

Community-based Urban CPE Program

A Transformative Experience

Janet Biemann, RSM

It has been just two years since we began a community-based urban CPE program in Buffalo, New York, and it indeed has been a rich experience for me and for my students.

After having supervised CPE programs in a hospital setting for many years, I personally felt the need to branch out into a new kind of ministry. The Sisters of Mercy, to which I belong, have long had a focus on social justice. The more I listened to those who worked in the inner city with those on welfare and those who had to come for food, clothing, and the essentials of life, the more I knew I wanted to respond somehow.

Training programs for ministry through clinical pastoral education (CPE) today have, for the most part, been situated in hospital settings, nursing homes, or other service-ori-

ented institutions. CPE students often learn to minister by caring for patients and relatives facing life-threatening diseases, chronic ailments, or emergency situations in hospital settings. Other areas of ministry, focusing on day-to-day poverty, discrimination, racism, and social injustices, are not usually a central part of ministry preparation. In many cases, "clinical" has come to mean the setting where ministry is done, rather than the method used. Faced with the realities mentioned above, many pastoral workers are ill prepared to work with the economically poor.

Since my work was CPE supervision, I decided to see how this program would fit in an urban setting. I found a program in Chicago actually doing what I was beginning to envision. Barbara Sheehan, SP, ACPE supervisor, was offering CPE in an urban setting

and invited me to "come and see." The program in Buffalo is patterned after what I saw happening in ACTS Urban Ministry in Chicago. The Buffalo program was initially funded through a Mercy Action, Inc. grant from my Mercy Community.

I began with five students in the fall of 2000. These past two years have convinced me that today's world is calling forth a new paradigm for ministry in the market place, the street, the refugee center, prisons, anywhere that there are people who are suffering, wounded, marginalized, or disenfranchised in some way. It is to this reality that the community-based clinical pastoral education program in Buffalo is attempting to respond.

The Program

Thirty-four students have participated in the community-based program. Except for the summer, the students meet one full day a week for group, pastoral consultations, and didactics. Each spends at least 20 to 25 hours a week at a placement in the city under the direction of an on-site contact person. Individual supervision takes place at a convenient time and place for both the student and the CPE supervisor.

Our placement sites have grown over the past two years. We began with five placements for the five students enrolled. Since the first unit, other sites were added offering challenging opportunities and enriching experiences.

There are at present 15 sites from which students can choose his/her placement. The choice of a placement is a mutual agreement among the student, the on-site director, and the CPE supervisor. All parties, agreeing upon the time commitment, the expectations of each and the evaluation process, sign a contract.

(Continued on page 2.)



CPE Program

(Continued from page 1.)

There are a number of settings that the student may choose from:

- Soup kitchens/pantries
- A residence for people with AIDS
- A community drop-in center
- Prisons
- A rehabilitation residence for young prostitutes
- A GED center for men and women in the inner city
- Public housing facilities
- A "L'Arche-type" community for mentally/physically handicapped
- A transitional residential facility for undocumented refugees
- A refugee resettlement facility
- A YWCA residential facility for mentally challenged
- A newly developed apartment complex (formerly a school) for single poor women and their children
- A shelter for the homeless

Each site is aware that it may not have a student each semester. The sites are prepared, however, to enter into dialogue with prospective students and are open for placements if the site is chosen. Once chosen, the director at the site, or a designated contact person, will orient the student to the responsibilities and expectations for this placement. In the second year, we were able to offer stipends for three students to do residencies at a few of these sites. Residency costs were funded through a grant from the Daughters of Charity.

The CPE program itself includes the usual components of a program: ministry, peer group, written materials, individual supervision, didactics, and evaluations. In this setting I have chosen to call the written record of ministry "Pastoral Consultation" and to focus heavily on the theological reflection of this ministry, since the ministry itself can be extremely challenging both of one's theology and one's lived spirituality. I find this entire experience extremely helpful for the student's development of a pastoral identity.

Didactics

The series of didactics I have chosen for movement through this community-based urban CPE setting are, I believe, good preparation for what the students will be experiencing. They are also informative of their theology and pastoral stance. In addition to personal growth and group work, these didactics include such presentations as:

- Becoming Street Savvy
- Crisis Intervention
- Racism

Christian Social Teachings
The Justice System
Domestic Violence
Issues around Prostitution
Theology of Liberation
Social Services
Gay-Lesbian-Bisexual Issues
Prison Ministry
Caring for the Mentally Ill

In the second half of the program, the student is expected to do a social analysis and theological reflection of the area in which she/he are ministering. Through this tool, the student tries to understand how a particular community perceives reality, the importance of context for individuals in that community, what are the root elements influencing the situation studied and to decide what faith-based persons ought to do within the situation. When this paper is completed, the student prepares her/his peer group to enter into this reality. The paper is presented at the student's ministry site with members from the staff and/or clients participating in the discussion. This has become a very rich experience for all involved.

Learning Experiences

It has been a great learning experience for me and for the students to work with all of the issues of *personal, professional, and spiritual growth* in settings surrounded by poverty, illiteracy, imprisonment, and personal degradation. Each of these issues takes on a new and deeper meaning in such urban settings.

Developing a personal, pastoral identity in any setting can be difficult. To establish oneself as pastoral person without the assistance of title, status in the organization, or the recognition of those to whom one is ministering, is a more daunting task. In the urban CPE program, the student inserts him/herself into a setting where people are not really expecting the presence of a chaplain. Most do not necessarily understand what is the role of a chaplain or a pastoral person.

The student needs to present him/herself in such a way as to inspire confidence and trust, while acting out of his/her own spiritual convictions. The student focuses on the holiness of life and the call to each of us to enter into our own humanity as fully as possible. In doing this, the student is challenged at the core of his/her being. It is out of this posture that the student begins to define who he/she is in ministry.

The challenge to professionalism in this work calls forth a different kind of accountability. Becoming involved in and knowledgeable of the various religious underpinnings of social justice and the workings of our social welfare systems are just some of the areas with which students grapple. Struggling with how to conduct oneself in situations of overt racism, evident domestic violence, homelessness, and poverty are challenging experiences for the students. Yet, this

is the necessary groundwork for responsible ministry in an urban setting.

Theologically/spiritually this is a "dangerous" place to do ministry. Dangerous in so far as that all the student is and believes in may be tested. The soul of the student will be touched as he/she tries to understand a God Who dwells in these places and in these situations. Reflecting on these past two years, it has been my experience that the call of God is very strong in these urban settings and the student who is attentive is profoundly moved.

In many ways the setting where we meet for our CPE sessions is in itself contributory to the learning experience for the students. One room in St. Patrick's Friary serves both as my office and as our meeting room. If more than six or seven people are present, we all experience some inconvenience. The room is not spacious; it is cold in the winter months (we share a floor heater for our feet) and hot in summer. Just outside our door is a food pantry where those in need come for food.

The Franciscan community has literally welcomed us into their space and allowed us to use their dining room and facilities. Receiving such care from them gives us a greater appreciation of what the people with whom we minister may be experiencing as the recipients of another's kindness.

Many of us men and women, who call ourselves "ministers," have prided ourselves on our ability to give to others. We help when needed, extend ourselves above and beyond the call of duty, and generally consider ourselves generous when it comes to service. Actually experiencing what it means, however, to be helpless, to feel inadequate, to face situations that I do not understand is a different story. To have no idea how to respond, and to finally accept the fact "I can't do this" is indeed a humbling experience.

To accept that fact, however, and to respond anyhow is a real "leap of faith." The radical acceptance of one's helplessness leads more and more to a dependence on God's grace and a profound development of one's relationship with that God. If we call ourselves ministers, pastors, priests, chaplains, etc., then we have to live it! It becomes "who we are" and not just "what we do."

I find that I am personally still learning from this experience and that it continues to be a work in progress. It has added a new dimension and a real excitement to my ministry of supervision in CPE.

(NACC-certified supervisor Janet Biemann, RSM, directs the community-based urban CPE program for the Catholic Health System of Western New York in Buffalo; e-mail: JanetBielmann@aol.com. She is also the secretary/treasurer of the NACC Board of Directors.)

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Newly Certified Members

Congratulations to the following NACC members who were certified at the Certification Commission meeting held in Milwaukee, Wisconsin, June 27–29, 2002.

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Ms. Terelyn Borel

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Sister Joan Singer, SSJ
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Mr. Michael Sullivan
Sister Mary E. Vesey, CSJ

Reflection Off the Vineyard

Rev. Joseph J. Driscoll
President and Chief Executive Officer

Rounding the bend in my descent on the winding highway lane, I gaze to my left and see a sparkling of light darting back and forth across the sloping hillside in this vineyard country. Actually the sparkles look like fireflies in their summer night dance. The problem is that it is only eleven o'clock in the morning. Nevertheless the play of light is beautiful!

Then I remember my friend Kevin telling me that the vineyard workers tie strips of shiny, aluminum-like material on the tops of the poles holding up the vines to scare off the birds as harvest time approaches. So that's what it is.

In the solitude of my ride on this beautiful morning driving from Sonoma county down U.S. Highway 101 to San Francisco, my heart and soul quite naturally absorb the sparkles in all their beauty. The play of light moves inward as I smile in praise of the God of the vineyards. The reflection moves just as naturally toward Jesus and the day he looked up on a sloping hillside of vineyards and praised God in his heart. Then he opened up the beauty before him in his teaching of the vine and the branches.

