Exploring the Efficacy of a Virtual Community of Practice for Healthcare Chaplains

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Outline

• Reasons chaplains might benefit from a Community of Practice
• Communities of Practice: Concepts, Design, and Challenges of Virtual Connection
• Research Design
• The Virtual Community of Practice of Chaplains – experiences and data
• Lessons to inform future design of chaplain support communities

Why a VCOP or other community forums for support for chaplains?

• Culture of Health Care v. Values Inherent in Chaplaincy
• Professional Isolation
• Secondary Trauma

Thinking about Communities of Practice

• Characteristics of Communities of Practice (CoP)
• Unique features of an online (or virtual) Community of Practice (VCoP)
• Principles for designing effective online communities of practice
• Phases in development

Timeline of the Virtual Community of Practice for Healthcare Chaplains (VCOP)

• Spring 2013: Finish capstone proposal
• Fall 2013-Spring 2014: Negotiate with Dominican University for Sponsorship
• Spring to Summer 2014: IRB application and approval
• Fall 2014: Plan to run 8.2014 to 3.2015
• Mid-October, 2014: Recruitment
• December 2014-March 2015: Redesign and recruitments
• April, 2015: Welcome new members (approx. 35 total)
• Mid-June, 2015: Announce end of VCOP
• Mid-September, 2015: End of data collection

• VCoP opens - approximately 18 members
• Redesign and recruitments
• Welcome new members (approx. 35 total)
• Announce end of VCoP
• End of data collection
Members of the Virtual Community of Practice for Healthcare Chaplains

- Phase I: Chaplains we knew
- Phase II: Chaplains we found through referrals, list serves and mailings
- Experience: novice to more than 20 years
- Locations: most Midwest, but some South, East and West
- Sites: Most hospital, some hospice

Initial Survey - Meaning

- All of the above were somewhat or a great deal important to meaning in the work of chaplains participating in our study.
- Educating other about spiritual care or role of chaplain slightly less important to providing meaning.

Initial Survey - Obstacles

- Top three obstacles
  - Not enough time
  - Stretched too thin
  - Not being understood/valued

Initial Survey - Value & Support

- Free to respond as I wish, could be a yes, no, or how I see it.
- Free to be as succinct as they see fit.
- Most liked how understanding is by their value.
- Lots stress to support, supervision, but still not a huge concern.

VCOP Home Page

VCOP Getting to Know You Thread
Qualitative Analysis of Website Posts: What Happened on the VCOP?

- Reasons for Initiating a Thread or Topic of Conversation
- Themes or Topics
- Types of Interactions/Responses

Themes – Integration into Healthcare System/Value of Chaplains (34%)

- Our manager is very diligent about attending leadership meetings to voice our current activities as well as plans/vision. We also send daily inspirational emails to employees that opt-in to read them. You’d be amazed at how much visibility that garners.
- Developing programs in your healthcare setting (grief recovery, caregiver support, survivors of suicide) could also work on your side. It helps to sell them on the practicality of having you full time.
- Chaplains need to speak up and say that there is a difference from having a non-trained chaplain versus one that is trained.
- In my setting, I am a member of an interdisciplinary length of stay meeting. Once a week each department, along with pastoral care, provide their perspective insights and inputs for each given patient. This meeting is a way for each department to see and understand the role of one another in the care of hospital patients.

Themes - Patient Care & Clinical Issues (23%)

- I have visited a pt. several times. Last week I was in his room. The pt began “preaching” very hateful, unverified, and politically incorrect things about a specific segment of the population. While I try to “meet the pt. where they are,” in this case I did not feel authentic doing this. Suggestions?
- I have often had patients share suicidal thoughts...
- What are better ways for chaplains to use the electronic health record for professional communications with physicians, nurses, other clinicians, and other chaplains?
- Yesterday I had to call a code for the first time in a long time. A patient collapsed in a non-clinical area as he walked back to his room. I responded quickly, called the right number for the code, and did everything by the book but it felt like forever in those moments before the code team arrived.
Themes – Spiritual/Professional Identity (21%)

• How would you describe your spiritual care philosophy?
  - An active witness
  - My pastoral philosophy finds its core in relationship and its expression in narrative.
  - I feel like I am more of an "Engaged Companion."
  - I believe there is a holiness in all living things and that the Creator is also the best physician for the sick.
  - I am a quiet teacher of God's love.

