

# EAST CENTRAL REGION, ACPE

Indiana, Kentucky, Michigan, Ohio & Pittsburgh, PA.

Website Address: <http://www.ecracpe.org>

NEWSLETTER

May 2012

CAN YOU BELIEVE. . .

*Dennis E. Kenny, Regional Director*

... Some passing thoughts on a rainy spring day.

**National Issues:** Read the ACPE news that came out recently and includes responses to questions from the two presidential candidates. One question to the candidates asks what they would change and leave the same in the organization. This was coupled by a question from our own **Jill Rasmussen-Baker** about their views on a merger and collaboration with APC.

I had a recent conversation with a colleague about the collaboration question and he felt strongly that we would run a significant risk of losing our identity if we merged or united our efforts. I have never thought that way professionally. I have always felt that we can do more with less if we join efforts and not worry about losing identity in the collaboration.

That is due in part, to my strong and opinionated nature. I view the organization in the same way; as a matter of fact it was CPE that drew out my opinions and the strength around them.

Because of who we are at our core we run very little risk of losing our identity; but run a large risk of frustrating our colleagues in other organizations, many of whom we have trained.

Tim Thorstenson and David Johnson both said similar things in responding to the question of what they would change about the organization.

David: *"The intensity of the feeling state sometimes overpowers the courage and fortitude needed to confront change proactively. This is what I would most want to change."*

Tim: *"I want to embrace creative opportunity that comes with the normal changes of organizational life. I orient now much more toward who we are becoming than toward preserving who we have been."*

**The Proposed Governance Update:** The governance committee had its first meeting to discuss feedback received from members of the organization and our lawyer, Mark Burnette.

- *The governance committee has been given a deadline of June 30 to complete its work.*
- *The governance committee will report back to the Board of Representatives in a July meeting via conference call.*
- *Our lawyer will review the governance proposal.*
- *An online town hall meeting will be held in August (date TBD) to give you an opportunity to discuss the governance proposal and share your questions/concerns.*
- *The governance proposal will be shared with members at the fall regional meetings.*
- *Your Regional Representatives will take your feedback to the Board of Representatives November meeting in Atlanta.*

- *An online town hall meeting will be held in January 2013 to give one final opportunity to engage the proposal.*
- *By-Laws changes will be posted on the ACPE website in February 2013.*
- *Vote on By-Laws changes will be held at the Annual Conference in May 2013 in Indianapolis, Indiana.*

**FCPE (Foundation for Clinical Pastoral Education)**: You may be getting tired of me reminding you to keep ACPE donations on your regular calendar but here is another reminder.

Last year FCPE's annual fund drive FCPE \$75,000 which included funding for special projects. The goal for this year is \$125,000. Miriam Needham is leading the annual campaign and I am very impressed with her energy and organization for this very important effort. You will soon receive a letter in the mail for this campaign; please be generous. We are funding the future of our organization.

Len Al Haas recently began working as the consultant for FCPE fund raising and office management. Positive changes have already been made as the computer system is up and running. We will notice an improvement in processing funds and responding to gifts and pledges. The office is preparing to focus on the Capital Campaign. Lead gift donor "asks" are scheduled for early fall. I look forward to sharing some exciting news with you at that time! Stay tuned.

**PEOPLE AND PLACES**; Lot's happening in the region and many comings and goings.

Welcome to **Yvonne Valeris** who has begun at The Christ hospital in Cincinnati as supervisor/Pastoral Education Coordinator. [Yvonne.valeris@thechristhospital.com](mailto:Yvonne.valeris@thechristhospital.com)

**Phil Williams** is retiring very soon from the VAMC Pittsburgh, PA. Phil has been a joy to work with and made a significant contribution to the VA. We'll figure out a way to help him use all of his extra time.

Congratulations to **Mary Q. Brown** also from the Pittsburgh VA as she is transferring to the VA in San Antonio, Texas to take a supervisory job there. We'll miss Mary's energy for CPE and her contributions to the region.

Pine Rest in Grand Rapids, one of our long standing centers is beginning a search for a new supervisor.

I am very appreciative of the retired and unattached supervisors who keep programs running during transition times. Thank you!

