vision

National Association of Catholic Chaplains

February 2006
Vol.16 No. 2

# Boosting organ donation is 'right thing' for chaplains

**By Hugh Polensky**

More than 10 years ago, during a busy night in the emergency room, Chaplain Dan Ritchie was ministering to a family whose loved one had died. In between visits with the family, Dan asked the charge nurse how he might be of help. The nurse asked him to call an agency and find out if the deceased was a cornea donor. This was new to Dan. But many questions later, followed by profound thank-yous from the tissue agency, Dan began exploring how organ and tissue donation actually happened at our facility. Since then, his efforts have led to a much larger role for the chaplains at Sacred Heart Medical Center in Spokane, WA.

Because of the chaplain's particular training and — at least in our facility — our presence at all deaths, codes and traumas, we became the logical "gatekeepers" for all the details surrounding a death. This includes managing the death paperwork while facilitating all conversations with families, funeral homes, and the medical examiner. And now, it also means that we contact organ and tissue procurement agencies, as well as our internal transport and pathology departments. With Chaplaincy Services as the dedicated core group trained in the organ donation process, the Medical Center ensures a higher level of quality and compliance.

Quality care and teamwork; enhanced communication between all the parties involved in a given death; increased organ and tissue donations; enhanced end-of-life services; more visibility for the chaplains. This is a win-win situation for all involved. Chaplaincy Services is generally considered a non-revenue-producing department. However, we have also found this to be a budget bottom-line issue to which we can contribute (due to Medicare reimbursement as it relates to transplant programs).

Although federal requirements have changed over the years, we now must call the organ procurement agencies on all deaths. No exceptions. Prior to the chaplains taking over this responsibility, at our worst point, calls were made on only 40% of the required patients. We have consistently maintained 100% in the past few years. Conversion rate (the number of actual donors we get from those who meet the criteria for donation) is another measure. The national average is 64%. Prior to Chaplaincy's involvement, Sacred Heart's rate was 44%. During the very first year of reorganizing with Chaplaincy's involvement, we have reached 80%, resulting in an HHS award **(see box)**.

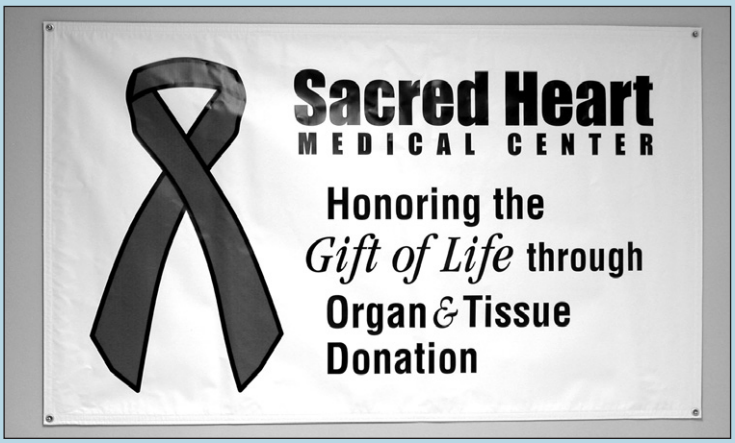
All the issues surrounding death place the chaplain in a significant role with the family

Why the better outcomes? All of the issues surrounding death place the chap-

*See* Organ Donation *on page 2*

## In This Issue:






*This banner hangs in the cafeteria of Sacred Heart Medical Center whenever an organ transplant or retrieval is in process.*

# Organ Donation

*Continued from page 1*

lain in a significant role with the family — listening to and assessing needs, supporting them in their journey, and compassionately helping answer the question, "What do we do now?"

Chaplains, of course, often have a relationship and have built trust with the family and understand the sometimes-subtle dynamics around the dying or newly deceased patient. Chaplains work with the other healthcare professionals to ensure effective and well-timed communication with families at difficult moments.

Our tissue and eye bank representatives advocated for the chaplains' leadership role. The agencies used to have to make their requests to families over the phone. But after they saw how much better things went with chaplains physically present and our expertise in appropriate timing of requests, they asked that we formally assume the responsibility.

If a chaplaincy department is interested in taking this on, training is essential. Contact your local organ procurement organization (OPO). For solid organ donation, the Health Resources and Services Administration's laws require that families must be approached by an OPO coordinator and/or a trained designated requestor.

For solid organ donation, early referrals are essential. Chaplains often contact the Donor Referral Line far in advance, to raise the possibility of a life-saving donation if the patient continues to progress toward death. The family is not aware of these calls, unless they have initiated any conversation about donation. The assessment questions answered by the chaplain or nurse tell us what the patient is eligible to donate. Based on that information, the approach is made to the family. Whether or not the person is already on the donor registry, we now use what is called a "presumptive approach," meaning we presume the patient will donate. Thus, we use phrasing like, "When John donates his corneas, he will give the gift of sight to two people." Again, chaplains have supportive skills but must be trained in the specifics.

Especially with solid organ donation, the experts know that best practice is the team approach. When the chaplain, nurse, physician and agency representative can "huddle" to discuss how and who should initiate the approach, the family's experience is usually much more positive, and the possibility of getting a yes to donation is much increased. Pam Hester, RN, Manager of Thoracic Transplant at Sacred Heart, says that the chaplains' "end-of-life training and physical presence has been the key to our success in the organ donation process."

Some argue that we should not be in this business, that somehow it is a conflict of interest for chaplains. We offer in response, "Who better?"

We believe it is the right thing to do. It is our responsibility to make sure our patients' advance directives are honored. The desire to be an organ or tissue donor is part of that. It is essential to provide this opportunity to families who are struggling to make meaning out of their loved one's death, who desire to extend their loved one's legacy through donation. Additionally, Sacred Heart is a world-class thoracic and kidney transplant center. The chaplains also minister to those who are on waiting lists, those who are recipients of the gift of life. We get the big picture. We know there are 92,000 people waiting for solid organs to save their lives, and many thousands of others whose lives will be significantly improved thanks to bone, tissue, heart valve, cornea and other tissue donations.

To be successful:

- Chaplains must believe that organ and tissue donation is the right thing to do.
- Chaplains must develop relationships with the organ and tissue agency representatives.
- Chaplains should complete formal training as designated requestors.
- Chaplains need to meet recipients and truly understand the other side of the donation equation.

Here at Sacred Heart, we know that staff awareness is key to patient satisfaction regarding donation, so we are implementing educational programs for physicians and nurses. We will also be flying an Organ Donation flag outside the main entrance of the hospital and have a similar banner displayed in the cafeteria whenever there is a retrieval or transplantation going on at the hospital. This will allow us to honor other major life transitions, in a similar spirit to the chimes we ring when babies are born here.

Yes, there's reimbursement that the hospital receives. Yes, it is a federal requirement that the calls are completed. Yes, we win awards and get recognized nationally. But most importantly, again, *it is the right thing to do*. A chaplain's compassionate and skilled understanding of death and dying, our expertise in communication, make us the perfect team member to take the lead in these situations.

*Rev. Mr. Hugh Polensky, NACC Cert., is Director of Chaplaincy at Sacred Heart Medical Center, Spokane, WA.*

## Useful links:

www.livinglegacyregistry.org
www.hrsa.gov
www.organdonationnow.org

## Hospital's efforts win recognition

Last April, Sacred Heart Medical Center was recognized by Michael Leavitt, the Secretary of Health and Human Services, for our commitment to saving lives through organ donation. We traveled to Pittsburgh in May to receive the HHS Medal of Honor at the First Annual National Learning Congress for being among the nation's top donor hospitals.

Sacred Heart was one of just 184 hospitals nationwide to receive this honor. Tammy Graves, representing LifeCenter Northwest, our local organ procurement agency, congratulated Sacred Heart for its teamwork. "Your efforts saved 29 lives just in 2004," said Ms. Graves.

The culmination of a two-year initiative through the HRSA Organ Donation Breakthrough Collaborative, this event recognized leading donor hospitals whose donation rate was greater than 75% (Sacred Heart was at 80%).

## vision

Vision is published 10 times a year by the National Association of Catholic Chaplains. Its purpose is to connect our members with each other and with the governance of the Association. Vision informs and educates our membership about issues in pastoral/spiritual care and helps chart directions for the future of the profession, as well as the Association.