And so now I am in the thick of this image in my prayer this morning.

With the vineyards comes the harvest and with the harvest comes the fall. I love the fall. This season is mine. I was born in September, ordained in September, sent forth to my first parish in September, entrusted with NACC leadership in September. It's a month that colors my whole being.

But beyond the personal color, September is a rich month in all our histories.

We may celebrate the new year in January, but in fact for most of us long-term schoolchildren, we walked into new year's day each fall when we crossed the threshold into that strange classroom with shiny wood floors, washed blackboards (mine were green), new decorations, new books, new pencil cases, new faces—and new fears.

Oh, to get through that first day! There was a certain fragility back then that I think was often overlooked or minimized. After all, those were the days where "children were seen and not heard." Quite to the contrary, we had a lot that needed to

be heard. In fact as children we had full-blown spiritual lives as Robert Coles documented so well in his book, *The Spiritual Life of Children*.

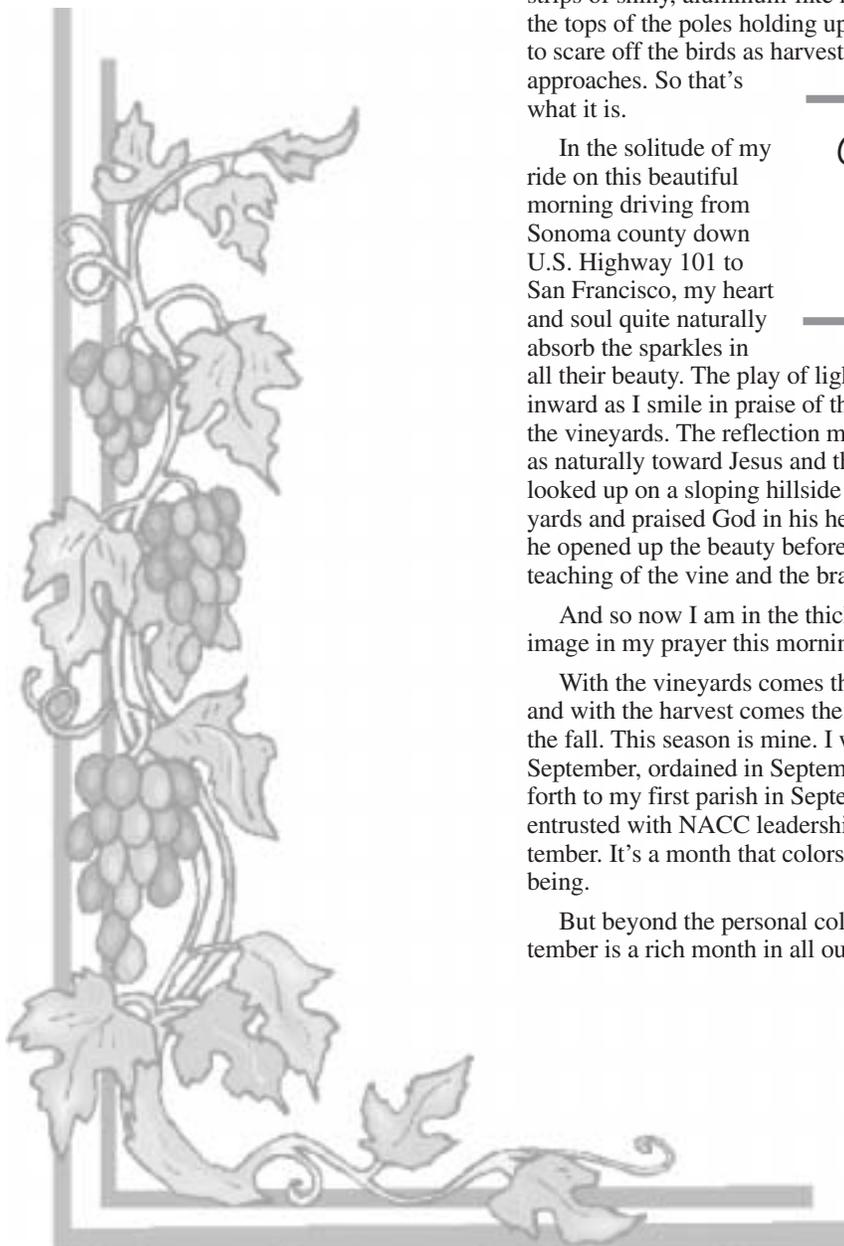
This same fragility we experience in crossing new thresholds all

our life. A friend of mine just began a new job and called me on day three and left a voicemail saying, "I am doing well—I'm exhilarated with the job, but exhausted." The "new" drains us, five year olds and 55 year olds alike.

The vineyard and its grapes are fragile. Earlier on my trip to Sonoma county, I was even closer to the vineyard as I walked by a stretch of fields of ripe and ripening grapes. I noticed some fell prematurely on the ground. Not unlike Marc Vincent a few weeks ago, I think and I pray, Tracy and Marc's first-born son who came into this world with eyes that would never open, beautiful and full term, but whose life breath stopped a few days before he came into this world. The fragility of life comes home so close, so stark, so frightening.

The fragility of life comes home when National Public Radio interviews a home health worker who is about to go on strike, one of 1,100 newly-unionized in a New York for-profit home health agency. "I make \$5.75 an hour. I have no health benefits. I have no vacation. I have no paid holidays. I am a single parent with two children." The words themselves struggle out of an adopted language in an adopted country.

*God calls us to
be fruitful, not
successful.*



Can you imagine \$5.75 an hour and nothing else? And the preying bird from which she has little or no protection is also interviewed and says he thinks the state should take money that was earmarked earlier in the year and provide the benefits. The commentator mentions that this single owner of the for-profit company gets something like \$16.00 for each hour that this woman works.

The fragility of life comes home as Bruce Springsteen seeks to immortalize the firefighters of September 11—a fragile month for all Americans for a long, long time to come—in a song from his album, *The Rising*. He softly cries, “I need your kiss . . . but love and duty called you higher, up the stairs, into the fire.” And immediately his next words push us higher out of his rooted Catholic sensibility, in a prayer become responsorial refrain: “May your strength give us strength, may your faith give us faith, may your hope give us hope, may your love give us love.”

The vineyard on the hillside and those grapes on the vines are fragile. This vineyard of life on earth is fragile and so are the individual and collective lives clustered underneath. That is why Jesus in his morning “theological reflection” intuits this image of him, his father, and all of those clinging to his life in Palestine—and those who will cling to his life, death and resurrection everywhere for all time.

“I am the vine,” he tells us. “My father is the vinegrower”—not the growers of religious fanaticism that drive missiles of insanity and senselessness destroying beautiful lives, not the owner of a for-profit company that spreads seed-like wages across already rocky ground, not the whim of fate that plucks a life just too soon in seemingly meaningless chance.

“My father is the vinegrower”—there is a creator to which we can attach our faith, there is a redeemer to which we can attach our hope, there is a sustainer to which we can attach our love.

*May your strength give us strength.
May your faith give us faith. May your
hope give us hope. May your love gives us
love.*

“Apart from me you can do nothing,” he says. When you and I abide in him, and he in us, our strength gives one another

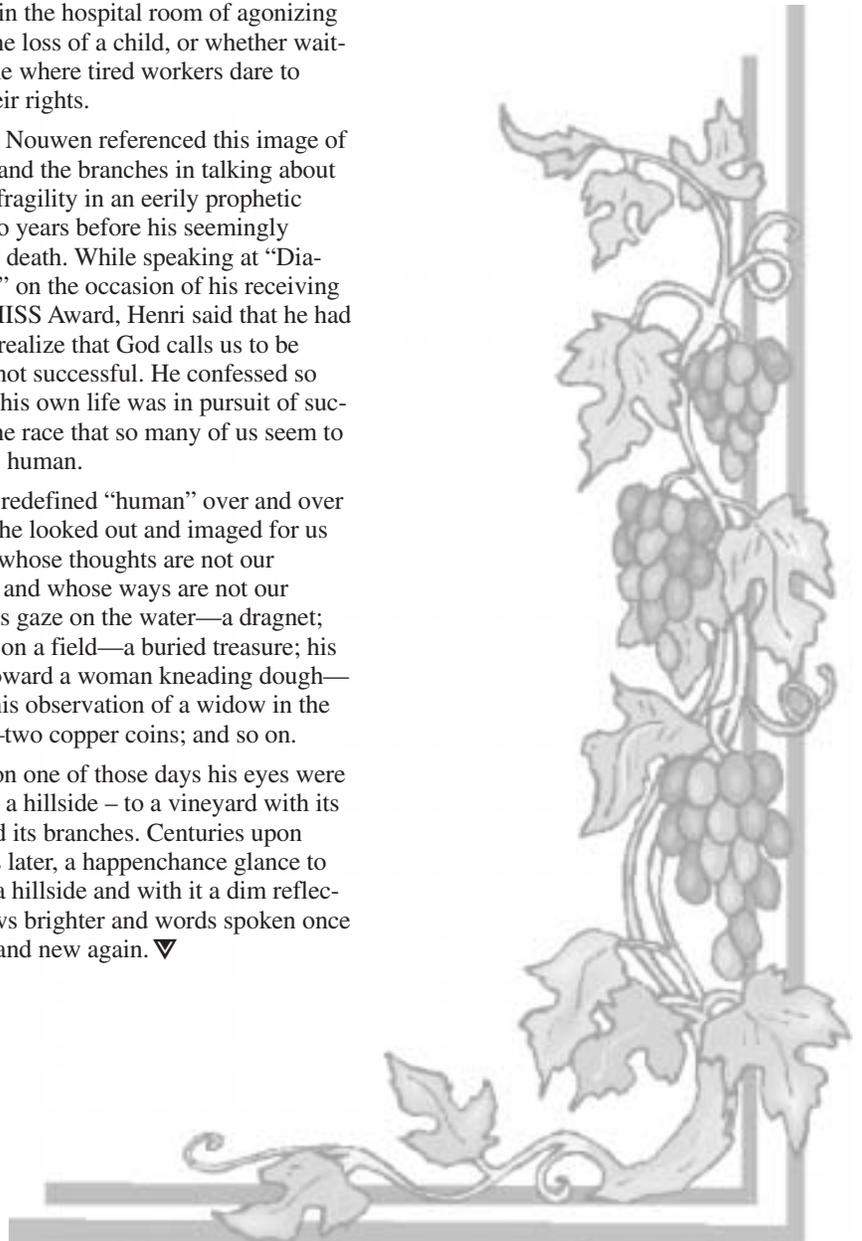
strength, our faith gives one another faith, our hope gives one another hope, our love gives one another love.