**Jack Shepard** an important supervisor in the history of our region died in January at the age of 94 in Lexington KY. Jack was on some of my early committees and active in the region as I was beginning CPE. Jack's insight and common sense were important parts of my formation. He served for many years at Riverside Methodist Hospital in Columbus, OH. In 1977 he was named Chaplain of the Year by APC.

Enjoy the "Quiet" time of May, set time for refreshment and vacation. It makes us better supervisors.  
Love, Dennis / Email: [RD@ecracpe.org](mailto:RD@ecracpe.org) Ph: 216-312-6145

## PASTORAL CONCERNS & CELEBRATIONS

H. Joan Lyke

Our sincere sympathy to **Frank Impicciche** in the death of his 52 year old brother, Alan L. Impicciche. Our prayers are with Frank and his loved ones in this profound loss. Also, congratulations to **Frank Impicciche** in his marriage to Susan Wolf April 29. As Beth Newton Watson requested, "...prayers for his ability to celebrate life in the midst of sorrow." [fimpicci@iuhealth.org](mailto:fimpicci@iuhealth.org)

Continue to pray **Sergei Petrov** and his family. His father, Igor, has been ill for an extended period of time and recently had surgery. It has been a difficult time for his father's partner, Nina and Sergei's brother Andrej as they lovingly care for Igor; and for Sergei as he is so many miles away from his family.

## ECR RACIAL ETHNIC MULTICULTURAL (REM) TASKFORCE REPRESENTATIVE Judy Ragsdale, Regional Chair

I would like to announce two things: First, it is with great appreciation that the East Central Region recognizes that the **Rev. Dr. Vickie Johnson's** tenure as our Racial Ethnic Multicultural Taskforce Representative has come to an end. Thank you so much, Vickie, for being our REM representative for these past several years! Vickie has graciously agreed to serve through the end of this year. Second, as Vickie's term comes to an end, it is the responsibility of the regional chairperson to appoint a new REM representative. My plan is to make this appointment at our regional meeting in October.

Vickie has listed these as duties the REM representative is responsible for:

- Liaison (ECR/National)
- ECR Administrative Council (REM representative) attend meetings. Sharing of information from REM National and ECR affirmations/ideas/concerns to REM National.
- Distribution of ECR REM Scholarships. Work with ECR Administrator (Joan Lyke) to publish information in newsletter. Respond to scholarship requests, providing information about the details of the yearly Invitational.
- Facilitate REM at least one task force meeting per year at either the spring or fall Regional conference. An informal gathering of ECR members may be coordinated at the REM Invitational.
- REM Invitational support (The REM Invitational rotates among the nine regions). Be prepared to support the planning committee, especially when it is held in the ECR.

If you would like to serve, or would like to suggest someone you think would be a good REM representative, please e-mail me at [judy.ragsdale@cchmc.org](mailto:judy.ragsdale@cchmc.org). The REM by-laws say each regional representative serves for a three year term than may be renewed once, so the initial commitment would be for three years to begin January 1, 2013. These are important days in the life of REM as well as in the life of ACPE. Please let me know if you're interested. Vickie is willing to work with the next REM representative as we make this transition, so you will not be alone!"

**STANDARDS REPORT TO THE ECR/ACPE**  
**Spring Conference March 23-24, 2012**  
**Hueston Woods State Park Resort & Conference Center**

- 1) **Supervisor's Written Final Evaluation: 308.8.2-** This newly written Standard has changed due to seminary representatives and seminary professors expressing dissatisfaction with Final Supervisory Evaluations that are written in a check list form emphasizing objective criteria. Their complaint is that a check list does not fully and effectively describe a CPE student's humanity, pastoral identity, and his/her CPE experience.

The change emphasizes Supervisor's assessments be written in narrative form, relative to the CPE student's learning goals and each of the ACPE Outcomes for the appropriate level of CPE. A check list may be used to augment and/or enhance the narrative. Check list and scaled evaluative forms alone are not acceptable.