ISSN: 1527-2370

**Executive Editor**
Lawrence G. Seidl

**Editor**
David Lewellen
dlewellen@nacc.org

**Graphic Designer**
Gina Rupcic

The National Association of Catholic Chaplains is a professional association for certified chaplains and clinical pastoral educators who participate in the healing mission of Jesus Christ. We provide standards, certification, education, advocacy, and professional development for our members in service to the Church and society.

**NACC National Office**
3501 South Lake Drive
P.O. Box 070473
Milwaukee, WI 53207-0473
(414) 483-4898
Fax: (414) 483-6712
info@nacc.org
www.nacc.org

*Executive Director*
Lawrence G. Seidl
lseidl@nacc.org

*Director of Operations*
Kathy Eldridge
keldridge@nacc.org

*Director of Education & Professional Practice*
Susanne Chawszczewski, Ph.D.
schaw@nacc.org

*Finances*
Sue Walker
swalker@nacc.org

*Membership*
Barbara Hempel
bhempel@nacc.org

*Certification*
Marilyn Warczak
mwarczak@nacc.org

*Special Projects*
Philip Paradowski
pparadowski@nacc.org


# Office energy gears up for conference

**By Lawrence G. Seidl**
**Executive Director**

A special energy takes place in the national office in the weeks preceding a national conference. The planning and work of the preceding 10 months has its own sense of magically coming together. The anticipation of seeing an attendee changed forever by the power of a plenary speaker or the promise of seeing a workshop leader speak directly to a member's needs, all add to this contagious spirit. But nothing means more to your national staff than that old-fashioned excitement of seeing a familiar face, or the thrill of welcoming a first-time conference attendee. Nothing beats the pride that swells from within as you watch a newly certified member beam from ear to ear upon receiving and affirming his or her professional identify. Yes, the national conference is the crème de la crème of the daily operations of the national office.

This year's conference is especially exciting, because we are trying something new. You, as an NACC member, can bring another non-member to the conference at a considerably reduced registration fee. If you think a parish nurse or a member of the mission team might better understand chaplaincy by attending the conference, bring them along. If the strength of this year's emphasis on theology feels promising, consider bringing a parish healthcare visitor. The price is right.

The conference planning team has also added a time before the start of the conference to renew your own spiritual energy. In our Lenten journey, the Friday/Saturday day of prayer and reflection offers its own healing balm and is open at no charge to all attendees. Please consider joining your peers at this year's conference. If you need another brochure, call the office, or go to our website.

Our annual appeal is well on its way. With your donation we can reach our goal of building our donor base by an additional 10% of the membership. As we finish our first 40 years and begin the next 40 years of our history, your donation takes on a special importance. Consider a donation as a gift to yourself and those who will follow in your steps.

You should also know that your association's development and marketing committee is hard at work exploring fund-raising outside of the ranks of the NACC membership. We hope to show you our new marketing brochure at the conference. The brochure's audience is, among others, those who are presently working on their master's degrees at Catholic universities and colleges. No student of theology should graduate from a Catholic university without knowing of chaplaincy and the NACC.

The NACC survey questionnaire about the state of Catholic chaplaincy and its partner piece on salaries is about to be mailed. When completed, this survey will give the association not only the information it needs to respond accurately to your calls, but also information on the best departments and practitioners within our field. It will be the first study since 1998, and allows us to move past the anecdotal. Keep your eyes out for the survey.

I have just learned that Anne Bellam, Senior Director of Mission Integration at the Catholic Health Association, will be moving on to a new calling. Anne has been a touchstone for so many of us. In her mission capacity at CHA, she frequently facilitated many a chaplain's or administrator's questions about our ministry. We will miss her.

On a personal note, I want to express my appreciation for your words of support and faith following the death of my mother. She was a good woman and a wonderful parent. She is missed.

# Studies focus on faith, race, and health

**By Cheryl Holt**

Both lay and academic circles have recently grown more interested in religion/spirituality and health research, and the medical community has become more accepting of it as well. This article will touch briefly on the history of the study of religion/spirituality in health, outline several current directions in the field, and discuss applications to the study of health disparities — or the extent to which certain population demographics (for example, African Americans) suffer disproportionately from chronic disease incidence and mortality (for example, cancer). This is by no means a comprehensive review of the literature.

We will use the term "religion/spirituality" to cover both areas. However, most of this research focuses on religion, which may be characterized by an organized system of worship and beliefs, while spirituality represents a broader construct involving relationship with a higher power. In addition, it must be recognized that many individuals consider themselves religious but not spiritual, or spiritual but not religious. Thus, when considering the field broadly, it may be appropriate to include both terms.

## Health disparities impacting African Americans

African Americans tend to suffer disproportionately from most chronic disease, including heart disease, diabetes, and cancer. There are a number of reasons, including factors such as poverty, discrimination, lack of access to healthcare, lifestyle, and low health literacy. The research discussed here will focus primarily on cancer disparities.

In working to address cancer disparities, I have found religion/spirituality to be profoundly integrated with the way that African Americans think and feel about health, particularly with


regard to what determines health outcomes. I and others have begun to explore perceptions of the role of God in one's health, called Spiritual Health Locus of Control (Holt, et al., 2003), or God Locus of Health Control (Wallston, et al., 1999). Our studies have found the belief that God empowers one to take care of one's health, and that God plays a powerful role in one's health, to be very important among African American women (Holt, et al., 2003). Less commonly endorsed is the belief that there is no point in taking care of oneself because health outcomes are in God's hands anyway.

## Early research in religion/spirituality and health

Early work in religion/spirituality and health used rather primitive measures, involving single questions asking about denominational affiliation or church attendance to measure one's level of religiosity. Later studies began to develop more sophisticated measures of religion/spirituality, including multidimensional measures. The body of evidence for the positive relationship between religiosity/spirituality and health began to grow, as evidenced by extensive literature reviews of studies mostly showing that religiosity is positively associated with health-related behaviors and outcomes (Koenig, et al., 2001). However, one must use caution, because few if any studies actually show a cause and effect relationship.

## *Why* is religion/spirituality associated with health?

Although the question of whether religion/spirituality is related to health is still of interest, many studies suggest there is an association. Now the question has moved to *why* or *how* is religion/spirituality associated with health? This question involves finding out the factors that account for (mediators of) the religion/spirituality-health association. Many factors have been proposed, including but not limited to *intrapersonal factors* — e.g., those who are religious/spiritual may have more positive affect or better mental health, or cope better with stress, or view themselves in more positive ways, than those who are less religious/spiritual. Other mediators include *interpersonal factors* — e.g., those who are religious/spiritual may receive more social support, or be influenced by others in the congregation to engage in healthy behaviors (social norms/influence).

In addition, *faith-based factors* may lead those who are religious/spiritual to follow a more healthy lifestyle in accord with scripture — or they may experience a greater sense of meaning, or there may be an impact of spiritual health locus of control beliefs (belief that God plays a role in one's health). However, religion/spirituality could also harm health — if, for instance, people may feel that illness occurs as punishment for sin, and they feel guilty when illness occurs. This may lead to negative emotions and have a negative impact on health.

Although these factors provide a rich set of ideas as to why religious/spiritual people tend to experience better health, they are mostly theory and speculation, as there is not sufficient data to support most of these ideas at this time. Research studies are needed that test these factors and their mediating relationship with health, among population subgroups. It is possible that the mediating factors may be different for different subgroups and even for different health-related behaviors (e.g., prevention behaviors vs. risk behaviors).

## Religion/spirituality across the cancer continuum

Not only is research in religion/spirituality and health a fascinating and emerging field, there is much potential to apply the research findings to reduce the health disparities from which our underserved populations suffer. For the purposes of this article we will focus on African Americans and the cancer continuum. Researchers are just beginning to apply religion/spirituality to health promotion, within the context of cultural appropriateness. The cancer continuum (http://dccps.nci.nih.gov/od/continuum.html) consists of the stages of cancer from prevention, detection, diagnosis, treatment, to survivorship.

For prevention and detection, many cancer communication projects attempt to educate and motivate people on the importance of doing a particular prevention or detection behavior. Many of these programs are conducted in church settings, as this is a good venue to reach people in the community. However, it seems that providing a secular health educational program in the context of the church clearly underutilizes the potential of the program. We feel a better approach is to integrate religious/spiritual content (e.g., God will take care of you, but you have to take care of yourself) and scripture passages to support the health promotion message, thereby providing a more culturally and personally relevant message. We have two new projects that use this spiritually-based approach to encourage colorectal cancer screening. A pilot project just ended that emphasized breast cancer screening, and the results were promising (Holt & Klem, 2005). We hope to continue this approach to other types of cancer screening and prevention behaviors.

