

Metrics seen as critical to evaluate patient-centered care

By Rev. Dean V. Marek, BCC

Since the October 2007 NACC/CHA Pastoral Care Summit in Omaha, NE, a Metrics Task Force has been meeting monthly by conference call. The task force first developed a common question that could be used in Press Ganey-type patient satisfaction surveys.

When they began to address the broader area of metrics, task force members felt the task too daunting to be addressed by volunteers meeting once a month. So, a call went out through various professional publications to solicit examples of metrics currently in use from a broad audience. To date, the task force has received few responses. Therefore, the

approach to this article is to offer our membership more background and understanding of metrics and its importance in spiritual care.

Why Metrics?

Word on the street is that chaplains don't like to put numbers to what they do. In fact, many would opine that it's impossible to measure the quality of pastoral care in numbers. "All numbers can do is tell you how many patients were seen in a day, week, or month -- drive-by chaplaincy! Or how many Communion were distributed in

Word on the street is that chaplains don't like to put numbers to what they do.

See [Metrics](#) on page 10

PROFESSIONALIZATION of CHAPLAINCY

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Spirituality goals tracked

Ascension Health's journey with workplace spirituality

By Laura Richter, M. Div.



Ascension Health, in 2002, began an important phase in its journey with workplace spirituality that continues today. Through

conversation with mission leaders, it became clear that though various spirituality opportunities were offered at Health Ministries (Ascension Health's hospitals and health facilities) and Spirituality Centers, there was no commonly held conception of spirituality across the system. From this conversation a solid commitment to workplace spirituality emerged and work

began to support this intentional focus.

This journey would require knowledge and tools. Lacking a unified vision of spirituality highlighted the need for an understanding of the term. Our first tool, "The Framework for Understanding the Spirituality of Work," provided a working definition and helped foster an understanding of workplace spirituality across the system. We then built on the framework of a shared definition, developing another tool to help associates articulate the presence of spirituality in the major areas of organizational life. "The Integral Model for Workplace Spirituality" was created to help associates identify and deepen spirituality in their environment. Both tools were well received within our Health Ministries and

See [Goals](#) on page 12

Staff reorganized to better meet members' needs

**By David Lichter, D. Min.
Executive Director**

I write this column the week before heading to the Spiritual Care Collaborative Summit '09 "Health and Hope: The Hard Reality of Living Intentionally in a Village of Care," Feb. 1-4, 2009, at Disney's Coronado Springs Resort and Convention Center in Walt Disney World®, FL. Meetings of the NACC Board and the certification and standards commissions will precede this Summit. We look forward to sharing with you in the next *Vision* (May/June) news from those meetings, highlights from the Summit, and our NACC 2008 Annual Report.

I shared in the Dec. 22, 2008, *NACC Now*, our NACC national office staff's reorganization that we believe will help serve you better, as well as continue our efforts to be the best stewards we can be of our association's resources. I dedicate my column here to this reorganization so that all members are aware of it.

As you might recall, goal seven of the 2007-2012 Strategic Plan is to "To Enhance Board and Staff Effectiveness" and its objective D. is "Review and strengthen the association's staffing structure as needed." Over the past 18 months, since my arrival, I have witnessed and been blessed by the talent and commitment of a wonderful staff. I sense how they view this service as a ministry to

you. Members, you do have a remarkably dedicated staff serving you!

Yet, as we implement the strategic plan goals, I discovered that we needed to better organize ourselves, to allocate more coordination and administrative support to local/regional education programs, state liaison and member networking, and to our marketing/communication efforts. We have begun several new initiatives, and we need to make sure we can support them well.

Therefore, with board oversight and professional counsel assistance, we have reorganized our staff structure. As of Dec. 15, 2008, we eliminated three positions (Director of Operations, Director of Education and Professional Practice, and Executive Assistant) and created two new coordinator positions (Certification and Education Coordinator and Association Support Coordinator). These

two coordinators facilitate the workflow and implementation of two teams: one team handles all matters related to certification and education, and the other association support.

Susanne Chawszczewski is the Certification and Education Coordinator and teams with Rose Mary (Mar) Blanco-Alvarado (Certification), Becky Evans (Renewal of Certification), and a new Administrative Specialist for Education Programs (to be hired) to ensure the integration of our Certification, Renewal of Certification, and education programs NACC members need to fulfill their ongoing education needs for certification.

Cindy Bridges is the Association Support Coordinator and teams with Phil Paradowski (Information Technology and Special Projects), Mary Pawicz (Membership), and Laurie Hansen Cardona (*Vision* Editor) to oversee other member needs and services. She also relates to our outside marketing/communication services. Jim Castello, our NACC member who has a strong background in marketing, is also going to help our marketing efforts.

Sue Walker, our Administrative Specialist for Finance, continues to handle our financial needs. All staff now report directly to me, as Executive Director, and I also oversee most of the operations needs. To view our staff: <http://www.nacc.org/aboutnacc/staff.asp>.

As you can see, Kathy Eldridge is no longer on the NACC staff. As you know, Kathy Eldridge, as the Director of Operations, was at the center of the Association for almost 25 years, through thriving and challenging times. During the several leadership changes to the NACC over the past five years, the staff made tremendous efforts to provide you consistent and quality service, and Kathy was the source of stability and staff oversight. The NACC has enjoyed and benefited from her gifts of professionalism, respect for the association and its members, and care for staff. The NACC will greatly miss her. We are grateful to Kathy and wish her and her husband, Dennis, God's blessings and care as they transition into 2009.

If you want to contact Kathy directly to send her your expression of gratitude, prayer, and special wishes, please e-mail her at keldridge@wi.rr.com. Also her home address is: S104 W20421 Tina Drive, Muskego, WI 53150.

As staff, we look forward to partnering with and supporting you in continuing the healing ministry of Jesus in the name of the church.

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vision

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

ISSN: 1527-2370

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Kathy Eldridge praised as caring, loyal

By Laurie Hansen Cardona
Vision editor

The familiar voice of Kathy Eldridge, until recently NACC director of operations, is no longer on the other end of the line when you call the Milwaukee office. NACC leaders who worked with her over 24 years described her as loyal, caring and a hard worker.

Ms. Eldridge left in December following staff reorganization (See David Lichter's column, page 2). She started at the NACC as a part-time general office assistant in October 1984. Later she became a full-time employee, working as secretary, office manager, and in 2000, she was promoted to manager of operations, with increased responsibilities and authority.

She worked as NACC acting director for two stints, first in 2001 and later 2004-05, during the absence of an NACC executive director.

Rev. Kevin F. Tripp, M. Div., a former NACC board president, recalled that Kathy needed to provide "unusual service to the association in times of significant crisis."

She "stepped up to the plate and provided not only excellent service, but steady, clear leadership especially in those trying times. I believe quite honestly that the continued good work of the association over the years has been in many ways due to Kathy's dedication. Also, when I served as association president in the 90s, Kathy was always available to provide assistance and insight when I called upon her."

Rev. Tripp, who is a spiritual care specialist in Guerneville, CA, said "her tenure has been one of steady, loyal and exemplary service."

"I am very grateful for her many years of service, sad that she is no longer at NACC, and hopeful that life will bless her abundantly," he said.

Former NACC board chair Joan

Bumpus said she knew she could always "count on Kathy."

"She had a lot of wisdom and wonderful suggestions of how to do things. She could handle delicate matters with discretion and maintain confidentiality. She helped guide the NACC through some very difficult times. I found her always to have 'what was in the best interest for the NACC' at heart. I thoroughly enjoyed working with her and will miss her presence at the national office," said Ms. Bumpus, pastoral care director at St. Vincent Indianapolis Hospital.

"No one has worked harder, lived out the mission of NACC, and been with the association in good times and not so good times as Kathy," commented Sr. Monica Ann Lucas, a past president of NACC. "She is a model of caring, compassion and loyalty to all who knew her and worked with her. She was a blessing in so many ways when I was president of NACC. She will be missed greatly by all."

For Ms. Eldridge, she wished "blessings and many rich graces be yours in abundance."

Kathy Eldridge bids 'farewell'

In my 90-day self-evaluation back in 1985, I felt that I had warranted a rating of completely acceptable to outstanding (luckily my supervisor at the time agreed). In reflecting on my fairly new job and searching for an analogy of how I believed I fit in at the national office, due to the nature of the position and part-time schedule, in the written evaluation I also included the definition for the word COG: One who plays a minor but necessary part in a large or complex process. At that time, the suburban wife and mom had become an NACC cog!

It's difficult to condense the experiences and feelings surrounding my time with the NACC. In general,

See [Kathy](#) on page 4

It's time to advance with hope, confidence

By Karen Pugliese, M.A.

We gathered in Orlando at a paradoxical time in our country's history. Wherever we look, we are faced with enormous challenges; and yet, when I looked at the faces of my sisters and brothers huddled together on an autumn night in Grant Park, Chicago, my hometown, I saw hope, encouragement, and a spirit of "Yes We Can!"

As we gathered in Orlando during the historic Spiritual Care Collaborative, the Summit, the Village of Care, we too were, and *are still*, facing enormous challenges. Yet I saw on the faces of those present, expressions of confidence and hope.