But the very self that is so fragile is also so fruitful. We are fruitful. No one can ever harvest all the good done by so many on that September morning. No one can ever harvest all the fruit of faith, hope, and love that continues to be gathered into the human family out of that horrific day. No one can ever harvest all the good that comes out of any day when two or three are clustered in faith, hope, and love, whether in the hospital room of agonizing pain at the loss of a child, or whether waiting in line where tired workers dare to claim their rights.

Henri Nouwen referenced this image of the vine and the branches in talking about his own fragility in an eerily prophetic voice two years before his seemingly untimely death. While speaking at “Dialogue 94” on the occasion of his receiving the COMISS Award, Henri said that he had come to realize that God calls us to be fruitful, not successful. He confessed so much of his own life was in pursuit of success in the race that so many of us seem to define as human.

Jesus redefined “human” over and over again as he looked out and imaged for us the God whose thoughts are not our thoughts and whose ways are not our ways. His gaze on the water—a dragnet; his sight on a field—a buried treasure; his glance toward a woman kneading dough—leaven; his observation of a widow in the temple—two copper coins; and so on.

And on one of those days his eyes were drawn to a hillside – to a vineyard with its vines and its branches. Centuries upon centuries later, a happenchance glance to light on a hillside and with it a dim reflection grows brighter and words spoken once speak brand new again. ▼



Chaplains become rock stars Chaplains have come down to earth . . . Chaplains build from the ground up

Give it whatever title you wish but would you believe that such a simple thing as a rock could become a powerful tool to facilitate healing?

About 10 years ago when the chaplains at Loyola University Medical Center in Maywood, Illinois, were first beginning outpatient ministry, it was the beginning of Lent, and Ash Wednesday brought the distribution of ashes to staff and patients at the Mulcahy Outpatient Center. It was thought that something was needed to give to people to help them all during Lent to remember it is a holy season, a time of fasting, penance, and good works. Ashes were OK for one day, but what about the other 39 days? Something was needed as a reminder that was small, but not hidden; something that could be on one's dresser at home or on one's desk at work, or carried in one's pocket or purse.

We went to Mother Earth for the answer. We walked along the creek bed and found some flat rocks. We walked along the medical school flower garden to find some pebbles. We thought, why not try to use small rocks with a message that can be inconspicuous yet remind us of the gifts we bring, or the gifts we need to nurture, or what helps us to become more of the person we want to be, or expresses the pain/joy we are experiencing?

We washed the rocks, let them dry, and used some colored markers to draw a flower, a star, or a symbol and print words on them: Trust, Hope, Joy, Courage, Grace, Confidence, Humor, Fun, Let Go, Rest, Compassion, Forgiveness, Faith, Peace, Quiet, Love, Integrity, Happiness, Goodness, Patience, Time, Calm, Healing, Awe, Laughter, Light, Wisdom, Care, Security, Prayer, Forgive, Success, Health, Hold On, Support, Freedom, Justice, Fidelity, Commitment, Perseverance, Try Again, Strength.

Since then we've not only used them for Lent but for the pediatric nurses, pre- and post-partum nurses, cancer center nurse

recognition day, bereavement groups for parents, and after a difficult death to facilitate the grieving process for staff members.

Along with a prayer, a reflection, a blessing, reassurance and rededication, medical center staff have found these small rocks from Mother Earth have brought strength, simplicity, and renewal during challenging times. As an example of this, let me share with you the following—The Story of Hope.

"My name is Kathleen Kennedy Martin. I am 34 years old; and have the most vivacious and beautiful two-and-a-half-year-old daughter on the face of the planet. My husband Scott and I will be married for 10 years in July. He is gentle, kind, and honest. The combination of his bright blue eyes and dimples make my knees go weak.

"In August of 1999, just after Anna's first birthday, I was diagnosed with ovarian cancer. It came back again about a year later. My second chemotherapy regime consisted of weekly doses given over a total of 23 weeks. The nurses at the Cardinal Bernardin Cancer Center at Loyola University Medical Center have become very dear to me. I think of them as superheroes, all dressed in white, fighting cancer for hours each day with their knowledge, medicine, and tireless spirits.

"When I now look back on the end of my most recent chemotherapy, it is not surprising to see I was feeling depressed. Most people think the end of chemotherapy is a time for celebration, but I knew the waiting time following treatment could be the hardest battle of all.

"My wise nurses must have sensed my feelings, and they did many kind things to help me help myself get through the difficult time. On the day of my final chemotherapy, they appeared with a large basket of rocks that some very sweet person had meticulously painted with animals and other figures. On the top of each rock were painted words of inspiration such as 'Courage' and 'Strength.' I instinctively chose a rock with a little white bunny entitled 'Hope.'

"Since the onset of my illness people have given me many, little trinkets that I keep in different special places. When it came to Hope, though, I was not sure where to put her. So, for several weeks she stayed in my jacket pocket. Whenever I would dig in my pocket for something, I would rediscover Hope, and give her a squeeze. One day, as my neighbor and I walked along the sidewalk, following our children on their

bikes, I turned to her and said, 'Did you know I carry Hope in my pocket?' She looked at me, nodded, and smiled politely. Then I said, 'No, really; I carry Hope in my pocket.' I showed her the rock and we chuckled.

"About two weeks later, my neighborhood was touched by a devastating event. The adult son of a friend was found unresponsive one morning, and was in a coma. We later learned the son's prognosis was extremely poor. A few days had gone by when, our friend, Jeanne, who just had been visiting the hospital, drove by with some uplifting news; during her visit, the son opened his eyes, made eye contact with each person in the room, then closed his eyes again.

"Jeanne was astonished, and replied, 'It just goes to show you, we always need to have some hope.' I quickly turned to her and said, 'Jeanne, I carry Hope in my pocket.' She gave me one of those looks, like maybe I was getting a bit too sappy. Then I pulled the rock out of my pocket and said, 'No really, I carry Hope in my pocket!' I then asked her to take the rock to our friend at the hospital. A few days later the son was awake, out of the coma, and making some responses. I understand that he will have a long, slow recovery, and many questions remain, but we still have Hope.

"As I have shared this story, many people have asked me if I would ever ask for the rock back. My own situation is quite unknown right now. I do not want the rock back. Since I gave Hope away, I have more Hope than ever. 'It is in giving, that we receive.'"

So it is during times of lay-offs, belt tightening, doing more with less and working in a high-stress environment, medical center employees need something more down to earth to ground them in the basics of care, compassion, and concern both for themselves and their patients. Our Creator has given us a rock-solid solution. Perhaps you can think of other ways to use these rocks. If you have any creative ideas, let us know: Loyola University Medical Center, Pastoral Care and Education Department, 2160 South First Avenue, Maywood, IL 60153, Attn: Marie Coglianesse, Director.

David Corcoran
NACC-certified chaplain
Loyola University Medical Center
Maywood, Illinois

2003 EPIC Joint Conference Toronto February 23-26



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Mention EPIC Joint Conference when making your reservations. For additional information on hotel amenities, visit: www.sheratoncentretoronto.com.

Entry into Canada

From the United States:

U.S.-born citizens must carry their U.S. passport or a birth certificate plus photo ID; naturalized U.S. citizens must carry their U.S. passport or their naturalization certificate with photo ID; U.S. permanent residents (who are not citizens) must carry their alien registration card.

Apply for your U.S. passport the easy way. Go to: http://travel.state.gov/passport_easy.html. *Note that passports must be applied for several months in advance.*

From countries other than the United States:

Visitors from countries other than the United States must have a valid passport, and a visa may be required. Contact your Canadian Embassy or Consulate.

Destination Planning

The following websites contain a wealth of information about your visit to Toronto, including photos, entertainment options, theater guides, cultural activities, and more.

www.city.toronto.on.ca
www.torontotourism.com

Look for registration materials to arrive in December.

