



Learning is a dynamic process that varies for each person ... at its best, learning can be life changing.

A minimum of 300 hours of clinical experience and 100 hours of structured and individual education is required for successful completion of one unit of CPE.

Program of Clinical Pastoral Education

Scott & White Memorial Hospital and Clinic ~ Temple, Texas

Program Description

Introduction

We are glad that you have chosen to enrich your learning by participating in Clinical Pastoral Education at Scott and White Hospital. We too will learn from your participation. Each student brings to Clinical Pastoral Education unique perspectives about faith and ministry. Learning is a dynamic process that varies for each person. It includes new understandings, insights, even changed behavior, and, at it's best, can be life changing. At Scott and White we recognize these variances and work to provide a curriculum that respectfully challenges. This respect recognizes that even though a learning format can be provided, the potential for change often rests within students and is dependent on the their capacity, potential, and motivation for learning.

For over 75 years many have experienced the benefits of Clinical Pastoral Education. CPE utilizes the action reflection model of learning. This model requires the ability to reflect on experience, and places strong emphasis on the study of living human documents as offering the best understandings about faith, the human condition, and ourselves. Upon completion, it is our hope that you will feel significant accomplishment and will have grown in your professional identity and function as a minister.

Scott and White provides several Levels of CPE training. They consist of Level I, Level II, and training to be a CPE Supervisor. The Level of learning that a student achieves is determined by her/his ability to effectively address Outcomes stipulated by ACPE, Inc., Standards. Typically, though not exclusively, Level I students are enrolled in single units. Students participating in single units are titled interns. It is assumed that students enrolled in the residency program are beginning to function at Level II training.

CPE Training Formats

- § The Summer Intensive Unit is an 11-week program offered during the summer. One unit of credit is granted upon completion. This program is designed primarily for seminarians.
- § The Extended Unit, offered twice yearly, provides one unit of CPE "extended" over a longer period of time. This unit is attractive for professionals who wish to benefit from CPE training, but maintain ongoing professional commitments. These extended units are offered in the fall and spring.
- § The Residency training program is the equivalent of four units of CPE provided over the period of one year.
- § Supervisory training is offered for those who wish to pursue certification as a CPE Supervisor.
- § Half units may be granted upon an early withdrawal from a training program. A half unit is equivalent to 60 hours of structured group and individual supervision, and 180 hours of supervised clinical ministry.

Curriculum Components

ACPE, Inc. requires curriculum components that assist students in meeting Outcomes. This Center provides the following to meet these objectives.

Clinical Setting – *A minimum of 300 hours of clinical experience is required for successful completion of one unit of CPE.*

- § **Clinical Focus:** Each student is required to participate in a formal ministry setting that is approved by the CPE Educator. Your relationships with the people on your units will provide the primary context for ministry and your major source of learning experiences.

Educational Opportunities

In order that you may be placed in an optimal learning environment, your assignment to a particular clinical area will be based upon your stated preference, your submitted written materials, and what your supervisor perceives as your learning issues. You will receive your assignment during orientation week.

- § **Clinical Specialty:** CPE residents may opt to focus on a clinical specialty. The purpose would be to develop familiarity with the theories and methods for a particular ministry specialty, develop a philosophy and methodology of the ministry area, and pastoral competence in that clinical arena. This would culminate in a ten-page paper presented to the peer group and relevant professionals at the latter part of the year.
- § **House Coverage** is a valuable part of the learning experience that assists the student in gaining skill in crisis ministry and experiencing a variety of clinical settings.
- § **Memorial Services:** Students will organize and officiate in monthly memorial services provided for families whose loved ones have died during a hospital stay. Discussions regarding effectiveness of these services occur the following day.

