The promise of technology

Be open to how it can improve your work

By David Lewellen
Vision editor

When I was in high school, I wore a T-shirt that said, “I’m Computer Illiterate and Proud of It!”

Of course, that was 20-some years ago, when the state of the art was 5-inch floppy disks and green characters on a black screen. Home computers were mostly for enthusiasts and geeks, with no real integration into school curriculums.

But as the years went on, I saw the use of computers. In college, I learned how much time a word processor could save in writing or revising papers. At my first newspaper job, all the writing and editing was done on a computer system, and later, we shifted to computerized typesetting and page design, too. I went to training sessions, learned what I needed to know, and went back to work.

I am no longer an outright technophobe. E-mail is a wonderful thing, and so is having the world at your fingertips through the Internet. But some retained skepticism is healthy.

In this issue of Vision, we present a special section of articles about the cutting edge of technology. We’re glad that some chaplains are excited about experimenting, pushing the boundaries, seeing what they can do with software and electronics to make their job easier. But by definition, the cutting edge doesn’t have room for everyone. None of our members went into chaplaincy in order to play with computers. You’re here because you want to connect to human beings and to God. It happens one person at a time, it’s hard to quantify, and every case is different.

Nevertheless, in the bigger picture, what the visionaries said 10 years ago is true. Computers in general and the Internet in particular do represent the biggest revolution in communications since the invention of movable type in 1450. The resulting changes in the way people think and act can be good or bad. As my high school physics teacher said, trying to coax good lab reports out of us, “You must be smarter than the tools you’re using, or they will use you.”

A computer is a tool, just like a pen or a hospital chart. It can improve work, or make hitherto undreamed-of work possible. Maybe it has changed the way you study, or keep up with new developments, or chart your rounds. For me, it has changed the way I write and gather information. But it is simply one more tool in the box.

Being smarter than the computer means knowing what it can do and what it can’t. Having this neat piece of equipment, we might as well use it to the fullest, and I am probably guilty of not doing so. But I make sure not to go in the opposite direction and trust it too much. A spell checker, for instance, will catch your typos and real misspellings, but it can’t see the two preceding mistakes — because “can’t” is a word, and so is “sea.” They’re just the wrong words, and it’s a problem the computer can’t solve.

Another mistake is to apply technological solutions to things that aren’t problems, kind of like the kitchen gizmos they sell on late-night infomercials. For instance, no one has yet explained to me why a motorized, gyroscopically balanced Segway scooter is better than an old-fashioned bicycle.
Technology
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Did the bicycle have some defect that needed to be remedied? Or is it just really cool to cruise around on a very expensive self-propelled skateboard? Enthusiasm for technology is fine, but it can fit the saying, “When your only tool is a hammer, everything starts to look like a nail.”

But we rarely have an “only tool.” I edit submissions for Vision on the screen, adding commas, fixing misspellings, and tightening wording, almost as fast as I can read. This saves a lot of time over the old days, when editors would mark up copy with a grease pencil and hand it to a copy boy to run down to the typesetters.

And yet — I still print out almost every article I receive. I lay all the pages on my desk, so I can see the whole thing at once, and read it slowly, with a pen in my hand, writing questions and notes in the margin. Could the author elaborate on this idea? Would this paragraph be better near the top? Does this sentence make any sense at all? For questions like those, I still find paper to be a better tool than the word processor. (But maybe a 22-year-old wouldn’t.)

Yes, there’s been a revolution. Does that mean that all your accustomed ways of thinking and communicating need to be carted off to the guillotine? I say no. Technology for me works best by addition and assimilation, not by replacement. Not all change is progress, but some is.

But there is still a place for technology within the job of a chaplain. It’s a tool to be used and an addition to the skills chaplains already bring to the bedside. It will not change the fundamental nature of your job, but it may make the non-fundamental parts easier. When e-mail was reaching its critical mass almost a decade ago, essayist Anne Fadiman reported that she realized she wasn’t too busy to write to friends — suddenly she loved writing to friends again. But she had been too busy to put a letter in an envelope, stamp it, address it, and drop it in the mailbox.

Technology freed her from the steps that weren’t essential to communication.

Some of our experimenters and innovators will report on their findings in these pages. We hope you’ll find it useful. Maybe in 10 years, you will stumble across this issue and shake your head in amusement at the thought that this was ever so new and different as to need explanation. (Newspapers and magazines ran many articles in the mid-’90s explaining what the Internet was.) Or maybe you’ll look at another article and think, “That fad burned out in a hurry.” But we don’t know which ideas will become part of the fabric of chaplaincy and which are the equivalent of the amazing Ronco slicer–dicer. It’s up to all of us to find out as we go along. Be open and be a little skeptical; be patient and be forgiving; and be ready to be delighted and astonished.

(PS: I wrote the first draft of this article in longhand in a spiral notebook, on a morning when our computer system was down. It wasn’t an ideal way to work, but I could.)

Letter

Where Was God in the Tornado?

Editor’s Note: Sr. Betty Anne Darch wrote the following reflection after a series of deadly tornadoes struck Evansville, IN, in November.

So often after a major tragedy, people ask, “Why?” or “Where was God in all this sadness?”

Having heard this concern, I share the following reflection that I hope will help you see God is present, even in our darkest moments.

God certainly was present in the lives of the 23 people who now are in eternity with God. As the winds blew and swept the world around them, God reached down His hand and drew them close to His heart. What a wonderful welcome into eternity! Our beloved Hilda and Bill are two new members of the community of eternal life. How fortunate we were to have known them and shared life with them.

The many families of our St. Mary’s Health System who have lost material goods have seen the face of God in the kindness and generosity of our health system family as we have reached out to them in their need. We are people who are motivated by our good God in sharing from our hearts with others. Each of us is the face of God to each other as we reach out with our time, treasure, and talent. Bless you for making God so present these days.

God was in the minds and hearts of all those who provided rescue efforts. All the EMTs, the ambulance personnel, the police, the fire squad, and the hundreds of volunteers who rushed to help and give assistance so medical needs could be met. God was present in each of these as brothers and sisters put themselves in harm’s way for the benefit of others.

God was in the staff of St. Mary’s Health System employees — the many who came to both hospitals the next day to provide immediate medical and emotional care, spiritual support, and give food and drink to those in distress. The plan was holistic as we met the needs of body, mind and spirit, for we are “rooted in the loving ministry of Jesus.”

The outpouring of love and support is truly the “image of God” to the community. God is made known by actions, and this week we have seen the actions of God alive and well in our community.

Lastly, God is present in our memory. We will recall often and for an extended time the morning of Nov. 6, and I pray you will look beyond the devastation to the goodness of what happened because of the tornado. People helped people, lives were saved, new friendships were made, and time, treasure and talent were shared. These are the works of God; and yes, God was present and continues to be present in our rebuilding of a hurting community into a people of faith, because we have seen God’s actions alive in each other.

Betty Anne Darch, SFCC
Director, Mission Integration
Seeing bishops at work inspiring

By Lawrence G. Seidl  
Executive Director

In mid-November I attended the annual meeting of the United States Conference of Catholic Bishops. It was a wonderful experience, both to see the interest and knowledge the American bishops have of the NACC and to witness first-hand just how the bishops “do the ministry.” Among other things, I came away with a tremendous appreciation for the enormity of their work. I was also moved by the value of their hesitancy to change any part of our tradition without giving the matter great dialogue. Their debate around changes in the liturgy was particularly enlightening. How does one “tweak” a Eucharist that we have had for 2,000-plus years?

But the real highlight for me was to watch the Episcopal Liaison of the NACC, Bishop Dale J. Melczek, DD, of Gary, IN, lead the bishops’ committee on the laity. I cannot express how proud we should be. His leadership and commitment to the future of the laity is beyond words. Specifically the 82-page document, “Co-workers in the Vineyard of the Lord,” was passed as a result of his committee’s enduring and tireless effort. Bishop Gerald F. Kicanas of Tucson, AZ, chair of the subcommittee on lay ministry, co-presented the document to the bishops. I encourage you to send him a note.

The debate was enriched after Cardinal Avery Dulles rose to defend the usage of the terms “minister” and “ministry” with regard to lay people serving the Church. The conversation was long, but the measure passed 190-49. I would encourage you to explore the document and its richness. You might also go www.catholicnews.com for more information.

Coming back to Milwaukee, the work of the staff is consumed by year-end reports, the work of the annual conference, the setting of materials for the annual appeal, and so much more. Speaking of the annual appeal, by now you should have received your pledge card. Stewardship has always been a hallmark of the NACC, but the association must go beyond our membership dues to prepare us more readily for the future. Your prayerful support of the NACC is deeply appreciated as a means of securing the next 40 years of our association work, for which some research and grants are critically necessary.

Of equal significance was the recent Board meeting. While much of the meeting was an examination of our successes with the Strategic Plan, the Board also received staff reports, the reports/work of the various NACC committees, the approval of the 2006 operating budget, and multiple conversations which strategically focus us on the future.

The 2006 NACC conference in Columbus, OH, will be here before you know it. The registration brochure should arrive in your mailbox at almost the same time as this newsletter. As noted in the brochure, registration fees for an additional guest from your facility are greatly reduced. Please consider bringing a parish nurse, or a Vice President of Mission, or other health professional. The more others understand us, the more our collaboration becomes essential.

In looking at the 2006 Conference speakers and workshops, you will note a distinctive emphasis on good, solid, Catholic theology. You won’t want to miss this year’s conference.

And that’s it from 3501 South Lake Drive.

May the hope and promise of the new year permeate your ministry. You are a gift to the association, and your support is valued.

Larry
By Dennis McCann

The Personal Desk Assistant (PDA) has become increasingly popular as a portable meeting calendar, to-do list, e-mail, Rolodex, and notepad. Some, such as the Blackberry, double as a pocket PC, MP3 player and/or telephone. In most PDAs, the engine within is called the Palm OS (operating system). This is why they are sometimes just referred to as Palms. One brand name is the Palm Pilot, although personally, I use a Tungsten E, based on price and the reviews it received.