My heart was, and continues to be, full; full of gratitude for the opportunity you have given me to serve you as chair of the board. I am grateful for the excellent role models that have preceded us; servant leaders, prophetic leaders, pioneers, people who faced previous challenges with hope. My heart was and is full of gratitude -- for the opportunity to work with David Lichter, Tom Landry, your Board of Directors, the members of the national office

staff, the leaders of the Spiritual Care Collaborative -- and especially with *you* ... from board retreats, to the Vision and Action Initiative, to relocation and reorganization of the national office, to partnering with leaders of our sister and brother cognate professional associations, to meeting with, relating to, and *being with you* at gatherings throughout the country, e-mails, voicemails, phone calls and *Vision* articles. Yes, my heart is full; full of gratitude for all of you.

Perhaps the one thing I am most grateful for is that we are members of an intentional village of health and hope. As a community we face challenges together, grounded in the process of theological reflection, ever mindful and ever faithful to the call to be agents of health and hope through prayerful reflection and thoughtful action.

Now is the time to continue our journey as a professional association, to face the challenges ahead with confidence and hope. Now is not the time to act expeditiously, to love fearfully, to walk proudly. No, now is not the time to slow down, to slide back, to stand still. No!

Now is the time to continue to respond to the call of the prophet: To act justly, to love tenderly, and to walk humbly with our God.

Karen Pugliese is former NACC board chair and current board treasurer.

Perhaps the one thing I am most grateful for is that we are members of an intentional village of health and hope. As a community we face challenges together, grounded in the process of theological reflection, ever mindful and ever faithful to the call to be agents of health and hope through prayerful reflection and thoughtful action.

Kathy

Continued from page 3

the more I learned about the NACC the more passionate I became about the association, its mission and its members. With the job and the many hats that were worn over the years, there were challenges and difficulties to overcome, necessitating tough decisions that although not always clear, hopefully were made in support of the greater good.

In counting the blessings there are many and these most certainly include the connections and friendships made with the members, vendors, other associations and in particular, the national office staff. Over 24 years, there have been different models of governance, many leadership and staff transitions, job descriptions have evolved and the faces have changed, but what remained consistent was a real cohesiveness, camaraderie and genuine caring within the national office, more akin to being family, and this I will

miss deeply.

I am sincerely grateful to those along the journey who touched my life in some way, generously assisting, supporting, and empowering me to grow personally and professionally. Although my position with the NACC has been eliminated and the future is uncertain, I trust that God has a plan and within that plan perhaps our paths will cross again one day.

The time has passed all too quickly from that October day in 1984, when I walked in my resume for the part-time position and handed it to Sr. Helen Hayes. Her trust in my ability to fill the position began a 24-year journey creating fond memories along the way, memories that I will cherish.

In appreciation for the privilege to be in service to the National Association of Catholic Chaplains,

I remain,

Kathy Eldridge

Wife, mom, grandma and former NACC Cog!

keldridge@wi.rr.com

Ethics statement crucial for certification, certification renewal

Q Do I need to complete an Ethics Accountability Statement?

A According to the 2007 NACC Standards, “2008 Certification Procedures Manual” and “2008 Ethics Procedures Manual,” all NACC members applying for initial certification and renewal of certification must complete an “Ethics Accountability Statement.” The procedure for completing this statement can be found in the “Ethics Procedures Manual, Part One – Ethics Accountability Statement Procedures.”

Failure to comply is grounds for disciplinary action, up to and including withdrawal of certification and removal of membership in the NACC (EP12).

Those applying for certification with the NACC must complete the “Ethics Accountability Statement for Initial Certification” and include within their supportive materials required for a certification interview. The “Ethics Accountability Statement for Initial Certification” is located at www.nacc.org/certification/standards-and-procedures.asp.

Those applying for renewal of certification with the NACC must complete the “Ethics Accountability Statement for Renewal of Certification” and include the document in their renewal of certification application. This document can be found on the NACC website under the renewal of certification documents. Your renewal of certification cannot be processed until you have submitted this form.

Renewal of Certification Categories

With the updating of the NACC Standards and Procedures, there has also been a change from the categories of Personal, Professional, and Theological to Theory of Pastoral Care, Identity and Conduct, Pastoral, and Professional (Standards 302-305) for both certification and renewal of certification. One document may be helpful as you move through the process of



understanding the changes in the Standards. The “Parallel of February 2006 NACC Standards and Revised November 2007 NACC Standards” can be found on the NACC website under renewal of certification. This document shows how the old Standards and categories are translated into the Revised

Standards and categories. This is especially important for those renewing their certification as the new Standards and categories for renewal of certification take effect beginning in January 2009. All

continuing education must be recorded under these new Standards and categories. The Parallels should help you in translating your continuing education into the Standards.

Application Fee and Checklist

For those applying for certification for a spring 2010 interview, the deadline for submission of your certification application and supportive materials is Sept. 15, 2009. The increased certification application fee from \$300 to \$350 will take effect beginning with this cycle. Please be sure to request an updated “Checklist for Supportive Materials” from the NACC National Office to ensure that you send the appropriate supportive materials. Please note that all materials must be in a three-ring 1-½ inch binder including a Table of Contents and numeric tabs 1-17. Please refer to the “Checklist for Supportive Materials” for specific instructions.

For questions or concerns, contact the following staff members at the NACC National Office:

- ▼ **Certification** - please contact Rose Mary Blanco-Alvarado at rmalvarado@nacc.org
- ▼ **Renewal of Certification** - please contact Becky Evans at bevans@nacc.org or Susanne Chawszczewski, Ph.D., at schaw@nacc.org
- ▼ **Ethics Accountability Statement** - please contact Susanne Chawszczewski, Ph.D., at schaw@nacc.org

Author shares wisdom

Treasuring Life: Befriending Death. By Dorothy Monks, OP. Society of St. Paul, New York, 2008. Paperback, 140 pp, \$7.95.

By **John W. Carley**

Throughout her wonderful book, “Treasuring Life: Befriending Death,” Dorothy Monks, OP, makes use of Bill Moyers’s insight: “Professionals give advice; pilgrims share wisdom.”

As she draws from her experience as a “pilgrim,” I believe that this author sees the difference between “helping,” which gives the helper a feeling of satisfaction, and “serving,” which fills one with a feeling of gratitude. Like Mother Teresa, she serves life, not because it is broken, but because it is holy. To support her belief she calls on her fellow “pilgrims” — pastoral care workers and volunteers — to tell their stories and to share

their wisdom.

The author, noting that many healthcare providers and caregivers have a fear of death, advises that we read her book to educate ourselves about the responsibility to determine what is best for a dying person’s comfort, peace and how to help that person to live life fully to the end. There are many topics covered in her book: Hospice, quality care at the end of life, and suffering. I think that the most powerful chapters focus on the importance of early decision-making about end-of-life issues and the efficacy of prayer.

This book can be a foundation for ministering to patients,

See [Wisdom](#) on page 7

Book review



Encouraged by successes, student chooses 'soul work'

By David Ordorica, M.Div.

Two disturbing observations by my CPE supervisor startled my fellow students and me: No. 1, chaplaincy is being cut from budgets, and No. 2, even more sobering: chaplaincy is for church losers, those who couldn't make it in the pastorate. I hope he's wrong, but I think he's right. Our world doesn't really value spiritual care. If they did, they'd pay for it. What does it value instead? There is a whole host of useful, though definitely less important items we financially invest in more than our souls. Homes, cars, food, computers, clothes, etc. — all good things, yet all worthless compared to the soul. "But what good is it, my brothers, if a man gains the whole world, yet forfeits his soul." And what is the soul? "God formed man out of the dust of the ground ... and breathed into him the breath of life." The soul is the unique, eternal, God-given life of an individual person, destined for Heaven and good, but capable of evil and Hell. So I choose soul work, even if we're in a bad economy, even if I'm a church loser, because nothing is more important than eternity. I chose this also, not because I decided all on my own to love or chose God, but because he first chose me.

God chose me to be a Protestant when I was fine with being a generic theist. I liked a lot of Christianity, but I didn't like all the moral imperatives and I certainly didn't like the exclusive claims of Christ. I finally submitted. I went to college and read the Bible with great vigor. I went to church all the time. I joined Campus Crusade for Christ and a Christian fraternity and tried about any Christian thing I could find. I even went to Seminary, quite certain I would be some kind of evangelical pastor. Two seminaries later, and \$40,000-plus poorer, I made a very strange and career damaging decision. I joined RCIA (the Rite of Christian Initiation of Adults) and became Catholic.

Before I knew it, the Easter Vigil arrived, and I came up for Communion. "Will it taste like blood?" I wondered. In the meantime I started substitute teaching. I thought it might lead to a religion position." I never got that religion job. Instead I got something much more important. I met my wife, and along with her, I found my first real job. I became a full-time campus minister at Bowling Green State University, her alma mater. I went from Protestant to Catholic to Catholic leader in about two months. I dove into the ministry, but the school year ended quickly, and I wondered what to do. I had chaplaincy thrown in my head, starting with my academic advisor at seminary. I finally sent an e-mail, and within a week I was

sitting in CPE, paying for my first unit, watching my bank account run dry; for in addition to the unit, I bought an engagement ring.

In the meantime, I went from college-age kids full of promise to elderly men and women approaching death. My clinical site, Avalon by Otterbein, located in Toledo, OH, suburbs is nearly unique in its approach to nursing homes, as far as I know. Instead of one big building with everyone sitting in their rooms, Avalon provides neighborhoods of five closely aligned homes, each with 10 private rooms with full bathrooms, a large living room and dining room, a den, and a salon. Avalon doesn't have patients or residents, it has elders. The elders aren't told what to do, as much as they're given choices.