Members Invited to Apply

PCNSR REPRESENTATIVE

At the end of this calendar year, the NACC will have an opening for a certified member to serve as our representative to the Pastoral Care Network for Social Responsibility (PCNSR). The network is an organization established and supported by a number of pastoral care organizations to further the cause of peace and other socially responsible concerns. The NACC-designated representative will be responsible for representing the NACC membership by serving on the board of PCNSR. The representative will report on PCNSR activities to the NACC president and chief executive officer and to the membership and will fulfill duties of the PCNSR board as necessary.

Major responsibilities:

- Attend the annual board meeting.
- Participate in biannual evening conference calls initiated by PCNSR treasurer.
- Maintain liaison and referral relationships with board members of the PCNSR.
- Participate in committee work as appropriate.
- Support the work of the International PCNSR as possible.
- Report PCNSR activities to the NACC president and chief

executive officer and membership through periodic articles in *Vision* and an annual report.

- Network within the PCNSR Board and NACC members as appropriate.

- Maintain PCNSR dues.

- Inform the NACC president and chief executive officer of PCNSR events of significance.

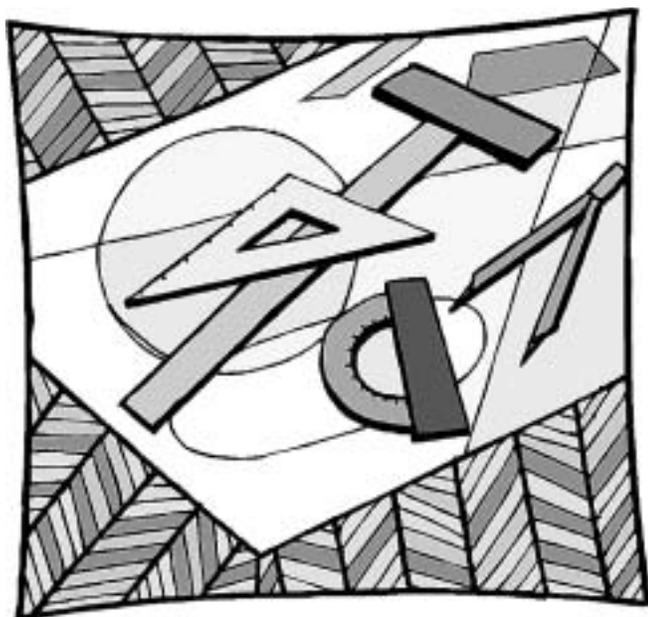
- Maintain knowledge of peace and social concerns; participate in appropriate local and national peace and social concerns organizations.

Qualifications: The representative will be a certified member of the NACC and should have background/ interest in social justice.

Term of assignment: The representative will serve a three-year term which may be renewed once.

Time commitment: The representative may ordinarily expect to participate in one overnight meeting per year; thus far, it has been held as an adjunct to the ACPE conference, and to be available for two evening telephone conference calls, one usually in January, and the second in May.

To apply for this opening, please notify Rev. Joseph J. Driscoll, NACC President and Chief Executive Officer, in care of the national office.



Measures of Chaplain Performance and Productivity

A CHI Study

A Catholic Health Initiatives' task force recently completed a study about "Measures of Chaplain Performance and Productivity." The following is a summary of what they learned, written by Larry Vandecreek, DMin, who served as a member of that task force.

Chaplains constitute a visible sign of ministry in Catholic health care settings and help to set these providers apart from others. Yet, chaplains themselves, their colleagues, and decision makers often cannot articulate a clear understanding of this ministry, particularly in regards to a behavioral description of what chaplains do, the measurement of their performance, and the productivity level expected of them. In response, Catholic Health Initiatives (CHI), a national health care provider, created an interdisciplinary task force to attempt clarification of these concerns. The task force concluded its two-phase 18-month study by issuing a final report in June 2002.

A four-part mandate guided the task force.

1. To explain in behavioral language just what chaplains do and how their work adds value to an organization, thereby warranting the allocation of resources,
2. To raise chaplains' awareness of the complexity and value of what they do so they can be more intentional in managing time and priorities in their ministry,
3. To help directors of spiritual/pastoral care be more effective in managing the performance and productivity of their chaplains, and
4. To affirm and promote the professionalism of CHI chaplains by highlighting the competencies they bring to their ministry.

Phase I

Chaplains frequently observe that results from current efforts to measure performance and productivity in health care do not represent their ministry fairly. In response, the task force began its work by creating a template of 13 core activities, seven productivity and seven performance measures. Six chaplain focus groups refined the template.

Nine CHI chaplaincy departments, consisting of small, medium, and large health care centers, piloted the template. They recorded every pastoral interaction during a three-month period by reporting the number of 15-minute time segments required and by checking three descriptors (one of 13 key activities, one of seven productivity measures, and one of seven performance measures). This created a data bank of 35,500 pastoral interactions from 56 chaplains in the nine sites. Each site conducted a group evaluation of the experience, and each chaplain completed an individual feedback form.

The results pointed to several problems, some of which made the use of any standardized template problematic. First, chaplains exhibited much diversity in how they understood what chaplains do and how this ministry could be measured. This diversity interfered with the use of a standardized template.

Second, major problems emerged with the lack of consistency of understanding and usage of the measures. For example, despite task force attempts to define the key activities, some chaplains understood "assessment" as a generic term while others thought of it as a formal spiritual

assessment. Again, some used the "crisis situation" code for their ministry with the dying, while others used this code for "putting out small fires."

Third, chaplains reported that pastoral interactions usually were complex phenomena that could not be coded by choosing one option from the activities, productivity, and performance categories.

Fourth, chaplains found the productivity and performance measures confusing; they simply were not accustomed to thinking of their ministry in those terms. In fact, some chaplains indicated that the value of their ministry could not be expressed in such terms.

Fifth, many found that their interactions required less than 15 minutes, but the template did not permit them to report the actual number of minutes.

In the end, this phase of the study was successful because when feedback concerning the results was shared, participating chaplains became more aware of the complexity, quality, and value inherent in their ministry. This resulted in dialogue among the chaplains and the task force concerning how to measure performance and productivity. This fulfilled the second mandate (to raise chaplains' awareness of the complexity and value of what they do so they can be more intentional in managing time and priorities in their ministry) and fourth mandate (to affirm and promote the professionalism of CHI chaplains by highlighting the competencies they bring to their ministry).

(Continued on next page.)

Phase II

In the second phase, the task force turned its attention primarily to the first mandate, namely to develop a behavioral language concerning what chaplains do and how their work adds value to an organization. Accordingly, it developed plans to interview chaplains, chief executive officers, mission leaders and department leaders, referral sources, and the next-of-kin of patients who had died at the pilot sites. The task force hoped that, when taken together, data from these sources would provide the foundation for a descriptive, behavioral language that described the ministry of chaplains.

A task force representative interviewed chaplains from the pilot sites, asking them to describe their ministry in behavioral language. They described it as “focused attention with no agenda,” approaching patients/families/staff “with a fresh open mind” and with an “emptiness” for reflective listening. Chaplains “enable whole person care” by their ability to convey, “I’m here for you” or “we (the organization represented by the chaplain) care about you.” They enable patients/families/staff to tap into their own inner resources and then facilitate self-healing. In all these ways, they function as “reminder/catalyst” of the mission and values of the organization.

Chief executive officers reported that they viewed chaplains primarily in terms of patient, guest, employee, and public relations. They expected chaplains to establish the tone for the organization regarding holistic care and spirituality by the quality of their interactions. In their view, this “added value” was well worth the resource investment.

Mission leaders and department directors expected chaplains to be responsive to the needs of others, understanding and supportive of staff, and to function as the “locus of spirituality for the organization.” They wanted chaplains to help patients/families, and staff to find a “connectedness to Christian values and meaning.”

Those health care professionals who made referrals to chaplains stressed the importance of availability when called, the ability to provide comfort and support in a wide variety of situations and to help with practical tasks especially in bereavement situations.

A telephone interviewer contacted 130 bereaved next-of-kin, asking whether they had contact with a chaplain during their experience of loss and what was especially

helpful during that interaction. These interview results, when taken together, suggested that chaplains were appreciated by these family members because they:

1. helped with practical details at the hospital when notified of the death,
2. provided comfort and support,
3. functioned as surrogate members of the family until other family members or clergy arrived by providing emotional and/or spiritual support,
4. were simply available whenever the family needed them, and
5. functioned as a spiritual figure who provides transition for their loved one from earth to heaven.

What did the task force learn in Phase II?

1. To date, measures of chaplain productivity (efficiency) have been, for the most part, inadequate and/or misleading in capturing the depth and complexity of their added value to the delivery of care within their institutions.
2. Chaplains exhibited a widespread lack of clarity and consistency in understanding, articulating, and measuring their ministry.
3. Once chaplains understood the rationale for describing their ministry in behavioral or “business” language, they responded positively to this new way of defining and measuring their ministry.
4. The interviews with chief executive officers, mission leaders, department directors, referral sources, the bereaved, and chaplains themselves produced a surprising congruence concerning a behavioral understanding of the ministry of chaplains.

These results fulfilled the first mandate—to explain in behavioral language just what chaplains do and how their work

adds value to an organization, thereby warranting the allocation of resources.

Recommendations

The task force made four recommendations to the Spiritual Care Directors in the CHI network.

