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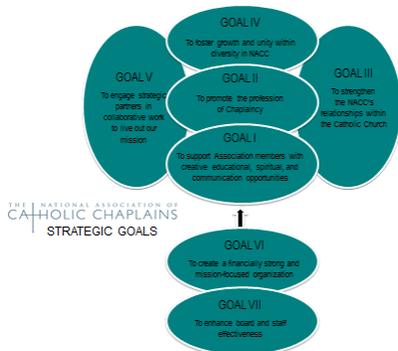
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Partnerships help NACC accomplish more

By David Lichter
Executive Director

The NACC's mission is to advocate for and support the healing ministry of Jesus — but we cannot do it alone. A day does not go by when we are not working in partnership with others to fulfill that mission, sharing our unique gifts with those of other organizations to produce a greater whole.

Many of the articles in this issue of *Vision* elaborate on these partnerships. Some of them go back decades, but the 2007-2012 Strategic Plan (www.nacc.org/about-nacc/strategic-plan) had two goals that spoke of such partnership: Goal III was *To Strengthen the NACC's Relationships within the Church* and Goal V was *To Engage Strategic Partners in Collaborative Work to Live Out our Mission*. These two goals were visualized almost as wings on bird:



In many respects, these collaborations were the wings that helped us get that Strategic Plan off the ground and soar. The priority on collaboration continued in the 2012-2017 Strategic Plan. The third of our four goals was *To Enhance Advocacy Efforts with Strategic Partners* in four areas: the bishops; other organizations within the Catholic Church; our

cognate partners in chaplaincy; and other key professional organizations integral to advancing the profession of chaplaincy. The NACC Board and I have focused on enhancing these partnerships over these past five years. I write elsewhere in this issue (see p. 15) about our Catholic collaborations, but I want to take this space to talk about our cognate partners and other groups.

The NACC is blessed with a long history of collaboration with our cognate group partners. Next year, 2018, will mark the 30th anniversary of the first-ever joint conference on pastoral care, Dialogue '88, in Minneapolis, where COMISS

Network: The Network on Ministry in Specialized Settings was formally incorporated. Six years later, Dialogue '94, "A Call to Partnership," was held.

The first decade of the 21st century was the decade of collaboration among the cognate associations, beginning in 2000 when NACC and APC held another joint conference in Charlotte, NC. In 2003, a joint conference of APC, CAPPE, NACC, and NAJC was held in Toronto. In 2004, the leaders of the cognate groups met in Portland, ME, to affirm the collaboratively prepared Common Standards (see www.nacc.org/certification/nacc-certification-competencies-and-procedures/common-standards). The following year, APC and NACC held another joint conference in Albuquerque, NM.

In 2007, the Council on Collaboration became the Spiritual Care Collaborative, and hosted the 2009 Spiritual Care Summit of over 1,800 participants in Orlando, FL (see <http://www.nacc.org/conference/history/conference2009>).

The first years of the current decade were more challenging for collaboration among the cognate groups. Within two years of that 2009 summit, the Spiritual Care Collaborative was dissolved as an LLC. Collaboration was still needed, but we faced the internal question of which groups could be members and the collaborative challenge of how to react to the Affordable Care Act — which was not a concern for our Canadian colleagues in CASC or our pastoral counseling colleagues in AAPC. So, ironically, we dissolved the entity in order to continue to collaborate less formally.

I am especially grateful during these recent years for my frequent communication with Pat Appelhans, CEO of APC, and Trace Haythorn, executive director of ACPE; and for their desire to find ways to collaborate. In early 2015, ACPE and APC leaders invited NACC to work together on several areas that required better collaboration among us: consistency in teaching to and assessing the common standards; exploring demographic trends as they relate to the growing demand for certified chaplains and supervisors; and how to address the diversity of groups providing CPE and certification. One beneficial outcome was the commitment of ACPE, APC, NACC, and NAJC to develop a joint narrative document for the Common Qualifications and Competencies that would include the ACPE outcomes for each competency — a tool that will greatly help both CPE supervisors and certification candidates.

Also in 2015, we jointly revised the 2004 Common Standards for Chaplaincy Certification. It was a great collaboration among ACPE, APC, NAJC, CASC, and NACC. It was a remarkably efficient and effective collaboration that led to strong consensus on the changes. The recommendations were then reviewed and affirmed by the leadership of all the cognate partners. Bob Barnes wrote more about this process in his article in this issue of *Vision* (see p. 22).

Mary T. O'Neill also writes about our ongoing collaboration among our cognate partners (see p. 6). Our other collaborative efforts include regular quarterly calls among our cognate board leaders and executives; attendance at one another's national conferences; joint marketing strategies and materials; a joint leadership symposium in fall of 2017, a joint conference of NACC, APC, and NAJC in 2018; and a joint conference among NAJC, ACPE, APC, NACC, and possibly CASC in 2020. I would also point to our revising the 2001 White Paper on Professional Chaplaincy; our collaborative investment in the Transforming Chaplaincy research literacy project and co-funding their e-learning module on research literacy; and participating in APC's Joint Research Council, which Kate Piderman writes about in this issue of *Vision* (see p. 11).

