UC DAVIS MEDICAL CENTER

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ACPE
CPE LEVEL I/LEVEL II
AND SUPERVISORY CPE
HANDBOOK

Accredited by:
Association for Clinical Pastoral Education, Inc.
One West Court Square, Suite 325
Decatur, Georgia 30033
(404) 320-1472
www.acpe.edu

and

U. S. Department of Education
Accreditation and State Liaison Division.
Office of Postsecondary Education
1900 K Street, Room #7105, Washington, DC 20006-8509 www.ed.gov

A hard copy of this handbook is available in the Reference Manual in Clinical Pastoral Services classroom in Housestaff Room 2001 Office and in USB drives

The Standards of the Association for Clinical Pastoral Education (ACPE) and any forms from UC Davis Medical Center supersedes the requirements of this handbook. The current ACPE 2010 Standards are on the Public Drive listed above or www.acpe.edu.

NOTE: The Handbooks are for educational purposes only and are not to be considered a contract.
Welcome to the Clinical Pastoral Education (CPE) program at UC Davis Medical Center. CPE is the educational arm of the Clinical Pastoral Services department. We are glad that you will take part in an exciting, self-directed, adult learning process. As a way of getting you started, we will provide you a thorough orientation to The University of California Davis Medical Center, the philosophy and structure of the ACPE/CPE program, and the various expectations and requirements for your participation in this unit of CPE.

You have chosen to participate in a CPE program that is fully accredited by the Association for Clinical Pastoral Education, Inc. (ACPE) to offer Level I, Level II, and Supervisory Education. Furthermore, we are part of the Pacific Region of the ACPE and we participate with other CPE Centers in and around the Sacramento Area.

**Why this book?**

We want you to have the information you need for a successful UC Davis Medical Center CPE experience. Within these pages, you will find information that will help you in every aspect of your work while you are with us and information about pertinent guidelines and procedures of this center and of ACPE.

**What exactly is CPE?**

CPE is an experience in process education, which has been shaped by history and yet remains responsive to the present-day cultural developments that will affect your pastoral formation. The heart of CPE is your ministry with people and learning from that ministry through reflection, discussion, and evaluation with other students (your peers) and your supervisor. In your CPE experience, you will use verbatims, case studies, and other ministry descriptions to present your ministry for supervision. The focus in some seminars will be on what is happening to the people receiving your ministry. There will be opportunities to learn from the behavioral sciences while also reflecting theologically, so that you can draw from both in understanding the human condition. You will be challenged to think about groups and social structures as well as individuals in defining your ministry. You will also be part of a dynamic learning group with your peers and your supervisor, which will provide opportunities for mutual supervision, care giving, challenge, and appreciation.

Once again, Welcome.

ACPE Supervisor
# Table of Contents

Welcome and Introduction ........................................................................................................... 2  
A Brief History of UC Davis Medical Center ........................................................................... 2  
A Brief History of UC Davis Medical Center ........................................................................... 3  
History of Pastoral Services and the CPE Program ................................................................. 6  
Clinical Pastoral Services Management Team ........................................................................ 14  
Administrative Structure for Pastoral Services ...................................................................... 15  
Administrative Support .......................................................................................................... 16  
The Pastoral Care Advisory Committee .................................................................................. 22  
Pastoral Learning Philosophy at UC Davis .............................................................................. 26  
A Concept of Clinical Pastoral Education .............................................................................. 27  
The Process of Supervision .................................................................................................... 32  
CPE Programs Requirements .................................................................................................. 37  
Requirements for Level I and Level II CPE: full credit .......................................................... 38  
Requirements for Level I and Level II CPE: Half Credit ......................................................... 42  
Curriculum Level I/Level II ...................................................................................................... 44  
Expectations of UCD Level I/Level II .................................................................................... 46  
CPE level I/II Calendar ........................................................................................................... 50  
Required Consents and Releases ............................................................................................ 51  
Annual Notice ........................................................................................................................ 58  
Family Education Rights and Privacy Act (FERPA) .............................................................. 59  
Agreement for Training .......................................................................................................... 60  
Stipend agreement .................................................................................................................. 61  
Non-Stipend Agreement ......................................................................................................... 65  
Unit Evaluation Release Form ............................................................................................... 68  
Educational Resources .......................................................................................................... 71  
Educational Resources .......................................................................................................... 74  
Why Use Learning Contracts ................................................................................................ 74  
Focal Points For Individual Supervision ................................................................................ 75  
Group Covenant ..................................................................................................................... 77  
IPR ........................................................................................................................................ 78  
General Verbatim Write-Up (Beginning CPE) ...................................................................... 79  
General Verbatim Write-Up .................................................................................................. 80  
General Verbatim Write-Up .................................................................................................. 83  
Spiritual Verbatim Format .................................................................................................... 83  
Verbatim Write Up with BCCI competencies ...................................................................... 84  
Guideline for Reflection Papers ............................................................................................ 87  
BIWeekly Highlights report and reflections .......................................................................... 88  
Theological Integration Seminar ............................................................................................ 89  
Guidelines For Maintaining Integrity In Theological Reflection ......................................... 89  
Critical Incident Report ......................................................................................................... 93  
Spiritual Assessment ............................................................................................................. 95  
Spiritual Centering Experience Feedback ............................................................................. 97  
Guidelines for Ethics Case Study Presentation ..................................................................... 98  
Guidelines for Interdisciplinary Case Conference ............................................................... 99  
Specialty Project Outline ....................................................................................................... 99  
Final Evaluation Guidelines Level I ...................................................................................... 101  
Final Evaluation Guidelines Level II .................................................................................... 104  
Final Evaluation Guidelines Level II .................................................................................... 109
# TABLE OF CONTENTS

## Section 1: Introduction and Welcome

<table>
<thead>
<tr>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Welcome and Introduction</td>
<td>2</td>
</tr>
<tr>
<td>A Brief History of UC Davis Medical Center</td>
<td>2</td>
</tr>
<tr>
<td>History of Pastoral Services and the CPE Program</td>
<td>6</td>
</tr>
<tr>
<td>Clinical Pastoral Services Management Team</td>
<td>14</td>
</tr>
<tr>
<td>Administrative Structure for Pastoral Services</td>
<td>15</td>
</tr>
<tr>
<td>Administrative Support</td>
<td>16</td>
</tr>
<tr>
<td>The Pastoral Care Advisory Committee</td>
<td>22</td>
</tr>
</tbody>
</table>
The welcome and introduction section of this ACPE/CPE Student Manual provides introductory information about the pastoral context of CPE at University of California Davis Medical Center, the administration structure, the support systems and resources, the Clinical Pastoral Services department and the CPE faculty.

Located in Sacramento, CA, UC Davis Medical Center is part of the UC Davis Health System. In turn, UC Davis Health System is part of the University of California in Davis, CA.
UC Davis Medical Center is a nationally renowned teaching and research hospital at the geographic and political center of America’s most populous state. More than 10,000 faculty, staff and students collaborate on urgent global health problems at the Medical Center, the top-ranked UC Davis School of Medicine, the new Betty Irene Moore School of Nursing, nationally prominent research/clinical centers, and the UC Davis Medical Group, which together are affiliated as the UC Davis Health System.

Sacramento’s early medical community developed along with the city’s wealth of gold and land. Pioneering doctors tended the sick in tents, huts, and at Sutter’s Fort. For the privileged, there were some private hospitals, but few had operating rooms. Many people couldn’t afford private hospitals, and public concern for care of the poor mounted. To help resolve this problem, the city of Sacramento built UC Davis Medical Center’s predecessor, a county hospital that provided health care for the infirm and a home for the elderly. In 1852, the original hospital structure stood at 10th and L streets on what would later be part of the State Capitol grounds. In 1871, the hospital moved to its present 110 acre site on Stockton Boulevard.

