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Welcome! The following pages contain the Michigan Medicine (MM) Clinical Pastoral Education (CPE) Center student handbook. It has been provided to help orient you toward the clinical experience provided by the Center staff along with the support of the Spiritual Care and Social Work Departments. The carefully laid out sections profile clinical programs, describe activities, convey policies, outline procedures, provide instruction, and list additional resources to aid in your clinical and theological educational experience. While this handbook is extensive, each unit of CPE should be understood as fluid or situationally based. Thus, you may receive additional resources and assignments from week to week that are intended to enhance your training experience and supplement the materials contained herein. Although the appendix contains sample student agreements necessary to train at Michigan Medicine, this document is not to be understood or interpreted as a contract or legal agreement between students and Michigan Medicine. This volume is intended to be an informative resource helping to enrich the foundation of clinical pastoral education by providing engaging in the experiential based learning methods presented as a part of the CPE programs curricula.

The Michigan Medicine Clinical Pastoral Education Center is an institutionally sponsored pre-accredited APCE Center and all materials produced therein seek to and shall accurately describe the center, its pastoral services and educational programs. All statements in advertising, catalogs, publications, recruiting, and academic calendars shall be accurate at the time of publication. Publications that advertise a Center’s programs shall include telephone number and website address. (Standard 306)

1.1 Clinical Pastoral Education at Michigan Medicine

At MM, it is emphasized that clinically focused education is the most effective interfaith professional health care training available and will help prepare students for careers in professional chaplaincy. It brings students of diverse faith traditions into supervised encounters with real life persons in varying levels of spiritual, emotional, and personal crisis. Out of an intense involvement with these persons in need, along with feedback from educators, peers, and staff, students continually develop a deeper spiritual awareness of themselves which in turn allows them to better address the needs of those whom they provide spiritual care. Through spiritual reflection on specific human situations students are poised to gain a new understanding of ministry, however
in a decidedly clinical context. Through the interdisciplinary team process of helping others students manually gain needed skills to develop interpersonal and inter-professional relationships.

Two programs of CPE training, which are accredited by The Association for Clinical Pastoral Education: The Standard in Spiritual Education (ACPE) and endorsed by United States department of Education (DOE) are offered on an annual basis. As a part of national organizational accreditation, ACPE establishes and publishes Standards pertaining to all ACPE accredited CPE Centers which are accessible at www.acpe.edu. Annually printed ACPE manuals are also maintained in the offices allocated to Michigan Medicine Clinical Pastoral Education (CPE). CPE programs do not certify individuals for professional chaplaincy; they provide the educational requirements for persons seeking board certification or other faith based endorsements.

Simply stated, Clinical Pastoral Education at Michigan Medicine is professional education for ministry, offered in a fast paced and emotionally charged environment that values excellence, valor, education, diversity, culture, and spirituality in support of the Michigan Medicine vision. Goals for our programs are designed to show evidence of congruence with Michigan Medicine’s mission; to provide excellence in medical education, patient care and research. (Standard 308.6.4)

1.2 CPE Programs Overview

The theological and spiritual pedagogy of the CPE curriculum integrates a group of three or more student peers in a common learning experience. Students will train for a specific period while adhering to an individual learning contract consistent with each student’s identified learning goals and the Standard outcomes and objectives of CPE. Training at MM offers a critical care atmosphere that contains patients, their loved ones, and staff members all of whom serve as living documentation for clinical pastoral education.

Our programs offer an extended internship unit that is sixteen weeks in duration. A full-time residency is a 12-month commitment, consisting of three units. MM recognizes that everyone learns at their own pace, therefore we allow some flexibility in the timing and structure of the CPE residency program as participants acquire deeper levels of self-awareness and further develop their identity as spiritual care givers. At all levels, CPE Center staff will consider each student’s growing abilities as a spiritual care provider regarding Standard competencies and outcomes in the timing and structure of each unit.

In all CPE programs, internship or residency, students are expected to produce a minimum total time commitment of 400 hours spent in direct pastoral care, group-centered learning activities, and one-to-one direct supervision. A minimum of 300 of these hours are completed in direct patient care and 100 of the hours involve group and peer educational activities. Where applicable, a half-unit comprises a minimum total time commitment of 240 hours. Students attempting a half-unit will spend 180 hours providing direct patient care, 60 hours of group and peer educational activities, and fifteen hours under direct supervision. (Standard 308.1)
All CPE program units are conducted under the auspices of an ACPE Certified Educator along with an interdisciplinary faculty, chosen for their expertise from a wide range of clinical settings. The requirements of a typical unit are: (Standard 303.5)

a) Written ministry reports utilizing a variety of formats (such as verbatim, theological reflections, etc.), with analysis and self-critique pertaining to learning goals and skills, the effectiveness of care provided, and unit outcomes.
b) Six reports are scheduled, with four provided as presentations to peers followed by a peer and Educator discussion.
c) Interdisciplinary seminars presented by physicians and other clinical professionals, followed by a discussion of the implications for, and applications to, CPE.
d) Pastoral theological integration seminars considering pastoral relationships and services from a religious or spiritual perspective, and reflecting theologically on personal and pastoral ministry experiences.
e) Pastoral identity and skill labs (practicums), including recorded delivery of pastoral care with each other, presentation of ministry skills seminars dealing with various crises and challenges in life.
f) One hour of focused supervision with each including at least one visit to a patient accompanied by an Educator or an experienced staff chaplain.
g) Written midterm and final self and Educator evaluations of performance for each participant.
h) Assigned clinical practicums and religious service leadership experiences for each participant.
i) For qualified participants, CPE programs also offer chaplain specialization, focusing on a participant's desire to become competent and knowledgeable in an area of clinical ministry. (e.g., hospice, oncology, trauma)

1.2.1 BOARD CERTIFICATION AS A CHAPLAIN

The CPE programs do not certify individuals for professional chaplaincy; they only provide educational requirements for persons seeking certification. If you desire to pursue board certification as a chaplain, it is highly recommended that you check eligibility requirements with one of the following, or with other relevant certification bodies:

Association of Professional Chaplains (APC / http://www.professionalchaplains.org/)
National Association of Catholic Chaplains (NACC / http://www.nacc.org)
National Association of Jewish Chaplains (NAJC / http://www.najc.org)
ACPE is an internationally recognized, interfaith and professional organization that has set Standards for on-the-job training of pastoral caregivers. Its roots go back to Boston in 1905 and to two major events: first, the founding of the Emmanuel Movement for medically supervised religious psychotherapy by Dr. Elwood Worcester; and second, the establishment of medical social services at Massachusetts General Hospital. In the Emmanuel Movement, Dr. Worcester envisioned a medically supervised, religious psychotherapy program. He believed that ministry skills could not be acquired through theoretical classroom instruction alone, but required direct ministry experience. He also worked with pastors to develop their counseling skills, while also intensifying their pastoral relationships by deepening the theological character of their counseling.

Across town, another physician, Dr. Richard C. Cabot established intensive training for medical social workers and developed a clinical methodology. He introduced medical and psychiatric social work at Massachusetts General Hospital to study human responses to illness and social influences that mold aspects of character. He soon recognized that social work in all its forms did not address the patient’s spiritual welfare. This recognition led him to join others in a search for meaningful ways to offer clinical training to pastors.

2.1 FORMATION OF CPE

While there is no conclusive evidence for exactly when or where CPE began, it’s clear it began through the interchange of ministry, medicine, and social work. During the summer of 1923, Dr. William S. Keller, a prominent physician, helped to bring five chaplains from Bexley Hall Episcopal Seminary into selected agencies in Cincinnati for supervision in social casework. Meanwhile, Cabot stood at the center of a movement toward clinical training that was taking shape in the Boston area. Widely known as an author and an educator, Cabot is generally credited with developing the clinical pathological conference and the case method of teaching, which are used universally in medical schools today. His growing interest in the social factors surrounding human illness led him to teach in the field of religion and ethics at Harvard.

Cabot’s idea was that clergy should be trained to practice theology in the same way that physicians learn to practice medicine. In 1925, he published a lecture entitled A Plea for the Clinical Year in the Course of Theological Study. In it, he urged Spiritual Chaplains to get clinical experience from outside of their lecture halls to practice theology in the community.

During the same period, Cabot arranged for the appointment of Anton T. Boisen as chaplain at Worcester State Hospital. In the summer of 1925, Boisen conducted in a mental hospital setting what was probably the first program of clinical pastoral education as we know it today. Four Chaplains were brought to the hospital as chaplain interns. They had regular contact with the patients, kept records of their observations, studied psychology of religion, attended interdisciplinary staff meetings, and held seminars on the interrelationship between religion and mental disorders. Anton Boisen expanded the method from Worcester State Hospital where theology students served as orderlies and ministers. Dr. Helen Flanders Dunbar, a
pioneering researcher, and developer of psychosomatic medicine, helped to get CPE established as a curriculum activity in seminaries. She was associated with Anton Boisen at Worcester State Hospital, and in 1930 she directed one of the organizations that later merged to create the Association for Clinical Pastoral Education. Various training groups had established themselves along geographic, denominational, and theoretical lines, and in 1967 most these groups formed ACPE, and developed Standards for clinical training of students and accreditation of centers.

Today CPE is internationally recognized training, with clergy and graduate students in theology coming from many countries and religious traditions from around the world. CPE has grown over the past 80 years to include over 3,300 members that make up ACPE, with some 350 accredited ACPE Centers, and about 600 certified faculty members called CPE Certified Educators. Over a hundred institutions representing 21 faith groups/agencies partner with ACPE, making the model of education that CPE represents a vital part of spiritual education in the modern world.

As a CPE chaplain intern or resident, you are engaged in what is largely the same process of experiential pastoral education as outlined by Anton Boisen, with similar goals of pastoral reflection, pastoral formation, and pastoral competence. When pursued to its fullest potential, clinical experience at MM will equip you with a new self-awareness and enhanced professionalism in the delivery of pastoral care.

2.1.1 HISTORY OF CPE AT MICHIGAN MEDICINE

Michigan Medicine is home to one of the largest health care complexes in the world. It has been the site of many groundbreaking medical and technological advancements since the Medical School first opened in 1848. It is a world-class health care leader, carrying out more than 2 million patient care visits each year. The organization also educates more than 3,000 learners annually and its researchers follow thousands of lines of scientific inquiry. According to U.S. News and World Report, Michigan Medicine is among the best in the nation being recognized nationally in 15 adult and pediatric specialties.

CPE at the University of Michigan Hospital began in the summer of 1936. Seward Hiltner was sent here by the Council for Clinical Training in New York City. The summer programs continued until 1942 when the war and personnel shortages brought them to a temporary halt. In 1945, the program, financed by the Michigan Society for Pastoral Care, was reinstated with the naming of a Chaplain Supervisor to serve full time. This honor was first bestowed upon Larry Pierson. He was followed by Malcolm Ballinger, who served from 1947 to 1967. At that point, the program was affiliated with the Boston-based Institute of Pastoral Care, which granted Ballinger approval to conduct the first-year long internship. Ballinger was responsible for several other innovative initiatives: he conducted a six-day training program at about 40 Michigan hospitals, taught at an Episcopal retreat center, and exposed his students to psychiatric settings at the nearby Ypsilanti State Hospital. It was in 1950 that the hospital began to support the CPE program financially. Between 1960 and 1970, Florence Lewis was added to the staff a second Chaplain Supervisor.

Herbert Hillebrand came to head the department in 1968 and remained until 1982. When C.S. Mott Children’s Hospital opened in 1969, a second chapel was consecrated and a chaplain’s office established in
Mott. With this second office came a second Chaplain Supervisor who continued to report to Hillebrand. The position was first filled by Evan Sherrard, then by Brown C. Kinnard in 1975. Under Hillebrand, three stipend resident positions were established for high Basic/Advanced students progressing to Supervisory Training. The CPE program peaked during the years of 1969-1980. During the peak years in the mid-1970’s upwards of 30 or more, CPE students were participating in the summer program in groups conducted by the two full-time supervisors and as many as four supervisors in training. Supervisory training was discontinued in 1980 and the supervisor residencies became pastoral care internships. Around this time, the number of students regardless of level declined.

During those peak years, the hospital decentralized and changed its corporate name to University of Michigan Hospitals, which resulted in more autonomy for C.S. Mott Children’s Hospital and departmental status for the chaplain’s office there. At that time, there were two departments of pastoral care; one headed by Hillebrand in the adult General Hospital and one by Kinnard in Mott Children’s Hospital. CPE continued to operate in a centralized manner, although Kinnard began to experiment with decentralization in Mott. After Hillebrand left in 1982, CPE was continued briefly in the adult General Hospital by David Hurst before being discontinued. This left Kinnard at Mott Children’s Hospital as the only CPE Supervisor. He continued Basic CPE programs at Mott until 1990 when he departed to do CPE at Grace Hospital and teach at Ecumenical Theological Seminary in Detroit.

In keeping with that tradition of excellence and learning, the MM Spiritual Care Department decided that it was essential to continue to evolve in the pursuit of premier patient care by seeking accreditation with the Association for Clinical Pastoral Education. In January 2017, Rev. Tony Shomari Marshall D.Min., a newly certified ACPE Certified Associate Educator, was brought on to once again offer CPE at Michigan Medicine continuing a long tradition of CPE prominence in the geographical region.

2.2 MM SPIRITUAL CARE MISSION AND ROLE STATEMENT

The mission and role of the Spiritual Care Department at MM are to provide exemplary spiritual care to patients, families, and staff throughout the health care system. Spiritual Care (SC) is defined as offering help and guidance to individuals as they seek and express meaning and purpose. Further, Spiritual Care attends to the way people experience connectedness to the moment, to self, to others, to nature, and to the significant or sacred. Through the chaplain’s expertise in spiritual assessment, counseling, and interventions, the goal of the chaplain is to sustain and nurture the human spirit by aiding others in identifying resources within their individual beliefs. To fulfill its mission, the MM SC Department aims toward the following objectives: (Standards 308.5, 308.6.4)

- To provide direct spiritual care to patients, families, and staff in acute crises or general hospitalization, through reliable contact and 24-hour on-call availability.
- To collaborate with other disciplines in providing exemplary health care that addresses all aspects of a person’s life.
- To contribute to the health care team’s understanding of the spiritual aspects of patient’s lives and impact it has on their overall ability to cope with health care issues and its effect on health care decisions.
- To serve as a liaison with community spiritual resources to meet specific spiritual needs for patients, families, and staff.
- To provide opportunities for worship, sacrament, and ritual.
- To develop clinical educational programs for spiritual care colleagues, community spiritual leaders, students and other health care professionals.
- To develop and maintain collaborative relationships with spiritual care colleagues, community spiritual leaders, and other health care professionals.
The CPE Center is affiliated with the Spiritual Care Department under the Director of Social Work and Spiritual Care Director Josh Brewster, L.M.S.W. The Spiritual Care Department is under the interim management of Rev. Christina Wright, P.h.D serves as the Associate Director of the Department of Spiritual Care and reports directly to the Director of Social Work and Spiritual Care Director. She along with the other spiritual care providers diligently support the CPE Center and the efforts of students involved in the clinical method of spiritual education. The following is a list of members of the Spiritual Care Department staff:

(Standard 301.1)

- Imam Kamau Ayubbi, The Islamic Supreme Council of America
- Chaplain Lori-Jene Brazier M.Div., Cooperative Baptist Fellowship
- Rev. Rachel Brownson M.Div., Reformed Church in America, CPE Liaison
- Deacon Wayne Charlton, Roman Catholic Church
- Rev. Alfred Daniel M.Div., American Baptist Church
- Father Lewis Eberhart, Roman Catholic Church
- Rev. Paul Jones, Southern Baptist Church
- Rev. Tony Marshall D.Min., B.C.C., Church of God in Christ
- Rev. Bruce Paul, Nondenominational Christian
- Chaplain Pat Lyndale Ph.D., Episcopal Church
- Mary Smith, Administrative Assistant
- Chaplain Julie Nielsen-Schmidt D.Min., Lutheran Church Missouri Synod
- Father Joy Thaiparambil, Roman Catholic Church
- Rev. Christina Wright Ph.D., United Methodist Church

3.1 MICHIGAN MEDICINE CPE CENTER STAFF

Rev. Tony Shomari Marshall has been an ordained Elder in the Church of God in Christ for over 20 years. He serves MM as the Program Manager for CPE Program. He has served as a pastor for 18 years and has been a hospital chaplain for over 20 years. Tony is a Board-Certified chaplain in the Association of Professional Chaplains. He is also a Certified Educator with the ACPE. Within ACPE, he serves on the East-Central Community of Practice Accreditation Committee. A native of Detroit, Michigan he received the Bachelor of Arts degree from Taylor University in Biblical Literature and Biblical Languages. He received the Master of Divinity degree from Trinity Evangelical Divinity School. He studied philosophy of education and theory at Trinity International University and completed the Doctor of Ministry degree in Pastoral Leadership from Andersonville Theological Seminary. Furthermore, Tony also completed a three-year Post-Graduate
Fellowship at Ecumenical Theological Seminary, where he is currently pursuing a second Doctor of Ministry degree in CPE Curriculum Development. His CPE training began at Victory Memorial Hospital in Waukegan, Illinois in 1997. Tony also completed units with the Spiritual Care and Education Center of Toledo, Ohio, Detroit Medical Center in Detroit, Michigan, Oakwood Medical Center in Dearborn, Michigan, and Beaumont Health of Royal Oak, Michigan. Tony utilizes Developmental Thought, Relational Theory, and Experiential Learning in his pedagogy of Spiritual Formation. (Standards 301.1, 303.1, 303.3, 303.4, 304.11)

In addition to the program manager, a part-time, 20 hours per week, administrative assistant is available to assist with the administrative duties of the CPE Programs. This support person is available 4 hours a day 5 days a week. With flexible availability to assist with completing projects and meeting unit deadlines as needed. The Administrative Assistant is responsible for maintaining student records, ensuring accuracy of marketing materials, updating the technological resources, scheduling interviews and providing initial information for those interested in CPE Programs at MM. This supporting position will also spend time updating the student handbook, reading resources, educational materials, and electronic course aids.

3.2 Professional Advisory Group

The Professional Advisory Group (PAG), is a group of interdisciplinary professional resource persons used by the CPE Program to provide advice and consultation on CPE planning, development and program evaluation as well as monitor compliance with ACPE Standards in all its activities. Members of this group are qualified in their perspective fields and knowledgeable of spirituality. (Standard 305.1)

3.2.1 PAG Bylaws

The PAG membership shall consist of no more than nine and no less than five voting members, as well as two non-voting members, ex-officio, the CPE Certified Educator and the Associate Director of Spiritual Care. Membership is voluntary, by invitation, and confirmed by a simple majority vote of members present. The Chairperson and ex officio members shall constitute the nominating committee for all appointments.

3.2.2 Bylaw Amendments

Bylaws may be amended by simple majority vote of a quorum at a regular meeting of the PAG, provided the PAG membership has been notified in writing of the proposed changes at least two weeks prior to the scheduled meeting.

Except for ex officio members, the term of service is normally four years, after which the member may be re-nominated and re-elected. If an unexpected vacancy were to occur, a replacement member may be nominated and elected to complete a vacant term at any regular meeting. Since membership is voluntary, any
member may resign at any time. Any member who misses three consecutive meetings without notice shall be considered to have de facto resigned. A quorum shall consist of a simple majority of current voting members. If fewer than three voting members attend, the PAG may not transact any business except to consider and elect new members. PAG members are also tasked with addressing student complaints. If a CPE student has a complaint with the Educator or programs, this group may serve as a consultative resource. PAG members may be called on to assist with the end of unit program evaluation. In addition to the above membership responsibilities, the PAG should meet twice a year to: (Standards 305.1, 305.2)

- Review program and educational materials
- Receive updates on status of current and prospective students
- May assist with interview process and selection of students
- Assist with the development of new programs such as residencies
- Continue to monitor MM program accreditation status
- Serve to evaluate the CPE program, specifically in the following areas: course content and materials, success with respect to student achievement measured by course completion rate, educational methods and supervisory relationships, student to Educator ratio, the appropriate level of challenge in individual learning contracts, and assessment of student’s use of CPE, determination and reporting of satisfactory achievement of CPE program outcomes by students enrolled in CPE Level I or Level II. (Standard 305.2)

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3.2.3 CPE PROFESSIONAL ADVISORY GROUP MEMBERS
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**Voting Members**

Kristin Collier, M.D. (Chairperson)
Clinical Assistant Professor, Internal Medicine at Michigan Medicine

Chris Dickinson, M.D.
Pediatric Associate Chief Medical Officer for the University of Michigan and C.S. Mott Children’s and Women’s Hospital
Executive Director for the University of Michigan and C.S. Mott Children’s and Women’s Hospitals

Shon Dwyer, M.B.A., R.N.
Executive Director Michigan Medicine University Hospital
Executive Director Michigan Medicine Cardiovascular Center

Daniel Fischer, L.M.S.W.
Assistant Dean for Field Instruction at the University of Michigan School of Social Work and Clinical Assistant Professor

Rev. Dennis E. Kenny, D.Min.
Former Regional Director for the East Central Region of The Association of Clinical Pastoral Education
Christian Vercler, M.D.
Clinical Assistant Professor of Plastic Surgery
Co-Chair Pediatric Ethics Committee at C.S. Mott Children's and Women’s Hospital
Co-Chair Adult Ethics Committee at Michigan Medicine

Advisory Only Members

Rev. Tony Marshall, D.Min, B.C.C.
Michigan Medicine CPE Center Manager, ACPE Certified Associate Educator

Rev. Christina Wright P.h.D
Associate Director, Department of Spiritual Care, Michigan Medicine
All CPE students enrolled in training at the CPE Center are under the direct supervision and report directly to an ACPE Certified Educator. (Standard 308.3)

The CPE Programs Manager and all Staff Chaplains report to the Associate Director of the Department of Spiritual Care. All concerns about the CPE Programs should be reported to the Associate Director. All concerns about the Associate Director should be directed to the Director of Social Work and Spiritual Care. If performance issues need to be addressed at higher levels please follow the chain of leadership outlined above. (Standard 301.1)
MM is the academic medical center of The University of Michigan in Ann Arbor. It includes The University of Michigan Medical School, its Faculty Group Practice and many research laboratories, The University of Michigan Hospitals and Health Care Centers, which includes the University Hospital, C.S. Mott Children's Hospital, Von Outlander Women's Hospital, the clinical programs of the University of Michigan School of Nursing, and the activities of the Michigan Health Corporation, through which MM partners with other medical centers and hospitals to provide specialized care throughout Michigan. In addition, MM oversees 120 outpatient clinics. Michigan Medicine’s excellent financial performance helps position the University's clinical enterprise for continued investment in support of the organizational goals to advance world-class patient care, education, and research. (Standards 302.2, 308.6.2)

MM provides a broad range of care, with specialized centers for Alzheimer's disease, cancer, cardiovascular care, depression, diabetes, epilepsy, geriatrics, organ transplant, pediatrics, trauma/burn, vision, and women's health research and care. Its hospitals have 1,000 licensed beds. As a tertiary care center, MM has 179 Intensive Care Unit (ICU) beds and a high-volume surgical center with a total of 82 operating rooms. More than 1.8 million outpatient and emergency visits, 45,000 hospital stays, 49,000 surgeries and 4,000 births take place each year at facilities operated by the Hospitals and Health Centers of MM. At the Medical School, a total of 683 medical students, 1,010 interns and residents, 503 graduate students, and 482 postdoctoral research fellows are currently in training with and more than 15,000 practicing physicians and health professionals receive continuing medical education through University courses each year. The CPE Program is focused on supporting several Michigan Medical School Key Initiatives: (Standard 302.2)

- Curriculum Innovation: The University of Michigan Medical School fosters a visionary culture. The changes proposed in our recent curriculum transformation reflect our efforts to attract, encourage, and reward those who have grand ideas and wish to improve the world of medicine.

- Ethics & Integrity: Conducting research, teaching and delivering clinical care with the highest ethical standards is a privilege we honor every day at the U-M Medical School. Our responsibility is to the public and their trust in our activities are at the forefront in all the work that we do.

- Global Engagement: Not only do our faculty, staff, students and trainees lead and participate in international initiatives in research, education, and collaborations in health; they also bring knowledge gained during their outreach back to campus for the benefit of our community.

- Health Equity & Inclusion: Training tomorrow’s best doctors and researchers means ensuring that the brightest learners have direct access to stimulating mentors, outstanding resources and an inclusive community.

The current medical campus complex includes facilities for the UM Medical School, which was founded in 1848 as the Department of Medicine and opened to students in 1850. The medical campus complex also includes the Hospitals and Health Centers, which trace their history back to the nation's first university owned and operated hospital which opened in 1869. Today, the medical campus includes:

University Hospital, an 11-story structure that opened in 1986 and contains 794 beds. The facility is home to adult inpatient medical, surgical, and psychiatric care; 33 operating rooms; the Adult Emergency Department; and diagnostic facilities for adult and some pediatric patients. Among others, it is home to the following specialty care programs and centers:
C.S. Mott Children's Hospital opened 2011 with 348 beds in the 12-story inpatient tower for children and adolescents including a Child and Adolescent Psychiatry unit, a 46-bed Neonatal Intensive Care Unit, 12 operating rooms, diagnostic facilities, and rehabilitation facilities. The hospital is home to several specialty centers.

- Level I Pediatric Trauma Center
- Michigan Congenital Heart Center
- Brandon (formerly Holden) Neonatal Intensive Care Unit
- Pediatric Transplant Programs
- Regional Infectious Containment Unit

Von Voigtlander Women's Hospital Birth Center is a 50-bed facility that opened in 2011 as part of the new Mott Children's and Von Voigtlander Women's Hospital. It handles nearly 4,000 normal and high-risk births each year.

A. Alfred Taubman Health Care Center (Taubman Center) opened in 1986. The four-story building is home to 120 specialty outpatient clinics and faculty offices for most clinical departments. Taubman Center includes the following specialty services:

- Outpatient surgical suite
- EKG / Echo suite
- Women's Health Resource Center

Rogel Cancer Center opened in 1997. Its nine stories contain four floors dedicated to outpatient cancer care for adults and children, five floors for cancer research laboratories. The facility also features 77 clinic rooms, 42 chemotherapy infusion suites, seven procedure rooms, two outpatient surgical suites, Mohs skin cancer unit, and a patient education center. The Cancer Center has several multidisciplinary clinics.

- Adrenal Cancer Clinic
- Pre-cancerous Gynecologic Clinic
- Cancer Genetics
- Fertility Counseling and Gamete Cryopreservation Program (FCGCP)
- Long-Term Follow-Up Clinic
- Psych-Oncology Clinic
Samuel and Jean Frankel Cardiovascular Center, a five-story, 48-bed facility that opened in 2007 on the site of the "Old Main" hospital that operated from 1925 to 1986. The CVC clinical building is home to inpatient and outpatient care for adults with cardiovascular disease. It includes 8 operating rooms, 11 suites for interventional procedures, 36 outpatient clinic rooms, 48 inpatient beds including a 24-bed intensive care unit, and a diagnostic suite.

- Arrhythmia & Electrophysiology Center
- Center for Circulatory Support
- Heart Failure Center
- Heart Transplant Center
- Hypertrophic Cardiomyopathy Clinic
- Multidisciplinary Aortic Program
- Peripheral Arterial Disease Program
- Congenital Heart Center
- Venous Health Program
- Women's Heart Program

It is in this resonant culture of education and learning that our CPE interns and residents experience their formation and growth as caregivers and ministers as they develop their competencies. The culture of learning at Michigan is a unique and intense. The administration, physicians, nursing, social work and ancillary support staff all collaborate to provide this exceptional atmosphere. The SC Department and CPE Program continue to find themselves increasingly integrated into the MM manner of serving. This integrated department of 16 full/part time staff members representing several faiths and cultural traditions have proven to be well received by hospital physicians and staff. It is expected that CPE interns/residents participate with the MM Interdisciplinary team members for the best care of the patients and family. It is essential to note, whenever CPE Program uses elements external to itself, a written agreement that specifies the relationship and operational details is required. (Standard 302.3)

3.4.1 DIVERSITY, EQUITY AND INCLUSION

The importance of Diversity, Equity, and Inclusion (DE&I) to the University and MM’s goals is evident in University of Michigan Mark President Schlissel’s stated goals for Diversity, Equity, and Inclusion which are:

“Diversity: We commit to increasing diversity, which is expressed in myriad forms, including race and ethnicity, gender and gender identity, sexual orientation, socio-economic status, language, culture, national origin, religious commitments, age, (dis)ability status, and political perspective. Equity: We commit to
working actively to challenge and respond to bias, harassment, and discrimination. We are committed to a policy of equal opportunity for all persons and do not discriminate on the basis of race, color, national origin, age, marital status, sex, sexual orientation, gender identity, gender expression, disability, religion, height, weight, or veteran status. Inclusion: We commit to pursuing deliberate efforts to ensure that our campus is a place where differences are welcomed, different perspectives are respectfully heard and where every individual feels a sense of belonging and inclusion. We know that by building a critical mass of diverse groups on campus and creating a vibrant climate of inclusiveness, we can more effectively leverage the resources of diversity to advance our collective capabilities.

4 Internship and Residency Curricula

Pedagogy

CPE utilizes an action-reflection-modification learning process to recall, reflect on, and examine your ministerial encounters. This clinical method of education intends to help you better understand yourself, integrate and apply theological and religious beliefs and practices, and to gain professional competencies so that you can function effectively on your own and, when necessary and called upon, collegially and collaboratively with other professionals.

Our model of CPE is also relational. The relationships students develop with patients, peers, staff, and educators are foundational in the process. These relationships and your individualized learning agreement distinguish CPE from other types of ministerial training. Furthermore, the CPE Center must comply with ACPE Standards regarding the accreditation of centers, the certification of supervisory personnel, and the design and presentation of its CPE program. Students at all levels will receive or have access to current ACPE Standards which explain necessary details of your CPE experience. Our pedagogy is focused upon, creating a relational learning environment that fosters growth in pastoral formation, reflection and competence; such an environment involves mutual trust, respect, openness, challenge, conflict, and confrontation. (Standards 308.5, 308.6.2)

Paradigm

Adults learn best when the content of their learning is meaningful and relevant. Most would also state that they are always learning and growing. Our model of education understands people as “persons in the process,” that are, being shaped and formed, while learning and growing, and that change is an integral part of being “in the process.” Knowledge, skill set, patience, and compassion are all requirements of the person who hopes to deal with the trying and intimate issues of troubled people. A disciplined and seasoned self-awareness on the part of the helping person is of critical importance. As Parker Palmer says, good teaching cannot be reduced to technique, good teaching comes from the identity and integrity of the teacher.

The CPE action-reflection-modification model (or clinical method) is foundational in our process model of education. This training model can be clearly demonstrated in our ministry report format, which follows later in this handbook. Basically, in each ministry report, you are asked to recall and recreate a ministry
encounter with a client, which may include a patient, their visitors, and/or staff members. You are asked to include the words and effect on the various parties involved in the ministry event in context. This qualitative data is requested to help you reflect on your ministry and to acquire the skills which will enable you to effectively share and learn from these experiences. Our chosen training model will also help you learn how to read, hear, and respond to verbal and nonverbal communication and provide a means to receive criticism. The purpose is to aid students in effective self-evaluation. (Standard 308.6)

In addition to recalling and recreating dialogues in your ministry reports, you are asked to include in the reports your own thoughts and feelings prior to, during, and after the ministry events. This is done for several reasons. First, it helps your Educator and peers to follow and discern changes within you and to better understand your perspectives and actions. Secondly, it requires that you be as open and forthright as your clients are, or at least as open as you expect or hope that they will be. Thirdly, it provides an avenue by which you, your Educator and your peers can engage one another in looking at shared, similar, and possible parallel issues and concerns.