It sounds nice, and it is, but it has plenty of problems too. Some elders are more patient-like than able-bodied and -minded decision makers. Some yell out repetitively and annoyingly. Some don't talk at all. Some are in hospice care. Many like to complain about the food. The STNAs (state tested nursing assistants), or as we call them, EAs, elder assistants, are routinely fired, and as far as I can tell, deserve to be. Even so I sympathize with them. Their work is demanding and underpaid, and in the end many of them don't meet the demands. I'm supposed to give pastoral care to 80-plus elders, 20-plus EAs, and a whole host of other co-workers in a given day. I fail every day, but I have success as well. I spiritually assess our elders. Sometimes I just want an answer so I can fill out the forms. Sometimes I take the time to really listen. I have a lot of opportunities to worship and lead worship. My wife and I hold prayer services on Sunday. I read from the lectionary and sing hymns they recommend, strumming along with my guitar.

It's definitely been worth it. I like being useful. I feel useful at Avalon. I like talking with, listening to, joking with, and inspiring elders. I think about death a lot now. I worry about my own grandmother. I'm scared about the time when my favorite elders die. I've been lucky so far. Most of our deaths have been people I didn't know well. What am I going to do when my own grandma and then my mom and my dad die? What am I going to feel when people I know die, and they die without faith in Christ? Soul work has excruciating questions, questions many of us don't want to face, but I'm choosing to face them, because I want to help. I'm going to keep failing, but I also think I'm going to keep succeeding.

David Ordorica is currently in a three-unit residency program with the Spiritual Care and Education Center in Toledo OH. His clinical work is at Avalon by Otterbein Nursing Homes in Perrysburg, OH and Monclova, OH, both suburbs of Toledo.

So I choose soul work, even if we're in a bad economy, even if I'm a church loser, because nothing is more important than eternity.

Revised standards focus on theology, ethics

By **David A. Lichter, D.Min.**
Executive Director

As you all know, the National Association of Catholic Chaplains (NACC) “Standards for Ethics, Certification, and Renewal of Certification” were approved by the United States Catholic Conference of Bishops’ Commission on Certification and Accreditation (USCCB/CCA) in November 2007. These standards built upon and did not alter the “Common Standards for Professional Chaplaincy,” one of four foundational documents affirmed Nov. 7, 2004, in Portland, ME, by the six constituent boards of the then Council on Collaboration — now the Spiritual Care Collaborative (SCC).

From July 2005 to November 2007, the NACC Standards Commission, with the assistance of the NACC Certification and Ethics Commissions, worked at adding sub-points to certain standards that specified the Catholic emphases of those standards. Their members spent hours examining the prior NACC standards and identifying and adapting what needed to be added to the SCC 2004 Common Standards. Thank you!

The Standards Commission, in upcoming editions of *Vision*, will dedicate this column to highlighting some of these revised standards with the hope of helping us all reflect on them and what they say to our ministry. Whether we are preparing for certification or renewal of certification, or just reflecting on the charism of our ministry lived out in our own faith context, it can be instructive to identify and reflect on some of these standards. In this brief article, I highlight just two sub-points that were added to the 302 Theory of Pastoral Care section, and what they might say to us about our Catholic faith context.

First of all, in the 302 Theory of Pastoral Care section, standard 302.2 states: “Incorporate a working knowledge of psychological and sociological disciplines and religious beliefs and practices in the provision of pastoral care.” The sub-point 302.21 was added: “Demonstrate an understanding of scripture, current theology, ecclesiology, sacramental theology, and Catholic

Social Teaching.” This sub-point highlights the fundamental theological building blocks for our Catholic ministry.

Whether you are an applicant for becoming a board certified chaplain (BCC) or currently ministering as a BCC, whether you received your graduate degree at a Catholic or other denominational educational institution, you know that being rooted in, strengthened by, and finding light and home within our common understanding of the One in whom we live, and move, and have our being, certainly grounds and guides our being as a Catholic Christian minister. When it comes to continuing education hours (CEH’s), accessing theological hours is the greatest challenge for our BCCs. The NACC is dedicated to work with State Liaisons for focus on providing theological content to help you deepen your competency in this 302.2 standard.

Secondly, standard 302.4 states: “Incorporate a working knowledge of ethics appropriate to the pastoral context,” and 302.41 adds: “Demonstrate an understanding of The Ethical and Religious Directives for Catholic Health Care Services.” This refers to Edition IV of the “Ethical and Religious Directives for Catholic Health Care Services” (ERD’s), which was approved as the national code of ethics by the USCCB at its June 2001 meeting.

The profound theological content of its six introductions that structure the directives provides an ecclesial, moral, and pastoral framework for the purpose and importance of our spiritual care ministry, whether we work in a Catholic healthcare setting or not. They prepare us well to fulfill the professional standard 305.4, “Support, promote, and encourage ethical decision-making and care,” and its NACC sub-point, 305.41, “Demonstrate skill in facilitating decision-making based on an understanding of culture/ethnicity, gender, race, age, educational background and theological values, religious heritage, behavioral sciences, networking, and systems thinking.” During 2009, we also will be offering educational opportunities to become acquainted or reacquainted with the ERD’s.



Wisdom

Continued from page 5

e.g. choose a chapter, read it to a patient and ask him or her: “What strikes you as important?” To volunteers, it offers a language and context to form a conversation: “Does anything in the chapter on early decision-making resonate with you?”

The author does not overwhelm the reader with Catholic theology. However, she does support the Catholic tradition and asks the caregiver: “How do we honor the tradition handed down to us, and how do we mediate it in the reality

of our own lives?” The author seems to favor the reading from Deuteronomy: Chapter 30: 11-14 – “The truth is something near to you – in your hearts. You have only to carry it out.”

Finally, the Dominican sister urges people to live each day to the fullest. She has convinced me that variety does not more fully inform the soul. Instead the soul flourishes with a limited number of experiences richly savored.

John W. Carley, a certified chaplain emeritus, has served in pastoral care in various capacities over the past 15 years. He is currently a volunteer with Sea Coast Hospice in Portsmouth, NH, where he co-facilitates bereavement groups.

Advocate for 'what is uniquely ours to do'

Construct bridges of collaboration with colleagues

By Karen Pugliese, M.A.

Chaplains are increasingly aware of the growing interest in spirituality and spiritual care by our interdisciplinary colleagues. Nurses, social workers, mental health and addictions counselors claim spiritual care as a professional competency. Nursing literature and research in particular far outweighs contributions to the field made by chaplains and CPE supervisors. I recommend an article in the *Journal of Health Care Chaplaincy*, Volume 14, Number 2, 2008,

analyzing trends in healthcare literature between 1980 and 2006. The authors cite Larry VandeCreek's

recommendation that we reconnect with our theological foundations and utilize our gifts of theological reflection to

articulate what is uniquely ours to do: "Theology and theological language seek to understand the meaning of life's events and help another individual understand them in terms of their place and relationship to the transcendent within that person's own belief system." It would be "professionally irresponsible," the writers propose, for us to allow our professional identity to become indistinguishable from other disciplines who claim to provide "spiritual care."

This edition of *Vision*, focusing on NACC's efforts to professionalize chaplaincy, supports the authors' argument. During Summit '09 in Orlando, the Spiritual Care Collaborative (SCC) steering committee affirmed its commitment to advocacy and collaboration for the advancement of our professions. Our first task is to analyze the

results of the survey created for us by HealthCare Chaplaincy and to process our learnings in order to prioritize opportunities available to us. We will share the outcomes with you as soon as we have reviewed the findings. In this article I am pleased to report a number of exciting and encouraging projects well underway or in stages of development.

The Joint Commission invited our colleague, Rev. Sue Wintz, president of APC, to participate in a national project on culturally competent care. She is the first and only chaplain to be appointed to this expert advisory panel that will develop accreditation standards for hospitals to promote, facilitate, and advance the provision of culturally competent patient-centered care. Embedded in cultural competence are ethics and morality; the meaning and value of medical treatment; the influence of religious and folk beliefs, spirituality and belief systems as sources of strength and solace; expressions of grief and bereavement — all of which are within the spiritual domain.

Also within the spiritual domain, specialized certification in end of life, palliative care, hospice, pediatrics, etc., hold potential interest for chaplaincy. Working collaboratively, we may develop proven competences for palliative care, for example. Currently there is no curriculum or model for hospice chaplains, no accountability to CPE programs or clinical expectations. One survey suggests that 50% of hospice chaplains have had no CPE and 25% have completed one unit. Some groundwork has begun in partnering with the National Hospice and Palliative Care Organization (NHPCO) to produce guidelines for spiritual care delivery

and establishing spirituality as an equal domain. Sub-groups formed around distance learning and distance face-to-face learning, with some "host centers" offering pilot programs featuring four units of CPE over a two-year period.

ACPE is currently partnering with the Salvation Army, encouraging and supporting students to pursue board certification. The NHPCO Steering Committee updated guidelines for hospice chaplains and managers, with two workgroups removing barriers and developing curriculum.

The SCC is committed to promote innovation by opening up new levels of certification without watering down practice standards. The concept of levels of competency has long been a dream for many of us in NACC as well as within the collaborative. We are thinking about how to incrementally advance a gifted and motivated person to the level of "expert." At Duke University's Institute on Care at the End of Life, housed in Duke's Divinity School, a unique group of experts hold a vision for creating "Hopeful Communities" — a vision for spirituality and health at end of life with chaplains at the heart of hospital and hospice "faith communities." Specialists are working with students to articulate the distinctions between End of Life, Hospice, Palliative, and Outpatient Care. Together they are developing competencies, defining the characteristics of expertise, evaluating the expectations of the clinical team and the application of skills in various settings, including the challenges of home care.