• My greatest joy at work is in making room for the divine in ordinary interactions.
• I like your phrase "when I get out of the way, the Holy Spirit has a chance to move in." I struggle with "getting out of the way."
• I'm not surprised that patients and families seem to speak differently to chaplains than others on the health care team, but I wonder how often that happens.

Themes – Professional Development (8%)

• Power Point Presentation on Research on Spiritual Pain shared with group
• Discussion of Gwande, Being Mortal
• Encouragement to attend HCCN Research Conference
• Article on Research Literacy for Chaplains

Themes – Staff Concerns (8%)

• I have a strange question about being spoken to inappropriately from one extreme...to having a fellow chaplain who is very vocal and negative.
• No employee likes to get involved in a "messy" workplace dispute but moving forward in accord with the proper procedure will be beneficial to the institution and your fellow employees in ways you will never know. So take courage and move forward with patience and resolve.
• Historically I've offered a coping with the holidays stress relief forum for staff.

Themes - Self-Care (6%)

• Are you familiar with the resiliency model used the Trauma Resource Institute? I find it to be inclusive and helpful reminder of what I already know to do with others but sometimes forget when it becomes me who is needing tenderness and care.
• I just wanted to say I hope all y'all are doing well and pacing yourselves well for the end of the year holiday busyness.
• There is a lot written about "burnout" of professionals, and the fact it creeps up on people over a considerable time before the person pays attention to the continuing tension, it may be that this experience was really a gift from Heaven alerting you to the need to rethink your normal routines.

Qualitative Analysis Types of Responses

- Share from Experience (38%)
- Empathy/Affirmation (26%)
- Offer Advice (10%)
- Provide Resources (13%)
- Express Feeling Supported/Heard (13%)

Types of Responses

• Thank you for the vulnerability about the difficulties of winding down. I hate it so much when my body won’t get back to baseline after an adrenaline inducing event.
• I personally have used redirection when in the face of this. I feel like I’m being complicit on one level but I also am speaking truthfully (just not the whole truth).
• In my setting...Our manager...at our institution...
• Most, if not all of us (chaplains) encounter the same sort of situation at a times and it often catches us "off guard".
• I found myself pondering your statement, "I had been praying for her." It made me think about a person with whom I have some difficulties. I like your suggestion – I think it’s time to change my frame of reference.
**Types of Responses**

**Empathy & Affirmation (26%)**

- I feel for you – we can’t always be nimble enough to respond well when these issues pop up.
- Way to go with the quick responding. Being the first person to respond to an emergency situation is no small thing. The waiting… The helplessness… The fear… It is traumatic to our systems. Even when we do it all “right.”
- Thank you so much for this great idea! The questions you pose are quite challenging to me. The questions you pose are quite challenging to me, but gave me insights into you and your journey.
- P.S. I loved hearing about your 30 mins and chocolate. I can relate to that!
- I am touched by your ability to work with young patients and families. As much time as I have spent with patients and families in the last 4 years, almost all of it has been with adults. I can’t imagine moving that reality 50 or 60 or 70 or more years down to a person who counts birthdays in the single digits.

**Provide Resources (13%)**

- The Joint Commission for Accreditation has a standard for ratios…
- Are you familiar with [http://www.](http://www.) website or app?
- Larry VanderCreek reported back in an article in the JCHH…
- Attached here is article I spoke about (re: documenting in patient’s medical record).
- EEOC (Equal Employment Opportunity Commissioner)

**Express Feeling Supported/Heard (13%)**

- Thank you for caring about me and supporting me.
- Thanks for the great resource.
- Thanks, I think part of our problem …
- It helps me to hear that other chaplains struggle with this too.