The Palm was initially designed to help the busy executive juggle meetings and manage data. But as a chaplain I have found it to be a great resource for my spiritual life and professional practice. The following are a few ideas that fellow chaplains or spiritual practitioners may find useful:

The practice of presence or mindfulness is key to the success of our practice. However, it is difficult to be present to a patient when I have to keep an eye on the clock. I have other commitments such as department meetings, Mass, or rounds on my units. My Palm allows me to set a gentle alarm sound to remind me of an impending engagement. I can set the alarm to as many minutes as I need prior to my next commitment. I am rarely late anymore and never miss a meeting. Best of all, it allows me to devote myself to a patient or task with complete attention.

Integrity requires us to keep the promises we make. More than once, I would get distracted. More than once I would find myself at three in the morning remembering, “Oh, no, I forgot to visit Mr. X!” However, one feature of my Palm is a blank sheet on which I can actually handwriting a note onto the screen. I have found this invaluable for the quick requests I get while on the run.

PDAs have two little programs that are ideal for spiritual reading. My Palm holds as much writing as I want to load onto it. One of the programs is called “AvantGo.” Every time I sync my Palm to my computer, automatically the Divine Office, the Mass readings for the week, and the names of the saints for that Mass, with a brief profile, are downloaded from the “AvantGo” program. This is done through a connection to www.universalis.com. This is a wonderful resource for personal prayer and Lectio Divina. This is also completely free of charge.

The other program is “Documents to Go.” This allows me to copy any article from Microsoft Word or Excel onto my Palm. For example, one of my favorite sites is www.contemplative-outreach.com, which is Thomas Keating’s site for Centering Prayer. He has an article each week, and all of his books are printed in their entirety in the archive section. I copy and paste his article or a chapter from one of his books onto a Word document, drag it over to my “Documents to Go” icon, and again, automatically the next time I sync my Palm with my computer, the article is copied onto my Palm. This has the capacity to hold entire books. I also keep a page of my increasingly growing passwords and ID words that I need. I have a list there of books to read, movies to see, subjects to research. All of this is in the palm of my hand.

You may think that this is a lot of information to entrust to one little gadget. The truth is that every time I sync with my computer, a copy of everything there is made on my “Outlook” and “Documents to Go” programs on my desktop PC. If I need security, I can secure access to my Palm with a password. The Palm is rechargeable, so it never requires batteries. It has its own screen light so I don’t even need to turn on a light to read it. It also has a calculator and a ton of programs I can add to it for tracking my money, playing Scrabble or doing crossword puzzles.

To some, this all may sound very high-tech. In reality, it is a very simple and reliable instrument to use. It may not have quite the simplicity of a Brother Lawrence, but with one of these in your pocket, you’ll never have to leave the kitchen for the library.

Dennis McCann, NACC Cert., is Director of Pastoral Care at St. Vincent’s Medical Center in Bridgeport, CT.
To www.nacc.org and beyond
A guide to navigating our very own website

By Phil Paradowski
NACC Webmaster

What’s in the NACC’s Web site, and what ought to be in it? Have you explored everything the site has to offer? What does the future hold for our website, and what would you like to see there?

We’d like to answer all of those questions for you, going through the site one feature at a time.

Board of Directors: The section about the members of the NACC Board contains short biographies and contact information for these hardworking, dedicated volunteers. Take some time to familiarize yourself with the various talents and experience that this group brings to their work on behalf of the NACC.

History: A History of the National Association of Catholic Chaplains, researched and written by Catherine Elliott, and published in 1975, is reproduced here. In 2005, we published 40th Anniversary Reflections, a book that tells the story of the NACC via stories and reflections from some of the most influential and visible figures of our history. Watch for some of the latter material to appear onsite soon. Also possible in the near future: an archive of historic NACC documents, a timeline of important developments, a photo archive, biographies of past leadership and other key figures, and a library of audio/video recordings.

Strategic Plan: The strategic plan of the NACC, presented in this section and updated as needed, is the product of the Board, the Executive Director, the office staff, and, often, the membership, who are seldom too shy to suggest where we ought to be going. If you haven’t read through this document, or updated yourself on the latest version, you ought to.

Membership: All the important information related to becoming a member is located here. Soon this will include features such as online applications and membership maintenance: dues payment, membership status, and personal data. The Online Membership Directory may be accessed here, via the “For Members” restricted section, and browsed by name, state, or type of workplace institution. This is a great way to search for that long-lost NACC acquaintance, or to network with fellow chaplains.

Certification: This section allows you to obtain materials needed to apply for certification. Also available are FAQs (frequently asked questions) about certification, plus standards, a calendar, the members of the Certification Commission, and a list of CPE centers. We also offer a celebratory list of newly certified members and a Renewal of Certification section of resources, forms, and a calendar.

Resources: Academic opportunities, long an important feature of our website, have become more crucial now with the new degree requirement. Programs listed in this section are carefully reviewed by Director of Education Susanne Chawaszczewski to ensure they are worthwhile. Included are several online learning opportunities that have been singled out for quality and credibility. Educational opportunities, listed separately, are not degree programs. Rather, they are typically short events (seminars, conferences, retreats, workshops). Often these programs have been approved for continuing education credits and may count toward certification. They are presented in chronological order and are updated continually.

Documents and publications: This section holds many important docu-

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Logging in to membership directory

1. Go to the “For Members” page: http://www.nacc.org/membership/forMembers.asp. Click on “Online membership directory.”
2. Enter your “user name” — your NACC membership number that was assigned when you joined the organization — and your password. If you don’t know your password, click on the “lost your password?” link and enter your e-mail address; the system will automatically send you your password. If you no longer use the e-mail address that you registered with, or if you are having some other problem logging in, contact the NACC Webmaster at either webmaster@nacc.org or pparadowski@nacc.org.
By Susanne Chawszczewski, Ph.D.
NACC Director of Education

If you are curious, the Internet can be a world of discovery that offers limitless and accessible opportunities for your continuing education. Rather than go to your local library, you can enjoy the comforts of home or office while searching the Internet for a book or article.

When you review the Standards for Certification and Renewal of Certification for chaplains and supervisors, notice that we assess a number of theological competencies that we require of you. Being competent and up-to-date does not end once you are certified. Rather, we hope that you continue learning throughout your ministry.

Why should you use the Internet for theological resources when you can buy a book or go to a library? One reason is that resources can be limited, depending on your location, and you may want to investigate quickly and comfortably via the Internet before you purchase or spend a lot of time searching through stacks of books.

Online theological resources can assist you in obtaining continuing education for your renewal of certification, can help to keep your competency level current, can answer specific questions you may have in the course of your ministry, can provide continuing education for your own sake, can help you conduct research for work, for writing an article, or even for your own book.

But it is important to emphasize quality control. Anyone in the world can (and does) place information on the Internet — so you need to make sure the sites you use are reliable. As you explore, establish a set of criteria. Who is the author of the site, and are they credentialed? When was the site established, and when was it last updated? What is the source of the site — a private company, an academic institution, or a professional association? Does the site contain bibliographic information and/or references for the information posted? As you explore, you will come up with your own set of criteria for evaluation.

As you get started, here are a number of theological sites that you may find interesting.

**General Sites**

**Internet Theologian**
www.vts.rdn.ac.uk/tutorial/theology

Internet Theologian describes key Internet sites for theology, how to search the Internet for theological resources, and what to trust, along with a tutorial. Resources include primary documents, secondary documents, gateways, bibliographic documents, teaching and learning resources, newsgroups and discussion lists, and religious organizations and scholarly associations. This site is operated by the Institute for Learning and Research Technology at the University of Bristol, United Kingdom.

**Wabash Center Guides to Internet Resources for Teaching and Learning in Theology and Religion**
www.wabashcenter.wabash.edu

Wabash Center contains a selective annotated guide to electronic resources on the study and practice of religion, arranged by subject area and material types. Funded by the Lilly Endowment, this site was created by Charles K. Bellinger, Theological Librarian and Assistant Professor of Theology and Ethics at Brite Divinity School of Texas Christian University.

**Spring Hill College**
www.shc.edu/theolibrary/resources/about.htm

The Department of Theology of this Jesuit school maintains an online theology library by subject heading. This library was developed in 1996 by Gerald Darring for the McGill-Toolen Catholic High School and was transferred to Spring Hill College in 2002.

**ERIC (Education Resources Information Center)**
www.eric.ed.gov/

ERIC is a digital library of education-related resources sponsored by the Institute of Educational Sciences and United States Department of Education and can be searched by keyword. It contains electronic bibliographic records describing journal and non-journal literature selected by ERIC from 1966-2003 and expanded to include full-text articles. There are over 1.1 million citations available on ERIC.

**Internet Theology Resources**
www.users.csbju.edu/~eknuth/itr/index.html

This guide is intended to assist researchers of theological and religious information on the Internet. It was developed by Elizabeth T. Knuth and is maintained through the College of St. Benedict/St. John's University Seminary in Minnesota.

**Academic Libraries**
http://topcat.switchinc.org

If there is a university or seminary in your state, you may be able to access their library online. Sometimes, schools in one area band together into a consortium to maximize resources. For example, SWITCH (Southeastern Wisconsin Information Technology Exchange) is a consortium of eight academic libraries in the Milwaukee area that share a unified database for library materials called TOPCAT. The schools which participate include: Alverno College, Cardinal Stritch University, Concordia University Wisconsin, Milwaukee Institute of Art and Design, Mount Mary College, Sacred Heart School of Theology, Saint Francis Seminary, and Wisconsin Lutheran College.

**ATLA (American Theological Library Association)**
The ATLA Religion database is a subscription-only database. It contains over one million bibliographic records covering the research literature of religion in 26 languages. It includes article citations from over 650 journals, essay citations from more than 14,000 multi-author works, and book review citations. This is where a local online university or seminary library may be useful. Investigate whether you can utilize ATLA through their system, since this is not a free service.

Liturgies and Sacraments

The Order of St. Benedict
www.osb.org/liturgy/

This site contains liturgical information including liturgical texts, commentary, sites, music and publishers.

Spirituality and Prayer

Creighton University Online Ministries
www.creighton.edu/CollaborativeMinistry/online.html

This site includes daily reflections, online retreats, a weekly guide to prayer and a number of links to spirituality and social justice issues.

