

Response to Respondents

Kevin Massey

I am grateful to William DeLong, Amy Greene, and Cynthia Vaughan for their thoughtful responses to my essay about chaplaincy training. All three responses deepen the conversation I wish to emerge in exactly the way I had hoped it might occur. The main purpose of my essay was to engender a purposeful conversation about the future of chaplaincy training. I believe my essay and these three responses all speak true and genuine perspectives that will be interrelated by readers as they ponder all the issues and determine the future of chaplaincy training as a field.

I concur with William DeLong that the Association of Professional Chaplains (APC) certification process is, in fact, “equally out of line” with what is required for healthcare chaplaincy in the emerging setting. I believe APC should be testing and measuring the propositional knowledge about healthcare, the ability to assess religious and spiritual needs, advance care planning, clinical ethics, and communication techniques required to be an effective healthcare chaplain. APC does not measure or test any of these capacities and persons in the certification process often satisfy vast portions of the competencies merely by self-report. In the future, certification in the Association of Professional Chaplains (APC) should include a substantive exam of these elements including demonstration in a simulation setting of the ability to perform effectively in the key interaction settings required for professional healthcare chaplaincy.

Cynthia Vaughan’s question about where in my professional formation I experienced a sense of educational saturation warrants clarification. About

half way through my residency year, I felt that the process of group and individual supervision was becoming wooden and forced. I wondered whether these educational elements had served their purpose and would now be better replaced by other formats for learning. I knew, however, that the curriculum for the rest of the residency year promised hundreds of hours more of these same elements. As members of both APC and ACPE, what portion of CPE education and supervision should be associated with strong healthcare chaplaincy? I am aware that the number chosen, four units, has no persuasion of evidence behind it. Why not two? Why not eight? What if we just left it to students to somehow achieve level II outcomes, whether that takes them one, two, three, or twenty additional units? Is there strong inter-rater reliability between supervisors on what achieving the outcomes even looks like? All of this should be carefully explored by APC and ACPE.

My essay is not meant to be a critique of CPE in and of itself. Rather, it seeks to raise questions about the extent to which CPE itself as a training format for professional healthcare chaplains is complete enough to continue in that purpose without revision. One may conclude yes to that question. If however one concludes no, the new questions that emerge are whether or not CPE itself would undergo revision, or whether it would best endure in that chaplain training process exactly as CPE is designed and envisioned to be, and that other educational delivery formats would come along side it to complete whatever may be found lacking.

I am hopeful that both ACPE and APC could envision what an outcome based process of chaplaincy training should include. I am hopeful that both organizations would gratefully acknowledge what is the best that each organization has to offer to that training. I also hope that both organizations would humbly acknowledge what is lacking in what each has to offer toward constructing a unified standardized curriculum to serve the future needs of healthcare chaplaincy.

My thanks to these three gifted respondents. I welcome a continuing conversation on this crucial topic.