Conferences – *ACPE Standards require a minimum of 100 hours of structured group and individual education for one unit of CPE. The following reflects this Center’s design in meeting this requirement.*

- § **Interpersonal Relations Group (IPR)** – is designed to be group time with an open agenda in which students can focus on their learning issues and offer/receive support, clarification, and/or confrontation within the context of relationships.
- § **Individual Supervision** – students meet individually with the Supervisor for one hour on a weekly basis. They prepare agendas for these conferences to discuss learning goals, ministry experiences, group learning, relational images, and growing edges.
- § **Reading Seminar** – provides the opportunity to become more intentionally focused on particular issues that relate to students’ pastoral care and role. Students will be assigned readings for the group to discuss issues in the behavioral sciences as well as theology.
- § **Didactic Seminar** – sessions focus more on content and subject matter in the CPE context. Persons with expertise in areas of importance for pastoral care present materials for reflection and discussion.
- § **Pastoral Seminar** – provides the opportunity to explore issues specifically related to pastoral role and function. Readings, speakers and group discussions will be utilized to explore issues perceived as relevant to students’ ministry.
- § **Case Conference** – students present from their ministry context written verbatim accounts of pastoral encounters with patients.

Additional Learning Opportunities – *In addition, the following is provided to enrich the student’s learning experience.*

- § **Orientation:** You will have an introduction to this Clinical Pastoral Education program and to the hospital where that experience takes place. This will include a tour of the hospital facilities, including nursing units and other treatment departments, several topical sessions with members of the health care team, an orientation to the learning modalities of the CPE program itself, as well as opportunity to get acquainted with your supervisor and peers.
- § **Learning Goals:** Each student is required to write learning goals.





- § **Consultation Committee Review:** Residents are to meet a consultation committee mid-year to determine whether Outcomes are being effectively addressed.
- § **Theological Integration Paper:** Interns and residents present a two page integrative paper that assists them in considering how theology speaks to the human condition.
- § **Written Evaluation:** Students are to present evaluations that help measure learning that includes accomplishments and ongoing areas of needed growth.
- § **Mutual Supervision:** During training, students will shadow one another for a two-week period. Feedback from these observations about effectiveness of pastoral care will be shared at a designated time.
- § **Integrative Paper:** The culmination of the residency year is the presentation of a 10-page integrative paper that reflects a synthesis of learning.
- § **Behavioral Science Class:** Each month you may be required to attend a behavioral science class in which you will be meeting with the medical residents. Following the class, a meeting will be held to discuss the materials relevant to pastoral care.
- § **Staff Meetings:** Staff meetings are held weekly and provide resident students the opportunity to view the ongoing challenges facing a busy pastoral care department.

Measurements for Learning

Within the CPE Context, measurements for learning occur in different ways. For use of clarity, they are addressed as informal and formal measurements.

Informal Measurements

Use of Self

One eventual goal of CPE training is the ability to do self-supervision, which involves use of the action/reflection model of learning. This learning model, in basic form, can be described as having an experience, reflecting on the experience as pertaining to understandings about self, faith, and ministry, and gaining new insights from those reflections with the potential of informing ministry. The latter can involve change in behavior due to a growing self-awareness.

Group and Individual Supervision

The second measurement of learning occurs through use of the group and individual supervision. Through interactions with peers and supervisor(s) students will gain increased awareness about strengths and weaknesses, a greater understanding of ministry, faith, professional identity and pastoral function. At its best, supervision offers students the ability to gain feedback that allows for a more realistic picture of self and progress in learning. Mutual supervision will be part of this process. Mutual supervision involves students “shadowing” or observing one another doing the actual practice of ministry. These observations provide students opportunity to learn from one another in providing ministry from a variety of styles and approaches. Feedback is not given until the conclusion of the two week period during group meetings, when each person is provided feedback from the entire peer group. Typically, this is one of the highlights of students’ learning experiences.

Formal Measurements

The Writing of Learning Goals

CPE is self directed learning. This involves students taking ownership of learning, and is partly demonstrated in the writing of learning goals. At the beginning of each unit, students are expected to develop a written statement of goals and objectives for this learning experience.

Measurements for learning occur both through informal measurements –use of self and group; and formally through written learning goals, final evaluations, and advisory committee consultations.

Educational Opportunities

In preparation for this, students may wish to think about what they hope to learn, how their goals will be measured and evaluated, and how they plan to use peer group, individual supervision, seminars, readings and clinical assignments to attain these goals. Each student will present copies of these goals to their peer group and supervisor. A final version shall then be written. In preparation for writing these goals the following questions may be considered:

- § What do I hope to learn?
- § What are my personal and professional goals?
- § How will my learning be measured and evaluated?
- § One, three, and five years from now, what do I hope to have learned from this experience?