In the diagnosis stage of the cancer continuum, more work is needed to find out how patients use religion/spirituality to cope. In the treatment and survivorship stage, studies have examined the role of religion/spirituality in cancer coping. However, most of these have not focused on African Americans, and most have not taken a qualitative or exploratory approach. We are about to begin one study that will use open-ended interviews to explore the role of both religion and spirituality in cancer coping among African American men and women with various types of cancer. In addition, two other projects are beginning at our institution which will together examine the role of both religion and spirituality in cancer coping, quality of life, and outcomes in a sample of African American and European American men and women with lung or colorectal cancer. These projects will also determine whether religion/spirituality play different roles for men and women, and for the different racial groups.

## Conclusion

Research in religion/spirituality and health has evolved beyond single-measure studies into investigating the nature of the religion/spirituality-health connection, and trying to apply these findings to improved the health of populations, particularly those who suffer from health disparities. This work is best done in multidisciplinary teams. More needs to be done to include chaplains and those with theological training and background. Researchers are not always in the best position to be able to understand the complexities of the research findings and what they mean.

Future work should also focus on Latino populations, a group that tends to embrace religion/spirituality as well as African Americans, but in which far less is known with regard to religion/spirituality and health, and who suffer from health disparities in this country.

*Cheryl Holt, Ph.D., is Assistant Professor in the Department of Medicine, Division of Preventive Medicine, at the University of Alabama at Birmingham.*

## References

Holt, C.L., Clark, E.M., Kreuter, M.W., & Rubio, D.M. (2003). "Spiritual health locus of control and breast cancer beliefs among urban African American women." *Health Psychology*, 22, 294-299.

Holt, C.L., Clark, E.M., & Klem, P.R. (2005). "Expansion and validation of the spiritual health locus of control scale: Factorial analysis and predictive validity." (Manuscript submitted for publication)

Holt, C.L., & Klem, P.R. (2005). "As you go, spread the word: Spiritually-based breast cancer education for African American women." *Journal of Gynecologic Oncology*, 99 (3Suppl), S141-142.

Koenig, H.G., McCullough, M.E., & Larson, D.B. (2001). *Handbook of Religion and Health*. Oxford University Press. New York, NY.

Wallston, K.A., Malcarne, V.L., Flores, L., Hansdottir, I., Smith, C.A., Stein, M.J., Weisman, M.H., & Clements, P.J. (1999). "Does God determine your health? The God locus of health control scale." *Cognitive Therapy and Research*, 23, 131-142.

Seeking, Finding

# Loss, grief, transformation: Picking up the shards

**By Jeanne Tessier Barone**

*Jeanne Tessier Barone is reflected in the mirror she decorated with the fragments of her mother's china. Photo by Carole Dunn.*

It's odd, sometimes, the things we love.

I paint art on functional objects. Recently, I painted a great blue heron on a patio brick to give to some friends for their garden. Mostly, I use liquid acrylic paints. For years, I'd squirt the paint into some small white porcelain dishes that I bought at a garage sale for a dime many years ago. They fit in the palm of my hand, and their rims were fluted like pie crusts. They were shaped like fruit — an apple, a pear, a pineapple, and a peach. I've no idea what they were designed for, but they held my paints from the time I bought them, which was not long after my mother died.

We love who and what we love for our own deep reasons

After painting the heron that day, while I was washing those little dishes, I became aware of how much I treasured them — how perfect they were for my paints, how I loved the spots on the rims and backs of them where, over the years, paint of various colors remained. They held every color imaginable. My brushes dabbed at them countless times. I thought, too, about how the things we love are often things like these. We cherish objects of no value to anyone but us, often not purchased but found or received as gifts, and that share a part of our histories, like beloved people do.

When they were clean and dry, I set the painting dishes on the lowest and widest shelf of the rickety hutch in my dining room. I paint on the table in my dining room, so the painting dishes were close at hand for my next art-making time.

On the top shelf of the hutch were some other dishes I loved — my mother's few pieces of Belleek, thin cream-colored porcelain with a woven look and delicate green shamrocks. Gifts I'd given Mom over the years, the Belleek pieces were both symbols of my love for her and links to my memories.

Later that day, I sat in my office and wrote a little commentary for my local public radio station about my painting dishes and my realization of how much I loved them, even the pear-shaped one that had been chipped since I bought it. "When I die, I'll will one to each of my children, and they'll think I was insane," I wrote. "Maybe they'll put them in a garage sale and try to sell them for a dime and some artist will buy them."

The night after I recorded this commentary and days before it aired, I closed the drawer of the hutch and turned to walk away. And then I heard a crash. My Mom's Belleek platter had tumbled from the top shelf of the hutch and crashed to the floor, carrying with it two more of her Belleek dishes and all four of the painting dishes for which I'd just publicly declared my fondness. All were shattered. For a while, so was I.

When I saw the Belleek broken into pieces on the floor, I felt like I'd lost my mother all over again. I grieved her dishes and her death and the little painting dishes all at once as I gathered broken shards on my hands and knees. Mom's dishes were my connection to a beloved person. My painting dishes were a link to work that feeds and nurtures me and is my truest form of meditation. It was, as we say, a "complicated mourning."

I called my sister Mary and told her what had happened. She declared,

"Don't ever say you love something aloud again!" But that doesn't work for me. Love can't be contained. Nor can it be easily released — I could not bring myself to throw the shards away. And when my commentary aired, I could not bring myself to listen.

The next day I went to my favorite junk shop and bought four little white sushi dishes to hold my paints. They're plain and stolid, but the size is right. They hold the paint; they'll do. In time, perhaps, I'll come to love them, too. If my art takes on a Japanese quality, I'll know why.

A week or so after the dishes broke, my brother Bob and his wife Kath came to visit. I showed them the shards of Mom's dishes and spoke of how bereft I felt that they were gone. Kath's wise advice was that I glue the shards onto the frame of a mirror as a way to preserve and treasure them.

The next day, I found an old wooden medicine cabinet at the junk shop, glued and grouted the shards of Belleek around its oval mirror, and painted the spaces between the shards. I named this piece "My Mother's Embrace" and put it in my bedroom where I can see if not feel a hug from Mom each morning as I put on my earrings and necklaces.

I filled the little shelves in the cabinet with artifacts that speak to me of my mother's life and love: a letter she wrote me years ago, a tiny pair of knitting needles and ball of yarn to mark the hundreds of mittens and hats she made for all her children and grandchildren, a keychain Scrabble game in remembrance of all the years we played Scrabble together, and a little book of poems. My mother's love of words planted a love of words in me. One of the last things I heard her speak, with anguished voice, as she was dying was, "There are so many books I haven't read!"

I haven't decided what to do — yet — with the shards of my painting dishes, but I can't part with them. They're a part of my own becoming, a process that, like all becoming, involves both love and loss. We love who and what we love for our own deep reasons. When we're forced to surrender them, we seek ways to commemorate their meaning and to hold fast to the fragments that remain.

*Jeanne Tessier Barone is an intensive care chaplain at Kosair Children's Hospital in Louisville, KY.*

# Ministry to older adults covers broad area

## Book Review

*Spiritual Assessment and Interventions with Older Adults: Current Directions and Applications*

By Mark Brennan, PhD, and Deborah Heiser, PhD, editors; The Hayworth Pastoral Press; $24.95 softbound, $34.95 hardbound

**By Linda F. Piotrowski**

*Spiritual Assessment and Interventions with Older Adults* contains something for everyone who ministers to our elders.

The editors begin by providing their definition of spiritual assessment in intervention. These definitions are important to note, as they are carried through all of the volume's seven chapters. They begin with how elders manage adversity and maintain self-efficacy using narrative therapy; and how faith-based communities, especially pastors, can be a vital social resource in addressing spiritual well-being as well as prevention of elder abuse. A third study explores faith-based settings as sites for exploring caregiver readiness. The fourth article addresses the interdependence of younger and older generations. The last study in the volume focuses on spiritual well-being at the end of life for persons receiving institutional palliative care through self-directed spiritual enrichment through the use of a CARE (Creating Alternative Relaxing Environment) Cabinet. (The authors of the final article include a photo of the CARE cabinet, along with its dimensions and contents.)