Christina Puchalski, MD, MS, director of the George Washington Institute of Spirituality and Health (GWISH) in Washington, DC, is leading a project to advance spiritual care as a key aspect of Palliative Care and create a foundation to advance practice policy and research. Fifty multi-disciplinary thought leaders will review and build consensus around recommendations for improving spiritual care and identify key resources (e.g., spiritual assessment tools, instruments for research, and curricula for various disciplines). As a participant, I will report on this 18-month project again as the work evolves.

Finally, in February 2007, The Hastings Center, a

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It would be "professionally irresponsible," the writers propose, for us to allow our professional identity to become indistinguishable from other disciplines who claim to provide "spiritual care."

Chaplains can no longer give in to fears

By **Linda F. Piotrowski, MTS, BCC**

We live in a time of unprecedented change and opportunity. With the recent inauguration of President Barack Obama our hopes as a nation are at an all time high. President Obama ran his election on a platform of change. The vast majority of Americans professed a longing for change and proved it when they went into the voting booth.

“We are living at a point in history when the need and desire for change is profound. Our current trajectory is no longer sustainable. We cannot ignore the compelling environmental and social challenges that vex today’s work because they will undermine us all.”¹

Yet, desiring change on a national level is different than embracing and initiating change in our personal and professional lives.

There is much in this issue of *Vision* to enliven and challenge. However, the mere mention of words like professionalism, algorithm, research, outcomes-based practice, documentation, metrics, specialized certification, clinical pathway and/or quality improvement in a group of chaplains is met by an excited buzz reflecting feelings ranging from enthusiasm and curiosity to resistance and fear. I’m sure you, the reader, reflect some of the varying reactions to suggestions of ways to professionalize chaplaincy.

As chaplains we claim to be the experts in meeting the spiritual care needs of patients and their loved ones. We expect referrals from our nursing and medical colleagues. We demand professional salaries and job security. We decry chaplaincy department budget reductions. Yet, for too long many chaplains have hidden behind the assertion that what chaplains do is too sacred, specialized, and different, to be scrutinized, systematized, or documented. Citing patient confidentiality, theological and ethical principles, and a lack of time, chaplains resist documenting patient services, formulating policies and procedures, engaging in research. While bristling when told that what chaplains do is similar to, if not the same, as social workers and counselors, chaplains have difficulty defining the scope of their practice.

Change begins in incremental ways. In my ministry setting a recent development is awarding annual salary increases based

on levels of performance. I welcome the opportunity to define and categorize a chaplain’s accomplishments and contributions to patient care.

What is it that strikes such fear in the hearts and minds of chaplains whenever talk of ministry turns to things other than the overtly spiritual and religious? Whatever it is, we can no longer afford the luxury of giving in to these fears.

In “A Return to Love,” Marianne Williamson writes: “Our deepest fear is not that we are inadequate. Our deepest fear is that we are powerful beyond measure. It is our light, not our darkness that most frightens us. We ask ourselves, who am I to be brilliant, gorgeous, talented, fabulous? Actually, who are you not to be?... Your

playing small does not serve the world. There’s nothing enlightened about shrinking so that other people won’t feel insecure around you. We are all meant to shine, as children do.... It is not just in some of us; it is in everyone. And as we let our own light shine, we unconsciously give other people permission to do the same. As we are liberated from our own fear, our presence automatically liberates others.”

Our universe is not static. It is in a constant state of change. There is no escaping it. Whatever life is all about, it is not about certainty. It is about adaptation. Along with colleagues in healthcare, in prisons, parishes and other ministry settings, we stand at the threshold of a new day. We can dig in our heels and resist, or we can delight in the opportunities presented by technology and new ways of describing, defining, categorizing, researching and improving chaplaincy’s contributions to spiritual healing and health.

¹Westley, Zimmerman, and Patton, “*Getting to Maybe: How the World is Changed*,” (Toronto: Vintage Canada, 2007) viii.

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nonpartisan research institution dedicated to bioethics and the public interest, in collaboration with HealthCare Chaplaincy, received a grant to explore research questions relevant to “professionalizing” the profession of chaplaincy. Please read the groundbreaking November–December 2008 *Hastings Center Report* devoted entirely to this research project (<http://www.thehastingscenter.org/uploadedFiles/Publications/nov-dec%2008%20essay%20set.pdf>). One author, Nancy Berlinger, suggests that we have two options when we are “up

against the wall” of a really big challenge: to ignore it or merely to feel awful about it (which is really the same as ignoring it.) She reminds us and challenges us: “Innovation begets innovation. And steadily, the wall comes down.”

If each of us chooses just one brick to dislodge, steadily the walls of marginalization will come down and bridges of collaborative competence will be built.

Karen Pugliese is former NACC board chair and current board treasurer.

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Metrics

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a year. They don't tell you anything about the quality of the care we give." If that's true, then why do many departments record and report them. To any casual observer or hospital administrator, the numbers don't show any discernable difference between the services of a certified chaplain and a visit by a well-meaning volunteer.

Try using another word instead of numbers. Use "metrics," as strange as the word may sound to you. Then the following statement may start to make more sense. "Metrics are essential factors in the measurement and evaluation of the

performance levels of a company, association, corporation, school, or any other institution. These are the bases for which the necessary measures, adjustments, policies, or added regulations will be implemented for the purpose of enhancing performance and for the enhancement of productivity in general."¹

More simply stated, metrics are tools that can assist a department of chaplain services in measuring and evaluating patient-centered care, in developing successful outcomes, and in promoting continuous improvement. In the November-December 2008 *Hastings Center Report* you can read a number of interesting articles addressing the question, "Can we measure good chaplaincy?" It's subtitled, "A new professional identity is tied to quality improvement."²

The Business of Spiritual Care

Let's start with an observation on my part. Having supervised chaplains as a director of chaplain services for 15 years, I concluded early on that chaplains are independent practitioners. Yet chaplains rarely think of themselves as being in business for themselves. In fact, the idea that a chaplain's professional ministry is likened to a business would be abhorrent to many. And since metrics are part of the secular business enterprise, some would contend that they have no part in the realm of sacred ministry.

Every successful business starts with a plan, a compelling storyboard³ that introduces the scope of one's business to customers and investors alike. A negative view of chaplaincy as a business has equally negative consequences. One might hear it voiced this way: "We're not a business, so who needs a business plan!" Unfortunately, a business without a plan won't succeed.

An important component of a business plan is the strategic plan. Again, the naysayer counters, "Who needs a strategic plan? We have our mission statement. That's enough!" The job of a strategic plan is to implement the goals of the

business plan and generate the income necessary to sustain the business. But chaplains, even as independent practitioners, get a regular salary from their health care organizations, so they don't have to worry about generating income to pay themselves. And they conclude, "Leave business plans and strategic plans to the organization to worry about. The same goes for metrics. They're a useless waste of precious time better spent for patient care!"

What would happen if you were in business for yourself and your patients, families, and clients were charged for the pastoral and spiritual care services you provided? I daresay, without your business plan, your ministry wouldn't survive and you'd be without a job.

A Business Plan

A good business plan, according to the U.S. Small Business Administration (SBA),⁴ and paraphrased for our purposes here, would be described as a compelling storyboard about spiritual and pastoral care ministry. It would explain who chaplains are, why chaplains are in the business of

spiritual care, what services chaplains provide, how chaplains do what they do, the areas chaplains serve, who their customers are, and why a chaplain's ministry is important.

How many people don't know what the term "chaplain" means or whom it describes? Beyond the Catholic bishops' desire to reserve the title to priests, chaplain means many things to many people and the title can be appropriated to one's self without having any religious affiliation or sanction.

In addition to clarifying the title, a business plan would include a detailed description of the services chaplains provide and the specific needs those services fulfill. The publication by professional organizations of an agreed-upon glossary of terms would be of great help in this regard and contribute immensely to the status of the profession by clearly defining the scope of our services.

The Mission Statement

A business plan includes a mission statement about the nature of the business and what it stands for. Chaplains would probably opt to skip the business plan part and go directly to a mission statement. Mission statement sounds less business like and more spiritual in nature. Actually, it's comfortable territory because we are used to hearing and using the terminology. The question is, "Will a mission statement without a business plan ensure success?"

A mission statement can be "two words, two sentences, a paragraph, or even a single image. It should be as direct and focused as possible, and it should leave the reader with a clear picture of what your business is all about."⁵ An example of what a business is all about is Google's mission statement, "Organize the world's information and make it universally accessible and useful."⁶

A Strategic Plan

Strategic planning follows the development of a business

In the meantime, practice using "metrics" as a regular part of your vocabulary.

Who knows, they soon may become helpful friends instead of dreaded strangers.

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plan with a clear and focused mission statement. It articulates the goals and objectives that give life to the mission. A strategic plan usually involves a great deal of work, often more than expected. The Department of Chaplain Services at Mayo Clinic is in its second year of drafting a five-year strategic plan. We probably would not have engaged in the process had it not been required by our administration. Thankfully, it has brought clarity to our mission statement and promises to direct our common purpose toward the primary value of Mayo Clinic that the needs of the patient come first.