I would not try repeating that prior paragraph without taking a breath somewhere in the middle! Needless to say, a lot of collaboration among our cognate leaders is taking place!

Collaborating with The Joint Commission, to which Mary Lou O'Gorman has been our NACC representative, has been challenging yet promising. As you will read in Mary Lou's 2016 annual report (see p. 24), about two years ago she, Pat Appelhans of APC, Darryl Owens (then APC President), and James Taylor (representing COMISS as well as ACPE) met with Joint Commission representatives in Chicago, and discussed the lack of attention to spiritual care in site accreditation, and the failure to recognize the qualifications of the board-certified chaplain. Over the past couple of years that group above, along with Trace Haythorn of ACPE and I, have continued to speak with Dr. Anne Bauer of The Joint Commission on these topics. While progress has been slow, our collaborative work with APC, ACPE, and COMISS representatives has been consistent and persistent to have one voice on spiritual care.

Another important organization is HealthCare Chaplaincy Network. Over the years, HCCN has provided helpful education programs, helped advance research on spiritual care within healthcare, and supported advocacy efforts in Washington on behalf of chaplaincy, seeking to establish spiritual care as a billable service. Their annual conference offers a unique educational opportunity with workshops from a multi-disciplinary perspective. These are all valuable contributions to the profession of chaplaincy. HCCN is an important organization in the healthcare chaplaincy world, and despite some recent difficulties, we will attempt to find a way to collaborate in order for our organizations to be successful.

While the NACC mission, vision, and values do not mention collaboration, it has been at the core of our strategic efforts over the years. Our most recent NACC brochure has as its main line, “Your Partner in the Chaplaincy Profession.” Perhaps that is the best way of presenting ourselves — the preferred partner in every collaboration.

Cooperation vs. collaboration: A black Lab explains

By Mary T. O'Neill

My black Lab, Tara, perfectly illustrates the difference between cooperation and collaboration. When we take a walk, I put a chest harness on her to take the strain off her neck — but first there is an elaborate dance in which she dips and bows, comes close then backs away, stretches, and does some goofy jumping from side to side. Finally, it seems to click that without the harness there will be no walk. Ah! “Yes, please put on the harness: Here I am. Let’s go!”

“Cooperation is accomplished by a division of labor among participants where each is responsible for solving a portion of the problem,” according to *The Construction of Shared Knowledge in Collaborative Problem Solving* by Jeremy Roschelle and Stephanie D. Teasley. Tara does her part and finally sits still for me, and I do my part in putting on the harness and taking her for the promised walk. Cooperation! But while this clever and eager-to-please Lab is usually willing to cooperate, she is not able to collaborate. That is up to us two-legged types, according to Roschelle and Teasley: “Collaboration is a coordinated, synchronous activity that is the result of a continued attempt to construct and maintain a shared conception of a problem or of a vision for the future.”

This is nothing new to the Foundation Center of New York, which works predominantly with nonprofits. Their June 2011 newsletter reports that nonprofits in collaboration with each other craft a better response to complex issues. Reducing costs and acquiring access to more resources are other pluses of collaboration. Perhaps even more noteworthy is that collaboration gives muscle to advocacy work. A group of like-minded organizations can band together in a way that greatly increases the perception of legitimacy and clout to lawmakers and other authorities.

The economic crises that began hitting the fan in 2008 forced companies and organizations to become more efficient and less wasteful. However, not all efforts at collaboration worked. An April 2014 article in the Harvard Business Review (“The Collaboration Imperative”) acknowledged that countless efforts by companies and organizations to work together “failed because of competitive self-interest, a lack of a fully shared purpose, and a shortage of trust.”

Faith-based organizations are not exempt from such experiences. In *The Social Conquest of Earth*, Edwin O. Wilson extrapolates the patterns of ant and bee colonies onto human productivity. While selfish individuals may defeat altruistic individuals, groups of collaborators are victorious over groups with selfish intent. The human condition, he contends, “is largely a product of the tension between these two

impulses. Organizations that encourage the altruistic ‘gene’ through a collaborative culture will, on balance, tend to prevail over organizations where the selfish gene is dominant.”

Today, building strong collaborative cultures is paramount, and the NACC is pursuing collaboration among individual members and other professional organizations. After all, when groups collaborate, the understanding of diverse perspectives increases, and a higher level of thinking usually evolves. So yes, it still is true: Two heads are better than one!

To that end, NACC has been collaborating with other groups such as the Association of Clinical Pastoral Education, the Association of Professional Chaplains, and Neshama: Association of Jewish Chaplains. We joined ACPE, APC, and NAJC in developing joint marketing materials, with each group contributing financially. We participated in revising the Common Standards and are working on an updating of the 2001 white paper in order to delineate a current and more expansive description of professional chaplaincy. Four workgroups were formed with APC and ACPE to explore common challenges and identify strategies to enhance and sustain our ministries. We now hold a joint cognate leaders meeting at each group’s annual conference, with complimentary registration for each group’s representatives.