Sacred Space
www.sacredspace.ie

Sacred Space gives you the opportunity to spend 10 minutes praying as you sit at your computer with the help of on-screen guidance and scripture chosen specifically every day. This is produced by the Irish Jesuits.

Bible and Scripture

Bible Gateway
www.biblegateway.com

This site is a tool for reading and researching scripture online in numerous languages. It has advanced searching capabilities of scripture by keyword, phrases, or scripture reference. Nick Hengeveld developed this resource in 1993 while attending Calvin College in Grand Rapids, MI.

Catholic Social Teaching

Office for Social Justice, Archdiocese of St. Paul and Minneapolis
www.osjspm.org/cst/

This site contains social teaching documents, a list of major themes, a reading list, and teaching resources.

Center of Concern
www.coc.org

Founded in 1971 by Fr. Bill Ryan, SJ, the Center of Concern’s goal is to enable all people to realize the truth that humanity is united in a common destiny and to assist them to exercise their common responsibility to shape that destiny.

Sharing what you have found is equally important as discovering it yourself. As you explore theological resources online, we ask that you forward any significant resources to the NACC office so we can reference them on our own website.

Online sites, surfing can help your job hunt

By Susanne Chawszczewski
NACC Director of Education

Are you relocating to a new city and looking for employment? Are you interested in changing positions and responsibilities? Well, the Internet has opened up a whole new world of possibilities and assistance if you are searching for positions in chaplaincy, health care administration, and supervision.

There are some recommended strategies as you search for employment on the Internet.

Quality control – With thousands of sites available for your search, you want to make sure that the places you visit on the Internet are the best available. Most of the sites are available for free, so you certainly don’t want to invest any money online. Start with what is considered the safest and best. At present, Monster.com is considered the industry standard for job searches. In investigating other sites, use this standard for evaluation.

Professional resume and cover letter – Most organizations now prefer to receive your cover letter and resume online. Make sure that both documents are available to send in e-mail format. These can either be a Microsoft Word document or a PDF (portable document format) file. Have several of your associates or friends proof-

See Jobs on page 13.

Where are the job listings?

Try these websites to find job openings and opportunities.

▼ Local newspapers
▼ Local and regional health systems.
▼ Catholic dioceses
▼ National Association of Catholic Chaplains Positions Available
www.nacc.org
▼ Catholic Health Association job board
www.chausa.org
▼ National Catholic Reporter classifieds
www.natcath.org
▼ America Magazine classifieds
www.americamagazine.org
▼ Aquinas Institute of Theology Information regarding careers in ministry
www.ai.edu/careers/index.php
▼ Association of Professional Chaplains job opportunities
www/professionalchaplains.org
▼ Chaplaincy and Pastoral Care job openings blog
chaplaincy-jobs.blogspot.com
▼ Association for Clinical Pastoral Education, Inc. career opportunities
www.acpe.edu/jobs.htm
▼ MedHunters
www.medhunters.com/jobs/spiritual-care-providers.html
▼ Nation Job search by keyword
www.nationjob.com
▼ Monster search by keyword
www.monster.com
Technology connects rural hospitals to world

By Karen Henderlong

Imagine working as the only chaplain at a small rural hospital, and your nearest colleague is an hour's drive from you. Workshops and conferences rarely come to your area. The closest big library is 100 miles away.

As the only chaplain at Mercy Hospital in the remote Michigan town of Grayling (pop. 1,960), this is my reality. Some may say I work in a lonely profession, but thanks to the technological resources available to me, I’m far from alone.

Working in a small, rural hospital, I don’t have a diverse network of chaplains nearby. However, technology allows me avenues to interact with colleagues in my region and across Mercy Hospital’s parent organization, Trinity Health, the country’s fourth-largest health system with 44 acute care facilities in seven states.

In an average week, I send and receive dozens of e-mails from my colleagues all over the country and surf the Web to research ethics issues or locate a patient’s family member. I use my cell phone to check the status of patients who are being transferred to other facilities. To keep up-to-date on the latest news and trends, I have a wealth of information on the Internet at the click of a mouse.

Because Mercy Hospital-Grayling is connected to a large integrated Catholic health system, we can record patients’ medical care using an electronic system that connects more than a dozen healthcare facilities in eight towns. Eventually, electronic documentation will include a data field for my spiritual care notes, which currently aren’t included in paper-based transfer documents.

Chaplains at small and rural hospitals face special challenges that new technologies can help them overcome — but complications that arise from the same technology. I spoke with chaplains at other health systems (all via e-mail, of course) to identify the promises and the pitfalls of the latest communication and documentation tools.

Chaplains can network with their peers via e-mail, intranet sites and cell phone for the purpose of professional and personal support. In all forms of communication, however, chaplains must be careful not to share patient-sensitive information, which is strictly prohibited under HIPAA privacy rules.

Video conferencing provides an opportunity for CPE students in rural regions to connect without traveling. These “virtual meetings” also create opportunities for collaboration as we share in system-wide committee meetings that would be impractical in person. Teleconferencing has provided us access to national workshops, grand rounds, ethics education and even CPE lectures for continuing education for staff, volunteers, and the community. The downside is that it’s difficult to read body language on camera — especially when the camera may be focused on only one individual!

Here in northern Michigan, chaplains share regional access to advance directives in a seven-county region.

At one time or another, every chaplain has experienced the anxiety of not having a Do Not Resuscitate directive or discharge order included with a patient transfer. Electronic documentation helps enhance the continuity of care that is often compromised in a paper-based transfer system.

While new technology certainly helps us as chaplains in rural areas, it also poses several challenges:

- Freestanding hospitals are in various stages of technological development and run on different operating platforms. They don’t always talk to each other easily, and communication and sharing can be compromised.
- The hospitals that do employ electronic records are not always customized according to chaplains’ specific preferences and needs. Instead, chaplains are forced to conform to formats that often are insufficient for spiritual care.
- Information technology can have a disproportionately high impact on budgets in small hospitals, particularly freestanding facilities. While a system or large urban facility can invest in such technology, building the infrastructure or even purchasing a single laptop computer can break a rural hospital’s budget.
- The average age of an NACC certified chaplain is 60-plus years. Most were well into their careers long before the information technology explosion of the 1980s. For chaplains who are drawn to matters of heart and soul and spirit, the idea of sitting at a desk, conducting Web research, completing electronic charts or entering a chat room to discuss spiritual care best practices usually is not where their heart and soul want to go.

Another important issue is granting computer access to spiritual care volunteers. Volunteers are an integral part of most spiritual care departments. We currently mark the chart with information about visits by Ministers of Communion and Visitation Ministers, both made up of volunteers. Will they have computer chart privileges? Which sections? How do we train them and maintain access?

Our ministry is one of service in the spirit of the Gospel, to live God’s compassion through our presence, actions, and words. Technology, when encouraged and used as tools, can help us maintain the heart of our ministry. Especially in small healthcare settings, it can help us connect, grow, and develop as professional chaplains, so that we in turn can be more effective resources and ministers to others.

Karen Henderlong is a chaplain at Mercy Hospital, Grayling, MI. This article was co-written with Paul Marceau, Vice President of Mission Services and Ethics, Trinity Health, Novi, MI, and with input from Patricia Langdon, Mercy Hospice, Cadillac, MI, and Rev. William Peake, Mercy North Iowa, Mason City, IA.
Computer security. The two terms go hand in hand nowadays. But what do you need to know, and do, to be secure?

The Internet is a haven for scam artists and criminals. But unlike other such havens, such as tourist cities and airports, the Net comes right into your house. Your computer does not take you anywhere, e.g. to “visit” a website. Although that is the word we use, it simply is not so. You are actually downloading documents, whether web pages, e-mails, or music MP3s. When you “visit” the wrong website and manage to pick up a virus or a piece of spyware, it would be more accurate to say that the webpage visited you. Keeping this in mind:

Do not open documents attached to an e-mail unless they’re from someone you trust and have checked with them to make sure that they really did send something. This will drastically reduce the chance your computer will be infected with a virus.

Beware “spoofed” e-mails. A so-called “phishing” attempt, well disguised as an e-mail from your bank, or perhaps from eBay or PayPal, warns you of some sort of security risk (oh, the irony!) and asks for personal data: your credit card number or password(s). Never, ever respond to an e-mail like this. These phishers are often affiliated with large criminal organizations (think Russian Mafia), and will have sold your credit card number to multiple users in the time it takes you to wonder “should I have replied to that e-mail?”

Beware all spam, or junk e-mail. It’s not just an inconvenience that fills up your inbox. Authorities have pointed out that almost 100% of the offers that appear in spam are false. The products and services are either nonexistent or misrepresented, and the people offering them are unscrupulous in the extreme. The rule of thumb is: if it arrived in e-mail, and you didn’t ask for it, it’s probably a hoax. Delete it unread.

Don’t download software from popup “free screensaver” or “your computer may be at risk from spyware” ads. These are NOT good products, and may damage your computer. See the box on this page for a trusted download source.

Lastly, use quality security applications (programs); many are free and simple to use. Make sure to:

Use an antivirus program. A virus is a program that executes and replicates itself without the knowledge of the user. Some viruses can overwrite or corrupt files, rendering a computer useless. The best antivirus vendors are F-Secure, Kaspersky, and Sophos. A company named Grisoft makes a free program that compares nicely with these costlier programs. Norton and McAfee, with their huge market shares, are also adequate, but are far from being free, or even inexpensive.

Use at least one spyware detector and remover; using two or more is better, since they typically detect different types of spyware. Spyware is any software that covertly gathers user information through your Internet connection without your knowledge, usually for advertising purposes. Lavasoft’s AdAware, Microsoft’s AntiSpyware(beta), and JavaCool’s Spyware Blaster are excellent detectors, and free for personal/home use.

Use firewall software. ZoneLabs, Kerio, and Sygate all make excellent firewall software that is free for personal/home use. Hardware firewalls (routers) are even stronger, and ought to be used as well. Space here does not permit detailed discussion; I’d recommend some research.