The University of California, Davis School of Medicine opened in the city of Davis in 1966, and admitted its first class of 48 students in 1968. The University expected a Veterans Administration hospital with on-site teaching and research facilities to be constructed in Davis. Initial plans also anticipated an affiliation with the Sacramento County hospital on Stockton Boulevard.

In 1966, the University entered into an affiliation agreement with the Sacramento County Board of Supervisors to use its county hospital as the principal clinical teaching site for the UC Davis School of Medicine, pending the new VA hospital. In 1970, a bond issue failed that would have provided the funds for a permanent School of Medicine facility and an on-campus hospital. The tie to the Sacramento site grew stronger. Legislation moved forward that changed the 1965 Medi-Cal Act. Now special county options for county hospitals previously provided by the act would cease.

In 1973, the University purchased the hospital and, in 1978, named it the UC Davis Medical Center. The University then began to develop its now fourfold mission of: education, research, quality patient care, and public service for a healthier community and region. Thus began the long and difficult process of transformation into a state-of-the-art academic and acute-care medical center.

The Medical Center is now broadly recognized by the public, health-care providers, and the media as a center of both academic and patient-care excellence – and one with a continued and major emphasis on addressing the health-care problems that matter most to society.

Today UC Davis Medical Center is a 619-bed complex, tertiary, quaternary and acute-care hospital with Level I adult and pediatric trauma centers and a comprehensive array of specialty and ancillary services. Centers of excellence include a National Cancer Institute-designated comprehensive cancer center; the unique UC Davis MIND Institute for the study of neurodevelopmental disorders; a comprehensive children’s hospital; and UC Davis Medical Group outpatient clinics in communities throughout the Sacramento region.
The hospital and its affiliated medical school are consistently ranked among the nation’s best, and have established UC Davis as a national leader in tele-health, rural medicine, cancer, neurodevelopmental disorders, vascular medicine, trauma and emergency medicine and other areas of clinical care, research and education.

To keep pace with its goals and the demand for key services from its fast-growing 33-county service area, the medical center has continually upgraded and expanded its physical home. Research and clinical enterprises have grown dramatically during the past two decades, with square footage on the Sacramento campus increasing nearly threefold since 1990.

The medical center’s surgery and emergency services pavilion project is one signature part of this growth. Completed in 2011, the 472,000-square-foot pavilion is an important addition to the hospital that includes a new emergency department, technology-enabled operating rooms, intensive care and burn units, imaging centers, and a robotic clinical laboratory, among other facilities. Improvements also include a new main entrance, cafeteria and gift shop, and a new meditation room/all faith chapel for staff and patients. The move of departments and services to the pavilion area also allows many other departments to expand to meet the growing health-care needs of Northern California.

Other recent highlights include a major expansion of the cancer center, a new Center for Health and Technology, and the university’s Institute for Regenerative Cures stem-cell research facility. Renovation and construction are ongoing.

UC DAVIS MEDICAL CENTER MISSION STATEMENT

The UC Davis Medical Center is dedicated to advancing medical science and to improving the health status of the residents of inland Northern California. It provides a wide array of inpatient and outpatient services which includes the faculty and the staff of the School of Medicine, the health care professionals and support personnel of the medical center, a large network of primary care clinics and affiliated hospitals, and an extensive home care program. The four-part mission of the UC Davis Medical Center focuses on:

- **Education** – Providing tomorrow’s physicians, nurses, and other health-care professionals with the knowledge, skills and experiences needed to provide exemplary patient care.
- **Patient Care** – Providing access to essential services and state-of-the-art health care that is consistently delivered with competence, respect, dignity, and compassion.
- **Public Service** – Supporting community development and improvements in health status through educational and public service activities that address important regional issues and unmet community needs.

UC DAVIS MEDICAL CENTER SERVICE PROMISE

The medical center’s entire staff also is guided by a commitment to fulfill the following promise to patients:
“We, the staff of UC Davis Medical Center, value the confidence and trust you have placed in us. Throughout your health care experience, we will strive to meet your medical needs and exceed your expectations with courteous, attentive, personal care. In pursuing this goal, we promise to:

- Respect and protect your right to privacy and maintain confidentiality of your records.
- Keep you informed of your medical condition, answer your questions frankly, and involve you and your family in any decision-making process.
- Provide explanations and instruction in a clear, concise manner.
- Provide service that is timely, convenient, and accessible, explaining delays whenever necessary.
- Maintain safe and comfortable facilities.”

In conclusion, as a context for CPE, UC Davis Medical Center provides opportunities for ministry. Students are called to provide emotional, pastoral and spiritual support ministry to patients, family, and staff in the clinics.
HISTORY OF PASTORAL SERVICES AND THE CPE PROGRAM

ACPE 2010 STANDARD 304.11

In the early history of the Medical Center, spiritual care of patients and families was provided primarily by clergy and lay visitors from various faith groups in the community. Roman Catholic priests, supported by the Diocese of Sacramento, generally were available on an on-call basis. In 1953, the Reverend Ignacius Haren was appointed by the Diocese to be the hospital priest, and the Reverend William Dinelli was appointed to this position in 1975, followed by the Reverend William Feeser in 2001, along with Father Ambrose and another priest. Chaplain Philip Hagberg began Protestant chaplaincy service at the hospital through the Council of Churches in Sacramento (renamed the Interfaith Service Bureau). He was succeeded by Chaplain John Wahl. In 1964, the Reverend Raymond Otto was employed by Sacramento County as hospital chaplain and Clinical Pastoral Education (CPE) Supervisor. In 1974, he was transferred to the Medical Center’s Division of Mental Health, based at the Crisis Unit, and then to the North Sacramento Community Mental Health Center. With his transfer to this mental health facility, Chaplain Otto established a volunteer chaplaincy program. The Reverend Dr. Paul Janke, now retired Area Director of Lutheran Social Services in Sacramento, was employed at UC Davis Medical Center from 1974-1979 as Coordinator of Pastoral Services at the hospital’s East Sacramento Community Mental Health Center.

During Chaplain Otto’s tenure with the County of Sacramento and the University, he established in 1966 a Clinical Pastoral Education program. Clergy and seminary students were placed in various units within the Medical Center and at the community mental health centers. Faculty and clinical staff served as preceptors for these trainees along with the supervision of Chaplain Otto. Due to additional responsibilities placed on Chaplain Otto, the CPE program was discontinued in 1978. In 1979, Chaplains Otto and Janke left university employment because of funding cutbacks. Pastoral/spiritual care continued to be provided by a Roman Catholic chaplain, funded by the Diocese of Sacramento, and by volunteer chaplains, under a program administered jointly by the Interfaith Service Bureau and the UC Davis Medical Center Volunteer Services Dept.

In 1988, the UC DAVIS MEDICAL CENTER administration decided to re-establish an office of Clinical Pastoral Services (chaplaincy services), and to request accreditation as a CPE training center as a means of providing well-trained, closely supervised spiritual caregivers in a cost-effective manner. UC DAVIS MEDICAL CENTER was fortunate to attract and recruit as its first manager of this program; the Reverend Dr. Timothy H. Little of Atlanta, GA. Dr. Little had 40 years of experience as a CPE Supervisor and as administrator of chaplaincy services. Under Dr. Little’s leadership, UC DAVIS MEDICAL CENTER moved rapidly to request from the Association of Clinical Pastoral Education accreditation for the Medical Center as a Candidacy Center for CPE training. The first summer class was held in June, 1989, and the first four 12-month Chaplain Residents arrived in September, 1989. Because of Dr. Little’s leadership and the obvious attributes of the UC DAVIS MEDICAL CENTER, this CPE program grew into a highly regarded, nationally recognized program.
Of the 250 students/trainees who participated in the Clinical Pastoral Education program at the UC DAVIS MEDICAL CENTER since 1989, over half represented a wide diversity of religious backgrounds, and over half were women. Approximately one third of all the students were Roman Catholic. Other students came from most Protestant denominations, as well as non-Christian religious groups. The majority of students were Euro-American. Other racial/social/cultural groups represented were African-American, Hispanic, Native American, African, Colombian, Japanese, Mexican, Filipino, Tonganese, East Indian and Vietnamese. From its inception, the UC DAVIS MEDICAL CENTER CPE program has been committed to openness and non-discrimination regarding race, ethnicity, gender, sexual identity, faith, and disabling conditions.