Also, based on member requests, the NACC Board has committed to a joint NACC/APC conference in 2018 and a conference with our cognate partners in 2020. More information for these events will be available in the coming months. These collaborative efforts help to improve the public’s understanding of the chaplain’s role, and serve to promote the value of chaplaincy to other healthcare professionals, fostering and improving collaborations between other disciplines and departments.

I hope that this issue of *Vision* will stimulate personal reflection on the necessities and benefits of collaboration for excellence in ministry to the beneficiaries of our care, and encourage energizing exchange with colleagues, interdisciplinary partners in care, and all of us on the Board. Together, NACC will continue to address issues that are larger than any one person or group, and achieve a broader purpose than we could ever accomplish alone.

Mary T. O’Neill, BCC-S, is board chair of the NACC and vice president for Spiritual Care and Pastoral Education for Catholic Health Services of Long Island.

Looking back at a decade of collaboration with CHA

By Brian P. Smith

The National Association of Catholic Chaplains and the Catholic Health Association have been formally working together for over 10 years. Members of both associations first met during the CHA/NACC Pastoral Care Summit in Omaha in 2007 to determine how to measure the effectiveness of pastoral care that chaplains provide. The summit produced a Metrics Task Force that in 2008 developed standard questions to be used across the ministry to assess spiritual care in patient/resident satisfaction surveys — *“If you were visited by a hospital chaplain during your stay, rate your satisfaction with the spiritual care the chaplain provided”* — and a workplace spirituality question in associate engagement surveys — *“This organization offers me opportunities for spiritual and personal growth.”* These questions were widely accepted by major Catholic health systems and incorporated into their survey tools.

Seeing the value of continued collaboration across the Catholic healthcare ministry, CHA’s board of trustees created the Pastoral Care Advisory Committee in 2010 to advise CHA’s president and board on issues of spiritual care. The PCAC comprises 12 people from mission integration and spiritual care representing the continuum of care (acute, post-acute, long-term care, physician practices/clinics, hospice/palliative care) as well as various organizational levels (system, regional and facility). The committee meets several times a year in person or by teleconference. The committee has been co-chaired by CHA’s senior director of mission integration and NACC’s executive director since its inception.

From 2013-2016, the PCAC was organized around three subcommittees: staffing, quality, and communications.

Staffing

Both CHA and NACC are often asked, “How many chaplains should I have for my facility?” After years of time studies, surveys of senior leaders and clinicians, and gathering the staffing models from over a dozen Catholic health systems, CHA published an article in 2014 in its journal *Health Progress* (www.chausa.org/publications/health-progress/article/september-october-2014/spiritual-care-in-the-midst-of-health-care-reform). While there is no quick and easy answer to the question, the PCAC gave a framework for the factors that must be considered when staffing a spiritual care department, including number of patient/family/staff encounters; acuity of the patient/resident; type of setting; responsibilities of chaplains for prayer, ritual, education, and staff formation; and local and geographic considerations. The research also showed that chaplains are moving

out of the traditional acute and long-term care settings into post-acute, primary care, and outpatient settings. Spiritual care departments need to look at how they are staffing across the continuum of care and what competencies are needed by spiritual care providers in these various settings.

Quality

CHA and NACC have also collaborated on quality measures for spiritual care providers. This model requires that spiritual care providers partner with the quality improvement initiatives of their health systems to learn how to set standards for spiritual care interventions, measure the outcome of an intervention, and see how performance compares to standards. This allows a spiritual care team to develop a continuous improvement mentality for the care they offer patients, residents, and staff. It is also the language that clinicians and senior leaders are looking for.

The Quality Subcommittee formed a task force to look at the spiritual care assessment tools used in the various electronic health records. The hope was that a common set of questions could be used across the various EHRs, to collect and compare data from a common platform across the Catholic health ministry. However, the companies who have created these tools are reluctant to change their questions. But looking ahead, the Quality Subcommittee is trying to develop a common set of spiritual care screening questions for use in an outpatient setting. We hope that we can develop the questions before the vendors assign the questions to the EHRs that physicians use in their offices.

Communications

The PCAC and NACC have also collaborated on how to better communicate the value of spiritual care to key stakeholders. One of the fruits of this effort was an e-learning module on the CHA website: *“Spiritual Care: Essential to Catholic Identity.”* The 20-minute module is intended for senior leaders, clinicians, and front-line associates to show why spiritual care is one of the distinctive features of Catholic healthcare and how everyone, with increasing levels of responsibility and competency, culminating in board-certified chaplains, has a role in providing holistic care. Another communication tool developed in partnership is short “elevator speeches” that help chaplains and mission leaders briefly communicate to key stakeholders the value of spiritual care. Each of these scripts provides a concise summary of the key issue, research, and data and what a chaplain/mission leader would want this key stakeholder to know. These elevator speeches can be found on the NACC website at www.nacc.org/resources/awareness-resources/making-the-case.

In 2016, the PCAC reorganized its work to meet new perceived needs facing the ministry: staff support, patient support, and chaplain development.