The studies in this volume are broad-based. In addition to addressing elders in a variety of settings, the studies include Hinduism, Buddhism, Judaism, Christian traditions, and Islam. The broad nature of the studies is especially important in our diverse society. The authors are even careful to attend to the needs of elders in rural settings, an oft-overlooked group.

Five of the seven articles were presented at the 2003 annual scientific meeting of the Gerontological Society of America. "All of the empirical papers in the volume are reporting on relatively recent work, and thus represent cutting-edge endeavors in the application of spiritual assessment and intervention."

The editors are forthcoming in their introductory chapter regarding the constraints in applying a standardized approach to assessing the spiritual. All of the studies in the volume are well grounded in scientific method and use appropriate statistical tools.

Most chaplains seeking to engage in research could, I believe, duplicate the studies included in this volume by either contacting the authors and working with them or seeking some assistance from their own research contacts.

At the very least, this book includes findings important for chaplains to keep in mind as they minister to elders. At the most, it could be the basis for chaplains overcoming their fear at attempting research.

*Linda F. Piotrowski, MTS, NACC Cert., is the Interfaith Chaplain at Central Vermont Medical Center in Barre, VT.*

# JCAHO visit is chance to promote chaplaincy

**By Rev. Freddy Washington, CSSp**

At Harlem Hospital Center in New York City, the day began as a usually hectic first day of a JCAHO survey. Frantic executive staff and coordinating managers were hustling and bustling about as they alerted staff: "They're on the way up," referring to the JCAHO surveyors.

But the new tracer methodology now used by the healthcare accrediting agency brought new understanding to staff about what chaplains do as part of the interdisciplinary team.

The tracer methodology begins as the surveyors select a patient and follow that patient's case throughout the continuum of care. The selection of patient is based on areas of vulnerability identified during mock surveys and initial review of institutional policies and processes. In the old method, surveyors announced their coming and performed a closed-record review. Now, with unannounced surveys looking from a patient's perspective, they evaluate by talking to staff in areas that served the selected patient, thus involving the interdisciplinary team.

The surprise that I noticed on the faces of team members was priceless

As the surveyors discussed the progress of the selected patient, one turned towards me and asked, "Chaplain, how have you interacted with this patient?" For a very quick moment I was in shock. Quickly composing myself, I realized that this was my opportunity not only to verbalize my interaction with the patient but also to advocate for chaplains as a member of the healing team.

The selected patient was familiar to me from previous admissions. I spoke of how my visits with him and his family were vital in making a spiritual assessment. The core of his spiritual care plan was helping the patient to identify aspects of his spiritual/cultural beliefs that affected his accepting or rejecting healthcare. When the surveyor puts you on the spot, most people do feel that any perceived "wrong answer" could impact our passing or failing the survey. It was a nervous time. I really felt as if I was defending a dissertation.

Even today, many chaplains find themselves struggling between the arguments of "people don't understand or aren't interested in what chaplains do" and "JCAHO is entrenched in the medical model, so should chaplains really be involved." But my experience of this past survey and its new methodology was truly affirming and energizing. Instead of just asking for answers to questions we had practiced ahead of time, the surveyors were interested in "real time" responses in the care of a particular patient — and in some technical issues of pastoral care. I was fielding questions such as, "How do you make an initial pastoral care assessment?" and "What role does a patient's vocabulary play in your spiritual assessment?" Almost breathless, quality managers, physicians, social workers, executive staff, and nurses hung on every word that came from my mouth.

The surprise that I noticed on the faces of team members was priceless. I believe that this was the first time many staff members had an opportunity to learn about the training and skills necessary in chaplaincy. Chaplains' professionalism was lifted up as the surveyor posed questions to me about our credentials. "What is involved in clinical pastoral education?" "Can someone be board certified as a chaplain?" Among the questions asked by the surveyors, these two questions showed that the surveyors had some interest in the chaplain's professional role in the healthcare team.

The unpredictable nature of the "tracer methodology" was a plus. Under this method, it is hard to predict who will be on the unit when the surveyors arrive. Therefore, every member of the team must be ready to answer questions if needed. Thus, true learning could take place. My responses seemed to trigger additional questions by the surveyor to both direct patient care staff and executive staff. "How often are referrals made to the chaplains?" "What is the patient-chaplain ratio?" "Does the hospital interface with the diverse faith communities here in Harlem?" "Do chaplains serve on committees of the hospital?" Each of these questions was unexpected but truly welcomed by this chaplain.

JCAHO in its new methodology really affirmed for me that no department in the hospital is an island. In an environment of specializations, chaplaincy affirms the value of interdisciplinary healthcare. As such, chaplains must continue to add their two cents to the survey whenever possible.

During this year's survey, I was the only chaplain on staff in our department. This made it even more vital that I not only be involved in the survey, but speak up to questions rather than blend into the crowd. By identifying the ways in which we are collaborative professional members of the team, chaplains affirm that the spiritual dimension of patients must be taken seriously.

One of the most significant experiences of this survey was its preparation. The new method requires that hospital departments work as a team instead of preparing in one area for the survey independently. Even though the unpredictable nature of this method makes preparation difficult, mock surveys are still a part of the process.

Each department was asked to submit a "tracer" presentation at the hospital-wide JCAHO prep meeting. I submitted one, but at first, people questioned whether we should present our case. Some felt that pastoral care cases were irrelevant because they might not stand the test of being measured by the medical model standards. Others looked upon it as a good narrative but not a "real" tracer. However, the case I presented related to our organ-donation policy. The team was surprised by the effective work of chaplaincy in this case and concluded that spiritual care offered to the patient and family early in his hospitalization was vital to the continuum of care. Upon deeper review, the hospital-wide team saw a need to change our organ-donation policy to include consultation with the hospital chaplain. Issues such as this assert that advocacy for patients and families are goal of our policies and procedures.

At a gathering of chaplains, one chaplain said, "Rather than attempting to argue that our role is different or unexplainable in clinical language, we should always be about identifying the collaborative role of chaplains in the healthcare team." The experience of the JCAHO survey at Harlem Hospital was my opportunity to be a part of the educational process. As patients seek the restoration of wholeness, the JCAHO survey is our chance to prove not only to others but also to ourselves that body, mind, and spirit each receive quality care.

*Rev. Freddy Washington, CSSp, D.Min., is a staff chaplain at Harlem Hospital Center in New York.*

# World Day of the Sick stresses mental health

*Editor's Note: World Day of the Sick will be observed Feb. 11, 2006. The official Vatican celebration is taking place in Adelaide, Australia, but many hospitals and chaplains mark the event in smaller ways. For information on "I Am Here Now," the NACC's annual prayer card themed to World Day of the Sick, check the November-December 2005 issue of Vision or go to our website, www.nacc.org/resources/wds. Prayer cards will be available throughout the year.*

*The following is the official message of His Holiness Benedict XVI:*

Dear Brothers and Sisters,

The World Day of the Sick will be held on Feb. 11, 2006, the liturgical memorial of the Blessed Virgin of Lourdes.

Last year this Day was held in the Marian sanctuary of Mvolyé in Yaoundé, and on that occasion the faithful and their pastors, in the name of the whole of the continent of Africa, reaffirmed their pastoral commitment to the sick. The upcoming World Day of the Sick will be in Adelaide, in Australia, and the events will culminate in the celebration of the Eucharist in the cathedral dedicated to St. Francesco Saverio, the untiring missionary of the populations of the East.

On that occasion, the Church intends to bow with special solicitude to the suffering, calling the attention of public opinion to the problems connected with mental disturbance, which by now afflicts one-fifth of mankind and constitutes a real and authentic social healthcare emergency.

Remembering the attention that my venerated predecessor Pope John Paul II gave to this annual event, I, too, dear brothers and sisters, would like to make myself spiritually present at the World Day of the Sick, so as to pause to reflect, in harmony with those taking part, on the situation of the mentally ill in the world and to call for the commitment of the Church communities to bear witness to the tender mercy of God towards them.

In many countries, legislation in this field does not yet exist, and in other countries a precise policy on mental health is absent. It should also be observed that the prolongation of armed conflicts in various areas of the world, the succession of terrible natural catastrophes, and the spread of terrorism, in addition to causing a shocking number of deaths, have also created mental traumas in not a few survivors, whose recovery at times is difficult.

