**Spiritual Care in a Clinical Setting**

**IST 2073 - 4 Credit hours**

**Spring Quarter 2014 Tuesdays 1:00 pm – 2:50 p.m.**

**Adjunct Faculty: Jamie Beachy, M.Div.,**

**Clinical Pastoral Educator (ACPE)**

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The discipline of professional spiritual care is both a quality of being in the world and a collection of techniques and skills. Spiritual care is neither science nor art, but a craft that combines theoretical, technical, theological, and philosophical principles with inner intuition, vision and artistry. Spiritual care can be understood as a sacred and relational craft of empowering the care seeker through mediating compassion in the here-and-now moments of crisis, transition and loss. Reflection on spiritual care encounters with patients, families and hospital staff will invite an exploration of the self within the encounter, the spiritual and emotional needs of the care seeker, the dynamics within the relationship and emerging theological and theoretical themes. Through a consideration of classic and contemporary metaphors for spiritual care, students will develop their own authentic representation of the role of spiritual caregiver.

Course Requirements:

* Clinical patient care at a local health care facility: 3 hours per week as arranged with the instructor.
* Three verbatim case studies (see attached format). One will be presented in class.
* Spiritual Care Core Metaphor paper: (6 to 10 pages) To be presented in class.
* Reading summary papers (1-2 double spaced pages) handed in at the beginning of class each week or emailed prior to class. (See attached format).
* Optional: 30-45 minute individual consultation scheduled with the instructor.

Grading:

Class attendance, quality participation and clinical patient care 50%

Verbatim write-ups and presentation 20%.

Core Metaphor Paper 20%

Other Assignments 10%

Required Texts:

**Dykstra, Robert C. , ed.** *Images of Pastoral Care: Classic Readings***.** Atlanta, GA**:** Chalice Press, 2005**.**

**Wolfelt, Alan D.**, *the Handbook for Companioning the Mourner*: Eleven Essential Principles, Fort Collins, CO, Companion Press, 2009.

**Sanford, Matthew**, *Waking: A Memoir of Trauma and Transcendence*, Rodale Publishers, 2006.

Additionally readings will be assigned taking into consideration the background and former experience of students in the class.

Course Schedule

March 25 Introductions and Self Directed Learning

Palmer, Parker, “Sitting in Circles” (posted on Canvas)

**\*\* Hospital Orientation\*\***

**As set by your site supervisor - required**

April 1 Spiritual Care in the Healthcare Context

Wolfelt 1 - 22**;** Dykstra 1 – 21; VanDeCreek and Burton, “Professional

Chaplaincy: Its Role and Importance in Healthcare” (posted on Canvas)

April 8 Theoretical Foundations for Spiritual Care

Wolfelt 23 - 42; Dykstra 22-46; Review and sign the *Common Code of Ethics for Healthcare* (bring signed copy to class)

April 15 Theoretical Foundations for Spiritual Care

Wolfelt 43 - 64; Dykstra 47-68; Culbertson, Philip, “Ministry with those who Mourn,” in *Caring for God's People: Counseling and Christian Wholeness* (posted on Canvas)

First Verbatim due

April 22 Interreligious and Intercultural Care

Dykstra 69-84; 123-150; Wolfelt 65 - 80

Tervalon, Melanie and Murray-Garcia, Jann, *“Cultural Humility versus Cultural Competence: A Critical Distinction in Defining Physician Training Outcomes in Multicultural Education”*  (posted on Canvas)

April 29 Medical Ethics and Trauma Care

Wolfelt 81 - 94

Matthew Sanford’s *Waking: a Memoir of Trauma and*

*Transcendence*

May 6 Theological Reflection:

Dykstra 151-170; Wolfelt 95 – 102

Second Verbatim due

May 13 Theodicy

# Wolfelt 103 - 111

# Greenspan, Miriam *chapter 2 from Healing Through the Dark Emotions: The Wisdom of Grief, Fear, and Despair* (posted on Canvas)

May 20 The Ethic of Self Care

Dykstra 171-227; Complete Self Care inventory

May 31 Final paper due

Third Verbatim due

**Ground Rules for the course**

**Disability Statement**

Iliff engages in a collaborative effort with students with disabilities to reasonably accommodate student needs.   Students are encouraged to contact the Disability Officer, Laura Harris to request accommodations.  Laura can be contacted by phone 303.765-3179, by email at  [lharris@iliff.edu](mailto:lharris@iliff.edu" \o "mailto:lharris@iliff.edu) or in person by visiting her office in the Library, L-118.