Prior to 1993, the CPE program was accountable to the program’s Professional Consultation Committee, composed of representatives from the Medical Center staff and community clergy and lay leaders. Currently the CPE program is accountable to the Clinical Pastoral Education Advisory Committee, comprised of clinical staff members, former CPE students, and other interested community persons. The CPE Supervisor reports to the manager of the hospital’s Volunteer Services Dept.

In 2002, UC DAVIS MEDICAL CENTER Clinical Pastoral Services established a satellite program at St. Mary’s Regional Medical Center in Reno, NV. The first extended unit began in October, 2002 with six students (five females and one male). This unit was supervised by the Reverend Dr. Timothy Little, ACPE Supervisor, and the Reverend Dr. William Bartlett, ACPE Supervisory Candidate, along with staff at St. Mary’s. The first full-time summer unit began in June, 2003, consisting of five seminarians from differing denominations (three males and two females). Due to financial constraints at St. Mary’s, the satellite program was discontinued in the summer of 2005.

The 2005 Five-Year Accreditation review was not the Center’s finest moment in its accreditation history, as the Center received 27 Notations. Through consultation with other Centers and supervisors, support from administration, and the members of the Advisory Committee, the Notations were successfully addressed and removed. Although it was a tense period, the Center was able to confront and learn from its limitations and needs.

In the spring of 2007, the Reverend Susan Hill, after completing six (6) CPE units at UC DAVIS MEDICAL CENTER, became a Supervisor Education Student (SES) in the CPE program. Chaplain Hill assisted Dr. Little in the training of Level I and II CPE students, and remained under Dr. Little’s supervision until mid-Summer of 2009. She left UC DAVIS MEDICAL CENTER in the fall of 2009, and, for health reasons, moved to Florida. Susan’s resignation from the supervisory process left the Center without an SES.

During the 2009 Summer CPE unit, Dr. Little went on paid administrative leave and his tenure with UC DAVIS MEDICAL CENTER ended in early August, 2009. This period of time was chaotic for the CPE program, especially for the participating students and residents. As this unit was significantly disrupted with Dr. Little's absence, the interns and residents felt betrayed by the hospital administration. For some students, this Summer Unit would be the only unit received in preparation for their entire ministry. They were given opportunities to express and process their feelings in several ways including the program evaluation forms at the end of the unit. Fortunately, the program was held together with the efforts of Chaplain Hill,
senior CPE residents, the manager of Volunteer Services, the Advisory Committee, and the volunteer efforts of the Rev. Samuel Brown-Dawson, then an ACPE Associate Supervisor.

UC DAVIS MEDICAL CENTER reiterated its commitment to continue Clinical Pastoral Services and the Clinical Pastoral Education program. The institution’s unwavering support for and the desire to maintain an accredited CPE program resulted in an immediate search for Dr. Little’s replacement. The Rev. Brown-Dawson, now a full ACPE Supervisor, was employed in October, 2009 as CPE Supervisor. No stranger to the CPE center, Rev. Brown-Dawson served as adjunct and interim supervisor from December 2008 through the end of August 2009. As the center’s CPE supervisor, he quickly gained the confidence of the CPE program participants as well as the Advisory Committee and hospital administration.

As part of the transition and after much consultation, the decision was initially made to start the 2009 – 2010 residency CPE year in January. But the then current residents advocated for an earlier date and Rev. Brown-Dawson restarted the program at the end of October. However, the 2009 – 2010 Extended CPE was postponed and reconstituted in the Fall of 2010. All prospective students were appropriately informed of the changes. They were supportive yet disappointed.

With the continued expansion of the Medical Center facilities and the completion of the pavilion building in 2011, the long-awaited, brand new Meditation Room/All-Faith chapel was completed. The new meditation room, roughly four times the size of the old meditation room, is named The Battistella Meditation Room/All-Faith Chapel, in honor of the late Felix Battistella who was professor and chief of Trauma and Emergency Surgery at UC DAVIS MEDICAL CENTER. Funding for the establishment of the Battistella Meditation Room/All-Faith Chapel was provided by the Robert S. and Star Pepper Foundation. This new space provides patients, visitors, and staff a quiet place to sit, relax, reflect, and meditate. The beautiful and peaceful Meditation Room is separated from the hallway by a series of oversized, etched-glass windows, which let in considerable natural light from the building’s façade. The room also contains a water feature and plenty of space for those who need the comfort of solitude or those there to worship in groups. The room is designed to embrace all faiths and promote a sense of tranquility.

For the first time there is an adequate space for CPE chaplains to lead worship and spiritual centering as part of their pastoral ministry and learning experience. But more than that, the Meditation Room has become a place for individuals or groups seeking respite or time of reflection. It is A place of prayer for people from various faith traditions, Christian, Muslim, Sikh, and Buddhist alike can be comfortable praying, meditating, chanting, and reflecting.

We have come to understand and interpret our clinical context to include both clinical and non-clinical areas of the Medical Center. Non-clinical areas include all areas where patient care is indirect, such as medical records and offices. CPE Students are encouraged to provide support to staff members in these areas just as they would to staff members in the clinical or patient care areas. This institution-wide philosophical approach to pastoral care enables our CPE students to maintain a necessary and powerful dual relationship with the staff. As colleagues and members of the interdisciplinary team, they continue to collaborate/partner with the staff to provide holistic care to the patients and their family members. In addition, those colleagues have from time to time become recipients of pastoral
care themselves as they confront their own humanity or as they process the ethical, personal, spiritual, and religious concerns they encounter. Students regularly report encounters with staff and the department has received emails, phone calls, and cards expressing appreciation for the ministry of Clinical Pastoral Services to them or to colleagues.

**Supervisory Education Update:** The Center resumed Supervisory Education Training in October 2012 with Laura Clark as the SES. She was excited and we chose to offer the position to her knowing that she was not ordained. In retrospect, that created some challenges for her and the Center as she was not on an ordination track when we offered her the position. But through perseverance she became ordained about 14 months later. As SES she participated in supervisory meetings in the East Bay and Sacramento areas with other SES students and CPE Supervisors. She worked closely with me to observe and learn more about supervision and the CPE program at UC Davis. Primarily she worked with the Supervisory curriculum focusing on understanding the Certification Manual, Supervisory training expectations, CPE history and her pastoral development and competency. It was also a time for her to reintroduce herself to the medical center as she moved from a CPE student to SES.

After her ordination, Laura met a Candidacy Committee in March but her request was denied. It was a painful experience for her and one that I shared in greatly. Although she planned to request candidacy in the fall meeting of 2014, she decided against that and shortly announced that she needed some time away from the process. I agreed with her and supported her decision and later finalized her end date with the Center at the end of last October. We are currently reviewing several applications for an SES, but progress has been slow due to my surgery and medical leave.
Clinical Pastoral Services is the department charged to provide pastoral and spiritual services to the patients, staff, and visitors of UC Davis Medical Center and to conduct CPE programs. Organizationally, Clinical Pastoral Services is managed by Volunteer Services.

