Educating and Certifying Hospital Chaplains:
A Response to Kevin Massey

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"Surfing through a Sea Change" by Kevin Massey is a good example of how misunderstood and misrepresented clinical pastoral education is even in the professional fields where it is relied upon as the primary educational process. Massey's critique of Clinical Pastoral Education (CPE) is significantly misinformed because Massey depends on his idiosyncratic experience of CPE to shape a perception of an entire discipline. I agree that there is a 'sea change' coming in healthcare. However, I believe that Clinical Pastoral Education is not only prepared for that change, but in many ways is leading it.

Kevin Massey draws conclusions from his own experience that are then generalized to every program of CPE and further applied to the entire field of educators who are certified by the ACPE. These overgeneralizations seem to be more a reaction to his own experience in CPE than a critical review of the ACPE Standards and Outcomes of Level I and Level II CPE.

Massey begins by acknowledging briefly that CPE was personally helpful. Nonetheless, throughout the remainder of the article, Massey calls for substantive changes in CPE because he believes it inadequately prepares individuals for the role of the chaplain in modern healthcare. That new

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chaplaincy role, as Massey describes it, is outcomes oriented, customer centered, and sensitive to the changing reimbursement processes taking place in healthcare.

Outcomes-Oriented Education

I agree with Massey that outcomes need to be addressed with any student who hopes to become certified for hospital chaplaincy. CPE is an outcome-oriented education process, something that Massey overlooks. For example, ACPE has objectives that address how a student is held accountable to giving or receiving feedback (ACPE Standard 309.3) or how a student uses a team approach to ministry (Standard 309.7) or how a student addresses the multicultural environment found in most healthcare settings (Standard 309.4). In all these ways, CPE teaches emerging professionals how to take ownership of their own professional development (a lifelong professional skill), while at the same time teaching them how to move toward demonstrated outcomes similar to new management processes such as Lean or Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) quality outcomes.

In our CPE curriculum at Legacy Health, a six hospital healthcare system in Oregon and Washington, Chaplain Residents seeking to move to Level II CPE engage in a mid-year review process that is combined with a review of Association of Professional Chaplains (APC) competencies for Associate Chaplain status in that organization.[1] In that mid-year review, CPE students must address the outcomes (APC competencies) for certification in their "would be" profession that places them on a trajectory toward certification with a Cognate Organization (like APC) and assists the student to develop their own learning goals toward later becoming a Board Certified Chaplain (BCC).

Massey's reflection includes this sentence: "The goals of CPE don't include surfacing enhanced techniques and practice patterns aimed at improving patient care outcomes." This again is overgeneralized and overlooks how CPE actually functions and reinforces my critique of the idiosyncratic nature of his essay. Addressing patient care outcomes was demonstrated by one of my former students recently who presented a paper at the Mayo Clinic Symposium on the role of the chaplain in addressing HCAHPS scores. Jana Troutman conducted a research project that looked at how chaplains could help educate RN's in identifying the emotions of the patients for whom they

were caring. Her study was based on the understanding that a key driver of HCAHPS scores is found in the question, "Were your emotional needs addressed." This is an example of how someone who is trained in a CPE curriculum that takes hospital chaplaincy seriously addresses the patient centered quality care required in the new world of "value based purchasing" and further prepares chaplains to do what Massey evidently did not receive in his own CPE when he claims that it was "disconnected to the work actually happening in the medical center."

Improving Patient Care Outcomes

Certification as a Board Certified Chaplain in The Association of Professional Chaplains (APC) requires four units of CPE as the primary clinical education. If CPE is as ineffective as Massey claims, it seems to me that we would see a large number of people who would be unable to address the competencies required for that credential. This is not the case. The competencies established by The Association of Professional Chaplains (APC) may be equally out of line with what Massey suggests is required for modern healthcare chaplaincy. Massey leaves largely untouched any critique of the certification process of APC itself and instead focuses his attention on CPE.

Another subtext in Massey's essay is a misunderstanding of the role curriculum development plays in the certification of ACPE Supervisors. As a member of the Certification Commission of ACPE for nearly 10 years, I have had an opportunity to review the education theory of many candidates seeking to become a CPE Supervisor. Most of those theories are firmly rooted in the adult education model widely known as transformational education. The principles of transformational education, primarily as outlined by Jack Mezirow, is to engage adult learners in a critical review of those aspects of themselves that prevent them from adapting to new environments, including the new environment of healthcare.[2] In reflecting on his own experience, Massey writes: "I remember perceiving incongruence at some point in my own supervisory process where the classic elements that make up a CPE unit had reached an educational saturation point." He may be unaware of it but Massey is describing a stage in transformational education in which the individual student moves to a new and different learning perspective. Although it is true that this can cause a student to feel stagnant and reluctant to move forward, by definition it is not a part of the "classic elements that

make up CPE" but rather a part of a learning process that must be engaged with competent supervision.[3]

There is much to commend in Massey's observations about how Clinical Pastoral Education relates to certification. However, I find that the article makes a number of unsubstantiated claims that muddle the critique he wishes to make. Furthermore, those claims lack the scholarship and evidence-based grounding for which Massey argues. Massey makes sweeping generalizations throughout the article and fails to provide the evidence for those claims. These generalizations undermine one of his most compelling arguments: chaplaincy education needs to have a research component in the curriculum to ensure scientific rigor and create evidence to support the clinical and theoretical claims of the field. If, however, Massey's critique was focused on assisting APC and other certifying organizations to look carefully at their competencies in order to prepare certified chaplains who can address patient centered, evidenced based care,[4] but may also be able to do that with all the skills, personal and professional awareness, and integrated understanding of personal and pastoral authority that quality CPE programs provide.

NOTES

1.   This process was described in an article a colleague and I published in the Journal of the APC, *Chaplaincy Today* entitled, "Educating and Certifying Professional Chaplains: A Combined Approach." I commend the article not only to Massey, but to other readers as well: William R. DeLong and James H. Turner, "Educating and Certifying Professional Chaplains: A Combined Approach," *Chaplaincy Today* 16, no. 2 (Winter 2000): 19–24.

2.   Jack Mezirow and Associates, *Learning as Transormation: Critical Perspectives on a Theory in Progress*, Jack Mezirow, ed. (San Francisco: Jossey-Bass, 2000.

3.   See "A Theological Anthropology for Transformational Education" in *Courageous Conversations: The Teaching and Learning of Pastoral Supervision*, William DeLong, ed. (Lanham, MD: University Press of America, 2010), 43–56.

4.   William DeLong, "Data Collection in Spiritual Care: The Key to Quality, Longevity, and Best Practices," Annual Meeting of the Association for Professional Chaplains, Schaumburg, IL, 2010; and, "Educating for Certification: A Paradigm Shift for ACPE," ACPE Southeast Region Invitational for Supervisors of Supervisory Education Students, St. Simons Island, GA, 2014.