4.1 Faculty Development Plan

The CPE Program will provide ACPE Certified Educators to administer all units within the program. At no time will an ACPE Certified Educator supervise more than 13 CPE students. MM will utilize interdisciplinary consultation and instruction within the program which will be provided by adjunct faculty and/or guest lecturers in specialized areas. However, all individual and group supervision will be conducted by an authorized ACPE Certified Educator. (Standard 303.2)

4.1.1 Lecturers and Adjunct Faculty

When necessary, MM will draft contracts and agreements if engaging other individuals, agencies or accredited centers external to itself to provide key CPE program elements. (Standard 302.3) Topics covered by guest lecturers will be aimed at providing diversity in educational experience include, but are not limited to the following list: (Standard 303.3)

- Dr. Janet Green, Michigan Medicine Geriatric Medicine
- Dr. Robert Smith, Michigan Medicine Palliative
- Rev. Dr. Christina Wright, Associate Director of Spiritual Care, Michigan Medicine
- Imam Kamau Ayubbi, B.A., Michigan Medicine Staff Chaplain
- Lisbeth Harcourt M.S.W., L.M.S.W., Program Manager, Office of Decedent Affairs
- Martha Kerr, L.M.S.W. Abuse Prevention Initiative & Child Protection Team Coordinator
- Janice Firl, M.S.W. Program Manager and Lecturer in Social Work, MM School of Social Work
4.1.2 Preceptors/Mentors

Staff Chaplains in the SC Department function as Preceptor/Mentors for students. Qualified Preceptor/Mentors have been oriented to the learning goals of CPE students assigned to their clinical responsibilities, informed regarding the CPE model of education and expectations of hours and type of spiritual care responsibilities that are appropriate in their clinical area of responsibility, and instructed to initiate communication on a regular basis regarding the student’s fulfillment of obligations and the responsibilities. This includes the student’s clinical work, work habits, and investment in the learning process.

CPE mentors will provide performance reports to the CPE Manager, detailing an evaluation of their mentee’s student performance. This is undertaken to allow Preceptor/Mentors to help quality ACPE Standard expectations become clearer in routine tasks performed on the floor. Feedback is the heart of soul of CPE, they help student chaplains begin a conversation in care with the community they serve.

4.2 Level I Program

CPE Level I enables students to engage in three aspects of caregiving development which are: pastoral formation, pastoral competence, and pastoral reflection. CPE Level I objectives define the scope of the CPE Level I program curriculum. Outcomes define the competencies to be developed by students after participating in each of the programs.

4.2.1 Level I Objectives

The MM ACPE Center has designed its CPE Level I curriculum to facilitate the student’s achievement of the following objectives: Pastoral Formation, Pastoral Competence, and Pastoral Reflection. (Standards 309, 309.1, 309.2, 309.3, 309.4, 309.5, 309.6, 309.7, 309.8, 309.9, 309.10)

Pastoral Formation

- To develop student’s awareness of themselves as ministers and of the ways their ministry affects persons.
- To develop student's awareness of how their attitudes, values, assumptions, strengths and weaknesses affect their pastoral care.
- To develop student’s ability to engage and apply the support, confrontation, and clarification of the peer group for the integration of personal attributes and pastoral functioning.

PASTORAL COMPETENCE

- To develop student’s 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.
- To develop student’s skills in providing intensive and extensive pastoral care and counseling to persons.
- To develop student’s ability to make effective use of their religious/spiritual heritage, theological understanding and knowledge of the behavioral sciences in their pastoral care of persons and groups.
- To teach students the pastoral role in professional relationships and how to work effectively as a pastoral member of a multidisciplinary team.
- To develop student’s capacity to use one’s pastoral and prophetic perspectives in preaching, teaching, leadership, management, pastoral care and pastoral counseling.

PASTORAL REFLECTION

- To develop student’s understanding and ability to apply the clinical method of learning.
- To develop student’s abilities to use both individual and group supervision for personal and professional growth, including the capacity to evaluate one’s ministry.

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4.2.2 LEVEL I OUTCOMES

The curriculum for CPE Level I addresses the fundamentals of pastoral formation, pastoral competence, and pastoral reflection through one or more program units. Satisfactory achievement of Level I outcomes must be documented in the Educator’s evaluation(s). After completion of CPE Level I, students will able to: (Standards 311, 311.1, 311.2, 311.3, 311.4, 311.5, 311.6, 311.7, 311.8, 311.9)

PASTORAL FORMATION

- Articulate the central themes of their religious heritage and the theological understanding that informs their ministry.
- Identify and discuss major life events, relationships and cultural contexts that influence personal identity as expressed in pastoral functioning.
- Initiate peer group and supervisory consultation and receive critique about one’s ministry practice.

PASTORAL COMPETENCE

- Risk offering appropriate and timely critique.
- Recognize relational dynamics within group contexts.
- Demonstrate integration of conceptual understandings presented in the curriculum into pastoral practice.
- Initiate helping relationships within and across diverse populations.

**Pastoral Reflection**

- Use the clinical methods of learning to achieve their educational goals.
- Formulate clear and specific goals for continuing pastoral formation regarding personal strengths and weaknesses.

### 4.3 Level I Curriculum

The basic curriculum for our Level I CPE program is experientially based, adult education emerging from the action-reflection-modification-action model of learning. Simply put, our CPE students accept professional responsibility for providing spiritual care to persons in assigned areas within the hospital community while engaging in the learning process through various methodologies of reflection which focused on the Objectives and Outcomes of the ACPE Standards for Level I.

While the elements below are standard parts of each CPE Program, other methods are utilized to further flesh out the educational curricula. These are chosen/formulated according to the student and supervisory interests, given the individual and ever-changing learning needs and interests of the student group and are approached from either left or right brain learning orientations, or a combination of both. These methods include options, but not limited to, theological reflection seminars, specific pastoral care didactics of interest to the group, and retreats or workshops designed for group-building or topic/objective focused learning.

Through the guidance of the ACPE Certified Educator, students will then re-apply or modify their subsequent action applying their learning gleaned from the reflection process to their future pastoral experiences thus using their newly acquired levels of self-awareness as persons and spiritual caregivers. These objectives and outcomes provide the overall scope of the educational emphasis while each student's “learning goals” focus on the specific learning objectives of the individual student in each unit. Each student participates in a peer learning group maintaining learning goals while reflecting on the larger educational objectives as defined by these ACPE Standards. To facilitate student learning, several core methods are utilized in each unit of training including the following examples. (Standard 308.6.1)

**Student Learning Contract**

Each student prepares a learning contract which contains individual “learning goals”. The student's learning goals are negotiated with one's Educator. The Educator and student work together to explore the specific learning interests of each individual student and how those interests can be best experienced in the CPE unit. The learning contract provides that focus and methodology of the process. Learning goals aid the student in reflecting on their process in the unit and pastoral reflections.
INDIVIDUAL SUPERVISORY SESSION (IS)

During each session, the student will submit self-selected experiences of ministry that they would like to receive feedback from peers and Educator. This is also a time for an Educator guided investigation into the life and ministry of the student to discover how they are being shaped by the CPE experience. The sessions discuss the student’s clinical progress as well as their relational functioning with peers and staff.

PEER GROUP SESSION (PG)

Peer group sessions are only conducted by a certified ACPE Educator, consisting of several weekly or bi-weekly sessions, each designed to provide a bit of a different experience base on which to engage the learning objectives and goals.

MINISTRY REPORT SEMINAR (MR)

During these sessions, also called “verbatim,” students rotate responsibility to present to the peer group pastoral care (verbatim) reports, written examples of their ministry, to receive feedback from others as to their ministry style and learning needs. MRS are utilized as one of the "clinical methods of learning" which invite the student to reflect upon their experience for the learning values inherent in that experience and to learn to think/reflect and learn through feedback from peers and supervisor. They also allow us to learn about ourselves as we are involved in the ministry event—our listening-responding skills, strengths and limits; how our personal history, religious history, attitudes, values and biases impact our ministry; what our theology for ministry is and in what ways that theology is challenged or confirmed by our experiences in ministry; and how we are defining ourselves in our role within an interdisciplinary context, among other things.

INTERPERSONAL RELATIONS SEMINAR (IPR)

Here, students will participate in this more "open agenda" group in which they share with each other whatever is going on with them as it relates to their own experience. This is a time in which "pastors pastor pastors," providing a live and immediate learning experience for students to pursue their clinical pastoral education goals.

DIDACTIC SEMINAR (DS)

During each unit, we seek a theme focus on some dimension of pastoral care, which we consider a core ministry/learning. Included among these core subject areas are: grief and ministry to the bereaved, crisis experience and ministry, the minister as person, developing a theology of suffering and the care of the divine, making spiritual and religious assessments, multicultural experience and pastoral care, and ethical issues in pastoral care.

EVALUATION SESSION (ES)

At the midpoint and end of each unit of training, students and Educators both contribute to an assessment of the student's learning experience, of their strengths and limits in pastoral care, and of what the
next or still unfinished learning agenda might be. This assessment is electronic computer written document shared with the peer group for the advantage of full group support, clarification, and caring confrontation.

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4.3.1 Curriculum Content Level I

Educational Philosophy and Methodology

The following aspects identify the philosophical foundations and educational methods that reinforce the curriculum thus demonstrating how the educational offerings integrate the relevant objectives and outcomes of Level I.

Competency Area I: Pastoral Formation

Students will become aware of self as person and minister, including attitudes, values, assumptions, strengths and weaknesses, and the ways in which their ministry is affected by their journey and affects the persons they serve. (Standard 309.1, 309.2, 309.3)

Materials taught in Competency Area I, will enable students to articulate central themes of their religious heritage, theological understanding, major life events and relationships that inform understanding of self as person and minister and which impact pastoral functioning. Required content, which will be addressed by week in our syllabus, includes:

- Methods of Self-Reflection
- The Theological Significance of Personal Narrative
- The Power of Story
- Ministry and Personhood
- Life Evaluation and Progression

Outcomes addressed aim to allow students to articulate central themes of her / his religious heritage and the theological understanding that informs one’s ministry and identify and discuss major life events and relationships that impact personal identity as expressed in pastoral function. (Standards 311.1, 311.2, 311.2)

Philosophy Supporting Curriculum

Most students begin CPE with a set of assumptions regarding themselves, others and the world around them. The process of Pastoral Formation encourages the student to use the clinical methods of learning explore their set system of beliefs and values and its meaning for spiritual care and ministry.

Educational Method (Examples)

Through a process of experience, reflection, and self-awareness: Students present a theological integration paper on topics relevant to their life journey exploring who they are as persons in the process and what they are encountering in life and in CPE. It is an attempt to identify the connections between their
experiences and theology. This project invites the student to consider how theology addresses one aspect of the human condition and how they utilize that concept in their ministry to others. (Standard 308.7)

Through a reading seminar and didactic presentation: The reading of “The Wounded Healer” by Henri J.M. Nouwen encourages the student to consider the “wounds” of their history as impacting the way they relate to others. The students are also introduced to the power of story as presented by Michael White and David Epston from the work, “Narrative Means to Therapeutic Ends”. The students then reflect upon their life stories and those of the patients they have encountered connecting how their personal theological presuppositions have meshed. (Standard 308.7)

Through peer group interaction: The presentation of their theological integration paper and discussions on the readings, student’s assumptions about faith, people, and ministry are affirmed and challenged. Their practices of ministry and peer interaction invite the student to begin the process of integrating theory with praxis. It is hoped that this allows them to become more integrated personally and professionally. (Standard 308.7)

COMPETENCY AREA II: PASTORAL COMPETENCE

Students will become aware of social and group dynamics that affect ministry and care-giving. Our curriculum offers a three-part, building block approach interfacing developing formational awareness with conceptual material and integrating these into the practice of ministry in helping situations.

Material taught in Competency Area II will enable students to recognize how persons, social conditions, systems, and structures affect their lives and the lives of others and how to address these issues effectively through their ministry. It will also build upon formational dimensions; specifically, student’s ability to initiate peer group and supervisory consultation and to risk offering and receiving appropriate critique. Required content, which will be addressed by week in our syllabus, includes: (Standard 309.4)

- Understanding of Identity as Caregiver
- Pastoral Authority and Identity
- Introduction to Group Process and System Theory
- Giving and Receiving Feedback and Critique for growth

Outcomes addressed will help students to initiate peer group and supervisory consultation and receive critique about one’s ministry practice, risk offering appropriate and timely critique, and recognize relational dynamics within group contexts. (Standards 311.3, 311.4, 311.5)

PHILOSOPHY SUPPORTING CURRICULUM

Our CPE process relies upon the interaction and interface of the peer learning process. This understanding holds that much learning takes place within the context of relationship or community. The interactive process with Educator, patients, and peers offers a space for open, perceptive dialog while keeping the stressors of differing experiences and understandings of God.

EDUCATIONAL METHOD (EXAMPLES)
Through a reading seminar and didactic presentation: Reading material regarding Murray Bowen and “Family Systems Theory” as well as a didactic presentation on “Systems Theory” introduces students to concepts of group interactions and dynamics. Students are encouraged to explore their personal dynamics of family and peers and how they react and respond differently in each. (Standard 308.7)

Through the process of journaling: Students are encouraged to reflect upon their relationships as they develop with Educator, peers, staff and patients. Students are offered feedback on development and growth with an Educator at individual sessions.

Through group and individual supervision: Within the context of the peer group, the student can test out assumptions about God, self, and others. This occurs when they can make critical use of group interaction to challenge and support one another.

Through support practicums: According to David Kolb’s theory of Education concerning learning and reflection, this process will aid the student by providing an opportunity to model, in real time, good care-giving skills and concepts with peers. This is most deliberately displayed in the student's involvement with our practicum support exercises. This exercise instructs students to give real care to peers during the group process while being observed by peers and Educator.

**COMPETENCY AREA II: PASTORAL FUNCTIONING**

Students will become aware of social and group dynamics that affect ministry and care-giving. In pastoral functioning, students continue their integration of self-awareness, behavioral science concepts and basic skills for pastoral care to persons in crisis situations. Through a combination of didactics and ministry report presentations, students practice effective use of religious/spiritual heritage, theological understanding and knowledge of the behavioral sciences in pastoral ministry to persons and groups. They also learn to function effectively as a pastoral member of an interdisciplinary team learning how to utilize pastoral and prophetic perspectives in a variety of situations. (Standards 309.6, 309.7, 309.8, 310.1, 310.2, 310.3, 312.3)

Materials taught in Competency Development III will enable students to demonstrate the ability to initiate helping relationships and engage in compassionate spiritual care. Required content, which will be addressed by week in our syllabus, includes: (Standard 311.7)

- Active Listening
- Identifying and Assessing Spiritual Needs
- Interpersonal Reflection and Integration in Supervision

Outcomes addressed will help students to initiate helping relationships within and across diverse populations.
PHILOSOPHY SUPPORTING CURRICULUM

Patients are the living human documents facilitating learning and growth in an ongoing process of developing proficiency in ministry. It is in the context of the clinical setting, in the touching and being touched by human persons that students rethink or affirm ideas about God, self, and the human experience, and to ask, “What potential for liberation and transformation are present within this experience?” The end goal is increased competency as a spiritual care provider.

EDUCATIONAL METHOD EXAMPLES

Through the clinical method of hands-on delivery of emotional and spiritual care: Each student is provided a clinical assignment in the hospital. It is in this setting that students reflect (cognition) on their responses (affect) to experience (behavior). It is upon the reflection of that ministry that students discover new aspects of themselves. (Standard 308.6)

Through the pastoral report seminar: Students present MRS on their perceived good or bad experiences. Not only does it involve the acquisition of skill, but also considers the underlying currents (reactions and counter reactions) that so often accompany pastoral encounters.

Through mutual supervision: Students shadow one another at mutually arranged times during the unit and then give one another feedback during group time. Being shadowed by a peer proves less threatening for the student (than being shadowed by an Educator) and affirms that they can be learning resources for one another. The same can be said for the giving and receiving of feedback.

Through reading and reflection: Students are introducing to a variety of reading material to help develop skills in spiritual care including: “George Fitchett, Assessing Spiritual Needs”, “Howard Clinebell, Basic types of Pastoral Care and Counseling”, “Robert Dykstra, Images of Pastoral Care”, “Kristin Johnston Largen, and Finding God Among Our Neighbors”.

4.4 LEVEL II PROGRAM

The basic curriculum for our Level II CPE program is a continuation of the methods and theory of development addressed in Level I. The design for CPE Level II intently addresses the development and integration of pastoral formation, pastoral competence and pastoral reflection to a level of competence that prepares students to obtain professional certification and/or admission to Supervisory CPE. The Educator’s final evaluation will include a statement attesting to the competence demonstrated at the time of the evaluation. CPE Level II Standard outcomes and objectives define the scope of the CPE Level II program curriculum. Outcomes stated in ACPE Standards define the competencies to be developed by students after of participating in each of Level II unit.

Acceptance into Level II requires an acquired level of competency in the Level I outcomes that demonstrate a student’s ability to strengthen those competencies having met them as primary learning goals. This is recognized through the Educator’s observations documented in the written evaluation. (Standard
In addition to Level I methods, Level II students are allowed the opportunity to replace MRS presentations with consultation material presentations. This provides an opportunity for growth and peer learning as well as guidance for Level I students to observe the preparation from peers that may be further along in the process. Level II students complete and present at least one Research Project (RP) to peers in selected areas of specialty at the end of the unit.

After completion of CPE Level I, students can meet outcomes from Level II units aimed to allow them to facilitate student learning and engage in several core methods which are utilized in each unit of training including the following:

Student Learning Contract, Individual Supervisory Session (IS), Peer Group Session (PG), Ministry Report Seminar (MR), Interpersonal Relations Seminar (IPR), Didactic Seminar (DS), Evaluation Session (ES), theological reflection seminars, specific pastoral care didactics of interest to the group, and retreats or workshops designed for group-building or topic/objective focused learning.

4.4.1 LEVEL II OBJECTIVES

The MM CPE Center has designed its CPE Level II curriculum to facilitate the student’s achievement of the following objectives: Pastoral Formation, Pastoral Competence, and Pastoral Reflection. (Standards 309, 309.1, 309.2, 309.3, 309.4, 309.5, 309.6, 309.7, 309.8, 309.9, 309.10)

PASTORAL FORMATION

- To develop student’s awareness of themselves as ministers and of the ways their ministry affects persons.
- To develop student’s awareness of how their attitudes, values, assumptions, strengths and weaknesses affect their pastoral care.
- To develop student’s ability to engage and apply the support, confrontation, and clarification of the peer group for the integration of personal attributes and pastoral functioning.

PASTORAL COMPETENCE

- To develop student’s 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.
- To develop student’s skills in providing intensive and extensive pastoral care and counseling to persons.
- To develop student’s ability to make effective use of their religious/spiritual heritage, theological understanding and knowledge of the behavioral sciences in their pastoral care of persons and groups.
- To teach students the pastoral role in professional relationships and how to work effectively as a pastoral member of a multidisciplinary team.
- To develop student’s capacity to use one’s pastoral and prophetic perspectives in preaching, teaching, leadership, management, pastoral care and pastoral counseling.

**Pastoral Reflection**

- To develop student’s understanding and ability to apply the clinical method of learning.
- To develop student’s abilities to use both individual and group supervision for personal and professional growth, including the capacity to evaluate one’s ministry.

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**4.4.2 Level II Outcomes**

The curriculum for CPE level II addresses the development and integration of pastoral formation, pastoral competence and pastoral reflection to a level of competence that permits students to attain professional certification and/or admission to Supervisory CPE. The Level II curriculum involves at least two or more program units of CPE. Educators must document satisfactory completion of CPE Level II curriculum outcomes in the Educator’s final evaluations(s). After completing CPE Level II students will be able to: (Standards 312, 312.1, 312.2, 312.3, 312.4, 312.5, 312.6, 312.7, 312.8, 312.9)

**Pastoral Formation**

- Articulate an understanding of the pastoral role that is congruent with their personal and cultural values, basic assumptions and personhood.

**Pastoral Competence**

- Provide pastoral ministry to diverse people, taking into consideration multiple elements of cultural and ethnic differences, social conditions, systems and justice issues without imposing their own perspectives.
- Demonstrate a range of pastoral skills, including listening/attending, empathic reflection, conflict resolution/confrontation, crisis management and appropriate use of religious/spiritual resources.
- Assess the strengths and needs of those served, grounded in theology and using an understanding of the behavioral sciences.
- Manage ministry and administrative function in terms of accountability, productivity, self-direction and clear, accurate professional communication.
- 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**
- Establish collaboration and dialogue with peers, authorities and other professionals.
- Demonstrate awareness of the Spiritual Care Collaborative Common Standards for Professional Chaplaincy.
- Demonstrate self-supervision through realistic self-evaluation of pastoral functioning.

4.5 LEVEL II CURRICULUM

The CPE Level II curriculum is designed to build upon the methods used in Level 1 which enable students to engage in three aspects of caregiving development, pastoral formation, pastoral competence, and pastoral reflection. ACPE objectives define the scope of the CPE Level II program curriculum. Standard outcomes define the competencies to be further developed by students after participating in the Level II unit.

4.5.1 CURRICULUM CONTENT LEVEL II

The Educational Philosophy and Methodology presented in the Level II curriculum builds upon the satisfactory demonstration of Level outcomes. The following aspects identify the philosophical foundations and educational methods that reinforce the curriculum of Level I with the addition of 2 Competency Areas to be addressed in Level II curriculum.

COMPETENCY AREA I: PASTORAL FORMATION

Students will become aware of self as person and minister, including attitudes, values, assumptions, strengths and weaknesses, and the ways in which their ministry is affected by their journey and affects the persons they serve. (also, addressed in Level I CPE) (Standards 309.1, 309.2, 309.3)

Materials taught in Competency Area I, will enable students to articulate central themes of their religious heritage, theological understanding, major life events and relationships that inform understanding of self as person and minister and which impact pastoral functioning. Required, which will be addressed by week in our syllabus, content includes:

- Methods of Self-Reflection
- The Theological Significance of Personal Narrative
- The Power of Story
- Ministry and Personhood
- Life Evaluation and Progression
Outcomes addressed here help students articulate central themes of one’s religious heritage and the theological understanding that informs one’s ministry; as well as identify and discuss major life events and relationships that impact personal identity as expressed in pastoral function. (Standards 311.1, 311.2, 311.3)

**PHILOSOPHY SUPPORTING CURRICULUM**

Most students begin CPE with a set of assumptions regarding themselves, others and the world around them. The process of Pastoral Formation encourages the student to use the clinical methods of learning explore their set system of beliefs and values and its meaning for spiritual care and ministry.

**EDUCATIONAL METHOD (EXAMPLES)**

Through a process of experience, reflection, and self-awareness: Students present a theological integration paper on topics relevant to their life journey exploring who they are as persons in the process and what they are encountering in life and in CPE. It is an attempt to identify the connections between their experiences and theology. This project invites the student to consider how theology addresses one aspect of the human condition and how they utilize that concept in their ministry to others.

Through a reading seminar and didactic presentation: The reading of “The Wounded Healer” by Henri J.M. Nouwen encourages the student to consider the “wounds” of their history as impacting the way they relate to others. The students are also introduced to the power of story as presented by Michael White and David Epston from the work, “Narrative Means to Therapeutic Ends”. The students then reflect upon their life stories and those of the patients they have encountered connecting how their personal theological presuppositions have meshed.

Through peer group interaction: The presentation of their theological integration paper and discussions on the readings, student’s assumptions about faith, people, and ministry are affirmed and challenged. Their practices of ministry and peer interaction invite the student to begin the process of integrating theory with praxis. It is hoped that this allows them to become more integrated personally and professionally.

**COMPETENCY AREA II: PASTORAL COMPETENCE**

Students will become aware of social and group dynamics that affect ministry and caregiving. Our curriculum offers a three-part, building block approach interfacing developing formational awareness with conceptual material and integrating these into the practice of ministry in helping situations. (area also addressed in Level 1 CPE)

Materials taught in Competency Area II, will enable students to recognize how persons, social conditions, systems, and structures affect their lives and the lives of others and how to address these issues effectively through their ministry. It will also build upon formational dimensions; specifically, student’s ability
to initiate peer group and supervisory consultation and to risk offering and receiving appropriate critique. Required content which will be addressed by week in our syllabus, includes: (Standard 309.4)

- Understanding of Identity as Caregiver
- Pastoral Authority and Identity
- Introduction to Group Process and System Theory
- Giving and Receiving Feedback and Critique for growth

Outcomes addressed are aimed at helping students to initiate peer group and supervisory consultation and receive critique about one’s ministry practice, risk offering appropriate and timely critique, and recognize relational dynamics within group contexts. (Standards 311.3, 311.4, 311.5)

**PHILOSOPHY SUPPORTING CURRICULUM**

Our CPE process relies upon the interaction and interface of the peer learning process. This understanding holds that much learning takes place within the context of relationship or community. The interactive process with Educator, patients, and peers offers a space for open, perceptive dialog while keeping the stressors of differing experiences and understandings of the Divine.

**EDUCATIONAL METHOD (EXAMPLES)**

Through a reading seminar and didactic presentation: Reading material regarding Murray Bowen and “Family Systems Theory” as well as a didactic presentation on “Systems Theory” introduces students to concepts of group interactions and dynamics. Students are encouraged to explore their personal dynamics of family and peers and how they react and respond differently in each.

Through the process of journaling: Students are encouraged to reflect upon their relationships as they develop with Educator, peers, staff and patients. Students are offered feedback on development and growth with an Educator at individual sessions.

Through group and individual supervision: Within the context of the peer group the student can test out assumptions about God, self, and others. This occurs when they can make critical use of group interaction to challenge and support one another.

Through support practicums: According to David Kolb’s theory of Education concerning learning and reflection this process will aid the student by providing an opportunity to model, in real time, good caregiving skills and concepts with peers. This is most deliberately displayed in the student’s involvement with our practicum support exercises. This exercise instructs students to give real care to peers during the group process while being observed by peers and Educator.

**COMPETENCY AREA III: PASTORAL REFLECTION**

Through engagement of pastoral reflection, interns and residents learn to best utilize the clinical method of learning, establish meaningful future learning goals, and strengthen collaborative relationships with peers and Educators in individual and group supervision. Through these vehicles, they demonstrate the capacity to evaluate their ministry. (Standards 309.9, 309.10)
Materials taught in this area will enable students to utilize the clinical method of learning to achieve educational goals and to formulate clear and specific goals for continuing pastoral formation regarding personal strengths and weaknesses. Required content includes: (Standards 311.8, 311.9)

- The Clinical Method of Learning
- Identifying Professional Goals
- Developing Long and Short Learning Contract
- Managing Ministry Priorities
- Evaluation as a tool for ministry development

Utilize the clinical method of learning to achieve his or her educational goals. Formulate clear and specific goals for continuing pastoral formation regarding one’s personal strengths and weaknesses. Students learning through experiences how to create specific, measurable, achievable, realistic, and time oriented (SMART) goals. Students are taught to support their SMART goals with a clear and defined purpose, process, and measurable procedure.

**PHILOSOPHY SUPPORTING CURRICULUM**

CPE is a self-directed exploration of the countless ways human beings experience existence while on the journey of life with the Divine. It encourages listening with an open mind and heart to one’s self and others. It also compels students to take responsibility for their learning. Level I students begin by establishing unit learning goals but Level II students are encouraged to pursue long-term goals that are designed to help the student achieve maximum growth. The curriculum integrates self-efficacy and the action-reflection-modification model of learning, and the learning benefits that the use of that model provides.

**EDUCATIONAL METHOD (EXAMPLES)**

The student is encouraged to take responsibility for learning and to begin the process of self-supervision through the following: (Standard 311.9)

- Definitions - At the very outset as part of the orientation process students are provided a definition of the action-reflection-modification method of learning, and an overview of the learning objectives and outcomes for CPE.
- Development of learning goals - The process of the development of learning goals is recognized as an important phase of a student’s experience of CPE. It is here that students begin to take ownership of their learning. It is an opportunity for them to identify learning needs and goals, and explore areas of potential within themselves. As the unit progresses, these goals may change as the student evolves.
- Tracking the experiential process - Students are asked to keep weekly journal notes tracking their insights gleaned from their “high” and “low” points of their experiences. This tool assists them to begin implementation of the action/reflection method of learning and making correlations between behavior, experience, theological reflection, and insight.
- Evaluations - Mid-unit and final evaluations provide the student a measurement for growth and identify new possibilities for learning. These evaluations also enable them to reflect on the goals they have
already identified for their engagement of the process and possibly revisiting and developing new ones that have surfaced through their engagement of the experience. The student handbook offers a variety of approaches to writing an evaluation of the CPE experience. (Standard 305.2)

COMPETENCY AREA IV: PASTORAL FUNCTIONING

Students will become aware of social and group dynamics that affect ministry and caregiving. In pastoral functioning, students continue their integration of self-awareness, behavioral science concepts and basic skills for pastoral care to persons in crisis situations. Through a combination of didactics and ministry report presentations students practice effective use of religious/spiritual heritage, theological understanding and knowledge of the behavioral sciences in pastoral ministry to persons and groups. They also learn to function effectively as a pastoral member of an interdisciplinary team learning how to utilize pastoral and prophetic perspectives in a variety of situations. (also, addressed in Level I) (Standards 309.6, 309.7, 309.8, 310.1, 310.2, 310.3)

Materials taught competency area IV will enable students to demonstrate the ability to initiate helping relationships and engage in compassionate spiritual care. Required which will be addressed by week in the syllabus, content includes:

- Active Listening
- Identifying and Assessing Spiritual Needs
- Interpersonal reflection and integration in supervision

Outcomes addressed will help students to initiate helping relationships within and across diverse populations. (Standard 311.7)

PHILOSOPHY SUPPORTING CURRICULUM

Patients are the living human documents facilitating learning and growth in an ongoing process of developing proficiency in ministry. It is in the context of the clinical setting, in the touching and being touched by human persons that students rethink or affirm ideas about God, self, and the human experience, and to ask, “What potential for liberation and transformation are present within this experience?” The end goal is increased competency as a spiritual care provider.

EDUCATIONAL METHOD (EXAMPLES)

Through the clinical method of hands-on delivery of emotional and spiritual care: Each student is provided a clinical assignment in the hospital. It is in this setting that students reflect (cognition) on their responses (affect) to experience (behavior). It is upon the reflection of that ministry that students discover new aspects of themselves. (Standard 308.6.1)
Through the pastoral report seminar: Students present MRS on their perceived good or bad experiences. Not only does it involve the acquisition of skill, but also considers the underlying currents (reactions and counter reactions) that so often accompany pastoral encounters.

Through mutual supervision: Students shadow one another at mutually arranged times during the unit and then give one another feedback during group time. Being shadowed by a peer proves less threatening for the student (than being shadowed by the Educator) and affirms that they can be learning resources for one another. The same can be said for the giving and receiving of feedback.

Through reading and reflection: Students are introducing to a variety of reading material to help develop skills in spiritual care including: “George Fitchett, Assessing Spiritual Needs”, “Howard Clinebell, Basic types of Pastoral Care and Counseling”, “Robert Dykstra, Images of Pastoral Care”, “Kristin Johnston Largen, and Finding God Among Our Neighbors”

**COMPETENCY AREA V: PASTORAL INTEGRATION**

Students explore their integrative, conceptual understanding of how persons, social conditions, systems and structures affect the lives of self and others. They also apply that learning in their clinical assignments to effectively serve others in ministry. (Standards 309.4, 309.5, 309.6)

Materials taught in competency area V will enable students to demonstrate the ability to integrate conceptual understandings presented in the curriculum into pastoral practice. Required content which will be addressed by week in our syllabus, includes: (Standards 311.6, 312.2)

- Social Context of Pastoral Care
- Models of Pastoral Care
- Elements of Theological Reflection
- Introduction to Spiritual/Pastoral Assessment
- Grief and Loss
- Introduction to Crisis Theory
- Introduction to Comparative Faith Traditions

**PHILOSOPHY SUPPORTING CURRICULUM**

Students participate in a process of self-theological reflection and integration in an environment that invites interaction with others and accommodating new insights and new ways of being. This unit stresses an awareness and discovery of the student’s theological understanding developed over their lifespan. The theoretical materials invite them to rethink assumptions about self, faith, and others, and to perceive ministry as one engaging the other’s journey while in a relationship with the Divine.

**EDUCATIONAL METHOD (EXAMPLES)**

Students are provided theoretical material that can inform and shape their pastoral role, identity, and function. This is demonstrated in the following approaches: (Standard 312.2)
Through participation in the interdisciplinary seminars: Students are provided a variety of speakers that expose them to the different clinical areas of ministry and the broader social context. The intent is to broaden their understanding of ministry while providing them with the means to apply their new understandings in the broad range of medical specialties offered at MM. Simultaneously they are also provided introduced to different models for pastoral care in different faith traditions. Much time is spent differentiating between parish ministry and professional chaplaincy, as well as determining the unique skill set needed to perform spiritual assessments that enhance the IDT medical personnel.

