, but it is an important one to ask before you accept a position or decide on a CPE center. Work schedules can vary greatly depending on the center's culture. Some chaplain departments work traditional Monday-Friday 8 am-5 pm schedules, while others provide 24/7 coverage with a chaplain in the building.

Many departments provide on-call coverage if there is not a chaplain in the building. On-call coverage means someone is available to be called in when needed. Some on-call chaplains are required to be in the building but do not have to be working unless called while others can take call from home if they live close enough to respond in a certain time frame.

Some chaplains work 8-hour shifts while others work 10 or 12-hour shifts. Family obligations as well as the kind of work schedule you are used to or prefer are important factors to consider when selecting a CPE center.

8. What does a chaplain resident do?

A chaplain resident is an individual who is participating in a chaplaincy residency program, which is a specialized training program for individuals interested in pursuing a career as a chaplain. The program is typically offered in various healthcare settings, such as hospitals, hospices, or long-term care facilities.

During their residency, chaplain residents work under the supervision of experienced chaplains and receive practical training in providing spiritual care and support to patients, their families, and staff members. The specific duties and responsibilities of a chaplain resident can vary depending on the setting and the program structure, but generally include the following:

1. Patient Visits:

Chaplain residents spend a significant amount of time visiting patients, assessing their spiritual needs, and offering emotional and spiritual support. They may engage in active listening, provide comfort, offer prayers or religious rituals, and facilitate discussions on religious or existential matters.

Resident chaplains might be responsible for certain units within the hospital, such as an ICU unit or a medical-surgical floor. The resident then makes sure the spiritual needs of patients and families are met on that unit. Within some institutions, this might mean attempting to visit every new patient on that unit. Other times the chaplain might rely on consults and referrals that come in from the patients themselves and the interdisciplinary team.

2. Grief, trauma, and emotional Support:

Chaplain residents often provide support to patients and their families during times of crisis, grief, or end-of-life care. They may help individuals navigate their emotions, address spiritual concerns, and provide a compassionate presence.

3. Multifaith and Interfaith Work:

Chaplain residents are trained to respect and respond to the diverse religious and spiritual beliefs of individuals they encounter. They may have the opportunity to work with people from various faith traditions, and they learn to provide appropriate care that aligns with each person's beliefs and practices.

4. Collaborative Care:

Chaplain residents work as part of an interdisciplinary team, collaborating with healthcare professionals, social workers, and other members of the care team. They participate in patient care conferences, contribute to treatment plans, and provide insights into the spiritual aspects of patient care.

5. Education and Training:

Chaplain residents participate in educational seminars, workshops, and case conferences to enhance their knowledge and skills in areas such as pastoral care, ethics, bereavement support, and cultural competence. They may also attend supervision sessions to reflect on their experiences and receive feedback from their supervisors.

6. On-Call Duty:

Many chaplain residency programs require residents to participate in on-call rotations, where they are available to provide spiritual care and support outside

regular working hours. This involves being accessible during evenings, weekends, and holidays to respond to emergencies or urgent requests for assistance.

Some organizations have a chaplain on site 24/7 and therefore require the chaplain on call to stay in the facility overnight. The facility will provide a sleep room where the resident can stay. Not every facility requires a chaplain to be on site at all times, these organizations will allow the chaplain to take call from home, but they must be able to respond within a certain amount of time.

Overall, the chaplain residency experience is designed to provide practical training, exposure to various healthcare contexts, and the development of professional skills necessary for a career as a chaplain.

9. The CPE Application

The application process for a CPE residency program has similar aspects to other graduate-level programs. There will be an application fee, and you will need to submit transcripts, letters of recommendation, and a personal statement. Where the CPE application can be different from other applications is the submission of written essays that include a life overview, spiritual and religious history, and a narrative of a helping incident. There may also be an interview process as part of the application.

Skills to demonstrate in your CPE application

When you decide to pursue a Clinical Pastoral Education residency, know that the application is not a normal job application. You will be asked to submit a few small essays about your life, your spiritual history, and a demonstration of your ability to help others. These are a few of the skills educators want to see in your essays.

1. Writing Skill and Ability

Clinical pastoral education is graduate-level academic work and educators want students who communicate clearly through writing. CPE includes writing in the form of verbatims, goals, evaluations, and book reviews. Make sure you edit your writing and double-check for typos and grammar. Have a friend or family member read your application and let you know what is not clear or how you could improve your writing.