1. Consult with staff chaplains to clarify and to define more precisely their roles, key activities, and competencies.
2. Engage colleagues from other disciplines within the organization to help articulate outcome measures (performance expectations) in behavioral language.
3. Create a template or framework that defines levels of task complexity for each of five to 10 key activities of chaplains. This can serve as a starting point for an improved and locally customized approach to measuring chaplain productivity (efficiency), especially when a typical degree of skill/competency and typical length of time is assigned to each level of task complexity.
4. Further the professionalism of chaplains by encouraging their continuing education in the competencies needed to meet performance and productivity expectations. The competencies that the task force found added value (from the perspective of others) were highlighted for consideration.

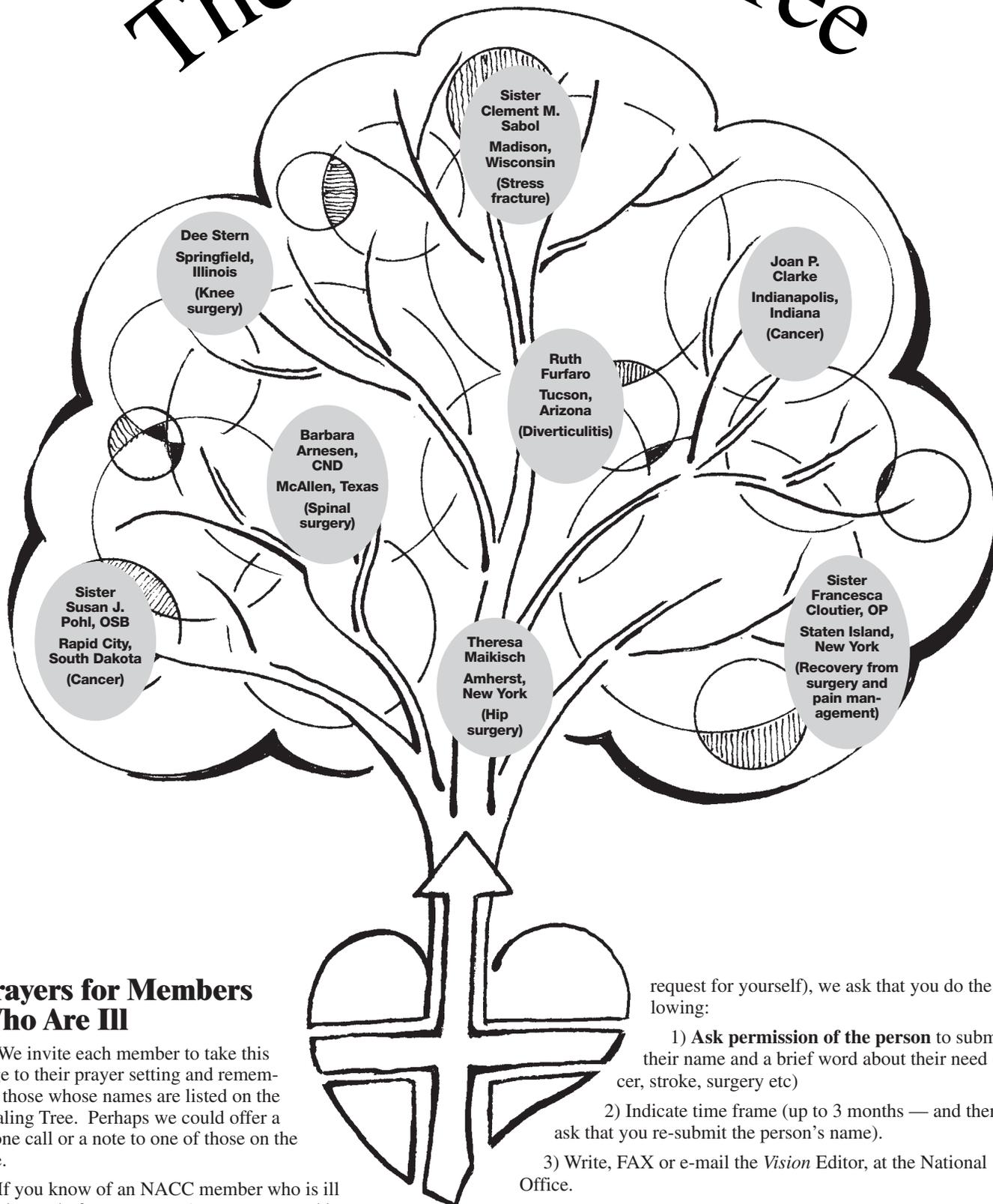
These recommendations fulfilled the third mandate of the task force, namely to help directors of spiritual/pastoral care be more effective in managing the performance and productivity of their chaplains.

Single copies of the task force report with its 14 appendices are available from Rosemarie Wehrly in the CHI Denver office; e-mail: rosemariewehrly@chi-national.org; or phone: (303)383-2696.

Are you scheduled to recertify in 2002?

Your recertification materials need to be sent to the Director of Professional Practice in the national office no later than December 31, 2002.

The Healing Tree



Prayers for Members Who Are Ill

We invite each member to take this page to their prayer setting and remember those whose names are listed on the Healing Tree. Perhaps we could offer a phone call or a note to one of those on the tree.

If you know of an NACC member who is ill and in need of our prayers, (or you may send in a

request for yourself), we ask that you do the following:

- 1) Ask permission of the person to submit their name and a brief word about their need (cancer, stroke, surgery etc)
- 2) Indicate time frame (up to 3 months — and then we ask that you re-submit the person's name).
- 3) Write, FAX or e-mail the *Vision* Editor, at the National Office.

-Joe Driscoll

EDUCATIONAL OPPORTUNITIES

Mayo Spiritual Care Research Conference

November 7–8, 2002
Rochester, Minnesota

This conference, *The Contributions of Spiritual and Religious Research to the Science and Practice of Medicine*, will provide a forum specifically reserved for the dissemination of research and practice applications in spirituality and religion. Conference attendees will have the opportunity for interaction with people from across the continent who have come together to hear discoveries about the contribution of spiritual care to the practice of medicine. Dialogue will be multidisciplinary and will examine what we know and do not know about the evidence-based nature of spiritual care.

This conference is designed to:

- Promote research on spiritual care.
- Disseminate research findings evaluating the contributions of spiritual care to the practice of medicine.
- Increase interdisciplinary dialogue about research practices, clinical applications, and spiritual experiences.
- Encourage the advancement of evidence-based spiritual care.

Martin E. Marty, PhD, and Harold G. Koenig, MD, MHSc, are featured faculty.

For more information, contact Mayo Continuing Nursing Education toll-free at 1-800-545-0357 or (507)266-1007; e-mail: cne@mayo.edu.

American Association of Suicidology 36th Annual Conference

April 23–26, 2003
Santa Fe, New Mexico

The American Association of Suicidology is holding the conference “Competent Communities: Suicide Prevention Through Support, Research, and Practice” at the LaFonda Hotel and Hotel Loretto in Santa

Fe, New Mexico, April 23–26, 2003. Call for papers will be posted in the next few weeks on the AAS website: www.suicidology.org. Deadline for papers is November 1, 2002. For more information, e-mail info@suicidology.org or call (202)237-2280.

Integrating Research on Spirituality and Health and Well-Being into Service Delivery: A Research Conference

April 1–3, 2003
Bethesda, Maryland

This conference, sponsored by the International Center for the Integration of Health & Spirituality, will examine ways in which research about the relationship between health and spirituality can be integrated into the delivery of clinical care and social services. Mark your calendars now and visit the ICIHS website regularly to get updated information concerning this conference: www.icihhs.org.

IN BRIEF

Caregiver's resource helps ease burden of Alzheimer's

Watermark Publishing of Honolulu has released *Mosaic Moon: Caregiving Through Poetry*, a unique resource for caregivers by noted poet and educator Frances H. Kakugawa. *Mosaic Moon*, which grew out of poetry workshops conducted by the author for the Alzheimer's Association Aloha Chapter, is an extraordinary collection of poems and a how-to guide to help individuals and groups create their own poetry support groups. Besides offering hands-on writing and organizational tools, the book includes inspirational poetry by the author and five graduates of her workshops, reflecting both the trials and small triumphs of caring for loved ones with Alzheimer's.

To learn more about the book and get ordering information, go to: www.bookshawaii.net/catalog.html#moon.

EPERC offers website resources and e-newsletter

The website for the End of Life Physician Education Resource Center (EPERC) offers a great number of resources online for the end-of-life care community, including a dynamic e-mail newsletter. This newsletter is sent to more than 4,000 subscribers as a service of the center each Friday to keep participants informed of what is happening in education and training in end-of-life care, as well as what's new at EPERC. Recipients are encouraged to forward this publication to an interested colleague or friend.

To learn more about EPERC and subscribe to their e-newsletter, visit: www.eperc.mcw.edu.

Children's Hospice International to host 14th world congress

Last Acts Partner Children's Hospice International (CHI) will host their 14th world congress November 4–6, 2002. The event will be held at the University of Pittsburgh in Johnstown, Pennsylvania, and will feature leaders in children's hospice and palliative care issues. The event will also spotlight new and innovative children's hospice programs from around the world.

To learn more about CHI and to watch for upcoming information about the event, go to: www.chionline.org.