**Confidentiality**

Personal disclosures are not to be discussed outside of your community of learners without agreement and permission. Students can, however, talk to people within their support systems about their own reactions, as long as the focus is on them and not the content of what course members share, and as long as any identifying information about patients, families, staff and other students is disguised.

Some matters may not be confidential, or there may be some question about what confidentiality requires. Therefore, we will remain open to ongoing discussion about what confidentiality means.

The professor will abide by the bounds of professional rather than absolute confidentiality. Syllabus guidelines regarding Colorado reporting laws and practices will be followed.

Each person is responsible for his or her level of self-disclosure. Each student is expected to learn from class members’ reaction to what they disclose or choose not to disclose.

**Language Framework**

It is important to use inclusive language, and language that respects all forms of sexual, gender, and sexual orientation diversity.

**Individual Consultation**

Each student will meet with the instructor for individual consultation. Although personal debriefing will likely occur, the instructor is not serving in the capacity of a therapist or counselor and will keep clear boundaries regarding the appropriateness of personal disclosure. I will also refer students to outside resources if and when therapeutic issues arise.

**Revising and Monitoring Course Ground Rules**

It is important that we all share in monitoring and revising the ground rules for the learning community if the class is going to have the safety and engender that trust that is required for positive learning.

If the ground rules are violated, we assume a process of mutual accountability and reconciliation will come into play to restore the integrity of our learning contract.

**Verbatim Format**

Chaplain’s name: Pseudonym for pt: Pt’s age and gender:

Reason for encounter: Date of Encounter: Length of encounter:

Date of Verbatim:

**I. Observations, Self-awareness, Care Plan:**

**The Patient:** *Briefly describe the person’s situation, the reason for the hospitalization, what led you to initiate care, significant events and relationships that pertain to his/her current experience.*

**The Chaplain:** *Briefly recount your own feelings about the patient’s situation, your state of mind, fears/hopes for the encounter. Note how you felt upon entering the room.*

**Spiritual Care Plan:** *State your plan of care for this patient encounter*.

**II. Verbatim:** *Record the conversation, including your own feelings and observations (in italics), as well as the impressions you had about the patient’s feelings and behavior. Use the letters C = Chaplain, P = Patient, N = Nurse, M = Mother, P = Physician, B = Brother, etc.. to designate the* people involved in the encounter. Number the elements of dialougue sequentially. i.e.

P1: Hello, are you the chaplain? The nurse said you would be coming. *I notice I am feeling anxious about this patient’s eagerness to speak with me.*

C1: Yes, I am the chaplain on this unit. I understand you have had a difficult morning.

M1: She has been worrying about her surgery.. and crying. Maybe you can help lift her spirits before she goes in. They will be coming any minute. We are just waiting. *This mother looks as upset as her daughter. I will try to talk with her separately while she is waiting in the waiting room later today.*

P2: I hate going to surgery. I have had to do this three times before… and it scares me. I am worried something will go wrong and I will not make it out of the surgery. I know it isn’t rational, but it is how I feel. *She grasps a photograph of a man. I wonder who he is and why he is so important to her.*

C2: I am sorry you have to be going through this again. I can understand why you would be feeling scared even if you know that you will be in capable hands. This is your 4th surgery.. That is a lot for anyone to have to deal with.

M2: She has been great through all this. She is a strong person. *I notice “Joan” turn away from her mother. I wonder if she wants to be strong in this moment.*

**III. Dynamics/Identifications:** *Describe the dynamics of this verbatim and any identifications you may have had with the patient, family or care team. How does this encounter engage your personal history or family of origin dynamics?*

**IV. Self Evaluation:** *How did you care well for this person(s) and what could you have done differently. What took place, or did not take place that suggests that spiritual care occurred? State how you addressed your care plan.*

**V. Ethical/Social Justice Issues:** *Name any ethical or social justice issues that were active in this encounter.*

**VI. Spiritual/Philosophical/Theological Reflection**: *Reflect on how this patient/family/staff person’s situation engages broader spiritual or religious themes. Name any metaphors, parables or writings that express the meaning and significance of this event. Does the encounter challenge your own beliefs or resonate with deeply held truths? Discuss how you engaged the care seeker’s values and beliefs.*

**VII. Requests:** *Name any requests you have of the group and state learning issues you would like to address, esp. as related to your goals for this course.*

**Format for weekly reflection on the reading**

1. Reflect on how the reading informs your care of patients in the hospital setting. Identify theological principles or practical wisdom you would like to apply to your work as a spiritual care provider.
2. Discuss how the reading informs your development of a core metaphor for spiritual care. How is your theology of care similar to or distinct from the perspectives represented by the authors?