Staff Support

There is a growing recognition that the impact of constant and rapid change in healthcare, mergers and acquisitions, and compassion fatigue are affecting those who work in healthcare. We believe that the holistic care we offer our patients and residents should also be provided for our clinicians and staff. In 2016, the subcommittee gathered resources around spirituality in the midst of change and placed them on the CHA website (www.chausa.org/mission/resources/spirituality-in-the-midst-of-change). In 2017, the subcommittee is committed to gathering resources to deal with compassion fatigue and burnout and to help build the case for organizations to devote resources to burnout prevention, workplace spirituality, and staff wellness.

Patient Services

This subcommittee is really the continuation of the Quality Subcommittee. This committee is committed to advancing research that will demonstrate the impact spiritual care interventions have on patients, residents, and staff. The subcommittee hopes to publish an article in *Health Progress* in 2017, and CHA is looking at devoting an entire issue to spiritual care in 2018.

Chaplain Development

This subcommittee is looking at ongoing competency development for chaplains and other spiritual care providers that could be jointly developed by NACC and CHA. There is a special focus on developing the leadership competencies of chaplains who wish to pursue leadership roles within their organizations.

The CHA and NACC are also co-sponsoring a survey of chaplains within Catholic health to take place in 2018. The survey will be part of a wider look at succession planning (recruitment, training, and retention) of chaplains for the Catholic health ministry.

The collaborative relationship between NACC and CHA has been a fruitful one for both associations. Working on common challenges has resulted in efficiency of member resources, sharing of practices across the Catholic ministry, and identifying and addressing member needs in a more timely fashion. I have found this collaboration personally satisfying, and I am confident that during the next 10 years, this partnership will be even more productive and exciting!

Brian P. Smith is senior director of mission integration and leadership formation for the Catholic Health Association of the United States.

Research collaboration also yields personal growth

By Kate Piderman

There are many parts, but there is only one body (1 Corinthians 12:20).

I have always seen research as a way to respond to God's call to me to minister to the sick. Though most of my time is spent in direct patient care, I find that studying the spiritual well-being and concerns of those we serve as chaplains, and the responses we make, are essential aspects of my ministry.

I will always be grateful for senior colleagues who have mentored me in research through the years. Through them, I have learned the nuts and bolts of how to develop, execute, and disseminate research. More importantly, I have also learned that collaboration is at the heart of research.

Each member of a research team contributes unique, specialized, and necessary gifts, and without each, a project would be less than it could be. I have come to understand that the spiritual values I bring to relationships with patients and family are also integral to a well-working research team. My personal motto, "Be a sign of God's love," is just as important in interactions with research colleagues as it is at the bedside. Everyone has a voice that needs to be respectfully spoken and respectfully heard. As with all human endeavors, great things are possible, but mistakes are made. Maintaining a humble and hopeful perspective through all that unfolds is paramount. Genuine interest in and compassion for one another is a kind of sacred glue that is both binding and life-giving.

On a global level, the Joint Research Council, which is led by APC, comprises chaplain-researchers from several countries throughout the world. It provides "a forum for communication and collaboration between organizational partners to advance chaplaincy as a research-informed profession." Its charter states that its mission is to "communicate about, advocate for, and provide opportunities regarding research within chaplaincy." When I was offered the opportunity to represent the NACC on the council several years ago, I hesitated to accept. I felt inadequate to join the ranks of those with much more research experience and prominence than I. Yet a small gentle voice inside me nudged me forward, and I accepted the invitation.

As a council member, I found myself stimulated by the exchange of ideas about the importance of research for chaplains and how to bring research to the forefront of our education and practice. I was edified by the commitment to change systems, apply for grants, and make a difference in ways that promise to raise research literacy and research involvement for chaplains throughout the world. At first, I was timid in my participation in these discussions. Communication was fast-paced. The ideas presented seemed so well-formed. I wasn't sure that there was any room for my ponderings or really any need for them. But again, that small gentle voice reminded me of the value of my voice and the imperative to use it. I responded and spoke as one in the trenches with suffering people, hopeful that research will in some way lead to a gentling of their experience. I spoke as one with dedicated colleagues who are eager to learn and contribute, but who often feel the burden of too many demands and not enough time. And I found that my views were respected and validated and considered.

The JRC meets as issues arise, usually a few times a year. The primary goal is to transform chaplaincy in ways related to research. Some of its most notable accomplishments include securing a Templeton Grant to support chaplain research fellows, research education within Clinical Pastoral Education programs, and a Chaplain Research Summer Institute. JRC members are also designing a website to provide information and encourage research scholarship among chaplains. What a privilege to be a part of this amazingly productive group!

The opportunity for collaboration in research, at any level, invites us to examine our call, affirm our gifts and make choices that are realistic for our situation at a given time. It is not more honorable to serve in research than in direct patient care — or vice versa. That kind of hierarchical perspective is anathema to what we hear in 1 Corinthians 12, but for some, research collaboration is clearly an avenue of ministry that bears fruit. I feel blessed that it is for me and encourage all interested in research to consider possibilities for collaboration!

Kate Piderman, BCC, is a Mayo Clinic Hospice chaplain and coordinator of research for chaplain services in Rochester, MN.