**Offering Advice (10%)**

- Two things you mentioned establish a framework in which you need to proceed.
- Your director – with your help – needs to look at the trauma case numbers, the daily and nightly patterns of need, and develop a proposed way of having chaplains available at those times of day that trauma patients tend to arrive.
- Your best approach, if events have not already moved beyond what you indicated, is to … and advise her to . . .

**What Did we Learn from the Virtual Community of Practice for Healthcare Chaplains?**

- What negatively impacted participation?
- What positively impacted participation or made participation meaningful?
- What advice did we get from participants?
What participants liked most
At the end of the project

- I liked connecting with the moderators.
- I was excited at the onset of using the community as a learning tool.
- The facilitators, the concept
- The hope of meeting others with similar issues.
- Fellowship and anonymity
- I appreciated the opportunity to join and learn together.

What participants liked least
At the end of the project

- I was disappointed when I would check in and I did not find new or more active threads of conversation and topics.
- Cumbersome access / impersonal
- Lack of time to join in
- Getting around in the threads. I wanted to start new threads and couldn't quite figure it out

Suggestions from participants
At the end of the project

- Re-design the website to make it more accessible and interactive
- Offer other ways for participants to access information.
- Provide more leadership opportunities.
- Increase size of community
- Provide incentives for participation

Group discussion

From what you have learned of this VCOP for chaplains, what would be essential to incorporate into the next design?

What would make this an attractive forum for you to gain support and grow professionally as a chaplain?

Other Models of Support & Learning for Professional Chaplains

ON-LINE
- APC Special Interest Groups
- Invited Practice Groups

FACE-TO-FACE
- CPE group
- Peer Consultation Group
- Clergy Learning Communities
Communities of Practice for Professional Chaplains

Are there features from our VCOP that could enhance these other models of professional support?

What are the pros and cons of each?

What are essential features for a chaplain community of practice (virtual or real)?

Evaluation – Take Aways

What will you take from this discussion and apply to your work?

What impact, if any, will this discussion have on your interest in pursuing a research project of your own?

Thank you for joining us today!
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Bibliography

Initial Survey Variables: Value and Support in My Job as a Healthcare Chaplain

- I value my work as a healthcare chaplain
- I feel my organization values my work as a healthcare chaplain.
- I know how to articulate the value of spiritual care to the administration at my institution
- I engage in meaningful and helpful ways with another chaplain
- Spiritual care is integrated into the work at my institution
- I engage in meaningful and helpful ways with colleagues other than a chaplain (i.e. social worker) at my institution
- I have access to a mentor or trusted colleague or mentor when I most need counsel or support
- I have access to a direct supervisor who understands and supports my work.
- I have access to a community with whom I discuss my work
- I have sufficient knowledge and skills to do my work effectively and efficiently
- I have access to educational resources such as books, videos, webinars, workshops, etc. to enhance my work
- I have access to spiritual resources (e.g. time to pray and reflect, a conducive place to meditate, a spiritual director, etc.) to enhance and sustain my work

Initial Survey: Variables that Give Meaning to My Work as a Healthcare Chaplain

- Connecting deeply with a patient or family member
- Connecting with God or my spirituality
- Educating others about the importance of spirituality in healthcare
- Intervening successfully in a crisis
- Meeting concrete religious or ritual needs
- Educating others in my institution about areas in which I have expertise
- Mentoring others in my institution
- Working as a team
- Supporting other staff

Initial Survey: Challenges to My Work as a Healthcare Chaplain

- Not enough time
- Too many responsibilities I’m stretched too thin
- Feelings of powerlessness in the face of spiritual/existential distress
- Not being understood/valued by others in my work place
- Not having the knowledge or skills to do my job well
- Lack of resources to do my best work.
- Lack of access to a direct supervisor who provides support
- Sense of isolation
- Difficulties with my own faith or spirituality