2. An Understanding of Your Major Life Relationships and Events

Part of the CPE application is an overview of your life. Make sure your life overview is about you. As obvious as it sounds, I have read too many applications that are about the person's family and not about how the person's family history has impacted them and led them to where they are today.

Talk about how your family of origin, your most important relationships, jobs, and spirituality has impacted you in the positive or the negative. Do not just give information about your family or life history, but tie it into who you are today. What have been the most important events in your life and how have they impacted you?

3. Ability to articulate your theology and spiritual life

The essay about your spiritual background and development should provide a brief spiritual history. This can include a chronological history of major events and beliefs in your spiritual journey, as well as important people who have invested in you spiritually. Include reflection on how you have grown and changed spiritually.

CPE educators also want to understand from your theological reflection how you view and relate to those who have differing beliefs from you since you will encounter people of all perspectives in your CPE experience. What about your theology and spiritual life causes you to care for others including those who are different from you?

4. Skill of caring for others

Your final essay will be a description of a helping incident. A good helping incident will be when you responded to someone in crisis. This could be when a friend

or family member loses a loved one or when a member of your faith community comes to you because they are struggling in a relationship. Include as much of the verbatim conversation as you remember and what you observed about the person you were helping.

Reflection on what you were thinking and why you responded can also help an educator know if you are ready for CPE. A good helping incident does not require you to give advice or “preach”, but should show your ability to listen to someone in crisis and help them process their situation and emotions.

10. How to ace your CPE interview

Normally in interviews you want to demonstrate your competence and show your potential employer how skilled and qualified you are. CPE interviews are not normal job interviews. Yes, you still want to demonstrate competence, professionalism, and that you would make an outstanding team member, but you also want to show that you are a learner and someone who cares about other people.

I have sat in interviews for CPE resident positions where the applicant treated it like a normal job interview. Most of the time this does not go well because they have not made an effort to demonstrate their desire to learn or taken time to think about what areas they would hope to improve in his or her spiritual care. It is important to remember you are interviewing to be an employee as well as a student. Be prepared for a question about areas of growth you see for yourself as well as what you hope to learn.

Another tip for your CPE admission interview is to demonstrate an ability to listen. This can be a challenge when you are the one being interviewed, but you can find a way. Ask follow-up questions to something one of the interviewees has said. When you have a chance to ask questions, listen attentively to the answers given and make a small comment showing you are paying attention. This is an important skill to demonstrate because attentive and empathetic listening is crucial to success as a healthcare chaplain. If you are someone who tends to ramble when you are nervous, make sure you are self-aware enough in the interview to stop talking. If you do find yourself rambling because you are nervous, don't be afraid to recognize it verbally to those who are interviewing you and mention it as a place of growth for your possible residency.

11. Preparing for CPE

CPE seeks to equip clergy to be better ministers. The objectives and outcomes of ACPE address the student's self-awareness, ability to engage in the peer group, and spiritual caregiving relationships. These are broken down into pastoral formation, pastoral competence, and pastoral reflection.

[Objectives and outcomes]

ACPE Goals and Outcomes

Pastoral Formation

Objectives

O1. to develop students' awareness of themselves as ministers and of the ways their ministry affects persons.

O2. to develop students' awareness of how their attitudes, values, assumptions, strengths, and weaknesses affect their pastoral care.

O3. to develop students' ability to engage and apply the support, confrontation, and clarification of the peer group for the integration of personal attributes and pastoral functioning

Level I Outcomes

L1.1. articulate the central themes and core values of one's religious/spiritual heritage and the theological understanding that informs one's ministry.

L1.2. identify and discuss major life events, relationships, social location, cultural contexts, and social realities that impact personal identity as expressed in pastoral functioning.

L1.3. initiate peer group and supervisory consultation and receive critique about one's ministry practice.