“It’s no secret that executing strategic goals is the greatest challenge in business today. Yet in order to be more effective in achieving the goals of the enterprise, every employee needs a grasp on essential business principles – what’s required to run a business, where his or her job fits into the big picture, and how he or she contributes to the business. Imagine an organization where individual contributors not only focus on the wildly important priorities, they also know what it takes to operate a business successfully.”⁷

Imagine a department of chaplain services where individual chaplains not only focus on the wildly important priorities of patient, family, and staff care, but also know what it takes to operate the business successfully.

Given the current economic climate “strategic planning has become more important ... because technology and competition have made the business environment less stable and less predictable. If you are to survive and prosper, you should take the time to identify the niches in which you are most likely to succeed, and to identify the resource demands that must be met.”⁸

Why Metrics?

With the information mentioned above, we arrive at the place of metrics in the service of departments of spiritual and pastoral care. Metrics have to be aligned with the goals and objectives of a department’s strategic plan. Their purpose is to assess progress toward those goals. Metrics are the tools that support those patient and family services that create successful outcomes, promote continuous improvement, and enable good department decisions.

General principles for developing metrics:

1. A good strategic plan must precede their development.
2. Metrics should be easily understood and accepted by stakeholders.
3. Promoting quality should be the key objective for any set of metrics.
4. A focus on a single measure of progress is often misguided.

Some examples to get you thinking about the use of metrics:

1. You have a department goal to visit every patient upon admission. (I dislike the term visit to describe what chaplains do – anyone can visit. If your business plan clarified the role of a chaplain, the word visit would never be used to describe the services a chaplain provides.) In any case, if your goal were to visit every patient upon admission, then your metric would be aligned with that goal. It would not only tell you if the goal were met, but tell you if not. It’s a simple, straightforward metric. But is

that enough? Perhaps it should also include a means to assess the importance of the visit for the patient. What was the service provided? Did it meet the patient’s expectation or need?

2. Another set of metrics might determine how many patient and family spiritual care needs go unmet when the department is understaffed, or when chaplains are away due to illness or vacation.
3. If your deceased patient protocol requires a chaplain to be present at every patient death your metric will compare the number of deaths that occurred over a period of time with the number of deaths to which you were paged. If there is a discrepancy, it provides an opportunity to initiate a CI (continuous improvement) project.
4. The Feb. 3, 2009, edition of the *Journal of the American Medical Association* reports a study on the association between end-of-life discussions, medical care near death, and caregiver bereavement. Its conclusion states, “End-of-life discussions are associated with less aggressive medical care near death and earlier hospice referrals. Aggressive care is associated with worse patient quality of life and worse bereavement adjustment.”⁹ Although the study was not about spiritual care, it provides a model for chaplains to assess the effectiveness of their end-of-life and bereavement care for patients and families before and at the time of death.

“There are also several ways for you to assess and determine the quality of your products and services. One such effective way is via your customers themselves. Being the direct recipients of your products and services, they make great sources when it comes to determining customer satisfaction. The conduction of surveys, for one thing, is an easy method that you can try. And whatever their responses may be, you can definitely use them when developing metrics for quality in the long run.”¹⁰

We promise more on metrics in the future. In the meantime, practice using “metrics” as a regular part of your vocabulary. Who knows, they soon may become helpful friends instead of dreaded strangers.

Rev. Dean V. Marek is chaplain in the Department of Chaplain Services at Mayo Clinic in Rochester, MN.

¹ <http://ezinearticles.com/?Metrics-Development-Programs---To-Use-Or-Not-to-Use?&cid=1619648>

² *Hastings Center Report*, 38, no.6 (2008): 15-37

³ <http://app1.sba.gov/training/sbap/index.htm>

⁴ http://www.sba.gov/smallbusinessplanner/plan/writeabusinessplan/SERV_WRRITINGBUSPLAN.html

⁵ http://www.sba.gov/smallbusinessplanner/plan/writeabusinessplan/serv_bp_execsum.html

⁶ <http://www.google.com/corporate/>

⁷ <http://www.franklincovey.com/tc/solutions/executionsolutions/what-the-ceo-wants-you-to-know-building-business-acumen>

⁸ http://www.sba.gov/smallbusinessplanner/plan/writeabusinessplan/SERV_STRATPLAN.html

⁹ <http://jama.ama-assn.org/cgi/content/full/300/14/1665>

¹⁰ <http://ezinearticles.com/?How-to-Implement-Metrics-For-Quality-Efficiently&cid=1558788>

Goals

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recognized by outside groups, including the Spirit at Work group that bestowed an International Spirit at Work Award in 2004.

With these workplace spirituality tools in place, Health Ministries began hosting conversations to assess how spirituality was being lived out in daily life. The task was to use the Integral Model to identify areas where spirituality was thriving, as well as places where it could be better integrated. During the first half of 2006, more than 365 groups (totaling more than 4,700 people) gathered to discuss workplace spirituality. Using feedback from these sessions, each Health Ministry created three goals to better integrate spirituality in its workplace.

Each Health Ministry chose initiatives that could impact the local culture in meaningful ways. Single departments spearheaded some initiatives, but many programs were a collaborative effort between mission departments and other areas of the organization, including Human Resources, Patient Satisfaction, Community Outreach and Facilities Planning. Some initiatives focused exclusively on associates while others were directed toward patients. Initiatives included:

- ▼ New mentoring programs and leadership formation opportunities for associates.
- ▼ Diversity education and its effect on the patient experience.
- ▼ Values based, patient-focused training programs.
- ▼ Education and outreach programs designed to meet new community needs.

While these efforts may have been directed at a particular group, many had far reaching impact, affecting the overall culture of the institution. During 2006, 87 new initiatives were created and would be deployed over the next two years. Then we added a new element to the process -- we told

the groups we wanted to measure the difference these initiatives made.

Measure the difference they made? Hadn't we raised the bar by assessing spirituality in our midst and creating strategic ways to better integrate it? Wasn't it enough to have anecdotal stories that suggested spirituality made a difference in the workplace? How would we measure something like spirituality? It was here that Ascension Health moved into uncharted waters for workplace spirituality.

Tracking was put in place through an Integrated Scorecard, which is a business tool used to collect information on Ascension Health's progress in meeting objectives. Many health systems have business scorecards that focus on finance, care of the poor, safety measures and other important goals.

Ascension Health applied this same model in establishing a mission and spirituality measure. The measure clearly established the importance of Ascension Health's focus on spirituality and allowed the system to track the 87 spirituality goals set by the Health Ministries.

In 2007, the system affirmed the commitment to spirituality through an even bolder step – tying a portion of executives' at-risk compensation to the spirituality measure. For two years, results were tracked quarterly through the scorecard. The first year showed impressive change – indicating hundreds and sometimes thousands of associates were going through training or education programs. Each Health Ministry had impressive results and local communities began to experience positive growth and change. In addition, the measurement provided concrete ways to see spirituality was making a difference in these local environments.

For example, Seton Family of Hospitals in Austin, TX, created Tranquility Spaces for associates, as a way to foster a more spiritual environment. Only associates could access these rooms, which were filled with reflection materials. Tracking was done by counting the number of times ID badges were swiped to enter the Tranquility Spaces. One facility showed a usage increase during the first year from 1,450 to 1,654 visits. In addition, staff added tranquility programming in the spaces, drawing an estimated 4,000 associates to nourish their spirits through sessions. Not only could the Health Ministry see success in the number of people using the rooms and attending sessions, but they also measured Associate Satisfaction. The percentage of people who responded positively to the Associate Satisfaction question: "The environment at Seton nurtures my spirituality" grew from 56% to 63%, indicating a change in how associates experienced their environment.

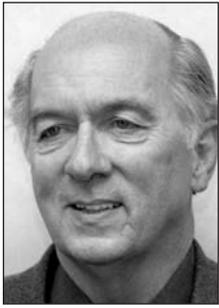
Human Resource departments also saw benefits of the new spirituality initiatives. The mission department leader at St. Mary's Hospital in Amsterdam, NY, worked with Human Resources to create a new mission-based tool to screen potential associates. Questions helped identify candidates who demonstrated mission and values compatibility with the organization. During the first year the tool was used by 100% of managers in interviews and turnover rates decreased from 16.9% to 9.3% over a two-year period.

St. Vincent's Health System in Birmingham also instituted a number of initiatives. Town hall meetings increased communication and a positive redirection program created for managers helped drive better behaviors in workers. In the second year, the organization added renewal celebrations for long-time associates and instituted morning and evening prayer over the loud speaker. During the two-year period, the turnover rate at St. Vincent's went from 17% to 4%.

In addition to associate satisfaction and retention rates, some Health Ministries used patient satisfaction data to demonstrate success. In 2006, administration at Lourdes Health Network in Pasco, WA, decided to make renovations to the Adult Unit, Lobby, ER, Admitting, OB, Surgery, Ambulatory unit and parking lot, as well as creating a Womens/Childrens Center. Focus groups were conducted

In 2007, the system affirmed the commitment to spirituality through an even bolder step — tying a portion of executives' at-risk compensation to the spirituality measure. For two years, results were tracked quarterly through the scorecard.

Belief in chaplaincy, NACC, inspires him to volunteer



Name: Rev. Mr. T. Patrick Bradley, MA, LAT, BCC

Work: Director of pastoral care at Cheyenne Regional Medical Center in Cheyenne, WY.

NACC member since: 1996 (It seems like only yesterday.)