Thus, the mission of Clinical Pastoral Services at UC Davis Medical Center is to:

1. Provide pastoral and spiritual care services to patients, their families, and staff members in times of physical, emotional and spiritual crisis in a manner that is sensitive to race, gender, and religious traditions, and sexual identity/orientation.
2. Offer a fully accredited Clinical Pastoral Education (CPE) program that will train selected participants to develop professional competencies and pastoral skills.

CPE students are the primary chaplains/pastoral care providers of UC DAVIS MEDICAL CENTER. As such CPE students are members of Clinical Pastoral Services and must participate fully in all pastoral services provided by the Department.

The ministry of the Clinical Pastoral Services is becoming well integrated throughout UC DAVIS MEDICAL CENTER. The staff is developing a growing reliance upon and appreciation of the education and training involved in CPE. Chaplains are expected to have an active and visible presence in the clinical areas. They are expected to care for the staff as spiritual leaders (pastoral care providers) while maintaining collegial relationships as learners. This atmosphere allows for a rich learning environment as CPE students are involved with patient visitation, interdisciplinary team meetings, and responding to crises and deaths. In conclusion, the history of UC DAVIS MEDICAL CENTER and its ACPE CPE program reveals a commitment to a common mission and values that has served to provide a strong learning environment for CPE chaplains from 1989 until today.

In addition to the Medical Center, Shriners Hospitals for Children – Northern California (SHFC) provides additional pastoral context and unique experiences for our CPE students. Located across the street from the Medical Center, SHFC treats children with burns, as well as a host of orthopaedic and neuromusculoskeletal conditions, and spinal cord injuries through inpatient and outpatient services. This clinical context provides added ministry and educational opportunities for CPE students. Students receive orientation and a tour of the facility during their weeklong orientation at the beginning of their training program. The overarching goal of CPE of the medical center is educate pastoral/spiritual care providers who will also participate in research through their Level II pastoral/spiritual care specialization and projects. It is hoped that the students will engage the living human documents (patients, family, and staff) to help them become competent providers of pastoral/spiritual care and services.
UC Davis ACPE CPE programs are led by an ACPE CPE Supervisor who is a full time employee of the Medical Center. Others in the Medical Center and community share in the leadership of all levels of CPE training at UC DAVIS MEDICAL CENTER. In addition, Supervisory Candidates also share in supervision of Level I/II students.

In many ways the primary faculty or teachers for ACPE CPE at this center are the living human documents which include patients, their family members, friends and supportive community, and staff, especially physicians and nurses. It also includes persons such as housekeepers, escort personnel, and law enforcement who serve to welcome the public at each of the entrances of the hospital. Moreover, particularly as we develop trust in one another in the peer group, students share a significant portion of responsibility for the learning that takes place for each one of us in the group. It is as we begin to develop a sense of collegiality and mutual respect that we begin to discover a safe place in which to grow and mature in our understanding of a healing ministry.

FACULTY DEVELOPMENT PLAN

As an educational institution, UC DAVIS MEDICAL CENTER provides opportunity for supervisory faculty development by encouraging and requiring participation in continuing education and activities. While the CPE Center does not have administrative control over our adjunct faculty members, the Center does expect them to remain committed to their scholastic, personal, and professional development and growth.

The goal of our Faculty Development plan is to foster and sustain a collegial community of lifelong learners capable of meeting the present and future challenges of pastoral education within an interdisciplinary context. Therefore, the center encourages and supports its CPE supervisor and any future member of the Clinical Pastoral Services staff serving as faculty to participate in continuing education involvement. The center expects the CPE supervisor to:

1. Meet all requirements related to ACPE, the Medical Center Employees, and the supervisor’s faith group requirements.
2. Participate in ACPE National and Regional Conferences including meetings with other area supervisors for professional development and growth.
3. Participate in interdisciplinary committees and maintain pastoral, professional, and interpersonal relationships within UC Davis Medical Center and the Sacramento community.
4. Seek opportunities for self and physical development.
5. Participate in the UC Davis Faculty Development program.
The primary CPE Supervisor is The Reverend Samuel C.M. Brown-Dawson, an ordained minister of the Church of God in Christ (USA). He is a certified ACPE supervisor with long supervisory experiences in both Southwest Region and Pacific Region of ACPE. He is currently endorsed by Center of Praise Ministries where he serves as campus pastor. Before coming to UC DAVIS MEDICAL CENTER, Rev. Brown-Dawson supervised at Methodist Health System in Dallas, TX, Covenant Health System in Lubbock, TX, and Sutter Medical Center in Sacramento, CA. Rev. Brown-Dawson holds graduate degrees from several educational institutions.

As a person, Rev. Brown-Dawson has experienced grief as a husband and life as a single parent while maintaining fulltime employment and serving in fulltime ministry. Furthermore, he knows the challenges of seeking a life partner, entering into a long distance relationship, marrying with children and relocation without employment. He also knows the benefit of pastoral care and counseling. As a professional, he has journeyed with people of all ages and both genders from various faith traditions, and cultural, socio-economic, and ethnic backgrounds toward health and wholeness through counseling, consultation, and education from a Christian perspective and the behavioral sciences.

As the center’s CPE supervisor, Rev. Brown-Dawson is UC DAVIS MEDICAL CENTER’s head chaplain though he is without a specific clinical assignment. He recognizes that the CPE process maybe stressful at times. So, while individual supervision will be scheduled on a regular basis, the supervisor’s door is always open and students may access him as needed. He carries both a digital pager and a hospital issued cell phone for easy access. His involvement and accessibility extend beyond the students in CPE to the clinicians at UC DAVIS MEDICAL CENTER and the religious/spiritual community in the Sacramento area. Some of his clinical involvements include:

- Making visits as requested by students, patients, staff, or families.
- Participating in on-call to assist when needed.
- Shadowing students to observe and provide helpful feedback.
- Participating in several clinical committees such as, palliative care, and bioethics.

As an ACPE supervisor, Rev. Brown-Dawson participates in ACPE and the Pacific Region of ACPE programs. He now serves as a member of the Pacific Region Council. He successfully completed a regional peer-review as required. He also participates in the individual educational development planning that is built into the annual review for management at UC DAVIS MEDICAL CENTER, and the continuing education required by his endorsing religious body. Documentation of this annual training is maintained in the Clinical Pastoral Services Department.
housed on the UC DAVIS MEDICAL CENTER Campus. Further education and leadership
development is encouraged by active participation in the leadership of the Bay Area supervisory
group. Peer interaction and consultation occurs regularly and as needed. Continuing supervisory
education and informal peer review occurs through the Sacramento Region monthly supervisory
group and the East Bay monthly supervisory group. These monthly meetings are attended by
Supervisors and Supervisory Education Students from several CPE centers such as Sutter
General Hospital, Sutter Roseville Hospital, Sequoia Hospital, and other locations in the region.

In the absences of Rev. Samuel Brown-Dawson for medical reasons, the center contracted with
the Reverend Alice Cabotaje to supervise the winter unit for 2014-2015. The unit is registered
under her name with ACPE.

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**ADJUNCT FACULTY/GUEST LECTURER**

ACPE 2010 STANDARDS 303.3

Each unit, the center uses various professionals and educational opportunities to provide
support, consultation, and didactic seminars for the CPE students.

1.) Consultation: Formal mid-year consultation for all residents. The centers uses area
CPE Supervisors, Supervisory Education Students, Supervisory Candidates, Advisory
Committee Members (PAG), and a clinical staff member selected by the student to
form a consultation committee

2.) One-on-One Consultation: Each student is paired with an advisory committee
member for informal consultation and support. Many students have found this
consultative relation very helpful for their pastoral, professional, and personal
development. Level II students have used the advisory liaison to consult on the
specialty and projects.