Written Evaluations

Students provide written evaluations to assist in reflection and measurement of learning. These questions reflect the ACPE, Inc. Outcomes. The evaluation invites the student to share her/his process of learning with others, and includes achievements and ongoing areas of challenge. It demonstrates the student's use of self reflection and awareness of the action/reflection model of learning. The evaluations are presented to the peer group and supervisor for feedback on its relevance to their experience of the presenter's learning. Single Unit students present a mid-term and final evaluation. Residents present quarterly evaluations. These evaluations provide opportunity for a reassessment of learning goals that may include the addition or deletion of goals.

Consultation Committee

It is a requirement that each resident meet a consultation committee midway through the residency year. The purpose of this committee is to assist the student and supervisor in determining if learning Outcomes are being effectively addressed. The Consultation Committee is comprised of supervisors and supervisors-in-training from other CPE Centers. The student's primary supervisor will participate as an observer only. This committee is arranged by the Center. Guidelines for written materials will be provided.

Curriculum Description

Malcom Knowles, in his book Self Directed Learning indicates the necessity for self directed learners to understand the benefits and the "why's" of learning in order for learning to be a fulfilling experience. This type of learning involves self-discovery and relies heavily on experience. It is on this basis that a description and explanation of the curriculum is provided to assist the student in understanding curriculum expectations and in the process of writing learning goals.

Internship / Extended CPE

Typically students enter a CPE Intern Program for different reasons. These could include a requirement of successful completion of CPE for ordination by a denomination or local church, or for Seminary degree. Typically, the primary focus of a single unit is acquiring ability in using the action reflection model of learning and identity formation, with additional building of skill in ministry. The relational, dialogical emphasis of learning provides opportunity for growth in self awareness. It is not uncommon for students to complete a first unit feeling growth in the three mentioned areas, but predominately in pastoral formation. Case conferences, didactics, and reading seminars offer exposure to theories, social issues, and the human condition to better equip students with tools for effective ministry. Examples of these seminars are as follows.

Didactics –

- § Fundamental Practical Theology
- § The Role of the Chaplain/Pastor
- § Being Sensitive to Different Cultures
- § Use of the Sacraments in Pastoral Care
- § Long Term Care Chaplaincy
- § Hospice Care
- § Identifying Mental Illness
- § The Pastor and the Issue of Sexuality
- § Professional Ethics



*Self-directed learners
need to understand the
"whys" of learning ...*



Even though themes of pastoral formation continue, a greater emphasis is placed on building skill.

Residency

The residency program begins a subtle shift for the student from pastoral formation to the building of pastoral competence. Even though themes of pastoral formation continue, greater emphasis is placed on building skill. The shift is reflected in the structure of the curriculum and the focus of the seminars and case conferences and level of clinical responsibilities. The following description of the residency program is organized quarterly and reflects the core content for Level II CPE. It is recognized that students learn differently and all may not be functioning at Level II. Even so, it is assumed that the goal of residency training is to achieve Level II Outcomes.

Fall Unit:

Purpose: *To provide the resident chaplain the means of understanding the use of pastoral authority as it relates to the service of others.* The residency program assumes that students are beginning to function at Level II CPE Objectives and that pastoral identity is to some extent already solidified, yet possibly still in process. Within the context of the peer group, students are encouraged to reflect on how their history, values, and assumptions impact ministry. The group also begins to read materials on using the group to gain personal insight. The seminars and didactics reflect this focus.

Didactics –

- § God and Human Suffering
- § The Art of Theological Reflection
- § Understanding One's Pastoral Theology
- § The Use of One's Religious Heritage in Making Pastoral Assessments
- § Understanding the Medical Community: How It Works and Relates
- § The Role of the Chaplain Versus the Role of the Pastor
- § Advance Directives
- § Professional Ethics
- § Bio-Ethics
- § The Ethics Committee
- § Use of the Sacraments
- § The Role of Women in Pastoral Care
- § Fundamental Practical Theology
- § Conflict Resolution

Winter Unit:

Purpose: *The winter unit begins a more intentional focus on the building of pastoral skill.* Along with peer feedback, students are provided readings on effective communication, gaining cultural and racial sensitivity, and understanding the needs of the mentally ill. Speakers and readings focus on these issues which are also discussed during verbatim presentations. During this quarter students are required to meet a consultation committee to assist them in evaluating whether or not they are meeting the Outcomes for Level II CPE.

