CREATIVE IDEA FOR CHAPLAINCY TODAY AND TOMORROW
AND IN RESPONSE TO POPE FRANCIS' WORDS

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Title (give your creative idea a name): Interdisciplinary Engagement; Taking a Place at the Table

Here is what we did:

Unit 1:
• Introduced the concept of domain-specific language and dedicated one white board to collect terminology from theology and pastoral care, behavioral sciences, sociology, and health care. Around health care, I introduced terms like population health, value-based pay. Together we added to our lists throughout the unit.
• Interactively, I explained to the Residents the basic concepts of the following and we discussed how all of these related to pastoral care:
  ▪ Systems, models, and paradigms.
  ▪ Taxonomy of Cognitive Learning (Benjamin Bloom): knowledge, comprehension, application, analysis, synthesis, evaluation.
  ▪ Crosswalk: we cross-walked the pastoral encounter, the taxonomy, Sunrise Manager (EHR), and Daily Activity Tracking tool (productivity). Monthly, the Residents brought shared their productivity with each other and discussed their findings.
• From my daily reading of newsletters like Becker's, Modern Health, Fierce Health, I copied and distributed articles that we then discussed. Everyone usually had different articles, and our conversation moved from one topic to another. Out of our discussion, we added to our list of domain-specific language.
• In addition to their regular interdisciplinary work on their unit(s), the Residents participated in interdisciplinary events and other available offerings. Some were part of the syllabus; others were by resident choice and/or availability. Among the offerings was a video presentation: HCAHPS 101 for Chaplains: What is it? Why is it so important? And how can Chaplains make a positive impact? (Chaplain Jana Troutman-Miller, BCC).

Unit 2: Lists of domain-specific language on the white board grew; weekly discussions on health care continued.

Residents joined with others in the hospital’s Music Ministry group to provide entertainment at holiday events. In their clinical work they focused on assessment and—toward the end of the unit—prepared to transition to a different clinical setting. Their didactics focused on principles of ethics and the ERDs. They also articulated and demonstrated their work: papers on spiritual assessment and theory of pastoral care, and preparation for educational consultation.

Unit 3: Each Resident
• Subscribed to one of the daily healthcare-related newsletters, read it daily, and contributed to Tuesday morning's 30-minute discussion about current developments in health care.
• Acclimated him/herself to a new clinical setting and interdisciplinary team, thereby dealing with "new-hire" realities.
• Deepened and broadened his/her ethical understanding with the history of research ethics and attendance at an IRB meeting.
• With the help of an HR professional and board certified chaplains, began work on a resume, job search, and certification.
• Was exposed to deeper system understanding from the perspective of
  ▪ statewide service line leader (implications/challenges/opportunities for pastoral care)
  ▪ Sports Medicine Director (assessment and training/treatment of athletes; parallel to spiritual assessment of diverse patients)
  ▪ STAR ("boot training" for jobs) and Danny's Closet (men's dressing for success) (socioeconomic realities)
  ▪ 26th Annual Conference on Aging: Geriatric: WHO cares and Who CARES? All-day program for 300 professionals not only provided content information but also demonstrated the dynamic of healthcare meetings: fast-paced, on schedule, evidence-based information, clear delivery.
Unit 4: Residents continued their health care reading and discussions. They searched for jobs and continued their work on competency essays for certification. They broadened and deepened their interdisciplinary work by attending the hospital’s day-long Research Day, where they read posters, attended presentations, and mingled with the Physician Residents and other participants. Through the clinical work of one Resident, the group received an invitation to participate in the orientation of the new Physician Residents. For the occasion they planned a short sharing on the work of chaplains with physicians and then did a Blessing of Hands.

During this fourth unit, the Residents’ greatest group work was their revision of the productivity tool that they had been using all year. This revision, under the direction of one of them, has been implemented across the entire St. Vincent pastoral care department (central and southern Indiana) beyond. That story is detailed in another Creative Idea.

**This is the story of how we came to this action:** I am a systems thinker and I believe that anyone in chaplaincy, particularly in health care, has to think systemically as well. Early in any CPE program—whether one unit or a residency—I do an interactive didactic on systems thinking so that we can use the principles throughout our time together. The 2014-15 Residency, which I supervised, also coincided with the early days of ACA (Affordable Care Act). I wanted that year’s Residents to

- Understand the changing face of healthcare in the United States.
- Have interdisciplinary experiences that would broaden and deepen their perspective.
- Write resumes and get jobs as chaplains or pastors (three of the eight chose the church path after the residency) where they could not only serve patients or church members but also exercise leadership and be effective managers.
- Prepare for board certification if that was their direction. For those seeking pastorates, I worked with them on the knowledge and skills they needed.

I believe that everything is curriculum so I used opportunities that presented themselves. In some cases, for example visiting Sports Medicine, the opportunity started with my personal experiences. About a year earlier I had had heard the Sports Medicine Director present at a post-Olympics event and observed to myself then that he and his staff did what chaplains do with each person they meet: assess and then use appropriate interventions. Subsequently, I asked him to be my coach for several sessions, which were follow-up to some manager training. Finally, the Residents had been working hard, and I thought they would enjoy a spring afternoon outside the hospital. I chose the STAR Program and Danny's Closet for the same day because these two are community gifts that I take every opportunity to espouse and publicize. I knew they would also be educational for the Residents.

**These were the outcomes:**
"Reading Becker's, focusing on health care news both within our organization and without. Spending the day at Sports Performance Center, attending the Research Symposium, lunch and learns, and the Center for Healthy Aging’s Conference on Aging. All of these represent for me interdisciplinary engagement, a "place at the table," and the ability to learn from all that is around us. I was "brought up" as a chaplain who communicates with the rest of the team and who doesn't default to a "silo." These experiences built habits which continue to set me apart." (AR)

"It was such a unique opportunity . . . how we did some things that were interdisciplinary like the sports rehab visit and Danny's closet." (CV)

Two weeks ago DN, one of those Residents, told me how helpful the ERDs and the work on healthcare in general had been to him in his interview, out of which came his present chaplain position.

**This is what we learned:** Use HR and BCCs to help with activities around job search and board certification. What they say has more credibility than what I say as a CPE Supervisor.

**If you use this idea, we have these suggestions:** I think that daily reading of one of the healthcare newsletters was the single best thing that I did in that residency to help people think more broadly. It is a simple thing with results that have been helpful to Residents and to me personally.