Through participation in the interdisciplinary patient care rounding: Students are encouraged to attend the patient care rounds on their assigned clinical units and to present a total person diagnosis including and indicating the emotional and spiritual issues and care plan relevant to the patient being discussed. In this way, the process of integrating the pastoral care concepts into the holistic care of the person happens in the context of praxis.

Through directed and self-initiated reading and audio-visual material: Students are encouraged through the assistance of the ACPE Certified Educator, to initiate additional literature searches in the Center’s lending library to help strengthen their responsibility and ownership for their learning. (Standard 303.6)

4.6 LEVELS I & II RESIDENCY PROGRAM AND CURRICULUM

The CPE Residency Program is designed to meet the program Standards identified in ACPE Standards 308.1 through 308.9.6. The residency consists of three sequential, intensive units of CPE. Most residents begin as Level I students and generally complete the Level I outcomes sometime during their residency year. The formal consultation committee appearance occurs midway through the year to assist the Educator in ascertaining the student’s readiness to progress to Level II outcomes. In keeping with program Standards, each unit of the residency program includes: (Standards 308.1, 308.2, 308.3, 308.4, 308.5, 308.6, 308.7, 308.8, 308.9)

- Clinical ministry in assigned clinical area and on-call responsibilities.
- Detailed reporting of said ministry through charting, ministry reports, weekly reflections, supervisory sessions, and log sheets.
- Interdisciplinary Team engagement and interactions on assigned clinical units/areas and during on-call coverage.
- Participation in group seminars and peer group that exceeds the minimum one hundred (100) hours per unit.
- These seminars may include clinical presentations, interpersonal group, didactic, and prayer and leadership devotions.
- A written learning contract that identifies the individual’s learning needs and a plan to engage those learning needs with specific resources.
- Individual learning time for students to complete reading assignments, written reflections, learning contract and program requirements.
- Curriculum concentration during each unit shall familiarize students with relationships through written resources, human resources, and experiential opportunities for exploration and discovery of each aspect of the curriculum.
- A written evaluation by the student is shared with the Educator and CPE peer group. The Educator’s written evaluation is given to the student individually.
- Specific curriculum components are reviewed, evaluated, and may change depending on the individual student’s learning goals in the residency.
- The first unit is standard in its content. The subsequent two units are adaptable.

**THE FIRST UNIT OF RESIDENCY**

- Orientation to CPE, Michigan Medicine, Spiritual Care staff, CPE and the peer group, including familiarity with the Mission and Values of MM and the Spiritual Care department.
- Understanding the use of policies and procedures for institutional functioning and the specific policies and procedures of MM.
- An understanding of the unique process of CPE and the action/reflection/modification method of learning.
- An introductory understanding of adult and experiential learning models.
- Survey and review of group theory with a focus on the educational use of interpersonal group during CPE.
- Examination, practice, integration and articulation of a basic understanding of spiritual care within the context of healthcare.
- Consideration and understanding of relational and system theory as well as group dynamics within the peer group to promote a safe space for group life.
- Introduction to narrative therapy and narrative theology as a basis for assessments and practical theology. Residents re-work their own narrative and share it with the peer group.
- This unit focuses on several basic skills used to provide pastoral care to patients, including attending to, responding to, and assessing spiritual needs.

**THE SECOND UNIT OF RESIDENCY**

- Introduction to and use of other theologies as they pertain to self-understanding, integration of self, pastoral practice, multi-cultural awareness and suffering/faith.
- Review and identification of behavioral sciences relevant to clinical practice and spiritual understanding.
- Preparation of materials to meet a sub-community committee for consultation on educational direction. This is a program requirement for moving from Level I to Level II outcomes. Preparation and debriefing of consultation experience are included.
- Each resident identifies a theoretical component of ministry or chaplaincy and develops a presentation to share with peers and or extended CPE students. This unit assists the residents in becoming aware
of their practical theology as they integrate with their professed personal theology in forming the foundation of their pastoral/spiritual identity thus owning and claiming their pastoral authority.

- Begin working on CPE Level II outcomes.

THE THIRD UNIT OF RESIDENCY

- Continue working on CPE Level II.
- Review and exploration of ethical issues. This includes but is not limited to clinical healthcare ethics, end-of-life issues, hospice and palliative care issues, and may include interaction with the clinical ethics team.
- Each resident will prepare a case study during the unit to examine in detail ethical issues related to a situation.
- Students will be introduced to professional ministerial practices, including dual relationships, appropriate boundaries, and general conduct.
- Introduction to resume preparation. Each resident will prepare a resume for a possible ministry position or program.
- Each student will produce a philosophy of ministry with an emphasis placed on chaplaincy.
- Introduction to job interviewing in the field of chaplaincy. Each resident will participate in a mock interview.
- Discussion and review of the understanding of healing from physical, psychological, emotional and theological perspectives. Some issues addressed are grief, unresolved and anticipatory grief, and trauma.
- Review of the role of ritual in healing.
- Introduction to the role of mentoring. Practice mentoring intern CPE students.
- Presentation of identified pastoral care or ministry didactics to intern students.

Time Requirements for Residents:

- A unit of Residents CPE consists of a clinical practicum of at least 400 hours, which includes no less than 100 hours of structured group and individual education along with and/or spiritual care ministry.
- A half-unit of Residents CPE consists of a clinical practicum of at least 240 hours, which includes no less than 60 hours of structured group and individual education along with and/or spiritual care ministry. (Standard 308.9.1)

4.6.1 PASTORAL CARE SPECIALTY

The MM Residency Program offers specializations for those students who have achieved a heightened level of personal awareness, spiritual formation, and professional development, and who desire to coincide that with a greater familiarity in a specific area of ministry. The MM ACPE Center offers an opportunity for pastoral care specialty as a part of its Level II curriculum in the following areas: bioethics, perinatal care, palliative care, pediatric care, physical medicine and rehabilitation, psychology (child, adolescent, emergency, and adult),
geriatrics, transplant, oncology and emergency and trauma/burn services. During the latter half of the second unit of the residency and throughout the third unit, students exercise greater autonomy, provide input to their CPE curriculum, and develop competencies in a specialized area of healthcare chaplaincy aimed at the following objectives: (Standards 310, 310.1, 310.2, 310.3)

- To afford students opportunities to become familiar with and apply relevant theories and methodologies to their ministry specialty.
- To provide students opportunities to formulate and apply their philosophy and methodology for the ministry specialty.
- To provide students opportunities to demonstrate pastoral competence in the practice of the specialty.

In addition to meeting the Level II ACPE outcomes, a resident who chooses to train in a specialized area will accomplish the following goals in the third unit of the residential program. Activities involve meeting with specialists and research toward a specialization goal. (Standards 310, 310.1, 310.2, 310.3)

- Develop a mentor relationship with a professional in the chosen area of pastoral specialization.
- Conduct research in chosen area of specialization under guidance of the mentor.
- Present a peer reviewed research project.
- 150 clinical hours of training in the chosen area of specialization.

4.7 PROGRAMS ORIENTATION

Orientation sessions will generally last from 9:00 am to 3:30 pm, followed by an optional lunch on-site. Student records will be organized and filed in a secure place at the end of the first orientation session. Other events will be determined by an ACPE Certified Educator. Student orientation will begin on the first day of CPE training at the MM ACPE Center. All CPE students shall be informed about, and have access to, the current editions of the following ACPE Manuals: (Standard 303.7)

- Develop a preceptor/mentor relationship with a professional in the chosen area of pastoral specialization.
- Standards of the Association for Clinical Pastoral Education
- ACPE Policy for Complaints Alleging Violation of ACPE Education Standards
- Manual for Processing Complaints of Ethics Code Violations in ACPE
- ACPE Policy for Complaints Against the Accreditation Commission
- ACPE Accreditation Manual
- ACPE Certification Manual
ORIENTATION SESSION I OUTLINE (EXAMPLE)

9:00 am - 9:30 am

Welcome!

- Educator's Introduction (CPE Certified Educator)
- Administrative Introduction (Social Work Dept. Director)

9:30 am - 11:00 am

All ACPE students will be informed about, and have access to, the current editions of the following ACPE Manuals: (Walk Through Handbook and ACPE Standards)

- Standards of the Association for Clinical Pastoral Education
- ACPE Policy for Complaints Alleging Violation of ACPE Education Standards
- Manual for Processing Complaints of Ethics Code Violations in ACPE
- ACPE Policy for Complaints Against the Accreditation Commission
- ACPE Accreditation Manual
- ACPE Certification Manual
- ACPE Objectives & Outcomes
- Objectives: Standards 309-310 Objectives of CPE Level I/Level II
- Outcomes: Standards 311-312 Outcomes of CPE Level I/Level II Programs

11:00 am - 11:15 am - Break

11:15 am - 12:00 pm

Introduction to ACPE: The Standard in Spiritual Education

- Standards of the Association for Clinical Pastoral Education
- Standards 301-306 ACPE Accredited Centers
- Standards 307-308 ACPE Accredited Programs
- Manual for Processing Complaints of Ethics Code Violations in ACPE
- ACPE Certification Manual

12:00 pm - 12:30 pm - Lunch Break

UH Café located on the second floor of University Hospital

Getaway and Play Café is on the second floor of C.S. Mott
12:30 pm - 1:45 pm

Hospital System ‘walk-about’ lead by Associate Director of the Department of Spiritual Care

- Spiritual Care Offices
- Chapels
- ICU
- Emergency Services
- Waiting Rooms
- Quiet Rooms
- Viewing Room
- Transition Room

1:45 pm - 2:15 pm

Required Elements for CPE Training at MM

- Students receive an ID Badge UMHS Key/ID Office
- Students purchase optional Parking Pass (Student Orange Monthly)

2:15 pm - 3:15 pm

Essential ACPE, MM SC Department, CPE Policy

- ACPE Policy for Complaints Alleging Violation of ACPE Education Standards
- ACPE Policy for Complaints Against the Accreditation Commission
- MLearning Agreement
- CPE Consultation Policy
- MM SC Department Chaplaincy Quality Standards
- Required Elements for CPE Training at MM
  - ID Badge and Keys from UMHS Key/ID Office
  - Uniqname
  - Parking (Student Orange Monthly)
  - Pager (2919)
  - Unit Assignment
  - Shift Rotation and Schedule
  - Overnight and Weekend Shifts
- Tuition & Program Fees
- Parking

3:15 pm - 3:45 pm

Forms, Goals, Outcomes, & Principals
At the very outset as part of the orientation process students are provided a definition of the action-reflection-modification method of learning, and an overview of learning goals, objectives, and outcomes related to CPE. Goals & Principals:

- Delineation and use of student’s goals. (Student Learning Contract)
- Presentation and use of literature and instruction appropriate to the student’s learning goals and needs. (Pastoral Competence)
- Use the clinical methods of learning to achieve one’s educational goals. (Pastoral Formation)
- 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. (Pastoral Reflection)
- Foundations of Pastoral Functioning and Integration

Essential Student Forms to be filled out prior to Orientation Session I:

- Training Agreement Form
- Accountability and Ethical Conduct Form
- Recording Consent Form
- MLearning Agreement Form
- Information Release Form (FERPA)
- Tuition Payment Agreement Form
- Photo Release Form

4.8 Unit Syllabus

The Level I sample syllabus provided in section 8 Appendix is not to be considered as final, but an informative resource for prospective students. The sample syllabus represents the subject matter to be covered in this unit of CPE. The dates for each presentation may change due to availability of the presenters. Finally, numbers in parentheses coincide with Level I and Level II Standard Objectives and Outcomes of CPE education according to ACPE Standards. See the Table of Contents to find section 8 Appendix. (Standard 308.6.3)
5 CPE ETHICS AND EXPECTATIONS

STUDENT TIME COMMITMENT

In all CPE Program units, students are expected to produce a minimum total time commitment of a minimum 400 hours spent in direct pastoral care, group-centered learning activities, and one-to-one direct supervision, approximately 300 of these hours are completed in direct patient care, approximately 100 of the hours involve group and peer educational activities. Where applicable, a half-unit comprises a minimum total time commitment of 240 hours. Students spend 180 dealing with direct patient care, 60 hours of group and peer educational activities, and fifteen hours under direct supervision. Only a portion of on-call hours will be counted toward the total number of required hours. The portion is assigned by the CPE Educator only. (Standard 308.1)

5.1 ACCOUNTABILITY AND ETHICAL CONDUCT

CODE OF PROFESSIONAL ETHICS FOR ACPE MEMBERS

Maintenance of high standards of ethical conduct is a responsibility shared by all ACPE members. Each student enrolled in a program of ACPE will maintain the ethical standards outlined in the center’s ethics policy. (cf. Standard 304.7: a policy for ethical conduct of students and program staff consistent with the ACPE Code of Ethics)

ACPE members agree to adhere to a standard of conduct consistent with the code of ethics established in ACPE standards. Members are required to sign the Accountability For Ethical Conduct Policy Report Form, provided in the appendix, yearly and return it with their annual ACPE dues.

Members are required to provide promptly notice on this form to the ACPE Executive Director of any complaint of unethical or felonious conduct made against them in a civil, criminal, ecclesiastical, employment, or professional organization’s forum, including complaints within ACPE or APC. Any ACPE member may invoke an ethics, accreditation or certification review process when a member’s conduct, inside or outside their professional work involves an alleged abuse of power or authority, involves an alleged felony, or is the subject of civil action or discipline in another forum when any of these impinge upon the ability of a member to function effectively and credibly as an ACPE Certified Educator, chaplain or spiritual care provider.

5.2 EDUCATIONAL AND CLINICAL EXPECTATIONS

UNIT REQUIREMENTS
CPE at MM is a major time commitment and investment. Therefore, intending participants should be clear about their ability to fulfill these expectations before making a commitment. While the ACPE minimum standard for credit for a CPE unit is 400 hours, your unit at MM will consist of a total time commitment of approximately 400 hours spent in clinical practicums, group-centered learning activities, and one-to-one direct supervision of clinical ministry. In addition, you may also have an opportunity to experience overnight on-calls and in-house shifts, holiday on-calls, and in-house shifts, and shared or full administrative responsibilities of religious services. (Standard 308.1)

The expectations for acceptable participation in this educational process include a high standard of reliability, as evidenced by regular and punctual attendance. Commitment to the group journey, its experience, and its identity are important to the process for all those involved. It is, therefore, inappropriate to expect accommodation of lateness or frequent requests of absenteeism or time off. This inhibits the growth of the individuals and the group. Irregularity in the fulfillment of clinical assignments is also unacceptable.

For chaplain residents and the chaplain interns in intensive units: a weekly commitment of a minimum of 30 hours in direct pastoral care to patients, clients, residents, families, and staff, which includes evenings and weekend shifts as assigned, with the remainder of the time devoted to seminars, supervision, study, etc.; and attendance at and participation in weekly didactic sessions. Requests for flexible scheduling will be considered in emergent situations.

For chaplain interns in 30-week extended units: a weekly commitment of a minimum of 16 hours in direct pastoral care to patients, clients, families, and staff in regularly scheduled two-week rotations.

For chaplain interns in the 20-week extended unit: a weekly commitment of a minimum of 20 hours in direct pastoral care to patients, clients, families, and staff in regularly scheduled two-week rotations.

Logging pastoral care interventions (visits) on the computerized charting system in a timely fashion. Visits affected with staff are to be recorded on the reporting sheets (available on all departmental computers) and submitted weekly to the administrative office staff.

For chaplain residents and the chaplain interns in extended units: eight satisfactory verbatim reports per unit of CPE per unit of CPE.

For chaplain interns in intensive units (summer): eight satisfactory verbatim reports and three virtual verbatim meetings (ministry to a peer).

For chaplain residents and the chaplain interns in extended units: the reading of two books on pastoral/spiritual care; ten articles on approved, related subject matter may be substituted for one book.

For chaplain interns in intensive units: the reading of two books on pastoral/spiritual care; six articles on approved, related subject matter may be substituted for one book.

5.3 STUDENT CHAPLAIN JOB DESCRIPTION
To assist patients, families, and staff in using their religious, spiritual and emotional resources in ways which contribute to healing and to restoring health. In doing so, all CPE students report to: (Standards 308.3, 308.5) (in order) an ACPE Certified Educator, an ACPE Certified Educator, the CPE Program Manager, MM Associate Director of the Department of Spiritual Care. In some cases, reporting may fall to another designate.

**REQUIRED DUTIES**

- Providing spiritual care to patients and families.
- Providing supportive and emotional care for hospital staff.
- Maintaining and developing competent chaplaincy skills as a means of professional development.
- Preparing required reports
- Chaplaincy care for staff and organization:
  - Provide informal one-on-one supportive conversations with staff.
  - Attend meetings, committees, departments, etc., as assigned.
  - Attend public ceremonies as appropriate.
  - Administer and conduct public worship services.
- Maintaining competent chaplaincy care:
  - Satisfy the educational requirements of Clinical Pastoral Education program.
  - Accept clinical responsibility for assigned units.
  - Attend sub-community CPE meetings and didactic sessions.

**ACTIVITIES INCLUDE**

- Respond to referrals within 24 hours.
- Provide Spiritual Assessments, assessing spiritual struggles and issues.
- Provide emotional support for patients and families.
- Document care in patient records and department records.
- Interact with interprofessional healthcare team members.
- Adhere to the Common Code of Ethics provided by ACPE.
- Respect the confidentiality of patient information. (HIPAA)
- Provide culturally competent patient-centered care.

5.4 MLEARNING

**POLICY**
It is an expectation of all SC Department chaplains be capable of charting and recording information using our MiChart. A mandatory instructor lead training course will be scheduled within the first week of training. This course will be held off-site and last five hours.

- All chaplains and spiritual caregivers at Michigan Medicine must complete an annual curriculum of self-guided competencies, or MLearning, within one week from the beginning of each unit of CPE.
- These are monitored by the CPE Administrative Assistant serving as the MLearning Facilitator.

5.5 Appearance and Attire

Policy

All staff members of the Spiritual Care Department will present a professional image to the public and those they encounter. All staff members must adhere to standards listed in the Michigan Medicine Standard Practice Guide Policy 04-06-008 regarding employee dress, appearance, and personal use of fragrance.

Purpose

The purpose of this policy is to specify standards in accordance to present and maintain professional dress and appearance, promote safety, and minimize any risk of job-related personal injury. It is also the purpose of this policy to be least restrictive to employee clothing preference, consistent with the presentation of a professional image.

Definitions

Professional Image: an impression of employee pride and competence which causes patients, visitors, staff and other customers to feel confident that all staff members of the Spiritual Care Department have the expertise and the commitment to provide care and services of the highest quality possible. Dressing appropriately for the areas and people a staff member will encounter as well as for the activities the staff member will be involved in that day.

Business-Casual Image: for purposes of this policy clothing which maintains a professional image, and is appropriate to the employee’s specific job requirements.

Public areas: areas within Michigan Medicine buildings to which patients/clients and/or visitors have access. These areas include offices, inpatient units, clinics, outpatient service areas, lobbies, cafeterias, vending areas, hallways, certain laboratory and pharmacy areas.

Employees: all persons providing services to Michigan Medicine, for which they are receiving pay. This includes instructional, regular and temporary staff.
Appropriate to Job Responsibilities: clothing which is the expectation of the occupational group to which the employee belongs and which meets the needs of the job, such as freedom of movement from reaching/bending.

Professional Image: an impression of employee pride and competence which causes patients and visitors to feel confident that all Michigan Medicine employees have the expertise and the commitment to provide care and services of the highest quality which is possible.

STANDARDS

- Michigan Medicine identification badges must be worn always in a clearly visible location above the waist with photo visible.

- Employees shall choose footwear that is consistent with maintaining a professional image. Shoes or sandals may be worn without socks or hosiery if they maintain the principles and standards of the Michigan Medicine dress code policy regarding professional appearance. Flip flops or sandals that leave the whole foot exposed will not be permitted. The employee’s unit and/or job duties and related health and safety risk will also determine the appropriateness of certain shoes. Employees who regularly climb ladders, steps, or stepstools should not wear sandals, high heels, or platform shoes as safety is of primary importance. Supervisors have discretion in determining and advising staff on the appropriateness of footwear.

- Employee dress shall be consistent with a professional Business-Casual Image. The following apparel will not be permitted: scrubs, T-shirts with logos that are objectionable or offensive in nature, capri pants shorter than mid-calf, mesh shirts, spandex or other tight clothing, tight pants/leggings without a long top that covers the hip area, shorts, blue jeans or jeans in any color of denim material, including “designer labels”, sheer clothing, beachwear, sun-dresses, skirts shorter than two inches from the top of the knee, sweat suits, sweatshirts or sweatpants, or hats. Sleeveless attire is permitted except for tank tops, spaghetti straps, or camisole, which must be worn under a jacket. Shirts that are short and expose the midriff and shirts that expose the waistline are not permitted. Low necklines are not permitted.

- Regarding miscellaneous accessories (such as jewelry, cell phones, I-pods, etc.) employees shall choose accessories that are consistent with maintaining a professional image. The employee’s unit and/or job duties and related health and safety risk will also determine the appropriateness of certain miscellaneous accessories.

- Tattoos and body piercings must be concealed to present and create a professional appearance to patients and visitors.
  - If tattoos are on a body part that cannot be concealed by clothing, the tattoos must not be offensive. For instance, non-offensive tattoos on the wrist area would not require long sleeved clothing; however, arm tattoos require concealing clothing.
  - Visible piercings (eyebrow, tongue, etc.) are required to be removed while an employee is on duty. Earrings and small nose studs are permitted.
  - Note that any other piercing on the nose other than one small stud is required to be removed.

- Employees shall maintain appropriate and healthy personal groom and hygiene. Employees must be free always of offensive odors (such as the smell of smoke, perfumes, fragranced grooming products, etc.), and free of tattered clothing (such as being stained, soiled, ripped, etc.). Employees hair, skin, and nails shall be consistent with maintaining a professional image.
**PROCEDURE**

a) The manager or supervisor will determine whether the clothing meets professional standards and determine the appropriate disciplinary action that will be taken as per the SPG Policy 04-06-08 “Employee Dress and Appearance Standard”. All supervisor/management staff members shall be held responsible for enforcement of this policy with their employees. Suggested disciplinary action is as follows:

b) First offense: If an employee arrives at the workplace in attire that does not comply with the standards of the dress code policy, the employee will be verbally counseled and sent home to change clothes. The incident will be considered an unscheduled absence as defined in the PTO policy.

c) Second offense: If an employee arrives at the workplace a second time in attire that does not comply with the standards of the dress code policy the employee will be verbally counseled, sent home to change clothes, and a formal disciplinary letter will be written and added to the employee file. The incident will be considered an unscheduled absence as defined in the PTO policy.

d) Third offense: A third incident of non-compliance will result in the employee being verbally counseled and send home with a formal one-day disciplinary layoff.

e) Fourth offense: A fourth incident will result in a Disciplinary Review Conference and possible discharge.

f) Reasonable accommodations shall be made by the immediate supervisor for those employees who because of a held religious belief, cultural heritage, or medical reason request a waiver of a part of this policy.

**5.6 ATTENDANCE AND TARDINESS**

**POLICY**

The Spiritual Care Department, in accordance with policies of the Michigan Medicine shall grant paid time off. Paid time off will be granted subject to the service needs of the department at the discretion of the supervisor. Staff must discuss the paid time off request with their supervisor in advance for the absence to be considered scheduled. Any deviation of the work schedule must be discussed with and approved by the employee’s manager/supervisor in advance.

**PURPOSE**

The purpose of this policy is to establish and disseminate the parameters of paid release time for the MM Spiritual Care Department. The department will be consistent with UMHHC Policy 04-06-010.

**DEFINITIONS**

Paid Time Off (PTO) program: The MM program that provides for paid time off from work for eligible employees for personal illness, family care, vacation, personal business and work-related injuries.
Coverage Plan: The staff member will insure pager coverage, set email rules, and provide voice mail message reflective of leave status.

Adequate Staffing: The presence of 50% of available staff.

Unscheduled Time Off (PTU): Time off work, which has not been requested and approved in advance, is considered unscheduled time (PTU).

Occurrence: A work day or consecutive days of unscheduled absence for a single reason. Patterns of unscheduled tardiness/early departures will be reviewed as needed and included in the occurrence structure as necessary.

Late Arrival: Arrival 30 minutes or later following an employee’s scheduled start time. Please reference the Departmental call-in process related to late arrivals. Patterns of late arrivals will be included in the corrective action process above as needed.

Early Departure: Departure for the day earlier than scheduled and not planned as a PTO situation. Early departures must be coordinated with the employee’s manager/supervisor and approved in advance.

STANDARDS

PTO (PTS) Paid time off will be granted within the number of PTO hours accumulated by the staff member:

- If an employee does not have enough PTO to cover their time-off request, the request will not be approved. It is the responsibility of the employee to verify their available PTO prior to requesting time away.
- Staff are encouraged to take no more than two weeks consecutive PTO at any one time through the year. Exceptions may be granted based on departmental staffing levels and service requirements, upon recommendation of the supervisor, and with the approval of Department Director.
- It is the responsibility of all staff to assist in assuring that adequate department staffing is maintained always. Exceptions to this standard may occur during periods of low activity, with the knowledge and endorsement of Department Director and Supervisor.

PROCEDURE FOR PAID TIME OFF – SCHEDULED

Staff Member:

a) Submits PTO request to supervisor.
b) Arranges coverage for work assignment.
c) Notifies service team and patients of planned absence and plans for coverage and continuity of care.
d) Insures coverage plan in place.
   o Programing pager to appropriate status and coverage
o  Programming voicemail to indicate period of absence from hospital

e) Upon return, terminates coverage plan and checks with supervisor to obtain necessary information on workload issues to ensure continuity of care.
f) Records time appropriately on timesheet. (if applicable)

PROCEDURE FOR PAID TIME OFF – UNSCHEDULED

Staff Member:

a) Staff Member calls the Spiritual Care Office.
b) Records time appropriately on timesheet. (if applicable)
c) Provides evidence of sickness, illness or injury acceptable to Michigan Medicine if required.

5.7 CATHOLIC PRIEST SERVICES

POLICY

Catholic patients and their family often seek sacraments or care that can only be provided by a Catholic Priest. Chaplains will make every reasonable effort to ensure that the patient and family’s needs are addressed. However, because of the limited number of priests, it is incumbent upon the chaplain that receives the referral judiciously to determine whether a priest needs to be called in or whether the chaplain can address the need. Check patient record to determine if a priest has seen and/or provided the patient the Sacrament of the Sick. If the patient/family is requesting that the patient receive the Sacrament of the Sick (or be anointed or receive “Last Rites”), the chaplain needs to express that this has been done and remains efficacious.

PROCEDURE

Use the criteria below to determine if the request is an emergency warranting a priest to be called in: An emergency call is warranted:

- In a trauma case where the patient’s condition is critical and life threatening.
- When a patient deteriorates to a critical life threatening condition. An emergency call for the Sacrament of the Sick should be made before the patient dies. A deceased person cannot be anointed.
- When the family requests a priest for their pastoral care and grieving. In the case of a patient death or significant family anxiety a priest may be called and consulted as to how best to attend to the spiritual needs of the family. The following requests are not typically considered emergency calls:
  o Routine pastoral care visitations or requests for visitation.
  o Routine request for administration of the Sacrament of the Eucharist.
  o A request to “speak with a priest” or to have a “priest” present for family consultation.
- A patient’s request for a priest for ordinary sacramental care, e.g. Sacrament of Reconciliation, Sacrament of the Sick, or pastoral visit can be made to the patient’s parish or MM priest with the patient’s consent.

If the request is an emergency warranting a priest to be called in:

- Seek to contact the priest from the patient’s parish – (consider asking the priest to talk with the family by telephone if he is not able to come in).
- Seek to contact a priest associated with any family members.
  - Chaplain will offer their services and care in person in lieu of calling the MM priest.
  - If no family is present, the nursing staff may ask you to notify them. Relate the situation carefully over the phone: “Sir/Ma’am, your mother has taken a sudden turn for the worse. Could you please come to the hospital?” If possible, be on hand to meet the family members.
  - If no family is present, you may observe from a distance. Do not be in the treatment team’s way. Be alert to staff reaction. Pastoral care to staff may be appropriate.
- Record in the patient’s chart
  The Roman Catholic Priest works a daily schedule, usually from 4:30 am to 2:30 pm, Saturday through Tuesday. CPE Students who are Catholic Priests will follow the priority preventions as follows:

PRIEST PRIORITY OF INTERVENTIONS

- Emergency Referrals
- Imminent death (and have not received Sacrament of the Sick)
- Crisis interventions
- Sacrament of the Sick
- Pre-op requests
- ICU patients
- MiChart orders (demographics of ICU patients indicate Roman Catholic as religious preference)
  - Unit or covering chaplain will access the needs of the patient and will refer to the Catholic priest when there is a sacramental need.
- New patient
  - Unit chaplain provides information about the Spiritual Care department and the presence of the Catholic priest
  - Unit chaplain and covering chaplain communicate with Catholic priest about change situations/ dynamics/ possible end of life concerns/ etc. to coordinate care.
- Mass
  - Mass may be cancelled due to the patient needs from the priorities above.
- General Care patients
  - This patient population is lowest priority

  It is the unit chaplain’s responsibility to assess the patient on their assigned unit. This assessment includes checking the patient’s chart to see if the patient has received the Sacrament of the Sick. After assessment is made, appropriate referrals to the priest are as follows:

  A. Sacrament of Reconciliation in single occupancy room communication through a MiChart order.

  B. Sacrament of the Sick communication through a MiChart order.

**ON-CALL/NIGHT COVERAGE**

The Roman Catholic priest is on-call in the evenings on Saturday through Wednesday to provide Sacrament of the Sick for emergency situations and crisis. CPE students who are Catholic Priests will administer Sacraments per the following:

- Sacrament of the Sick
- Sacrament of the Sick with the Apostolic Pardon is “Last Rites”

  The only portion missing is the commendation prayers for the dying (or in the event of death prayers for the deceased). The commendation prayers and prayers for the deceased can be provided by anyone of Christian faith.

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**5.8 ELECTRONIC MAIL**

**POLICY**

Microsoft Outlook Email should be utilized for MM Healthcare business purposes only. Sending Emails outside MM for personal reason could result in loss of privileges. No Email should be sent out that include PHI information or MM business information. You will have access to the Spiritual Care On-call Calendar and the CPE Schedule. Email usage is primarily for work-related use. Personal use should be minimal and only to appropriate contacts. Inappropriate and/or excessive personal use is grounds for disciplinary action.

**PROCEDURE**

Your email address will be in this format: uniquename@med.umich.edu. The HITS help desk can be reached from any hospital phone by dialing 6-8000.
5.9 HOLIDAY COVERAGE

POLICY

Residents and interns will cover the 24 hours of the system-wide holidays for the MM system. Coverage assignments will be made by the Manager of CPE or designee. Residents assigned to cover the holiday will be paid time and a half for actual hours working in-house while on call. Residents will email the hours worked in-house to the Department Secretary by end of next business day. The assigned resident on-call and staff chaplains electing to work will coordinate hours of coverage. The official MM holidays are:

- New Year’s Day
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving Day
- Friday after Thanksgiving Day
- Christmas Day

5.10 MEDIA RELATIONS

POLICY

Refer all media inquiries to the Associate Director of the Department of Spiritual Care. At no time will students or staff chaplains speak to media representatives or outside parties regarding activities, persons, etc., associated with Michigan Medicine without expressed written permission of the University Health System Marketing and Communications Department.

5.11 ON-CALL FLEX TIME

POLICY

Because on-call is a major portion of the CPE Chaplain’s job, the CPE program makes a provision for recovery time. For self-care, if needed, a chaplain may request “Recovery Time” of up to eight hours following an on call in which they were providing direct patient care. Recovery time must typically be taken within 48 hours of the on-call. On-call recovery requests must be granted by the student’s CPE Supervisor.

PROCEDURE
The student calls the CPE Programs Manager. This must be a voice-to-voice conversation. If the student’s supervisor is not available, s/he calls the second supervisor. The student informs the supervisor of the reason and request for recovery time, and proposes the amount of time needed for recovery. Requests for recovery are generally granted, but the supervisor may require a different plan based on the needs of the clinic, the student, or the CPE program. For the purposes of the Pastoral Care Department an “On-Call Period” is typically the period a chaplain is the exclusive on-call person for a hospital for more than 16 hours. Typical on-call periods are:

- Monday – Friday 4:30 p.m. – 8:00 a.m.
- Saturday 8:00 a.m. – midnight
- Sunday (Sun 1) Midnight – 4:00 p.m.
- Sunday (Sun 2) 4:00 p.m. – 8:00 a.m.
- Holidays DT: 8:00 a.m. – 8:00 p.m. and 8:00 p.m. – 8:00 a.m.
- SAB: 8:00 a.m. – 8:00 a.m.