- 2) **Standard Champion Groups** – The Standards Committee has formed Champion Groups, e.g. Certification Champions, Accreditation Champions, Ethics Champions who will interact and dialogue with the other Commissions to make our work more congruent, integrative, and efficient.
- 3) **Including the word, "ethics" in Objectives and Outcomes, 309.6, 405.1, 311.8, 312.8, 313.1.** The members of the Standards Committee want to include the word, "ethics" in these various Objectives and Outcomes to train Chaplains who are being called upon in hospitals to help address ethical dilemmas, APC Certification folks often complain the ACPE Candidates for Board Certification are often deficient in their knowledge of ethics, and being conversant in ethics is one way of being value added to institutions we minister to. We did not include the words "clinical ethics " or "medical ethics" because CPE Programs are also active in hospice, nursing homes, prisons, and parishes. "Clinical" and "medical" are associated with a hospital. The Standards Committee will create an entry in the Definition of Terms for "clinical ethics."
- 4) **1.5 Units** – Some CPE Centers like to offer CPE Programs consisting of 1.5 units because it allows for a more compatible schedule in line with seminaries, and some Supervisors feel 1.5 units allows for a richer CPE experience. Members of the Standards Committee feel strongly that CPE Students deserve to have a final supervisory evaluation after completing one unit of CPE. After some discussion in the Standards Committee the consensus is that 1.5 units will not be offered.
- 5) **Suspension of Candidacy Status in the Definition of Terms** – If you turn to page 28 in the Certification Manual, Associate Supervisor Certification , 4,b. – you will find the "Sub-committee actions, based on the committee members' professional opinion and experience – one of the following:  
Grant Associate Supervisory certification.  
Grant Associate Supervisory certification with notations.....  
Deny Associate Supervisory certification.....  
Revoke Candidacy Status."

Revoke Candidacy Status is for SES's whose work with CPE students is not of quality or is abusive or potentially abusive.

The Certification would like to replace “**Revoke**” with **Suspend**.

Using **Suspend** would give the SES the opportunity for grace and review with the Regional Certification Committee, so she/he can get a better sense to decide what the next step is.

**Suspend** is less drastic than revoke. Certification would like **Suspension of Candidacy Status** entered in the Definition of Terms.

- 6) **End of Date – 308.8.1** – Supervisors, who do not write their final evaluations within the 45 day limit, often claim that the last day of the unit was not the Friday at the end date of the unit, but it was one week later when the departure party was celebrated, or two weeks later when one or two CPE students had to make up their clinical time. The last day of the unit is when the supervisor says it is. This practice gives them more time to write their final evaluation. This practice is not acceptable. The end of date needs to be specifically defined.
- 7) **Definition of Good Standing** – A supervisor in good standing and an ACPE center in good standing are not included in the Definition of Terms. These definitions have significance for ongoing ACPE membership and ongoing accreditation. They both need to be included in the Definition of Terms.
- 8) **Maintenance of Student Records: change language to include electronic storage.** Electronic storage provides the advantages of reduced storage space, quicker accessibility, and rapid transfer of records to CPE students who make the request. However, student records can be stored electronically as long as confidentiality is maintained and they include the proper signatures. The language in the Accreditation Manual needs to be changed to permit paper from and electronic storage, p.88, Appendix 7B.
- 9) **Pastoral Review of Good Standing** – Accreditation site teams have concerns about the centers they review; and, there are times they have concerns about the CPE supervisor. On paper the CPE Center looks good, but in reality the CPE Supervisor is struggling and/or has issues of impairment. The three “hammers” that Accreditation has are notations, competence review, or ethical violations. Accreditation does not want to take on the role of “policeman.” They are requesting Standards to create a way for a remedial, collegial way to help ACPE supervisors with issues of impairment. Standards would like to create **A Pastoral Review of Good Standing Committee**. A task force is looking into this.
- 10) **Peer Review** – Drawing upon Standards 318.2, 408, 409, 413 peer review is being looked into by the Standards Committee. This comes as a request from Accreditation. Currently peer review, every five years, and 50 hours, annually, of continuing education are the only requirements for professional development of ACPE Supervisors. A task force is looking into this with the purpose of determining if these requirements are sufficient for professional development.