3.) Grand Rounds and other training offered by other departments: Each unit, the
curriculum includes opportunities for the students to attend selected Social Series and
Psychiatry Grand Rounds. In addition the center pays for students to attend seminars
such as ELNEC, Pediatric Palliative Care and others.
The formal responsibilities for managing the ongoing operation of Clinical Pastoral Services and the CPE program falls on the four persons pictured above. In addition to these four, others in Volunteer Services and the entire medical community provide invaluable ongoing support and guidance to the Clinical Pastoral Services and its CPE program. The SES was included as part of her training in understanding the working of the department and to make effective use of her skills and her personal desires.

The Reverend Samuel Brown-Dawson manages the Department of Clinical Pastoral Services. He coordinates the program and activities of the department in addition to supervising the CPE Programs. These three persons (in addition to a host of others) supports and assists the CPE supervisor.
UC DAVIS MEDICAL CENTER is solely owned and operated by University of California Davis School of Medicine. The Dean of the School of Medicine and the Director of the Medical Center share management responsibility for the umbrella that is the University of California Davis Health System.

Mrs. Ann Madden Rice is the Chief Executive Officer of the UC DAVIS MEDICAL CENTER, and Dr. Julie A. Frischlag, M.D., is Vice Chancellor for Human Health Sciences and Dean of the School of Medicine at the University of California Davis.

The CPE program operates within the Clinical Pastoral Services Department; the department Administrative Coordinator also serves as the CPE program Supervisor. In previous years, Clinical Pastoral Services and the CPE program reported through the UCDHS; however, the department now reports to the UC DAVIS MEDICAL CENTER for administrative oversight. The Clinical Pastoral Services Department is located in the Administrative Services Division under the leadership of Mr. Vance Johnson, Chief Operating Officer, to whom Mr. J.P. Eres, Manager of Volunteer Services, reports. In this structure, both leaders are very supportive of the CPE program. The Manager for Clinical Pastoral Services and the CPE program Supervisor is the Rev. Samuel C.M. Brown-Dawson, who reports directly to Mr. Eres. The CPE program and its student chaplains provide pastoral care/services, participate in educational programs, and develop interdisciplinary relationships within both UC Davis Health System and in particular UC DAVIS MEDICAL CENTER.

Historically, this line of administrative accountability represents earlier decisions to place the program under the community services portfolio. While there are many community relations responsibilities for Clinical Pastoral Services, the primary activity of this department is to provide in-depth pastoral care, counseling, and spiritual support for patients and their families as well as staff within the hospital. In that sense, much of the primary activity of this service relates directly to patient care services in partnership with nurses and social workers. Additionally, Clinical Pastoral Services interacts with physicians, house staff, and others in the delivery of health care services. From a functional perspective, therefore, relationships are vibrant and creative as we join together across various lines, engaging cooperatively with staff, administration, interns, and students in these areas.
ADMINISTRATIVE CHART OF CLINICAL PASTORAL SERVICES

Julie Ann Freischlag, MD  
Vice Chancellor for Human Health Sciences  
Dean of the School of Medicine

Ann Madden Rice  
CEO

Vincent Johnson  
COO

J.P. Eres  
Manager: Patient Support & Volunteer Services

Johanna Medellin  
Volunteer Services

Karen Anderson  
Administrative Assistant II

Volunteer Chaplains & Eucharistic Ministers

Samuel Brown-Dawson  
Manager, ACPE Supervisor

Supervisory Education Student

CPE Levels I and II Students

Father Joseph Nguyen  
Catholic Priest: Appointed by Bishop of the Diocese of Sacramento to serve the UC Davis Medical Center Roman Catholic community
The following three letters are from various administrative personnel demonstrating involvement and support of the CPE programs and training of CPE students.
Greetings,

Thank you for your decision to participate in the UC Davis Health System Clinical Pastoral Education Program. I know that training at UC Davis, with physicians, nurses and other health-care professionals committed to ensuring better health for all, will be exceptionally rewarding and memorable.

When patients and their families come to UC Davis, they often are in crisis. UC Davis is the only level 1 trauma center in inland Northern California, treating the sickest and most seriously injured patients. As the region’s only academic health center, UC Davis cares for patients — from newborns to the elderly — with severe and complex life-threatening conditions. For these individuals and their families, the support of a representative of their faith tradition can be a fundamental and integral facet of the healing process.

We are committed to providing you with a fulfilling educational experience and are pleased that you have selected the health system for your clinical pastoral training. Welcome to the UC Davis team!

Sincerely,

Claire Pomeroy, M.D., M.B.A.
Vice Chancellor for Human Health Sciences
Dean, School of Medicine
University of California, Davis
May 18, 2010

Dear ACPE/CPE Students,

As Chief Executive Officer of the UC Davis Medical Center, I extend a warm and personal welcome to you as you begin your CPE training with us. We are pleased that you have chosen our acute care teaching hospital with its 615 licensed beds, nearly 7,500 employees and an annual budget of over $1 billion to continue your pastoral formation and to develop your clinical skills for ministry. Your training with us will enable you to partner with members of other disciplines to serve the 6 million residents of Northern and Central California.

UC Davis Medical Center is known for its focus on education, research, patient care and public service. Through our Service Promise to all, we strive to meet each person’s needs and exceed their expectations with courteous attention and personal care. You are now a valuable part of that team effort. Since 1988, UC Davis Medical Center has made a dedicated effort to offer spiritual care to patients, families, and staff by offering Clinical Pastoral Education for Seminarians, clergy, lay persons, and other spiritual leaders from the Sacramento area and beyond. Our goal for your training is to provide a context for you to offer the highest level of pastoral services to the diverse population seeking hope, healing and compassionate care. We intend to offer you an excellent and sensitive training that will enable you to fulfill your calling and formation in ministry.

I want you to know that the leadership of UC Davis Medical Center is committed to your training, and we will make available the resources that will ensure that your program is in full compliance with the standard of ACPE, Inc.

Again, welcome to UC Davis Medical Center and to your educational experience.

Sincerely,

Ann Madden Rice
Chief Executive Officer
UC Davis Medical Center
Dear Students,

I welcome you to the Clinical Pastoral Education Program at UC Davis Medical Center. As the only level 1 trauma center in inland Northern California we have an exceptional training facility for you. As an academic medical center you will find our patient population to be very diverse both in culture as well as medical condition.

Your training will encompass working with all disciplines to provide the best care possible for our patients, their families, and staff. We believe that spiritual health plays an important and critical part in their emotional and physical health. You are an integral part of the health care team here at UC Davis Medical Center.

I trust that you will find this a rewarding educational experience and thank you for choosing UC Davis Medical Center. I am committed to your success and the success of our program.

Again welcome to the Clinical Pastoral Education Program at UC Davis Medical Center.

Sincerely,

Mr. J.P. Eres III, Manager
The Clinical Pastoral Education Advisory Committee meets at least quarterly to provide support and encouragement for the development of the CPE at the University of California Davis Medical Center. The committee is responsible for a number of items in relationship to the maintenance of the CPE program. The committee regularly reviews the policy and procedures, and recommends changes as appropriate. The committee participated in the five year accreditation review and responded to the recommendations of the Pacific Region Accreditation Committee. The committee was actively involved in preparations for the ten year accreditation review in 2010. At the conclusion of each student’s training contract, members of the CPE Advisory Committee meet with students to conduct an exit interview. Many members of the committee are also utilized in providing lectures and other presentations to the CPE program. Be assured that members of the CPE Advisory Committee are vitally interested in issues and concerns raised by students in the CPE program and welcome inquiries.

Advisory Committee members are also active in the mid-year resident consultations, in admission interviews with prospective candidates for the year-long resident training program and, should it be necessary, in reviewing student concerns or complaints.