Recovery time is only taken if the on-call hours are in addition to a normal or typical workday. Examples follow:

- A chaplain working 8:00 a.m. – 4:30 p.m. and then on-call from 4:30 p.m. – 8:00 a.m. may need recovery time on the day after taking call if that night was strenuous. In anticipation of an on-call period, a chaplain may elect to begin work as late as 12 noon, if on-call is at the chaplain’s clinic.
- A chaplain may elect to begin as late as 10:00 a.m., if on-call is in a different hospital than his/her clinic. In this case, it is expected that the chaplain will provide routine patient care for 8 hours in addition to on-call hours; recovery time is available for time spent providing direct patient care while exclusively on-call.

In anticipation of a Saturday or Sunday on-call period, a chaplain may elect to work eight clinical hours on the weekend rather than a weekday. It is expected that the chaplain will provide patient care for eight hours during the on-call shift. If needed, recovery time is available for time spent above the eight-hour clinical work shift.

**5.12 Patient Charting**

**Policy**

Patient Charts are available to help you more fully understand the patient’s situation. All such information is confidential and shared only on an ‘as needed’ basis within the hospital community. You have permission to review and contribute to their clinical records. Students will be trained to chart on Epic, the computer chart. It is imperative that you only access Epic to check on your patients. Violation of patient confidentiality is reason for dismissal from the program, or termination if an employee.
PROCEDURE

- Document each patient visit on Epic in a timely manner within your work shift hours and no later than 24 hours. For help, call HITS at 6-8000 for technical advice.
- Follow the instructions below: Basic Epic Charting for All Chaplains.
In keeping with ACPE standard 300, each student will be informed in writing of CPE program policies and procedures, institutional policies and procedures, and student rights and responsibilities as pertaining to participation in CPE. Written descriptions of institutional and CPE policies regarding student’s participation within the CPE Program at the MM ACPE Center shall be incorporated in the Program Handbook. Each CPE student will have access to the Program Handbook during or prior to the first week of the unit. Policies and procedures impacting CPE students are reviewed annually by the ACPE Certified Educator and the Associate Director of the Department of Spiritual Care. Changes are made in consultation with the Professional Advisory Group. ACPE Policies and Procedures included in this section: (Standard 304)

- Standard 303.7 Access to current ACPE Standards, Manuals, and Policies
- Standard 303.8 Student Support Services
- Standard 304.1 Admission Policy
- Standard 304.2 Finance Policy
- Standard 304.3 Complaint Procedure
- Standard 304.4 Student Records
- Standard 304.5 Consultations
- Standard 304.6 Discipline, Dismissal, and Withdrawal
- Standard 304.7 Ethical Conduct
- Standard 304.8 Student Rights and Responsibilities
- Standard 304.9 Training Agreement
- Standard 304.10 Contingency Policy

6.1 ACPE STANDARDS AND COMMISSION MANUALS

During the orientation for each CPE unit, students will be informed of the existence and purpose of these documents and will be shown the location of electronic and physical copies, which are held in reserve at the CPE office. This information is included in the student handbook and shared verbally with each student during orientation. Students will be informed that they may also access these documents, as well as other documents related to ACPE at www.acpe.edu. (Standard 303.7)

All CPE students of the MM ACPE Center shall be informed about, and have access to, the current editions of the following ACPE Manuals: (Standard 303.7)

- Standards of the Association for Clinical Pastoral Education
- ACPE Policy for Complaints Alleging Violation of ACPE Education Standards
- Manual for Processing Complaints of Ethics Code Violations in ACPE
6.2 STUDENT SUPPORT SERVICES

The Center shall provide students with access to a current student handbook, a schedule for orientation, a procedure for educational consultation, counseling or counseling referrals, resume preparation, and employment searches as appropriate. Before each program unit, the CPE Programs Manager shall prepare the following materials in sufficient quantity for distribution to all admitted CPE students as of the first day of each program unit: (Standard 303.8)

- A current student handbook, including Administration Information, Historical Content, Ministerial Context, Curriculum, Policies & Procedures, and other pertinent material. The Student Handbook will be updated annually and approved by the Professional Advisory Group at its Annual Meeting.
- An orientation schedule, which includes orientation to the CPE group experience and orientation to clinical assignments.
- An updated student consultation policy, which shall be included in the student handbook. In addition, Students will be informed of upcoming consultation dates during the CPE orientation.
- Students will be informed by their educator of available counseling services as needed.
- Resident students shall have access to a variety of services provided by the Employee Assistance Program.

EDUCATIONAL GUIDANCE

The CPE Center offers interested students assistance with resume preparation and employment searches. Students should direct their initial inquiries through the CPE Programs Manager, however employment guidance will also be augmented by the Associate Director of the Department of Spiritual Care as time allows. After assisted development of a professional resume, the CPE Programs Manager will provide career search development by assisting students with utilizing major career outlets such as: (Standard 303.8)

- Robert Half: Search thousands of job listings from the companies we work with around the world. Many of the opportunities we offer are exclusive to Robert Half and can't be found elsewhere, online or off. They offer job search and career advice, a robust library of workplace research and information about what it's like to work for Robert Half.
- CareerBuilder: No list of best job search websites would be complete without this entry. CareerBuilder is one of the biggest job boards, and its robust search function allows you to filter by several criteria, including location, degree required and pay range. CareerBuilder partners with news media around the country and collects job listings from them. It also provides career advice and resources for candidates.
- Indeed: A huge aggregator of postings from across the Web, this site consolidates listings from many job boards in one place. It also compiles information from various company career pages and allows you to search locally or globally.
- Job.com: This large site offers weekly job alerts, job search advice, a resume builder and, of course, job postings. This job search website also allows you to upload your resume for hiring managers and recruiters to search.
- TheLadders: This site focuses on job openings for upper-level executives and professionals who are aiming for the management suite.
- LinkedIn: This top networking site enables you to find jobs through your extended network. Additionally, you can join groups, participate in conversations and follow companies you find interesting and relevant to your job search.
- Glassdoor: Job search website Glassdoor boasts a large database of company reviews — submitted by employees. Glassdoor promotes itself as giving job seekers insights into a company's work conditions, interview processes, salaries and benefits. In addition to providing job listings, Glassdoor allows employers to identify job candidates and market their companies to job seekers.
- Monster: This massive job site is aptly named because it includes one of the largest number of job listings of any website. It also allows you to upload your resume and offers networking boards, as well as a search alert service so you can get targeted posts delivered via email.
- SimplyHired: This search engine offers an email alerts service and lets you save your job searches. Candidates can sort their searches to focus on companies that hire veterans, have a high rate of diversity and abide by eco-friendly practices, among other criteria.
- Us.jobs: This search site is particularly useful for those looking for state government jobs. It collects postings from state work agencies, as well as other company websites.

6.3 Admission Policy

The CPE Program requires a Bachelor’s degree from an accredited college or university. Exceptions may be considered by the CPE Programs Manager on an individual basis. The applicant must demonstrate to the Educator’s satisfaction the academic and cognitive capability suitable to meet CPE course requirements by either graduation from high school/GED or ordination by a faith community or commission to function in ministry by an appropriate religious authority as determined by ACPE. (Standard 307.3)

Personal Quality Criteria

The following criteria apply to all levels of CPE Programs in degrees appropriate to each level of training:

- A desire and a sense of call to ministry and service. An ability to articulate how the applicant plans to use CPE to advance their development and movement toward their ministry goal.
If CPE is required by the applicant’s denomination or religious authority, evidence of personal motivation and willingness to enter into CPE activities and process in an open and responsible manner.

- Sufficient emotional maturity and stability to minister in a variety of stressful situations.
- Ability to communicate clearly, orally and in writing, with patients, families and staff members, and sufficient proficiency in English, to fulfill their role and duties.
- Ability and willingness to share one’s personal history, thoughts and feelings, and theological perspective with sufficient openness to learn in this educational environment.
- An openness to the learning which comes from others; ability to give constructive criticism and feedback as well as receive it; willingness to reflect critically on one’s functioning in ministry and in relationships with others.
- Capacity to relate to others in an empathic and sensitive manner.
- Sufficiently good health which enables one to have the stamina to be involved daily in stressful situations, and to work nights and weekends as the schedule demands; ability to identify personal stress and care for self in a responsible manner.
- Willingness and ability to minister within the policies and procedures of the hospital, the Spiritual Care department, and the CPE Center.

MINISTERIAL EXPERIENCE LEVEL I AND LEVEL II

Applicants must demonstrate a basic understanding of and comfort with the pastoral role, possess sufficient life experience and maturity to function as a chaplain intern or resident, and be capable of functioning at a level of basic competency in the chaplain role. Applicants seeking admissions into Level II CPE must have successfully met Level I CPE outcomes as documented in an Educator’s evaluation. Applicants complete the standard ACPE application form and submit it with supporting documentation as described on the application form along with the application fee to the ACPE a Certified Educator at the MM ACPE Center. It is acceptable to email the application materials to the CPE Center and mail the application fee separately. (Standard 307.2)

The ACPE Educator assesses the written application materials and determines if the materials are complete and if the admission criteria are met. If an applicant does not meet admission criteria, or is not invited for an interview because the program is full, the ACPE Educator informs the student of this by a phone call or in writing as soon as possible.

If the ACPE Educator determines that the applicant appears to be a good candidate for CPE, the applicant is invited for an admission interview. The interview is conducted by the center’s ACPE Programs Manager or his/her designee and may include a member of the Professional Advisory Group or Staff Chaplain. The interviewers assess the applicant’s readiness for CPE considering the criteria listed above. (Standard 307.2)

The applicant is informed by the ACPE Educator at the time the admission interview date is established that all persons conducting the admission
- A written admission interview done by an ACPE Educator in an ACPE accredited CPE Center may be submitted if distance prohibits the interview being conducted at this center. A telephone interview may be considered in addition to a written interview report.
- Applicants are notified in writing of the status of their application request in a timely manner.
- Final acceptance/rejection of the applicant is at the Program Manager’s judgment in accordance with the center’s application policies and ACPE Standard 307.
  - If an applicant is not accepted into the CPE Program, application materials are destroyed.

Applicants with the following educational qualifications and ministerial experience are admitted in the order indicated: (Standard 307.4)

1. Applicants with a Master of Divinity degree from a Council for Higher Accreditation (CHEA) accredited institution and one or more units of ACPE accredited CPE.

2. Applicants with a Master's degree in theology, religion or spirituality from a CHEA accredited institution or accredited seminary with one or more years of pastoral ministry experience but no prior CPE.

3. Applicants enrolled in a Master degree program at an CHEA in a field that is beneficial to chaplaincy with no pastoral ministry experience and no prior CPE. These applicants typically apply for enrollment for academic credit or to satisfy ordination requirements of their religious tradition.

4. Applicants with a Bachelor degree from a CHEA accredited institution with prior CPE.

5. Applicants with a Bachelor's Degree from an accredited college or university with one or more years of pastoral ministry experience but no prior CPE.

6. Applicants with a Bachelor's Degree from an unaccredited college or university with prior units of ACPE accredited CPE.

7. Applicants with a Bachelor's Degree from an unaccredited college or university with no prior units of CPE.

Applications for admission are acted upon as received; once program capacity is reached, enrollment is closed and a waiting list is kept in case previously admitted students withdraw prior to the program’s start.

Admitted students receive a letter informing them of their acceptance. The acceptance letter includes the Annual Notice, which describes the student records policy of the center.

To enroll, students must pay a non-refundable deposit by the date requested in the acceptance letter. Failure to do so may result in the position being offered to another applicant. The applicant is informed of the case in the acceptance letter.
If a unit is cancelled prior to the program’s start, such as for enrollment of less than three students, or for any other reason, enrolled students are informed of this fact as far in advance as possible, and deposit monies will be refunded to students.

**ADMISSION POLICY STATEMENT**

The CPE Center, does not discriminate against any individual on the basis of race, color, national origin, age, marital status, sex, sexual orientation, gender, gender identity, gender expression, disability, religion, height, weight, or veteran status. Equal access to educational opportunities is extended to all qualified persons. All members of the faculty and consultation group are expected to cooperate in making this policy valid in fact. (Standards 304.1, 308, 312.2)

All students accepted into this center’s CPE program shall be able, with reasonable accommodation, to perform the duties contained in their respective job descriptions, i.e., chaplain intern or resident. At all levels, the CPE student needs to sustain sufficient physical and emotional health to deliver pastoral care. The student must demonstrate the capacity to consistently establish and maintain relationships at significant levels and be open to learning, change, and growth. The CPE student must demonstrate a capacity to function as part of an institutional culture.

CPE offerings are appropriate for seminarians, candidates preparing for ordination or religious leadership in their respective faith traditions, clergy or other religious leaders seeking continuing education, members of religious orders who are in a formation process, persons completing requirements for theological academic degrees, persons seeking specialized training in chaplaincy, and/or laypersons who are interested in discerning their vocation and developing skills in ministry.

The CPE Programs values diversity within the peer group as an important dimension of learning in pastoral care. The CPE Programs Manager and Professional Advisory Group attempt to compose peer groups of qualified persons who encompass diversity in religious or faith traditions, ages, races, and ethnic backgrounds, and gender and gender identity. Efforts are made to assemble a diverse group of participants to enhance the learning experience of each participant. All CPE units and programs will have a peer group of at least three CPE (Level I/Level II) students. (Standard 303.5)

As allowed by ACPE Standards 307 and 308, the MM ACPE Center established criteria for admission of persons into its CPE program. The ACPE Certified Educator and others involved in the admission process use these criteria in judging the suitability of a candidate for admission into the CPE Program. (Standards 307, 308)
International student chaplains who are non-residents of the United States of America will need to obtain the necessary Visa (J-1) from the US Immigration and Naturalization Service (INS). Prospective students must follow the procedures outlined in the ACPE International Student Visitor Program on ACPE’s website. Our application process for international students observes and complies with the requirements of the ACPE Exchange Visitor Program implemented under the authority and regulations of the United States Department of State. For ease of reference these are outlined below:

ACPE Exchange Visitor Program
United States Department of State
Governing Regulations of Section 514.22 Trainees
(Final Rule: March 19, 1993 –22 CFR Part 514)

According to Section 514.22 Trainees, the primary objectives of training are to enhance the exchange visitors skill in his or her specialty or non-specialty occupation through participation in a structured training program and to improve the participant’s knowledge of American techniques, methodologies, or expertise within the individual’s field of endeavor.

OBLIGATIONS

Sponsor and Third Party shall:

- Ensure that individuals and/or entities conducting training possess and maintain the demonstrable competence to provide training in the subjects offered to each exchange visitor.
- Ensure that skills, knowledge, and competence are imparted to the trainee through a structured program of activities which are supportive and appropriate to the training experience.
- Develop, prior to the start of training, a detailed training plan geared to defined objectives for each trainee.
- Ensure that continuous supervision and periodic evaluation is provided for each trainee.
- Ensure that sufficient plant, equipment, and trained personnel are available to provide the training specified.

Sponsor and Third Party shall not:

- Provide training in unskilled occupations.
- Place trainees in positions which are filled or would be filled by full-time or part-time employees

USE OF THIRD PARTIES

The Sponsor may utilize the services of the parties in the conduct of the designated training program. If a Third Party is utilized, the Sponsor and the Third Party shall execute a written agreement which delineates
the respective obligations to act in accordance with these regulations. The Sponsor shall maintain a copy of such agreement in its files. The Sponsor’s use of a Third Party in the conduct of a designated training program does not relieve the Sponsor of its obligation to comply and to ensure the Third Party’s compliance with applicable regulations will be imputed to the Sponsor.

**Training Records**

Sponsors shall retain for three years all records pertaining to individual trainees, training plans, trainee evaluations, and agreements with Third Parties. Such records shall be made available to the Agency upon the Agency’s request.

**Trainee Selection**

Trainees shall be fully qualified to participate successfully in a structured training program at a level appropriate for the individual trainee’s career development. However, such training shall not be duplicative of the trainee’s prior training and experience.

**Participation Duration**

The duration of participation shall correspond to the length of the program set forth in the sponsor’s designation.

**Financial and Program Disclosure**

Sponsors shall provide trainees, prior to their arrival in the United States, with:

- A written statement which clearly states the stipend, if any, to be paid to the trainee
- The costs and fees for which the trainee will be obligated
- An estimate of living expenses during the duration of the trainee’s stay
- A summary of the training program which recites the training objectives and all significant components of the program

Each training plan shall include:

a) A statement of the objectives of the training.
b) The skills to be imparted to the trainee.
c) A copy of the training syllabus or chronology.
d) A justification for the utilization of on-the-job training to achieve stated course competencies.
e) A description of how the trainee will be supervised and evaluated.

**Evaluation**
To ensure the quality of the training program, the CPE Programs Manager shall develop procedures for the ongoing evaluation of each training segment. Such evaluation shall include, as a minimum, mid-unit and final evaluation reports from the trainee and his or her immediate certified educator, signed by both parties. For training courses of less than three months in duration, evaluation reports are required upon conclusion of the training program.

6.4 Finance Policy

The CPE Center provides potential students inquiring about the CPE Programs access to a tuition and fee schedule as part of a digital CPE resource package. Students will be notified of tuition and fee changes annually. Changes will only be made after a review by the CPE Programs Manager in consultation with the Professional Advisory Group. Upon acceptance into training, students will be informed of the tuition balance, forms of payment accepted, and given the opportunity to enroll in a tuition payment agreement consisting of monthly scheduled payments. (Standard 304.2)

- A fee of $35, made payable to Michigan Medicine Spiritual Care Department, is required of all incoming students applying for admission to the CPE Programs. The application fee is applied toward the tuition balance of applicants once they are accepted into training. The application fee is non-refundable if a student is not admitted. Continuing students are not required to pay an additional application fee beyond initial acceptance, except if more than 5 years have elapsed since the end of their last unit and the beginning of the next.

- Students accepted into a CPE program unit acknowledge their acceptance into the program with a $75 acceptance deposit, made payable to Michigan Medicine Spiritual Care Department. The acceptance deposit is applied toward the tuition balance. The acceptance deposit is refunded only if the program is canceled, not in the case that a student withdraws from a training unit. This deposit can be applied toward a different CPE unit if an agreement is struck between the student and the CPE Programs Manager to allow deferment of the student’s training to a unit starting at a later date.

- Tuition for a first single unit is $500. Students who enroll in additional units, beyond the first unit at MM, will pay $300 per unit. Continuing students are expected to pay the $75 acceptance deposit to hold their place in the upcoming unit. Once again, the acceptance deposit is applied toward the tuition balance.

- For all students, the balance of the tuition (total tuition minus the application fee and acceptance deposit) is due the first day of orientation unless a student has elected to participate in a scheduled tuition payment plan. Participation in a plan is not valid until the payment plan agreement form is signed by both the student and the CPE Programs Manager.

- Persons who are applying to another CPE Center and request an admission interview to be conducted at the CPE Center with a written report prepared are charged a fee of $75. No interview fee is applied
to students who enroll in this Center's CPE program. The supervisory person conducting the interview may withhold release of the admission interview report until the fee is paid in full.

- CPE tuition includes incidental benefits, at no charge, use of photocopy machines for CPE class work, necessary office supplies to fulfill assigned spiritual care duties, opportunity to enroll in on-site educational programs offered to MM personnel, use of SC Department offices, use of an on-call room, and some required educational material provided.

- Incidental expenses that CPE students will likely incur include travel costs and the cost of meals. Students are responsible for providing their own transportation to the clinical site and all educational outings. There are a limited number of the required books in our lending library; if students wish to have their own copy, they must purchase their own books. (Standard 303.6)

- Students who participate in an educational consultation may be charged a fee to help defray expenses to the Consultation Committee members. For those students seeking a consultation, they will be informed of the fee and the amount when the committee details are decided with their educator.

6.4.1 RESIDENT BENEFITS

There are no stipends or employee benefits for single-unit students or interns. However, MM offers its residents competitive compensation supplemented by outstanding benefits. Residents are paid according to the stipend benefits established by MM which is an annual salary range $30,000 to $32,000 plus the following employee benefits. (Standard 304.2)

- Employee Compensation Programs and Policies outlines job classification and wage information, University compensation practices and policies, and other compensation policies and procedures.

- Employee Health and Well Being Services:
  o Health Plans / Prescription Drug Plan

6.4.2 CPE TUITION AND FEE SCHEDULE

<table>
<thead>
<tr>
<th>Unit Tuition</th>
<th>Unit Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level I Unit</td>
<td>$500</td>
</tr>
<tr>
<td>Additional Unit</td>
<td>$300</td>
</tr>
<tr>
<td>Level II/Resident Unit</td>
<td>$300</td>
</tr>
<tr>
<td>Additional Level II/Resident Unit</td>
<td>$300</td>
</tr>
</tbody>
</table>

* The application fee is not refundable. In addition, a non-refundable $75 deposit will be due upon acceptance. Both the application fee and acceptance deposit will be credited to the student's tuition upon acceptance into training. Continuing students are not required to pay an additional application fee, but are required to pay an acceptance deposit.

**Persons who request an admission interview to be conducted at the CPE Center and sent in a written form to another center are charged a fee of $75. This fee is due when application
### Program Fees

<table>
<thead>
<tr>
<th>Service</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Application*</td>
<td>$25</td>
</tr>
<tr>
<td>Acceptance Deposit</td>
<td>$75</td>
</tr>
<tr>
<td>Written Admission Interview**</td>
<td>$75</td>
</tr>
<tr>
<td>Consultation Committee***</td>
<td>$50</td>
</tr>
</tbody>
</table>

Students should be aware that materials are sent to the Center. Students should be aware that this fee is separate from any application fee required by the CPE center to which they are applying.

***A fee is charged to students who meet with a Consultation Committee when moving between levels of CPE or who wish to request a consultation for other educational reasons. This fee must be paid before the consultation.

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### 6.4.3 Tuition Refund Policy

If a student withdraws by choice or is dismissed from a program unit, tuition is refunded according to the following:

- If a student elects to discontinue a unit for any reason, other than a medical or family crisis, at any time after the unit start date, then no refund of tuition paid will be given.

- If a student is required to leave within the first three weeks of a unit start date due to a medical or family crisis, half the tuition paid shall be refunded. Proof of life event is required to undergo review by the CPE Programs Manager. In all other cases, no refund of tuition paid will be issued after the first three weeks of the unit have been completed.

- If a student is removed from a unit at any time by an ACPE Certified Educator, then no portion of tuition paid will be refunded. In addition, any unpaid tuition will be subject to collection under the terms of a signed tuition payment plan agreement.

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### 6.5 Complaint Policy

The MM ACPE Center encourages persons to work out concerns or grievances informally, face to face and in a spirit of collegiality and mutual respect. Procedures for complaints should be used only if informal discussion and collegial communications do not resolve difference and when the complainant desires to register a complaint. It is recommended that the complaints be resolved at the closest possible relationship. Complaints are first conducted within this Center’s complaint process. If unresolved at the Center level, the complainant will be informed about options available in accordance with ACPE Standards. The complainant may voluntarily agree to ACPE mediation as an option. Confidentiality issues will be respected and addressed according to criteria in ACPE Manual Processing Complaints of Ethics Code Violations. (Standard 304.3)
DEFINITIONS

A complaint is defined as a concern or grievance, presented in writing and involving an alleged violation of the ethical, professional, and/or educational criteria established by ACPE Standards. A student is defined as any person enrolled in any program of CPE for credit. Residents who receive a stipend and are designated as employees may choose to utilize the grievance procedure for employees. A procedural booklet can be secured from Human Resources. ACPE mediation is a cooperative process, which provides an opportunity for both parties involved in a conflict to state their needs and interests. Through discussion with a mediator, the parties identify options and find mutually acceptable solutions. If the parties agree to use mediation, they may contact the Executive Director of ACPE to discuss this process. (See “Complaint Process Names” for a contact person.)

ACTIONS

Informal Proceedings Within the CPE Center

- In the event of any grievance involving the CPE educational program, or its supervisory staff, the student will inform directly his/her supervisor of the complaint to seek resolution. If the grievance is against the CPE Program Manager, the student will go directly to the Chairperson of the Professional Advisory Group for consultation and resolution.

- The supervisor will schedule a meeting within 24 hours, or as soon thereafter as is possible. If the matter is unresolved, the student may request that she/he and the supervisor meet with the CPE Programs Manager’s administrative supervisor (Associate Director of the Department of Spiritual Care). The administrative supervisor will schedule this meeting within two working days of the request whenever possible. A peer or other appropriate consultant may be invited to be present for any meetings to ensure clear communication and to neutralize the power differential between the complainant and the respondent. If unresolved, the next step available to the student is the initiation of formal proceedings.

Formal Proceedings Within the CPE Center:

- If the complaint remains unresolved, the student will present the complaint or grievance in writing following these guidelines. This shall be given to the ACPE Educator’s direct Administrative Supervisor.

- Time frames for complaints are within six months of the occasion causing the complaint, or within six months of the conclusion of the educational experience in the Center. There shall be a time limitation of ten years when the complaint involves sexual exploitation. A definition of sexual exploitation is found in the ACPE Definition of Terms Manual.
  - Any complaint may be made within a longer period if the delay is explained by an occasion of fraud, intimidation, or other wrongful conduct that prevents the earlier surfacing of the complaint.
The written grievance must include:

a) narrative description of the grievous event including the date and time of all events
b) the name of all persons who in the student's opinion are involved in the concern;
c) inclusive details of the ACPE complaint process may be found in the ACPE Standards and Manuals [https://www.acpe.edu/ACPE/Resources/InformationOnFilingAComplaint/ACPE/Resources/InformationOnFilingAComplaint](https://www.acpe.edu/ACPE/Resources/InformationOnFilingAComplaint/ACPE/Resources/InformationOnFilingAComplaint). Administrative lines of reporting are:
   a. CPE Manager
   b. Associate Director of the Department of Spiritual Care
   c. Social Work Department Director
d) statement which provides the student's suggested resolution of the grievance including the student's reason for the suggestion,
e) names of eyewitnesses, if any,
f) verification that “Informal Proceedings” of the Grievance Procedure were completed without satisfaction is also to be made including dates of meetings and persons included.

Note that at any point in a complaint concern, the student may contact the Executive Director of ACPE for consultation and/or if desiring to skip the Michigan Medicine complaint process. Contact information:

Executive Director, ACPE: Dr. Trace Hawthorn
One West Court Square, Suite 325 Decatur, GA 30030
Phone (404) 320-0849 Fax (404) 320-0849, trace@acpe.edu

The written complaint, along with relevant documentation and/or statement(s) from the Programs Manager will be submitted within two working days to the Chairperson of the Pastoral Advisory Group and the Manager of CPE. After reviewing the complaint, and meeting with all involved parties as is necessary, the Manager of CPE and the Chairperson of the Pastoral Advisory Group may rule that:

- the person(s) involved have made an adequate effort to resolve the complaint by discussion or agreement;
- the complaint or grievance is without merit;
- the complaint or grievance involves a violation of ACPE Standards.

The CPE Manager and the PAG Chairperson who will respond within ten working days, either in writing or by meeting with the student. If it is determined that a violation has occurred, then appropriate steps will be taken to provide corrective and technical guidance and appropriate action an additional resource may be MM's Human Resources consultant for Spiritual Care.

CPE Formal Complaint and Mediation Process
The aggrieved believe that s/he/they have not received an adequate hearing within the above noted process, then the ACPE policies for filing a complaint or entering mediation should be followed.

**ACPE STANDARD 200 ETHICAL COMPLAINTS**

A complaint involving an alleged violation of the ACPE ethical standards may be filed in Complaint Process Names. As of December 1, 2011, the following persons held the named positions:

Executive Director, ACPE: Dr. Trace Haythorn  
One West Court Square, Suite 325 Decatur, GA 30030  
Phone (404) 320-0849 Fax (404) 320-0849, trace@acpe.edu  

https://www.acpe.edu/ACPE/Resources/InformationOnFilingAComplaint/ACPE/Resources/InformationOnFilingAComplaint

In accordance with the procedures set forth in Processing Complaints of Ethics Code Violations, the Professional Ethics Commission has final authority to determine whether violations of ACPE ethical or professional standards have occurred and to determine final disposition of complaints. Policies and procedures for filing an ethics complaint, conducting mediation and hearings and disposing of complaints are found in Processing Complaints of Ethics Code Violations. The ACPE Board of Representatives may authorize the Professional Ethics Commission to implement these procedures in collaboration with another organization.

**ACPE STANDARD 300 EDUCATIONAL COMPLAINTS**

Complaints that this program did not follow Standards 300, which gives guidelines for ACPE Educational Centers, can refer to the Policy for Complaints Alleging Violations of Educational Standards in Educational Programs, in Appendix 10 of the ACPE Accreditation manual.  

https://cdn.manula.com/user/4287/docs/accreditation-appendix-10.pdf

If a student is aware that the Accreditation Commission has failed to follow its processes, see Policy for Complaints Against the Accreditation Commission in Appendix 10 of the ACPE Accreditation manual.  
https://cdn.manula.com/user/4287/docs/accreditation-appendix-10.pdf

The Accreditation Commission has final authority to determine whether violations of ACPE educational standards have occurred and to determine final disposition of complaints. Policies and procedures for filing an educational complaint, conducting mediation and hearings and disposing of complaints are found in Accreditation Commission Manual for Processing Allegations of ACPE Education Standards Violations. On occasion, there may be overlap between the ethics and education standards implicated in complaints. ACPE will show its processes in such complaints according to its discretion and may use either or both Commissions.
For the order of contact, unless directed otherwise in the policy above, please, see the following contact information for Complaint Process Names:

- CPE Program Manager Rev. Tony Marshall, D.Min, B.C.C.
- Associate Director of the Department of Spiritual Care Rev. Christina Wright, Ph.D.
- Social Work and Spiritual Care Department Director Josh Brewster, L.M.S.W.
- Chairperson of MM Professional Advisory Group, Kristen Collier M.D.

6.6 STUDENT RECORDS

The Family Education Rights and Privacy Act (FERPA) applies to all ACPE accredited CPE programs. FERPA addresses privacy not confidentiality issues. This means students own the information about them and must know what is being collected and how it is being used. Their information cannot be shared without their written permission. MM ACPE Center will publicize an Annual Notice of its protocols for proper handling of student records. Application materials for those not admitted are destroyed once the peer group is established and no further students will be admitted to that unit. (Standard 304.4)

DEFINITIONS

A student record is:

- Any record, paper, electronic, video, audio, biometric, or other, directly related to the student from which the student’s identity can be recognized.
- Maintained by the MM ACPE Center or a person acting for the center application materials of students admitted and matriculated are part of the student record, unless otherwise indicated.

Directory Information is student information not generally considered harmful of an invasion of privacy if released. Common directory information includes: name, address, email, telephone number, religion, and previous education. All other information is released only with the student’s written, signed, dated consent specifying which records are being disclosed, to whom, and for what limited purpose. Before releasing information, students must have received the Annual Notice. Current students can restrict directory information and/or record assess at any time during the unit. Restrictions will be honored even after the student’s departure. Former students cannot initiate new restrictions after departure.

CONTENT OF STUDENT RECORD FILES

ACPE requires that the CPE student record include the face sheet with directory information, the ACPE supervisor’s evaluation and the student’s personal evaluation report along with the Educator’s Confidential Evaluation Cover Sheet. A copy of the ACPE Certified Educator’s evaluation report will be given to the student. The student will be informed that the center will keep this evaluation and any addendum written
by the student for 10 years, and it will not be available to anyone else except with written permission from the student. If the student’s personal evaluation is included, it will be kept with the Educator’s evaluation, subject to the same provisions as noted above.

Students are responsible for maintaining their own files for future use. The center will not keep a permanent file or evaluation reports. Students will be informed at the time copies are given to them that it is their responsibility to keep copies for future use. CPE students are expected to give written consent for copies of the Educator’s evaluation reports (and their own if applicable) to be sent to their theological school.