**Format for the final paper**

Develop your own core metaphor for spiritual care in the manner of authors represented in the Dykstra text. Your metaphor should clearly reflect the following:

* Your understanding of the role of the chaplain. Example: *I see myself as a midwife, attending to the struggle and coming into being of a new sense of meaning for the patient...*
* Your theological beliefs. Example: *As spiritual midwives, chaplains empower patients to connect and reconnect with God’s grace and healing - the inner resource of strength and beauty that enlivens all of God’s creation.*
* Your cultural values: Example: *The image of the midwife resonates with my own Amish heritage. The Amish community attended to births and deaths as a communal event. Just as people were not left to struggle alone during these times, as a chaplain I seek to help reconnect people to their communities of support.*

**The (Common) Code of Ethics for Spiritual Care Professionals:**

* gives expression to the basic values and standards of the profession;
* guides decision making and professional behavior;
* provides a mechanism for professional accountability; and
* informs the public as to what they should expect from Spiritual Care Professionals.

**Preamble**

Spiritual Care Professionals are grounded in communities of faith and informed by professional education and training.

They are called to nurture their personal health of mind, body and spirit and be responsible for their personal and professional conduct as they grow in their respect for all living beings and the natural environment.

When Spiritual Care Professionals behave in a manner congruent with the values of this code of ethics, they bring greater justice, compassion and healing to our world.

Spiritual Care Professionals:

* affirm the dignity and value of each individual;
* respect the right of each faith group to hold to its values and traditions;
* advocate for professional accountability that protects the public and advances the profession; and
* respect the cultural, ethnic, gender, racial, sexual-orientation, and religious diversity of other professionals and those served and strive to eliminate discrimination.

**1.0 Ethical Principles in Relationships with Clients**

Spiritual Care Professionals understand clients to be any counselees, patients, family members, students or staff to whom they provide spiritual care. In relationships with clients, Spiritual Care Professionals uphold the following standards of professional ethics. Spiritual Care Professionals:

1.1 Speak and act in ways that honor the dignity and value of every individual.

1.2 Provide care that is intended to promote the best interest of the client and to foster strength, integrity and healing.

1.3 Demonstrate respect for the cultural and religious values of those they serve and refrain from imposing their our own values and beliefs on those served.

1.4 Are mindful of the imbalance of power in the professional/client relationship and refrain from exploitation of that imbalance.

1.5 Maintain relationships with clients on a professional basis only.

1.6 Avoid or correct any conflicts of interest or appearance of conflicting interest(s).

1.7 Refrain from any form of sexual misconduct, sexual harassment or sexual assault in relationships with clients.

1.8 Refrain from any form of harassment, coercion, intimidation or otherwise abusive words or actions in relationships with clients.

1.9 Safeguard the confidentiality of clients when using materials for educational purposes or written publication.

1.10 Respect the confidentiality of information entrusted to them by clients when communicating with family members or significant others except when disclosure is required for necessary treatment, granted by client permission, for the safety of any person or when required by law.

1.11 Understand the limits of their individual expertise and make referrals to other professionals when appropriate.

**2.0 Ethical Principles in Relationships Between Supervisors/Educators and Students**

Spiritual Care Professionals respect the integrity of students using the power they have as supervisors/educators in responsible ways. Spiritual Care Professionals:

2.1 Maintain a healthy educational environment free of coercion or intimidation.

2.2 Maintain clear boundaries in the areas of self-disclosure, intimacy and sexuality.

2.3 Provide clear expectations regarding responsibilities, work schedules, fees and payments.

2.4 Provide adequate, timely and constructive feedback to students.

2.5 Maintain a healthy respect for the personal growth of students and provide appropriate professional referrals.

2.6 Maintain appropriate confidentiality regarding all information and knowledge gained in the course of supervision.

**3.0 Ethical Principles in Relationships with Faith Community**

Spiritual Care Professionals are accountable to their faith communities, one another and other organizations. Spiritual Care Professionals:

3.1 Maintain good standing in their faith group.

3.2 Abide by the professional practice and/or teaching standards of the state/province, the community and the institution in which they are employed. If for any reason a Spiritual Care Professional is not free to practice or teach according to conscience, the Spiritual Care Professional shall notify the employer, his or her professional organization and faith group as appropriate.

3.3 Do not directly or by implication claim professional qualifications that exceed actual qualifications or misrepresent an affiliation with any institution.