New online course educates on end-of-life care issues

A new web resource, *Finding Our Way: Living with Dying in America – The Online Course* (www.scu.edu/fow), is now available to all Americans. This free, web-based course is part of the Finding Our Way national public education initiative focused on bringing practical information on end-of-life issues to the American public.

The course is completely self-paced and all course materials are included on the web. This online course grew out of a 15-part national newspaper series distributed by Knight Ridder/Tribune that appeared in more than 160 newspapers and reached millions last year.

For questions regarding the course or the newspaper series, please contact Kevin Harris by e-mail at: kharris@sojourncommunications.com or by phone at (703)556-6800. To learn more about Finding Our Way: The Online Course and to register, go to: www.scu.edu/fow. To learn more about the Finding Our Way newspaper series, visit: www.findingourway.net.

U.S. News factors hospice and palliative care into hospital rankings

For the first time in U.S. News and World Report's history of ranking hospitals nationally, hospice and palliative care are included as criteria in the ranking methodology. Based in part on Last Acts' efforts, the magazine is now formally recognizing the importance of end-of-life care and pain management. Specifically, five specialties—cancer, geriatrics, heart and heart surgery, respiratory disorders, and rheumatology—include hospice/palliative care as structural variables.

To access the U.S. News and World Report 2002 Hospital Rankings page, go to: www.usnews.com/usnews/nycu/health/hospital/tophosp.htm. To learn about the ranking methodology U.S. News and World Report employed, visit: www.usnews.com/usnews/nycu/health/hospital/methodology.htm.

New website features palliative and end-of-life care information

A new website dedicated to end-of-life care improvements has been created by the Nursing Leadership Consortium for End-of-Life Care. The site allows nurses to share information with other professionals about initiatives and projects related to improving patient care at the end of life. The site features a wealth of end-of-life care resources including links off the front page to Last Acts' Precepts of Palliative Care as well as the bi-monthly online journal, *Innovations in End-of-Life Care*.

To visit the Nursing Leadership Consortium for End-of-Life Care website, go to: www.palliativecarenursing.net. To read more about *Innovations in End-of-Life Care*, visit: www2.edc.org/lastacts/.

Book explores religion, death, and bereavement

A new book dedicated to exploring death and bereavement rituals in major religious traditions around the world was recently published. *Death and Bereavement Around The World, Volume 1: Major Religious Traditions*, is the first in a series of five books focusing on the major religious traditions of the world and how they help followers deal with the fundamentals of life. The book is intended as a valuable resource for those who care for others during a time of stress or crisis – professional or consumer alike. Editors John D. Morgan (King's College, London, Ontario, Canada) and Pittu Laungani (South Bank University, London, England) have gathered leading international authorities to produce this first volume.

To learn more about the book and get ordering information, go to: www.baywood.com/search/PreviewBook.asp?q=Record=214.

Circle of Life Award now accepting nominations for 2003

The Circle of Life Award, presented annually to recognize innovation to improve the care provided to dying people and those around them, is now accepting nominations for the 2003 awards. The Circle of Life Award is given to up to three programs annually and provides a \$25,000 award to further the work of the organization. The Circle of Life Award is sponsored by Last Acts Partners the American Hospital Association in conjunction with the American Medical Association, the American Association of Homes and Services for the Aging, and the National Hospice and Palliative Care Organization. The award is supported by a grant from The Robert Wood Johnson Foundation.

To learn more about the Circle of Life Awards and to nominate a program, go to: www.hospitalconnect.com/aha/awards-events/circle_of_life/.

New book on children's grieving released by Last Acts partner

A new book, *Good Grief for Kids*, has been published recently by Last Acts Part-

ner Journal Keepers Publishing. This book was designed to teach children the basic concepts of death and to help them grieve and grow in healthy ways. As children work through their loss, they will learn more about themselves and about life. The activities in this workbook will act as a springboard for conversations which will help clarify misconceptions and fears. The book is authored by Katherine Dorn Zotovich.

To learn more about *Good Grief for Kids* and Journal Keepers Publishing, go to: www.journalkeepers.com/goodgrief.htm.

HFA's tenth annual bereavement teleconference set

Last Acts Partner the Hospice Foundation of America (HFA) will host their 10th annual national teleconference on bereavement April 30, 2003. The teleconference theme next year will be, "Living with Grief: Coping with Public Tragedy." This live-via-satellite, televised broadcast will examine the factors that define a public tragedy and offer insight and advice to organizations and professionals as they support their communities and help those coping with loss.

To learn more about the HFA and their annual bereavement teleconference, go to: www.hospicefoundation.org/teleconference/.

Sound Covenant releases The Blessings of Music

Sound Covenant, a Last Acts Partner, has released a new music and workbook set called, *The Blessings of Music*. The book is designed to equip caregivers with visitation skills to use music that relieves pain and anxiety, while visiting the sick and those near life's end. *The Blessings of Music* comes with two CDs featuring therapeutic music for use during caregiver visits. The music featured is acoustic, unfamiliar, and performed with a specific sequence of tempo and emotional content to provide healing benefits while often reducing pain and anxiety.

To learn more about *The Blessings of Music* and Sound Covenant, go to: www.soundcovenant.org.

▼ **Saint Joseph's Hospital, Marshfield, WI – ROMAN CATHOLIC PRIEST CHAPLAIN.** Saint Joseph's Hospital, a 524-bed major tertiary teaching and referral center located in Marshfield, Wisconsin, has an immediate opening for a full-time Roman Catholic Priest Chaplain. Saint Joseph's is also part of Ministry Health Care, a significant integrated regional Catholic health care system in Wisconsin. Join a multi-denominational staff of eight who, in a participative, collaborative, and team-oriented approach, deliver quality spiritual services to a broad spectrum of patients, families, and staff normally found in such a major hospital setting. The position provides a challenging and rewarding environment in which the successful candidate will significantly contribute to the spiritual, emotional, sacramental, and liturgical needs of our constituents. Marshfield is located in the central part of Wisconsin and provides a high quality of life normally associated with a more rural location. To be considered for the position, candidates must possess minimum of a bachelor's degree in theology, be certified or eligible for certification by NACC or APC, and have previous hospital-based chaplaincy experience. We welcome your immediate inquiry to this opportunity. Please call us toll-free; e-mail your resume; or visit our website: HR Associate, 1-800-221-3733, ext. 77880; e-mail: danent@stjosephs-marshfield.org; web site: www.stjosephs-marshfield.org. Saint Joseph's Hospital, 611 Saint Joseph Avenue, Marshfield, WI 54449. Equal Opportunity Employer.

▼ **Carondelet Manor, part of Carondelet Health of Kansas – is a 162-bed skilled nursing facility sponsored by the Sisters of St. Joseph of Carondelet. Carondelet Manor includes sub-acute and rehabilitative services. We are seeking a FULL-TIME CHAPLAIN to join the Carondelet Health spiritual care team. The ideal candidate will have two to five years' experience; a minimum of a BA in theology, religious studies, or related field; be certified or eligible for certification by NACC or APC; and have completed four units of CPE. The spiritual care team addresses the spiritual and emotional needs of residents, patients, and staff; provides worship services; facilitates spiritual care activities; and works creatively to develop new ministries. Mail, fax, or e-mail resume to: Human Resources, 1000 Carondelet Drive, Kansas City, MO 64114; fax: (816)943-2009; phone: (816)943-2291. Visit our website: www.carondelethealth.org.**

▼ **Greenwich Chaplaincy Services, Greenwich, CT – CATHOLIC PRIEST CHAPLAIN.** Seeking a full-time priest who desires to work in long-term care setting. GCS covers the pastoral care needs of three long-term care facilities and an assisted-living facility in Greenwich, 25 miles from New York City. Primary responsibilities would include regular celebration of Mass at each facility, sacraments of reconciliation and anointing on a regular basis, pastoral care and support of residents, staff, and family, and working with a Protestant chaplain in a team ministry. Must be an ordained Roman Catholic priest with experience in a pastoral care ministry and NACC, APC, or ACPE certification. Send resume to Rev. Al McGoldrick, Pastor, St. Paul's R.C. Church, 84 Sherwood Avenue, Greenwich, CT 06831-3250; phone: (203)531-8741; e-mail: AMcGold451@aol.com.

▼ **CHRISTUS Spohn Health System, Corpus Christi, TX – CHAPLAIN.** Prefers a certified chaplain with the NACC, APC, or AJC. Requires a Master of Divinity or a Master in Theology. We offer competitive salaries and benefits. For full career details, please contact: Human Resources Department, CHRISTUS Spohn Health System, 716 Ayers St., Corpus Christi, TX 78404; (361)881-3703 or (800)643-2609; fax: (361)883-6478, e-mail: lae_carvajal@iwhs.org; jobline: (361)881-3752. An equal opportunity employer.

