

“Ethical assumptions are indeed critical!”

**A Response to Tartaglia’s Proposal
on Chaplaincy Education**

David Lichter

First of all, I am grateful to Alexander Tartaglia for his reflections as they address a very critical area of concern of chaplaincy education, provide some insightful analysis of the clinical pastoral education (CPE) environment, and propose an approach to improve the ultimate outcome—a more skilled and prepared professional chaplain. After consultation with several National Association of Catholic Chaplains (NACC) members who are also certified CPE supervisors with the Association for Clinical Pastoral Education, Inc. (ACPE), I offer in turn some reflections on this topic.

I affirm the points Tartaglia makes regarding CPE being a “pivotal experience for religious leaders” and the “defining experience for the training and certification of healthcare chaplains.” It has been and will remain so. I appreciate his critique, based on recent studies, that most (189 of 200) CPE programs do not incorporate research literacy in their curriculum and less than half address professional competencies required for board certification as a chaplain. It is sobering but not unexpected that a consensus does not exist among CPE supervisors as to the primary purpose of their programs.

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Perhaps a way for us to think about this could be to employ here the *caveat emptor* (buyer beware!) approach. What are we expecting, or should we expect, from a CPE program? The 2010 ACPE Standards and Manuals for Certification clearly states that “ACPE is a professional association committed to advancing experience-based theological education for seminarians, clergy and lay persons of diverse cultures, ethnic groups and faith traditions.” And, ACPE-approved programs “promote the integration of personal history, faith tradition and the behavioral sciences in the practice of spiritual care.” If experience-based theological education and the student’s integration of personal history, faith tradition, and behavioral sciences are the stated purpose of ACPE and accredited programs, might we be asking more of CPE than should be expected? Tartaglia’s analysis of CPE’s history and evolution certainly demonstrates it can further evolve into a partnership with healthcare professions to meet the need for better prepared professional chaplains.¹

Still, it is worth holding up the consumer stakeholders of CPE programs and to repeat the advice of *caveat emptor*. Who are the consumers or buyers of CPE programs, and what do they expect from CPE programs? The **student consumer** might view CPE as a requirement for ordination, an interlude in a transition to another phase of life, or the preparation for chaplaincy. The **theological school consumer** hopes CPE programs help the student become more self-aware and insightful, more understanding of him or herself as pastoral care provider. A **healthcare system consumer** might look to their CPE-funded programs as a source for future chaplains and/or current spiritual care staff. The **professional chaplain association consumer** will look to CPE programs to be as much a “formative” as an “educational” environment, preparing the student to examine and develop the competencies to become board-certified chaplains.

In this current discussion on the future of chaplaincy education, perhaps we need a modest, realistic, and clear direction for CPE programs in the context of the consumer. Perhaps we first need to be clear on the role that CPE programs can realistically play in the very challenging environment of preparing chaplains in “a healthcare environment where evidence-based practice and patient outcomes are becoming the norm.” CPE programs might very well view themselves as the optimum setting and methodology to meet the demand for better prepared professional chaplains. However, should CPE consumers expect more of CPE programs when each consumer has its own expectations of CPE? This could lead to much frustration

for both seller and buyer. Perhaps it is a question of *less* and *not more* when it comes to preparation for professional chaplaincy? Perhaps the program should be three units (not four) that are focused on pastoral theory, identity, and skills for the student and theological school consumers, with another professional training/mentoring/competency assessment by a partnership of the professional chaplaincy associations and employer consumers? Perhaps these questions might challenge professional chaplaincy associations and healthcare institutions to explore their role in the suggested year two of the proposed model.

ETHICAL ASSUMPTIONS

Tartaglia presents the three historical ethical modes of thinking: deontological, teleological, and situational. He notes that "the most comprehensive and therefore most responsible normative stance incorporates all three modes." I appreciate his historical analysis of the evolution of the prevailing "normative ethos" from a deontological approach to one informed by "teleological factors that focused on personal formation and skill development." He notes that his recommendations in this paper are based on "the second moral shift . . . toward a situational focus in which learning is increasingly defined by the clinical context."

These ethical assumptions are indeed critical. I agree with Tartaglia's decision to base his recommendations on this moral shift to a situational focus where learning needs to be defined by the clinical context. However, I would like to add to the discussion one more ethical mode of thinking upon which so much modern leadership theory is based: virtue ethics. This ethical mode of thinking arose about half a century ago with Gertrude Elizabeth Margaret Anscombe's critique of moral philosophy and the inadequacy of the prevailing ethical modes of thinking (noted above), as well as the need to account for "the role of the emotions in our moral life and the fundamentally important questions of what sort of person I should be and how we should live."² In recent decades, the field of business ethics has embraced virtue ethics as a critical ethical mode of thinking to complement, even guide, the other normative ethical theories. Virtue ethics moves us from what we *ought* to do, based on norms and principles, to the dispositions, character traits, and attitudes that shape our moral identity and enable us to act in ways that are in harmony with that identity.

