

**National Association of Catholic Chaplains
2019 Peer Review Form**



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Applicant: [REDACTED]
Action Sought: Renewal of Certification as NACC Chaplain
Peer Reviewer: [REDACTED]
Date of Peer Review: [REDACTED] 2019

I. Process of Peer Review

Chaplain [REDACTED] personally requested my participation in his peer review process several months ago at a charity event that we both attended. [REDACTED] organized the time and place for this review by email and sent all of the supporting documents to me well in advance, including: 1) education reports from 2015 through 2019, 2) the recommendations from his certification interview of 2014, and 3) a summary of his experience from his last five years of chaplaincy. On the day of our meeting, [REDACTED] warmly greeted me and offered hospitality in the library of the Spiritual Health Department at the [REDACTED]. From the beginning, [REDACTED] took charge of the interview and was prepared to discuss and share the highlights of his clinical work, how the continuing education has supported his work, as well as his areas of continued growth and future goals. Throughout the interview, I found great congruency between the written materials and [REDACTED]'s person. From start to finish, [REDACTED] openly shared with me his thoughts and emotions and how he has been personally affected by his work. He continues to embrace his call to chaplaincy and all that entails for him, including time for reflection and self-care. He was open to suggestions about future educational pursuits and goals. [REDACTED] was thoughtful and respectful of my time and appreciative of the peer review process.

II. Content of Peer Review

Meaning and effectiveness of the continuing education and activities for the Chaplain:

[REDACTED] was deliberate in focusing his continuing education on the recommendations given by his certification interview committee. He voiced how he has learned more about himself and his emotional triggers as he delved more deeply into the dynamics of shame, trauma, and addiction and was able to identify himself as a wounded healer. He was especially moved by the work of Gabor Maté in understanding addiction and how this knowledge has enhanced his patient encounters and best practices. He has taken advantage of Enneagram workshops and recognizes how his Type 2 personality is affected by pride and how he continually works to present humility in his interactions with others. In his work with the palliative care team and in his continuing education, his understanding of the Catholic Ethical and Religious Directives became important as this care so often involved the principles of double effect and of proportionate and disproportionate means. In the past several years he has focused on his understanding of resiliency for himself and for the organization that he works within. [REDACTED] voiced his need for support from other staff and has worked to build relationships with nurses, doctors, other staff, and spiritual health providers. Over the past few years, he has participated in Schwartz Rounds (including once being on the presenting panel) and has taken part in Heart of the Healer program. He shared that his day includes meditation and that he has offered weekly meditation to staff at the hospital. He designed signage that encourages simple mindfulness practices for handwashing stations in most units of the hospital. In addition, [REDACTED] has been active in organizing the regional NACC fall conferences in [REDACTED] which are attended by many chaplains in the area, including members of APC.

An update regarding the chaplain's development in the Categories of Competency:

Integration of Theory and Practice (ITP) (or 2009-2016 Theory of Pastoral Care)

[REDACTED] voiced that he uses the image of the Road to Emmaus as he walks with people in their spiritual journey and helps them to uncover their own strengths along the way.

He has utilized the theories and applications from trauma research as well as best practices in behavioral health chaplaincy to enhance his pastoral care. He has come to understand the difference between cultural humility versus cultural competency in working with different ethnic groups. [REDACTED] was able to give examples of each of these in his provision of pastoral care.

He has taken part in the Transforming Chaplaincy program. He participated in and facilitated a journal club with colleagues, discussing ways to apply the research into the work of chaplaincy. [REDACTED] was also instrumental in applying research in the design of an outpatient oncology distress screen that is used across the [REDACTED] Health [REDACTED] system in [REDACTED].

Professional Identity and Conduct (PIC) (or 2009-2016 Identity and Conduct)

[REDACTED] was reflective in talking about his strengths and weaknesses and what triggers his feelings of shame and co-dependency. He reflected on his love of learning and how he has shifted from being less prideful and more humble in his encounters. For example, he is more comfortable in letting an encounter "be what it is," being present, and allowing discovery to happen. He shared the values that are foundational to his work: compassion, self-awareness, and transparency.

He also shared his struggle to find work/life balance and to cultivate more self-care. He has participated in the Cultivating Resiliency and Heart of the Healer workshops in an effort to find more work/life balance for himself and has offered presentations on self-care practices for resiliency to different departments to assist hospital staff in doing the same.

Professional Practice Skills (PPS) (or 2009-2016 Pastoral)

[REDACTED]'s work with the Palliative Care team has impacted his pastoral care encounters. He reported that his practice skills have been enhanced by his use of motivational interviewing with his patients, inquiring what they might need in their decision-making process, especially in end-of-life situations. He now utilizes a trauma informed perspective in working with patients who have addiction, applying Gabor Maté's and Phyllis Solon's theories on addiction and trauma appropriate within the scope of healthcare chaplaincy. His understanding that the human brain is set up for addiction has helped him to better understand patient struggles and to provide a non-judging presence.