Software Obstacles to Participation in the VCOP

<table>
<thead>
<tr>
<th>Software Issue</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. My work computer did not have a browser that allowed me access to the VCOP.</td>
<td></td>
</tr>
<tr>
<td>b. I needed our IT department to download a browser that was compatible with the VCOP software.</td>
<td></td>
</tr>
<tr>
<td>c. Our IT department made it difficult to get a compatible browser on my work computer.</td>
<td></td>
</tr>
<tr>
<td>d. My institution’s IT policies prevented me from accessing or using the VCOP site.</td>
<td></td>
</tr>
<tr>
<td>e. My home or personal computer is not configured so I could access the VCOP.</td>
<td></td>
</tr>
</tbody>
</table>

Finding time at work

<table>
<thead>
<tr>
<th>Finding time at work</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enough</td>
<td>63%</td>
</tr>
<tr>
<td>Minimally</td>
<td>35%</td>
</tr>
<tr>
<td>Somewhat</td>
<td>2%</td>
</tr>
<tr>
<td>A great deal</td>
<td>0%</td>
</tr>
</tbody>
</table>

Final Survey – Obstacles to Participation in the VCOP

<table>
<thead>
<tr>
<th>Finding time at work</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not at all</td>
<td>33%</td>
</tr>
<tr>
<td>Minimal</td>
<td>20%</td>
</tr>
<tr>
<td>Somewhat</td>
<td>19%</td>
</tr>
<tr>
<td>A great deal</td>
<td>28%</td>
</tr>
</tbody>
</table>

Moderators and the VCOP

<table>
<thead>
<tr>
<th>Experience with the Moderators of the VCOP</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Moderator(s) made all participants feel they were a part of the community.</td>
<td></td>
</tr>
<tr>
<td>b. Moderator(s) comments were made in a timely fashion.</td>
<td></td>
</tr>
<tr>
<td>c. Moderator(s) promoted sharing of opinions and resources.</td>
<td></td>
</tr>
<tr>
<td>d. Moderator(s) encouraged participation.</td>
<td></td>
</tr>
<tr>
<td>e. Moderator(s) encouraged shared leadership.</td>
<td></td>
</tr>
<tr>
<td>f. Moderator(s) were available for individual consultation as needed.</td>
<td></td>
</tr>
</tbody>
</table>
### Final Survey – Obstacles to Participation in the VCOP

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Disagree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Participants comments were made in a way that made me feel I was a part of the community.</td>
<td>0%</td>
<td>17%</td>
</tr>
<tr>
<td>b. Participants comments pushed the discussion deeper.</td>
<td>17%</td>
<td>0%</td>
</tr>
<tr>
<td>c. Participants welcomed new ideas or suggestions from all members.</td>
<td>0%</td>
<td>17%</td>
</tr>
<tr>
<td>d. Participants comments were made in a timely fashion.</td>
<td>17%</td>
<td>0%</td>
</tr>
<tr>
<td>e. Participants comments were made at my level.</td>
<td>0%</td>
<td>17%</td>
</tr>
</tbody>
</table>

### Final Survey – Participation in the VCOP

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Disagree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. The software used in the VCOP was integral to sustaining the community.</td>
<td>0%</td>
<td>17%</td>
</tr>
<tr>
<td>b. It was easy for me to participate in any exchanges I wished.</td>
<td>17%</td>
<td>0%</td>
</tr>
<tr>
<td>c. The website was easy to navigate.</td>
<td>0%</td>
<td>17%</td>
</tr>
<tr>
<td>d. Discussion threads were clear, so I always knew where to place my thoughts.</td>
<td>17%</td>
<td>0%</td>
</tr>
<tr>
<td>e. I was able to access tech support when needed.</td>
<td>0%</td>
<td>17%</td>
</tr>
</tbody>
</table>