**4.0 Ethical Principles in Relationships with Other** **Professionals and the Community**

Spiritual Care Professionals are accountable to the public, faith communities, employers and professionals in all professional relationships. Spiritual Care Professionals:

4.1 Promote justice in relationships with others, in their institutions and in society.

4.2 Represent accurately their professional qualifications and affiliations.

4.3 Exercise good stewardship of resources entrusted to their care and employ sound financial practices.

4.4 Respect the opinions, beliefs and professional endeavors of colleagues and other professionals.

4.5 Seek advice and counsel of other professionals whenever it is in the best interest of those being served and make referrals when appropriate.

4.6 Provide expertise and counsel to other health professionals in advocating for best practices in care.

4.7 Seek to establish collaborative relationships with other community and health professionals.

4.8 Advocate for changes in their institutions that would honor spiritual values and promote healing.4.9 Provide other professionals with chart notes where they are used that further the treatment of the clients or patients, obtaining consent when required.

4.10 Communicate sufficient information to other care team members while respecting the privacy of clients.

4.11 Ensure that private conduct does not impair the ability to fulfill professional responsibilities or bring dishonor to the profession.

4.12 Clearly distinguish between statements made or actions taken as a private individual and those made as a member or representative of one of the cognate organizations.

**5.0 Ethical Principles in Relationships with Colleagues**

Spiritual Care Professionals engage in collegial relationships with peers, other chaplains, local clergy and counselors, recognizing that perspective and judgment are maintained through consultative interactions rather than through  
isolation. Spiritual Care Professionals:

5.1 Honor all consultations, whether personal or client–related, with the highest professional regard and confidentiality.

5.2 Maintain sensitivity and professional protocol of the employing institution and/or the certifying organization when receiving or initiating referrals.

5.3 Exercise due caution when communicating through the internet or other electronic means.

5.4 Respect each other and support the integrity and well being of their colleagues.

5.5 Take collegial and responsible action when concerns about or direct knowledge of incompetence, impairment, misconduct or violations against this code arise.

5.6 Communicate sufficient information to other care team members while respecting the privacy of clients.

**6.0 Ethical Principles in Advertising**

Spiritual Care Professionals engage in appropriate informational activities that educate the public about their professional qualifications and individual scopes of practice. Spiritual Care Professionals:

6.1 Represent their competencies, education, training and experience relevant to their practice of pastoral care, education and counseling in an accurate manner.

6.2 Do not use any professional identification (business cards, letterhead, Internet or telephone directory, etc.) if it is false, misleading, fraudulent or deceptive.

6.3 List and claim as evidence only degrees and certifications that are earned from educational institutions and/or training programs recognized by the certifying organizations of Spiritual Care Professionals.

6.4 Ascertain that the qualifications of their employees, supervisees and students are represented in a manner that is not false, misleading, fraudulent or deceptive.

6.5.1 Represent themselves as providing specialized services only if they have the appropriate education, training or supervised experience.

**7.0 Ethical Principles in Research**

Spiritual Care Professionals engaging in research follow guidelines and applicable laws that strive to protect the dignity, privacy and well-being of all participants. Spiritual Care Professionals:

7.1 Engage only in research within the boundaries of their competence.

7.2 In research activities involving human participants, are aware of and ensure that the research question, design and implementation are in full compliance with ethical principles.

7.3 Adhere to informed consent, including a clear and understandable explanation of the procedures, a description of the risks and benefits, and the duration of the desired participation.

7.4 Inform all participants of the right to withdraw consent and to discontinue involvement at any time.

7.5 Engage in research while being sensitive to the cultural characteristics of participants.

7.6 Maintain the confidentiality of all research participants and inform participants of any limits of that confidentiality.

7.7 Use any information obtained through research for professional purposes only.

7.8 Exercise conscientiousness in attributing sources in their research and writing thereby avoiding plagiarism.

7.9 Report research data and findings accurately.

Endorsed by the following organizations:

* Association of Professional Chaplains (APC) [www.professionalchaplains.org](http://www.professionalchaplains.org/)
* American Association of Pastoral Counselors (AAPC) [www.aapc.org](http://www.aapc.org/)
* Association for Clinical Pastoral Education (ACPE) [www.acpe.edu](http://www.acpe.edu/)
* National Association of Catholic Chaplains (NACC) [www.nacc.org](http://www.nacc.org)
* National Association of Jewish Chaplains (NAJC) [www.najc.org](http://www.najc.org/)
* Canadian Association for Pastoral Practice and Education (CAPPE/ACPEP)  
  [www.cappe.org](http://www.cappe.org/)

I have read the above statement and will seek to follow the guidelines and consult with my instructor and site supervisor as ethical issues may arise.

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Student Signature Date