▼ **Mercy Hospital, Valley City, ND, and Carrington Health Center, Carrington, ND – VICE PRESIDENT OF MISSION INTEGRATION.** Mercy Hospital and Carrington Health Center, faith-based and critical access hospitals, are seeking to fill the combined position of Vice President of Mission Integration to serve both facilities. Located in the

Dakota heartland, the facilities are about 90 miles apart. Both communities offer a safe, clean family environment featuring excellent schools and recreational opportunities. They are rural, primary care, swing-bed, and basic care facilities with an established tradition of working within the Catholic health environment since the early 1900s. This combined position reports to the President/CEO and is a member of the executive leadership team. The position plays a key role in shaping the culture of the organizations. Grounded in the core values of reverence, integrity, compassion, and excellence, the Vice President of Mission Integration will provide direction and leadership to the ethics committee, pastoral care, patient/customer satisfaction, foundation, auxiliary, volunteers, and a variety of other functions to fulfill the respective mission of each institution. Preference is for a person of the Catholic faith tradition with a master's degree in theology, spirituality, or other health-related specialty. The candidate shall have a minimum of three years' experience with demonstrated success in management positions. The candidate must be conversant with Catholicism, have a demonstrated familiarity with a diversity of spiritualities, and possess the knowledge and ability to work effectively within the framework of the Catholic Church. Knowledge of health care ethics, with particular emphasis on the "Ethical and Religious Directives for Health Care Services" (ERDs) is imperative. Mercy Hospital of Valley City and Carrington Health Center offer excellent work atmospheres, well-experienced staffs, and communities dedicated to the continued success of superior health care services. Interested individuals should forward a cover letter and resume to: Human Resource Department, Mercy Hospital of Valley City, 570 Chautauqua Boulevard, Valley City, ND 58072-3199; (701)845-6490. Equal Opportunity Employer.

▼ **Mary Manning Walsh Home, New York, NY – PRIEST CHAPLAIN.** Mary Manning Walsh Home, a 362-bed nursing home in New York City, has an immediate opening for a full-time priest chaplain to join our pastoral care team. The candidate will minister to residents, staff, and family members by celebrating daily liturgy, providing sacramental ministry and supportive spiritual care. The successful candidate will be a Roman Catholic priest with experience in pastoral ministry to the sick and aged. CPE experience is preferred. Competitive salary and excellent benefits package including on-site living accommodations. Send or fax resume to: Sister Sean William O'Brien, Administrator, Mary Manning Walsh Home, 1339 York Avenue, New York, NY 10021; fax: (212)585-3896.

▼ **Mercy Medical Center, Redding, CA – CHAPLAIN ASSOCIATE.** At Mercy Medical Center, Redding, a 273-bed acute care hospital, we offer exceptional career opportunities, a supportive environment, and a balanced lifestyle. Here's your chance to make each day count by improving the lives of our community members! We are seeking a full-time chaplain who possesses certification as a hospital chaplain or who has a graduate degree in a related field, four units of clinical pastoral education and is ready to be certified by the APC or NACC. This position requires demonstrated experience in working with patients/families dealing with life-threatening illness and death preferably in the acute care setting. A valid California driver's license and access to own vehicle are essential to be available for night time "on call" work. We offer a highly competitive salary and benefit package. For more information please contact: Alyssa Call, Staff Recruiter at (530)225-6042; Mercy Medical Center Redding, Human Resources Dept., 2175 Rosaline Ave., Redding, CA 96001; fax: (530)242-5287; or e-mail: aacall@chw.edu. Visit our website at: www.mercy.org. EOE/AA M/F/D/V.

▼ **St. John's Regional Health Center, Springfield, MO – DIRECTOR, PASTORAL SERVICES.** St. John's, seeks a director for its ecumenical Pastoral Services Department. St. John's is an 866-bed acute care tertiary hospital, and is part of St. John's Health System, an integrated health care system that includes the hospital, five regional hospitals, and a 475-physician clinic. St. John's is an affiliate of Sisters of

Positions Available

Mercy Health System, St. Louis, and a Top 100 health system in the country. The director will provide creative leadership for the department, oversee the CPE program, coordinate services with other departments, and develop cooperative relationship within St. John's, the Catholic diocese, and local clergy and community. The director will possess vision, process skills, excellent communication skills, team building abilities, and be committed to the principles of Catholic health care directives. Requirements: master's degree in theology or equivalent, certification by NACC, APC, or ACPE, at least three years' clinical experience in a hospital setting, and supervisory skills. Previous management experience preferred. Springfield is a family-oriented community, with beautiful lakes and environment, and a high quality of life. Excellent salary and benefits. Resume to Ann Meuser, Vice President of Mission, St. John's Health System, 1235 E. Cherokee, Springfield, MO 65804.

▼ **St. John's Regional Health Center, Springfield, MO** – ROMAN CATHOLIC PRIEST CHAPLAIN. St. John's is seeking a Catholic priest chaplain to join its interfaith pastoral staff and team. St. John's, an 866-bed acute care tertiary hospital, is affiliated with Mercy Health System, St. Louis, and a Top 100 health system in the country. Responsibilities include providing pastoral care to patients, families, and staff, and sacramental ministry to Catholic patients and families. Will serve as Catholic pastor for St. John's Health Center and have a good working relationship with the diocese. Candidate will possess effective interpersonal skills and a strong commitment to holistic health care, functioning as a member of the health care team. Excellent salary and benefits. Requirements include certification by NACC/APC and endorsement by the local ordinary. Send resume to Gloria Troxler, Director of Pastoral Services, St. John's Health Center, 1235 E. Cherokee, Springfield, MO 65804.

▼ **St. Mary Hospital, Hoboken, NJ** – FULL-TIME PRIEST CHAPLAIN. St. Mary Hospital is a premier 200+ bed hospital in the Bon Secours Healthcare system and set in an urban and culturally diverse community minutes from Manhattan. An exceptional opportunity exists for a full-time priest chaplain to join our interfaith pastoral team. The candidate will minister to Roman Catholic patients, families, and staff by providing sacramental support, liturgy, and ritual. The successful candidate must be an ordained Roman Catholic priest with experience in pastoral care ministry, have a healthy spirituality, and be a team player. CPE experience and/or bilingual in Spanish and English a plus. Competitive salary and excellent benefits package. Send or fax resume to Chaplain Janet Freed, Director of Pastoral Care, 25 McWilliams Place, Jersey City, NJ 07302; fax: (201)418-2286; e-mail: jfreed@fhsnj.org; phone: (201)418-2047.

▼ **St. Joseph's Hospital, St. Paul, MN** – SYSTEM DIRECTOR, SPIRITUAL CARE. St. Joseph's Hospital, an acute care hospital of the HeathEast Care System in downtown St. Paul, is seeking a full-time System Director of Spiritual Care. Together with the spiritual care staff, the selected candidate will provide pastoral care to patients, families, and staff. The system director will be responsible for overall management of the department, budget, quality improvement, bioethics consultation, mission enhancement, and community outreach. Requirements include ecclesiastical endorsement for institutional ministry, certified/eligible by the NACC or APC, minimum three years' experience of pastoral ministry in a health care setting (in addition to four units of CPE) and proven administrative leadership. Relocation assistance is available. Denominational preference is for a Roman Catholic sister, brother, priest, deacon, or layperson, with MDiv (or equivalent). Resumes to: Human Resources, St. Joseph's Hospital, 69 W. Exchange St., St. Paul, MN 55102; fax: (651)232-3324; e-mail: samears@healtheast.org.

▼ **Bon Secours St. Francis Health System, Greenville, SC** (www.greenvilleonline.com) – O Sister or Brother where art thou? Bon

Secours St. Francis Health System is seeking a FULL-TIME CATHOLIC CHAPLAIN to serve as Emmanuel Program/Catholic Services Chaplain. The Emmanuel Program focuses on holistic care and development of complementary therapies for wellness, healing, and comfort and educates in-house staff and community. Catholic services include volunteer supervision, liaison with parishes, ministry to Catholic patients. Qualified applicants will have dynamic interpersonal skills; experience as educator in community and/or health care setting; and two years' experience as a chaplain in an acute care setting. Candidates with knowledge of holistic care and wellness and/or spiritual direction are encouraged to apply. Master of Divinity or equivalent; NACC or APC certification or eligibility preferred. Position includes periodic house coverage and on-call duties. Great work environment/team atmosphere. Send resume to Bon Secours St. Francis Health System, Human Resources, One St. Francis Dr., Greenville, SC 29601 or apply online at www.stfrancishealth.org.

▼ **Associated Catholic Charities, Baltimore, MD** – DIRECTOR OF PASTORAL CARE. The Jenkins Senior Living Community provides services to over 400 older adults: HUD-subsidized apartments, adult day care services, skilled nursing facility, and an affordable assisted living facility. We are looking for a compassionate and capable individual who will be responsible for organizing and implementing a program of spiritual care for residents, participants, and their families. Requires bachelor's degree and three to four years' pastoral care experience working with seniors in a nursing home or related setting, as well as supervisory experience. Two units of CPE or NACC certification are preferred. Must be a Catholic eucharistic minister or able to become one. Visit our website for more information or to apply online: www.catholiccharities-md.org. If interested, please contact Jean Shacklette, SeniorLife Services Division of Catholic Charities, 3320 Benson Avenue, Baltimore, MD 21227; fax: (410)646-6621; e-mail: jshackle@catholiccharities-md.org.

▼ **Saint Francis Health System, Tulsa, OK** – is seeking a CPE SUPERVISOR or ASSOCIATE who is certified by the USCCB/NACC or ACPE to join its pastoral care department to begin a clinical pastoral education program. Responsibilities include managing the CPE program, CPE supervision. Position begins as soon as possible. Send inquiry/resume to: Deacon Bob Martin, Pastoral Care Department, Saint Francis Hospital, 6161 South Yale Avenue, Tulsa, OK 74136; fax: (918)494-2145; e-mail: ramartin@saintfrancis.com.