Keep on top of Windows security updates. Your computer’s help file will talk you through setting this up to work automatically.

It is difficult to avoid doomsaying when discussing online security. So I must point out that, with proper security measures, you can be very safe online. Contrary to what TV hype indicates, using a computer to explore the world of information is much safer than driving, walking down the street, or even stepping out of the shower. The key is keeping these simple practices in mind. This will greatly increase the level of security of your computer, thus securing your personal and financial data and improving the operation of the machine itself.

Helpful Websites

HouseCall
housecall.trendmicro.com/

The free online virus scan from Trend Micro will scan your entire computer for viruses; a separate scan defeats spyware. Also available is CWShredder, a legendary program that targets and removes variations of CoolWebSearch, one of the most insidious and infamous spyware programs ever created.

Fraud Watch International
www.fraudwatchinternational.com

Fraud Watch is the foremost online repository for spoofed e-mails, phishing, false virus rumors, and the latest foreign scams. Search current scams to see if the e-mail from your bank is legitimate (chances are that it isn’t) or post a newly hatched scam you’ve stumbled across, for the benefit of the entire world.

Tucows
www.tucows.com

The original software download site and still one of the greatest sources for high quality, thoroughly tested shareware and freeware. Search for, read about, and download graphics and multimedia tools, security applications, business production software, web development tools, learning tools, system repair and maintenance tools, and games.
In 1998 the Department of Chaplain Services at Mayo Clinic in Rochester, MN, was required to calculate an expense per unit of service. In order to do this, every spiritual care service we provided would have to be counted, and the time it took for each would have to be recorded. Then after six months, the average minutes for each service would be used to determine our budget’s expense per unit of service. This dollar amount would manage our human and monetary resources. For a full explanation of the process, see the July 2005 issue of Vision.

Was there a computer program that could do this for us? We consulted folks in Information Services (IS) for help. Since many of our chaplains were not trained in computers, it was imperative that the program be intuitive and user-friendly. IS responded to our needs and designed a program in Microsoft Access. It was named CARE, Chaplain Activity Record – Electronic.

Initially, the idea of a computer in the service of spiritual care was seen as an oxymoron. “This is a waste of time,” some said. “We could be spending more time with patients instead of wasting it at a computer!” And the notion that spiritual care services could be quantified ranked a close second. “Every patient visit is unique. No two visits are alike, and no two chaplains are alike either!” The institutional mandate prevailed, however, and in 1999 the CARE program was loaded onto our computers. When we opened it, here’s what greeted us.

A click of the mouse on the Service Event menu (see Figure 2) opens a screen with four folders, In Patient, Out Patient, Non Patient, and Local Clergy. The In Patient folder opens as the default, as this screen is used most for entering single and group services. When a patient’s MC ID (Mayo Clinic patient identifier) is entered, the patient’s Name and Religion are imported. Next, there are fields for entering the Service Type, the amount of Time Spent, the Date, the Time it was delivered, the referral source, Referred By, and the Location. The Summary field is for a short description of the patient encounter and/or outcome. Details is for a lengthier record or plan of care if necessary. Finally, Save creates a permanent record in the CARE database which can be retrieved simply by entering a patient’s MC ID and clicking on Show History.

The CARE program does more than take information. It gives it back in the form of reports. CARE reports are designed to increase efficiency in preparing for and delivering patient care. They are the Patient Visit By Location Report, the Patient History, the On-Call Log, and the Pre-Surgical Log.
Patient Visit By Location Report
CARE will print a list of patients by location for each nursing unit. Patients are listed as visited or not visited. The report also notes a visit by referral clergy (RC), local clergy (LC), or parish visitors.

Pre-surgical Log
A similar log, available as Pre-Surgical Visits on the menubar, automatically receives the names of patients who have received spiritual care during the current day and are scheduled for next-day surgery. The evening chaplain opens this log to view the names of patients already seen to avoid a duplication of services.

Administrative Reports
These reports assist in calculating an expense per unit of service, in measuring staff productivity for monthly supervision, in determining unmet patient/family needs, in establishing staffing priorities, and in creating requisite reports for administration.

Units of Service
The kinds and numbers of services are easily accessed in the CARE program to calculate an expense per unit of service. Figure 5 lists all of the services provided from January through October 2005 with the average time for each. Initially, we thought that a meaningful average could not be determined because every patient encounter was different.

But eventually, because of our agreed-upon definitions, we found that a reliable average was possible by collecting enough data over time. Well-defined services required about the same amount of time from patient to patient and from chaplain to chaplain. If one chaplain is a consistent outlier, i.e., shorter or longer time spent than the average, that becomes an issue for individual supervision.

Figure 3. Patient Visit List By Location
Patient History
With a click of the mouse on a name in the Patient Visit By Location report (above), the patient’s history of spiritual care will appear, both from current and past hospitalizations. This is especially helpful for on-call chaplains who are referred to patients who are unfamiliar to them.

On-Call Log
With a click of the mouse on the On-Call box in the Service Event screen, a record of that service goes to the on-call log (see Figure 4). If there is a need to refer the patient/family for follow-up spiritual care, another click of the mouse will create a large YES in the left-hand margin for the next on-call chaplain to see.

Figure 4. Chaplain On-Call Log

Figure 5. Units of Service
Productivity - Time Spent

A productivity report shows the services and the time spent by each chaplain. See Figure 6. Productivity reports are for personal accountability and individual supervision. Each chaplain has access to his or her own report with a click of the mouse on Chaplain Reports in the menubar. No chaplain has access to the productivity report of another.

Since the program calculates each chaplain’s productivity, a standard can be set by which all chaplains are measured. The standard can be a specific number of minutes per day, a specific number of units of service per day, or a combination of the two.

When the number of services provided within a specified period of time is compared with the referral source for those same services, it is apparent that about 70% of the self-initiated contacts result in a significant spiritual care encounter. By extrapolation, we can show that 70% of patients not seen may well have similar unmet spiritual needs. Because we have calculated the average amount of time it takes for each spiritual care service, we can also accurately predict the amount of FTE it would take to address these unmet needs.

Microsoft Access can create queries as well as reports. For instance, a query can be run which can tell us which units refer most often, the referral source, and the time of day those referrals are generated. Hence we know which units require more staffing and when.

Dashboard Metrics

CARE can query all of its databases to make comparisons and create reliable reports to administration. Some possibilities are productivity measures, percentage of patients seen at least once, numbers of patient deaths and when they occur, degree of on-call activity in the evening and nighttime hours, and any other reports that can demonstrate accountability and tell the story of ministry.

Referral Source and Unmet Needs

The referral source data have been particularly helpful in requesting additional chaplain FTE (full time equivalents). The Access program calculates the number and percentage of each referral type: Chaplain, Clergy, Family, None, Other, Patient, or Staff. The “None” category represents a self-initiated patient/family contact by a chaplain (see Figure 7.)

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In the beginning, we knew we had to capture the number and amount of time in minutes for each service, but could the CARE program do more than collect data for the expense per unit of service? Could it help us with staffing and scheduling? Could it help us determine unmet patient needs? Could it help us with continuous improvement? Much of the information we gather today answers these questions. And with the help of our IS folks, we have learned that the program can do just about anything we want it to do.

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Program Availability

The CARE Program is home grown and interfaces with our institutional computer systems, so it is not available for sale. Our IS department may consult with your IS department if you are interested in writing a similar program. Also, they would be willing to negotiate with an interested vendor who would be responsible for marketing and supporting the program. In the meantime, if you would like to request a copy of the screens in the CARE program, or have questions or comments about the program, please e-mail marek.dean@mayo.edu

Conclusion

Within a short period of time, the data entry process became second nature to even those chaplains who would describe themselves as “computer illiterate.” Patient charting is now fully electronic, so the CARE program is able to run and import data at the same time charting takes place. Since just about everything is electronic these days, from timekeeping to on-line ERTKA training, we had a jump-start by having to learn CARE seven years ago.

Rev. Dean V. Marek, NACC Cert., is Director of Chaplain Services at the Mayo Clinic in Rochester, MN.
Encountering the divine on the road

By Ernest (Skip) Dalle Molle

A little over two years ago, my wife and I resigned our paid ministerial positions, myself as a chaplain and Barb as a parish nurse. We dreamed of traveling while at the same time volunteering in some form of ministerial capacity. We didn't simply want to be tourists, but rather to have a purpose for being on the road. So we sold our home, divested our belongings/furniture, moved into our recreational vehicle, and hit the road. Little did I realize the journey that I was embarking upon — both from a personal and professional perspective.

Before becoming a chaplain, I was a career military person, and wherever we were stationed I volunteered with the parish's youth ministry program. I always had an inner sense that I was allowed to progress in rank so that when I retired I would be able to volunteer on the road in a ministerial position. Prior to retiring I was already enrolled in theology school and volunteering in a hospital when doors opened for me to become a chaplain. When I resigned my chaplaincy position, my dream seemed to becoming real. We acknowledged internally as I thought my plan to place my ministry on the road wasn't working. But as I sit here today, I know that was my dream, not God's. I have come to recognize that God was placing me on the road of the everyday, where I have been blessed with many moments of personal contacts.

I was sitting at a restaurant counter awaiting the arrival of my breakfast. There was a woman sitting next to me who was almost finished with her meal. We acknowledged each other's presence with a hello. After a couple seconds of silence she opens her heart by telling me about the recent death of her brother. I would hear of their family and growing up together. I could feel her loss, yet in her sharing I could sense her joy for the time she shared with her brother.

Another time, a couple parked next to our site in the campground. The woman started talking with my wife about her father's illness. Her daughter called, and we heard the woman say, “Here I am telling a total stranger my whole life story.” A short time later, her husband sat near me and told me how he was responsible for his father's medical decisions. His father was in his 80s and had multiple health issues. When the time came to make a decision, he had the medical staff remove the feeding tube and other IV lines. Shortly afterwards, his father died. His brother, who didn't live in the area, was upset with him and continues to be so, though their father died some time back. I reflected back, “So what I hear you saying is you allowed life to take its natural process.” He said yes, and I could see the tenseness in his body disappear. When my wife and I came back from dinner, their RV was gone.