Volunteer service: For NACC: chair, Ethics

Commission; National Conference Committee, Portland, OR; workshop speaker; certification interviewer. Other Volunteer Service: Wyoming Governor's Domestic Violence Elimination Council (seven years, three as chair)

Book on your nightstand: Current edition of Smithsonian magazine

Book you recommend most often: The U.S. Catholic Catechism for Adults

Favorite spiritual resource: The Eucharist

Favorite fun self-care activity: Get away weekends with my wife Priscilla

Favorite movie: "Cat Ballou," with Jane Fonda and Lee Marvin. It is perhaps the funniest movie I have ever seen! It is set in Wolf City, WY, which may be one reason I like living here. The scene where Lee Marvin comes in and sees candles around a coffin and starts singing "Happy Birthday" is second only to the scene where both Lee Marvin and his horse are drunk and leaning against the side of a building!

Favorite retreat spot: Perpetual Adoration Chapel at my parish

Personal mentor or role model: My father, a man of great spiritual courage. He was never ordained, never recognized, but taught me the value of serving others. He was a blue-collar worker who never used foul language, never took the Lord's name in vain.

Famous/historic mentor or role model: No one. My

dad was all the role model I will ever need.

Why did you become a chaplain? God kept nudging me. When I retired from the Air Force in 1988, the director of deacons in Denver suggested I enroll in CPE. I fought it until 1995, when I finally said, "Alright already," and enrolled.

What do you get from NACC? A sense of support for me and for the profession.

Why do you stay in the NACC? I believe that it is important for every professional to have some connection to their profession, a connection that provides support for the profession and at the same time sets standards for the profession. The NACC does that and more.

Why do you volunteer? It is important to me that I be involved in something that I believe in. I believe in the profession of chaplain, and the NACC supports chaplaincy in the Catholic Church. If you believe in something you will work for it. I believe in

chaplaincy and the NACC.

What volunteer activity has been most rewarding?

Working on the domestic violence and sexual assault programs, providing workshops for clergy on the religious aspects of domestic violence and sexual assault issues, helping victims get out of violent relationships — this has been the most rewarding. Chairing the Ethics Commission and working with other chaplains to resolve an ethics complaint has been rewarding in that I believe that in determining that no ethical violation had occurred we strengthened the profession. Working to provide my fellow chaplains with good sound workshops at the Portland conference was quite rewarding. Conducting a workshop at a conference was truly rewarding. What is most rewarding? Perhaps just being a member of NACC.

What have you learned from volunteering?

Volunteering can be hard work but it is really worth the effort.



with associates, engaging them in the redesign with the goal of making the facilities more welcoming, respectful and peace-filled. Associates and patients appreciated these new life-giving spaces and the impact is visible in patient satisfaction scores. The Press Ganey question measuring overall satisfaction with the facility went from 79 to 83.9 over the two-year period.

The workplace spirituality journey has been difficult at times, but the process allowed Ascension Health to better understand how its associates and the people we serve experience spirituality in the workplace and to see how well-integrated initiatives make a difference. Using the Integrated Scorecard challenged us to set measures that would demonstrate value to the organization. Lorraine Carrano, vice president of mission at

St. Vincent's in Bridgeport, CT, said, "Adding mission and spirituality measures to the Integrated Scorecard has given deeper meaning to Ascension Health's distinguishing characteristics and mission and put financial, quality and operational goals and achievements in the context of ministry." In the end, there is still work to do to measure the differences spirituality can make in our system, but we are confident that we can continue to develop ways to assess the impact of spirituality in the workplace.

Laura Richter is director of workplace spirituality at Ascension Health in St. Louis, MO. For more information about Ascension Health's workplace spirituality tools or process, contact her at lrichter@ascensionhealth.org.

Paul F. Buche Sr., *Vision* research leader, dies

By Laurie Hansen Cardona

Vision editor

Chaplain Paul Francis Buche, Sr., director of spiritual care services at Valley Medical Center in Renton, WA, and a member of the NACC's Editorial Advisory panel, died Jan. 24 in Seattle, at age 62.

Mr. Buche, who became a chaplain after working as a police sergeant and an elementary school teacher, was the husband of Rev. M. Sue Reid of Seattle, formerly of Indianapolis; father of Frank H. Buche, II, of Bloomington, IN, and Paul Francis Buche, Jr., of Indianapolis; and grandfather of Lukas Frank Buche.

Mr. Buche died after battling melanoma for two-and-a-half years. Recently it spread to his brain and a spot near his spinal cord. He was hospitalized in mid-January for eight days, then came home Jan. 21, and died the following weekend at home with family members at his side.

An article on Valley Medical Center's website notes that Mr. Buche was a police sergeant in Greenville, IN, investigating child-abuse cases when he had what he calls an "epiphany" in 1987.

"For some reason, in the midst of my work, there was this one particular victim, a very small child about 6 years of age, in which the child, for some reason, after being very terribly abused by an uncle, clung to me as her hero — you know, the officer who found her and helped protect her," Mr. Buche said in the article. "But I noticed in her eyes that there was a woundedness to her spirit that I couldn't, as a sergeant of detectives, do something about."

That realization, the article noted, led Mr. Buche down a path that meant leaving the police force and earning master's degrees in pastoral studies and education.

For several years, as a member of the NACC's editorial advisory panel, Mr. Buche had been dedicated to finding high-quality material for the

Research Update section of *Vision*. In that pursuit, he was successful in exposing *Vision* readers to chaplaincy-related research not only from this country but also from Canada and Europe. His philosophy in this regard was summed up in a letter he recently sent to "sister and brother chaplains in the European Network of Healthcare Chaplaincy." It read in part:

"Research is not removed from a chaplain's bedside work of listening and comforting. More work is emerging from the field of chaplaincy — work showing systematically what we all know anecdotally, that chaplains offer a real, tangible benefit to the patients and families they serve.... It is an unfortunate fact that studies are not always presented in a particularly user-friendly format, but our goal is to provide

an article that will be applicable on the hospital floor."

Prior to his death, he worked with Austine Duru, a chaplain at St. Margaret Mercy Hospital in Hammond IN, to prepare him to assist in the search for research. "He was really good and intentional about preparing me for the work involved in the research department," recalled Mr. Duru. "I must say he was a very efficient coach and a dedicated researcher."

Mr. Buche also was book review editor for APC's *Chaplaincy Today* for several years.

Fellow *Vision* Editorial Advisory Panel members were shocked to learn of his death, as he had not mentioned his failing health during monthly conference calls.

Panel member Linda Piotrowski worked with Mr. Buche for both *Vision* and *Chaplaincy Today*. "He is/was a dear, dear man. I will miss him. I am saddened by the news of Paul's illness and death. However, I am not at all amazed that Paul did not share the news of his illness with us. He was a quiet, diligent and intensely private person.... Paul is beloved by both NACC and APC. He did a yeoman's share of work related to publications for both organizations and I am sure for his place of ministry and many others."

"What a loss to all of us. His voice was also so gentle and inviting. May he rest in peace," wrote panel member Norma Gutierrez, MCDP.

"Paul was gracious, giving, and an incredible asset to the NACC and our profession," commented Michele LeDoux Sakurai. "How he will be missed! My prayers go out to his family and friends. May God's infinite love embrace Paul and his family this day and always."

"Paul was truly a friend to all," said Fr. Freddy Washington, CSSp. "I really appreciated the times Paul would call me outside of the conference calls. These will remain sacred times of ministering with each other. Even though I have never met Paul face to face, his gentle and inviting voice always called forth from the other their inner giftedness."

As chaplain at Valley Medical Center, Mr. Buche had a particular way to remind himself when entering a patient's room that he was there to serve that patient's needs, not his own. Whenever he entered a patient's room, he clicked his heels. That meant meeting the patient at his level, listening. And that, Mr. Buche said in the hospital website article, was the essence of the hospital's approach to spiritual care.

A Catholic at work in a nonreligious hospital, Mr. Buche was proud of the commitment of the hospital staff and administration to a broad definition of spiritual care — reaching out to persons of all religious traditions as well as those without any formal religious connection. He valued the role of non-chaplains on the staff in the spiritual care of patients and their families, the article noted.

As chaplain at Valley Medical Center, Mr. Buche had a particular way to remind himself when entering a patient's room that he was there to serve that patient's needs, not his own. Whenever he entered a patient's room, he clicked his heels.

Q&A with Maureen Higgins, M.Div., BCC

By Laurie Hansen Cardona

Vision editor



Oncology patients and their families are the primary focus of the ministry of chaplain Maureen Higgins, coordinator of spiritual care at Rhode Island Hospital in Providence, RI. She holds a Master of Divinity degree from Weston Jesuit School of Theology in Cambridge, MA, and has a bachelor's degree in religious studies from Merrimack College, a Catholic college in North Andover, MA. Besides chaplaincy, Ms. Higgins has worked as a high school

campus minister and theology teacher as well as in parish ministry. NACC member Maureen Higgins agreed to a Q&A session for Vision.

Q What led you to chaplaincy and to your focus on ministering to oncology patients?

A My first desire to do chaplaincy came many years ago when I was working as a second shift in-patient admitting coordinator in a community hospital. I worked weekends and second shifts and often found myself with families of patients who were emergency admissions. As I met with patients and families in the Emergency Room, the Intensive Care Unit or in various hospital rooms, I found myself wishing I were there in a more pastoral capacity.

My personal interest in working with oncology patients came from my own experience with my brother who died of cancer before I participated in CPE. I also have two close friends who are cancer survivors. Through my brother and my friends I discovered how important it is for oncology patients to be able to talk about their journey in a multi-dimensional way. It is helpful for them to be able to speak freely about the physical effects of their treatment as well as the emotional roller coaster they experience from the moment of diagnosis. Oncology patients often feel that their world changed the day they received their diagnosis.