▼ **Mercy Fitzgerald Hospital, Darby, PA** – DIRECTOR OF PASTORAL CARE. Mercy Health System, in southeastern Pennsylvania, has an exceptional opportunity for a full-time Director of Pastoral Care. The mission of Mercy Health System is to participate in the healing ministry of the Sisters of Mercy and the Roman Catholic Church. This mission is characterized by special concern for those who are poor and disadvantaged. The Director of Pastoral Care plays an integral part in carrying forward this mission. Primary responsibilities include implementing and maintaining a continuum of spiritual care for patients, families, and staff; supporting and directing the pastoral care staff; and providing pastoral care responsibilities as required. The successful candidate will be a Roman Catholic priest who is NACC- or APC-certified. Demonstrated management experience in health care, effective interpersonal skills, pastoral sensitivity, and commitment to the mission and values of Mercy Health System are essential. Qualified candidates should submit their resume to Mercy Fitzgerald Hospital, 1500 Lansdowne Ave., Darby, PA 19023, or fax to: (610)237-5020, or e-mail to: mfhcareers@mercyhealth.org.

▼ **Children's Hospital, Birmingham, AL** – CHAPLAIN. Children's Health System seeks a chaplain with Master's of Divinity or related field. Must have five quarters of CPE, current membership in a professional chaplain organization, willing to seek board certification within the first year of employment, and have excellent working rela-

tionships with families in crisis. Prefer pastoral care experience in a pediatric hospital. Ability to speak Spanish a plus. Send resume to Children's Health System, Debbie Franz, Human Resources, 1600 7th Avenue South, Birmingham, AL 35233; fax: (205)939-5111. Apply online at www.chsys.org.

▼ **Holy Redeemer Health System, Huntingdon Valley, PA** – DIRECTOR OF SPIRITUAL SERVICES. Holy Redeemer Health System was founded and is sponsored by the Sisters of the Holy Redeemer who, for more than 75 years, have been providing quality, compassionate health care and social services to the community. We are currently seeking a Director of Spiritual Services to oversee the delivery of spiritual care to patients/residents, families, and staff. The Director will be responsible for the Administration of the Pastoral Care Departments in acute and long-term care settings and will provide leadership, plan, organize and direct the activities of the Pastoral Care Department. Qualified candidate must be a practicing Catholic, minimum of MA or MDiv in theology/related field, thorough knowledge of Catholic practice, working knowledge of Ethical and Religious Directives for a Catholic health system, and at least three years of experience in health care or pastoral ministry. Management experience desirable. Send resume to Holy Redeemer Health System Recruitment Center, 821 Huntingdon Pike, Huntingdon Valley, PA 19006; fax to: (215)214-0689 or e-mail to: lbivenour@holyredeemer.com. For more information on Holy Redeemer Health System, visit our website at www.holyredeemer.com.

▼ **Holy Redeemer Health System, Huntingdon Valley, PA** – STAFF CHAPLAIN. Holy Redeemer Health System has a full- or part-time opportunity for a staff chaplain to provide ministry to the patients/residents, their families, and staff of a residential long-term care facility and hospital-based skilled nursing unit. Qualified candidate must have NACC certification or four units of CPE training, minimum of one year of experience in a hospital or nursing home ministry, knowledge of medical ethics and moral theology, and desire to work with the aging, sick, suffering, and dying. Send resume to Holy Redeemer Health System Recruitment Center, 821 Huntingdon Pike, Huntingdon Valley, PA 19006; fax to: (215)214-0689 or e-mail to lbivenour@holyredeemer.com. For more information on Holy Redeemer Health System, visit our website at www.holyredeemer.com.

▼ **St. Mary's Hospital, Decatur, IL** – seeks a CHAPLAIN to join the pastoral care staff. Requirements include certification by NACC/APC or working towards certification and endorsement by a religious body. Candidate must hold a BA or BS degree plus some theological training with Clinical Pastoral Education (minimum two units required); part-time, days. Send resume to Melanie Hayes, Associate Human Resources, St. Mary's Hospital, 1800 E. Lake Shore Drive, Decatur, IL 62521.

▼ **Mount Alverna Home & Annex, Parma, OH** – DIRECTOR OF PASTORAL CARE. Mount Alverna Home & Annex is a large Catholic skilled nursing community. As a ministry of the Franciscan Sisters of Chicago, we continue the ministry of Jesus by providing an environment that nourishes the body, mind, and spirit of our residents, their families, and our associates. We are currently looking for a Catholic chaplain to assume the position of Director of Pastoral Care. This position requires CPE certification, a bachelor's degree in an appropriate discipline such as theology, counseling, or pastoral services and three years' experience in clinical pastoral care. Although education is required, a compassionate heart, collaborative style, and creative spirit are essential for your success. The successful candidate will be a team-oriented person. Responsibilities include assessing the spiritual needs of those we serve and developing appropriate programs and interventions to meet these ever changing needs; co-ordination of religious services that address a diverse population; and collaborating with the local community, parishes, and clergy. As a member of the management team, the director works with other departments to integrate mission and values and provide quality services. For further information concerning this position or to send your resume please contact: Mt. Alverna Nursing

Home & Annex, 6765 State Road, Parma, OH 44134; phone: (440)843-7800; fax: (440)843-7599; Attn: Human Resources.

▼ **The Center for Home Care and Hospice at Loyola University Health System (LUHS), Maywood, IL** – seeks a full-time HOSPICE CHAPLAIN experienced in meeting the spiritual needs of patients and families at the end of life and throughout the bereavement process. Responsibilities include assessing spiritual and bereavement needs; offering spiritual support; participating in the provision of bereavement services for hospice patients and their caregivers prior to and following the patient's death; instructing and supporting hospice volunteers in methods and practices for bereavement counseling; and, assisting in the coordination of approximately 15 grief support groups and workshops annually. Population served is 80 percent Catholic. Qualified candidates would have a master's degree in ministry, psychology, or counseling; at least four quarters of CPE; certification by a national pastoral care association; a minimum of one year's experience in a clinical pastoral setting or hospice ministry; knowledge of the diversity in religious practices; an ability to support patients/caregivers in finding meaning and hope; would be computer literate; and able to work within an interdisciplinary team. For more information on LUHS, visit our website at www.luhs.org. Mail, fax, or e-mail resume to Human Resources, Loyola University Health System, 2160 S. First Avenue, Maywood IL 60153; fax: (708)216-4918; e-mail: loyolajobs@lumc.edu. Equal opportunity employer/educator. Smoke-free environment.

▼ **Scripps Mercy Hospital, San Diego, CA** – CHAPLAIN. Full-time opening at a hospital with a history of Catholic identity. Seeking dynamic person with openness towards various religious and cultural experiences. Collaboration with other health care professionals and members of the community clergy is essential. The position requires a master's degree in theology/behavioral science, MDiv, or its equivalent. Spanish speaking individual and a sense of humor are preferred. Requires NACC/APC certification and ecclesiastical endorsement. One year of experience in pastoral ministry in a health care facility is expected along with good verbal and written communication skills. To apply, call (619)686-3407.

▼ **Mission Hospital, Mission Viejo, CA** – CHAPLAIN ROMAN CATHOLIC PRIEST. Mission Hospital, a highly respected member of the St. Joseph Health System has long held a reputation for superior patient care. We are one of the South Orange County leaders in progressive acute care and we're growing. At this time, we are seeking a full-time Roman Catholic priest chaplain to join our ecumenical staff of chaplains and pastoral volunteers delivering quality spiritual care. Will provide spiritual/emotional support and sacramental ministry in a collaborative, team-oriented approach to patients, families, and the health care team at the medical center and retirement community. REQUIREMENTS: Requires a BA degree in theology and pastoral ministry experience. Certification by NACC or APC or eligibility for certification and previous hospital-based chaplaincy experience preferred. For consideration, please send your resume to Mission Hospital, 27700 Medical Center Road, Mission Viejo, CA 92691; fax: (949)364-4234; e-mail: dkendig@mhr.stjoe.org. Website: www.mission4health.com. EOE.

Position Wanted

▼ NACC full member in the process of certification seeks full-time position as a Manager of Pastoral Care/Staff Chaplain in SE Michigan. MA (2003) pastoral theology, specializing in ethics of informed decisions, and MS (organizational leadership and administration/HRM, specializing in international relations); five units CPE. Ten years' experience as critical care chaplain, specializing in heart. Varied chaplain experience from Veterans Hospital and Oakwood Healthcare Systems, Dearborn, Michigan. My preference: acute care hospital or senior housing. Please contact: Pat Heller, 3685 Honors Way, Howell, MI; (810)220-1745; e-mail: pkhheller@aol.com.

CALENDAR

■ October 2002

- 31 Certification Commission meeting
Milwaukee, Wisconsin

■ November 2002

- 1-3 Certification Commission meeting
Milwaukee, Wisconsin
- 8-9 NACC Board of Directors meeting
Milwaukee, Wisconsin
- 11-14 USCCB fall meeting
Washington, D.C.
- 11 Copy deadline
January 2003 *Vision*
- 28-29 Thanksgiving holiday
National office closed

■ December 2002

- 16 Copy deadline
February 2002 *Vision*

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