Didactics –

- § Empathy and Confrontation in Pastoral Care
- § Cultural Diversity
- § Understanding the Needs of the Aging
- § Understanding the Needs of the Mentally Ill
- § Pastoral Care to Gays, Lesbians, and Their Families
- § The Jehovah Witness
- § Stewards of Life (Ethics)

Spring Unit:

Purpose: *The third quarter's focus is largely on the behavioral sciences with the intent of encouraging students to demonstrate integration between the behavioral sciences and theology.* Students are provided didactics and reading materials on theories of personality development and how systems operate. They are encouraged to think conceptually on these issues. As the unit progresses, hopefully, they will begin to demonstrate an awareness of these theories in their pastoral care.

Didactics –

- The Myers Briggs Personality Inventory
- Object Relations Theory
- Generation to Generation by Edwin Friedman
- Movie: Fiddler on the Roof (as applied to Family Systems)
- Movie: Ordinary People (as applied to unresolved grief)
- Identifying and Responding to Abuse
- Chemical Dependency
- Pastoral Assessment
 - When Religion Gets Sick, by Wayne E. Oates
 - The Minister as Diagnostician, by Paul W. Pruyser (*interfaces with pastoral assessment*)
 - The Minister as Crisis Counselor, by David K. Switzer



Summer Unit:

Purpose: *The final quarter seeks to prepare the student for departure.* Students are given didactics on professional ethics, hospital/corporate culture, understanding the role of an administrator and director of pastoral care department, and job interviewing. Students also culminate their learning by presenting a theoretical integrative paper. In this paper the student is to demonstrate conceptual awareness and competence as interfaced with theology and the use of self in ministry. This paper is usually centered on a particular clinical area or specialty. Peers, pastoral care staff, and other professionals are invited as deemed appropriate.

Didactics –

- The Minister's Prophetic Calling Within the Health Care Institution
- Review of the Criteria for Certification as Chaplain by the APC and NACC
- Writing a Resume and a Review of Resources
- How to Interview
- The Seven Habits of Highly Effective People by Stephen R. Covey
- The Prison Chaplain (site visit)
- The Long Term Care Chaplain (site visit)

Core Content –

Philosophy and Methods Supporting Curriculum

This Section contains brief sketches of the underlying philosophy and methods that support the curriculum in meeting Outcomes. Level I and Level II Outcomes are listed in parallel for the benefit of comparison under sections titled Competencies. Each level is followed by the Center's philosophy or interpretation of the outcome, and interpretation of how it is addressed through methods provided by the core components of the curriculum.

Legend:

- Outcomes
- Philosophy
- Methods
- Response

Competency Area I: Self-Awareness

In Competency Area I, students will become aware of self as minister, including attitudes, values, assumptions, strengths and weaknesses, and the ways in which that ministry affects persons. **(Objectives 240.1; 240.7)**

Level I	Level II
Students will be able to articulate central themes of one's religious heritage and the theological	Students will be able to articulate an understanding of the pastoral role that is congruent with his or her values,

“.. a description and explanation of the learning is provided to assist the student in understanding curriculum expectations and in the process of learning goals.”



Legend:

- Outcomes
- Philosophy
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- Response

“The clinical setting becomes the mirror that we engage, often unknowingly, aspects about ourselves.”