6.6.1 RECORDS MANAGEMENT

If the MM ACPE Center closes, the CE or Dr. Christina Wright, Director of Spiritual Care arranges the secure storage of all student records of the center. The Accreditation Commission Chairperson and the ACPE office will be informed of the location of the records. The center shall keep student records for at least ten years. These records shall not be open to anyone outside the CPE center except with the student’s written permission. (Standard 304.4)

After ten years, the center may destroy the student record except for a face sheet with identification information. Materials written by students, such as ministry reports and case histories that contain information about other persons, including other students, will be destroyed following the conclusion of the unit.

FERPA requires students be able to review their record within 45 days of student’s request (may be less). Record inspection cannot be denied based on the student’s inability to come to the site or outstanding financial obligations. In the latter case, a center can note on the copy sent, “not available for official use.” When a student record contains identifiers of another student, those must be redacted. The Annual Notice details records maintenance protocols and includes whether/how students may copy their records.

6.6.2 ANNUAL NOTICE

An Annual Notice is published annually prior to the start of the program and is posted in the CPE office. This Annual Notice is also posted to our MM CPE website. The official acceptance letter, which is sent to students admitted to the CPE Programs via electronic mail three weeks prior to any given program unit start date, shall also include the Annual Notice. The Annual Notice contains the following six paragraphs:

- A statement of access to student records.
- What constitutes directory information and how to opt-out.
- The definition of student records.
- Details of the center’s record management protocols.
- Definitions of “education official” and “legitimate educational interest”.

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- A statement of where to report violations of this policy:

Student Records Policy  
Michigan Medicine Clinical Pastoral Education  
UH 2A220, SPC 5062  
1500 E. Medical Center Drive  
Ann Arbor, Michigan 48109

This CPE Center guarantees to its students the right to inspect and review education records, to seek to amend them, to specified control over-release of record information, and to file a complaint against the program for alleged violations of these FERPA rights.

Directory Information is student information not generally considered harmful or an invasion of privacy if released. Common directory information includes: name, address, email, telephone, religion, and previous education. All other information is released only with the student’s written, signed, dated consent specifying which records are being disclosed, to whom, and for what limited purpose. Before releasing information, students must have received the Annual Notice. Current students can restrict directory information and/or record access at any time during attendance. Restrictions must be honored even after the student’s departure. Former students cannot initiate new restrictions after departure.

A student has the right to object to record content. If not negotiable, the written objection will be kept with and released with the record. Grades are exempted from this right. Within the center, an education official is an ACPE Certified Educator, any Supervisory CPE students, the Associate Director of Spiritual Care, and the secretary/administrative assistant of Spiritual Care. A legitimate education interest includes research or certification purposes. Within the center, these persons may have access to student records without student consent. Violations of these protocols may be reported to the Chairperson of the ACPE Accreditation Commission at:

ACPE Accreditation Chairperson  
The Rev. Wayne Mayberry  
Tampa General Healthcare Pastoral Care Dept.  
PO Box 1289, Davis Island  
Tampa, FL 33601-1289

6.7 CONSULTATION POLICY

All students will be apprised of this policy during their orientation and again upon re-admission into each subsequent unit of CPE. The consultation process is encouraged by this Center and students may elect to meet a Consultation Committee after successfully completing at least two units at MM. Students anticipating a
fourth unit of CPE are strongly advised to meet with a Consultation Committee prior to or during their fourth unit. (Standard 304.5)

**ACTIONS**

- The student shall be oriented to the goals and objectives of ACPE during orientation.
- At the end of each unit of training, the Educator's final evaluation of the student should clarify how the student engaged the objectives and outcomes of ACPE in her/his learning process.
- A student and/or Educator may request a consultation after one unit of training at MM. Students who have successfully completed at least two units of CPE at MM may elect to have a consultation. Residents and other students with three or more units of CPE are strongly encouraged to have a consultation prior to or during their fourth unit.
- The consultation group shall include at least three qualified persons, such as ACPE educators or pastoral persons who understand the goals and objectives of ACPE. The student's individual Educator should be a quiet observer in the consultation process of his/her student. Written requirements for the consultation include the following items, all of which are to be typed and neatly presented in a tabbed binder to each committee member at least 20 working days prior to the consultation.

The following materials are required and late materials can be sufficient cause for canceling or postponing the consultation with no refund of fees:

- A single page cover letter by the student indicating/clarifying the issues in which the consultation is needed and if the consultation is for meeting or completing Level I or Level II outcomes.
- An updated autobiographical statement not to exceed five pages, single spaced, typed, with one inch margins.
- A narrative describing how he/she has met Level I outcomes or is currently meeting Level II outcomes.
- A single page statement of the student's current learning goals/learning contract.
- Copies of all CPE self and supervisory evaluations and any previous consultation report(s), or written explanation as to why an evaluation is missing.
- A recent ministry report, not to exceed eight pages (single spaced and one inch margins), presented in individual supervision with an additional one-page reflection on the supervisory session in which the report was presented.
- A second recent ministry report, not to exceed eight pages (single spaced and one inch margins), presented in group supervision with an additional one-page reflection on the class session in which the report was presented.

**CONSULTATION COMMITTEE**

A presenter will be assigned to each student meeting a Consultation Committee. This person shall prepare a “Presenter’s Report Part I,” which should be available to the student prior to the consultation. After
dialogue of not less than fifty minutes, the consultation group shall deliberate with or without the student present and prepare a brief consultation report ("Presenter’ s Report Part II") and then conclude the process by verbally sharing their report with the student and his/her Educator. The written Presenter’s Report Part II is to be provided to the student and his/her Educator within thirty days of the consultation. This group is consultative and does not make final decisions. Final decisions regarding the assessment of a student's learning goals or level of functioning shall be made by the student's primary Educator. The student's primary Educator should reference the consultation in the student's next final evaluation.

6.8 DISCIPLINARY ACTION

It is the policy of the MM ACPE Center that a verbal reprimand, a written reprimand, probationary suspension and/or dismissal of a student may occur because of behaviors listed below or listed elsewhere in this Center’s or hospital’s policies and procedures. It is also clearly understood that this Center does not need to advance through these disciplinary actions/steps in each case, though recommended. For sufficient and serious reason or cause, a student may be placed on probationary suspension or immediately dismissed from his/her unit of CPE and ministry in the hospital. (Standard 304.6)

For example, a student who misrepresents or deliberately misrepresents application or employment information will lose his/her denominational endorsement for ministry, or has his or her license or ordination revoked, invalidated, or suspended, may be placed on probationary suspension or immediately dismissed from his/her CPE program and current clinical ministry in the Michigan Medicine Center or its CPE placements. Another example would include any CPE student whose behaviors or actions would constitute immediate dismissal under the hospital’s policies and procedures for its employees.

DEFINITIONS

Disciplinary actions comprise verbal reprimands, written reprimands, probation or dismissal. Dismissal is a decision by the CPE Programs Manager to terminate the student’s participation in the unit.

A verbal reprimand is the least serious form of disciplinary action and may be given by a faculty person when a student’s behavior, action, or failure to act, conflicts with or violates his/her job description, agreement for training, code of ethical conduct, or departmental policies and procedures.

A written reprimand is the next level of disciplinary action and is to be given by a student’s primary ACPE Educator and/or primary administrative supervisor for the previous reasons.

Probationary Suspension is for a specific period, not less than one and no more than three weeks, within any unit of CPE. Both stipend and non-stipend students may be placed on probationary suspension. The Associate Director of the Department of Spiritual Care, after consultation with Human Resources, shall determine if the probationary suspension includes loss of stipend and/or benefits for the period of suspension. The status of probationary suspension indicates that continuation in the CPE program is in jeopardy and a
student may be dismissed after or during his/her suspension. Probationary suspension may include the restriction of work in assigned clinical areas. The student's primary Educator and/or administrator may initiate this action in consultation with one another. Withdrawal ends the student's participation in the program at the initiation of the student.

**ACTIONS**

a) CPE students will be provided copies of MM policies.
b) Employee conduct determined by the MM ACPE Center to be contrary to the best interests of the organization or in any way deemed unacceptable, can result in termination of employment.
c) Salaried employees of the MM such as chaplain residents are at-will and may be terminated at any time for any reason or for no reason at all.
d) MM expressly reserves for itself the authority to review each case involving salaried employees and determine what action is warranted.
e) MM recognizes the need for employees to express concerns regarding conditions of employment or decisions or actions by management, supervisors, or other employees.
f) Employees are welcome to present work-related problems to management without fear of retaliation by means of informal discussion, or where problems may be of a more serious nature through the formal process presented in the complaint policy and procedure.

**PROCEDURE FOR CORRECTIVE ACTION**

If a pattern of unscheduled occurrences is established, the following process of disciplinary action will be commenced. An occurrence is calculated as follows:

- Unscheduled absence for an entire work day or consecutive days of unscheduled absence for a single reason.
- Isolated periods of absence will be taken in account by managers when following this policy.
- All occurrences will be prorated, based on an employee’s appointment fraction, if the employee is less than full time.

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<thead>
<tr>
<th>UNEXCUSED/UNSCHEDULED ABSENCE</th>
<th>DISCIPLINARY/CORRECTIVE ACTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 OCCURRENCES WITHIN 3-6 MONTHS</td>
<td>Coaching Meeting</td>
</tr>
<tr>
<td>4 OCCURRENCES WITHIN 6 MONTHS</td>
<td>Verbal Warning</td>
</tr>
<tr>
<td>7 OCCURRENCES WITHIN 6 MONTHS</td>
<td>1st Written Warning</td>
</tr>
<tr>
<td>9 OCCURRENCES WITHIN 6 MONTHS</td>
<td>2nd Written Warning and Suspension</td>
</tr>
<tr>
<td>10 OCCURRENCES WITHIN 6 MONTHS</td>
<td>CPE Programs Manager will contact HR Consultant to schedule a Disciplinary Review Conference / Pre-Termination Meeting.</td>
</tr>
</tbody>
</table>

**Figure 3**
The maintenance of high standards of ethical conduct is a responsibility shared by ACPE members and students. When accepted for membership in the ACPE, the member agrees to accept the judgment of colleagues as to standards of professional ethics. ACPE members and students are accountable to many parties, including the public, their religious communities, employers and professional colleagues to maintain the ethical criteria established by ACPE Standards. The following items apply to ACPE Educators and members. (Standard 304.7)

**ACTIONS**

In relationship to those served, ACPE members:

- Affirm and respect the human dignity and individual worth of each person.
- Do not discriminate against anyone because of race, gender and gender identity, age, faith group, national origin, sexual orientation, or disability.
- Respect the integrity and welfare of those served or supervised, refraining from disparagement and avoiding emotional, sexual, or any other kind of exploitation.
- Approach the religious convictions of a person, group and/or CPE student with respect and sensitivity; avoid the imposition of her or his theology on those served or supervised.
- Respect confidentiality to the extent permitted by law, regulation, or other applicable rules.
- Follow nationally established guidelines in the design of research involving human subjects and gain approval from a recognized institutional review board before conducting such research.

In relation to other groups, ACPE members:

- Maintain good standing in his or her faith group.
- Abide by the professional practice and/or teaching standards of the state, community, and institution in which he or she is employed. If for any reason, they are not free to practice or teach according to conscience, the member shall notify the employer and ACPE through the Community of Practice Director for the East Central Community.
- Maintain professional relationships with other persons in the institution in the MM ACPE Center, institution in which employed and/or the community.
- Do not directly or by implication claim professional qualifications that exceed actual qualifications or misrepresent their affiliation with any institution, organization or individual; is responsible for correcting the misrepresentation or misunderstanding of their professional qualifications or affiliations.

In relation to ACPE members:

- Continue professional education and growth, including participation in the meetings and affairs of ACPE.
- Avoid using knowledge, position or professional association to secure unfair personal advantage; do not knowingly permit their services to be used by others for purposes inconsistent with the ethical standards of the ACPE, or use affiliation with ACPE for purposes that are not consistent with ACPE Standards.

- Speak on behalf of ACPE or represent the official position of ACPE only as authorized by the ACPE governing body.

- Do not make intentionally false, misleading, or incomplete statements about their work or ethical behavior when questioned by colleagues.

In collegial relationships, ACPE members:

- Respect the integrity and welfare of colleagues; maintain professional relationships on a professional basis, refraining from disparagement and avoiding emotional, sexual, or any other kind of exploitation.

- Take collegial and responsible action when concerns about incompetence, impairment, or misconduct arise.

In conducting business matters, ACPE members:

- Carry out administrative responsibilities in a timely and professional manner.

- Implement sound fiscal practices, maintain accurate financial records, and protect the integrity of funds entrusted to their care.

- Distinguish private opinions from those of the ACPE, their faith group, or profession in all publicity, public announcements, or publications.

- Accurately describes the MM ACPE Center, its pastoral services, and educational programs. All statements in advertising, catalogs, publications, recruiting, and academic calendars shall be accurate at the time of publication. Publications that advertise an MM ACPE Center’s program shall include the types and levels of education offered, and the ACPE address, telephone number, and website address.

- Accurately describe program expectations, including time requirements in the admissions process for CPE programs.

6.9.1 Ethical Conduct for Those without ACPE Affiliation

All program staff and faculty along with all CPE students which are not ACPE members are required to adhere to the Michigan Medicine Code of Conduct Attestation. The program staff and students are required to engage in excellent professional and moral conduct while they are actively engaged in the MM CPE program. All ACPE students and faculty must know that this policy coincides with ACPE Code of Professional Ethics (Standard 100). A copy of the ACPE Standard 100, along with the MM Code of Conduct Attestation are included in the Student Handbook and given to each student during orientation. Student status at any MM facility and/or contract training facility for CPE students constitutes awareness of this Code of Ethical Conduct. (Standard 304.7)
ACTIONS

- This Code is to be made available during orientation.
- Students agree to accept the judgment of the Associate Director of the Department of Spiritual Care, as to the interpretation and application of this Code in the event of a violation or controversy related to the interpretation of this Code of Ethical Conduct.

THE FOLLOWING CODE OF ETHICAL CONDUCT ITEMS APPLY TO ALL PROGRAM STUDENTS:

- Student chaplains affirm and respect human dignity and individual worth of each person.
- Student chaplains will not discriminate against anyone because of race, gender and gender identity, age, faith group, national origin, sexual orientation, or physical disability.
- Student chaplains respect the integrity and welfare of those served or supervised, refraining from disparagement and avoiding emotional, sexual, or any other kind of exploitation.
- Student chaplains approach the religious convictions of each person, group and/or CPE student with respect and sensitivity, avoiding the imposition of her or his theology on those served or supervised.
- Student chaplains respect confidentiality to the extent required by law, regulation, or other applicable rules.
- Student chaplains maintain good standing in their respective faith groups and will immediately notify the manager of the department if there is a change in such standing.
- Student chaplains abide by the professional practice and/or teaching standards of the state, the community, and the respective institutions in which they are serving.
- Student chaplains will not directly or by implication claim professional qualifications that exceed actual qualifications or misrepresent affiliation with any institution, organization or individual.
- Student chaplains will not use knowledge, position or professional association to secure unfair personal advantage, or knowingly permit their services to be used by others for purposes which may cause harm.
- Student chaplains will not speak on behalf of Michigan Medicine, the Department of Spiritual Care, or any education program/group/association affiliated with the Michigan Medicine.
- Student chaplains will not intentionally make false, misleading, or incomplete statements about their work or ethical behavior when questioned by colleagues or supervisors.
- Student chaplains respect the integrity and welfare of colleagues, maintaining professional relationships on a professional basis, refraining from disparagement and avoiding emotional, sexual, or any other kind of exploitation.
- Student chaplains take collegial and responsible action when concerns about incompetence, impairment, or misconduct arise.
- Student chaplains carry out responsibilities in a timely and professional manner.
- Student chaplains distinguish their private opinions from those of the others.

6.10 STUDENT RIGHTS AND RESPONSIBILITIES
Students participating in the pre-accredited ACPE learning processes occurring in this MM ACPE Center shall have the right to: (Standards 303.4, 303.6, 304.8, 304.11)

- An orientation process.
- A student handbook (hard copy or electronic).
- A learning contract negotiated with primary Educator.
- Access to a population that provides significant opportunity for ministry and learning.
- Access to interdisciplinary educational resources.
- Protection of his/her professional privacy, through confidential protection of professional records as well as respect for confidentiality of training processes and conversations by Educators, peers and interdisciplinary mentors.
- A detailed written final evaluation, including an evaluation focused on supervised clinical practice of ministry to persons, within 45 days of completion of the unit. In unusual circumstances, the Educator may negotiate with the student to extend this deadline. In addition to software generated statistically based charting reports obtained through MiChart, student’s clinical activity will be verified by self-reporting through a digital survey hosted by Michigan Medicine. Notes on charts made by students will require approval by the CPE Programs Manager. These methods will be used to verify quantity and quality of actual patient interactions. (Standards 308.2, 308.8, 308.8.1)
- Each student will be afforded the opportunity to complete a detailed program evaluation which will be used in the annual reporting process along with the annual review by the PAG. (Standard 308.6.5)
- Access to and use of the complaint policy and procedures and the current ACPE Standards.
- Access to CPE Center Lending Library and other MM educational facilities/resources. (Standard 303.6)
- In addition, students who are considered employees of the hospital are entitled to employee benefits as described in their contract.
- Only ACPE Certified Educator will supervise students in group and individual consultations. (Standard 308.3)
- Only ACPE Certified Educator will interview applicants to determine clinical learning readiness and manage operations of the CPE Program. (Standard 304.11, 307.2)

**STUDENT RESPONSIBILITIES POLICY**

Students shall take responsibility to perform such duties as acceptance contracts delineate. This shall include, but is not limited to:

- The delivery of professional services to assigned institutional populations.
- The negotiation with peers and Educators of a learning contract for each unit of CPE. (Standard 308.4)
- The protection of peer and patient rights, including maintenance of privacy about persons, diagnoses, treatment plans, and other personal information.
- Active and appropriate participation in his/her learning experience.
- In addition, all students are accountable to the general employee or volunteer policies and procedures of the hospital.
Students will have access to nearly 200 titles contained in our CPE Lending Library, which is kept in the CPE group room. In addition to the lending library resources kept on site, students will have access to current ACPE Standards, commission’s manuals, the Policy for Complaints Alleging Violations of Educational ACPE Education Standards, and the ACPE Policy for Complaints Against the Accreditation Commission. (See ACPE Manuals Appendix 10, p. 105).

Michigan Medicine uses the Mirlyn catalog. Students with a uniqname can make requests to view any of the materials that are returned from a catalog search. Students can also search in PubMed for materials relating to your subject either with keywords (e.g. "Pastoral Care", "Chaplains") or by subject headings. (Standard 303.6)

CPE Program Manager will work with students of concern who are brought to the department’s attention by campus partners, family members, other students, and/or other community members. Critical incident case management will involve ongoing interventions with a student or patient, the creation of direct connections with campus and community resources, and continuous follow-up until the issue is addressed or resolved appropriately. (Standard 303.8)

**DEFINITIONS**

A critical incident is defined as an emergent situation impacting a student’s Michigan Medicine experience that requires swift, supportive, staff-centered, direct intervention to seek a resolution or address the issue. A student of concern is a person who has demonstrated concerning behaviors that are having an impact on their campus life or a student who experiences a critical incident and needs assistance or support. Areas of student need or assistance may include:

- Academic distress due to personal issues
- Emergency/crisis situations
- Concerning or unsafe behavior
- Medical illness/injury/hospitalization and post-hospitalization coordination and support
- Mental health need or hospitalization and post-hospitalization coordination and support
- Financial hardship/distress
- Death or serious illness of a family member
- Communication difficulties
- Personal safety needs
- Off-campus housing conflict or concern
- Unresolved conflict or relationship distress
- Loss/unexpected change in housing
- Community supports
- Inability to find necessary resources

6.11 Training Agreement

The center has an agreement for training at the ministry site that includes authorization for visits to patients, parishioners or clients. The agreement shall provide for access to appropriate clinical records and informed consent regarding use of student materials. The agreement shall provide for the student to indicate agreement to abide by center policies protecting confidentiality and the rights of clients/patients/parishioners. (Standard 304.9)

Actions

- During orientation, students receive a copy of the Training Agreement
- The Educator reviews the Training Agreement with students, responding to questions for clarification and understanding during the orientation sessions.
- The agreement authorizes students to visit patients, parishioners, or clients.
- The agreement grants students access to appropriate clinical records.
- The agreement establishes student’s consent to use of materials including ministry reports, pastoral care conferences, video or audio tapes of student work, or video or audio tapes of student groups or individual sessions in settings other than the student’s group.
- The agreement establishes the student’s agreement to abide by the center’s policies, including those involving confidentiality and the rights of clients, patients, or parishioners.
- The students review and initial each section of the Training Agreement and return the signed Training Agreement to the CPE Programs Manager within three weeks of the beginning of the program unit.
- Signed Training Agreements are maintained by the program administrative assistant.
- Failure to complete the Training Agreement will result in suspension from the training program.

6.12 Contingency Policy

The MM Center will provide for the completion of a CPE unit in progress if a major component of the CPE program is unexpectedly lost, such as the CPE peer group is reduced to less than three persons; the CPE Educator is unable to complete the unit in progress; or substantive changes in the institution places completion of a CPE unit in jeopardy. (Standards 301.3, 304.10)
**Actions**

- If the peer group falls to less than the three minimum required peers, the CPE Educator will collaborate with the CPE Educator(s) at area ACPE accredited CPE Centers regarding merging the remaining students into a comparable CPE unit in the Ann Arbor metropolitan area.

- If the CPE Educator is unable to complete the unit, the PAG Chairperson and Associate Director of the Department of Spiritual Care will make every effort to hire a contract an ACPE Educator or ACPE Associate Educator to complete the unit. Local ACPE Educators, the East Central Regional Director, and the ACPE National Office will be sources of consultation to identify an appropriate contract supervisor.

- Once the contract ACPE Educator is located and hired, a contract will be written to include specifics of the fee due the Educator for service and expected duties. The contract will be signed by the contract ACPE Certified Educator, the Associate Director of the Department of Spiritual Care and the appropriate official within the offices of the CEO of CPE Center, along with the PAG Chairperson.

- These duties will include, but are not limited to, the following:
  - Providing individual and group supervision.
  - Attending to necessary administrative details related to the CPE program in collaboration with the Associate Director of the Department of Spiritual Care, and the PAG Chairperson.
  - Providing each student with a written final evaluation according to the Center’s policy on written evaluations.
  - Properly reporting student credit to the national office of ACPE.

- If hiring a contract ACPE Educator is not possible or feasible, the Center will make every effort to place the students in another comparable CPE program in the Ann Arbor metropolitan area.

- If a substantive change in the institution or department significantly compromises a CPE unit in progress, every effort will be made to place the CPE students in a comparable CPE unit in the Ann Arbor metropolitan area.

- The Associate Director of the Department of Spiritual Care or the PAG Chairperson, will inform the ACPE Community of Practice Accreditation Chairperson for the East Central Community and the Community of Practice Director for the East Central Community of the need for implementation of any of the above plans to complete a unit in progress.

**6.13 Video Conferencing Policy**

The MM CPE center must follow the compliance guidelines of ACPE for ensuring that if Video Conferencing is used as a modality of instruction it is successful within a unit of CPE.

This policy requires that the center put in writing the students’ rights and responsibilities for using Video Conferencing during a unit of CPE. The center gives the students a copy of this policy before the start of the program and are informed of these rights and responsibilities on the first day of CPE.

**Actions**
MM CPE center includes in the student training agreement a written and signed statement presented on the first day of the unit specifying that students have access to the University of Michigan BlueJeans system for the purpose of Video Conferencing.

The CE will orient all students to the process and provide a link to the BlueJeans system.

All education seminars on the system that are interrupted by technological problems may not be counted toward the 100 education hours required for a unit of CPE.

The center may utilize the University BlueJeans system with the PAG during Exit Interviews and end of unit program evaluations.

The synchronous method of Video Conferencing will be used by CE and students to do both individual and group supervision if needed due to weather or other unforeseen circumstances.

The center will use Asynchronous formats, such as discussion forums methods for didactic or reading seminars if necessary.

MM CPE center states the following rights and responsibilities of both students and CE in regards to Video Conferencing:

The CPE student has a right to:

Free access to the University BlueJeans system for Video Conferencing.

Be oriented in advance to the date and time of the video-conference and instruction on how to use their IPhone, IPad or computer/laptop with a camera, and high-speed internet to log on to said conference,

All students’ conversations will not be recorded while on BlueJeans platform.

The CPE students’ responsibilities:

CPE Residents will be provided their own laptop computer with a camera and have access to high-speed internet for effective use of video technology to join VIDEO CONFERENCING. CPE Interns must provide their own equipment for Video Conferencing.

Due to the confidential nature of CPE, all sessions must be in a private space when interacting on BlueJeans.

Use headphones for Video Conferencing sessions to ensure privacy of peers and to minimize the experience of sound feedback and distraction.

Students must use pseudonyms in conversations concerning patient visits and in verbatim presentations.

The BlueJeans platform is considered a group session therefore students are discouraged from eating, outside cell phone conversations and any other distractions not allowed while in group.

RIGHTS & RESPONSIBILITIES OF CERTIFIED EDUCATOR & VIDEO CONFERENCING
Certified Educator has the right to manage the BlueJeans platform affording each student shared talking time, confidentiality and respect during seminars and presentations.

Certified Educator has the right to mute and dismiss any student who is inappropriate in behavior on the platform.

Certified Educator has the responsibility to assure the platform functions efficiently and that access is free to students. Time will be made up for malfunctioning technology.

Certified Educator has the responsibility to provide the students with the schedule for the BlueJeans video conferencing.

Certified Educator has the responsibility to orient students to the BlueJeans system.
The staff members of the Spiritual Care Department are covered by personnel policies established for all employees of the University of Michigan. These policies are included in the hospital's Standard Practice Guidelines and Michigan Medicine Policies and Procedures which can be accessed on the Health System clinical home page, using any hospital computer terminal.

**DEPARTMENT MISSION**

Congruent with the mission statement of the Michigan Medicine, the mission of the Spiritual Care Department is excellence and leadership in patient care/service, research and education. The MM Spiritual Care Department offers support and guidance to patients, families, and staff as they seek and express meaning and purpose. As part of the interdisciplinary team, members of the Spiritual Care Department attend to the way people experience their connectedness to the moment, to self, to others, to the world, and to the significant or sacred.

- To provide exemplary spiritual care which attends to the spiritual needs of the patients, their families, and staff of Michigan Medicine.
- To create space for comfort, healing, and hope for patients, families, and staff of Michigan Medicine.
- To offer opportunities for discussion of the religious, spiritual, emotional, and ethical dimensions of health care for patients, their families, and staff of Michigan Medicine.

**PURPOSE**

The purpose of the Spiritual Care Department is to provide effective and efficient clinical services to patients and families, while contributing to the growth and development of high quality, comprehensive health care services through teaching and research. Staff members are responsible for providing clinical services throughout the hospital. To ensure adequate access to spiritual care services, staff members are assigned to specific units throughout the hospitals of the MM.

- The Spiritual Care Department is committed to providing effective and comprehensive spiritual care to patients, families and staff of MM. Staff members are responsible for the assessment of religious/spiritual needs of patients, families and staff members in assigned units and for the delivery of appropriate services to meet those needs. Staff members are responsible to coordinate spiritual care services with other members of the department when off unit services are needed. Additionally, staff members are responsible for the coordination of specific religious/denominational services when outside religious/spiritual providers are involved.
- The Spiritual Care Department provides consultation and services to the interdisciplinary team to facilitate patient care.
- Spiritual Care staff may participate in a variety of educational programs and services when the purpose and goals of the educational program promote continuing educational goals for the individual staff member or they promote enhanced patient care services provided by the interdisciplinary team.
- The staff may participate in research activity and develop scholarly publications and presentations.
- Spiritual Care staff may provide linkages between the Department and relevant community religious/spiritual institutions through attendance at meetings, participation on boards, consultation and formal presentations.

**DEFINING DUTIES**

- Spiritual Care clinical services
- Spiritual support and care
- Religious/spiritual assessment
- Sacramental ministries
- Spiritual counseling
- Crisis intervention
- Worship/devotional leadership
- Consultation to other professionals
- Advocacy
- Patient, family and staff education

**STANDARDS**

Hospital Administration charges the Associate Director or designee of Spiritual Care Department with responsibility for the management of the provision of spiritual care services. The Associate Director of the Department of Spiritual Care or designee establishes departmental policies, consistent with those of MM. The Manager or designee is responsible for the overall coordination and management of the clinical staff. The Manager or designee is accountable to Hospital Administration for Spiritual Care services. Clinical Spiritual Care staff members are assigned to units throughout the medical center.

- Ensure that spiritual care services are available to all patients in need of services. Services include, but are not limited to: Spiritual support, counseling, prayer, scripture, sacrament, and worship.
- Participate in interdisciplinary patient care. This is manifest through Spiritual Care participation in team meetings, consultation with staff about patient care issues, and provision of team support.
- Ensure that patients and their families receive the highest quality of spiritual care services available. This is manifest in thorough religious/spiritual assessment, appropriate identification of needs, delivery of spiritual care services, effective collaboration with members of the health care team involved in patient care, and evaluation of service provision.
- Comply with professional ethics including the MM Spiritual Care Code of Ethics.
- Maintain linkages with community religious/spiritual leaders for the purposes of providing comprehensive services for patients, families and staff members.
- Participate in the education of members of other health care disciplines.
7.1 PAID RELEASE TIME

PURPOSE

The purpose of this policy is to establish and disseminate the parameters of paid release time for the UMHS Department of Social Work. The Spiritual Care Department will be consistent with UMHC Policies Military Reserve Duty Pay SPG 201.33, Jury and Witness Service SPG 201.29, and Funeral Time SPG 201.03.

Employees shall be granted time off work without loss of their regular compensation or any loss of their fringe benefits to participate in Military Reserve or National Guard Training Programs or for service required because of civil disorder or other emergency in accordance with UM policy SPG 201.33.

DEFINITIONS

Coverage Plan: Staff member will insure pager coverage, set email rules, and provide voice mail message reflective of leave status.

Job-related activity: Conference attendance and/or participation, an activity which is required to meet or address workload needs or role, or an activity which is needed to meet professional requirements.

Immediate family: As per SPG 201.03 immediate family consists of an employee’s spouse or other qualified adult; the son, daughter, parent, grandparent, grandchild, brother, sister (or spouse of any of them), of either the employee, the employee’s spouse, the other qualified adult or any other related person living in the employee’s household.

POLICY

It shall be the policy of the Spiritual Care Department to provide paid release time for all eligible regular employees for military service, jury/witness service, university business, or for funeral time. This policy applies equally to all eligible employees.

MILITARY SERVICE

STAFF MEMBER

- Receives notice of the order to report for duty.
- Provides supervisor with a copy of notice.
- Assists supervisor in arranging coverage during absence.
- Notifies service team and patients of planned absence and plans for coverage and continuity of care.
- Insures coverage plan in place.
- Upon return terminates coverage plan and checks with supervisor to obtain necessary information on workload issues to insure continuity of care.
- Records time appropriately on time sheet.
- Provides a written verification to supervisor from the Military unit of the times and dates.

SUPervisor
- Arranges coverage for work assignment.
- Documents anticipated absence in departmental calendar.

Jury and Witness Service

Staff Member
- Submits a copy of call to witness or jury service to supervisor.
- Assists supervisor in arranging coverage during absence.
- Notifies service team and patients of planned absence and plans for coverage and continuity of care.
- Insures coverage plan in place.
- Upon return terminates coverage plan and checks with supervisor to obtain necessary information on workload issues to insure continuity of care.
- Provides supervisor written verification from the Court Clerk of the times and dates of service.
- Records time appropriately on time sheet.

Supervisor
- Arranges coverage for work assignment.
- Documents anticipated absence in departmental calendar.
- Notifies the staff member to return to work if released from jury or witness service in time to start or continue their regular work schedule that day.

University Business

Staff Member
- Requests approval of the supervisor for participation in a job-related activity away from the job site.
- Assists supervisor in arranging coverage during the absence.
- Notifies service team and patients of planned absence and plans for coverage and continuity of care.
- Ensures coverage plan in place.
- Upon return terminates coverage plan and checks with supervisor to obtain necessary information on workload issues to ensure continuity of care.
- Records time appropriately on time sheet.

SUPERVISOR

- Approves or denies request for absence.
  - If approved, arranges coverage for work assignment.
- Documents anticipated absence in departmental calendar.
- Cancels scheduled business time if staff member will be needed during previously approved time.