I was a listening post for our park rangers and some of the local residents as forest fires were approaching from three directions. I listened to their stories of past fires and could sense their uneasiness as firefighting crews worked to stem further outbreaks which might endanger their families, animals, homes, village, and very existence that they had carved for themselves away from the trappings of the nearby city.

I stood at a young man's side listening to his fears of the worst possible scenarios as he awaited word on the whereabouts of his girlfriend, who had not returned the night before from a hike in a mountainous area in Alaska. As the day progressed, I gave him necessary space, and when he allowed, we shared in prayer and on faith. His girlfriend made her way down river to a sandbar near the road and was found weather-beaten but alive. I would privately thank God for her return.

In a Canadian campground, the co-owner's mother was watching her grandson and the campground. Her daughter was in a hospital 60 miles away with terminal cancer. She spoke of their life, dreams, and faith of the community that walked with them. I would have the opportunity to meet her son-
in-law. He and I walked around the campground. He shared with me about why they bought the campground, their dreams together as a family, and now how they were sharing as a family in his wife’s dying. He shared their story.

On the surface it appears to be just a couple folks having an everyday encounter, and many of these do take place, of course. But in other encounters such as those above, my chaplain’s antennas pick up a signal that this may be more than “hi and bye,” that this person has a story to tell and I need to listen. It may be a time where one of my inherent or learned skills comes to the forefront and allows the person to go beyond the surface of their story. It becomes a God moment, whether spoken as such or not. It becomes a moment where I am Skip who happens to be a chaplain.

I go back to the title, “Encountering the Divine on the Road” and now realize how much it captures the essence of what is taking place in the encounters of our everyday lives. In my mind, every encounter is spiritual, whether it has some type of religious overtone or not. I often wonder if Barb and I wear some sort of sign that attracts others to us and allows them to freely share what is taking place in their lives, whether it be laughter, crying, pain, anguish, joy, suffering, wonderment, etc. However, in walking with other people and in reflecting on my own life walk, I can feel God’s love in all that I do and am. My inner sense informs me that God guides His children to a place where they can safely open their hearts. When those moments occur, I can only reflect on how blessed I am to share with them in their encounter with God, whether it is between hospital walls or on the road.

Ernest (Skip) Dalle Molle, NACC Cert., is presently traveling in the western United States.

Skip Dalle Molle and his wife, Barb, stand in front of their RV — a vehicle for many unexpected encounters with God.

If you know of an association member who is ill and needs prayer, please request permission of the person to submit their name, illness, and city and state, and send the information to the Vision editor at the national office. You may also send in a prayer request for yourself. Names may be reposted if there is a continuing need.

In Memoriam

Please remember in your prayers:

Sister Helen Lorio, O.Carm., of New Orleans, LA, who died Aug. 23, 2005 at age 81. She joined the NACC in 1981 while she was director of pastoral care at St. Ann’s Hospital in Watertown, SD, and earned certification in 1983. She returned to her native Louisiana in 1984 and served three hospitals in the Diocese of Lafayette. She served as communication coordinator for NACC’s Region V during the 1990s.

Br. Denis Hever, FMS, who died Nov. 4 in Jersey City, NJ at age 59 after a three-year bout with brain cancer. He joined the Marist Brothers in 1965 and worked as a high-school teacher before moving into pastoral ministry. He joined the NACC in 1996 and worked at Robert Wood Johnson University Hospital in New Brunswick, NJ, and at Wheeling Hospital in West Virginia. He also served as a missionary in Liberia following certification.
Over the last decade there has been a growing push in the United States to improve care for seriously ill patients who are approaching death. Those living in the twilight of life must negotiate their own physical and functional decline and impending mortality, traversing an unknown social, psychological and spiritual terrain. This accompanied journey often awakens or heightens concerns in patients and family members (as well as caregivers) which are uniquely spiritual and/or religious. Hospital chaplains and other pastoral care professionals are the time-honored providers of care at this time.

However, patients and family caregivers often need spiritual acknowledgment and support from other healthcare providers. Many healing professions have roots in religious and spiritual traditions, and physicians and nurses are increasingly called upon to assume responsibility for spiritual care — tasks that have been traditionally assigned to chaplains and pastoral caregivers.

But healthcare professionals in such roles face multiple ethical and pragmatic issues. Faith traditions are tied to ethical functions in end-of-life care, such as providing core beliefs regarding life events and establishing a foundation for clinical decisions. Within the patient-physician relationship, physicians wield a power that is largely positive and salutary, but this power can also harm patient autonomy if left unchecked or unguarded. In the development of treatment goals and care plans, autonomy can be threatened when a physician’s religious convictions clash with those of patients and family members, or when patient or family member beliefs are at odds with physician recommendations. The Terri Schiavo case reminds us that although religious traditions provide reference points for ethical decision-making, faith-based ethics can both help and hurt the dynamic interplay of clinical decision-making among patients, family members, clinicians, and institutions.

Pragmatic issues also arise when healthcare professionals take on spiritual care responsibilities. The Institute of Medicine, the National Hospice and Palliative Care Organization, and the Joint Commission on Accreditation of Healthcare Organizations all advocate attending to the spiritual needs of patients and providing spiritual care in healthcare settings. However, these positions raise multiple questions regarding caregivers’ roles. Who is responsible for assessing and meeting the spiritual and religious needs of dying patients: physicians, nurses, social workers, psychologists, or clergy and healthcare chaplains?

Currently, there is little empirical evidence documenting the issue. It is also unclear how often this care is delivered by healthcare providers in place of clergy, and what prepares or inhibits healthcare providers to assume this role.

Small survey studies and qualitative research suggest that some healthcare providers are committed to meeting spiritual needs, but there is considerable diversity among them. For example, how do healthcare providers draw upon their own spiritual traditions to reach patients and families of diverse backgrounds? What personal and spiritual traits characterize their willingness to engage the patient at this level? At the organizational level, the landscape for care of the seriously ill and dying can be technological and spiritually barren. What organizational characteristics thwart spiritual care and inhibit healthcare providers from embracing this role?

Dying patients and their family members identify many areas of spiritual or religious concern, such as prayer, reconciliation with others and with God, being at peace, and a sense of life’s completion. Spiritual care often facilitates individual meaning-making, connectedness, and inner peace, and frequently includes religious rituals, beliefs, and communities, encompassing a broader human search for meaning.

But the processes of spiritual care delivered by healthcare providers remain ill defined and ambiguous. For example, should physicians and other healthcare professionals routinely incorporate this aspect of care? How would their approaches differ from those of chaplains or pastoral care professionals tied to religious or faith traditions? Are religious and spiritual concerns embedded within a social or psychological understanding, depicting an individual’s experience of serious illness and dying, or are spirituality and religion conceptualized and viewed as a holistic, integrated component?

The field of health services research can help frame and answer many of these important questions. Health services research seeks to improve the health and well-being of individuals and populations by addressing and understanding salient issues in the structure and delivery of healthcare services. For example, in the evolution of end-of-life care and the emergence of palliative care, there has been a shift in a common under-
standing of hospice from an institution that provides care, to a philosophy that embodies the active, total care of the individual. To understand and explain such a transition, health services research would focus on how the structure and process of end-of-life care moved out of healthcare institutions, such as hospitals, into home and community settings.

With funding support from the Fetzer Institute, our multidisciplinary research group at the University of North Carolina at Chapel Hill is seeking to understand how healthcare providers deliver spiritual care at the end of life, focusing on the processes by which they bridge ethnic, racial, and religious diversity. The specific aims of this ongoing study are as follows:

1. To describe the structure, process, and outcome of spiritual care provided to seriously ill and dying patients and their families.
2. To describe the individual and structural factors which facilitate or impede the delivery of spiritual care by healthcare providers.
3. To explore the personal values and spiritual traditions that empower healthcare providers to deliver spiritual care in diverse patient populations.

Phase I of the project involves in-person and telephone interviews of seriously and terminally ill patients and their family caregivers who have received care through the UNC Health Care system. The survey includes both closed and open-ended questions about the patient’s or family’s receipt of spiritual care; the providers, processes, and sites of care, in addition to the perceived benefits or limitations of care. We are asking respondents to identify the structure (e.g. the spiritual care provider, site of care) and process (e.g. spiritual care activities) of spiritual care, and its relationship to the outcomes of perceived value and satisfaction with spiritual care. To date, we have completed interviews with 27 patients and 51 family members.

The second phase of the project is a qualitative study of healthcare providers who provide spiritual care. Physicians, nurses, and other healthcare personnel, identified by patients and family members as providing spiritual care in Phase I, are undergoing semi-structured interviews. The interviews explore each provider’s experiences with end-of-life spiritual caregiving by probing provider beliefs, attitudes, and values regarding spiritual care, and inquire about the personal and organizational characteristics they believe facilitate or impede the provision of spiritual care. These interviews are also querying the individual’s spiritual traditions and values, and their experience and training in spiritual caregiving. Finally, directed questions about ethnic, racial, and religious diversity — and ways in which they span differences with the patients they serve — are embedded in the interview. To date, we have completed 12 qualitative interviews.

The importance of spiritual care at the end of life — care that invites meaningful reconciliation and inner peace — is unquestioned by patients and family members. However, many primary questions about delivering this care by those who are not pastoral caregivers remain unanswered. These questions have direct implications for policy makers who seek to improve models of end-of-life care; for healthcare providers who attempt to integrate spirituality in their caregiving; for health professional and theological educators who teach future generations of providers; and ultimately for patients and family members living in the light of death. We anticipate that the results of this research — the first systematic description of spiritual care delivery — will lay a firm foundation for future interventions to increase access and improve the quality of spiritual caregiving for all providers at the end of life.

Timothy Daaleman, DO, MPH, is Associate Professor of Family Medicine and Research Fellow in the Cecil G. Sheps Center for Health Services Research at the University of North Carolina at Chapel Hill.

References


This year under the direction of the Certification Commission, the Interview Team Educators conducted training sessions for 87 interviewers. The Interview Team Educators further developed the training program using PowerPoint presentations for new interviewers and for seasoned interviewers to update them on new changes. All those who desire to serve on interview teams must participate in the annual training program.