And in countries with high economic development, the experts recognize that at the origin of new forms of mental disturbance we may also find the negative impact of the crisis of moral values. This increases the sense of loneliness, undermining and even breaking down traditional forms of social cohesion, beginning with the institution of the family, and marginalizing the sick, and especially the mentally ill, who are often seen as a burden for their families and the community.

I would like here to thank those who work in various ways and at various levels to ensure that the spirit of solidarity does not decline and that people persevere in looking after these brothers and sisters of ours, basing themselves on human and Gospel-based ideals and principles. I thus encourage the efforts of those who work to ensure that all mentally ill people are given access to necessary forms of care and treatment. Unfortunately, in many parts of the world the services for these sick people are lacking, insufficient or in a state of decay.

The social context does not always accept the mentally ill, with their limitations, and for this reason, as well, difficulties are encountered in securing the human and financial resources that are needed. One perceives the need to integrate in a better way the appropriate therapy and a new sensitivity towards disturbance, so as to enable workers in this sector, in a more effective way, to help these sick people and their families,

*See Pope on page 10*

# Pope

*Continued from page 9*

who on their own would not be able to take care of their relatives in an adequate way. This World Day of the Sick is a suitable occasion to express solidarity to families who have mentally sick people dependent upon them.

I would here like to address myself to you, dear brothers and sisters burdened by illness, so as to invite you to offer your condition of suffering, together with Christ, to the Father, certain that every ordeal received with resignation is meritorious and draws the benevolence of God upon the whole of mankind. I express my appreciation to those who help and care for you in residential centers, day hospitals and wards providing diagnosis and treatment, and I exhort them to strive to ensure that medical, social, and pastoral assistance which respects the dignity specific to every human being is never absent for those in need.

The Church, in particular through the work of chaplains, will not fail to offer you her own help, being well aware that she is called to express the love and care of Christ for those who suffer and for those who look after them. I commend pastoral workers and voluntary associations and organizations to support — in practical forms and through practical initiatives — those families who have mentally ill people dependent upon them, in relation to whom I hope that the culture of welcoming and sharing will grow and spread — as a result, also, of suitable laws and healthcare programs that envisage sufficient resources for their practical application. The training and updating of the personnel who work in such a very delicate sector of society is as urgent as ever before.

Every Christian, according to his specific task and specific responsibility, is called to make his contribution so that the dignity of these brothers and sisters of ours is recognized, respected and promoted. "*Duc in altum!*" This invitation of Christ to Peter and the Apostles I address to the Church communities spread throughout the world and in a special way to those who are at the service of the sick, so that, with the help of "Mary Salus Infirmorum," they may bear witness to the goodness and the paternal solicitude of God. May the Holy Virgin comfort those who are afflicted by illness and support those who, like the Good Samaritan, soothe their corporeal and spiritual wounds!

I assure each one of you that you will be remembered in my prayers, and I willingly impart my Blessing on you all.

From the Vatican, Dec. 8, 2005
BENEDICT XVI

We are pleased in this issue to pay tribute to the members and friends of the NACC who have contributed vital support to our Development Fund.

We thank these many donors who have shared their blessings and joined with us in the past fiscal year as partners in our effort to share the healing ministry of Jesus. Names printed here are from donations received up through Dec. 15, 2005. Together with our partners, the NACC will work toward our goal of making professional spiritual care and counseling available to all God's people.

Sister Elaine M. Abels, RSCJ

Sister Huguette M. Allard, SGM

Dr. Carolyn H. Anderson-Stewart, in memory of Howard W. Anderson, M.D.

Ms. Kathryn Anne, in memory of Dusty & Louise Koberstein (parents)

Anonymous

Archdiocese of Baltimore

Archdiocese of Chicago

Archdiocese of Hartford

Archdiocese of Santa Fe

Ms. Barbara Ann Arnesen

Sister Catherine Arnold, SCN

Sister Carmen Avila, MCDP, in honor of Gloria Villarreal

Sister Regina Christine Aviso

Rev. Richard J. Bartoszek, in memory of Father Larry DuCharme

Sister Marie Imelda Baumgartner, OP, in honor of Sisters of St. Dominic, Siena Center

Rev. Alfred J. Bebel

Benedictine Sisters

Ms. Sheila M. Bennett, in honor of John Zay

Sister Mercedes Berbach, CDP

Sister Annette J. Bibeau, SSA

Sister Marie C. Bindseil, SSJ

Sister Claudia Blanchette, SND

Mr. Albert J. Blazavitch, in honor of Rev. Jack Crabb, SJ

Ms. Michele A. Boccia

Sister Eleanor R. Boegel, OP

Patrick Bolton

Sister Ann Marie Boudreau, SSA

# Thank you

THE NATIONAL ASSOCIATION OF CATHOLIC CHAPLAINS

## NACC recognizes Development Fund donors

The NACC also wants to recognize and thank the many members who offer gifts upon which we cannot place a value. Throughout the year, many volunteers give their time, or use of their facility, or simply decline reimbursement for their expenses. All of these generous actions further support the work of the association. We are grateful for contributions of all kinds.

Rev. Kenneth C. Brenny

Ms. Karen Breunig

Rev. William A. Briceland, SJ

Ms. Sally A. Brochu

Ms. Patricia Broemmel, in memory of Scott Broemmel

Ms. Linda A. Bronersky, in honor of Joseph & Anne Bronersky

Sister Sheila Brosnan, LCM

Sister Barbara Ann Brumleve, SSND

Sister Rina M. Brunetti, PM, in honor of Benefactors

Ms. Marilyn Bucheri

Joan Bumpus

Sister Elizabeth A. Burke, PBVM

Ms. Patricia H. Byrne

Sister Josephine R. Calo, MPF, in memory of Mr. & Mrs. John Calo

Rev. Frederick A. Carrigan

Rev. Liam C. Casey, in memory of Laurence McCarthy

Brother George E. Cherrie Jr, OFM

Sister Theresa Chiappa, SSC, in memory of Sister Francis Carmela Wade, SC

Deacon Gerald Christiano

Sister Francesca Cloutier, OP, in memory of Francoise Cloutier

Mrs. Linda Colozzi

Mrs. Alice C. Comperiati, in memory of Veronica & Daniel Cambridge

Sister Eunice Z. Condrick, CSJ

Sister Patricia A. Conlan, RSM, in memory of Lucille Conlan (mother)

Sister Barbara A. Connell, SCMM, in memory of Rev. Bob Struminski, SM

Mrs. Nancy A. Conner

Most Rev. Thomas J. Connolly, DD, JCD

Mrs. Ginny M. Conron, in honor of Frances R. Watts

Mrs. Pamela M. Corbett

Sister Maryanna Coyle, SC

Rev. James J. Creighton, SJ, in memory of Father Donald Ziemba, SJ

Sister Carmen Cruz, RSM

Mrs. Maryann A. Csencsits, in memory of the Kowalczyk and Csencsits family

Mr. Ernest J. Dalle Molle, in honor of Matthew 23:10-11

Sister Betty Anne Darch, OSF, in memory of Mary & Jimmy Darch

Mrs. Virginia R. Davy

Bridget Deegan-Krause

Sister Mary Rose Deloria

Rev. Richard Delzingaro, CRSP

Sister Donna DeMange, OSF, in memory of Ralph DeMange

Sister M. Kathleen Dillon, OSF, in memory of Katherine and Thomas Dillon

Rev. William J. Dinelli, OCDS

Diocese of Austin

Diocese of Boise

Diocese of Cleveland

Diocese of Gary

Diocese of Grand Rapids

Diocese of Kalamazoo

Diocese of La Crosse

Diocese of Lafayette

Diocese of Las Vegas

Diocese of Phoenix

Diocese of Pittsburgh

Diocese of Richmond

Diocese of Saginaw

Diocese of Sioux City

Diocese of Wilmington

Diocese of Winona

Sister Mary Anne DiVincenzo, CSJ

Sister Helen Edward Dodd, DC

Ms. Marian J. Donohue, in memory of James W. Connell

Sister Jacqueline G. Dubois SSA, in honor of Sister Annette Bibeau, SSA

Ms. Davlyn A. Duesterhaus, in memory of Vivian Duesterhaus

Ms. Kelly Dunn

Sister Diana D. Durling, SC, in memory of Sister Clara Vogelpohl, SC

Ms. Anna M. Esposito, in honor of Jim Varick

Rev. Dr. Alphonsus E. Ezeoke

Mr. James J. Fedor, in honor of Mr. and Mrs. Anthony Liene

Mrs. Eileen Fernous

Rev. Francis V. Ferrier, SJ

Sister Regina Figueroa, in honor of my very dear NACC

Sister Elaine Frank, OSF

Father Santo S. Frapaul, OFMCap

Sister Theresa A. Frere, IHM, in memory of Sister Katherine Sugrue, IHM

Sister Jane C. Fries, OP

Sister Janet K. Furman, CSJ, in memory of Sister Maris Stella Mahan, CSJ

Mrs. Rizalina C. Galicinao

Sister Patricia E. Geoghegan, PBVM

Sister Elizabeth Gillis, OSF, in memory of Sister Helen Hayes, OSF

# Thank you

Ms. Hilda M. Giovannetti

Brother Kenney Gorman, CFX, in honor of Xaverian Brothers

Sister Rose Grabowski

Rev. Raymond Gramata

Mrs. Cathy B. Grandjean, B.C.C.