<p>understanding, major life events and relationships that informs one's understanding of self as pastor and which impacts pastoral functioning. (251.1; 251.2)</p>	<p>basic assumptions and personhood. (252.1)</p>
<p>Students often enter CPE secure in beliefs and values. These are challenged as they encounter new experience.</p>	<p><i>Congruence</i> is key. The degree of congruency becomes evident in the student's ability to articulate the complimentary relationship between being (values, assumptions and personhood) and doing (the acts of ministry).</p>
<p>Within the context of peer group, students are encouraged to articulate how theology and experience interrelate, and how both inform pastoral care. This outcome is met in the following ways:</p>	<p>Students are encouraged to consider how a history of events and relationships influence self perception and beliefs, and how they are expressed in pastoral role and function. The following formats assist this learning process.</p>
<p><u>Theological Integration Paper:</u> This paper invites the student to conspire how theology addresses one aspect of the human condition. The paper is a tool in assisting the student in self-reflection by beginning the process of drawing a correlation between experience and theology.</p> <p><u>Reading Seminar:</u> The reading <i>A Fundamental Practical Theology: Descriptive and Strategic Proposals</i>, by Don Browning, stipulates that there is an ongoing, reciprocal shaping between experience and theology. The reading <i>The Wounded Healer</i>, by Henri J. M. Nouwen, encourages students to consider the “wounds” of their history as impacting the manner in which they relate to others. Both assist the student in considering the theological significance of the personal narrative and use of self in ministry to others.</p> <p><u>Peer Group:</u> In the presentation of integration papers and discussions on the readings, students' assumptions about faith, people, and ministry are affirmed and challenged. Students often enter CPE secure in beliefs and values. These are challenged as they encounter new experiences. The acts 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.</p>	<p><u>Clinical Setting:</u> The clinical setting becomes the mirror that we engage, often unknowingly, aspects about ourselves. The verbatim seminar provides opportunity to identify and reflect on these issues as they arise, and gain insight into their impact on pastoral care.</p> <p><u>The Pastoral Seminar:</u> The Pastoral Seminar will provide readings and didactics that specifically relate to the role and function of a minister. One reading in particular, Killen and DeBeer's <i>The Art of Theological Reflection</i> emphasizes the importance of being and doing as it applies to faith. Further, this reading later provides a format for the written verbatim.</p> <p><u>Written paper on beliefs as applied to ministry:</u> A written 2-page paper encourages reflection on beliefs and their application to ministry. Subjects such as healing, baptism, use of the sacraments, prayer, scripture, forgiveness, confession, etc, are typical. This paper is presented to the peer group with the benefit of considering similarities and differences in faith and their impact on pastoral care.</p> <p><u>The Unfolding Tapestry:</u> Using guidelines written by the <i>Center of Faith Development</i>, this project chronologically charts significant events and relationships throughout life. The benefit of this exercise is to increase awareness of the influences that shaped identity, values, belief, and assumptions</p>

	<p>about people. Insights gained from this exercise are then shared with the group, as deemed appropriate by the student.</p> <p><u>Group and Individual Supervision:</u> The group setting provides the opportunity to listen to one another's stories, values, and beliefs, and offer feedback on the congruence, or lack thereof, as experienced by others in relationship.</p>
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Competency Area II: Interpersonal Awareness

In Competency Area II, students learn to accept and utilize the support, confrontation and clarification of the peer group for the integration of personal attributes and pastoral functioning. **(Objective 240.4)**

Level I	Level II
<p>Students will be able to initiate peer group and supervisory consultation and receive critique about one's ministry practice. Risk offering appropriate and timely critique. (251.4; 251.5, 251.9)</p>	<p>Students will be able to collaborate and dialogue with peers, authorities, and other professionals. (252.7)</p>
<p>Learning is the most integrative when it takes place within the context of community.</p>	<p>It is assumed that the resident is more self-directed in using the CPE learning modalities to address learning goals. Use of the peer group provides opportunity to increase self-awareness and achieve integration, and to try out new behaviors for use in ministry.</p>
<p>This outcome is accomplished through use of the peer group and individual supervision for learning. The following are examples of structured opportunities provided for learning in this context.</p>	<p>The giving and receiving of feedback and maintaining ongoing professional relationships are supported with the following formats:</p>
<p><u>The Reading Seminar:</u> The reading, <i>The Johari Window: A Model for Soliciting and Giving Feedback</i>, invites the student to consider the benefits of sharing and receiving feedback from peers. Since adult learners have a need to understand in order to learn, this reading provides a theoretical undergirding that enables them to more readily "trust the process" and use the peer group for learning.</p> <p><u>Group and Individual Supervision:</u> Within the context of the peer group the student is able to test out assumptions about God, self, and others. Mutual supervision of the peer group presses each student to be more realistic and aware of the perceptions of others.</p>	<p><u>Negotiating House Coverage, Case Conference Schedules:</u> With the intent of facilitating group development, students are encouraged to negotiate in an equitable manner house coverage and case conference schedule dates.</p> <p><u>Interpersonal Relations Group:</u> The Interpersonal relations group is a non-agenda group meeting that provides the context for students to give and receive feedback for increased self awareness and integration. It also provides a laboratory to try out new behaviors prior to using them in the ministry setting. Students are provided the reading, <i>The Johari Window: A Model for Soliciting and Giving Feedback</i>, to reaffirm the benefit</p>

"The Interpersonal Relations Group is a non-agenda group meeting that provides the context for students to give and receive feedback for increased self awareness and integration."