In 2005, the Commission certified 86 chaplains, and 1 associate supervisor, and 236 chaplains and 1 supervisor renewed their certification.

The Commission developed new guidelines for the certification of supervisors. Three theory papers will now be required prior to granting associate supervisor status. NACC supervisors will be recruited to read these papers.

The Commission extends gratitude to all those who participated in the interview process. Without your competent assistance, the process would not be effective. Those who hosted certification venues received high marks for the hospitality that was extended. From evaluations by the interview teams, the Commission is looking at ways to improve the writing of Presenters’ Reports Part II and refine the training of interviewers. Our thanks to all who have helped improve the process by your comments and your participation.

2005 Spring Interviews

Interview Team Educators
Ms. Julianne Barber - San Diego
Ms. Annette Castello - Atlanta
Ms. Sharon Mason - Springfield, MO
Ms. Jane Mather - Towson, MD
Ms. Ellen Radday - Towson, MD
Mr. James Willsey - Milwaukee

Site Coordinators
Ms. Nancy Conner – St. Joseph Medical Center, Towson, MD
Mr. Rick Erickson – St. John’s Mercy Health Center, Springfield, MO
Sr. Anita Lapeyre, RSCJ – Episcopal Community Services, San Diego, CA
Sr. Valentina Sheridan, RSM – St. Joseph’s Hospital, Atlanta, GA

Commissioner on Call
Rev. John T. Crabb, SJ

2005 Fall Interviews

Interview Team Educators
Ms. Cathy Connelly
Ms. Cam Hanemann
Ms. Michele LiDoux Sakurai
Ms. Sharon Mason
Ms. Judi Shemkowitz
Mr. James Willsey

Site Coordinators
Dr. Susanne Chawszczewski – NACC, Milwaukee, WI
Sr. Mary Anne Gallagher, OSF – Caritas St. Elizabeth Medical, Brighton, MA
Ms. Michele LiDoux Sakurai – Providence St. Vincent’s Medical Center, Portland, OR
Ms. Angie Vorholt-Wilsey – DePaul Health Center, Bridgeton, MO
Ms. Marilyn Warczak – NACC, Milwaukee, WI

Commissioner on Call
Rev. James Yeakel, OSFS

Certification Commission thanks all who helped

Bro. James Adams, FMS
Rev. Milton Adamson, CSC
Dr. Linda Arnold
Sr. M. Eunice Atsu, HHCJ
Mr. Robert Barnes
Ms. Roseann Bloomfield
Mr. Joseph Bozzelli
Sr. Kathleen Brady, OP
Mr. Willard Braniff
Sr. Anne Breitag, OP
Ms. Sally Brochu
Rev. Michael Burns, S.D.S.
Rev. Benjamin Chinnappan
Sr. Seton Marie Connolly, SSCM
Mrs. Mary Ann Cowan
Bro. Thomas Cunningham, CSC
Mrs. Carmela D’Elia
Sr. Betty Anne Darch, SFCC
Sr. Emily Demuth, CSC
Sr. Mary Anne DiVincenzo, CSJ
Deacon Darwin Dupree
Sr. A. Louise Eggen, OSB
Sr. Nancy Flag, OSB
Sr. Kathleen Gallivan, SNDdeN
Bro. Daniel Gallucci
Rev. Peter Gelfer, OH
Rev. Robert Gloudeman
Sr. Colette Hanlon, SC
Ms. Janice Hart
Ms. Teresa Heinz
Mr. Thomas Helmick
Sr. Gloria Jean Henchy, C.D.P.
Mrs. Alice Hennessy
Rev. George Henninger
Dr. Gordon Hilman
Sr. Betty Keegan, FMM
Sr. Paula Kelleher, SSJ
Sheila Kelly
Sr. Anne-Arthur Klinker, SSND
Sr. Geraldine Krautkramer, OSF
Sr. Elizabeth Krempp
Ms. Janice Labas
Rev. Thomas Landry
Rev. Stephen Lundgren
Ms. Elizabeth Malleck
Ms. Jean Marchant
Rev. Dean Marek
Mrs. C. Rosemary Marmouget
Margaret Matacale
Sr. Margaret McAnoy, IHM
Dr. Dennis McCann
Ms. Bonnie McCulley
Mr. James McDermott
Sr. Maureen Mitchell, RSM
Ms. Anne Murphy
Rev. Rory Murphy
Mrs. Mary Myers
Rev. Richard O’Donnell, OSCam
Sr. Mary O’Hara, OP
Rev. Felix Ojimba
Congratulations to the following chaplains who were approved for certification following their interviews in fall 2005.

Mr. Gabriel Amoateng-Boahen, Chicago, IL  
Ms. Ida Bickley, El Centro, CA  
Ms. JoAnn Gragnani Boss, Sussex, WI  
Sr. Mary Jane Bransfield, IHM, Somerville, NJ  
Mrs. Gayl Callis, Manchester, NH  
Deacon Hoan Moses Chung, Dallas, TX  
Ms. Eileen Cox, Summit, NJ  
Mr. Joseph Cull, New Orleans, LA  
Sr. Andre Dembowski, RSM, Baltimore, MD  
Ms. Christine Dixon, Birmingham, MI  
Mr. Timothy Doody, Chicago, IL  
Mrs. Edith Downes, Schererville, IN  
Mr. David Garvis, Houston, TX  
Mr. John Girten, Denver, CO  
Miss Kay Glueckert, Spokane, WA  
Ms. Barbara Haugsness, Houston, TX  
Ms. Gwen Hofmann, Barrington, RI  
Ms. Therese Holbrook, West Roxbury, MA  
Sr. Susan Holmes, OSB, St. Joseph, MO  
Sr. Leonie Iweh, DMMM, Lake Charles, LA  
Ms. Constance Johnstone, Lodi, CA  
Sr. Eleanor Keaney, SM, Oak Lawn, IL  
Ms. Eve Kelly, Dublin, OH  
Sr. Theresa Kilmurray, CSB, Waltham, MA  
Sr. Arlene Kohut, OSF, St. Louis, MO  
Rev. Jozef Krajnak, New York, NY  
Mr. William Kramer, Schaumburg, IL  
Rev. Thomas Kuttianickal, SAC, Milwaukee, WI  
Ms. Denise Leary, Minnetonka, MN  
Mr. Christian Matuschek, New York, NY  
Sr. Jane McConnell, OSF, Evansville, IN  
Mrs. Audrey McLaughlin, Erie, PA  
Ms. Sandra Millsap, Racine, WI  
Mrs. Mary Beth Moran, Bedford, MA  
Mrs. Patricia Novy, Elmhurst, IL  
Rev. Vincent Odikanoro, Detroit, MI  
Rev. Patrick Okafor, St. James, NY  
Rev. Emmanuel Okonmah, Hankinson, ND  
Rev. Kenneth Olsen, Eugene, OR  
Dr. Young Mi Pak, Berkeley, CA  
Mrs. Lydia Priest, Gloucester, MA  
Mrs. Nancy Rafter, Franklin, MA  
Sr. Esther Rodriguez, OP, Brownsville, TX  
Ms. Teresa Sullivan, Jamaica Plain, MA  
Ms. Susan Sweeney, Decatur, IL  
Ms. Irmina Tames, North Palm Beach, FL  
Rev. Francis Zlotkowski, CSC, Austin, TX  

Associate Supervisor  
Ms. Wendi Steinberg, Virginia Beach, VA

The NACC Certification Commission met in Milwaukee in November. From left are (front row) Mr. Bob Scheri, Sr. Barbara Brumleve, SSND; Sr. Anita Lapayre, RSCCJ; Ms. Karen Pugliese, Board of Directors representative; Sr. Mary Skopal, SSJ; Dr. Rod Accardi; and Rev. John T. Crabb, SJ.

Awards info coming

NACC Annual Awards information will be available on the website at www.nacc.org in January.

Please check there for information on the awards that we plan to present at our annual conference in Columbus in March, and to learn how you may participate in the nomination process.
Excitement builds for conference speakers

By Rev. Thomas Landry

Joining with the other members of the Planning Committee for the Annual Conference has been an exciting opportunity. I have met and worked with people who are true leaders among us. I have visited a state capitol whose merits were aptly enumerated in last month’s Vision by another planning committee member, Michelle Lemiesz. And I have had the privilege of corresponding with some of the most dedicated and creative academic and practical theologians in the Church and in healthcare in America.

Equally important, my role in planning our March conference has led to a renewed hunger for the quality of theological conversation and reflection that can elude me on a daily basis. Doing ministry in a secular medical center very often means significant periods of time when I am left to my own devices as a faith-filled pilgrim on the journey. I am grateful to my Emmaus support group and to my local colleagues who help me ensure that I never let too much time go by without considering thoughtfully the place and meaning of the Sacred. Still, I am excited about the oasis that our Annual Conference 2006 promises to be!

Citing the success of pre-conference workshops in Albuquerque, our Planning Committee agreed that it could be a great benefit to many who will be traveling long distances to Ohio to offer them again. The additional continuing education credit is another important advantage. Dr. Nancy Bancroft, Ph.D., Director of Ethics at Trinity Health, Novi MI, will offer a presentation on “The Chaplain As Guide on Sacred Health Care Journeys.” James Shaw, M.D., Medical Director of the Providence Center for Faith and Healing, Sacred Heart Medical Center, Spokane, WA, will present “Palliative Care: Opportunities for Advancing Effective Physician and Chaplain Relationships.” And Rev. Dean Marek, Director of Chaplain Services at the Mayo Clinic, Rochester, MN, will present “Naming and Describing the Services Chaplains Provide.”

The times of these workshops on Saturday, March 11, and the cost, which will be separate from the conference registration, will be detailed in registration materials coming to you soon. Here is a chance to accrue additional, valuable, and eminently practical continuing education credits!

Our plenary speakers each will be addressing some aspect of our theological understanding and experience of us and of our ministry as being deeply rooted in the Mystery of Christ. This understanding, in turn, enables us to reach widely to embrace the persons and experiences that are the substance of our lives as chaplains.