Rev. Brian M. Gray

Rev. Alcuin E. Greenburg, in appreciation of the work of Joe Driscoll

Sister Terence Gronniger, CSJ

Rev. Mr. John V. Guerin, in memory of John V. Guerin, Sr.

Sister Maria E. Guerra, CDP, in memory of Jose and Felipa Guerra

Ms. Jane E. Gutloff

Rev. Paul J. Hadusek, in memory of Rev. Ivan Hughes, in honor of Rev. Joseph Bell

Sister Colette Hanlon, SC, in honor of Barbara Longobardi, P.C. Sec.

Ms. Jean M. Harrington, in honor of Angie Vorholt-Wilsey

Sister Theresa Hassett, SSJ, in memory of Sister Geneva M. Carbaugh, SSJ

Father John Healy

Ms. Cindy A. Heine

Mrs. Alice C. Hennessy

Sister Elaine R. Herold, ND

Dr. Gordon J. Hilsman

Ms. Sarah E. Hinojosa

Sister Nancy K. Hoffman, SC

Mrs. Mary A. Hogarty, in memory of Claire-Marie Hogarty

Mrs. Lee Carol S. Hollendonner, SFO

Sister Mary Carita Holmes, RSM

Mr. Blair J. Holtey

Holy Family Convent of Franciscan Sisters of Christian Charity

Mr. John E. Hopkins

Sister Teresa A. Horn-Bostel, CSJ

Mr. Alexander N. Hud, in memory of Sister Nadia Barusewycz, OSBM – Golden Jubilee

Sister Agnes R. Hughes,SC

Ms. Ann E. Hurst

Sister Anne P. Hynes, RSM

Sister Rosemary C. Igwe, HHCJ, in memory of LoLo Regina Igwe and Stella Igwe

Rev. Kevin K. Ikpah

Sister Rose Marie Imig, OSF

Miss Carol Anne Jarecki, in memory of Henry and Elizabeth Jarecki

Sister Marian Jordan, CCVI, in memory of Sister Dorothea Burke, CCVI

Mr. Robert A. Keane

Chaplain Marcella M. Keefe-Slager

Rev. David J. Klein

Rev. Edmund John Klimek

Sister Dorothy Kline, RSM, in honor of Richard McGeehan

Rev. Richard H. Klingeisen

Sister Amy Mary Kolenda, OSF

Ms. Judith M. Konen

Mrs. Dian E. Korb

Sister Mary Clement Korenic, OSF, in memory of the Korenic family

Sister Adelaide Kulhanek, DC, in memory of Joseph E. Kulhanek

Deacon Roland J. LaCasse

Mr. Carey Landry, in honor of Robbyn Nein, M.D.

Rev. Thomas G. Landry

Sister Anita L. Lapeyre, RSCJ, in memory of Father Dick Tessmer

Sister M. Wendelin Leadem, RSM

Ms. Charlotte M. Leas, in memory of Joseph Lesac

Rev. Richard M. Leliaert, in memory of Rev. Dick Tessmer

Ms. Susan M. Lied, DMin, in memory of the Lied Family

Mrs. Judith LoGerfo

Most Rev. Basil H. Losten, DD

Sister Monica Ann Lucas, SC, in memory of Father Eugene McGlothlin

Sister Elizabeth T. Lutter, OSF, in memory of Sister Elinor Mohan, OSF

Ms. Mary S. Mallon, in honor of Kathleen Ponce (for her dedicated work on the Certification Committee)

Rev. Robert C. Malloy, OFM Cap., in memory of Leo Linck

Sister Christina Grace Malonzo, DW, in memory of Marciand G. Malonzo, Sr.

Paul Marceau

Rev. James B. Martin, in memory of Rev. Curtis Bryant, SJ

Mrs. Andrea M. Martin-Perry, in memory of Rudy Gonzales

Sister Diane Matera, RSM

Ms. Judith L. Matherne

Chaplain Anna M. Matturro

Brother Michael May, OFM

Sister Jude McCluskey, RSM

Mr. James W. McDermott

Ms. Ann M. McGovern

Sister Frances McManimon, OSF

Sister Mary Paul Medland, SC

Bishop Dale J. Melczek, DD

Rev. Henry A. Militante

Ms. Sonia C. Mision-Reed

Mission Services Department of Mt. Carmel Regional Medical Center, in honor of Mt. Carmel Regional Medical Center

Sister Pamela M. Moehring, SSND, in memory of Ralph Moehring

Sister Perpetua Moellering, SAC, in honor of Pallotine Sisters

Sister Josephine M. Mulcahey, OSF

Sister M. Catherine Murphy, RSHM, in thanksgiving

Brother Stephen P. Nani, CSC, in memory of Dr. Robert D. Nani, M.D.

Sister Laura Northcraft, SSND

Mrs. Barbara A. Norton

Sister Shirley A. Nugent, SCN

Nursing Sisters of the Sick Poor, Inc.

Sister Ann Mary Nutz, SSM

Mrs. Sue Carol Oathout

Ms. Margaret M. Obrecht

Chaplain Alma O'Brien

Rev. Richard M. O'Brien, CFX

Sister Maeve B. O'Connor, RSHM, in memory of Dot Sullivan

Sister Pat O'Donovan, RSM, in memory of Diarmuid and Joan O'Donovan

Ms. Mary Lou O'Gorman

Rev. Felix C. Ojimba, in memory of the victims of the tsunami

Rev. Alexander A. Okoro, in memory of Bishop Mark O. Unegbu

Rev. John P. O'Leary

Sister Elizabeth Olsen, BVM

Suzanne Olson, in memory of John Zay

Rev. Gerald U. Onuoha, in memory of Robert Madich

Rev. Kevin A. Ori, in memory of my father, Prince Thomas Ori Eze

Sister Theresa F. Pasquarello, DHM

Mr. Joseph D. Payne

Ms. Eileen Karrer Perkins, in memory of Sister Trudy Baltes, IHM

Rev. G. Verle Peterson

Sister Ruth M. Peterson, OSF

Ms. Katherine Piderman, in memory of Sue Wilmot

Mrs. Linda F. Piotrowski

Ms. Kathleen M. Ponce, in honor of Sister Jenny Ricci, CND

Sister Kathleen L. Pruitt

Ms. Karen P. Pugliese

Sister Rosarine Quinn, CSJ

Mrs. Ellen K. Radday

Rev. James M. Radde, SJ, in honor of Father Bob Hoene, SJ

Mr. Kenneth V. Rancourt

Sister Ellen Reilly, SND, in memory of Patrick W. Reilly

Rev. Charles A. Reinbold, in honor of Rev. Msgr. Harrold A. Murray

Sister Agnes Reinert, OSB

Sister M. Jenny Ricci, CND

Chaplain James P. Riley, in memory of my mother Lavina J. Riley

Sister Vivian A. Ripp, SNJM

Sister Helen E. Roper, SSND

Mrs. Betty Ann Roque

Patricia Rowan

Most Rev. George E. Rueger, DD, VG

Dr. Peter M. Ruta

Sister Judith A. Ryan, SNJM

Rev. Stephen R. Ryan, OSM

Sister Mary Hope Sanchez, SM

Mrs. Karen M. Sanders, in honor of Sister Mary Joe O'Conner

Rev. Simon Raj Savarimuthu

Deacon Joseph F. Scaccia, Jr.