Level II Outcome

L2.1. articulate an understanding of the pastoral role that is congruent with one's personal and cultural values, basic assumptions and personhood

Pastoral Competence

Objectives

O4. to develop students' awareness and understanding of how persons, social conditions, systems, and structures affect their lives and the lives of others and how to address effectively these issues through their ministry

O5. to develop students' skills in providing intensive and extensive pastoral care and counseling to persons

O6. to develop students' ability to make effective use of their religious/spiritual heritage, theological understanding, and knowledge of the behavioral sciences and applied clinical ethics in their pastoral care of persons and groups

O7. to teach students the pastoral role in professional relationships and how to work effectively as a pastoral member of a multidisciplinary team

O8. to develop students' capacity to use one's pastoral and prophetic perspectives in preaching, teaching, leadership, management, pastoral care, and pastoral counseling

Level I Outcomes

L1.4. risk offering appropriate and timely critique with peers and supervisors

L1.5. recognize relational dynamics within group contexts

L1.6. demonstrate the integration of conceptual understandings presented in the curriculum into pastoral practice

L1.7. initiate helping relationships within and across diverse populations

L1.8. use the clinical method of learning to achieve one's educational goals

Level II Outcomes

L2.2. provide pastoral ministry with diverse people, taking into consideration multiple elements of cultural and ethnic differences, social conditions, systems, justice and

applied clinical ethics issues without imposing one's own perspectives

L2.3. demonstrate a range of pastoral skills, including listening/attending, empathic reflection, conflict resolution/transformation, confrontation, crisis management, and appropriate use of religious/spiritual resources

L2.4. assess the strengths and needs of those served, grounded in theology and using an understanding of the behavioral sciences

L2.5. manage ministry and administrative function in terms of accountability, productivity, self-direction, and clear, accurate professional communication

L2.6. demonstrate competent use of self in ministry and administrative function which includes: emotional availability, cultural humility, appropriate self-disclosure, positive use of power and authority, a non-anxious and non-judgmental presence, and clear and responsible boundaries

Pastoral Reflection

Objectives

O9. to develop students' understanding and ability to apply the clinical method of learning

O10. to develop students' abilities to use both individual and group supervision for personal and professional growth, including the capacity to evaluate one's ministry

Level I Outcome

L1.9. formulate clear and specific goals for continuing pastoral formation with reference to one's strengths and weaknesses as identified through self-reflection, supervision, and feedback

Level II Outcomes

L2.7. establish collaboration and dialogue with peers, authorities and other professionals

L2.8. demonstrate self-supervision through realistic self-evaluation of pastoral functioning

L2.9 By the end of Level II, students will be able to demonstrate awareness of the Common Qualifications and Competencies for Professional Chaplains

Adult learning

Education is a lifelong journey that extends beyond the confines of formal schooling. Whether it's acquiring new skills, pursuing personal interests, or adapting to an evolving professional landscape, both adults and students engage in the process of learning. However, adult and student learning differ in various aspects, including motivation, experience, and context. CPE is an adult learning endeavor even if done within a traditional time of learning such as seminary.

Motivation and Purpose:

One of the fundamental distinctions between adult learning and student learning lies in motivation and purpose. Students often engage in formal education driven by external factors, such as curricular requirements and societal expectations. On the other hand, adults typically choose to pursue learning based on intrinsic motivation and personal goals. Adults often have a clear purpose in mind, whether it's career advancement, or personal development, which are often reasons for pursuing CPE.

Life Experiences and Prior Knowledge:

Another factor that differentiates adult learning in CPE from student learning is the wealth of life experiences and prior knowledge that adults bring to the table. Students are often in the process of acquiring foundational knowledge and skills while building a solid educational base. In contrast, adults have already accumulated a significant amount of knowledge and skills throughout their lives. This prior knowledge can serve

as a valuable resource in CPE, enabling ministers to make connections, critically analyze information, and relate new concepts to their existing understanding and ministry experience.

Context and Relevance:

The CPE context is a unique learning environment. Students often learn within a structured educational system, following a predetermined curriculum and timetable. CPE learners, on the other hand, have the flexibility to tailor their learning experiences to their specific needs and interests. CPE is situated in a healthcare context, where learners can immediately apply new knowledge and skills to their personal or professional lives. This emphasis on relevance and practicality can enhance adult learners' motivation and retention of information.

Learning Styles and Preferences:

Learning styles and preferences play a significant role in both adult and student learning. While students often engage in a more standardized learning environment, adults tend to have a more individualized approach. CPE learners have many opportunities to engage in discussions, share experiences, and learn from their peers. Recognizing and accommodating diverse learning styles and preferences can greatly enhance the effectiveness of the CPE experience.

Conclusion:

Adult learning in CPE and student learning are distinct in terms of motivation, life experience, context, and preferences. Recognizing and addressing these differences is crucial for preparing for being a CPE student.