ADVISORY COMMITTEE MEMBERS

Theresa Arciniega, MSW, LCSW, Manager of Social Work Services
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916-734-2583 (office)
Theresa has been with the medical center for over 40 years at UC Davis Medical Center. She has worked with Clinical Pastoral Education over the years. She is also an active worship leader in the Roman Catholic Church.

Rev. Donna Waterman
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916-756-2060 (office)
Donna is a Presbyterian Minister, and a retired Hospital Chaplain within the Dignity Health System. She is also an alumna of the UC Davis Medical Center CPE program. Donna has served on the committee for over 3 years.
Rev. Rod Davis, M.Div, J.D.
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St. Michael's Episcopal Church
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Rod is an Episcopal Priest and a former State Supreme Court Justice. He is an alumnus of the UC Davis Medical Center CPE program.

Rev. Tina Campbell
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916-393-5520 (home)
Tina is an Episcopal Deacon and a retired school teacher. She is also an alumna of the UC Davis CPE program. Tina is the chair of the Advisory Committee starting in 2012.

Eric Moore, RN, MBA, NEA-BC
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Eric is the Nurse Manager Med/Surg. Specialty Unit, Palliative Care & GRASP. He replaced Carol Robinson, Chief of Patient Care Services Officer. He has been on the committee for over a year and provides extensive support for and collaboration with spiritual care services among the nursing profession.

J.P. Eres, Manager of Patient Support and Volunteer Services
JP.Eres@UC Davis Medical Center.ucdavis.edu
916-734-7525 (office)
916-869-3069 (cell)
JP’s coordinates the recruitment and placement of over 5000 volunteers annually. This includes volunteer chaplains, chaplain students, more than 1,000 area high school, vocational school, community college and university students. In addition, he is the Administrator for the Clinical Pastoral Education program, is the UCDHS liaison to the Kiwanis Family House and has oversight of the Medical Interpreting Services Department and medical center gift shop.

Paul Janke, D.Min
apjanke@aol.com
916-363-6983 (home)
Paul is a retired Lutheran Pastor, associate certified chaplain (ACC) and an alumnus of the UC Davis Medical Center CPE program. He is a Life Member of the APC. Paul has been a member of the Advisory Committee since it started and a he is a past chair of the committee.
Samuel Brown-Dawson, M.Div
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Rebecca is a retired Librarian from the UC Davis Health System Medical Library.
## TABLE OF CONTENTS

### Section 2: Structure for Level I/II Education

- Pastoral Learning Philosophy at UC Davis ................................................................. 26
- A Concept of Clinical Pastoral Education ....................................................................... 27
- The Process of Supervision .......................................................................................... 32
- CPE Programs Requirements ....................................................................................... 37
- Objectives and Outcomes of Level I and II CPE .......................................................... 38
- Requirements for Level I and Level II CPE: full credit .................................................. 42
- Requirements for Level I and Level II CPE: Half Credit ............................................... 44
- Curriculum Level I/Level II ......................................................................................... 46
- Expectations of UCD Level I/Level II ......................................................................... 50
- CPE level I/II Calendar ............................................................................................... 51
The Level I/II CPE programs at UC DAVIS MEDICAL CENTER are designed to assist women and men to become better pastoral care providers. In order to achieve this broad objective, the program’s pastoral and educational philosophy is built upon the following four fundamental presuppositions.

1. The first is that heightened self-awareness strengthens one’s ministry. The adult learner brings personal life history, religious experience, and social skills which are important resources for learning while pastoring. The Center encourages the sharing of these rich resources so that the chaplain may broaden and deepen her/his personal and pastoral competence. Self-awareness enables one to better represent his/her faith, religious, and spiritual traditions and paths. Large portions of the curriculum, therefore, are devoted to self-discovery. This process of inquiry is not conducted in isolation. A relational structure is provided to facilitate growth in self-awareness.

2. A second presupposition is the conviction that a solid pastoral identity is crucial in offering competent pastoral/spiritual care. Regardless of the pastoral setting, local congregation (for example, Mosque, Church, Temple) or specialized ministry, an internal sense of authority as pastoral caregiver is profoundly important in representing one’s ultimate reality. CPE chaplains ask a variety of questions: Who am I when I enter a patient’s room? Who do I represent? What are the sources of my ease or resistance personally and professionally?

3. However strong one’s pastoral identity might be, if not combined with effective pastoral skills, one’s ministry might be significantly limited. UC DAVIS MEDICAL CENTER CPE chaplains are challenged to further develop both their relational and pastoral skills. Recognition of both systemic and cultural impacts on individual development requires that the competent CPE chaplain become sensitive to the many diversities we encounter in our pastoral context at any given time.

4. As members of various interdisciplinary healthcare teams, CPE students are called to provide pastoral care to patients, staff, and guests. This fourth presupposition challenges the CPE chaplains to understand their clinical areas as pastoral and ministry contexts. It further challenges them to embrace the staff as full members and the patients and visitors as visiting congregants. Using this idea as a metaphor enables the CPE chaplain to demonstrate active leadership in the tension and movement between the roles of pastor, colleague, and learner. It takes a growing self-awareness, strong pastoral identity, and growing pastoral skills to accept the roles, to intentionally function in the roles, and to celebrate the ministries encountered.

In conclusion, these basic presuppositions give focus and direction to all the Center’s units of CPE of Level I/Level II. Simply stated, the Center seeks to provide an educational milieu where CPE students receive guidance and direction, and with time, demonstrate improved pastoral function along with increased initiative and autonomy.
A CONCEPT OF CLINICAL PASTORAL EDUCATION

INTRODUCTION

Clinical Pastoral Education is an educational process by which the opportunity is provided for men and women with religious and spiritual calling, to learn pastoral care through interpersonal relations in an appropriate clinical setting. The clinical setting for the training is UC Davis Medical Center or any contracted designated site where an integrated program of theory and practice is supervised by a certified CPE supervisor along with "professional interchange, consultation and teaching in relation to persons of other disciplines". The ACPE/CPE program at UC Davis Medical Center utilizes the Action/Reflection Model of Education. This effective educational method for adult education has formed the basis of many ACPE/CPE programs.

ACTION/REFLECTION MODEL OF EDUCATION

Definition: The Action/Reflection Model of Education is process-oriented learning. It is a model that begins with a clinical experience, followed with reflection on the experience that then generates critical feedback, consultation, and hopefully, new insight that can be utilized in the next clinical experience. Using the action/reflection process, the student evaluates the effectiveness of his or her style of ministry in relation to theological/spiritual perspectives, faith practices, religious traditions, and the needs of the person served. The learner can then integrate the insights and pastoral skills gained into new experiences for ministry and personal growth.

Action/Reflection at UC Davis: The Action/Reflection Model of Education utilized by UC Davis Medical Center ACPE/CPE Center is grounded in a process that begins with the student’s practice of ministry. The student brings that practice to his/her group or individual supervision where his/her peers engage him/her around pastoral skills and relationship concerns they observe and perceive. The process continues as the student takes that reflection and utilizes the learning in follow-up or new ministry encounters. As the student applies the learning to practice, the process begins anew. The process, therefore, moves from identification and recognition to experimentation where clarification and integration are experienced. As stated above, this model of education is process learning and is illustrated in Figure 1.
Process learning forms the basis of the whole curriculum of CPE at UC Davis Medical Center. It includes ministry practice in the clinical setting, peer group seminars, and individual supervision. Process learning emerges as students reflect on themselves and their pastoral practices with peers and supervisors, and as they are introduced to appropriate theoretical materials from theology, psychology, and the behavioral sciences. At every level of training, the focus of process learning is on the student’s pastoral formation, pastoral reflection, pastoral competency, and pastoral specialization (when applicable). These education foci will be expanded upon later.