Q In what ways has ministering to oncology patients changed in the last several years because of medical advances in fighting cancer?

A One way is the increase in the number of patients who are on maintenance chemo. Periodic chemo treatments must become an integrated part of their lives. The necessity of continued treatments brings additional emotional and spiritual challenges as they seek to regain a sense of normalcy in their lives and adjust to their new reality.

Q Do you find that chaplains are able to form longer-term relationships with cancer patients than with other patients? How does this affect your ministry?

A In an age when many acute care hospital stays are brief, one of the gifts I find in working with oncology patients is the ability to form long-term spiritual care-giving relationships with patients and their families. Many oncology patients

undergo treatment for months or years. Working with oncology patients is a form of chaplaincy that lends itself to working with family systems. Much of my work is with patients' family members because cancer changes not only the world of the patient, but their family as well. Having the time to come to know patients and their families allows me the opportunity to rejoice more fully with them when there are good outcomes. It also gives me the possibility of being a significant support to them in times of pain, sorrow or death.

Q How do you personally keep your equilibrium when being a witness to so much suffering and death?

A One patient recently told me that she thinks we find God in the space between us. As a chaplain I have the gift of entering into sacred space with patients and their families. The beauty I discover daily in patients and families lifts my heart and helps me to keep my equilibrium in the midst of the suffering I witness. Prayer and Mass are also important resources for my own personal renewal. Each day I gather with my fellow chaplains and we begin our day with prayer. When I participate in Mass I bring the patients and families in my heart.

Q I know this ministry is not all sadness and sorrow. Please give us some concrete examples of the joys you have experienced in your field.

A I experience much joy in my chaplaincy work. Our hospital staff members who give patients and families compassionate care while providing excellent medical treatment continuously inspire me. I also am often privileged to see much genuine love and caring between family members as they support one another. I do not always see the physical healing of the patient; however, I see wondrous and surprising growth in individuals and families. I remember one gentleman who was on maintenance chemo and one of his motivating goals was healing in his relationship with his adult daughter. Shortly before his death the daughter called to arrange a prayer gathering around her father's bed. It was a gift she wanted to give him. Much healing had occurred between them even though a physical healing was not possible for the patient. Sometimes I witness the discovery of a new direction in someone's life.

Q How has your Catholic faith grown as a result of your chaplaincy?

A Through my chaplaincy work, I have developed a deeper appreciation for the sacraments of our Catholic faith. Receiving the Eucharist is a solace and source of hope for many Catholic patients.

Q Is there a special prayer, passage or rite that you find particularly helpful in your work?

A Each day I pray the prayer of St. Francis as I prepare for my ministry. The Scripture passage I share most often in my work is the 23rd Psalm, because it is such a great reminder that no matter what we are going through, God is with us.

See Q&A on page 18.

Justice-oriented urban CPE results in relational transformation

By Barbara Sheehan, SP, BCC

One of the ways people of faith grow into becoming more effective ministers of care is through Clinical Pastoral Education (CPE). These programs utilize the experiential clinical method of action-reflection-new action. Many CPE program participants encounter the “living human document” challenged with physical or emotional crisis within a hospital environment. Through the Urban CPE Consortium, Inc. (Sheehan, 2007) program, set within the public arena, students encounter the “living document within the web” (Miller-McLemore, 2008, pg.11) of social crises: homelessness, poverty, addictions and violence.

As people of faith we proclaim the dignity of all persons. We espouse to inclusion of all in the Kingdom of God, “the power of God active in the world, transforming it and confronting the powers” (Donahue, 1997, pg. 87) that wish to destroy God’s reign over all. We proclaim both God’s love as unconditional toward all and the centrality of our faith in action through love manifested among our brothers and sisters.

Our world fraught with brokenness of relationships demands pastoral responsibility to be “resisting, empowering, and liberating” (Miller-McLemore, pg. 12), The pastoral task “is to help people to recognize, understand, value, and live accurately the various relationships they have to one another, so that they might heal the ruptures that alienate, that destroy relationships” (Burghardt, 2004, pg. 127). The pastoral mission is for justice which, understood biblically, is fidelity to the demands of a relationship, to kinship of all. Within this understanding, John

Donahue (1977) identifies God’s justice as God’s “fidelity to creation by the offer of love and mercy in the life and teaching of Jesus” (pg. 109), who is the sacrament of God’s justice in the world (pg. 87).

Faith, “a gift that enables us to trust in the One who has promised to be faithful,” reaches “out to this Love with our whole being, risking a relationship that has the power to transform our lives and ministry” (Johnson, 2008).

Given the roots of faith, dignity, and justice, the goals of Urban CPE are personal, relational, and institutional transformation through increased awareness of systemic issues affecting peoples’ lives, the development of skills for building relational communities, and the integration of one’s faith in action. These goals met with the clinical method of learning are consistent with what Miguel Díaz (2001) notes as Isasi-Diaz’s anthropology of “not simply intentional action, but rather intentional ‘critical action’ that struggles to transform society...” (pg. 46).

Being ministers of God’s ways of liberation from that which binds God’s people from being faithful to the demands of relationship of inclusion and fullness of life invites students to not only understand their own social location but to understand another person’s world by “paying attention to his or her situation [and] the concrete reality faced by others. Similarly, answers to troubles cannot be projected without first understanding the context, and without really appreciating the understanding and hope of the persons most directly affected” (Stockwell, 1994, pg. 59).

The context of the CPE group itself begins the emergence into the social locations of others. For example, the present CPE group at Urban CPE are Asian (Malaysian)-American, African-American (2), African-Peruvian/Indigenous and European-American (2) with a broad spectrum of spiritual and faith traditions and understanding of God. The students represent economic histories of poverty, low- and middle-economic status.

As they initially shared their histories through the origins of their names and the significant values of their cultural identities there was a spoken awareness of the “richness” of the group and its uniqueness and an unspoken awareness of “Will I fit in?” and “How will this be?” These dynamic questions are common in the early stages of group formation around issues of “belonging,” yet there is an added depth related to diversity of experiences of reality.

Entering into the lives of others in their social location involves a conversion. For Lonergan (as referenced in Burghardt, 2004), this conversion experience has four dimensions: 1) being attentive: focus on the full range of experience; 2) being intelligent: inquire, probe, question; 3) being reasonable: marshal evidence, examine opinions, judge wisely; 4) being responsible: acting on the basis of prudent judgments and genuine values. This last dimension “includes being in love: wholehearted commitment to God as revealed in Jesus Christ” (pg. 127).

The minister’s conversion process includes confronting his/her biases and prejudices and developing a sense of self in relation to others, which enables the integration of “head and heart, thinking and feeling that combine to create a response toward others that listens to their needs and acts in solidarity with them in their empowerment” (Talvacchia, 2003, pp. 7-8), It is grounded in a vision of what ought to be (i.e. one’s faith in God’s fidelity), a careful critique of what reality is, accompanied by lament, passion and compassion, and an imagination to offer an alternative hope that transforms. This “prophetic ministry consists of offering an alternative perception of reality and in letting people see their own history in the light of God’s freedom and [God’s] will for justice” (Bruggeman, 1978, pg. 110).

A common point of conversion for the students is that of

A common point of conversion for the students is that of engaging the struggle of their own biases and prejudices and privilege in the face of each other and those with whom they minister.



engaging the struggle of their own biases and prejudices and privilege in the face of each other and those with whom they minister. Students find themselves converted from wanting to “fix” the situations or to deny their conflicted feelings in facing the terrible realities of people’s lives in the face of their own privileges of education, housing, resources (minimal or not) and ability to make choices. They often identify doing CPE as a privilege to be who they are within a supportive community as they encounter the reality of others’ lack of support and need to wear “masks” to survive.

Students move out of their feelings of helplessness and denial. They move into their own anger, grief and lament, which propels them to find the source of care and solidarity that “Isasi-Diaz considers... the true meaning of charity, and the ‘sine qua non of salvation’” (Diaz, M., 2001, pg. 48). They find alternatives through shared lament that opens them to new possibilities for viewing themselves and others in the world. They identify mutual “friendship” with the marginalized and a new sense of God’s call to ministry.

Sometimes this conversion happens in the group sharing of personal stories. Our African-American male, whose journey included being a janitor and a union steward, shared a “story theology” that revealed a life-history of being sidelined because of race and of learning adaptations in order to be accepted. “Story theology” is one of the group components in Urban CPE. Listening to this student’s story opened the group to explore their own histories of privilege and of racial prejudice that awakened new insights for each one.

Our white female student presented a ministry encounter report that involved a Chinese undocumented woman whose home had been destroyed in a flood and who was having difficulty with a Mexican car repairman. The Chinese woman had heard prejudicial statements from the repairman and had some negative things to say about him as well. The student was struggling with “getting the woman to follow through” with what she needed to do to follow “reasonable” approaches in utilizing federal relief money and to addressing the repairman. The student was frustrated because she was trying to help the woman “fix” the problem by caring and giving her specific direction on what to do. The woman was “insistent” on doing things her way and wasn’t allowing the student to do things for her.

This case presentation opened up a plethora of input and discussion about issues relating to privilege and white bias and prejudice. Those students who had learned to “get along” because of racial issues suggested the woman “do her best.” The African-Peruvian/Indigenous woman expressed the pastoral approach to be that of affirming the woman’s strength and helping her use that for herself. A white student of privilege suggested the presenter ask the woman for permission to talk with the repairman or to go with her to talk with him. Our Asian student worked hard to help us realize the cultural strength of Chinese women to do things on their own without seeking help.