12. How to Succeed in CPE

Clinical tips

1. Take all the opportunities you can to observe and shadow staff chaplains and more experienced co-workers. You can always learn something from watching someone more experienced than you. Ask questions of those you are shadowing and observing. Find out what they were thinking and feeling. Why did they make a certain decision or ask a specific question? What did they observe in the room and how do their observations compare to your own?

One way to find more shadowing and observing opportunities is by volunteering to help a staff chaplain on an off shift, such as a weekend or evening shift. This can give you some one-on-one time to converse with the staff chaplain as well as respond with them to consults, deaths, and code blues.

1. Attend interdisciplinary meetings. If the floors you are responsible for have interdisciplinary team meetings, make sure you attend as often as you can. Most of the information in these meetings will not be relevant to caring for the spiritual needs of the patients, but there are several benefits to attending these meetings. These meetings are a great way to build relationships with the staff that works on your units. Building these relationships allows you to care for the staff as well as the patients. Having relationships with the staff can also increase their referrals to you, as their recognition of spiritual care increases because of your presence in those meetings. Attending these meetings also helps you develop an

understanding of how your facility operates. You learn the struggles and challenges of the staff, as well as additional opportunities to support them.

In addition to interdisciplinary meetings, you can get to know the other staff by simply rounding through your units to engage with staff. Ask about their families and how their days are going. Find ways that fit your personality to engage with those you work with.

1. Be proactive. Are there daily tasks within the chaplaincy department that need to be done? Learn how to do them and volunteer to do them. Take care of consults or offer the morning prayer. Make sure you communicate what you are doing to others but jump in and do what needs to be done. Don't wait to be asked. Your staff chaplains will notice and appreciate your effort.

As a staff chaplain, I appreciate the residents who come in and ask about the day, volunteer to carry the pastoral care cell phone for part of the day, and check consults throughout the day. I want them to share the load and take ownership of the task of spiritual care for our hospital. Unfortunately, it is not uncommon to have residents who show little to no initiative. They never ask questions or ask how they can help. They are only interested in doing the tasks assigned to them and working on their CPE assignments.

Tips for visiting patients

When visiting someone in the hospital it is important to observe how they are feeling and reacting to your visit. This can help you know how much talking they are up for. Sometimes talking can be difficult for patients, especially those with pneumonia or

who have trouble breathing. Be okay with the conversation taking a slow pace or sitting in silence for periods of time.

Some patients will want to tell you all about why they are in the hospital and what they have been doing to try to feel better, while others want to talk about other things. Follow the lead of the patient and what they want to talk about. You can start by asking how they are feeling or how their day has been. If they don't seem interested in talking about their stay in the hospital or are giving you short answers, try transitioning to topics outside of the hospital.

You can shift the topic to mutual friends or family members. Tell them what you have been doing or something you look forward to doing with them when they get out of the hospital. Talking about normal life can sometimes provide motivation and hope for patients and encourage them to look to the future when they can head home from the hospital.

Avoid being dismissive of the patient's feelings by telling them how they should feel. Too often we try to make someone feel better by telling them to cheer up or not to worry. Instead of trying to change how the patient is feeling, ask questions about what they mean in order to better understand.

For example:

Patient: Today has been a tough day. I haven’t been able to get comfortable. They want me to walk several times a day and sit up in the chair, but it just hurts.

You could try something as simple as reflecting back what they said, such as "I'm sorry today has been a tough day." This allows them to continue talking about their day

if they have anything else to say or might allow them to express even more about what they are feeling.

Patients have a whole team of healthcare professionals working to fix their problems and to try to help them feel better. Sometimes what the patient needs from their friends or family is someone who listens to their difficulty in a way that allows them to express what they are feeling. This does not mean that encouragement is bad, but sometimes it is given too quickly and shuts down the conversation.

Deciding what topics of conversation not to bring up will vary widely by the patient. Some patients might want to share everything the doctor has told them about their diagnosis, while others consider that information private. Some might want to discuss their hometown and families, while others might become too homesick to talk about those things while in the hospital. Asking open-ended questions allows the patient to share how much or how little they would like.

The most important thing to communicate to a patient in the hospital is that you care for them and wanted to see how they are doing. If you are sincere in your desire to care for the patient they are willing to overlook a question that is a little too personal or your uncertainty about what to say. Show them you care instead of saying something like "Well you know you need to be up and walking. It's good for you." This can sometimes cause the patient to feel like you are dismissing what they are feeling.

Discerning how long to stay is a balance between not overstaying your welcome and staying long enough that the patient feels cared for. If the patient has other family or friends checking on them then you probably don't need to stay too long so they have time to rest between visitors.