Dr. Michael Downey, Professor of Systematic Theology and Spirituality at Saint John’s Seminary, Camarrillo, CA, will speak to our theological understanding of ministry as rooted in the action of Christ. Mary Rose D’Angelo, PhD, Associate Professor of Theology, University of Notre Dame will explore our theological sense of our being in relationship with Christ. Diana Hayes, PhD, STD, Professor of Systematic Theology at Georgetown University, will offer a theological consideration of the nature of our Church in its wondrously rich diversity. Rev. Edward “Monk” Malloy, CSC, recently retired President of the University of Notre Dame will speak to the special challenges that face chaplains who accompany all parties in the healthcare arena as we navigate moral decision-making.

Woven throughout the days of our Annual Conference, the theological discourse initiated by these outstanding presenters will deepen and strengthen our gathering. A rich lineup of presenters of 15 ministry-related workshops will address: the art and necessity of theological reflection; conflict resolution; stewardship in healthcare ministries; leadership as service in Church ministry; diversity at the heart of ministry (offered during two sessions!); palliative care and the chaplain (physician’s perspective); physician/chaplain relationships (chaplain’s perspective); ministry in the midst of disaster; institutional chaplaincy as related to the community of ministers in the local Church; pediatric palliative care; “hysterical living” (for the humor-impaired!); chaplaincy in psychiatric care; ecumenism as lived in the spirit and practice of the Taizé Community; and the rich invitation and opportunity of interfaith life and ministry.

These workshops will visit and enhance the theological and scriptural grounding of our lives and ministry, and promise to enhance the quality of our personal and professional journeys of faith.

Additional workshops offered by members of the NACC Certification Commission and Interview Team Educators will address certification interviewer training, the certification process, the certification renewal process, and CPE supervision. We have sought to create an opportunity for all of us to gather and engage intentionally in the gift and work of theological discourse and theological reflection. I conclude by employing the words of one of our scheduled presenters, Celeste Mueller, MA, DMin (Cand.) of the Aquinas Institute in St. Louis: “My theological reflection over the years … has led me to a personal mission that shapes my current pursuits … to understand [our] identity as members of the Body of Christ, to know and embrace the inner authority of that identity so that we are able to take responsibility for [our] share of the mission of the Church in the world.” Come! Let’s renew this quest together!

Rev. Thomas Landry, NACC Cert., is a chaplain at University of Massachusetts Memorial Medical Center in Worcester, MA.
Book Review

Living Through Pain: Psalms and the Search for Wholeness
By Kristin Swenson. Baylor University Press, 2005; 273 pp; $19.95

By Karen Pugliese

Kristin Swenson, a faculty member at Virginia Commonwealth University, brings far more than expert academic scholarship to this book, as she weaves in rich personal wisdom and deep theological reflection. She believes, as I do, that people can be cured without being healed, or healed without being cured. Her book is meant to help those in pain, or caring for persons in pain, and to interest people curious about biblical perspectives on pain. Readers will discover their expectations not only met, but exceeded.

The author challenges the view of pain as an isolated physical event. Fortunately, pain as a purely physiological phenomenon is now undergoing radical reshaping — good news for those of us ministering to the soul-shaping effects of pain and suffering. The “whole person” (physical, emotional, psychological and spiritual) nature of pain, she proposes, is its most defining characteristic. She skillfully presents the “problem” of pain, the difficulty in defining and describing it, and how it drives people to ask why they suffer. Yet she manages to encourage, even as she explores the pitfalls as well as the possibilities of living a meaningful life within the context of intractable pain.

For chaplains deeply concerned with our own and others’ process of integration, the chapter on the hermeneutics of pain is particularly meaningful. The author holds the paradoxical nature of pain and suffering with exquisite and excruciating clarity. She suggests that “interpretation,” of pain as well as other experiences of living, is related as much to stories as to theories. She doesn’t dismiss the paradoxes, but rather, uses the psalms as a lens to reconcile them.

Trained as a biblical scholar of the Old Testament, Swenson selects and translates six psalms (6, 22, 38, 69, 88, and 102) that speak to experiences of brokenness as well as reintegration, describing the “layers” of pain in both life and in the psalms. Psalms, she suggests, are unique among biblical texts, having the same characteristics as pain — that is, they are at once both subjective and personal. And they offer us a “vocabulary and grammar for understanding and expressing” what it means to live with pain. Dr. Swenson invites consideration of the psalms in light of different aspects of human experience. The reader encounters voices in pain, not just thoughts or scholarly analysis.

Throughout the book, the author illustrates her points with sources as diverse as eminent scholars and contemporary films. Yet she never distracts or swerves from her primary purpose. The result is a rich resource for our own quest for personal, professional and theological integration, healing, and well-being even in the midst of pain — as well as an excellent tool for facilitating that process in others.

Karen Pugliese, NACC Cert., provides ministry to the Oncology and Women and Children populations, and Workplace Spirituality Programs at Central DuPage Hospital in Winfield, IL. She is a member of the NACC Board of Directors.

Vision modifies publication schedule

This issue begins another year of publication for Vision, our 16th. It also brings, for the first time, a slightly revised publication schedule.

Vision publishes 10 issues a year, which means that two issues are doubles, representing two months. In the past, those issues have been August-September and November-December.

We will leave November-December as it is, but beginning this year, our other combined issue will shift to July-August. From a production standpoint, having two double issues in the final third of the year made our schedule too lopsided. From our readers’ standpoint, we believe it makes more sense to give you less reading material in your mailbox during summertime and the holiday season, which tend to be full of personal busyness and holding patterns at work. But September is a time of fresh starts, going back to school, and new initiatives. It deserves its own issue of Vision.

We hope you will enjoy the change. You will still get all of the same content that you have come to expect from Vision, but on a schedule that we hope will suit you better.

Seeking your voice

Over the past year-plus, we have made a commitment to feature a personal theological reflection every month in our Seeking, Finding section. Our 10 contributors so far have turned in some remarkable pieces, finding evidence of God at work in gardens, in emergency rooms, and on the open road.

We would love to keep presenting new faces in that space, but it will take some cooperation from our readers. Our organization contains many talented writers and reflectors, and we want to hear your voices. If you have an idea that might make a good contribution to Seeking, Finding, please contact Vision editor David Lewellen at (414) 483-4898 or dlewellen@nacc.org.
Positions Available

▼ CHAPLAIN
Fairbanks, AK – Instinctively, you know you belong in Alaska. Banner Health will help you reach your goal. Our Fairbanks Memorial Hospital is a state-of-the-art facility where you can grow your career while you enjoy the lifestyle you dream of. It’s in the heart of Fairbanks, a wonderful community with a uniquely Alaskan flavor. There’s no better place to experience it than at Banner Health. Managing the chaplaincy services at Fairbanks Memorial Hospital, the Chaplain will be responsible for visiting patients regarding their spiritual needs, including non-church related, non-religious, and/or personal spiritual needs expressed by the patient. The Chaplain assists in crisis intervention, death, and dying/bereavement issues as requested. Key functions include scheduling and supervising volunteer chaplains, along with serving as a liaison between chaplains and the hospital and the Fairbanks Chaplaincy Association. The chosen candidate will also be relied on to serve on hospital committees, such as the Ethics Council, the Ethics Consultation Team, and other committees as requested. Other duties include supervising the Bereavement Care Program and its volunteers. The successful candidate will have a master of divinity degree, six months experience in a hospital or similar health care setting, and at least four months of clinical pastoral education (one year is preferred). The strong communicator we seek will be able to read and draw conclusions from written or computer generated materials to provide patient assessment, create methodologies for accomplishing patient care goals, and implement recommendations for patient care. Must have basic PC skills. The choice is yours. Explore the specialty, great benefits and lifestyle you have always dreamed of and apply online by visiting BannerHealth.com. To speak to a recruiter Monday-Friday call (800) 528-4915 between 8am-5pm AST. EOE. Banner Health supports a drug free work environment.

▼ MANAGER, MISSION AND SPIRITUAL CARE
Frisco, CO – St. Anthony Summit Medical Center, located in the beautiful mountains of Summit County, seeks a Manager of Mission and Spiritual Care to assure the integration of mission, core values and spirituality into the organization’s culture. Responsibilities include direct pastoral care, oversight for community pastoral care volunteers, as well as workplace spirituality, ritual and prayer. This position reports to the Administrator. Catholic preferred. To review the position and/or apply, please go to www.centuracareers.org. For all other inquiries, please contact Rudy Krasovec, Human Resources at rudykrasovec@centura.org.

▼ DIRECTOR, MISSION AND SPIRITUAL CARE
Pueblo, CO – St. Mary-Corwin Medical Center seeks a Director of Mission and Spiritual Care to assure the integration of Mission, Core Values and Spirituality into the organization’s culture. Responsibilities include oversight of pastoral care services, as well as workplace spirituality, ritual and prayer. Exemplifies the spirit of Mission to associates and hospital publics; understands, promotes and interprets the Mission and Values to ensure their application to organizational policies; creates an environment which encourages pride and ownership in the Mission; and develops programs and opportunities to further the desired culture of the organization. This position reports to the CEO. Catholic preferred. To review the position and/or apply, please go to www.centuracareers.org. For all other inquiries, please contact Rudy Krasovec, Human Resources at rudykrasovec@centura.org.

▼ PASTORAL CARE MANAGER
Woodbury, NY – Hospice Care Network (HCN) seeks an experienced manager to lead a team of pastoral care counselors/chaplains as part of an interdisciplinary group. Focus is on the provision of spiritual care to patients with advanced illness and making every day count for them and help their loved ones feel supported. Qualifications include: Master of Divinity or equivalent; four quarters Clinical Pastoral Education or equivalent; Board Certified Chaplain; active member in good standing of a denominational/ecclesiastical body. Minimum of five years experience in the field including two years supervisory experience in a health care setting. Training and/or experience in working with families facing serious illness and loss and knowledge, ability, and understanding the patient/family dying and death process. High level of administrative ability in the areas of planning, organization, coordination, supervision and personnel motivation. Top-notch communication and listening skills and a courteous and professional manner. New York metropolitan area applicants only send resume and salary requirements to: Elise Ross, Hospice Care Network, 99 Sunnyside Boulevard, Woodbury, NY 11797; fax (516) 794-5591; e-mail eross@hospicecarenetwork.org; Website www.hospicecarenetwork.org. Hospice Care Network is an equal opportunity employer.