Legend:

	Outcomes
	Philosophy
	Methods
	Response



Legend:

- Outcomes
- Philosophy
- Methods
- Response

This occurs when they are able to make critical use of group interaction to challenge and support one another. In this process the supervisor models open, direct, and respectful communication. He facilitates the group and provides insight into the group process. The supervisory meetings enable the student to reflect on the group interaction, casework, issues of authority and power, or any other relevant aspect of learning that may impact pastoral role and function.

The Case Conference Seminars provide tools for reflection: At the beginning of the unit students are guided through a highly structured process that provides tools for critically reflecting on a written verbatim. As the unit progresses this structure is removed and students use these acquired tools to engage one another.

of group learning, and are also provided a reading on the stages of group development. The latter assists them in using theory to assess progress of the group's development. This encourages students to set goals for the group and take ownership of the group's development. They are encouraged to use the experience to consider how groups develop in other settings, as well as to use it in working as a team toward the end of patient care and learning among other professionals in the clinical setting.

The Case Conference Seminars. As a way of facilitating ownership and the development of skill in relating, the supervisor takes more of a facilitator role. While the ongoing building of skill is important, there is greater emphasis on use of self, theology, and acquired theory to inform pastoral care.

Competency Area III: Conceptual Ability

In Competency Area III, students learn how persons, social conditions, systems and structures affect the lives of self and others, and how to address effectively these issues in ministry. **(Objectives 240.9; 241.1)**

Level I

Level II

Students will be able to demonstrate the ability to integrate in pastoral practice conceptual understandings presented in the curriculum. (251.7)	Students will be able to assess the strengths and needs of persons served based on an understanding of the behavioral sciences and grounded in theology. (252.4)
As students gain confidence within the context of a "safe enough environment" they consider new ideas and try out new behaviors. The theoretical materials encourage this process by inviting them to rethink assumptions about self, faith, and human beings, but also provides new tools to try out and develop within the context of ministry.	The student begins to acquire a body of knowledge that provides tools in assessing the needs of those in ministry. She/he is encouraged to learn aspects of ministry demographics and medicine so as to inform pastoral care. This knowledge includes learnings in the behavioral sciences that are grounded in theology.
Students are provided theoretical material that can inform and shape pastoral role and function. This is demonstrated in the following methods:	The curriculum and clinical setting provides resources for learning about patient populations and social conditions. Students are invited to reflect on how theology interfaces, (or conversely, is in tension) and, to use both the curriculum and clinical setting as resources to inform ministry.

Through Didactic Presentations:

Students are provided a variety of speakers that expose them to different clinical areas of ministry and the broader social context. The intent is to broaden their understanding of ministry while providing the means to apply new understandings in the practice of ministry. Examples would be: the ministry of long term care, hospice care, understanding mental illness, human sexuality, and professional ethics. They are also provided different models for pastoral care. This would include understanding the difference between specialized ministry and ministry in a parish setting, and how to form different pastoral alliances. Speakers represent the hospital setting and surrounding community.

Reading Seminars augment these didactics by providing the theoretical “grist” to apply to one’s pastoral care. One example is “How to make spiritual assessments.”

Clinical Setting: Students’ clinical assignments provide a rich spectrum of demographics in culture, gender, social status, and belief; and, medical services provide care to a variety of patient illnesses.

Didactic Presentations: Didactic presentations focus on representatives of social and cultural issues in the ministry setting, and, respectively, their medical services.

Reading Seminars: The reading seminar provides students opportunity to learn about the behavioral sciences as applied to the clinical setting and pertinent social issues that impact pastoral care. Examples would be, learning how systems work, understanding the needs of oncology patients, cultural sensitivity, understanding homosexuality, and bio-ethics.