FUNERAL TIME

Funeral time requests will be granted up to three days of paid time off work for a staff member to attend the funeral, interment, or memorial services and to make necessary arrangements in the event of the death of a staff member’s immediate family in accordance with UM policy SPG 201.03.

STAFF MEMBER: Notifies supervisor of death of immediate family member, specifying the relationship. Provides date of funeral and estimates amount of time off to attend funeral.

STAFF MEMBER/SUPERVISOR

- Arranges coverage for work assignment.
- Notifies service team and patients of planned absence and plans for coverage and continuity of care.
- Insures coverage plan in place.

STAFF MEMBER

- Upon return, the staff member terminates coverage plan and checks with supervisor to obtain necessary information on workload issues in ensuring continuity of care.
- Records time appropriately on time sheet.

7.2 LEAVES OF ABSENCE WITHOUT PAY

PURPOSE

The purpose of this policy is to insure the Spiritual Care Department acknowledgement and compliance with SPG Policy 201.30.

DEFINITIONS

Regular Leaves of Absence: These include Childcare, Disability, Government Service, Medical, Medical/Child Care (combined), and Military Service.
Discretionary Leaves: Education and Personal which may be arranged at the discretion of the University.

Coverage Plan: Staff member will insure pager coverage, set email rules, and provide voice mail message reflective of leave status.

**POLICY**

Leave without pay will be granted according to University of Michigan SPG Policy 201.30 where paid leave does not apply. This policy applies equally to all eligible employees.

**STAFF MEMBER**

- Submits a request in writing for leave once all other leaves that apply have been exhausted or denied.
- Indicates the reason for request and amount of time requested, allowing sufficient notice to make necessary arrangements with personnel and work team coverage.
- Assists supervisor in arranging coverage during the absence.
- Notifies service team and patients of planned absence and plans for coverage and continuity of care.
- Ensures coverage plan in place.
- Upon return terminates coverage plan and checks with supervisor to obtain necessary information on workload issues to ensure continuity of care.
- Records time appropriately on time sheet.

**SUPERVISOR/MANAGER**

- Reviews the request with department director and HR consultant.
- Approves or denies the request, in writing, to the staff member.
- If approved reviews with staff member necessary actions to take to comply with SPG Policy 201.30.
- Insures coverage plan is in place
- Documents anticipated absence in departmental calendar.
- When approved then reviews with the staff member necessary actions to take to comply with SPG Policy 201.30.
- Completes necessary paperwork for submission to Human Resources.
7.2.1 EDUCATIONAL AND PROFESSIONAL LEAVE OF ABSENCE LEAVE WITHOUT PAY

PURPOSE

The purpose of this policy is to insure the Spiritual Care Department acknowledgement and compliance with SPG Policy 201.30.

DEFINITIONS

Educational and Personal Leaves of Absence: They are considered by the University and the Spiritual Care Department to be Discretionary Leaves which may be arranged at the conjoint discretion of the two bodies.

Personal Leave of Absence: Given that a Personal Leave of Absence is discretionary, approval of such requests cannot be assumed. In general, it shall be the practice of the Spiritual Care Department to grant personal leaves only for meeting brief, time-limited personal needs. The timing and duration of such a leave will be considered and must be negotiated to minimize disruption of service delivery and work team coverage.

Coverage Plan: Staff member will insure pager coverage, set email rules, and provide voice mail message reflective of leave status.

POLICY

Leave without pay will be granted according to University of Michigan SPG Policy 201.30 where paid leave does not apply. This policy applies equally to all eligible employees.

STAFF MEMBER

- Submits request in writing for leave once all other leaves that apply have been exhausted or denied.
- Indicates reason for request and amount of time requested, allowing sufficient notice to make necessary arrangements with personnel and work team coverage.
- Assists supervisor in arranging coverage during absence.
- Notifies service team and patients of planned absence and plans for coverage and continuity of care.
- Insures coverage plan in place.
- Upon return terminates coverage plan and checks with supervisor to obtain necessary information on workload issues to ensure continuity of care.
- Records time appropriately on time sheet.
SUPERVISOR

- Reviews the request with department director and HR consultant.
- Makes recommendation to department director to approve or deny request.
- Supervisor arranges coverage for work assignment.
- Documents anticipated absence in departmental calendar.

DEPARTMENT DIRECTOR/DESIGNEE

- The supervisor approves or denies the request, in writing, to the staff member.
- If approved, department director or designee (extended absence coordinator) then reviews with the staff member necessary actions to take to comply with SPG Policy 201.30.
- Completes necessary paperwork for submission to Human Resources.

7.3 HOSPITAL TIME FOR PROFESSIONAL BUSINESS PURPOSES

PURPOSE

To provide a guideline for the use of Hospital Business Time for Continuing Education and faith group activities.

DEFINITIONS

Hospital Business: Any time spent away from the office for professional development purposes.

Continuing Education: Includes attendance at conferences, workshops, seminars, trainings, webinars, etc.

Coverage Plan: Staff member will insure pager coverage, set email rules, and provide voice mail message reflective of leave status.

POLICY

The Department of Spiritual Care supports ongoing professional development, education, training (Continuing Education), and faith group requirements for endorsement. Therefore, staff may be eligible for hospital business time to attend educational and faith group or religious endorser’s required events. Additionally, regular staff member may be eligible for total or partial reimbursement for educational activity attendance. The amount of reimbursement is based on the Department's available resources, the nature of the meeting, and the level of the staff member's participation and the availability of other funding. Regular staff
members may be granted release time for professional development, skill development and educational purposes. Staff members may use release time (hospital business) to attend training programs sponsored by either the Hospital or University. Staff members may use release time (hospital business) for non-academically numbered continuing education conferences, workshops, etc.

Staff members may use release time (hospital business) for attendance of professional conferences or faith group/religious required events. This will be limited to 10 (work) days per fiscal year. Four additional release time (hospital business) days will be provided to individuals who are participating in committee activities for professional organizations that promote chaplaincy and/or are beneficial to the Spiritual Care Department at MM (These 4 days are available at the discretion of the supervisor).

Priority will be given to a staff member presenting a paper, workshop, etc. Priority/consideration will be given to those who are attending conferences directly related to staff member’s annual performance goals.

Staff members requested by the Manager or designee to attend conferences or meetings will be given release time. This will be included in the 10 (work) days per fiscal year that is stated above. Each regular staff member may be eligible for total or partial reimbursement for conference attendance. The amount of reimbursement is based on the Department's available resources, the nature of the meeting, and the level of the staff member’s participation and the availability of other funding.

Generally, eligibility for reimbursement is limited to regular staff members who have been employed at least six months. Regular staff who are in their probationary period are not eligible for funding; if they attend a conference during their probationary period, must use PTO. The Manager or designee maintains discretionary funds to support staff member’s attendance at meetings as required or requested by Manager or designee. Generally, these funds are used to support skill or competency building in a required or new program area.

Hospital Business (HPB) can only be used if conference/faith group or religious endorser’s required event is on a regularly scheduled work day. HPB may be given for travel days of one day before and one day after, in discussion with the Manager or designee.

**STAFF MEMBER**

- Submits a travel request form (found in the shared drive) to Manager or designee at least 20 days prior to the conference indicating the type of leave requested; whether presenting or attending only; if it is a faith group or religious endorser’s required event, the level of financial support sought; and other financial support available and being utilized.
- If financial support has been granted, staff member submits necessary requests for reimbursements and supporting documentation within 2 weeks of return.
- Assists Manager or designee in arranging coverage during absence.
- Records time appropriately on time sheet.

**SUPERVISOR**
- Approves or denies the request for release time for educational or development purposes.
- Approves or denies the amount of financial support from the department.
- Notifies administrative manager and financial analyst of financial support from the department.
- Cancels scheduled HPB if the staff member will be needed in the department during the previously approved time.

7.4 Referral Identification and Process

Purpose

To define the referral of patient needs to Chaplains within the Spiritual Care Department.

Definitions

Referrals: Informal and formal referrals can come from, but are not limited to, any member of the interdisciplinary health team, the patient, the patient's family or significant other, a community religious/spiritual leader, or from other UMHS Spiritual Care staff. Can be identified through independent case finding with a variety of screening mechanisms specific to each service area.

Policy

The Spiritual Care Department actively engages independent identification of patient and families who may have need of Spiritual care services. The staff member then provides appropriate interventions. This policy applies equally to all eligible employees.

Referral Source

- Identifies need for Spiritual Care intervention.
- Initiates a referral to Spiritual Care.

Staff Member

- Contacts referral source as needed to clarify and specify the need for Spiritual Care intervention.
- Meets with patient, family, and/or health care team members to assess appropriateness for Spiritual Care involvement.
- Documents in the medical record Spiritual Care assessment and services provided.
7.5 CONFIDENTIALITY OF PATIENT INFORMATION

PURPOSE

It is the policy of the MM that all information, whether transmitted or received, in written, unwritten, oral, faxed, photographic, or electronic computer system form, regarding care of the individual patient be maintained as confidential information. This information will only be communicated as is appropriate under HIPAA guidelines and in a confidential and secure manner.

In accordance with state and federal regulations, policies set by the University of Michigan Administration and the Medical Records Department, all information gained in professional relationships should be used responsibly and with discretion.

DEFINITIONS

Patient information collected and/or generated within Michigan Medicine shall be maintained in such a manner that access to it is restricted to those with a need to know, and release of it is restricted to those with a legal right to know, as mandated by State and Federal laws.

Disciplinary Action: Any member of the Spiritual Care Department who voluntarily allows or participates in the inappropriate dissemination of confidential information shall be subject to immediate disciplinary action, up to and including dismissal.

POLICY

This policy states the professional, ethical and legal standards of conduct expected of the Michigan Medicine Spiritual Care Department staff and all Spiritual Care volunteers. All staff upon employment are required to read the University's Policy on Confidentiality and sign a confidentiality statement at the beginning of employment and thereafter annually. This statement will remain in their personnel file.

Staff members and the Spiritual Care Department will adhere strictly to the federal and state guidelines forbidding release of information regarding patients with diagnoses of drug and alcohol problems and of patients who are involved in drug or alcohol treatment programs.

Staff members and the Spiritual Care Department will adhere to federal and state regulations and guidelines regarding the release of identifying information about any individual diagnosed with a sexually transmitted disease. Staff members and the Spiritual Care Department will adhere to federal and state
regulations and guidelines regarding the release of identifying information about situations regarding abuse and neglect of children and the elderly or vulnerable adult.

In accordance with state and federal regulations, policies set by the University of Michigan Administration and the Medical Records Department, all information gained in professional relationships should be used responsibly and with discretion.

Signed consent must be obtained in all the cases where federal and state regulations have specific guidelines for release of information.

Confidentiality applies to all patient, hospital and Spiritual Care Department business including administrative data, business and financial records.

CONFIDENTIALITY OF PATIENT INFORMATION

DIRECTOR OR DESIGNEE

- Assumes responsibility for ensuring Department's adherence to Confidentiality Guidelines.
- Develops and maintains a system for ensuring that all new staff members read MM Policy 01-04-002, and sign a Confidentiality Statement that is kept on file in their Personnel File.
- Develops and maintains a system for ensuring that all staff members read MM Policy 01-04-002, and sign a Confidentiality Statement each year. This statement is kept on file in their Personnel File.
- Develops and maintains a system for ongoing training for all staff and for documenting compliance.
- Monitor staff understanding and compliance with confidentiality and, if necessary take corrective or disciplinary action.

STAFF MEMBER, STUDENT OR VOLUNTEER

- Receives a copy of University Policy on Confidentiality. Reads and signs Confidentiality statement, and discusses any questions or concerns with director or designee.
- Brings problems or issues related to confidentiality to the director or designee.
- Agrees to immediately report suspected noncompliance of him/herself or other staff to their supervisor or the MM Compliance Office.
- As agreed to by the staff member signing the Code of Conduct Attestation, the staff member will protect sensitive information of the individual patient and will not access, release, or share the information unless it is necessary under assigned duties or he or she is authorized to do so by a Release of Information from.

ADMINISTRATIVE STAFF

- Provides orientation training for new staff to follow this policy.
- Receives signed copy of confidentiality statement and maintains records of completion for staff for new and ongoing compliance and the a New/current confidentiality statement is filed in personnel file.
7.6 Release of Information

Purpose

This policy serves as a guide for providing medical information regarding adults at Michigan Medicine. MM shall limit the information released under an authorization to that information which is described on the authorization form.

Definitions

Release of Information: written authorization provided by the patient or the patient’s legal guardian(s) to provide patient information outside of Michigan Medicine.

Sensitive Information: Certain information requires a special authorization. This includes psychiatric, drug and/or alcohol abuse, HIV/AIDS, and sexual abuse information. Authorizations for sensitive information must specifically refer to the information that is to be released. Sensitive information is never sent by fax, per hospital policy and protection of the patient’s privacy, except in cases of care coordination.

Document: A document equals one signed entry per date of service in the medical record regardless of the total number of pages. (i.e.: one lab result totaling 3 pages equals one document, one provider note totaling 5 pages equals one document, etc.)

Policy

Information is released only in accordance with hospital policy, federal regulations, and state regulations. Information may be exchanged among professionals under certain circumstances in accordance with UMHS requirements, standards and practice guides on confidentiality. Information necessary to plan for patient care services can be given on a “need to know” basis, with the consent of the patient. This consent is given either formally, through the written consent form, verbally, or is implied through the patient’s participation in planning activities.

Confidentiality and release of information regarding possibly abused children, vulnerable adults and dependent adults is waived in favor of reporting to state Protective Services, in compliance with state laws.

Staff members and the Spiritual Care Department will adhere strictly to the federal and state guidelines regarding patients with diagnoses of drug and/or alcohol concerns, or patients who are involved in drug and/or alcohol treatment programs. Appropriately signed consent must be obtained in all cases to release information.
Staff members and the Spiritual Care Department will adhere to federal and state regulations and guidelines regarding the release of identifying information about any individual diagnosed with a sexually transmitted disease.

Requests for information from a patient’s medical record are to be referred to the Health Information Management: Release of Information Unit. The Release of Information Unit shall handle all requests for patient information received from patients, family members, hospital staff, community agencies and all those outside of the health system. Patient records may be used for teaching if identifying information is disguised or omitted. MM Policy 01-04-310 - Release of Protected Health Information under an Authorization. (http://www.med.umich.edu/i/policies/umh/01-04-310.htm)

STAFF MEMBER

- Chaplain receives request for information
- Chaplain refers the person requesting information to contact: Health Information Management; Release of Information Unit at 734-936-5490 or http://www.med.umich.edu/1toolbar/Billing/mr.htm.
- If there are any questions or concerns, contact the Health Information Management: Release of Information Unit with any questions at 734-936-5490.

7.7 NEWS MEDIA COVERAGE OF PATIENTS

PURPOSE

The purpose of this policy is to preserve the confidentiality of our patients and families and to adhere to HIPAA and other pertinent laws that protect privacy. All material regarding patients/families to be released as public record must be approved by Public Relations.

POLICY

This policy will address the use of all material regarding patients and families to be released for public record. This policy applies to all patient and family information and will be adhered to by all eligible employees. See Exhibit A: Guideline for releasing patient information to the media. This is required reading for this policy.

STAFF MEMBER

- The staff member will gather as much information as possible from the patient and/or family member regarding the rationale for its release.
- The staff member will contact Public Relations to consult before releasing any patient/family information to the public.
- A staff member will submit a copy of all news releases to the Associate Director of the Department of Spiritual Care or designee for review prior to publication.
ASSOCIATE DIRECTOR OF SPIRITUAL CARE

- Associate Director of Spiritual Care or designee will review the news release and inform the facilitating staff member whether to release the information.

7.8 SPIRITUAL CARE ASSESSMENT AND RECORDING

PURPOSE

To establish standards for documentation of Spiritual Care services with the intent to enhance the communication of the interdisciplinary team.

DEFINITIONS

In-patient: any patient area with spiritual care services for hospitalized patients in UH, CVC and Mott Hospitals.

Ambulatory: Any outpatient area with Spiritual Care services.

Referral: A spiritual care need that is identified and communicated to the appropriate person via the following ways: pager, phone, in-person, online referral process, or at patient request.

STANDARDS

- Documentation timeliness
  o Inpatient Unit:
    ▪ A spiritual assessment note must be documented within 24 (business) hours of spiritual care receipt of the referral. If a referral occurs on the last work day of the week, the note must be documented by the next business day.
    ▪ Attempts to see the patient and all incomplete referrals will also be documented within the above timeframe.
    ▪ Follow-up Documentation: Ongoing cases will be documented once a week. Any significant information or changes in the plan will be documented as needed.
  o Ambulatory Units:
    ▪ An initial note must be entered within 72 (business) hours of spiritual care receipt of the referral.
    ▪ Or a spiritual care assessment must be completed and entered within 72 (business) hours of initial patient contact.
Follow-up Documentation: Ongoing cases will be documented for each subsequent contact. Documentation of similar contacts may be combined if the content is related and within close date proximity (one month). For example, “attempts to reach the patient by phone”.

- Emergency Department:
  - Spiritual Care intervention documentation must be entered within 24 hours of patient contact.

- Use of an Addendum with a Spiritual Care Note
  - UMHS policy allows addendums to clarify or complete the medical record for clinical care. While the information in the medical record should never be deleted, obliterated, or altered after the fact, the judicious use of an addendum in a medical record is reasonable, if the addendum is designated as such and dated.
  - An Addendum to a Spiritual Care note can be added up to one month after the note is written. If it has been longer than one month, a new Spiritual Care Note must be written.

**POLICY**

The Spiritual Care Department endorses the institution’s expectation that prompt and appropriate communication is a critical element of quality patient care. The Spiritual Care will abide by Michigan Medicine Policy 03-09-006 Medical Record Documentation Requirements for Healthcare Providers. As such, the Department recognizes the necessity of documentation of patient/family/caregiver interactions and all other services rendered to patients, families and health care team members to promote optimal coordination of comprehensive healthcare and to meet the institutional, professional, and regulatory requirements of documentation.

Before documenting in the medical record, the clinical staff member should review the medical record as one source of information to familiarize him/herself with the past and current history of the patient.

Any service provided to a patient/family by clinical staff must be entered into the medical record. Entries shall be completed on all referrals and shall reflect the assessment, problem, intervention, impression(s), and plan, as well as any changes in these. Incomplete referrals or attempts to see patient will be documented within department standards for timeliness.

**7.9 WITNESSING LEGAL DOCUMENTS**

**PURPOSE**

The purpose of this policy is to align the Spiritual Care Department with Michigan Medicine Policy 03-07-010, Advance Directives.

**DEFINITIONS**
Legal documents: Documents such as but not limited to living wills, durable power of attorney of healthcare or finances, guardianship papers, healthcare power of attorney, will and estate documents.

POLICY

All Spiritual Care Department staff will not witness the signing of any legal documents. This policy applies equally to all eligible employees. See the Michigan Medicine Policy 03-07-010 Advance Directives (AD).

7.10 PROVISION OF SPIRITUAL CARE TO ASSIGNED AREA

PURPOSE

The purpose of this policy is to outline how Spiritual Care are organized.

POLICY

Spiritual Care services are available to all patients within the inpatient settings (and outpatient settings upon specific referral). Staff assignments are made by the Associate Director or designee

- Staff Chaplains are assigned to specific clinical areas throughout the medical center.
- Religious and denominational specific spiritual care services will be provided through the appropriate staff chaplain or religious/spiritual leader.
- Rotating coverage of unassigned units is shared by the staff chaplains and the rotating schedule is assigned by the Associate Director to ensure 24/7 spiritual care support to all inpatients in the medical center

7.11 ACTIVITIES OF STAFF CHAPLAINS

PURPOSE

The purpose of this policy is to outline the general expectations for staff.

DEFINITIONS

Normal Work Day: A staff chaplain’s assigned shift.
Delivery of Care: The chaplain develops and implements a plan of care to promote patient well-being and continuity of care.

POLICY

The work of a staff chaplain is unique and diverse in nature. General expectations do exist and are delineated below, however the work is not limited to these defined expectations. Standards for Normal Work Day: 75% of time involved in direct and/or indirect patient care, 25% of time involved in institutional involvement.

Delivery of Care Priority of Interventions:

- Emergency Referrals
- Referrals
- ICU patients
- Follow up patients
- General Care patients

7.12 REQUEST FOR ORGAN/TISSUE/REMAINS DONATION

PURPOSE

This policy serves to provide direction for Spiritual Care staff regarding the discussion of organ, tissue, and eye donation with their imminently dying patients who may be potential donors as defined in Michigan Medicine Policy 02-05-003 “Organ, Tissue, and Eye Donation.” This also includes spiritual care services rendered to the patient’s next-of-kin/family.

DEFINITIONS

Designated Requestor: A University of Michigan Donation Initiatives Program representative trained and authorized to provide information to the family about donation, inform the family of their donation options, or donation request with a potential donor's family.

Donation Coordinator: A qualified Gift of Life or UM Donation Initiatives Program representative responsible for the coordination and management of organ donation cases at Michigan Medicine. Responsibilities encompass the entire organ donation process.
Donation Initiatives Program (Donation Initiatives): Directs all Michigan Medicine organ, tissue, and eye donation activity and efforts, including: development; awareness/education; clinical activity; leadership; community collaboration and promotion activity, responsible for ensuring Michigan Medicine compliance, resolving related issues and optimizing outcomes during potential donation cases.

Donor: An individual whose body or body part is the subject of an anatomical gift.

Gift of Life Michigan ("Gift of Life"): A non-profit (501c3) independent corporation certified by Medicare and designated by the Centers for Medicare and Medicaid Services as an organ procurement organization (OPO) for Michigan. As an organization, it acts as an intermediary between the donor hospital and the recipient transplant center providing all of the services necessary for organ and tissue donation. For this policy, Gift of Life will act as the “designated OPO” as described in federal regulations.

Imminent Death: Pertaining to a clinical event or condition that is associated with a high mortality rate. This includes, but is not limited to, initiating an evaluation for brain death, following a decision to withdraw or withhold life support, or requiring ongoing cardiopulmonary resuscitation.

Organ: A human kidney, liver, heart, lung, pancreas, or intestine or multi-visceral organs when transplanted at the same time as an intestine.

Organ Procurement Organization (OPO): A person certified by the secretary of the United States Department of Health and Human Services as a qualified organ procurement organization under 42 USC 273(b).

Tissue: A portion of the human body other than an organ or an eye. The term does not include blood unless blood is donated for research or education.

POLICY

All staff members in the Spiritual Care Department will comply with Michigan Medicine Policy 02-05-003 “Organ, Tissue, and Eye Donation” while rendering services to imminently dying patients and their families/next-of-kin. All individual staff members working with potential organ donors and their families/next-of-kin are expected to follow all procedural actions as listed in the policy.

- Spiritual Care staff will provide appropriate services to the imminently dying patient and family/next-of-kin.
- Spiritual Care staff should refrain from initiating discussion about organ and tissue donation with a patient and/or the patient’s next-of-kin/family.
- Spiritual Care staff are permitted to be involved in discussions about organ and tissue donation when such discussions are initiated and led by a Designated Requestor or Donation Coordinator from the Gift of Life or the UM Donation Initiatives Program.
- Spiritual Care Management will intervene if the social worker is noted to be out of compliance with the policy.
7.13 Honoraria and Gratuity

Purpose

To govern the acceptance of any honorarium or gratuity which is customarily given to clergy for services provided.

Definitions

Honorarium: A payment made to a chaplain for providing services which are unique to an ordained/licensed clergyperson; e.g. weddings, funerals, preaching or for professional presentations related to the work of a clergyperson serving in chaplaincy.

Gratuities or gifts: Offerings of cash (often incidental amounts) for services provided by an ordained/licensed clergyperson.

Work Related Activities: Services provided in the normal course of work during normal or on-call hours of duty or during hospital business time.

Policy

The Spiritual Care Department recognizes that staff chaplains often are expected to offer professional services unique to their ordination or licensure, for which compensation in the form of honoraria or gratuities is offered. However, in recognition of guidelines established in the Standard Practice Guide 201.65-1, the receipt of such monies while conducting work related activities constitutes a conflict of interest and is therefore prohibited.

Monies received by staff chaplains in the form of an honorarium or gratuity for services provided during work related activities, shall be considered donations to the departmental gift fund. Staff chaplains have the duty of disclosing this information and assisting the donor in the proper designation of the monies.

Staff chaplains can retain an honorarium or gratuity for personal use only when the monies are paid or given for services provided during non-work time. Gratuities or honoraria which become donations to the department shall be processed through Michigan Medicine Gift Processing, and acknowledged with a thank you letter from the Associate Director or designee.
ADMINISTRATIVE ASSISTANT

- Will process gratuities or honoraria which become donations to the department through Michigan Medicine Gift Processing.
- Writes thank you letter to donor.
  - Associate Director or Designee signs thank you letter.

7.14 ON-CALL DUTIES

PURPOSE

To ensure coverage of the emergency spiritual care pager and provision of spiritual care services in the event of the use of PTO or PTU by overnight or weekend staff.

DEFINITION

Scheduled time away (PTS): Chaplain obtains approval for PTS through departmental standards (see Policy 203). Schedule coordination is then facilitated through Associate Director to obtain adequate coverage. The Administrative Assistant is informed of all schedule changes due to their responsibility for adjusting the schedule and planned changes on the paging website.

Unplanned time away (PTU): It is the responsibility of the scheduled chaplain to arrange for on-call coverage for unplanned time away to assure adequate coverage. This can be accomplished by coordinating with other chaplains or facilitated by the Associate Director of the Department of Spiritual Care. The Administrative Assistant is informed of all schedule changes due to their responsibility for adjusting the schedule and planned changes on the paging website.

POLICY
Spiritual Care staff will participate in on-call as needed to provide spiritual care services during evenings, overnight, and weekends. On-call work will be compensated per the Standard Practice Guide and institutional procedures.

Chaplains will participate in on-call as needed to provide spiritual care services. Schedule coordination is facilitated through the Administrative Assistant and/or the Associate Director for planned time away (PTO) who are responsible for adjusting the schedule and planned changes on the paging website. It is the responsibility of the scheduled chaplain to arrange for on-call coverage for unplanned time away to assure adequate coverage. This can be accomplished by coordinating with other chaplains or facilitated by the Associate Director of the Department of Spiritual Care. On-call work will be compensated per the SPG and institutional procedures.

- The primary on-call chaplain will be responsible for handling all appropriate after-hours services except for Roman Catholic anointing. The primary chaplain is first call in any disaster activation.
- The back-up on-call chaplain is a Roman Catholic priest who shall respond to requests from the primary on-call chaplain for anointing and if necessary other sacramental ministries when appropriate. The primary on-call chaplain will assess the nature of the request for services and determine the appropriate response.

**7.15 Bereavement Care**

**Purpose**

To govern the practice of continuing spiritual care support to surviving family members of deceased patients.

**Definitions**

Types of bereavement follow up care: Bereavement Card or Letter, Telephone contact, and Attendance at funeral home visitation/funeral/memorial service.

**Policy**

The Spiritual Care Department recognizes the appropriateness of bereavement care as an extension of spiritual care services provided during hospitalization. Chaplains are to exercise professional judgment and to respect the personal wishes of survivors in the provision of this service. They are to comply with all applicable legal and policy guidelines in the delivery of this service. It may appropriate for the chaplain(s) to coordinate this service with those provided by the Office of Decedent Affairs (ODA). To extent necessary in the delivery
of this service, chaplains may access the patient’s demographic information as contained in their medical record and in compliance with HIPAA guidelines. This policy applies equally to all Spiritual Care department team members.

Spiritual care and religious services are often provided to patients and families over an extended period. Upon the death of the patient it may be appropriate for the chaplain(s) to provide bereavement follow up care. The chaplain has the responsibility of discerning the need for and the extent of the follow up care.

### 7.16 Research Activities

**Purpose**

To provide guidance for Spiritual Care staff conducting and being involved in research at Michigan Medicine.

**Policy**

Staff members may participate in research activities either intra- or inter-departmentally. All research activities must receive prior approval from the Associate Director or designee. Any authorship on publications resulting from research activities must be clearly established before engaging in any research activities. Any person who has significant management responsibility for a research activity must be included in the authorship (e.g. principal investigator, project manager, etc.) This policy applies equally to all Spiritual Care department team members.

All research conducted by members of the department that involves patients of the hospital must follow the guidelines established by the Human Use Committee.

**Staff Member:** Submits request for participation in research activities to the Associate Director of the Department of Spiritual Care or designee.

**Associate Director or Designee**

- Reviews request for participation in research activity.
- Approves or disapproves research activity

### 7.17 Visiting Spiritual Care Providers
PURPOSE

The intention of this guideline is to protect the privacy of patients, comply with the interpretation of the HIPAA regulations and facilitate the ministry of visitation by designated laypersons (non-clergy) and religious leaders (clergy).

DEFINITIONS

Spiritual Care Provider to include Clergy: An ordained, consecrated or otherwise designated religious leader in a religion or spiritual community.

Layperson: A member, participant, of a religion or spiritual community carrying out a ministry of visitation on behalf of or at the direction of a clergy person.

CLERGY

The clergy must complete the necessary forms to secure appropriate hospital identification. This includes the Local Religious Leader Information form and the Confidentiality Statement. This form is obtained from the main guest assistance desk. The clergy must sign and date Local Religious Leader Information form and the Confidentiality Statement. The identification (ID) badge is valid for a one year period. Identification forms must be updated/renewed annually through hospital security. The ID must be worn always while in the hospitals.

Visiting clergy views and utilizes the religious preference census information of their religion and spiritual community to visit members of their own congregational community. Visiting clergy makes use of this information specifically to provide services to those that they care for in context of their congregational responsibilities. Visiting clergy are not permitted to use census information for visiting patients who are not direct members of their congregation, nor are they permitted to disclose to anyone the names that appear on this list. Clergy members are not permitted to proselytize. Clergy members are not permitted to take photos of the census list.

REVOCATION OF PRIVILEGES

Violation of any HIPAA regulations, visitation regulations or failure to comply with these guidelines may be a basis for revoking the privileges extended to the clergy.

LAYPERSON

The layperson must complete the necessary forms to secure appropriate hospital identification. This includes the Local Religious Leader Information form and the Confidentiality Statement. This form is obtained
from the main guest assistance desk. The layperson must sign and date Local Religious Leader Information form and the Confidentiality Statement. The identification (ID) badge is valid for a one year period. Identification forms must be updated/renewed annually through hospital security. The ID must be worn always while in the hospitals.

The layperson views and utilizes the religious preference census information of their denomination, religion and spiritual community to visit members of their own congregational community. The layperson makes use of this information specifically to provide services to those that they care for in context of their congregational responsibilities. The layperson is not permitted to use census information for visiting patients who are not direct members of their congregation nor are they permitted to disclose to anyone the names that appear on this list. The layperson is not permitted to proselytize. Laypersons are not permitted to take photos of the census list.

REVOCATION OF PRIVILEGES

Violation of any HIPAA regulations, visitation regulations or failure to comply with these guidelines may be a basis for revoking the privileges extended to the layperson.

POLICY

Traditionally recognized religious leaders, Spiritual Care Providers and clergy, have the right under HIPAA guidelines to view and utilize the religious preference census information of their denomination, religion, spiritual community. Often the ministry of visitation is conducted by designated lay persons.

- The clergy and laypersons secure a letter of designation/authorization from appropriate religious body. The letter must contain the following
  o Name of clergy
  o Name of religious organization
  o Date
- Fill out Local Religious Leader Information form and the Confidentiality Statement
- Receives ID from guest services
- This procedure must be done every year.

7.18 FLEXIBLE SCHEDULING AND HOURS OVER REGULAR

PURPOSE

This policy serves to define the parameters for working a flexible schedule and working overtime.
**DEFINITIONS**

Time Over Regular: OTR equals the staff member’s hourly wage. OTR is used when a staff member works additional hours beyond their regular appointment. This code is used by exempt staff for all approved reported hours over regular.

Paid Time Off: PTO is a benefit of employment and accrues based on the staff member’s appointment and years of service.

**POLICY**

The Spiritual Care Department has a policy of "flexible work time" in which a staff member, in consultation with his/her supervisor, determines what hours of work best meet the demands of the job. The expectation is that staff will work a schedule sufficient to achieve their appointment hours.