11) **“Training” verses “Education”** – Training has been added to the definition of terms because this word is considered compatible with “education” in our documents. This decision was made in response to Jim Stapleford to clear up any inconsistency, and to maintain consistent language usage.

12) **Request from DOE and Medicare** – DOE and Medicare are asking ACPE to devise a way to demonstrate how our Outcomes are measurable. Medicare wants to know what their funding is producing. We do not want to go down a “rabbit hole” of research on this request. The Standards Committee is considering more clearly articulating the language of the Outcomes (Level I and Level II) so we can use them as measurable indicators. A task force is looking into this.

Respectfully Submitted,  
Joe Viti  
260-435-7724  
[jviti@lutheran-hosp.com](mailto:jviti@lutheran-hosp.com)

### FALL CONFERENCE UPDATE

Joan Lyke

- **Fall ECR Conference, October 5-6, 2012** -The Boulevard Inn, St. Joseph, MI: Walter Balk and Bob Persenaire have been very busy planning the fall conference. We will return to The Boulevard Inn on the shore of beautiful Lake Michigan. Although the program is still being developed Gordon Hilsman of California will be the keynote presenter; details will be provided as the information becomes available. If you would like to help with the program you may contact Walter and/or Bob at: [balkw@bronsonhg.org]; [persenar@bronsonhg.org].

### CERTIFICATION COMMITTEE DEADLINES

**ACPE Standards & Manuals** are on a five-year cycle. The next edition will be published in 2015. Please check the Certification Commission section of the national website for interim changes. ***Students in the certification process are responsible for updated procedures and policies. Please check the Procedures & Deadlines regularly for updated information.*** For complete information on all Certification matters, refer to the ACPE Certification Manual and the Certification Policies and Procedures Manual.

The next opportunity to meet the ECR Certification Committee will be October 3<sup>rd</sup>, 2012 at the Regional meeting at The Boulevard Inn, St. Joseph, MI.

- **The application and fee deadline is August 5, 2012.**
- **Materials to committee members must be postmarked no later than August 26, 2012.**
- Questions/inquiries regarding the Regional Certification Committee to: Frank Impicci, Manager, Spiritual Care & Chaplaincy Services, Indiana University Health, 550 N. University Blvd., UH 1410, Indianapolis, IN 46202-5250. (Office 317-944-7415; Cell 317-437-2734; Fax 317-944-7440), [fimpicci@iuhealth.org](mailto:fimpicci@iuhealth.org)

- Questions/inquiries regarding the National Certification Commission to: Beth Newton Watson, Certification Co-Chair 317-965-9229; Indiana University Health, Chaplaincy and Pastoral Education, P.O. Box 1367, WH 230, Indianapolis, IN 46206-1367; [bwatson@iuhealth.org](mailto:bwatson@iuhealth.org)

### ACCREDITATION NEWS, NOTES AND – DEADLINES FOR 10-YEAR REVIEWS, SITE VISITS, ETC.

**Accreditation Deadlines:** For 10 year reviews and any other Accreditation Site Visit requests (e.g., Satellite to Accredited Center) contact Ruth Alpers for deadline information.

**Reminder:** Satellite Materials (see pages 32-34 in the Accreditation Manual) need to be in at least 30 days before beginning a program at the Satellite center and a provisional letter must be received from the Accreditation Chair prior to recruiting students.

Direct your questions and/or requests for more information to: Accreditation Chairperson: Rabbi Ruth Alpers, Cincinnati Children's Hospital, Department of Pastoral Care, 3333 Burnet Avenue, MLC 5022, Cincinnati, OH 45229; Ph: 513-636-6999; Fax 513-636-4971; [ruth.alpers@cchmc.org](mailto:ruth.alpers@cchmc.org).