The student eventually was converted to a realization that the pastoral issues were hers in her approaching this woman

out of her own privileged background of being able to get what she wanted. She was converted to letting go of her assumed posture and to recognize the strength and power of this Chinese woman.

Students do a social analysis project in identifying a social issue, interviewing “parishioners” (at their site, in the neighborhoods, in government) around the issue and then presenting it for full analysis of observation, judgment (involving theological reflection), and commitment to action. A former African-American student was sure the issue of violence in the area was due to the presence of the local liquor store that she felt needed to be closed. In her one-on-one interviews she was utterly amazed that the people saw the liquor store as the place of community and welcome and the local church as the problem in its “catering” to the white suburbanites and lack of involvement in the neighborhood. Her identity and her locus of power in ministry as a clergywoman took a shift toward relational power and leadership.

Converted ministers move out of isolationism, out of individualistic understandings of oneself and another, enter into and are affected by the lives of those on the margins. As bell hooks (1990) exhorts, they “...remember the pain because ...true resistance begins with people confronting pain ... and wanting to do something to change it” (pg. 215).

Barbara Sheehan, a Sister of Providence, is executive director and ACPE supervisor of the Urban CPE Consortium, Inc. in Chicago, IL. She has extensive ministry experience in chaplaincy and is author of the book “Partners In Covenant: The Art of Spiritual Companionship.”

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Given the roots of faith, dignity, and justice, the goals of Urban CPE are personal, relational, and institutional transformation through increased awareness of systemic issues....



(Photo by Linda Dunwoody, Marketing Department, Sacred Heart Health System, Pensacola, FL)

Ellen Blaise, a chaplain in the Pastoral Care Department at Sacred Heart Hospital in Pensacola, FL, plays the harp during the Ladies of Charity Gingerbread House Contest & Silent Auction in December. The event helped raise funds for Sacred Heart's Pediatric Therapy Services and for outreach projects of the Ladies of Charity.

Q&A

Continued from page 15

Q What advice do you offer friends who have family members seriously ill with cancer?

A I try not to offer advice; as with a patient, I would seek first to listen and let the family member or friend know they are heard. With my own brother it was important to accompany him on his journey by letting him talk about his hopes and fears. At times we prayed together. In our final prayer together he prayed for so many people. After our prayer I commented that even in the midst of his pain and suffering, the focus of his prayer was the needs of others. Sometimes someone's journey will take him or her to physical healing and wellness. Sometimes it will take a person to other kinds of growth and hard-earned wisdom. What I would say to a friend or family member is simply, "I will be with you."

Q What keeps you in this profession?

A What keep me doing chaplaincy are the people I meet in my ministry. The daily news tells us all the bad "stuff" in the world. In my work I am honored to see incredible goodness. I see sincere goodness on the part of our hospital staff, family members and the patients themselves. It is not unusual to glimpse greatness, like the oncology patient who had gone through terrible suffering and said, "I know there are people worse off than me and I pray for them," or the many patients who say, "No matter what, I know I am in God's hands."

In Memoriam

Please remember in your prayers:

Brother Edward I. Yochim, CFA, retired chaplain, who died Jan. 11 at age 77 at Alexian Brothers Health Care Center in Signal Mountain, TN. He was born Aug. 31, 1931, to Francis and Mary Yochim in Philadelphia, PA. He worked as an accounting clerk for the Pennsylvania Railroad and several places as a food service director before he entered the Congregation of Alexian Brothers on Sept. 2, 1979. Brother Edward held leadership roles in Milwaukee, WI, and in Signal Mountain, where he lived until his death. He was preceded in death by his parents and by his brothers, Joseph and Frank Yochim. Surviving are his sister, Jane Doren, of Ocean City, NJ; niece, Jane Hartman Frankel, of North Wales, P; and nephews, Bill Hartman of Atlanta, GA; and Dave Hartman of South Plainfield, NJ.

Sister Mary Paula Jacobs of the Holy Cross, age 76 of Oshkosh, WI, who died Dec. 9. Sister Paula was born Sept. 11, 1932, in Appleton and given the name Marjorie Helen in baptism. She was the daughter of Leonard and Helen (Schwab) Jacobs, both of whom are deceased.

Sister Paula always felt drawn to be with the poor and to become a social worker. Instead she became a nurse. She entered the community of the Sisters of the Sorrowful Mother Jan. 3, 1951, at the Motherhouse in Milwaukee. She became a novice Aug. 12, 1951, and took her first vows in 1953 and her final vows in 1958. Sister celebrated her Silver Jubilee Aug. 15, 1978, and her Golden Jubilee Sept. 24, 2000.

Sister Paula began ministry as a nurse at Mercy Hospital in Oshkosh. She served as surgery supervisor in Estherville, IA, in 1957. Later she was supervisor and administrator from 1957 to 1965 in Oshkosh and Port Washington, WI. She held many positions in SSM hospitals in Marshfield and Stevens Point, WI, before taking her CPE training in LaCrosse, WI. From then she served as chaplain in Rhinelander, WI, then on to Sokaogan Chippewa Reservation in Crandon, WI, from 1993 to 1998. Sister also served two terms as assistant provincial of the Milwaukee Province from 1976 to 1986. She became the local community leader at St. Clare in Broken Arrow, OK, and ministered to the Sisters there from 1999 to 2005. Sister Paula retired in 2005.

Sister Paula had served on the Board of Directors of SSM Ministry Corporation. She was also past chair of the Pastoral Care Directors' Network.

She likes to bike, minus cell phone and beeper



Name: Ann Madden Seckinger
Work: I am spiritual care coordinator at Odyssey Health Care Hospice in San Jose, CA
NACC member since: 1999
Volunteer service: Eucharistic minister, St. Julie's Church; NACC Vision and Action Planning Committee; NACC

interview team member; host for NACC California Regional meeting; member of Healing Touch Regional Symposium 2007 - San Jose; member of steering committee for Healing Touch California 2009 - Santa Barbara

Book on your nightstand: "The Book Thief," by Markus Zusak. It is the courageous story of a German family hiding a Jew as seen through the eyes of a teen-ager. The story is told from the point of view of Death, a reluctant collector of souls, who does not enjoy the job appointed to him in 1939 Nazi Germany.

Book you recommend most often: "Psalms for Praying: An Invitation to Wholeness," by Nan C. Merrill; "Weavings: A Journal of the Christian Spiritual Life," a www.Weavings.org; "Dreams," by Lisa Lenard, from the Keep It Simple Series - comprehensive explanations of dreams and their meanings.

Favorite spiritual resource: Surrounded by sunshine, walking briskly on the edge of the ocean.

Favorite fun self-care activity: The freedom of riding my bike without cell phone or beeper.

Favorite movie: "The Bucket List" or "Bottle Shock"

Favorite retreat spot: Villa Maria Del Mar in Santa Cruz, CA

Personal mentor or role model: Sr. Regina Coll, professor at the University of Notre Dame, who was warm, witty and wonderful in her teaching of Scripture and modeling

self-care. Her enthusiasm and intelligence continually strengthened my faith.

Famous historic mentor or role model: Sr. Thea Bowman, an African-American sister who combined singing, prayer, preaching and storytelling. She was a dynamic speaker who demonstrated how to break down cultural and ethnic barriers.

Why did you become a chaplain? I feel a deep spiritual call to be a minister in my Catholic Church. Living out my life as a chaplain helps me answer that call and provides a respected place as a role model and living presence.

What do you get from NACC? I am proud to say that the NACC is a professional organization that feeds me and helps me grow in my religious beliefs of faith, hope and love. The goals of NACC help me affirm my commitment to serve the poor and bring hope to the world.

Why do you stay in the NACC? NACC has inspiring and realistic goals and values to continue the work of Jesus. The standards of practice help me continue my studies to become a better chaplain.

Why do you volunteer? Whenever I volunteer, I see the face of God in others. I receive more than I can possibly give. I interact with people who I might never have the opportunity to meet. I am deeply enriched through the wonderful rituals of my traditions.

What volunteer activity has been most rewarding? Participating in the NACC Vision and Action Planning Committee because we came together as strangers, yet through hard work, ritual and laughter were able to stay on task and help create a vision for NACC.

What have you learned from volunteering: To act justly (without judging others), love tenderly and walk humbly with my God (Micah 6: 8).



Sr. Nancy Crane, OP
Akron, OH
Cancer treatment

Bro. Brian Boyle, CPPS
Chicago, IL
Broken foot

Sr. Hilda Mallet, MHS
Lafayette, LA
Cancer treatment

Judy Novak
Cudahy, WI
Radiation treatment for
colorectal cancer

Rev. Jim Radde, SJ
St. Paul, MN
Recovering from surgery

Sr. Rita Rzeppa, IBVM
Chicago, IL
Recovering/rehab from
knee surgery

Sr. Rose Grabowski,
SSJ-TOSF
Arcadia, WI
Stomach surgery

Teddi Tomsic
Shelton, CT
Major surgery

Dennis Eldridge
(Kathy's husband)
Milwaukee, WI
Cancer treatment

Prayers for Healing

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.

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Calendar

March

7 Lent workshop, Loyola University
Hospital, Maywood, IL.

April

3 Articles due for May-June *Vision*.
5 Palm Sunday
10 Good Friday; National office
closed.
12 Easter
24 NACC local gathering,
St. Joseph's Hospital, Atlanta, GA.