NACC participates in Transforming Chaplaincy

By Kathryn Lyndes and Caterina Mako

The National Association of Catholic Chaplains shares a rich history with the Transforming Chaplaincy program (www.researchliteratechaplaincy.org). TC is equipping hospital chaplains to use research to guide, evaluate, and advocate for the spiritual care they provide. Funded by two grants totaling \$4.5 million over four years from the John Templeton Foundation, with additional support from NACC, APC, NAJC, and ACPE, the project seeks to close the gap between hospital chaplains' current limited research literacy and the importance of evidence-based care for all members of the healthcare team.

TC offers three key training opportunities: 1) Fellowships to research-oriented master's degrees; 2) CPE development grants to build research literacy into CPE curricula; and 3) online research literacy education for chaplains.

Recognizing the value of research literacy for improved patient outcomes early on, the NACC committed full support to the Transforming Chaplaincy initiative by committing financial resources and the time and talents of its members. NACC member Caterina Mako, a Catholic lay woman who is director of chaplaincy for Catholic Health Services of Long Island in the Diocese of Rockville Centre, NY, has served on TC's project advisory committee. Her role on the project is to review applications and select recipients for the fellowships and development grants, mentor fellows, and promote the programs.

Another NACC member, Allison DeLaney, is part of the first cohort of TC Fellows, earning a master's in public health at Virginia Commonwealth University.

As well as having a presence on the advisory committee, NACC, along with the other major professional chaplaincy organizations, has been instrumental in supporting the online course. NACC's financial pledge is making it possible for Virginia Commonwealth University to develop and implement the course, and, significantly, for members of NACC to take the course for free once it is available later this year.

As we realize the need to be more strategic in transforming the profession of chaplaincy, TC programs are expanding. An unforeseen benefit is the response we are receiving from healthcare chaplains who seek more opportunities to learn research and research literacy skills. TC responded by developing a Chaplain Research Summer Institute (www.researchliteratechaplaincy.org/summer-research-institute), a one-week training opportunity slated for July 24-28, 2017, in Chicago, IL, to equip chaplains to undertake simple but important research and quality improvement projects. NACC is offering scholarships for members to attend.

Only through collaboration do we create a better world and better spiritual care. NACC, in partnership with the major professional chaplaincy organizations, is proud to work alongside the dedicated and talented professionals who are leading the Transforming Chaplaincy initiative. We embrace the opportunity to work together for the greater good of chaplaincy and service to God's people.

Caterina Mako, BCC, is system director of spiritual care and pastoral education for Catholic Health Service of Long Island in Rockville Centre, NY. Kathryn Lyndes, PhD, is the project coordinator for Transforming Chaplaincy and an assistant professor in the College of Health Sciences at Rush University Medical Center in Chicago.

Catholic collaborations extend NACC's reach

By David Lichter
Executive Director

Two hours into my first day with NACC, on Aug. 1, 2007, I had a conference call with Brian Yanofchick, then with the Catholic Health Association, to plan for the October 2007 Omaha Summit that worked to establish a vision for spiritual care within Catholic health ministry. A month later, I attended my first CHA Prophetic Voice (at the gracious invitation of Brian Yanofchick), which allowed me to witness the collaborative spirit among Catholic healthcare leaders.

Collaboration with Catholic partners has always been a vital part of what NACC does. In recent years, we have enhanced our partnership with U.S. bishops and continued to work closely with several other Catholic groups.

The members of the NACC Episcopal Advisory Council have been strategic partners in helping us to strengthen our relationships with the bishops. In 2011, we began to send an annual World Day of the Sick letter to bishops providing more background on NACC, its certification process, and the purpose and meaning of endorsement. We also began to provide ordinaries a list of our NACC members serving in their dioceses. The main message in these letters, and in sharing this information, has been to let them know how the NACC members are partnering with the bishops in meeting the pastoral care needs of the Church.

Just in the past year, our relationship-building with the bishops has been further enhanced. On the initiative of Bishop Don Hying, our USCCB Episcopal Liaison, we have sent NACC representatives to the bishops' provincial meetings to discuss both how NACC can promote chaplaincy as a vocational call to church ministry and how we can partner with dioceses to support their pastoral care ministry. These provincial meetings so far have been very instructive, and bishops are viewing the NACC as a valuable partner.

Our other major Catholic partners are CHA, the Supportive Care Coalition, and the Association of Graduate Programs in Ministry (AGPIM). We are so very grateful to the continued partnership with CHA through the Pastoral Care Advisory Committee that includes representatives of several Catholic health systems who

oversee spiritual care for their systems. Brian Smith and I co-chair this committee, which embodies the excellent spirit of collaboration among Catholic health systems. Its work has resulted in several *Health Progress* articles on spiritual care over the years, a CHA e-learning module on spiritual care, and other spiritual care resources. CHA is a highly valued collaborator.