### JOB/EDUCATIONAL OPPORTUNITIES

- Howard Regional Health System CPE, Kokomo, Indiana – **Four (ACPE) Residency positions beginning September 3, 2012 – September 1, 2013** four consecutive quarters. Residents are offered a broad array of clinical opportunities, which include psychiatry, medical and surgical units, long term care rehabilitation facilities, oncology and emergency unit make this a uniquely powerful learning environment. Collaborate and mentorship with professional chaplains and clinical staff in a supportive department. Health and dental benefits are available to Residents. Membership discount to Howard Regional Sport Center. The Resident stipend is \$24,266 for 12 months. Accrued Paid Time off (PTO). Lunch is provided. On-call sleep room in a secured suite designated for CPE residents. In the August 10, 2011 edition of Forbes Magazine Kokomo was listed as fourth place on their one of the “Top 10 Best Places to Live Cheaply” list. CQ Press, a leading publisher of books, directories and reference publications focusing on U.S. government affairs, released its annual City Crime Rankings for 2011 – 2012. In the report, Kokomo ranked 45<sup>th</sup> out of 405 U.S. cities for safest places to live. Requirement: Graduate Theological Degree or equivalent, no prior CPE is required. For more program information email [ykwong@howardregional.org](mailto:ykwong@howardregional.org) or write: Rev. Yoke Lye Kwong, ACPE Supervisor, Board Certified Chaplain, Director of Spiritual Services, 3500 South Lafountain St., Kokomo, IN 46904-9011. (Ph: 765-864-8776). [www.howardregional.org](http://www.howardregional.org)
- **ACPE Supervisor (or Associate Supervisor)** - Does it feel like you've been neglecting your pastoral care roots? Want an opportunity to serve a trauma hospital and its regional community as both an educator and chaplain? Then consider joining Covenant HealthCare's Department of Pastoral Care in Saginaw, MI-where all 3 staff chaplains are former educators and the director has a Ph.D. in curriculum and instruction. Participate in our integrated approach to pastoral care and education, in which all members of the department are seen as teachers, students and caregivers. Check us out at: [www.covenantpastoralcare.com](http://www.covenantpastoralcare.com) and then contact Kathy Bonn at 989-573-6037 or [kbonn@chs-mi.com](mailto:kbonn@chs-mi.com) if you'd like to consider joining our team!

Other job/educational opportunities may be available on the Regional Website:

<http://www.ecracpe.org>

**DEADLINE FOR NEXT NEWSLETTER**- Thursday, May 31, 2012, Send to: [hjoanlyke@yahoo.com](mailto:hjoanlyke@yahoo.com)  
or [hjoanlyke@ecracpe.org](mailto:hjoanlyke@ecracpe.org). For more information contact: 734-239-3423.

**CALENDAR OF EVENTS:**

- 10/05-06/2012-Fall ECR Conference, The Blvd. Inn, St. Joseph, MI
- 02/22-23/2013-Spring ECR Conference, Hueston Woods State Park, College Corner, OH
- 05/15-18/2013-ACPE Leadership Meeting, Indianapolis, IN
- 05/15-18/2013-2013 Annual ACPE Conference, Indianapolis, IN.

**SUPERVISORY EDUCATION  
IN THE REGION**

Associate Supervisors

Mary Q. Browne  
Don Chase  
Vickie Johnson  
Jill Rasmussen-Baker  
Sarah Reed

Supervisory Candidates

Linda Bos  
Marcos Collado  
Ron Compton  
Debbie Mansell  
Peggy Matacale  
Frank Nation  
Mark Rogers-Berry  
Whit Stodghill  
Doug Vardell  
Alice Walsh  
Versey Williams

**OFFICERS & COMMITTEE CHAIRS**

Dennis E. Kenny, Director  
Judy Ragsdale, Chair  
Bob Uken, Chair Elect  
Ruth Alpers, Accreditation  
Marla Coulter-McDonald, Board of Reps  
Ted Hodge, Board of Reps  
Jim Wright, Budget & Investment  
Frank Impicicche, Certification Chair  
Martha Amann, Clinical Members Co-Chair  
Karl VanHarn, Long Range Development  
Lin Barnett, Nominations  
\_\_\_\_\_, History  
Yoke Lye Lim Kwong, Professional Ethics  
Victoria Johnson, REM  
Frank Nation, Secretary  
Joe Viti, Standards

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### REGIONAL BUSINESS OFFICE CONTACT INFORMATION

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[hjoanlyke@ecracpe.org](mailto:hjoanlyke@ecracpe.org)