[REDACTED] was instrumental in helping to formulate and put into use a spiritual health assessment template for the spiritual health department's electronic documentation to enhance communication among departments and to advance the interdisciplinary team's understanding of the chaplain's scope of practice.

Organizational Leadership (OL) (or 2009-2016 Professional)

[REDACTED] has taken a leadership role in helping to expand spiritual care in outpatient settings across the [REDACTED] Health [REDACTED] system, while working in one of the outpatient oncology clinics for the past five years. He coordinates a quarterly conference call for all chaplains serving in outpatient oncology clinics to discuss best practices in oncology spiritual care. He collaborated with the IT department to improve the electronic charting workflow and documentation in outpatient settings.

He has given presentations to different hospital units and departments on self-care practices for resiliency in the workplace and offered a presentation on the prevention of empathic distress to nurses as part of an end-of-life care education program. He has taken an active role in building peer relationships and helping to foster a healthy work environment.

As noted above, [REDACTED] is an active member of the regional NACC conference committee that organizes and invites speakers for the [REDACTED], [REDACTED], spiritual health conference in [REDACTED]. He has served on the committee for the past five years, as committee chair for the last three years. Topics that have been presented include behavioral health chaplaincy, the dynamics of grief within family systems, trauma informed pastoral care, and the use of scripture for personal growth and pastoral care.

List and address progress on recommendation(s) made to the chaplain during the previous interview or peer review.

██████ was open in discussing his certification interview committee's recommendations. He was able to give examples of how each recommendation was addressed through continuing education, personal discovery and reflection, and how all of this impacted his pastoral care and work within his organization. ██████'s interview committee suggested that he continue to grow in his awareness of emotional triggers and his responses of anger and anxiety (303.4). His self-reflection on the Enneagram, trauma, shame, addiction, and ACE has allowed him to identify more easily triggers and to mediate his response. He gave examples of how in particular this has changed his work with people who struggle with addiction. The committee recommended that he continue to update himself on the ERD of Catholic Healthcare (302.4). ██████'s work in Palliative Care required that he continually update his understanding of these directives as he provided care to patients at end-of-life and those facing difficult decisions. He reviewed his participation in webinars that helped deepen his understanding and application of the ERD. Lastly the committee recommended that he continue to build peer relationships for the purpose of creating and maintaining a healthy work environment (305.21). ██████ has been active in building peer relationships through his work with various hospital teams in which he skillfully represents the scope of practice of healthcare chaplaincy. As a colleague, I am aware that he is known and respected for his collaborative work throughout the hospital as well as in outpatient clinics. He has supported staff resiliency through his presentations on self-care and his provision of mindfulness resources. He has made a point of sending out weekly "E-Cards" to recognize and thank staff for their day-to-day work.

Discuss the chaplain's plans for future development, including remaining current with any Competency changes since his/her last renewal of certification:

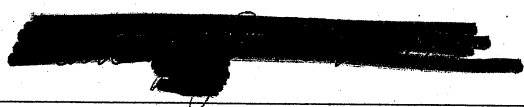
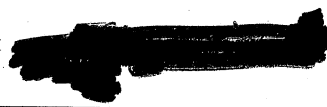
██████ identified the following areas for future growth in his clinical work:

- 1) To improve communication skills in orienting ambulatory patients to spiritual health services and initiating spiritual care conversations by telephone, in response to distress screen referrals. (PPS1)
- 2) To explore different ways to begin and deepen spiritual care conversations with people who are stoic, who struggle with self-reflection, or who have no intentional spirituality. (PPS3)
- 3) To continue to develop time management skills in regard to time spent on documentation and to allow more time and space for building collegiality with peers. (PIC3 and OL2.1)

III. Recommendations for Growth/Continuing Education for the next five years

██████ reflected on the following goals for personal and professional growth and named several starting points for each one.

- 1) To continue to integrate theories and applications from trauma research into his spiritual care, especially in working with people with addiction and chronic illness. (ITP2, ITP3 and ITP6)
- 2) To continue to meet the increased challenges for self-care while working in healthcare, a self-care that encourages more self-awareness on *being* rather than *doing* in the workplace. (PIC1, PIC2 and PIC3)
- 3) To find ways to incorporate the arts and beauty into his spiritual care encounters and interventions and in his support of team care. (PPS2, PPS10, and OL2.1)

	
Peer Reviewer Signature	Applicant Signature
Membership Number: ██████	Membership Number: ██████