As you know, the Supportive Care Coalition (supportivecarecoalition.org) includes several Catholic health ministries that organize, educate, and advocate for excellence in palliative care. The NACC honored the Supportive Care Coalition with its 2016 Outstanding Colleague Award (www.nacc.org/conference/history/conference2016/awards) for their efforts to change the climate of end-of-life care, not just for those being served but also for the professionals caring for them. Teaching skills that include but also transcend traditional medicine, the SCC has helped the entire care team to embrace new dimensions of self-care and spiritual awareness that eases the way for them and those they serve. We are deeply grateful for the collaboration with Tina Picchi, their executive director, in preparing and implementing NACC's Advanced Certification Hospice and Palliative Care.

AGPIM members, consisting of over 30 Catholic pastoral ministry graduate programs (graduateprogramsministry.org), have been excellent collaborators with NACC in giving their graduate students information on chaplaincy as a possible calling to ministry. Many of them have worked with the NACC in developing pastoral care and chaplaincy specializations, and many have partnered on hosting local NACC gatherings. I visit their annual meetings as often as I can to share updates on NACC, and well as discuss with them how their programs can better align with the NACC Certification Qualifications and Competencies. They have been great partners.

Most recently, we have engaged several Catholic associations and organizations in the Raskob Foundation-funded Partners in Planning for Pastoral Care Ministry. This is a remarkable, first-time collaboration among Catholic entities whose missions include pastoral care. Last October in Milwaukee, the NACC hosted the first collaborative planning session that included the USCCB Subcommittee on Certification for Ecclesial Ministry and Service; CHA's Pastoral Care Advisory Committee; National Catholic Council for Hispanic Ministry; representatives of Catholic health systems with volunteer training programs; American Catholic

Correctional Chaplains Association; National Association of Diaconate Directors; Alliance for the Certification of Lay Ecclesial Ministry; Community Faith Nurses; and directors of diocesan pastoral care ministries.

This planning process should help us identify: those with the most critical pastoral needs and the settings where they are most often found; the types of pastoral care competencies needed to meet those needs; the diverse ministries (board certified, pastoral associates, volunteers, parish nurses) needed with these competencies; the standards/training/formation required to obtain those competencies; the core elements for professional and volunteer pastoral care formation and accountabilities required; and an organizational approach to provide those ministry preparations. Jim Letourneau writes more about this initiative in this *Vision* issue (see p. 18).

The second planning session of this exciting and ambitious project will take place in May 2017. We hope to have more results to share soon as we work for ever-closer and better cooperation within the Catholic Church.

Partners in Planning: How can quality spiritual care spread outward?

By Jim Letourneau

All of us who work in healthcare know that our work environments are changing rapidly. Many chaplains find themselves doing more with less, as well as doing what they used to do differently. At the same time, the NACC recognizes that we need to operate differently if we are to sustain ourselves and thrive in order to meet the needs of the people we serve. As projections for our membership continue to drop, we know we can't keep doing business as usual.

Mindful of those dynamics, the NACC Board supported Executive Director David Lichter's successful application for a grant in 2016 from the Raskob Foundation, which supports the work of various Catholic institutions around the world. The grant supports the NACC's effort to bring together national Catholic voices to discuss the pastoral needs of the people of God. We called this gathering Partners in Planning.

In our application, David wrote, "While many Catholic dioceses and organizations have initiated formation/education programs in pastoral care, nationally, as a Church, we do not have consistent sets of standards/competencies, nor approaches for preparing those providing the service to ensure the highest quality of pastoral care in our Catholic pastoral care ministry."

The first meeting of the Partners in Planning was in October 2016. I was blessed to be a part of that experience. Representatives gathered from the USCCB Subcommittee on Certification for Ecclesial Ministry and Service, the Catholic Health Association, the American Catholic Correctional Chaplains Association, the National Association of Diaconate Directors, Catholic Charities, the National Association for Lay Ministry, the National Catholic Council for Hispanic Ministry, the Association of Graduate Programs in Ministry, as well as individuals involved in various forms of pastoral ministry and formation programs across the country. Those ministries included Faith Community Nursing, prison ministry, geriatric care, ministry to the immigrant population, and diocesan ministry.

I have to say, there was something in the air that was electric. I'll call it the Holy Spirit. A synergy was quickly created in our coming together. We had common concerns and common passions. All of us want to minister effectively in the name of the Church to those with spiritual needs. Those spiritual needs are not confined to hospitals, as we all know. But how can we ensure that deacons who are visiting the sick are providing the best spiritual care? How can we support the volunteer who is bringing Communion to the homebound parishioner? How can we prepare chaplains in the correctional system to minister to the prisoner?

At the same time, the partners all recognized that the pastoral needs are great, but we don't have adequate resources to address those needs. In many ministry contexts, volunteers are vital ministry partners to bring Christ's presence to those who struggle. Clearly, the expectations of volunteers are different from professionally trained ministers, but we do need some level of expectation in order to serve those in need and to protect those we serve. At the same time, we don't want to place insurmountable expectations on volunteers that prohibit their partnership with us in spiritual care ministry.