Medical/Chaplain Resident Seminar: Seminars shared by chaplain and medical residents help students consider the interface between medicine and pastoral care. This usually occurs through group discussions following the seminars.



‘Patients are our greatest teachers. It is in the context of the clinical setting students can rethink or affirm ideas about God, self, and others, and learn new ways of providing ministry.’

Competency Area IV: Pastoral Functioning

In Competency Area IV, students learn about skills for intensive and extensive pastoral care to persons in crises situations; to make effective use of one’s religious/spiritual heritage, theological understanding and knowledge of the behavioral sciences in pastoral ministry to persons and groups; to function effectively as a pastoral member of an interdisciplinary team; and to utilize pastoral and prophetic perspectives in a variety of functions.. **(Objectives 240.2; 240.6; 240.8; 240.10; 241.3)**

Level I

Students will be able to demonstrate the ability to initiate helping relationships. **(251.3)**

Level II

Students will be able to provide pastoral ministry to a variety of people, taking into consideration multiple elements of cultural and ethnic diversity, social conditions, systems and justice issues without imposing one’s own perspective; demonstrate a range of pastoral skills, including listening/attending, empathic reflection, conflict resolution/confrontation, crisis management and appropriate use of religious resources; and demonstrate competent use of self in ministry and administrative function, including: emotional availability, appropriate self-disclosure, positive use of power, a non-anxious and non-judgmental presence, and clear and responsible boundaries. **(252.2; 252.3; 252.6)**

Legend:

- Outcomes
- Philosophy
- Methods
- Response



Legend:

- Outcomes
- Philosophy
- Methods
- Response

<p>Patients are our greatest teachers. It is in the context of the clinical setting students can rethink or affirm ideas about God, self, and others, and learn new ways of providing ministry. The end goal is increased competency as a pastoral care provider.</p>	<p>As students move toward Level II Outcomes, it is expected they will enter pastoral and interdisciplinary relationships with increased pastoral identity, greater sophistication, and ability to use a wider range of pastoral tools.</p>
<p>Students are provided the clinical setting by which to experiment and try out new approaches to ministry, as well as avenues in which to evaluate the effectiveness of that ministry. This occurs through the following:</p>	<p>The curriculum supports students' ongoing professional development. This process is matched by clinical responsibility, supervisory involvement, and curriculum design. The following reflects this process:</p>
<p><u>The Acts of Ministry:</u> Each student is provided a clinical assignment. It is in this setting that students reflect (cognition) on their responses (affect) to experience (behavior). It is on the reflection of that ministry that new facets are discovered about themselves.</p> <p><u>The Case Conference Seminar:</u> Students present verbatims on pastoral work to gain feedback on their successes and needed areas of improvement. 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.</p> <p><u>The Pastoral Seminar:</u> The pastoral seminar is focused primarily on "pastoral issues." Books such as <i>Empathy and Confrontation in Pastoral Care</i> by Don Browning, and <i>The Minister as Diagnostician</i>, by Pruyser, provide a theological grounding for pastoral care and address the development of skill and assessment in providing effective ministry. Readings in the area of pastoral identity and the use of the sacraments also assist the student in understanding the efficacy of his/her pastoral role.</p> <p><u>Mutual Supervision:</u> Students shadow one another midway in the unit and then give one another feedback during group life. Being shadowed by a peer proves less threatening for the student. The same can be said for the giving and receiving of feedback.</p>	<p><u>The Clinical Setting:</u> Residents are encouraged to take greater responsibility and leadership in their clinical assignments. This includes considering the efficacy of their role among staff, patients, and families, as it pertains to ministry. It is partially measured by the ability to make pastoral assessments and seek consultation with other professionals, and increased skill in making interventions.</p> <p><u>The Case Conference:</u> The verbatim presented during a case conference encourages students to demonstrate their use of acquired knowledge and skill.</p> <p><u>The Pastoral Seminar:</u> Complimentary to the reading seminar, the pastoral seminar provides topics to assist the minister in acquiring tools for pastoral care. Seminars on spiritual assessments and theories of crisis intervention are typical.</p> <p><u>Department Meetings:</u> Residents attend department meetings with the intent of gaining insight into the daily workings and challenges faced by a pastoral care department. To further encourage leadership, residents take turns filling the role of chair for the meeting.</p>