Sister M. Therese Schaufler, SSJ

Sister Georgine M. Schleper, PHJC

Chaplain Margaret A. Schneider, in memory of Mike Gutrich

Rev. Arthur B. Schute

Rev. Norman R. Schwartz

Miss Barbara E. Scott, in memory of Uncle Mac McCarty

Sister Rita Sculti, OP

Sister Rosemary Seibert, RSHM

Lawrence G. Seidl

Ms. Georgia A. Seis

Sister Rose C. Sevenich, OSF

Sister Mary M. Shalley, CSJ

Sister Anne Sheehan, CSJ, in honor of Catherine S. Jarrard

Sister Valentina M. Sheridan, RSM, in honor of Rev. Joseph Driscoll

Ms. Shirley Jean Short

Sisters of Charity (Halifax) Corporate Mission

Sisters of Christian Charity

Sisters of Notre Dame of Covington, KY, Inc.

Sisters of St. Benedict of Ferdinand, IN

Sisters of St. Francis of the Holy Cross, in honor of Sisters Marilyn Herr, Monica Bongert, Geraldine Krautkramer, Madonna Swintkoske, Paulette Hupfauf

Rev. Gene E. Sitzmann

Sister Mary R. Skopal, SSJ

Sister Frances M. Smalkowski, CSFN, in memory of Msgr. Daniel J. Foley

Sister Susanne Smith RSM

Ms. Patricia B. Snyder

St. Mary's Duluth Clinic Health System

St. Vincent's Medical Center, Pastoral Care Dept., Bridgeport, CT

Rev. James H. Sullivan, SMA

Sister M. Virginia Sullivan, SM

Mr. Michael L. Sullivan

Sister Anne H. Tahaney, OP, in memory of Msgr. James L. Tahaney

Ms. Judith A. Talvacchia

Mrs. Patricia H. Tarpinian, in memory of Raymond Hackett

Mrs. Mary M. Tatman

Rev. Mr. Matthew F. Teolis

Deacon Glenn J. Teske

Rev. Richard A. Tessmer

Sister Judith M. Tralnes, CSJP, in memory of victims of our war in Iraq

Mrs. Charlotte R. Ulibarri

Rev. Marcellinus U. Uwandu, in honor of some important NACC members and of ongoing work

Sister Suzanne M. Vandenheede, OSM

Theresa Vithayathil Edmonson

Sister Joseph M. Walsh, SCN, in memory of Patricia Walsh Potts

Ms. Anne M. Wasserstrom, in memory of Anthony Tufillaro

Mrs. Annette L. Webb

Mrs. Mary C. Webb

Ms. Linda Sue Weber Meskew

Mr. Richard P. Weller

Chaplain Myra J. Wentworth

Sister M. Constance West, SSM

Chaplain Paul R. West

Mrs. Paula K. White, in memory of Sister Jane Schmenk

Sister Regina Janet D. White, MSC

Ms. Margaret T. White-Sherlock

Sister Geraldine M. Whitman, IHM

Sister Carolyn N. Wildrick, OP

Rev. Edward P. Wilhelm, CSSR

Mrs. Jeanette M. Wyrick, in honor of St. Vincent's Pastoral Care Department

Sister Virginia Yeager, SSJ

Sister K.C. Young, OP

Sister Renee Zastoupil, OSB

# Positions Available

## CPE RESIDENCY

**Rochester, MN** – Mayo Clinic has CPE Residency positions beginning August 24, 2006 through August 22, 2007 for Resident I applicants. Residents are offered a broad array of clinical opportunities, which include medical and surgical subspecialties, diverse intensive care unit ministries, organ transplantation, a children's hospital, a psychiatric hospital and a regional trauma center. Two different hospital campuses and three different certified supervisors make this a uniquely powerful learning environment. Mayo Clinic health and dental benefits available to residents at a reasonable rate. The Resident stipend is $26,000 for 12 months, four consecutive quarters of CPE. For program information e-mail cpeprogram@mayo.edu, or write Mayo Clinic CPE, 201 West Center Street, Rochester, MN 55902, phone: (507) 266-7275; fax: (507) 266-7882; website: www.mayo.edu

## CHAPLAIN

**Ann Arbor, MI** – Holy Cross Children's Services, a large Catholic agency serving over 1,000 children and families daily at more than 30 sites around Michigan, is seeking a full-time chaplain to serve delinquent and abused adolescents and their families. Competitive salary and benefits. Bachelor degree minimum requirement. Certification in the National Association of Catholic Chaplains is preferred, and a willingness to pursue certification is required. Send resume to Gene Hausman, 8759 Clinton-Macon Rd., Clinton, MI 49236 or e-mail ghausman@hccsnet.org. Phone (517) 423-7451 ext. 574

## DIRECTOR OF PASTORAL CARE AND EDUCATION

**Berwyn, IL** – MacNeal Hospital is a 427-bed fully accredited teaching hospital located in Chicago's west suburbs. Our services include primary care centers, homecare/hospice, behavioral health, PET-scan, cardiac caths, open-heart surgeries, etc. As Director of Pastoral Care and Education, you will be responsible for the administration of the hospital Pastoral Care and Education Program, which includes provision of patient pastoral care services, promotion of community relations (especially with area clergy) and the coordination of the Clinical Pastoral Care Intern Program; providing counsel, comfort and spiritual support for patients and their families, encouraging patients' reliance on spiritual needs in the hospital medical personnel and providing pastoral care consultations to treatment staff as requested; providing organization for religious worship services and sacraments; providing administrative direction to the in-house volunteer services department. Qualified candidates must be certified by or be certifiable by the Association for Clinical Pastoral Education; Certification as an acting or full Chaplain Supervisor with the Association of Clinical Pastoral Education, Inc. Catholic faith and bilingual Spanish preferred. If you would like to be considered for this opportunity, please forward your resume and cover letter to: MacNeal Hospital, Human Resources/pf, 3249 S. Oak Park Ave, Berwyn, IL 60402 or fax 708-783-3346, or e-mail pfletche@macneal.com.

## STAFF CHAPLAIN

**New York, NY** – One full-time position and one three-day-per-week position as chaplain/pastoral counselor at day treatment centers for persons with AIDS in Manhattan and Brooklyn. Housing Works (www.housingworks.org) is one of the nation's premier organizations devoted to providing services to persons with AIDS. The day treatment centers are open 365 days per year, provide a full range of medical and other support services to clients, and work on a harm reduction model. Qualifications: APC, NACC, or AAPC certified or certification eligible, high energy, with excellent clinical skills. Mental health and/or substance abuse experience preferred. Send resumes to: The Rev. George Handzo, Associate Vice President, Strategic Development, The HealthCare Chaplaincy, 307 E. 60th St., New York, N.Y. 10022 (ghandzo@healthcarechaplaincy.org).

## PASTORAL CARE COORDINATOR

**Lebanon, NH** – At the direction of the Director, the Pastoral Care Coordinator will serve as the primary chaplain for the Palliative Care Service and provide and coordinate pastoral care to patients, families, and staff in the Norris Cotton Cancer Center. Qualified applicants will be ordained with a master of divinity degree or the equivalent and a minimum of 3 years of experience in institutional ministry required. You must be endorsed for chaplaincy by appropriate denominational organization and have four units of ACPE-certified Clinical Pastoral Education. Certification by the Association of Professional Chaplains, the National Association of Catholic Chaplains, National Association of Jewish Chaplains, or a comparable cognate group. Must possess experience in issues related to advanced illness, dying, death and grief. This position is being established with a vision for the development of a Palliative Care service that will be the leader in the provision of end-of-life care. The capability for research, writing, and publication is desired. This is a benefited 3-year appointment with an opportunity for extension. Interested applicants are encouraged to apply online at: www.DHMC.org. We are an equal opportunity employer.

## DIRECTOR OF MISSION SERVICES

**Marshfield, WI** – Saint Joseph's Hospital, a member of Ministry Health Care, is currently looking for a Director of Mission Services This position is a leadership role with primary responsibility for developing new and creative ways in which the mission and values of Sisters of the Sorrowful Mother remain visible and highly integrated into the operational functioning of Saint Joseph's Hospital, in conjunction with Ministry Health Care, our parent organization. You will assure spiritual services are delivered in a high quality, contemporary and effective manner and that mission and value initiatives within the context of our Catholic identity are well integrated into the organization's strategic and operational activities. We require master's degree in theology, religious studies, pastoral studies, ethics or related field and 5 years experience in a leadership capacity in a role similar to this position. CPE certification or units of CPE from an accredited site highly preferred but not required. Must possess an understanding of and commitment to spiritually based patient care, knowledge of bioethics and its application in a health care setting as well as knowledge of issues related to

Catholic health care ministry, sponsorship and social teachings of the Catholic Church. We offer a competitive salary and benefit package. For consideration please send resume to Terri Danen, Human Resource Associate, Saint Joseph's Hospital, 611 Saint Joseph's Ave., Marshfield, WI 54449 or apply online at www.stjosephs-marshfield.org. Phone: 1-800-221-3733 ext. 77057. An AA/EEO Employer.

