

Distance Learning for Supervisory Education: A Frustrating Experience

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In 2008, I applied for a grant from the Eastern Region of the Association of Clinical Pastoral Education (ACPE) to explore and develop a model of "Distance Learning for Supervisory Education." The application was motivated by (1) the great need for preparing more ACPE supervisors and (2) that smaller ACPE programs scattered around the geography of the Eastern Region struggled to meet the requirement for a supervisory student peer-group. There were two priorities: first, we wanted to utilize more supervisors in Supervisory Education Student (SES) education by using distance-learning technology for the benefit of all interested programs in the region; the second priority was to find a way to provide peer-group experiences via distance-learning for centers in more isolated areas where one SES had no real peer-group accessible.

Creating a virtual classroom for supervisory education seemed to be a reasonable goal. A core of participating supervisory education programs from the Eastern Region of ACPE were invited to participate. Some of these programs were already cooperating with one another on supervisory education. While the goals were slightly different in each center, there was a consensus that all could benefit from using some model of distance-learning. The virtual classroom model used in Veterans Administration (VA) hospitals was chosen for this project.

We began our efforts to test and implement an organized collaboration by using the Internet to connect the already existing educational programs more consistently. Initially, there were, however, a range of practical and technical issues that needed to be addressed. The VA virtual-classroom experience utilized proprietary government hardware and software located in each VA hospital. This system is maintained to provide secure communication among VA hospitals nationwide. Since our centers did not have compatible Internet-based systems, we were challenged to explore and identify another model with which to operate.

The decision about software involved several key issues. We wanted to have an ease of use, given that some centers and supervisors did not consider themselves expert with digital technology. The cost and confidentiality of the package was another issue. We considered several free applications,

including iChat for the Mac and Skype, which works across operating system platforms. Free was definitely “good,” but privacy was not guaranteed by these options. If student clinical material was presented, our communication needed to have restricted access in order to maintain confidentiality consistent with ACPE and hospital policies. That decision moved us to consider proprietary software that would cost participants something. No one objected, so that drove our next decision.

Selecting appropriate hardware was another dimension of our project. Some hospital-based ACPE programs had dedicated information technology areas used for regular teleconferencing—others did not. One group, Supervisory Training Alliance of Connecticut and New York (STACNY), typically met in a private home outside of the hospital with only a personal Internet connection available. Access to the necessary Internet equipment differed significantly in each setting. Some relied on PCs and others preferred Apple Macs. Some computers we used had built-in cameras which showed the person at the keyboard and other centers had external webcams which could show the entire room. We struggled to collaborate because of the varied range of equipment among the supervisory centers. Using different hardware caused an inconsistency of presentation and some confusion in our trial runs.

In addition, there were issues with the video quality. In some of our experimental presentations, there were video cameras with differing resolution. With the built-in webcams, we could clearly see the participants. With other equipment, the pictures were of such poor quality it was impossible to detect anything more than a general idea of people present. It was practically impossible to read non-verbal cues or to discern what other people were feeling. Furthermore, placement of the cameras caused limitations as to what was visible to other participants.

We had been told that the North Central Region of ACPE had experimented with one commercial application provider and purchased their Internet speaker-phone, which allowed participants to hear one another in real time. Ultimately, this was the application and hardware package that we adopted, but for some reason it did not work properly when we attempted to use it. We did eventually conduct one session which appeared to work more broadly, but it was not without new difficulties. In STACNY, for instance, one of our supervisors presented a didactic in a room full of students and other supervisors were trying to connect with separate computers to

take part in the discussion that accompanied the presentation. This proved problematic with both the video and audio portions.

While not an overwhelming obstacle, the scheduling of the session was another issue. Each of the participating supervisory education programs met on different days and at different times. It became necessary for four groups to change meeting dates to join with the two groups who met on Fridays. Then, the daily program schedule needed to be adjusted. For example, in STACNY, the decision to run the Internet seminar in the afternoon meant that we held our typical end-of-day Group-as-a-Whole (GAAW) process session earlier in the morning.

By contrast, there were a few successes in our experience. We had several excellent presentations in the effort to test out various applications. It was also clear that our SES participants appreciated and supported efforts to implement online educational models. They suggested several other uses for Internet communication that might benefit their learning. For instance, a theory paper writers'-group would allow SES's to share their concerns and resources with one another.

In sum, we faced numerous obstacles on a practical level from the start. Just getting representatives from all six centers on a conference call to do the planning was impossible. Once we agreed to various compromises, including which service provider and equipment to adopt, our centers possessed various degrees of technical skill to set up the sessions. Once we had a somewhat successful experiment with the system, there was a lack of enthusiasm to continue due in part to the technical obstacles and in part to scheduling difficulties. The time and responsibilities needed to carry on the program burdened the leadership of each supervisory education group. Therefore, no follow-up has yet been planned.

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