If you are one of the only visitors the patient will have then you can stay for longer if the patient seems to appreciate your visit. You can always bring a book or something to do in case the patient wants to rest and you have the time to stay. Don't be afraid to simply ask if the patient would like you to stay or would like some quiet time.

Educational

CPE can be a unique experience because of the combination of education and clinical work. The educational experience requires a lot of writing and self-reflection. Find out what makes you most productive at writing. Do you need to block off an extended time? Do you work better in shorter bursts? Find out what works best for you and plan your day accordingly as best you can. I say as best you can because there will always be interruptions in the work of spiritual care. There will inevitably be a death, cardiac arrest, prayer request, or knock on the door as soon as you sit down to work on your educational materials, so you must remain flexible.

Verbatims

Verbatims are often a new concept to CPE students. Traditional education does not give students many assignments like verbatims. These assignments ask the student to write down everything that was said during a visit (that can be remembered) in a format similar to a script. The student is then asked to reflect on the visit, including self-reflection, feelings, theological themes, and other questions about the spiritual care provided.

Students should seek to submit several types of verbatims, not just those that show how well they are doing in their visits. While it is understandable to want to show

how well you are doing, make sure you are also using your verbatims to receive helpful feedback from your peers and educator. Take note if you walk out of a patient room asking yourself questions like, “what just happened?” “what could I have done differently?” “was I helpful?” Use these visits as verbatim. They are great growth opportunities.

Also, make sure to include a diverse set of visit types. Include routine rounding visits, death, cardiac arrests, and hospice visits for a variety of encounters in your verbatims. When I was a resident I had a verbatim that was an interaction with some of the Catholic Eucharistic ministers who visited our hospital because I wanted some feedback on how my peers would have handled the situation. Feel free to get creative in the types of verbatims you submit.

Group time

The majority of your educational time in CPE is spent in a group setting. You will listen to didactics together, give each other feedback, and learn about each other. The makeup of each group is different and having a good attitude toward being in a group can go a long way in making your time in CPE a success. Consider how you generally function in a group. Are you a talker? Do you keep to yourself? Are you willing to offer constructive criticism? You will be challenged in CPE to consider your role in the group and how you might grow to be a better member with your fellow residents.

Supervision

The only part of your CPE education that will not be in your peer group is weekly one-on-one supervision with your educator. This time can be used to discuss

frustrations, challenges, and successes. These can cover a variety of topics, from personal issues to patient visitation to challenges with your fellow residents. Use this time to receive feedback and to be vulnerable about your challenges with CPE. Your educator wants to help you grow and improve your spiritual care.

Using CPE for career success

Use the learning environment to find your fit

You are in CPE to learn, so you can use this to your advantage. There are many types of chaplaincy and you can use CPE to find which avenue fits you best. Shadow all the different staff chaplains in their areas. Spend time in the emergency department, the intensive care units, and on the regular floors. Talk with palliative care and hospice chaplains and find days to spend a day with them to see what their work is like. Go spend the day at the local children's hospital or a local rehabilitation hospital that has a spiritual care provider. CPE is your opportunity to take in as much information as you can about becoming a chaplain and you should use this to see if any of the paths available fit with your vocational desire.

Learning goals

Take advantage of your learning goals. This is an advantage of adult learning, you get to determine what your goals are. Learn about yourself. Struggle with small talk? Make it a goal to improve by interviewing some of your friends or family who are good at small talk and read some books on small talk. Think that hospice chaplaincy is

a good fit? Read about it and schedule a day to shadow a hospice chaplain. You get to decide your goals so make them engaging and useful to you.

Board certification

If you are in a residency program and desire to pursue professional chaplaincy after you finish, I would strongly suggest using your time in CPE to get started on your board certification through the Association of Professional Chaplains. Make one of your learning goals toward the end of your residency to begin the process of pursuing board certification.

You will need letters of recommendation from a board-certified chaplain and other healthcare professionals such as a nurse, social worker, or physician. If you develop some good interdisciplinary relationships in your residency you ask them to write you a letter.

Start looking through the requirements for BCC and you can even begin writing your essays. There is also a biographical component, so you can use some of your CPE application and other writings you have done during CPE. Specific examples of how you have demonstrated the competencies are also important to include in your essays and when you appear before the committee. It would be helpful to have a method of collecting and keeping these stories related to certain competencies.