Competency Area V: Ministry Development and Management

In Competency Area V, students learn about the clinical method of learning, and to use peer group and supervision to develop the capacity for evaluating one's ministry. (Objectives 240.3; 240.5; 241.2)

Level I	Level II
<p>Students will be able to utilize the clinical method of learning to achieve his or her educational goals, and to formulate clear and specific goals for continuing pastoral formation with reference to one's strengths and weaknesses. (251.6; 251.8)</p>	<p>Students will be able to manage ministry and administrative function in terms of accountability, productivity, self-direction, and clear, accurate clinical communication, and to demonstrate self-supervision through a realistic assessment of one's pastoral functioning. (252.5; 252.8)</p>
<p>CPE is self-directed learning. It encourages the student to begin the process of self-supervision. The curriculum is designed to begin the integration of the action/reflection model of learning.</p>	<p>As the learner progresses, she/he is moving toward increased self-supervision. This involves an integration of the action/reflection model of learning. The ability to use this model is reflected in clinical work, verbatim presentations, ability to form and achieve goals that are based on a realistic self-assessment.</p>
<p>At the outset students are provided a definition of the action/reflection model of learning, and an overview of the learning objectives and outcomes for CPE.</p>	<p>Movement toward self supervision is supported in ways that encourages realistic self assessments as pertaining to goal setting and ministry.</p>
<p><u>The Development of Learning Goals:</u> The development of these learning goals is an important phase; for, it is here that students begin to take ownership of their learning. It is an opportunity to find potential within themselves. As the unit progresses, these goals may continue or change.</p> <p><u>Maintaining Ongoing Journal Notes:</u> Students are asked to keep daily journal notes. This tool assists them in beginning to utilize the action/reflection model of learning and making a correlation between behavior and experience.</p> <p><u>Evaluations:</u> Mid-term and final evaluations provide the student a measurement for growth and identify new possibilities for learning. It also enables them to reflect on the goals they have already written, and possibly develop new ones that have surfaced from the learning experience. The educator works to create an atmosphere where the student can manage anxiety and see the possibilities for growth and learning.</p>	<p><u>The Learning Covenant:</u> The learning covenant reflects the student and supervisor's assessment of ongoing areas of needed growth and interest, and their commitment to the learning process. It requires the student to take responsibility for ensuring her/his learning needs, and affirms the supervisor's support of the student in meeting learning goals.</p> <p><u>The Ministry Setting:</u> Students demonstrate an increased professionalism on their units. This is shown by responsibility in maintaining ongoing commitments, self motivation, and ability to relate to other professionals effectively. They are also starting to demonstrate awareness of issues that interfere with effectiveness, and change behavior as needed to meet pastoral aims.</p> <p><u>The Supervisory Relationship:</u> Hopefully, as the student grows in confidence and ability, the supervisory relationship shifts from being directive to being more consultative. On behalf of the resident, this shift indicates a</p>



Legend:

	Outcomes
	Philosophy
	Methods
	Response



Legend:

- Outcomes
- Philosophy
- Methods
- Response

“The person who has completed the process of identity formation as minister and begun to show a capable function as a professional minister may discover pastoral education to be his/her calling.”

growing sense of responsibility for learning and professional identity.

Quarterly Evaluations: The evaluation provides students the ability to assess whether or not learning objectives are being met. The peer group members ability to take initiative in providing and receiving feedback from one another is one indicator for ability to use group supervision and the action/reflection model of learning. Challenge and affirmation are part of this process that provides benefits in determining the accuracy of self assessments. Revision or the addition of new learning goals may be written for the following quarter.

Consultation Committee: Midway through the year each student is required to meet a consultation committee to determine if Level I Outcomes have been met and if they are progressing to Level II CPE. The consultation also benefits the student in having a first committee experience.

Theoretical Integration Paper: This paper gives students opportunity to articulate a synthesis of learning occurred for the year as relating to a specific patient population. At the year's end students present a 10-page paper that shows use of self, an integration of theology and understanding of the behavioral sciences, a knowledge of a particular patient population expressed in a philosophy of pastoral care.