Since the ACPE/CPE student engaging in the action/reflection model of education is an adult learner, the following theoretical conclusions from Knowles andragogical process of learning are embraced: 1. The learner is able to and mostly desires to move from dependency to self-directed learning because her/his autonomous nature gravitates toward the need to be free and to be self-directed. 2. The adult learner brings to the learning environment a growing reservoir of experience that can become a resource for learning. 3. Learning readiness becomes increasingly oriented to the tasks of the learner’s various interpersonal and intrapersonal roles and needs. 4. Time perspective changes from one of postponed knowledge application to immediate application. 5. Orientation to learning shifts from subject-centered to problem-centered.

Through the processes of action and reflection, the student is encouraged and challenged to grow in ministry in ways that are meaningful to the persons served, as well as to the student who is ministering. As such, the student develops awareness of her/his own values, biases, assumptions, and beliefs, and of how they influence how he/she relates to others. As the student’s awareness is raised, the ability to make choices and to find meaning in those choices grows. The student learns how to take responsibility and ownership for her/his learning and begins to develop the ability for self-supervision.

As the practice of ministry is basic to the experiential model of education in ACPE CPE, so is the process group in which the student is a participant. It may composed of a minimum of three and maximum of eight peers, and at least one ACPE CPE Supervisor or Associate Supervisor.

Interaction and reflection during the work of ministry is one of the primary learning modes of the educational experience. As members express their ideas about the work offered for reflection, the group as a whole has the opportunity to hear various ideas about ministry.
From such experience comes the freedom to try different models of care, and new applications of the theory they may connect with or use later in their practice of ministry.

A key concept in our practice and understanding of the action/reflection model is the clinical rhombus originally initiated by Exstein and Wallerstein. The clinical rhombus depicts the complex psychological and social nature of the UC Davis learning environment and learning relationships between the supervisor, student, administration/staff and the patient/client. These relationships and others existing outside the context of the clinical practice and learning center are part of the educational process requiring and inviting communication, interaction, and integration for pastoral formation, competence, reflection, and specialty.

ACTION/REFLECTION AND THE LEARNER

The action/reflection model used by UC Davis Medical Center’s ACPE CPE program embraces five principles that emphasize the dignity of the learner.

First, learning involves the whole person. This includes the cognitive, affective, social, physical, and spiritual components of persons. Like a diamond with many facets, the learners have many dimensions that make up the whole. The interaction of these components and their integration are important if learning is to be maximized and enduring. This principle helps raise issues of feelings, ideas, theories, relationships, spirituality, and health in our training programs.

Second, the learner’s life history and religious experiences are an important resource for learning. Students do not come to our program as “Tabula Rasa.” Each student brings her/his family upbringing, religious traditions and experiences, and social skills. We encourage the sharing of these rich resources so students may broaden and deepen their personal and
pastoral identity. These past experiences can contribute to students getting blocked in their learning, both in their abilities to offer of pastoral care and in how they learn from supervision. These learning problems and problems about learning are addressed in the training process.

Third, learning takes place in relationships. Through contact with patients and their families, staff, peers, and Supervisor, students learn how they respond to people. They also learn how people respond to them. These are opportunities for students to examine their pastoral style. Contact with a wide variety of people leads to issues of authority. How students respond to and utilize authority is examined, along with the kinds of authority they can draw upon for their ministry to persons.

Fourth, there is a paradoxical tension between structure and freedom. The program’s structures place expectations in front of the students and provide the security to help them settle in and learn, beginning with the orientation. Through the structure of supervision, clinical assignments, and writing assignments, students are able to examine their practice of ministry and gain competency.

At the same time the training process provides freedom for each student to make choices. Each student designates areas of focus through the learning contract, and helps design a reading program that supports learning goals. Experimentation with styles of visitation and interaction with patients and staff enables each student to select a style with which he/she is comfortable. Feedback is important in the tension between freedom and structure. Students learn by doing, and then use the structure of the group and individual supervision to clarify and examine their work. Reading enables students to gain insight and knowledge that can be applied to their pastoral care. They are free to initiate changing their learning contracts during a unit to focus more intentionally on new discoveries. Then, they have the freedom to return to their clinical assignments to experiment with new ways of pastoring.

Fifth, students can change. The possibility of change is one of the cornerstones of ACPE CPE. Students come to the program wondering how they may change and learn; some wonder if they can change. At UC DAVIS MEDICAL CENTER CPE Center, we believe they can. Through learning contracts, increased responsibility, and the opportunity to review one’s work, students are able to experience change. An environment characterized by the values of intimacy, love, and caring helps make change more possible. However, the ability to change is not without its limits. We all have limits to change, and so students are encouraged to learn what their limits are and how to live within them.

CONCLUSION

It is expected that the student will fully participate in all aspects of the core elements and unique curriculum of the UC DAVIS MEDICAL CENTER ACPE/CPE program in which he/she is enrolled. Only through participation in all aspects of the program can the student expect to develop in self-awareness, interpersonal awareness, conceptual ability, pastoral functioning, and ministry development. Such Action/Reflection learning is not a linear process in which transitions are clearly defined as in a pedagogical model of learning. Rather, the learning relies on the developmental and maturation processes that are unique to each
student. Whether a Level I or Level II resident, summer intern, extended unit intern, or supervisory resident, our commitment is to the student’s unique development and growth as a pastoral care provider.
THE PROCESS OF SUPERVISION

ACPE 2010 STANDARDS 309 - 318

INTRODUCTION

The goals for pastoral supervision at UC Davis Medical Center include teaching clinical pastoral skills, challenging the CPE Chaplains to reflect theologically, guiding them to resources, and creating a healthy atmosphere for support and confrontation. It is hoped that such will enable the CPE chaplain to make anxiety count. The process of supervision is intentional. It embraces creativity and flexibility, makes learning timely, and provides ample interpersonal and pastoral interactions using individual and group strengths and weaknesses. The means of supervision are Peer Group Processes, Individual Supervision, and Other Groups’ Processes that are germane to the missions of the pastoral contexts, the ACPE/CPE center, and the CPE Chaplain’s learning needs. The supervisory process employs several supervisory interventions including modeling, didactic instruction, support, confrontation and Socratic questioning. The supervisory process – strengthened by the essential elements of CPE – is contractual, encompassing both a small group peer relationship and supervisory relationship.

The Center’s educational philosophy is that the CPE Chaplain brings to learning a level of competency and pastoral formation that s/he initially utilizes in ministry. Through the process of action and reflection, the student is encouraged and challenged in relationship with peers and the supervisor to grow. S/he grows in the ability to minister in ways that are meaningful to the person to whom the ministry is offered, as well as to the one conducting the ministering. This relational learning environment involves a level of mutual trust, respect, openness, challenge, conflict and confrontation. As such, the student develops an awareness of his or her own values and beliefs and how those values and beliefs influence how he or she relates to others. This awareness develops in relationship with others. As the student's awareness increases, the ability to make choices and to find meaning in the choices grows. The student learns how to take responsibility and ownership for her or his learning and begins to develop the ability for self-supervision.

PEER GROUP PROCESSES

Orientation (the Beginning) is a ‘rite of passage’ for the learning group. It is the beginning of the supervisory process and the peer group relationship. The CPE Chaplains come with anxiety, expectations, and uncertainty about the unknown and about having heard unpleasant stories about CPE. During this time, effort is made to establish group norms with activities such as spiritual centering at the beginning of each day.

The rite of passage continues with personal introductions. The introductions involve giving a brief self-history, religious/spiritual affiliation, and reasons for participating in the CPE process. Anecdotal stories are shared to give a deeper understanding and to generate interpersonal interaction. The stories help the participants to connect with each other and experience some group cohesion.
The orientation process begins the process of group formation during which they may experience resistance, anxiety, trust issues, and protectiveness. Group cohesion is less than genuine as the participants tend to reveal only their “public selves” instead of their “solid-selves.” Students are guided through the initiation by engaging them, inviting them to share their stories and experiences, teaching them the expectations and responsibilities of the program, and by providing space and time. This helps them to address and approach their anxieties, and interact with other professionals as viable members of the clinical rhombus and the “healing team.”