Since aiding the CPE student in “the integration of personal history, faith tradition and the behavioral sciences in the practice of spiritual care” is the stated role of CPE programs, and since the standards for professional chaplaincy include under the heading of Identity and Conduct standard IDC4 (articulate ways in which one’s feelings, attitudes, values, and assumptions affect one’s pastoral care),³ then would not virtue ethics be a valid, even vital, explicit ethical theory that should be embraced intentionally and formally to help CPE programs achieve their purpose? I use “intentionally and formally” because I suspect (without only anecdotal evidence) that some CPE programs do embrace and employ virtue ethics. If virtue ethics explores how integrity, self-control, honesty, compassion, courage, fairness, prudence, and other such virtues operate within one’s daily demeanor, don’t these seem germane to the self-exploration of CPE programs? It seems right now that this exploration is categorized primarily as teleological rather than virtue ethics.

I am aware that inserting virtue ethics into the discussion here might further play into what Tartaglia has already so well identified as the limitations of the CPE focus on self-criticism, self-evaluation, and self-improvement and the downside of what became the ideological discrepancy of the education vs. therapy debate in CPE’s formative years, with the resulting emphasis on teleological norms of professional authenticity vs. the authentic person. Yes, that shift seemed to occupy the CPE program at the expense of attention to “what was happening in the medical establishment” and the preparation of professional chaplains for that medical establishment. Are most chaplains today lacking in their understanding of the “metrics for measuring the pastoral effectiveness?” Yes. Does the profession of chaplaincy require that chaplains have these competencies? Yes. However, if the chaplaincy profession is to assume its proper leadership role within the field of healthcare, would not the prevailing ethical mode of leadership, which is virtue ethics, be a sensible and useful ethical theory to integrate at this point into CPE programs?

LEARNING MODELS AND A NEW FOCUS

I really appreciate Tartaglia’s observations on the changes in educational philosophy due to John Dewey’s influence and his proposed scientific method that emphasized *how* to think more than *what* to think, the process-

es, and the promotion of reflective behavior, growth, and health. I also agree with his analysis of the fallout from the shift: the lack of learning as a research enterprise and not being attuned to the healthcare environment and to what the chaplain needs in order to be successful in that environment. Certainly, it was telling that Russell Dicks keenly identified core requirements/standards for hospital chaplains, even though CPE did not see itself as the primary means to ensure chaplains gained the competencies needed to meet those standards. And yes, it is telling that chaplaincy as a profession only arrived at standards of practice eighty years later.

It has been more than ten years since the Council on Collaboration developed and agreed upon common standards for professional chaplaincy certification. While Tartaglia critiques ACPE for not developing consensus metrics on what constitutes learning outcomes and notes that little correlation exists between CPE learning outcomes and chaplaincy standards of practice, I would point to and challenge the professional chaplaincy associations to collaborate in incorporating into their common standards for certification even clearer competencies and expected practices on proficiencies so that, as a customer/consumer of CPE, not too much is expected of CPE programs. It is the responsibility of the chaplaincy associations, not the CPE programs, to ensure that their board-certified members are capable and competent. CPE programs need to be clear on what they do provide so that the buyer knows the product is high quality. So, I read most of Tartaglia's future steps as agenda items for the certifying chaplaincy associations in partnership with healthcare institutions, where CPE programs are partners with other entities and are not expected to be the drivers of this agenda.

RECOMMENDATIONS FOR TRAINING

Tartaglia's call for a more formal clinical year of training for professional chaplains is worth considering. Professional chaplaincy associations are challenged to assess the readiness of candidates for certification in today's healthcare environment. The elements of more sophisticated medical ethics, leadership and management competencies, competencies in quality improvement methods, research literacy, and the professional skills and abilities to move beyond acute care and to re-envision pastoral care services in a variety of outpatient settings are viewed as more "down the road" versus baseline competencies for initial certification. Can we work on developing

a clinical year that develops these competencies? I would emphasize here again that it would better if CPE programs were partners rather than drivers in this enterprise.

FINAL THOUGHTS

I highly value Tartaglia's "reflections" because these reflections stir an iterative process of thinking and planning that ultimately will result in better prepared chaplains who are equipped and motivated to work in a highly complex healthcare environment. The NACC looks forward to opportunities to collaborate with the ACPE, Association of Professional Chaplains, and our other cognate groups to ensure that our members work at the highest level of their profession to provide compassionate, competent care for the ultimate benefit of those whom we serve.

NOTES

1. Association for Clinical Pastoral Education, Inc., "ACEPE Standards & Manuals: 2010 Certification," <http://s531162813.onlinehome.us/pdf/2010%20Manuals/2010%20Certification%20Manual.pdf>.
2. Stanford Encyclopedia of Philosophy, "Virtue Ethics," revised March 8, 2012, <http://plato.stanford.edu/entries/ethics-virtue>.
3. Council on Collaboration, "Common Standards for Professional Chaplaincy," 2004, http://www.professionalchaplains.org/Files/professional_standards/common_standards/common_standards_professional_chaplaincy.pdf.