### Final Survey – Comfort level in the VCOP

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Disagree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. I felt comfortable while working in the VCOP.</td>
<td>14%</td>
<td>50%</td>
</tr>
<tr>
<td>b. I felt comfortable while reading and thinking about a person known only to me by a pseudonym.</td>
<td>17%</td>
<td>50%</td>
</tr>
<tr>
<td>c. I felt comfortable with the type of interactions that occurred in the VCOP.</td>
<td>17%</td>
<td>50%</td>
</tr>
<tr>
<td>d. I felt comfortable with the way my identity was protected in the VCOP.</td>
<td>17%</td>
<td>50%</td>
</tr>
<tr>
<td>e. I felt comfortable with the amount of personal information shared in exchanges in the VCOP.</td>
<td>17%</td>
<td>50%</td>
</tr>
</tbody>
</table>

### Final Survey – Conveniences of accessing the VCOP

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Disagree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Convenience of not having to travel to another site.</td>
<td>17%</td>
<td>50%</td>
</tr>
<tr>
<td>b. Convenience of accessing the group at any time or on any day.</td>
<td>17%</td>
<td>50%</td>
</tr>
<tr>
<td>c. I wanted to see how this virtual community developed.</td>
<td>17%</td>
<td>50%</td>
</tr>
<tr>
<td>d. I was able to find new topics and resources to share with the community.</td>
<td>17%</td>
<td>50%</td>
</tr>
<tr>
<td>e. I found the resources made available to the community valuable in my work.</td>
<td>17%</td>
<td>50%</td>
</tr>
</tbody>
</table>
Characteristics of Communities of Practice (CoP)

- CoPs are about negotiating a joint enterprise and function through mutual engagement
- Members of CoPs develop a shared repertoire of communal resources
- Within a CoP, the process of learning and membership are inseparable

Unique features of an online (or virtual) Community of Practice (VCoP)

- Design
- Membership
- Leadership
- Form of communication
- Time to develop the community
- Technological support required
- Level of collaboration and engagement

Phases in development of all online communities of practice

1. Formation phase
2. Sustaining and maturing phase
3. Transformation or disengaging phase

Principles identified for designing effective online communities of practice

- Cultivated to grow naturally.
- Designed to support sociability and participation.
- Created to attract a diverse membership.
- Managed by providing for different roles.
- Include technology designed with functionality to support sociability and knowledge sharing.
- Require a blended approach towards development where online activities are supported by offline activities.

Suggestions from participants

At the end of the project: Redesign

- Use the list serve technology, and that drive each entry to the participants automatically -- instead of relying on the participants to take the initiative to occasionally enter the web site to see what may be going on --
- Have an associated electronic database, to which participants only have access, in which periodic syntheses of the various topics are posted.

Suggestions from participants

At the end of the project: Redesign

- Individual participants could accept the responsibility to be a mainly passive editor. In this role, they will incrementally assemble and periodically send a draft report that collates and offers for critique a synthesis of one of the particular topics -- with each topic under discussion having a designated and known editor among the participants.
- I am all for increasing population size if that will result in folks actually participating! I am even comfortable with the idea of CPE residents being invited.
Suggestions from participants
At the end of the project: Incentives

• I think what your research project has clarified is the experience with other fora. The topics may be of interest to the members of the group but there has been no direct incentive to participate actively in the discussion.

• Make active participation, at least in some of the topics, required for individual participants’ jobs. This could be as evidence for their continuing education and professional development requirements.

• Another option would be for participants to respond to periodic questions within their departments on the status of particular topics being discussed in the separate e-mail threads for which individual chaplains within a department have been given responsibility by their supervisors.

• Buy-in by individual chaplains’ departments or institutions, and/or by chaplains associations, requiring evidence of participation for their maintenance of certification (MOC)

• The chaplains’ association could give credit for participating as part of the continuing professional development program for those members seeking specialized certifications.