#### ECR Websites Manager:

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<http://www.ecracpe.org>  
<http://groups.yahoo.com/group/ecracpe>

# Spiritual Care Initiative for Professional Excellence e-News

(Formerly the Ideal Intervention Project e-Newsletter)

Volume 5, Number 2

Spring 2012

John J. Gleason, Editor

## Spiritual Care Initiative for Professional Excellence

What's in a name? A good name brings to mind the essence of its subject. Alas, since its inception in 2006, the *Ideal Intervention Project* has been hampered by its name: promising too much with the term *ideal*, and, perhaps, some say, even demeaning the sacred task of offering spiritual care by describing that holy effort as mere *intervention*. This is to declare a new and more precise project name: *Spiritual Care Initiative for Professional Excellence*.

## SCIFE Mission Statement

The Spiritual Care Initiative for Professional Excellence (SCIFE) carries forward the work of the *Ideal Intervention Project* by planning, developing and executing the communicative, financial, and procedural processes necessary to achieve two closely linked primary goals: professional spiritual care excellence and a strong position for professional spiritual care in the pay-for-results culture.

## Professional Spiritual Care Excellence Defined

Professional spiritual care excellence is the act of embodying the inner meaning of faith in interaction with persons at the point of their need via appropriate ritual, affective, rational, verbal and non-verbal means by certified caregivers who masterfully integrate empathy, technical skills, intuition, spontaneity and openness to guidance from the deep sources of faith, all toward achieving the maximum possible healing, supportive, educative and challenging outcomes. In its execution the desired spiritual care effort combines the best features of both evidence based practice and narrative based practice.

## The SCIFE Cohort

Certifying bodies include: American Association of Pastoral Counselors, Association for Clinical Pastoral Education, Association of Professional Chaplains, Canadian Association for Spiritual Care, and National Association of Jewish Chaplains, National Conference of VA Catholic Chaplains, totaling approximately 10,000 members. (Other groups are welcome to be added to this list by submitting organization names and membership numbers to the editor at [mariejohn50@att.net](mailto:mariejohn50@att.net).)

## Assessment of Spiritual Care Effectiveness

As SCIFE moves into a new phase involving assessment of the effectiveness of specific spiritual care efforts, reputable and thoughtful colleagues have asked, "How can you possibly evaluate the spiritual power?" The theological premise of SCIFE is that the spiritual power of the Mystery that energizes and brings Godly healing into the holy acts of professional spiritual care is far beyond any human capacity to examine. Therefore, the assessment of spiritual care effectiveness involves what can only be directly observed on the outer, visible (and audible) spiritual layer, the *spiritual epidermis*, namely, responses to the efforts of certified spiritual caregivers seeking to enable Divine healing. Thus the sole basis for such assessment is visible and audible direct feedback from recipients of the care. The dual purpose of such assessment is to increase the quality of professional spiritual care, and in so doing, assure its continuing and increasing contributions in the emerging pay-for-results culture.

## Get a Second Opinion from the SCIFE Knowledge Base

The SCIFE Knowledge Base online at <http://www.acperesearch.net/IIP.html> (click on KNOWLEDGE BASE OF SAMPLES) now contains 327 samples organized in 25 categories. To benefit from the learnings of another practitioner regarding a current spiritual care situation, go to the category in the TABLE OF CONTENTS that most closely fits, find a sample title that is similar to your situation, and then scroll down to the appropriate page number. Apply any wisdom you find there to your situation, but avoid formulaic responses. Then write up your experience on the Spiritual Care Situation Summary form (see below) and send it to the editor for inclusion in the Knowledge Base after you approve any edits. Be sure to indicate on the SCSS which sample you used to inform your work.

## Experienced SC Practitioners: Make a Professional Contribution for the Greater Good

Experienced SC practitioners, please know that you can use the five-step outline below to do painless self-supervision and then to make your most memorable interventions available for study by others in complete anonymity. Cut and paste the form below into your files. Then create and submit your own Spiritual Care Situation Summaries as a vital part of your reflective practice. Confidentiality is assured, and you must okay any revision before its entry into the national SC knowledge base. Please remember, the ethical imperative and the professional challenge is to join in these timely efforts to learn at a deeper level, to contribute to the cause of eventually identifying, testing, and validating SC best practices, to keep getting paid, and most importantly, to better serve the SC needs of patients, family members and staff. Your Spiritual Care Situation Summaries will contribute significantly in these vital ways.

