

SYMPOSIUM

When Clinical Practice is Digital: Reflections on Supervision at VITAS Innovative Hospice Care

Martha Rutland

I completed a 9-month program of Clinical Pastoral Education (CPE), through VITAS Hospice, with Supervisor Rev. Martha Rutland, in 2006. Our group was diverse in terms of gender, ethnicity, age and religious background. We met personally once a month for an extended class and discussion, and met weekly on telephone conference calls. We also communicated by email and by other phone calls, as needed. This combination yielded close and mutually honest relationships between group members and our supervisor. Perhaps especially because we did meet personally on a regular basis, the teleconferences continued the intimacy and vulnerability typical of a good CPE experience. I can honestly report that the transformation I experienced as part of the CPE process has been a highlight of my pastoral education.

—Clare Chance, a former ACPE intern when digital learning at VITAS was just beginning and presently a United Methodist Church pastor

I am currently participating in a CPE group based out of the Orange County program in Southern California. This is a hybrid program, with the supervisor Linda Bos, two students on location in the Orange County office, and me and another chaplain colleague together up here in the San Francisco Bay Area program. We utilize MegaMeeting software and webcams to allow us all to see each other, and speakerphones to talk with each other. Although I am not surprised that this plan is workable, I do find myself impressed by the level of intimacy that can be built with this format. After the initial several weeks of getting used to the technology, and working out the kinks, I now find the technological aspects to be unobtrusive.

—Andrew Bear, VITAS Staff Chaplain and current CPE resident

VITAS Innovative Hospice Care is a model of distance accountability for clinical practice. Because all hospice staff in VITAS is supervised at a distance, digital communication is an essential part of clinical practice. For chaplains, the initial contact with a hospice patient and/or family is usually by phone. Some CPE students have difficulty getting into the home because they are not able to make enough emotional connection by phone to be allowed to visit. Bereavement follow-up also begins with a phone call. Students must find a way to empathically engage family members at a distance. A distance compo-

ment in CPE integrates this aspect of clinical practice with the learning experience in the VITAS Innovative Hospice Care Association for Clinical Pastoral Education (ACPE) Program

While I have supervised ACPE programs in the hospice context since 1993, it was not until 2006 that I intentionally integrated any distance pieces into my ACPE supervision. My first experience came out of an effort to respond to students in a rural setting without easy access to CPE. I was able to create a unit in which once a month we met for a long retreat day, where we had interpersonal group, verbatim presentations, and a didactic. In order to stay in touch with one another, we had a telephone conference in the intervening weeks. Additionally, we would read an article or book and respond by email. Conversation focused upon how each one's clinical work interfaced with the theory.

Joyce Alexander was an introverted and quiet CPE student for whom the phone calls were a challenge. The group was even more difficult for her. She had been a nurse educator in her previous career and could teach specific material or convey information easily. Spontaneous conversation, however, was a challenge. Joyce felt too vulnerable when she was asked to reveal anything about herself. At the beginning of each telephone call I would have to ask, "Are you there?" Gradually, her peers began to ask, "Hey, what's happening?" Slowly Joyce learned that she had to initiate verbal contact for anyone to know she was present; she had to give voice to her thoughts and feelings. As she says, "I had to learn in CPE to re-draw the boundaries, change the way I related to people from nurse to pastor."

The phone calls may have colluded with her defenses or they may have honored them. At any rate, the distance-learning model enabled Joyce to enter the group carefully and at her own pace in order to feel safe. Perhaps the less intense interaction of our group telephone connections allowed her to continue learning ministry at her own interpersonal pace.

Joyce was comfortable presenting complex theological interpretations of text. As she deepened her relationships with people and with herself, however, she learned to link her theology with her practice. Our email CPE communication required this reflection on her work. Gradually, Joyce brought her clinical work into her preaching. She would email various versions of her sermons until she was able to not only capture new understanding of the material, but also to tell the stories of her ministry in relation to her preaching. I believe the distance components were a bridge that allowed Joyce's head and heart to speak with one voice.

One verbatim Joyce presented focused on her ministry with an African American patient. She was awed by his experiences. She went online and found pictures of his high school, college, church, and home town. She made him an illustrated book of the stories she heard from him. The group confronted Joyce with doing too much for him and not being present enough with him. But when he died, Joyce was asked to participate in the funeral; she was the only Anglo person present. He had shared the book she had created with everyone in his circle of care. Many people told the student chaplain how they had gotten to know him in a new way through her gift to him. Joyce had used technology to gather pictures and information that enabled this man to emerge fully spoken in word, deed, and picture. By listening to his stories, she wrote for him the book he had always wanted to write.

As she learned to define herself, Joyce began to share with her adult children on a new level. Just as she was learning to talk with her CPE peers, she began to share more of herself in telephone conversations with her children. She found herself getting to know them “from the inside,” through her willingness to be more present herself. At her CPE graduation, she shared a poem she had written that demonstrated that the nuances of her growth were real. I am convinced that the distance element, along with the digital communication components of the CPE experience, enhanced Joyce’s remarkable growth.

We are now experimenting with offering CPE to staff chaplains at a distant site. Two VITAS staff chaplains participate in a weekly CPE group by video conference. A VITAS ACPE supervisor has visited their program in person, but their classroom experience is by video. This opportunity grew out of a request by both the Association for Professional Chaplains and ACPE to see if I could find a way to offer CPE to staff chaplains needing continuing education for certification. The site managers, students, and CPE group have been surprised at how effective the learning has been as Clare reported in the first vignette at the start of this essay. In addition, we have included presentations by other supervisors with specializations such as systems-centered theory and the chair of the United Methodist Board of Ministry provided a didactic on small groups by MegaMeeting (www.megameeting.com). Also, all of our phone conferences are now available visually through MegaMeeting.

Distance-learning has its limitations, frustrations, and sometimes does not work—but sometimes, by sheer grace and grit, learning happens. Students are “transformed,” as Clare says in the beginning of this piece and as

Joyce demonstrated. I hope that in a parallel way, when digital tools are the best way to reach people, chaplains will be able to use these forms of communication in their ministry.

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My Experience Supervising CPE Units and a Candidate Supervisor via Video-Conferencing

Gary Sartain

In early October of 2009, I was approached by Ministry Health, a large Catholic hospital system centered in Northern Wisconsin, about the possibility of starting a Clinical Pastoral Education (CPE) program. I agreed to meet with them in mid-October at their Marshfield, WI facility to do further exploration. In the interim, I was contacted by Diane Tugel, an Association for Clinical Pastoral Education (ACPE) Candidate Supervisor, who had just moved to Green Bay, WI from Richmond, VA, and wanted to find a way to continue in the process.

I invited Diane to send me her materials so I could get acquainted with her on paper ahead of time and asked her to meet me in person in Marshfield prior to my meeting with Ministry Health. Our brief time together that day confirmed what I had felt from reading her material—that she was a person we would definitely want to find a way to keep in the process, if we could. After a positive response from Ministry Health and after the willing agreement by Lutheran Homes of Oshkosh, WI to take Diane as a Supervisory Education student and allow Ministry Health to become a satellite of that Center, we were ready to go. A contract was written and signed by all four parties involved; the necessary work was done to gain satellite accreditation; six students were interviewed and selected; and the first unit was begun late in January, 2010.

Diane and I did much of the preliminary work together using Skype. We were able to build a working relationship and work out the details of the unit without the benefit of physical proximity, which I don't believe could have happened if we had been restricted to audio communication only. Student entrance interviews were conducted in person by Diane and the Minis-