Each staff member will be responsible for maintaining a schedule of “regularly scheduled hours” with departmental management and administrative staff. Each staff member is responsible for prior notification of any intended change in schedule, and is responsible for securing coverage during "off" time. Hours over regular, which is those hours worked more than scheduled hours, can be paid only in special circumstances and with prior approval of the associate director and director.

**STAFF MEMBER**

- Provides clinical services beyond one hour of their scheduled hours or is called back during on-call rotation.
- With Associate Director/supervisor’s approval, modifies work schedule to allow for adjustment of work time within the current pay period.
- Arranges for coverage following the usual procedure.
- If payment for hours “over regular” is approved, notes this appropriately on time sheet as OTR.

**ASSOCIATE DIRECTOR/SUPERVISOR**

- Approves or denies request for modification of work schedule.
- Makes recommendation to director regarding staff request for payment of OTR.

**7.19 REST PERIODS**
PURPOSE

The purpose of this policy is to establish guidelines for staff regarding the rest period during working hours. This policy applies equally to all eligible employees.

DEFINITIONS

Rest Period: To provide a rest/break from work which is preceded and followed by an extended work period. The rest period will be with pay and will not exceed fifteen minutes for each four hours of work. It may not be used to make up for a staff member’s late arrival to work, or early departure, to extend the lunch period, nor may it be regarded as cumulative if not taken.

POLICY

This policy will address the use of a rest period for staff.

STAFF MEMBER

- A staff member may take a fifteen-minute rest period for each four hours of work.
- A staff member may elect not to take a rest period.
- Staff may voluntarily work through the rest period without compensation.

ASSOCIATE DIRECTOR/SUPERVISOR

- The Associate Director/supervisor will inform new staff of the policy and monitor adherence to the policy.

7.20 PROVISION OF GIFT FUNDS

PURPOSE

The purpose of this policy is to provide a guideline and standards for utilization of department gift funds.

POLICY

The gift funds of the department shall be used to assist the department in development and implementation of programs or equipment consistent with the role and mission of the department.
department does not maintain a fund to assist patients/families/visitors in financial need. Individual staff members are discouraged from providing any personal monies in response to requests for financial assistance. The Guest Assistance Program (GAP) receives, screens, and responds to all requests of this nature.

When a chaplain receives a request for financial assistance the chaplain will refer the individual to the GAP.

7.21 TECHNOLOGY USE

PURPOSE

To ensure department resources are used appropriately.

POLICY

It is the policy of the Spiritual Care Department to define appropriate computer use as defined in Standard Practice Guide policy 520.1. This policy applies equally to all eligible employees.

Eligible employees may use technology in accordance with conditions as defined in Standard Practice Guide 520.1 Section III-B:

- Personal use of equipment does not reduce the effort or hours worked by the employee.
- Personal use does not interfere with business usage.
- Personal use does not result in material incremental cost to the University; permission may be given for personal use if individual reimburses the University for the cost (such as phone calls, copies).
- Activities in support of the University’s objectives of creating knowledge and disseminating same, such as scholarly publishing and discipline-related consulting are recognized as normal professional responsibilities and therefore understood as appropriate uses.
- University-owned property is not to be used in any personal, for-profit activity by faculty or staff.
- University-owned property is not to be used for illegal purposes such as copying licensed or copyrighted software or other materials.

7.22 CHAPLAIN COVERAGE

PURPOSE

To outline how the Spiritual Care department shall maintain coverage for insuring the appropriate and timely provision of spiritual care services to patients, families and friends of patients or hospital staff members involved in an emergent medical or spiritual crisis.
DEFINITIONS

Coverage Pager: The spiritual care default pager; currently pager ID 2919.

POLICY

To define and delineate the duties and responsibilities of the chaplain assigned to coverage pager. The Coverage chaplain shall either physically carry pager ID 2919 or shall create a coverage exception assigned to their regular pager for the duration of their rotation. The Associate Director or departmental administrative assistant shall prepare a monthly calendar of pager coverage. The calendar is saved in the spiritual care shared drive. Each chaplain has the responsibility for being knowledgeable of their scheduled rotation.

The Coverage chaplain shall respond to all requests in a timely manner appropriate to the nature of the request including responding to level one trauma in the adult emergency room and the children’s emergency room. The chaplain can exercise professional discretion and refer the request to another in-hospital chaplain if the coverage chaplain cannot respond in the appropriate time frame. The chaplain will refer requests to the unit chaplain (when the unit chaplain is in the hospital).

If the Coverage chaplain needs to be absent from the hospital (full or partial day) the chaplain has the duty of securing coverage from another chaplain for the duration of the absence. The Coverage chaplain also must advise the administrative assistant of the absence and the alternate coverage assignment. If the absence is due to illness or an emergent need when the Coverage chaplain cannot negotiate alternate coverage the administrative assistant and/or associate director will secure alternate coverage and advise the Coverage chaplain.
8 APPENDIX

8.1 SAMPLE SYLLABUS

WEEK 1

Assignment: Student Record, MiChart Training

Assigned Readings:


Association for Professional Chaplains White Paper, “The Meaning and Practice of Spiritual Care”

Delores Williams, “Sisters in the Wilderness”

Monday

9:00 am: Orientation Session I / II

Tuesday

9:00 am: Group Session I, Getting Acquainted, What is CPE?

11:00 am: The Power of Story Implications of Narrative Therapy, Michael White, Narrative Means to Therapeutic Ends, David Epston

1:00 pm: Student Stories

Wednesday

MiChart Training at NCRC - 8 am to 1 pm

WEEK 2

Assignment: Student Learning Contract (rough draft)

Assigned Readings:
Galek, Flannelly, Vane, and Galek, “Assessing a Patient’s Spiritual Needs”

APC White Paper, “The Functions and Activities of Professional Chaplains”

George Fitchett, “Assessing Spiritual Needs in a Clinical Setting”

Delores Williams, “Sisters in the Wilderness”

Tuesday

9:00 am: Spiritual Centering (Pastoral Formation); Methods of Self/Other Reflection (309.2, 311.1, 311.2), Theological Significance of Personal Narrative (309.6)

10:30 am: Student Stories

1:00 pm: Onboarding with Staff Chaplains (mentors/preceptors)

2:00 pm: Level I Student Contract (outline of student goals)

3:00 pm: Level II Student Initial Plan (consultation and materials)

Wednesday – Sunday: Clinical Shifts

WEEK 3

Assignment: Student Learning Contract (final draft)

Assigned Readings:

Howard Clinebell, “Basic Types of Pastoral Care”

Delores Williams, “Sisters in the Wilderness”

Tuesday

9:00 am: Spiritual Centering (Pastoral Formation); Methods of Self/Other Reflection (309.2, 311.1, 311.2)

9:30 am: Material Review: Ministry Report, Theological Reflection, Mid-Unit & Final Unit Evaluations

10:45 am: MiChart Module Completion

1:00 pm: Didactic; Addressing Spiritual Needs and Assessments (309.4, 309.5, 309.7, 312.4)
2:00 pm: Student Learning Contract Presentations (311.9, 312.9)

Wednesday – Sunday: Clinical Shifts

WEEK 4

Assignment: Ministry Report

Assigned Reading: Malcolm Gladwell, “David and Goliath: Underdogs, Misfits and the Art of Battling Giants”

Tuesday

9:00 am: Spiritual Centering (Pastoral Formation); Methods of Self/Other Reflection (309.2, 311.1, 311.2), Theological Significance of Personal Narrative (309.6)

9:30 am: Spiritual Self Journey (4 to develop student’s 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)

10:45 am: IPR Session (311.4, 311.5, 312.7)

1:00 pm: Ministry Reports Level I Students / Consultation Materials Level II Students (open) (311.3, 311.8, 312.2, 312.4, 312.6)

2:00 pm: Individual Supervision (10, to develop student’s abilities to use both individual and group supervision for personal and professional growth, including the capacity to evaluate one’s ministry)

Wednesday – Sunday: Clinical Shifts

WEEK 5

Assignment: Spiritual Journey, Ministry Report

Assigned Reading: Malcolm Gladwell, “David and Goliath: Underdogs, Misfits and the Art of Battling Giants”
Tuesday

9:00 am: Diversity, Equity and Inclusion Presentation (311.7, 312.2, 312.5)

10:00 am: Spiritual Centering (Pastoral Formation); Methods of Self/Other Reflection (309.2, 311.1, 311.2), Theological Significance of Personal Narrative (309.6)

10:30 am: Family & Group Systems Presentation (311.4, 312.4)

1:00 pm: Students Share Spiritual Self Journey (4)

2:00 pm: Ministry Reports Level I Students / Consultation Materials Level II Students (open) (311.3, 311.8, 312.2, 312.4, 312.6)

Wednesday – Sunday: Clinical Shifts

WEEK 6

Assignment: Ministry Report

Assigned Readings:

Carl Buxo “Providing Spiritual Care at End of Life Across a Diversity of Faiths”

Tuesday

9:00 am: Student Devotions and Integration (312.5)

9:15 am: Ministry Reports Level I Students / Consultation Materials Level II Students (open) (311.3, 311.8, 312.2, 312.4, 312.6)

10:30 am: Theological Reflection; Malcolm Gladwell, “David and Goliath: Underdogs, Misfits and the Art of Battling Giants”

1:00 pm: Helping Relationships – Principals, Theory, and Practice, The Pastoral Role within the Palliative and Hospice Care Team (309.4, 309.5, 309.7)

2:00 pm: Individual Supervision (10, to develop student’s abilities to use both individual and group supervision for personal and professional growth, including the capacity to evaluate one’s ministry)

Wednesday – Sunday: Clinical Shifts
WEEK 7

Assignment: Integration Report, Ministry Report

Assigned Reading: Henri Nouwen, “The Wounded Healer”

Monday

9:00 am: Ann Arbor Community CPE Day (CPE & St. Joseph’s CPE Programs)

Tuesday

9:00 am: Student Devotions and Integration (312.5)

9:15 am: Ministry Reports Level I Students / Consultation Materials Level II Students (open) (311.3, 311.8, 312.2, 312.4, 312.6)

10:30 am: Didactic “Difficult Spiritual Assessments”

1:00 pm: Didactic “Ministering to Non-Christians”

2:00 pm: Individual Supervision (10, to develop student’s abilities to use both individual and group supervision for personal and professional growth, including the capacity to evaluate one’s ministry)

Wednesday – Sunday: Clinical Shifts

WEEK 8

Assignment: Practicum Skill Report, Ministry Report

Assigned Reading: Henri Nouwen, “The Wounded Healer”

Tuesday

9:00 am: Spiritual Centering (Pastoral Formation); Methods of Self/Other Reflection (309.2, 311.1, 311.2), Theological Significance of Personal Narrative (309.6)

9:15 am: Ministry Reports Level I Students / Consultation Materials Level II Students (open) (311.3, 311.8, 312.2, 312.4, 312.6)
10:30 am: IPR Session (311.4, 311.5, 312.7)

1:00 pm: Ministry Reports Level I Students / Consultation Materials Level II Students (open) (311.3, 311.8, 312.2, 312.4, 312.6)

2:00 pm: Individual Supervision (10, to develop student’s abilities to use both individual and group supervision for personal and professional growth, including the capacity to evaluate one’s ministry)

Wednesday – Sunday: Clinical Shifts

WEEK 9

Assignment: Mid-Unit Evaluation

Assigned Readings:

Henri Nouwen, “The Wounded Healer”

Tony Marshall, “Being Made for Ministry”

Tuesday

9:00 am: Student Devotions and Integration (312.5)

9:15 am: IPR Session (311.4, 311.5, 312.7)

10:30 am: Mid-Unit Evaluation

2:00 pm: Individual Supervision (10, to develop student’s abilities to use both individual and group supervision for personal and professional growth, including the capacity to evaluate one’s ministry)

Wednesday – Sunday: Clinical Shifts

WEEK 10

Assignment: Field Study Attendance

Assigned Reading: Student Choice
Tuesday - Field Study; Location and details TBD

Wednesday – Sunday: Clinical Shifts

WEEK 11

Assignment: Practicum Skill Lab, Ministry Report

Assigned Reading: Tony Marshall, “Being Made for Ministry”

Tuesday

9:00 am: Spiritual Centering (Pastoral Formation); Methods of Self/Other Reflection (309.2. 311.1. 311.2), Theological Significance of Personal Narrative (309.6)

10:30 am: Ministry Reports Level I Students / Consultation Materials Level II Students (open) (311.3, 311.8, 312.2, 312.4, 312.6)

1:00 pm: Ministry Reports Level I Students / Consultation Materials Level II Students (open) (311.3, 311.8, 312.2, 312.4, 312.6)

2:00 pm: Individual Supervision (10, to develop student’s abilities to use both individual and group supervision for personal and professional growth, including the capacity to evaluate one’s ministry)

Wednesday – Sunday: Clinical Shifts

WEEK 12

Assignment: Practicum Skill Lab, Ministry Report

Assigned Reading: Tony Marshall, “Being Made for Ministry”

Tuesday

9:00 am: Spiritual Centering (Pastoral Formation); Methods of Self/Other Reflection (309.2. 311.1. 311.2), Theological Significance of Personal Narrative (309.6)
10:30 am: IPR Session (311.4, 311.5, 312.7)

1:00 pm: Ministry Reports Level I Students / Consultation Materials Level II Students (open) (311.3, 311.8, 312.2, 312.4, 312.6)

2:00 pm: Individual Supervision (10, to develop student’s abilities to use both individual and group supervision for personal and professional growth, including the capacity to evaluate one’s ministry)

Wednesday – Sunday: Clinical Shifts

WEEK 13

Assignment: Ministry Report

Assigned Reading: Student Choice

Tuesday

9:00 am: Student Devotions and Integration (312.5)

10:00 am: Final Unit Evaluation Preparation

10:30 am: Theological Reflection; Tony Marshall, “Being Made for Ministry”

1:00 pm: Individual Supervision (10, to develop student’s abilities to use both individual and group supervision for personal and professional growth, including the capacity to evaluate one’s ministry)

Wednesday – Sunday: Clinical Shifts

WEEK 14

Assignment: Final Evaluation Cover Sheet

Assigned Readings: Student Choice

Tuesday - Final Evaluation: Round I
Wednesday – Sunday: Clinical Shifts

WEEK 15

Assignment: Final Evaluation Cover Sheet

Assigned Reading: Student Choice

Tuesday - Final Evaluation: Round II

Wednesday – Sunday: Clinical Shifts

WEEK 16

Assignment: Unit Completion Ceremony Attendance; Time and Location TBD

Assigned Reading: Student Choice

Wednesday – Sunday: Clinical Shifts
8.2 ASSIGNMENTS

8.2.1 STUDENT LEARNING CONTRACT

Develop three or four student goals. Use a separate sheet for each goal. Note which of the Unit Outcomes you think your goal connects with the most. There may be more than one outcome connected to each goal. (Standard 308.6.1)

Outcome(s): _____ / _____

Goal: State the goal in terms that are SMART (specific, measurable, achievable, realistic and time oriented).

Purpose: WHY? What things have you observed about yourself that indicate you need to grow in this area?

Process: State specific actions that will assist you to grow.

Measure: What will be the indicators that you have grown and to what degree?
8.2.2 PRACTICUM SKILL LAB INSTRUCTIONS

You are a volunteer who is willing to bring to the session what is interesting or figural for you now. You hope to receive pastoral care from your peer. It is important to note that you are not playing the role of a fictitious patient in the hospital. Be yourself and expect the luxury of being heard. Pastoral Caregiver Tasks will vary for each session and will be generated from what is figural in your own learning for the unit. The goal is for you to have an opportunity to put into practice a piece of the learning from your experiences in the hospital or in the peer group. You are not expected (or encouraged) to ‘work’ the session!

We would like to support you as you put yourself in an ‘experimental’ stance – to have a fresh experience of yourself as a pastoral caregiver. Breathe new life into your routine! You may ask for specific feedback from the observers. You can prepare to open yourself to feedback. Here are some suggestions available to you in the future. After all feedback, you will be asked to identify what is figural or interesting to you about the feedback you heard.

ASPECTS TO OBSERVING:

- How do I use this time to see the process? To notice interventions and their impact?
- What am I not aware of? What don’t I tend to notice, or have trouble tracking?
- How can I expand my own awareness? What do others see that I don’t?
- How can I support myself to be experimental?
- How can I manage my own self-criticism?
- What do I need to do to be as receptive as possible to incoming feedback?
- What is my general style of taking in feedback? What aspects of this do I want to hand on to / let go of?

You are encouraged simply to hear the feedback. You may or may not agree with what you hear; you may choose to take in what has some meaning for you and let go of what doesn’t; you may want to ‘file’ a piece of feedback that isn’t clear to you to clarify later. Some questions to consider while listening:

- How can I support myself to stay present?
- How can I be aware of /curious about what is happening, rather than what I think should happen?

GIVING FEEDBACK

- Choose one or two specific pieces of feedback. This will help the receiver not to feel overloaded.
- Give data. Support feedback with specific data rather than your interpretation of what you think you might have heard.

A FEW NON-PRODUCTIVE WAYS OF RECEIVING FEEDBACK ARE:

- Interjecting – swallowing whole, agreeing, taking in indiscriminately
▪ Projecting – disowning, disagreeing, rationalizing, and justifying
▪ Retroflection – beating yourself up, feeling worthless, inept

THE SKILL LAB WILL CONSIST OF:

1. 5 minutes – Pastoral caregiver describes a learning edge and requests specific feedback (if desired).
2. 20 minutes – Chaplain offers pastoral care. You may end with a prayer for your peer.
3. 5 minutes – Observers gather their thoughts.
4. 15 minutes – Observers give feedback.
   a. The client can observe and take some time to digest the session.
5. 5 minutes – Pastoral caregiver states what is interesting about the feedback.

AFTER THE LAB:

▪ Take a moment, collect your thoughts, and
▪ Let yourself be aware of what stands out to you about the session and what you would like most to share with the caregiver.
▪ Be brief, supported and supportive, without interpretation or judgment.

PRACTICUM SKILL LAB RULES

▪ All in room participate.
▪ Pastoral care time is approximately 25 minutes and a timer will give a closing time notice two minutes before end.
▪ Debriefing will last approximately 25 minutes.
▪ Care giver is honestly attempting to give pastoral care to care receiver. Care receiver is presenting an honest and personal issue.
▪ Consultation for the care giver can occur at the care giver’s, the Educator’s, or the group’s request during the practicum.
▪ Caregiver is the focus of reflection and focus of critique, not the care receiver. Care receiver is free to participate or not in the debriefing.
▪ Summation time is first given to care giver to present care giver’s feelings and thoughts.
▪ Group participants respond to the care giver stating two strengths and then an area for improvement.
▪ Focus on pastoral care styles that are more helpful or less helpful rather than right or wrong.
▪ The Practicum experience can often be translated into parallel processes of care giver’s life events.

PASTORAL SKILLS LIST

<table>
<thead>
<tr>
<th>Working Alliance (contract)</th>
<th>Focusing on unfinished events</th>
<th>Reactions (sighing, blushing, crying)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hear the Story (narrative Therapy Points)</td>
<td>Use of metaphor (self)</td>
<td>Feelings as expressed by body</td>
</tr>
<tr>
<td>Forum for relearning</td>
<td>Establishing boundaries (bounding out and bounding in)</td>
<td>Listening</td>
</tr>
<tr>
<td>Relationship flexibility</td>
<td>Use of silence</td>
<td>Feelings</td>
</tr>
<tr>
<td>The Value of Respect</td>
<td>Skills of Attending</td>
<td>Making feeling awareness statements</td>
</tr>
<tr>
<td>Do no harm</td>
<td>Positioning</td>
<td>Paraphrasing</td>
</tr>
<tr>
<td>Become competent and committed</td>
<td>Relax</td>
<td>Using hunches</td>
</tr>
<tr>
<td>Do not rush to judgment</td>
<td>Open position</td>
<td>Clarification statements</td>
</tr>
<tr>
<td>Keep the client’s agenda in focus</td>
<td>Lean forward</td>
<td>Movements</td>
</tr>
<tr>
<td>Pastoral Care Highlights</td>
<td>Eye contact</td>
<td>Focus</td>
</tr>
<tr>
<td>Use of &quot;I&quot; statements</td>
<td>Squarely face person</td>
<td>Making &quot;how&quot; and &quot;what&quot; statements</td>
</tr>
</tbody>
</table>
Making observational statements  
Observing  
Facial expressions  
Use of eye and general contact  
Asking  
feeling questions

8.2.3 PRACTICUM SKILLS LAB ASSIGNMENT

Name of Spiritual Care Provider:

Date: ______________

Things you Observed:

Physical Elements of Visit:

Content of Conversation:

Skill set:

Growth Areas:
THEOLOGY SEMINAR PURPOSE

▪ To share our life stories in a safe and sacred place, confidentiality is understood as the norm.
▪ To notice where the story we hear touches our own stories.
▪ To learn and practice pastoral listening skills.
▪ To reflect upon the theological issues that emerge from the conversation.

LIGHTNING ROUND

▪ Assigned student presenter shares a significant event that has impacted his/her life (15 minutes)
▪ Each student and Educator state briefly where the emotional/spiritual ‘hook,’ point of tension or strong identification was in that story. (This mirrors our pastoral visits in which we need to recognize and bracket what is our ‘stuff,’ so that we can be present to the other.)
▪ Each student gives a pastoral listening response and in turn the presenter responds. The group is a composite chaplain who is having one conversation with the presenter. The number of times around may vary based on time availability. Please note that the emphasis in this round is on reflective listening. If a question is asked, only ask questions to which you do not know the answer.
▪ The presenter gives feedback to the group about what was helpful in the listening responses.
▪ The group critiques its own responses.

NARRATIVE THEOLOGY ROUND

▪ The Event
▪ The Life Story
▪ The Cultural/Societal Story

THE GRAND NARRATIVE/SACRED STORY

▪ Each person names a theological theme/reflection on this conversation.
▪ The group discusses common theological themes that emerged. What is the spiritual complication described in this narrative? Where is the story broken?
  a. Note: that after this session, you should not initiate conversation with the presenter about his/her story.
8.2.5 MINISTRY REPORT VERBATIM FORM

<table>
<thead>
<tr>
<th>Name:</th>
<th>CPE Unit:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Educator:</td>
<td>Outcomes:</td>
</tr>
<tr>
<td>Ministry Report #:</td>
<td>Length of Visit:</td>
</tr>
<tr>
<td>Date:</td>
<td>Age:</td>
</tr>
<tr>
<td>Date of Visit:</td>
<td>Marital Status:</td>
</tr>
<tr>
<td>Care Receiver Pseudonym:</td>
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</tr>
<tr>
<td>Ethnicity:</td>
<td></td>
</tr>
<tr>
<td>Treatment Unit:</td>
<td></td>
</tr>
<tr>
<td>Reason for Visit:</td>
<td></td>
</tr>
<tr>
<td>Medical Diagnosis:</td>
<td></td>
</tr>
<tr>
<td>Medical Prognosis:</td>
<td></td>
</tr>
</tbody>
</table>

SOCIAL SUMMARY

Any information you may have obtained about the patient. Summarize what you know about the patient.

RELIGIOUS SUMMARY

Any religious information you may have obtained about the patient.

PREPARATORY MATERIAL

- My Situation
  - Describe how you were feeling prior to the visit.
  - Did you have any feelings or thought about this visit?
- Care Receiver’s Situation
  - Describe the patient from initial encounter.
  - What did you notice if anything about the room, patient, staff, family?

Learning Concerns:

- What feedback/consultation would you like to receive?
- How does this report correlate with your learning goals?
- What has been perplexing to you about this visit?
- Why did you write a report on this visit?

PLAN OF CARE: (PRE-VISIT)

- Did you establish a contract with patient?
What was your agenda for visit?
What did you believe were the initial spiritual needs if any?

**Dialogue**

- Introductory Material – Any other information that may be relevant.
- Conversation – Dialogue between chaplain and patient.

**Pastoral Evaluation and Reflection**

- Pastoral Functioning
  - List the pastoral skills you demonstrated.
  - Note how you managed use of self in visit (if applicable)
  - What were the strengths and needs of patient?
  - Did you cooperate with other members of the Care Team and how?
  - How did you use your authority and identity?
- Interpersonal Process
  - How did you relate to the patient?
  - Did you establish rapport?
  - How did you establish trust with patient?
- Personal/Theological Meaning
  - What theological themes central to your tradition were present in your visit?
  - What is your theological reflection regarding this visit?
  - Where was God during this visit?
  - Did your assumptions, core values and/or attitudes affected your care?
  - How you expressed your personhood through your pastoral role.
- Pastoral Assessment (post-visit)
  - How did you address the spiritual needs of patient?
  - How did you address your plan of care?
  - What are the next steps with this patient?
  - Evaluate your pastoral care.
8.2.6 STUDENT PROGRAM EVALUATION FORM

This evaluation provides your Program staff, the CPE Center, and ACPE a way to know about your experience in CPE. It can assist them in their ongoing quality assurance and improvement processes. Please complete and give this form to your Programs Manager or designated individual after you have received your Educator’s evaluation. Thank you for responding. (Standard 308.6.5)

<table>
<thead>
<tr>
<th>Name: (optional)</th>
<th>Educator:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level of CPE Program:</td>
<td>Level I Level II Supervisory</td>
</tr>
<tr>
<td>Training Year:</td>
<td>Spring (January – April) Fall (September to December)</td>
</tr>
<tr>
<td>Number of ACPE accredited units completed:</td>
<td></td>
</tr>
<tr>
<td>Was this unit for academic credit?</td>
<td>Yes No</td>
</tr>
<tr>
<td>Was this unit as required for ordination?</td>
<td>Yes No</td>
</tr>
</tbody>
</table>

Rating Guide: 4 – mostly positive 3 – positive 2 – somewhat negative 1 – mostly negative N/A – not applicable

PERSONAL LEARNING / MINISTRY DEVELOPMENT

This unit of CPE provided me opportunity to:

- Further develop my personal and pastoral identity. 4 3 2 1 N/A
- Develop self-knowledge that improved my pastoral function. 4 3 2 1 N/A
- Increase my awareness of how my ministry impacts persons. 4 3 2 1 N/A
- Develop my ability to use my theology in pastoral ministry. 4 3 2 1 N/A
- Develop the ability to think theologically about my experience. 4 3 2 1 N/A
- Develop pastoral skills in crisis intervention. 4 3 2 1 N/A
- Develop pastoral skills in initial pastoral visitation. 4 3 2 1 N/A
- Develop pastoral skills with diverse faith groups 4 3 2 1 N/A
- Develop my capacity to minister professionally in a variety of functions, e.g., preaching, 4 3 2 1 N/A
  teaching, administration, and brief counseling.
- Learn to use the clinical method of learning. 4 3 2 1 N/A
- Foster my ability to evaluate my own ministry. 4 3 2 1 N/A
- Make pastoral use of my religious heritage. 4 3 2 1 N/A
- Make use of the behavioral sciences in my ministry. 4 3 2 1 N/A
- Become more aware of how organizational structure and social conditions affect the lives of 4 3 2 1 N/A
  others and myself

MICHIGAN MEDICINE CPE CENTER

- Orientation to CPE was helpful. 4 3 2 1 N/A
- Orientation to my pastoral care responsibilities was sufficient. 4 3 2 1 N/A
- Student handbook was an effective guide to the CPE program. 4 3 2 1 N/A
- Provided sufficient access to library resources. 4 3 2 1 N/A
- Dealt with sufficient didactic material to contribute to my conceptual framework for the 4 3 2 1 N/A
  practice of ministry.
- Was open to diversity. 4 3 2 1 N/A
- Was accepted within the institution and integrated with services. 4 3 2 1 N/A

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Provided opportunities for interdisciplinary team functioning. | 4 3 2 1 N/A
---|---
Used interdisciplinary instructional resources. | 4 3 2 1 N/A
Adequately mixed the practice of ministry with didactic/other learning opportunities. | 4 3 2 1 N/A
Provided peer group experiences that helped me learn about myself in ministry. | 4 3 2 1 N/A
Influenced the direction of my ministry. | 4 3 2 1 N/A
Offered opportunities to pursue theory and practice of a pastoral specialty. | 4 3 2 1 N/A

**QUALITY OF CERTIFIED EDUCATOR**

<table>
<thead>
<tr>
<th>Action</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual supervision was effective for me in this unit of CPE.</td>
<td>4 3 2 1 N/A</td>
</tr>
<tr>
<td>Group supervision was effective for me in this unit of CPE.</td>
<td>4 3 2 1 N/A</td>
</tr>
<tr>
<td>My Educator assisted my pastoral function and reflection</td>
<td>4 3 2 1 N/A</td>
</tr>
<tr>
<td>My Educator helped me use the teaching/learning contract effectively.</td>
<td>4 3 2 1 N/A</td>
</tr>
<tr>
<td>My Educator’s behavior was professional always.</td>
<td>4 3 2 1 N/A</td>
</tr>
</tbody>
</table>

Using a separate page, comment about your Educator's strengths and weaknesses as a pastoral educator, based on your experience in this program. Add any additional comments about your Educator, the program unit and/or your experience in the program.
8.3 UNIT EVALUATION INSTRUCTIONS

Students will be informed of the following Level instructions and evaluation criteria continued within this section during their initial orientation sessions conducted by CPE staff. All materials in this section address Standard 311 Outcomes At the Conclusion of CPE Level I and Standard 312 Outcomes At the Conclusion of CPE Level II set forth in the ACPE 2016 Accreditation Manual.

In addition to your individual evaluation, you are encouraged to provide a peer evaluation which should be emailed to the CPE Educator. In a separate document, give a metaphor for yourself, your peers, your Educator that includes their strengths, a recommendation for future growth and a blessing. These will be shared at the end of the unit. (Standard 308.8)

- Complete the Final Evaluation Face Sheet and attach it to your evaluation.
- Use only initials when referring to peers or patients.
- Use specific examples of how you experienced growth.
- Keep the original copy of the evaluation and be sure to deliver a copy to your CPE Educator.
- State if you give permission to share your holy moment story with future students.

Student final unit evaluations should be approximately 7-9 pages single spaced with 12-point font. The Educator’s final evaluation reflects a professional judgment about student’s work, abilities, strengths, weaknesses, and certifies completion of a unit or half unit of CPE. Note that progression into Level II is established through the Educator’s judgment documented in the written evaluation. (Standard 308.8.2)

8.3.1 MID-UNIT EVALUATION LEVEL I

SELF-EVALUATION (1 page)
Describe yourself at the beginning of the unit, emotionally and spiritually. What were you feeling and thinking?

Describe yourself emotionally and spiritually at this point. Be sure to utilize a few examples for clarity. What are you feeling and thinking about this process? What were you feeling and thinking?

Provide a summary of the unit thus far and acknowledge where you are emotionally and spiritually compared to the beginning of the unit.

List all events and activities thus far with brief statement as to how they impacted you.

PEER EVALUATION (1/2 page)
Please describe and critique each peer on their process in the unit.
LEARNING GOALS (1 page)

List your learning goals and reflect upon your work and learning regarding each.

- What have you done specifically to pursue your learning goals?
- How have you progressed on these goals?
- Which goals do you feel you have met this unit?

PASTORAL FORMATION STATEMENT (3/4 page, please address outcomes 311.1, 311.2, 311.3)

1. Articulate the central themes and core values of one’s religious/spiritual heritage and the theological understanding that informs one’s ministry. (311.1)
2. Identify and discuss major life events, relationships, social location cultural contexts and social realities that impact personal identity as expressed in pastoral functioning. (311.2)
3. Initiate peer group and supervisory consultation and receive critique about one’s ministry practice. (311.3)

PASTORAL COMPETENCE STATEMENT (3/4 page, please address Standard outcomes 311.4, 311.5, 311.6, 311.7)

a) Risk offering appropriate and timely critique with peers and supervisors. (311.4)
b) Recognize relational dynamics within group contexts. (311.5)
c) Demonstrate integration of conceptual understandings presented in the curriculum into pastoral practice. (311.6)
d) Initiate helping relationships within and across diverse populations. (311.7)

PASTORAL REFLECTION STATEMENT (3/4 page, please address Standard outcomes 311.8, 311.9)

a. Use the clinical methods of learning to achieve one’s educational goals. (311.8)
b. Formulate clear and specific goals for continuing pastoral formation regarding one’s strengths and weaknesses as identified through self-reflection, supervision and feedback. (311.9)

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8.3.2 MID-UNIT EVALUATION LEVEL II
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SELF-EVALUATION (1 page)

Describe yourself at the beginning of the unit, emotionally and spiritually. What were you feeling and thinking?