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## **Spiritual Care Situation Summary**

(Save form as a Word document for multiple uses before entering a specific situation.)

**1. The Spiritual Care Situation's Central Issue** (Be concise. Examples are *feeling lonely*, *facing terminal illness*, and *loss of faith*.)

**2. Narrative Summary of the Situation and Spiritual Care Provided** (Enter here a few descriptive paragraphs about the situation, your effort, and the response to that effort. Take confidentiality precautions.)

**3. Narrative Summary of What Would Be the Most Effective Spiritual Care** (Enter a few descriptive paragraphs about how you would or would not do it differently if given another opportunity in this situation. Write so that another practitioner with a similar situation could benefit from your insights.)

**4. Resources that you would recommend to other spiritual care givers regarding this situation** (Books, journal articles, pamphlets, etc. Be as specific as possible so that others can find them.)

**5. Send completed form as a Word document to [mariejohn50@att.net](mailto:mariejohn50@att.net)** to be edited into the Spiritual Care Knowledge Base at <http://www.acperesearch.net/IIP.html> (click on KNOWLEDGE BASE OF SAMPLES) so other practitioners can benefit from your experience in similar situations. To approve the edited version before entry into the Knowledge Base, provide your name and e-mail address below. All samples are entered anonymously.

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(Enter name and e-mail address here if edit approval desired)

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Educators, Join SC�PE Today!

Help students consolidate learning. Help them contribute to the free-access, anonymous national SC knowledge base. Add the material below the dotted line to your next student handbook and/or syllabus as a requirement. Confidentiality is assured.

- - - - - Cut Here and Paste into Student Handbook/Syllabus - - - - -

THE SPIRITUAL CARE SITUATION SUMMARY (SCSS)

You will consolidate your learning by selecting a verbatim previously presented to your peer group. Then, prepare Spiritual Care Situation Summary (SCSS) in light of insightful comments and suggestions made by those peers and supervisor. Use the simple five-step Ideal Intervention Form below.

Write the SCSS in such a way that you or another chaplain could make a more effective intervention with patients, families or staff with similar spiritual/pastoral needs. Do not address your learning issues. The SCSS should be prepared as a Word document suitable for forwarding as an e-mail attachment, and should include the following elements. Copy your supervisor with the forwarding cover e-mail message as evidence of your SCSS submission to the national knowledge base editor.

**Spiritual Care Situation Summary Form**

(For Use by All Spiritual Care Practitioners and CPE Students)

**1. Statement of the Spiritual/Pastoral Care Central Issue** (Be concise. Examples are *feeling lonely, facing terminal illness, and loss of faith.*)

**2. Narrative Summary of the Actual Spiritual/Pastoral Care Intervention** (No more than two paragraphs of narrative description. Take confidentiality precautions.)

**3. Narrative Summary of the Ideal Spiritual/Pastoral Care Intervention** (No more than two paragraphs of narrative description of how you would do the intervention differently if given another opportunity. Write so that another practitioner with a similar situation could benefit from your insights.)

**4. Resources that you would recommend to other spiritual care givers regarding this topic** (Books, journal articles, pamphlets, etc.)

**5. Forward a copy of this completed form** (to Knowledge Base Editor John Gleason at [mariejohn50@att.net](mailto:mariejohn50@att.net) as a Microsoft Word attachment for inclusion with similar data toward validating evidence based SC best practices.) Confidentiality precautions will be taken. You will be asked to approve the edited version before entry in the SC knowledge base. Thanks for your contribution!

Please go to <http://www.acperesearch.net/IIP.html> and click on KNOWLEDGE BASE OF SAMPLES to view the free-access national

SC knowledge base and for further information on the Spiritual Care Initiative for Professional Excellence (SCIPE) project.

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