And how does NACC fit into this constellation of questions and uncertainties that the partners share? We are recognized by the USCCB as having the "gold standard" of certification for pastoral ministry. The discipline we bring to initial certification and ongoing professional education is certainly a strength. I would suggest that all of us need to remain open to the work of the Spirit through our collaborative conversation with our partners. Yes, we have much to offer, but we must recognize that our partners have something to offer us. Hopefully, through our collaboration with our Partners in Planning, we can identify what is needed by the people of God and how we can together minister to their pastoral needs.

In this early stage of our collaboration, there seem to be more questions than answers! However, I am convinced that there is a common commitment among our partners to wrestling with these questions together. I suspect, and frankly I hope, that NACC will emerge from these collaborative conversations with a new clarity of vision for how we can serve the Church. Please stay tuned! These are exciting and formidable times for us.

Jim Letourneau, BCC, is Director for Promoting Catholic Identity for Trinity Health in Livonia, MI.

Four associations put egos aside to revise writing guide

By Mary Davis

When both NACC and APC revised the Common Qualifications and Competencies in 2016, updates were needed for the writing guides — the question prompts for the narratives or essays written by those seeking certification. As an extension of the collaborative work done on the CQC, a group from NACC, APC, NAJC, and ACPE met by conference calls to craft a new shared writing guide.

Collaboration is daring and laborious. It takes ego strength, commitment, doses of humility, and a willingness to truly shoulder and share the load of the project or task. The Writing Guide process proved to have all of these elements, ultimately resulting in an amazing work within a two-month time frame.

Initially, the two prior versions of the guide came from NACC and APC. All members reviewed the two versions for each competency, and at first partisan favoritism prevailed. Before long, however, the ranks broke, and suggestions came to blend the wording of one version with the other, or to favor one version for specific competencies. At times, we definitely had difficult and challenging discussions about wording, hard-to-let-go ideas and phrases, and not-so-subtle competition for internal leadership. This is exactly how groups form, grow, struggle, and either make or break to build community or complete projects.

At one point, we stopped entirely and revisited the intent of the writing guide toward the certification interview process: Exactly how much should we assist the applicant, are we being too prescriptive, are we offering too little guidance, how do we retain a spiritual tone and language without overly emphasizing any one tradition?

At another point, we stopped our work again when we realized the guide would be better written in second person — e.g., “How do you access your faith journey ...” rather than a more distant tone.

By this point, we were remembering to include the viewpoints of those who could not be present on the calls, growing in camaraderie and respect, taking the material back to our respective groups for refinement, ever aware that we were

under a strict timeline.

While it is most important that members benefit from our labors, it is truly remarkable that NACC, APC, and NAJC brought minds and hearts together and were able to so clearly articulate common competencies for future applicants and ongoing members. To have ACPE objectives and outcomes tied to each competency brings chaplaincy education and certification one step closer together — a value the cognate chaplaincy associations have long desired.

The writing guide has been well-received by certification applicants since its inception. The revised version reflects narrative writing prompts for both the CQC and the former and new NACC-specific competencies and can be found on the NACC website at www.nacc.org/certification/board-certified-chaplain/initial-certification-materials.

Mary Davis, BCC, is Regional Director of Clinical Pastoral Education at CHRISTUS Santa Rosa Health System in San Antonio, TX.

Five cognate groups unite to revise Common Standards

By Bob Barnes

Helen Keller once stated, “Alone we can do so little; together we can do so much.” I have experienced the wisdom of this statement many times in my life and my work as a chaplain.

In the summer of 2015, I was blessed with an opportunity to participate in the collaboration by several chaplaincy cognate groups to create the new *Certification for Professional Spiritual Care: Common Qualifications and Competencies*. The task force consisted of representatives of APC, ACPE, NACC, CASC (the Canadian chaplains group), and NAJC. David Lichter and I represented NACC on this task force, which was formed to revise the Common Standards of 2005. David played a key role as the facilitator of this process.

We quickly agreed that the 2005 Standards had served our respective associations well but needed updating in light of changes in the practice of spiritual care and concerns that had arisen around the clarity of some of the Standards. Some specific issues the task force addressed were employer concerns about the value of professional certification; inconsistent application of the standards across associations; unclear integration of certification competencies with CPE learning objectives; and new skills, such as research literacy, that were needed to promote chaplaincy as a profession.

Over several months of regular conference calls and email exchanges, task force members wrestled with the meaning and importance of professional chaplaincy in the various settings in which we serve today. What are the spiritual care and professional skills needed? How do we best express them through defined competencies for certification? How can our chaplaincy associations standardize and improve the certification processes for applicants of all the cognate groups?

While these broad questions framed discussions of the task force, our charge was to focus specifically on both the content and the clarity of the revised standards — now to be called qualifications and competencies. Members brought to the discussion their broad and varied experiences as department managers, chaplains, and CPE supervisors.

Personally, I brought to the table my experiences over many years of applying the former standards to the certification interview process, both as an interviewer and as an interview team educator. The discussions of the Task Force were

without exception open, respectful, and collaborative. All members recognized the value of naming with one voice those competencies required for professionally certified chaplains.