Describe yourself emotionally and spiritually at this point. Be sure to utilize a few examples for clarity. What are you feeling and thinking about this process? What were you feeling and thinking?

Provide a summary of the unit thus far and acknowledge where you are emotionally and spiritually compared to the beginning of the unit.
List all events and activities thus far with brief statement as to how they impacted you.

**PEER EVALUATION (1/2 page)**

Please describe and critique each peer on their process in the unit.

**LEARNING GOALS (1 page)**

List your learning goals and reflect upon your work and learning regarding each.

- What have you done specifically to pursue your learning goals?
- How have you progressed on these goals?
- Which goals do you feel you have met this unit?

**PASTORAL FORMATION STATEMENT (3/4 page, please address Standard outcomes 312.1)**

a. Articulate an understanding of the pastoral role that is congruent with one’s personal and cultural values, basic assumptions and personhood. (312.1)

**PASTORAL COMPETENCE STATEMENT (3/4 page, please address Standard outcomes 312.2, 312.3, 312.4, 312.5, 312.6)**

b. 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. (312.2)

c. Demonstrate a range of pastoral skills, including listening/attending, empathic reflection, conflict resolution/ transformation, confrontation, crisis management, and appropriate use of religious/spiritual resources. (312.3)

d. Assess the strengths and needs of those served, grounded in theology and using an understanding of the behavioral sciences. (312.4)

e. Manage ministry and administrative function in terms of accountability, productivity, self-direction, and clear, accurate professional communication. (312.5)

f. 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. (312.6)

**PASTORAL REFLECTION STATEMENT (3/4 page, please address Standard outcomes 312.7, 312.8, 312.9)**

a) Establish collaboration and dialogue with peers, authorities and other professionals. (312.7)

b) Statement to demonstrate awareness of the Spiritual Care Collaborative Common Standards for Professional Chaplaincy (312.8)

c) Demonstrate self-supervision through realistic self-evaluation of pastoral functioning. (312.9)
In addition to your individual evaluation, you are encouraged to provide a peer evaluation which should be emailed to the CPE Educator. In a separate document, give a metaphor for yourself, your peers, your supervisor that includes their strengths, a recommendation for future growth and a blessing. These will be shared at the end of the unit. (Standard 308.8)

- Complete the Final Evaluation Face Sheet and attach it to your evaluation.
- Use only initials when referring to peers or patients.
- Use specific examples of how you experienced growth.
- Keep the original copy of the evaluation and be sure to deliver a copy to your CPE Supervisor.
- State if you give permission to share your holy moment story with future students.

Student final unit evaluations should be approximately 7-9 pages single spaced with 12-point font. The Supervisor’s final evaluation reflects a professional judgment about student’s work, abilities, strengths, weaknesses, and certifies completion of a unit or half unit of CPE. Note that progression into Level II is established through the Supervisor’s judgment documented in the written evaluation. (Standard 308.8.2)

PLEASE PROVIDE THE FOLLOWING LIST OF MATERIALS FOR EVALUATION:

1. Give a brief biographical paragraph, describing who you are and discuss major life events, relationships and cultural contexts that influence personal identity as expressed in pastoral functioning. Include a clinical vignette to illustrate. (311.1)
2. Discuss your progress with your learning contract, citing specific clinical examples.
3. Comment on your use of the clinical method of learning, where you have used it well, where it has been difficult for you. (311.2)
4. What parts of this experience and/or curriculum impacted you the most?
5. Name a time you used your religious heritage and/or your uniqueness to minister in this setting.
6. What new pastoral skills, resources or other religious traditions have been helpful?
7. What have you learned about yourself from each of your peers and your supervisor? (311.3)
8. Share a time when you confronted a peer or supervisor. (311.4)
9. Name a time you used your peer group for growth and your role in the group. (311.5)
10. Demonstrate integration of conceptual understandings presented in the curriculum into pastoral practice. (311.6)
11. What feedback did you give and receive from a peer that may have helped him/her move from insight to action? (311.7)
12. What feedback did you receive from supervisor and/or peer that may have helped you move from insight to action? (311.8)
13. Describe your relationship with your supervisor; considering your ability to use the supervisory process and their ability to help you learn. (311.9)
14. What are your future learning goals?
15. Write a story that captures a holy moment for you or your finding yourself standing on Holy Ground this unit.
8.3.4 Final Evaluation Instructions Level II

In addition to your individual evaluation, you are encouraged to provide a peer evaluation which should be emailed to the CPE Educator. In a separate document, give a metaphor for yourself, your peers, your Educator that includes their strengths, a recommendation for future growth and a blessing. These will be shared at the end of the unit. (Standard 308.8)

- Complete the Final Evaluation Face Sheet and attach it to your evaluation.
- Use only initials when referring to peers or patients.
- Use specific examples of how you experienced growth.
- Keep the original copy of the evaluation and be sure to deliver a copy to your CPE Educator.
- State if you give permission to share your holy moment story with future students.

Student final unit evaluations should be approximately 7-9 pages single spaced with 12-point font. The Educator’s final evaluation reflects a professional judgment about student’s work, abilities, strengths, weaknesses, and certifies completion of a unit or half unit of CPE. Note that progression into Level II is established through the

Please provide the following list of materials for evaluation:

1. Over the course of this unit, you have studied Family Systems. Give clinical examples of when ‘you met your family’ in your clinical work. How was the encounter a resource for your ministry; how was it a limit? (312.1)
2. Explanation of your understanding of diversity and spiritual needs based on the didactic provided in the unit. Give examples of your learning from that course and how it helped you with your peers, and in other contexts inside the hospital. What other aspects of this specific curriculum have you found enlightening or edifying, i.e. movie, race script, other? (312.2)
3. Attach a verbatim (this may be one you’ve already presented) in which you demonstrated a Level II range of pastoral skills: listening, reflecting conflict/resolution, crisis management and appropriate use of religious/spiritual resources. Take the time in this response to project your learning agenda for the next unit. (312.3)
4. Where are you in learning how to do spiritual assessment? Give a clinical example of when you used theology as primary for an assessment, when you used psychology as primary for an assessment. (312.4)
5. Assess your administrative function in terms of timeliness, accountability, productivity, self-direction and clear, accurate clinical communication. Where are your strengths, where are your limits? (312.5)
6. Describe your group work in terms of your emotional availability, and your contribution to other’s learning as well as your own. (312.6)
7. Give examples of when your work enabled each peer to learn and when each peer’s work helped you to learn something about yourself. (312.7)
8. Give an overall assessment of your work this unit. How have you used elements of the curriculum to enhance your clinical work? What did you need that you did not get? (312.8)
9. Compose a statement to demonstrate awareness of the Spiritual Care Collaborative Common Standards for Professional Chaplaincy (ACPE Standards 2010, Appendix. 2) (312.9)
10. Describe your relationship with your Educator and Mentors. How did they help you learn? What might you change in the next unit? (312.9)
11. Write a story that captures a holy moment for you or your finding yourself standing on Holy Ground this unit.
In addition to your individual evaluation, you are encouraged to provide a peer evaluation which should be emailed to the CPE Educator. In a separate document, give a metaphor for yourself, your peers, your Educator that includes their strengths, a recommendation for future growth and a blessing. These will be shared at the end of the unit. (Standard 308.8)

- Complete the Final Evaluation Face Sheet and attach it to your evaluation.
- Use only initials when referring to peers or patients.
- Use specific examples of how you experienced growth.
- Keep the original copy of the evaluation and be sure to deliver a copy to your CPE Educator.
- State if you give permission to share your holy moment story with future students.

Student final unit evaluations should be approximately 7-9 pages single spaced with 12-point font. The Educator’s final evaluation reflects a professional judgment about student’s work, abilities, strengths, weaknesses, and certifies completion of a unit or half unit of CPE. Note that progression into Level II is established through the

**PLEASE PROVIDE THE FOLLOWING LIST OF MATERIALS FOR EVALUATION:**

1. Over the course of this unit, you have studied Family Systems. Give clinical examples of when ‘you met your family’ in your clinical work. How was the encounter a resource for your ministry; how was it a limit? (312.1)
2. Explanation of your understanding of diversity and spiritual needs based on the didactic provided in the unit. Give examples of your learning from that course and how it helped you with your peers, and in other contexts inside the hospital. What other aspects of this specific curriculum have you found enlightening or edifying, i.e. movie, race script, other? (312.2)
3. Attach a verbatim (this may be one you’ve already presented) in which you demonstrated a Level II range of pastoral skills: listening, reflecting conflict/resolution, crisis management and appropriate use of religious/spiritual resources. Take the time in this response to project your learning agenda for the next unit. (312.3)
4. Where are you in learning how to do spiritual assessment? Give a clinical example of when you used theology as primary for an assessment, when you used psychology as primary for an assessment. (312.4)
5. Assess your administrative function in terms of timeliness, accountability, productivity, self-direction and clear, accurate clinical communication. Where are your strengths, where are your limits? (312.5)
6. Describe your group work in terms of your emotional availability, and your contribution to other’s learning as well as your own. (312.6)
7. Give examples of when your work enabled each peer to learn and when each peer’s work helped you to learn something about yourself. (312.7)
8. Give an overall assessment of your work this unit. How have you used elements of the curriculum to enhance your clinical work? What did you need that you did not get? (312.8)
9. Describe your relationship with your Educator and Mentors. How did they help you learn? What might you change in the next unit? (312.9)
10. Write a story that captures a holy moment for you or your finding yourself standing on Holy Ground this unit.
11. Compose a statement to demonstrate awareness of the Spiritual Care Collaborative Common Standards for Professional Chaplaincy (ACPE Standards 2010, Appendix. 2)
ACPE CLINICAL PASTORAL EDUCATION FINAL EVALUATION COVER SHEET

Name: ___________________________ Email: ___________________________
Permanent Address: ___________________________ Phone: ___________________________
Faith Group: ___________________________ Degree Level: ___________________________
College/University: ___________________________ Graduation Date: (or Anticipated)
Seminary: ___________________________ Supervisor:

Educator

Level of CPE Training: Level I Level II Supervisory
Training Year: Fall Spring

Please state your future goals. (check all that apply)

☐ Return to ministry (what?)
☐ Return to school (where?)
☐ Move on to Level II
☐ Return to lay ministry
☐ Continue residency
☐ Become board certified (_____ B.C.C., _____ NACC)
☐ Seek other certification (what?)
☐ Seek chaplaincy
☐ Seek ordination/commission
☐ Complete degree (what degree?)
☐ Seek other certification (what?)
SELF-EVALUATION (1 page)

Provide a summary of the unit thus far and acknowledge where you are emotionally and spiritually compared to the beginning of the unit.

Describe yourself at the beginning of the unit, emotionally and spiritually. What were you feeling and thinking?

Describe yourself at the emotionally and spiritually at the mid-unit point of the unit.

Describe yourself now, currently what are you feeling and thinking about this process, utilize a few examples for clarity.

List all events and activities thus far with brief statement as to how they impacted you.

PEER EVALUATION (1/2 page)

Please describe and critique each peer on their process in the unit.

LEARNING GOALS (1 page)

List your learning goals and reflect upon your work and learning regarding each:

- What have you done specifically to pursue your learning goals?
- How have you progressed on these goals?
- Which goals do you feel you have met this unit?

PASTORAL FORMATION STATEMENT (1-2 pages, please address outcomes 311.1, 311.2, 311.3)

1. Articulate the central themes and core values of one’s religious/spiritual heritage and the theological understanding that informs one’s ministry. (311.1)
2. Identify and discuss major life events, relationships, social location cultural contexts and social realities that impact personal identity as expressed in pastoral functioning. (311.2)
3. Initiate peer group and supervisory consultation and receive critique about one’s ministry practice. (311.3)

PASTORAL COMPETENCE STATEMENT (1-2 pages, please address outcomes 311.4, 311.5, 311.6, 311.7)

1. Risk offering appropriate and timely critique with peers and supervisors. (311.4)
2. Recognize relational dynamics within group contexts. (311.5)
3. Demonstrate integration of conceptual understandings presented in the curriculum into pastoral practice. (311.6)
4. Initiate helping relationships within and across diverse populations. (311.7)

PASTORAL REFLECTION STATEMENT (1-2 pages, please address outcomes 311.8 to 311.9 and 312.8)

1. Use the clinical methods of learning to achieve one’s educational goals. (311.8)
2. 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. (311.9)
3. To demonstrate awareness of the Spiritual Care Collaborative Common Standards for Professional Chaplaincy (ACPE Standards 2010, Appendix. 2) (312.8)
SELF-EVALUATION (1 page)

Provide a summary of the unit thus far and acknowledge where you are emotionally and spiritually compared to the beginning of the unit.

Describe yourself at the beginning of the unit, emotionally and spiritually. What were you feeling and thinking?

Describe yourself at the emotionally and spiritually at the mid-unit point of the unit.

Describe yourself now, currently what are you feeling and thinking about this process, utilize a few examples for clarity.

List all events and activities thus far with brief statement as to how they impacted you.

PEER EVALUATION (1/2 page)

Please describe and critique each peer on their process in the unit.

LEARNING GOALS (1 page)

List your learning goals and reflect upon your work and learning regarding each:

- What have you done specifically to pursue your learning goals?
- How have you progressed on these goals?
- Which goals do you feel you have met this unit?

PASTORAL FORMATION STATEMENT (1-2 pages, please address outcomes 312.1)

1. Articulate an understanding of the pastoral role that is congruent with one’s personal and cultural values, basic assumptions and personhood. (312.1)
PASTORAL COMPETENCE STATEMENT (1-2 pages, please address outcomes 312.1 to 312.6)

1. 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. (312.2)
2. Demonstrate a range of pastoral skills, including listening/attending, empathic reflection, conflict resolution/transformation, confrontation, crisis management, and appropriate use of religious/spiritual resources. (312.3)
3. Assess the strengths and needs of those served, grounded in theology and using an understanding of the behavioral sciences. (312.4)
4. Manage ministry and administrative function in terms of accountability, productivity, self-direction, and clear, accurate professional communication. (312.5)
5. 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. (312.6)

PASTORAL REFLECTION STATEMENT (1-2 pages, please address outcomes 312.7 to 312.9)

1. Establish collaboration and dialogue with peers, authorities and other professionals. (312.7)
2. Statement to demonstrate awareness of the Spiritual Care Collaborative Common Standards for Professional Chaplaincy (ACPE Standards 2010, Appendix. 2) (312.8)
3. Demonstrate self-supervision through realistic self-evaluation of pastoral functioning. (312.9)
8.4 TRAINING, CONSENT, AND STANDARD AGREEMENTS

8.4.1 TRAINING AGREEMENT

As I have the authorization to visit patients and access to their clinical records during my participation in Clinical Pastoral Education at any MM hospital or facility, I do hereby swear and affirm that, except as required by law, I will not discuss, reveal, copy, or in any manner disclose or attempt to gain inappropriate access to information about: (Standard 304.9)

- The business and operations of Michigan Medicine
- Staff members associated with MM
- Any patient who is receiving or has received health care services through MM, unless an appropriate authorization, executed by the patient, has been received. I agree to comply with all MM policies and procedures, including those relating to privacy and the requirements imposed by the Health Insurance Portability and Accountability Act (HIPAA).

I have permission to review and contribute to patient’s clinical records and to write materials that would be most beneficial to my educational process based on my visits under the direct supervision of an assigned ACPE Certified Educator, Associate Certified Educator, or Candidate in Certified Educator CPE. I understand that the information stated above is confidential and that reading, discussing, or otherwise breaching confidentiality is grounds for immediate dismissal from MM property and may result in legal action. I further understand that confidential records shall be maintained, stored and destroyed in such a way as to protect the confidential nature of the record or document. This obligation to maintain the confidentiality of business and patient information shall survive the completion of my educational experience.

Intern/Resident Initials: ______

Any material submitted, including my official completed ACPE application, to my assigned Educator may be used in the learning process of Candidates in Certified Educator CPE and/or discussion among the Educator with the understanding that these persons are part of the professional training circle. My materials may also be used by my assigned Educator with other ACPE Educator and other professionals from whom he/she may seek consultation as a part of her/his professional development or as part of research intended to contribute to the field of Clinical Pastoral Education and/or clinical pastoral care. In all instances of use beyond this center’s professional training circle, my Educator will attempt to alter the material to obviate identity, (unless full disclosure of the documents is required by law). (Standard 307.1)

Intern/Resident Initials: ______

I will receive a written final CPE evaluation within 21 days of the completion of my unit and have the right to attach a written response to that final evaluation. My written evaluation and my Educator’s written evaluation of each unit of my training may be shared with individuals invited by my Educator to participate in my unit and/or final evaluation process. If I am enrolled for CPE credit at a seminary, I will give my self-
evaluations and supervisory evaluations to the appropriate seminary remit representative. All other instances of sharing my or my Educator’s written evaluation(s) or my training experience require a written release signed by me, unless: (Standard 308.8.4)

a. the evaluations are being used exclusively within the professional training circle of the center,
b. full disclosure of the documents is required by law; if allowed, my Educator will attempt to sufficiently alter the evaluation(s) to obviate my being identified as the Chaplain Intern/Resident,
c. certain exceptions concerning the release of information exist to protect the health or safety of the student or others, and for accreditation or complaint review.

Intern/Resident Initials: ______

I have received and reviewed the Student Handbook and the ACPE Standards governing Clinical Pastoral Education as provided to me during my orientation. I have had the opportunity to review the policies and ACPE Standards with my Educator during orientation and understand their importance for me as a Chaplain Intern/Resident. I agree to complete the paperwork and clinical work as described in the Student Handbook.

Intern/Resident Initials: ______

I understand that each unit’s tuition of $500 must be paid before the completion of each unit unless otherwise negotiated and agreed to, in writing, by the CPE Manager. No additional CPE units may be started until tuition is paid in full. As a Resident Chaplain employee, failure to pay may risk disciplinary action resulting in termination.

Intern/Resident Initials: ______

In all my activities during my Chaplain Internship/Residency, I agree to function professionally in accordance with the MM Code of Ethical Conduct provided at orientation.

Intern/Resident Initials: ______

I agree to allow the video or audio taping of my individual or group sessions. They will be used for educational purposes only and will not be available to others without my written consent. I understand that I may request the termination of taping at any time. The videos and/or audios may be kept on file for a period of no longer than one year and then will be destroyed.

Intern/Resident Initials: ______
I agree to be responsible for:

- the delivery of professional services to assigned institutional populations
- the negotiation of a learning contract with peers and Educators for each CPE unit
- the general employee and/or volunteer policies of the hospital

Intern/Resident Initials: ______

As a paid Resident employee of MM, I understand that the term of my employment is for one year and that I will not be eligible for unemployment benefits following the end of my Resident Year.

Resident Initials: ______

I understand that as a participant in Michigan Medicine’s ACPE program I have the right to:

a. an orientation process,
b. a student handbook,
c. a learning contract negotiated with primary Educator, (Standard 308.4)
d. access to a population that provides significant opportunity for ministry and learning and a designated staff chaplain mentor,
e. access to interdisciplinary educational resources,
f. protection of my professional privacy, through confidential protection of professional records as well as respect for confidentiality of training processes and conversations by Educators, peers and interdisciplinary mentors,
g. supervision and evaluation by a certified ACPE Certified Educator, Associate Educator or Educator Candidate,
h. a peer group of at least three or more students, (Standard 303.5)
i. provision for completion of the unit of training by the Michigan ACPE Community of Practice if the Educator or program cannot complete the unit, or if the peer group falls below three members,
j. a written evaluation report within 21 days of completion of the unit and the right to attach a written response to such evaluation,
k. access to and use of the complaint/mediation process as specified by the CPE complaint process and procedure and the current ACPE Standards (if an employee of MM, the right to follow all Human Resources procedures concerning disciplinary action and the appeals process as outlined in the employee handbook),
l. access to library and other educational facilities, (Standard 303.6)
m. access to counseling referrals, resume preparation and assistance in job placement upon request to the CPE Educator,
n. election of employee benefits as described in the MM employee handbook, and, if ordained, a clergy housing allowance (only if student is a CPE Resident employee).

Intern/Resident Initials: ______
I understand and agree to the conditions of this agreement for training and understand my student rights and responsibilities. This agreement remains in effect for the duration of my CPE training program. This obligation to maintain the confidentiality of business and patient information shall survive the completion of my educational experience.

_________________________________________  
Student Signature

Date

_________________________________________  
Educator Signature

Date
In accordance with the Family Education Rights and Privacy Act of 1974 as amended, Michigan Medicine is restricted from releasing student information of any nature to third parties, except for “directory” information. “Directory” information is student information not generally considered harmful or an invasion of privacy if released. “Directory” information is the information requested above with the unit dates and level of CPE. This information may be disclosed without the student’s knowledge. If a student wishes such directory information to be withheld from being released to a third party, it is the student’s responsibility to notify Michigan Medicine (MM) in writing of the student’s wish to opt out of inclusion in such directories. Opting out of the directory will restrict MM ACPE Center, and Educators from informing potential employers, schools, seminaries, employers etc. of your attendance and completion of a unit of CPE. Opting out does not restrict the MM ACPE Center from registering the student unit with the Association for Clinical Pastoral Education (ACPE), Accreditation requirements, legal, safety, and other required release of this information.

Also, FERPA requires informing you what is contained in your student file. In your file is the completed face sheet of the ACPE application; the student’s final evaluation of the unit(s); the Educators’ final evaluation of the student’s unit(s); this form, and any letters of discipline or complaint. After ten years, the student file maybe thinned to only the face sheet. You have the right to inspect your file at the office of CPE center. Ten business days’ notice is required for such inspection. The full Policy for the Maintenance of Student Records is written in the Student Handbook. Any violation should be reported to ACPE Accreditation Chair:
YES _____ or NO, DO NOT _____ release the Directory Information listed above.

I understand that this information will remain in effect until another Information Release Form is completed. Any information released under this form is not affected by future Information Release Forms. I have read and understand the Policy for Maintenance of Student Records as written in the Student Handbook.

_________________________________________  ______________________
Signature                                               Date
This Consent Form (Certification Commission Appendix 5) must be reviewed, signed, and dated by the CPE student prior to formal admission to a Clinical Pastoral Education Program supervised by a Supervisory Candidate or Associate Educator. The specific program and dates of the unit must be included as well. This Consent Form is to be included in the CPE student’s formal acceptance packet. The student is then asked to sign and return the Appendix 5 Consent Form if he/she decides to join the unit. A student’s acceptance in the CPE program unit is not finalized until the signed Appendix 5 Consent Form has been received. Note: Only the Appendix 5 Consent Form is acceptable for obtaining a student’s written permission to use personally identifiable materials.

Confidentiality (Standard 101.5): Persons seeking certification are not to use personally identifiable materials about CPE students. Supervisory Candidates and Associate Educators will inform a CPE student in the initial interview(s) and any follow-up interview(s) that the CPE student’s clinical materials and recorded and/or live observation media that are pertinent to the Educator’s process toward certification as an ACPE Educator will be used from the unit. If CPE students indicate they are not okay with this during the interview(s), they will be informed during the interview(s) of other CPE groups either in the Learning Center and/or in the greater area to which they could apply that are not supervised by Supervisory Candidates or Associate Educators.

I (Student), ____________________________ understand that, ___________________________________________ (Supervisory Candidate or Associate Educator) will use my written evaluation, the above-named Educator’s written evaluation of me, and other clinical materials pertinent to the above-named Educator’s process toward certification as an ACPE Educator, and I understand that such materials may identify me. I understand that the above-named Educator will use recorded and/or live observation media that are pertinent to the above-named Educator’s process toward certification as an ACPE Educator, and I understand that such media may identify me. I understand that this use is solely for the above-named Educator’s professional development and certification. I understand that my written materials and live/recorded observation media that may identify me may be read, heard, viewed, and discussed by the above-named Educator’s professional colleagues as they assess the above-named Educator’s professional development and competence as an ACPE Educator.

My signature grants consent to all the above. This consent form has been reviewed, signed and dated prior to formal admission to a Clinical Pastoral Education Program supervised by a Supervisory Candidate or Associate Educator.

_________________________  ____________________________
Signature                                                Date
8.4.4 ACCOUNTABILITY AND ETHICAL CONDUCT AGREEMENT

CODE OF PROFESSIONAL ETHICS FOR ACPE MEMBERS

Maintenance of high standards of ethical conduct is a responsibility shared by all ACPE members. Each student enrolled in a program of ACPE will maintain the ethical standards outlined in the center’s ethics policy. (cf. Standard 304.7: a policy for ethical conduct of students and program staff consistent with the ACPE Code of Ethics)

ACPE members agree to adhere to a standard of conduct consistent with the code of ethics established in ACPE Standards. Members are required to sign the Accountability For Ethical Conduct Policy Report Form yearly and return it with their annual ACPE dues.

Members are required to provide promptly notice on this form to the ACPE Executive Director of any complaint of unethical or felonious conduct made against them in a civil, criminal, ecclesiastical, employment, or professional organization’s forum, including complaints within ACPE or APC. Any ACPE member may invoke an ethics, accreditation or certification review process when a member’s conduct, inside or outside their professional work involves an alleged abuse of power or authority, involves an alleged felony, or is the subject of civil action or discipline in another forum when any of these impinge upon the ability of a member to function effectively and credibly as a CPE Educator, chaplain or spiritual care provider.

STANDARD 101 IN RELATIONSHIP TO THOSE SERVED, ACPE MEMBERS:

- 101.1 affirm and respect the human dignity and individual worth of each person.
- 101.2 do not discriminate against anyone because of race, gender identity, age, faith group, national origin, sexual orientation, or disability.
- 101.3 respect the integrity and welfare of those served or supervised, refraining from disparagement and avoiding emotional exploitation, sexual exploitation, or any other kind of exploitation.
- 101.4 approach the religious convictions of a person, group and/or CPE student with respect and sensitivity; avoid the imposition of their theology or cultural values on those served or supervised.
- 101.5 respect confidentiality to the extent permitted by law, regulations or other applicable rules.
- 101.6 follow nationally established guidelines in the design of research involving human subjects and gain approval from a recognized institutional review board before conducting such research.

STANDARD 102 IN RELATION TO OTHER GROUPS, ACPE MEMBERS:

- 102.1 maintain good standing in their faith group.
- 102.2 abide by the professional practice and/or teaching standards of the state, the community and the institution in which they are employed. If for any reason, they are not free to practice or teach according to conscience, they shall notify the employer and ACPE through the Community of Practice Director for the East Central Community.
- 102.3 maintain professional relationships with other persons in the ACPE center, institution in which employed and/or the community.
102.4 do not directly or by implication claim professional qualifications that exceed actual qualifications or misrepresent their affiliation with any institution, organization or individual; are responsible for correcting the misrepresentation or misunderstanding of their professional qualifications or affiliations.

STANDARD 103 IN RELATION TO ACPE, MEMBERS:

- 103.1 continue professional education and growth, including participation in the meetings and affairs of ACPE.
- 103.2 avoid using knowledge, position or professional association to secure unfair personal advantage; do not knowingly permit their services to be used by others for purposes inconsistent with the ethical standards of ACPE, or use affiliation with ACPE for purposes that are not consistent with ACPE Standards.
- 103.3 speak on behalf of ACPE or represent the official position of ACPE only as authorized by the ACPE governing body.
- 103.4 do not make intentionally false, misleading or incomplete statements about their work or ethical behavior.

STANDARD 104 IN COLLEGIAL RELATIONSHIPS, ACPE MEMBERS:

- 104.1 respect the integrity and welfare of colleagues; maintain professional relationships on a professional basis, refraining from disparagement and avoiding emotional, sexual or any other kind of exploitation.
- 104.2 take collegial and responsible action when concerns about incompetence, impairment or misconduct arise.

STANDARD 105 IN CONDUCTING BUSINESS MATTERS, ACPE MEMBERS:

- 105.1 carry out administrative responsibilities in a timely and professional manner.
- 105.2 implement sound fiscal practices, maintain accurate financial records and protect the integrity of funds entrusted to their care.
- 105.3 distinguish private opinions from those of ACPE, their faith group or profession in all publicity, public announcements or publications.
- 105.4 accurately describe the ACPE center, its pastoral services, and educational programs. All statements in advertising, catalogs, publications, recruiting, and academic calendars shall be accurate at the time of publication. Publications advertising a center’s programs shall include the type(s) and level(s) of education offered and the ACPE address, telephone number and website address.
- 105.5 accurately describe program expectations, including time requirements, in the admissions process for CPE programs.

By signing below, I state that I have read, understand, and agree to adhere to the Code of Professional Ethics for ACPE Members.

_______________________________  _______________________
Signature                                           Date
8.4.5 Chaplain Quality Standards Agreement

Attendance at Scheduled Educational Sessions

Intern and Resident students in any level of program unit, Tuesdays from 9:00 AM to 3:30 PM

Standards

Doing pastoral visits on clinical assignments during open time blocks, i.e. when not in didactic or supervised group activities.

Being intentional about consulting/coordinating with the CPE chaplain staff and other chaplain interns/residents for unit coverage, referrals, and pastoral needs, etc. This may be done via telephone if there is no opportunity for face-to-face meetings.

Being diligent concerning the learning opportunities offered by daytime clinical duty, up to fourteen (14) night shift duty assignments, some early morning, weekend, and evening clinical rotations, and up to two federally-recognized public holidays (New Year’s Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, and Christmas Day).

Night shift orientation held during the first week of the unit begins at 10:00 PM and ends at 2:00 AM. After the night shift orientation, chaplain intern and resident night duties begins at 10:00 PM and ends at 6:30 AM; holiday coverage typically includes serving as chaplain for six to eight hours within a 32- to 36-hour time span. Be sure to pass on sacramental requests, referrals, and the trauma pager in person before signing off.

The chaplain intern scheduled for a late (5:00 to 10:00 PM) duty assignment or coming off a night duty assignment will fulfill normal coverage of his/her assigned unit(s) until 12:00 Noon, unless other arrangements for coverage have been made, in writing, and agreed to by his/her supervisor. The chaplain intern scheduled for an overnight duty assignment starting at 10:00 PM or for an early morning shift (6:00 to 10:00 AM) the next day will fulfill normal coverage of his/her assigned unit(s) until 3:00 PM, unless other arrangements for coverage have been made, in writing and agreed to by his/her supervisor.

Responsibility for planning and leading public worship at the MM Chapel in rotation with department staff.

Chaplain interns and residents will be expected to demonstrate a coherent understanding of the chosen reading material in individual supervisory sessions.

Completing the corporate and department mandatory education online modules no later than two weeks after the start of your unit. The mandatory learning modules are accessible to each student as an MLearning module offered through our hospital website.
PLEASE NOTE: All written work (including evaluations) must be submitted in the satisfactory form, and on time. Late or unsatisfactory work and/or unfulfilled clinical duty-required hours will result in partial unit credit only and/or being dropped from CPE programs. (Standard 304.6)

By signing below, I state that I read and understand the COURSE REQUIREMENTS and the CHAPLAIN RESIDENT AND INTERN WORK QUALITY STANDARDS set forth by the Michigan Medicine Clinical Pastoral Education Center.

__________________________________________
Signature

__________________________________________
Date
Information using our computer system. Training will be provided and is mandatory for all residents and interns. Since your course of study offers access to a patient population as a student caregiver at Michigan Medicine, you must complete an annual curriculum of computer-based training modules often referred to as “MLearnings” within two weeks from the beginning of each unit of CPE. These modules include but are not limited to:

1. Compliance for all staff
2. Basics of Stroke Education
3. Patient Safety
4. Critical Incident
5. Fire Safety - SAFE
6. Hand Hygiene
7. Information Privacy and Security Compliance
9. Transmission Precautions Airborne

MLearning supports Chrome, FireFox, and Internet Explorer 10 (and higher) web browsers. If you are experiencing problems, we recommend using Chrome. If you are registered for a training and it includes an instructor-led class, please attend the scheduled session. Otherwise, log into MLearning and complete the assigned learning activity topic by following the below steps:

- Login to MLearning
- Select the course in ‘Non-patient Care Areas’
- Complete the learning activities listed under Required Activities
- When you have passed all the modules, print the page, and give it to the CPE administrative assistant

By signing below, I state that I have read and understand the MLEARNING REQUIREMENTS and set forth by the Michigan Medicine Clinical Pastoral Education Center.

______________________________  __________________________
Signature                      Date