▼ CPE RESIDENCY
Los Angeles, CA – UCLA Medical Center has ACPE residency positions 9/5/06 - 8/31/07. Annual stipend $20,000 plus on-call pay, medical, dental, vision insurance, paid vacation/holidays, and full tuition scholarship for four units. UCLA is a 668-bed tertiary and quaternary teaching hospital rated “Best in the West” by US News & World Report. UCLA Neuropsychiatric Hospital is a 188-bed acute psychiatric hospital. CPE residents receive broad medical and psychiatric clinical experience. Apply to Revs. Sandra Yarlott or Karen Schnell, Spiritual Care Department, UCLA Medical Center - Rm 17-348 CHS, 10833 LeConte Ave., Los Angeles, CA 90095. E-mail kschnell@mednet.ucla.edu.

▼ STAFF CHAPLAINS
Chandler, AZ – Chandler Regional Hospital is seeking two full-time staff chaplains to work afternoons (1:00 pm - 9:30 pm) to address the spiritual and emotional needs of patients, families, and staff. Start date is July 1, 2006. Qualified candidates must have an M.Div. or MA in theology, pastoral ministry, or other related field, 4 units of CPE, certification by NACC or APC, or ability to be certified within one year of hire. Chandler Regional Hospital is a member of Catholic Healthcare West, with 209 beds and growing. Apply online at: www.chandlerregional.com. Address: 1875 West Frye Road, Human Resources Dept, Chandler, AZ 85224. Phone: (480) 821-3424.

▼ PRIEST CHAPLAIN
Los Angeles, CA – California Hospital Medical Center, a Catholic Healthcare West hospital, is seeking a Roman Catholic priest chaplain to serve as a member of our multidisciplinary team. Important aspects of this position include celebrating Mass and providing sacraments to Catholic patients, as well as assessment of spiritual needs and providing support

Banner Health will help you reach your goal. Our Fairbanks Memorial Hospital is a state-of-the-art facility where you can grow your career while you enjoy the lifestyle you dream of. It’s in the heart of Fairbanks, a wonderful community with a uniquely Alaskan flavor. There’s no better place to experience it than at Banner Health. Managing the chaplaincy services at Fairbanks Memorial Hospital, the Chaplain will be responsible for visiting patients regarding their spiritual needs, including non-church related, non-religious, and/or personal spiritual needs expressed by the patient. The Chaplain assists in crisis intervention, death, and dying/bereavement issues as requested. Key functions include scheduling and supervising volunteer chaplains, along with serving as a liaison between chaplains and the hospital and the Fairbanks Chaplaincy Association. The chosen candidate will also be relied on to serve on hospital committees, such as the Ethics Council, the Ethics Consultation Team, and other committees as requested. Other duties include supervising the Bereavement Care Program and its volunteers. The successful candidate will have a master of divinity degree, six months experience in a hospital or similar health care setting, and at least four months of clinical pastoral education (one year is preferred). The strong communicator we seek will be able to read and draw conclusions from written or computer generated materials to provide patient assessment, create methodologies for accomplishing patient care goals, and implement recommendations for patient care. Must have basic PC skills. The choice is yours. Explore the specialty, great benefits and lifestyle you have always dreamed of and apply online by visiting BannerHealth.com. To speak to a recruiter Monday-Friday call (800) 528-4915 between 8am-5pm AST. EOE. Banner Health supports a drug free work environment.
to patients, families and staff of all faiths. This position will share on-call responsibilities. CPE training is preferred as well as bilingual; Spanish/English. Please contact: Rev. Mark Winick, California Hospital Medical Center, 1401 S. Grand Ave., Los Angeles, CA 90015. Office: (213) 742-5491. Fax: (213) 742-6195

▼ PRIEST CHAPLAIN

Indianapolis, IN – St.Vincent Hospital and Health Care is seeking a part-time Roman Catholic priest chaplain to supplement its large ecumenical pastoral care staff. Successful candidates will be NACC or APC certified, have a master’s degree in theology or behavioral science, have completed a minimum of 4 units of CPE, and have ecclesiastical endorsement. Excellent salary and benefits package. Interested candidates may apply online at www.stvincent.org and reference job opening ID: 20243. EOE.

▼ CHAPLAIN

Milwaukee, WI – Over the years, Covenant Healthcare has become the employer of choice for thousands of individuals in Southeastern Wisconsin. Join a team with a commitment to its mission and a culture of service excellence. Our culture of service excellence is constantly at the forefront with input from both employees at the bedside and behind the scenes. Making a great first and lasting impression is our goal, and we’re looking for a qualified individual who can help us do that. Qualified chaplain candidates will facilitate spiritual well-being by assisting patients, families, staff and the wider community to cope and identify sources of meaning and hope in their experience of life transitions, inclusive of suffering, loss and grief, by drawing upon their values and beliefs in the context of their life story. Requirements include a bachelor’s degree in theology, pastoral studies, or related field; 1-3 years of related experience; NACC, APC or NAJC board certification or eligibility; proof of auto insurance; and clinical pastoral education, four units of enrollment in program with completion date of four units no later than one year from hire. Must have the flexibility to work at all sites within Covenant and the ability to work nights and weekends if necessary. We invite you to learn more about our organization and the impact you can have through this opportunity by visiting us online at www.covhealth.org. Apply online by searching for keyword Chaplain. EOE.

▼ CHAPLAIN

Seattle, WA – Providence ElderPlace, an innovative program of services for frail older adults, currently has a need for a part-time Chaplain. This position provides for spiritual needs of Elderplace participants by: conducting spiritual assessments; preparing and conducting non-denominational prayer services; pastoral visits and counseling to Elderplace participants. A special focus of the chaplain’s role is providing crisis and end-of-life spiritual support as well as providing support to staff. Plans and conducts memorial and special services at the PACE (Program of All-Inclusive Care for the Elderly) center. Qualified candidates will possess or be eligible within two years for certification by one of the professional bodies recognizing the Common Standards of Professional Chaplaincy: completion of four (4) units of Clinical Pastoral Education (CPE) and an openness to minister to men and women of all faiths and lifestyles; experience in long-term care/hospice/or healthcare setting preferred. Please submit resumes to: Providence ElderPlace, 4515 MLK Jr. Way S., Seattle, WA 98108. Fax: (206) 760-6339; e-mail: dana.beale@providence.org

▼ CATHOLIC PRIEST CHAPLAIN

Berkeley, CA – Alta Bates Summit Medical Center (ABSMC) is a not-for-profit medical center with acute care, birthing services, and a full array of the most advanced specialty services in both Oakland and Berkeley, California. The three main campuses, Alta Bates, Hemrick, and Summit, reflect the diversity of the communities we serve. Providing care through Emergency Room to inpatient psychiatry and substance abuse treatment, the medical center addresses a variety of health issues and concerns. The Chaplaincy Services Department and CPE program are well established and integrated throughout the medical center. We are seeking a Catholic Priest/Chaplain to serve the spiritual and sacramental needs of our Roman Catholic patients, loved ones, and staff. The candidate will work well with a team of staff chaplains and CPE students representing diverse faith traditions and cultures. Qualified candidates will have a graduate degree in theology, divinity, religious studies, pastoral ministry or equivalent combination of education and experience; satisfactory completion of a chaplaincy training program including work with the critically ill and dying in a health care facility (minimum four units of accredited CPE); and professional certification completed or in process by a nationally recognized professional chaplaincy group, e.g., the Association of Professional Chaplains (APC) or the National Association of Catholic Chaplains (NACC). If hired, the candidate must receive faculties by the Diocese of Oakland to offer the sacraments. Position offers competitive salary and comprehensive health benefits package. Please send letter of application and resume to the Rev. Carrie Buckner, Director of Chaplaincy Services, Alta Bates Summit Medical Center, 2450 Ashby Avenue, Berkeley, CA 94705. Applications and inquiries may also be sent via email to: bucknec2@sutterhealth.org. The search process will remain open until the position is filled.

▼ SPIRITUAL CARE DIRECTOR

Binghamton, NY – Our Lady of Lourdes Hospital, a member of Ascension Health, has an immediate opening for a full-time Spiritual Care Director to provide leadership for our Spiritual Care team. Qualified candidates will have at least a baccalaureate degree with advanced studies in theology, certification by NACC or APC, have at least three years chaplain experience in a hospital setting and progressive management experience. Please apply online at www.lourdes.com, fax resume to VP, Mission Integration at (607)798-7681 or send via e-mail to mperkins@lourdes.com

▼ 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) 266-7822; web: www.mayo.edu

January 2006 Vision 23
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Notre Dame, IN  
ghoyle@cscsisters.org

### Calendar

#### February

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<tr>
<th>Date</th>
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<tbody>
<tr>
<td>1</td>
<td>Postmark date for materials due in National Office for Spring Certification Interviews</td>
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<tr>
<td>2-4</td>
<td>Racial, Ethnic, Multicultural Network (REM) Conference New York, NY</td>
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<td>11</td>
<td>World Day of the Sick</td>
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<tr>
<td>15-18</td>
<td>Canadian Association For Pastoral Practice (CAPPE/ACPEP) Winnipeg, Manitoba, Canada</td>
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#### March

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<tr>
<td>1</td>
<td>Ash Wednesday</td>
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<tr>
<td>9-12</td>
<td>Certification Commission meeting in Columbus, OH</td>
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<td>10-11</td>
<td>Board of Directors meeting in Columbus</td>
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<tr>
<td>11-14</td>
<td>NACC annual conference in Columbus</td>
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<tr>
<td>11</td>
<td>Supervisor certification interviews in Columbus</td>
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<tr>
<td>27</td>
<td>Copy deadline, May Vision</td>
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3501 South Lake Drive  
P.O. Box 070473  
Milwaukee, WI 53207-0473

ADDRESS SERVICE REQUESTED