The CQCs are the result of this effort. They will guide the work of the cognate groups as collectively we begin to live into the new competencies. Since our work as chaplains in NACC exists within the broader context of ministry in the Catholic Church, the NACC Standards Commission has already included additional subheadings of competencies to reflect that reality. These provide additional guidance to our members as they prepare for certification and renewal of certification.

We will all have many opportunities over the coming months and years to learn about and reflect upon the CQCs. No doubt, experience will teach us how we can improve them over time. That will also be a process of dialogue and collaboration.

Bob Barnes, BCC, is a staff chaplain at St. Mary's Medical Center in Duluth, MN.

Spiritual care speaks with one voice to The Joint Commission

By Mary Lou O’Gorman

Several years ago, The Joint Commission published the monograph “Advancing Effective Communication, Cultural Competence, and Patient- and Family-Centered Care: A Roadmap for Hospitals.” Members of APC participated in creating a crosswalk between relevant standards and the ministry of the chaplain, and this document is an invaluable reference. Although it seemed to lay the groundwork for critical dialogue on spiritual care, it has been noted that surveyors during Joint Commission accreditation visits do not seem to consistently assess or address the provision of spiritual care.

Two years ago, at The Joint Commission liaison meeting in Chicago, Pat Appelhans of APC, Darryl Owens (then APC President) and James Taylor (representing COMISS as well as ACPE) and I met with Joint Commission representatives. We expressed concern about the lack of attention to spiritual care in site accreditation, and the failure to recognize the qualifications of the board-certified chaplain to competently address spiritual needs.

Since that time, David Lichter and I have participated in calls with Pat Appelhans, Jim Taylor, and more recently with Trace Haythorn of ACPE to identify opportunities to engage in education for these reviewers. We have communicated with Anne Bauer, a Joint Commission staff member, about the issues in the accreditation process, and we provided her with materials on chaplaincy and spiritual care. We also explored with her the potential to submit one or more newsletter articles for these accreditation personnel. She has contacted the editor of the *Source*, a Joint Commission publication for healthcare organizations, as the first step in publishing a document on how to recognize consistent, effective spiritual care. Further, she broached the possibility of sharing this with surveyors for hospitals, home care, and hospice. The next step is to submit the article(s), which we hope to do early this year.

Additionally, Pat Appelhans, Trace Haythorn, Jim Taylor and I attended the liaison meeting in August to understand The Joint Commission's current focus and initiatives, which seem to be on quality and safety, as well as enhancing the accreditation experience for organizations. NACC's ongoing collaboration with APC, ACPE, and COMISS representatives has enabled us to speak with a strong and united voice to The Joint Commission in order to advocate for the provision of spiritual care and the pivotal role of board-certified chaplains.

Mary Lou O'Gorman, BCC, is the NACC's liaison to The Joint Commission, and retired as executive director of pastoral care services at St. Thomas Health, in Nashville, TN.

The End of the Island provides companionship on our journey

Jeffrey C. Tucker, *The End of the Island: Finding Life in the Movement of Human Suffering, Pain, and Loss*. 2016, Wipf and Stock, Eugene, OR

By Julianne Dickelman

An oft-quoted line from Proust, “The real voyage of discovery consists not in seeking new landscapes, but in having new eyes,” came to my mind as I read chaplain Jeffrey Tucker’s book *The End of the Island: Finding Life in the Movements of Human Suffering, Pain, and Loss*.

Like all well-educated chaplains, Tucker knows that our graduate degrees have sometimes limited usefulness in our work. He has learned, from his own suffering and his ministry, that “human pain is not an academic or theological exercise,” and invites us to look at suffering with “a fresh set of eyes.”

Tucker weaves through his chapters a story of an old man deep in suffering looking for answers that he has been told are at “the end of the island.” Using this island-traversing metaphor and a series of “movements,” we are encouraged to be open and curious, to reflect on our notions and assumptions about pain and suffering. The author offers to walk with us in our suffering, encouraging the reader to stay on this often undesired path. We will learn as we continue moving. We are gently challenged to be *in* the movement of our pain and not run *from* it.

Tucker’s movements stretch across chapters that ask the profound human questions that chaplains listen to each day: Where is the Divine in my suffering? Where is my human support? Where are my hope and deliverance? How do I continue forward? He offers a rhythm of questions and short reflections that touch on honest emotions, including the very human despair, anger, and resentment that naturally accompany painful journeys. Each chapter begins with a pre-movement stretch to loosen us up for what lies ahead, and ends with a post-movement rest and prayer — a necessary pause to refresh before the next leg of the journey.

Chaplains will find this book a good companion both for a personal journey and for those we serve. The short statements and reflections may trigger new insight

into our own pain, may normalize feelings, may offer new vocabulary to help a patient open up or go deeper into their own story. This book may offer new ways to live with what Tucker names “the randomness of life” as well as how to carry less, hold on less tightly to that which impedes our movement.

Road stories are many, whether we are heading to Emmaus or at the tomb being told to go back to Galilee where we will meet Him, or on a pilgrimage in northern Spain, and our ministries keep us on roads of self-discovery and walking alongside others. *The End of the Island* is some nourishment for the journey.

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