## ▼ CHAPLAIN RESIDENCY

**Wausau, WI** – Develop your spiritual healing power with us. Aspirus Wausau Hospital is offering a pastoral training experience through a year-long Chaplain Residency Program, September 2006 through August 2007. The clinical responsibilities of this program will be negotiated with the student and suited to his/her desires and professional needs. Responsibilities include spiritual care of the hospital's patients, their family members, and the staff of the institution, along with participation in the department's nightly and weekend on-call coverage. The CPE Objectives and Outcomes for Levels I and II will be adhered to, along with a special emphasis on the spiritual and psychological self of the student as relevant to self-awareness and pastoral competence. The beauty of North-Central Wisconsin adds to the learning experience. This is a paid residency position and the application is free. Contact the Rev. Alfred A. Merwald, D. Min.; Department of Spiritual Care; Aspirus Wausau Hospital, 333 Pine Ridge Blvd., Wausau, WI 54401; (715) 847-2121 x 53053; e-mail alfredm@aspirus.org

## ▼ PASTORAL CARE CHAPLAIN

**Homer Glen, IL** – If you are looking for a challenging and joy-filled ministry, Marian Village may be the answer. Sponsored by the Franciscan Sisters of Chicago, we are an active senior living community. Our independent and assisted living residents come from a variety of religious traditions. They promise to challenge their pastoral care team to accompany them on a journey of deeper spiritual growth and education. Your ability to develop relationships through strong listening, theological reflection, program development, and collaboration is vital to this ministry. Our associates will rely on your leadership to fulfill our mission of serving as a compassionate community. It is our vision to be the optimal means which frees all we serve to experience the fullness of life. Minimum requirements include a degree in theology or related field and one unit of CPE. Certification with APC or NACC preferred. Please send your resume to Liz Kroncke, HR, Marian Village, 15624 Marian Drive, Homer Glen, IL 60491, or e-mail ekroncke@franciscan-communities.com.

## ▼ CPE RESIDENCY

**Temple, TX** – Scott & White Hospital is recruiting for the 2006-07 Residency. Our innovative CPE program offers 3 units of CPE in a calendar year. We provide residents time for development of relationships with doctors and staff, integration of learning with practice, and opportunities for specialization in clinical areas. Competitive stipends and benefits. No tuition. Up to $500 moving expense reimbursement (with prior approval). $25 application fee required. Send applications to: Chaplain Marty Aden, Scott & White Hospital, 2401 So. 31st St., Temple, TX 76508. Fax 254-724-9007, phone 254-724-5280, or e-mail maden@swmail.sw.org.

## ▼ CATHOLIC CHAPLAIN

**Evansville, IN** – St. Mary's Medical Center, a 490-bed Trauma II acute care facility, seeks two part-time chaplains (will consider one full-time). St. Mary's is a member of Ascension Health, the nation's largest Catholic-sponsored, not-for-profit health system. Qualified applicants will be certified by the NACC, APC, a sister cognate group or be able to become certified within one year of hire. This position(s) would become part of an existing Pastoral Care Team of seven full-time chaplains. For further information: www.stmarys.org; St. Mary's Human Resources, 3700 Washington Ave., Evansville, IN 47750, (812) 485-4386, (812) 485-6735, cstichler@stmarys.org

## ▼ REGIONAL DIRECTOR OF CPE

**Billings, MT** – St. Vincent Health Care has a START-UP OPPORTUNITY. Create from the ground up a CPE program for a three-hospital system, the state of Montana and beyond – accreditation through student recruitment and enrollment! It's YOURS to birth and bring to life! Qualified candidates must be certified as a supervisor by ACPE or NACC and familiar with the accreditation process. Apply to: Richard Thorne, Search Consultant with Thorne Consulting, at thorcon@mindspring.com or 404-873-3775.

## ▼ CHAPLAIN

**St. Louis, MO** – St. Anthony's Medical Center is an independent Catholic medical center founded in 1900 with a Franciscan heritage. The Pastoral Care Department has a new full-time position available for a dedicated emergency room/trauma chaplain. Qualifications: All candidates must possess a graduate degree in divinity, theology or pastoral studies; certified by National Association of Catholic Chaplains and/or Association of Professional Chaplains, or actively involved in the process of certification. Knowledge of current theology and medical ethics is essential. Our position involves a multidisciplinary team approach to meeting the spiritual needs of our patients, families and staff of all faiths. We offer a competitive salary based on experience. Our benefits include paid time off, health, dental and life insurance, fitness programs, and more. Qualified candidates send a resume to: Mr. Jason Wade or Mrs. Katie Horton, Human Resources, Hyland Building A, 10010 Kennerly Road, St. Louis, MO 63128; Phone: 314-525-1010 or fax: 314-525-4040 or apply online at our website, www.stanthonysmedcenter.com

## ▼ CHAPLAINS

**Phoenix, AZ** – St. Joseph's Hospital and Medical Center is seeking two full-time chaplains. Our 536-bed teaching hospital, with a new 144-bed patient care tower opening in spring 2006, includes the Barrow Neurological Institute, a comprehensive Children's Health Center, a level 1 trauma center, high risk obstetrical, neonatal, adult and cardiovascular care programs. Position requirements include a master's degree, four units of CPE, endorsement, board certification by the APC, NACC, or NAJC or ability to obtain certification within one year of hire. Apply online at www.stjosephs-phx.org or fax resumes to (602) 406-4189.

# Board of Directors

**CHAIR**
Joan M. Bumpus
Director of Pastoral Care
St. Vincent Indianapolis Hospital
Indianapolis, IN
jmbumpus@stvincent.org

**VICE CHAIR**
Bridget Deegan-Krause
Ferndale, MI
krausebd@udmercy.edu

**SECRETARY**
Paul Marceau
Vice president, Mission Services and Ethics
Trinity Health
Novi, MI
marceaup@trinity-health.org

**TREASURER**
Theresa Vithayathil Edmonson
Chaplain
Providence St. Vincent Medical Center
Portland, OR
theresa.edmonson@providence.org

**EPISCOPAL LIAISON**
Most Rev. Dale Melczek, DD
Bishop of Gary
Merrillville, IN

**EXECUTIVE DIRECTOR**
Lawrence Seidl
National Association of Catholic Chaplains
Milwaukee, WI
lseidl@nacc.org

Patrick H. Bolton
Director of Pastoral Care
Mercy Medical Center
Daphne, AL
patrickb@sa-mercymedical.org

Emily R. John, Ph.D.
Director of Outreach and Development
Cathedral of St. John the Evangelist
Milwaukee, WI
emilyjohn@stjohncathedral.org

Karen Pugliese
Chaplain
Central DuPage Hospital
Winfield, IL
karen_pugliese@cdh.org

Sr. Mary Eileen Wilhelm, RSM
President Emeritus
Mercy Medical
Daphne, AL
smew@sa-mercymedical.org

Sr. Barbara Brumleve, SSND
CPE Supervisor
Alegent Health Care
Omaha, NE
bbrumlev@alegent.org

Sr. Geraldine Hoyler, CSC
Notre Dame, IN
ghoyler@cscsisters.org

# Calendar

## March

| | |
|---|---|
| 1 | Ash Wednesday |
| 9-12 | Certification Commission meeting in Columbus, OH |
| 10-11 | Board of Directors meeting in Columbus |
| 11-14 | NACC annual conference in Columbus |
| 11 | Supervisor certification interviews in Columbus |
| 27 | Copy deadline, May *Vision* |

## April

| | |
|---|---|
| 14 | Good Friday; National office closed |
| 16 | Easter |
| 27-29 | AAPC conference, Louisville, KY |

THE NATIONAL ASSOCIATION OF CATHOLIC CHAPLAINS

3501 South Lake Drive
P.O. Box 070473
Milwaukee, WI 53207-0473

ADDRESS SERVICE REQUESTED

NONPROFIT ORG
U.S. POSTAGE PAID
MILWAUKEE, WI
PERMIT NO. 4872