All students are involved in an over 40-hour pastoral services department orientation. The goal of orientation is to help the student feel at home both in the hospital and the department. Therefore, attention is given to both the content of the orientation and the style of presentation. Staff members from various departments are included in the orientation, and we call the sessions “pastoral partnership.” These staff members include representatives from patient services and administration. The department administrative assistant also contributes to the orientation process. The assistant provides orientation to office procedure, the location of all hospital and department manuals and the volunteer program in the department. Chaplain residents must review the hospital's Personnel Policy and Procedure Manual and the Administrative Policy and Procedure Manual during orientation week.

All CPE Chaplains receive the 100 minimum hours of structured group and individual education required for a unit of CPE through CPE group seminars, individual supervision and other educational opportunities offered through hospital wide education and/or the student's assigned clinical unit. The goal is that the student will be able to use the structure provided to meet his/her unique educational needs. For instance, students may attend monthly trauma or social services Grand Rounds where he/she hears experts from a variety of specialties present cases. The chaplain not only hears the content of the presentation but also has the opportunity to contribute as the chaplain. The learning continues if the chaplain chooses to present his/her intrapersonal response and pastoral learning from the event to the supervisor or peer group for feedback. In addition to the interdisciplinary educational opportunities, all CPE Chaplains have access to the Medical School Library located within walking distance of the hospital, and the Pastoral Care Department library located in the Department.

As the practice of ministry is basic to the experiential model of education in CPE, so is the process group in which the student is a participant: All CPE units offered consist of a peer group of at least three students and a maximum of six students. The interaction of the peers in the process of reflection on the work of ministry performed by any one member or group or members in the process group is one of the primary learning modes of the educational experience. Interpersonal Relationship Seminar (IPR) is designed to be an open agenda group for students to focus on their learning issues and claim time to offer and receive support, clarification, or confrontation within the context of relationship. This seminar offers intrapersonal, interpersonal, and small group learning opportunities. As the group forms, anxiety decreases and trust is developed within the group. Hopefully, students become active team members and take responsibility for his/her adult learning in relationship as well as to develop skills in recognizing connection and disconnection within the group.
**Group supervision** is essential for pastoral formation, reflection and competency because within the process of adult education each participant brings experiences to the learning process. When facilitated well, students can render peer supervision through identification, connection and shared experiences. Group supervision occurs during clinical presentation, IPR, and didactic seminars. Each member will take turns presenting his/her written verbatim material. The group’s task is to participate in the group process, identify and claim ownership of their own dynamics, adhere to confidentiality, and allow learning to happen. The supervisor facilitates the group and provides support, confrontation, and feedback, while inviting reflection.

The key to the group process is the group contract. The group contract and the policies and procedures of both ACPE and UC Davis Medical Center outline the responsibilities and rights of each participant. During the orientation process, each participant takes turns reading the document followed by discussion and explanation. In addition, the group receives guidelines about group processes.

The supervisory process combines both the pedagogical and andragogical moments. At times, during the verbatim seminars, participants will experience ‘mini-didactics’ when the group needs timely conceptual understanding, relating to the materials being presented. At the beginning of the unit, pedagogy is used to inform participants and presenters about the requirements, format, and structure of the verbatim and verbatim seminars. Focus is on the content and dynamics so the presenter and the group will understand the dialogue. As a learning community, the group provides feedback to the presenter while identifying with him/her. In addition, guest speakers/presenters are invited to teach and facilitate didactics seminars such as, “Bioethics” and “Family Systems Theories.”

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**INDIVIDUAL SUPERVISION**

Full time participants receive weekly individual supervision. Individual supervision takes place every other week for extended students and for residents on their final units. The initial hour of individual supervision will include a dialogue about the expectations for both student and supervisor. How each participant uses individual supervision is unique to him/her. Individual supervision is not an open agenda time with the supervisor. The student is expected to bring his/her learning issues for supervision. It is expected the student will bring clinical material to supervision that may be used to help illustrate what the student is learning. This clinical material may include verbatim, weekly summary and/or critical incident report.

The time of supervision is structured yet flexible enough to coincide with the supervisee’s learning readiness, emotional stress, and supervisory needs. Participants receive adequate and timely pastoral supervision during their training period.

Each participant is to present a learning contract for consultation with her/his supervisor and peer group by the end of the orientation week. The purpose of the consultation is to help the student reflect on his or her goals for the unit and to help each peer become familiar with the student's learning goals. The individual goals for each student may also impact the
student's clinical assignment. Our method of introducing the action-reflection method is modeled in inviting the students to choose clinical areas that fit with their learning goals. A dialogue ensues in the group, with supervisors, for negotiated assignments that reflect the student's desires and the Center's need along with the supervisor's guidance. The learning contract serves as a guide for the student during the unit and represents what the student hopes to learn. The learning contract also helps define peer and group expectations by using group process for consultation so students create expectations they will contribute to each other's learning process during the unit. A significant part of the student's final evaluation is the student's reflection on her/his learning contract. Students receive supervision to assist them in forming goals and outcome measurements.

ROUTINE & THEMATIC SEMINARS

A major component of the curriculum is the variety of seminars conducted daily throughout the Residency year and the units of summer and Extended CPE offered at UC Davis. These seminars vary widely in their objective and format. Some are discussion oriented with a broadly defined topic. Others are experientially based with no predetermined agenda, while still others are didactic in nature with a sharply defined subject. The seminars are divided into two broad classifications: routine and thematic. Routine seminars, such as, Interpersonal Relationship Seminars (IPR) and Verbatim are offered every week. Thematic seminars, on the other hand, consist of a large number of didactic/reading-oriented seminars which are offered in a predetermined sequence according to the overall design of the program.

As students encounter patients and their families who are faced with their human limits, and as they encounter staff who struggle with their personal issues and the limits of their technology and professional skill, they cannot help but be confronted with their own humanity and its limitations. These parallel processes and the anxiety which they raise in students provide rich learning moments. Thus, an important aspect of our methodology and theoretical perspective is that the clinical setting will in and of itself raise students' anxiety, and the role of supervision is to help the student manage the anxiety so as to use it constructively for her or his pastoral learning. The verbatim seminar is an opportunity for each student to present his/her ministry and the dynamics he or she becomes aware of in the ministry event for consultation and feedback from peers and their supervisor. A verbatim seminar varies in length and meets several times weekly depending on the unit emphasis, the CPE program, and the needs of the students. It is expected that two or more students will present each week in rotation with their peers. It is also expected that the peer group will develop a rotation schedule for presentations.

UC DAVIS MEDICAL CENTER is the area Level 1 trauma center and therefore students work in intensive and extensive settings where issues of theodicy, God's justice, and socio-cultural issues emerge on a regular basis and where persons are searching for sustenance and meaning in the midst of complex situations. Students are challenged on almost a daily basis to reflect on the theological issues arising from experience. The theological integration seminar serves to look more closely at the operative theology as well as psychological dynamics of both the chaplain and the patient and how they are interfacing in a particular visit. The clinical setting along with the seminar serves to help the students become more
proficient in recognizing and understanding the theological issues as they emerge in his/her practice. This weekly seminar is one hour long. It is expected that one student will present each week in rotation with the peer group. Extended students present in verbatim and theological seminars every two weeks. As in the verbatim seminar, the peer group is to develop the rotation schedule.

Theological integration may take many forms. It could include verbatim, film, a play, a book and/or periodical articles. The most common form of presentation is a verbatim. On occasion the student scheduled to present may request to use another form for his or her presentation. If this is the case, the student must notify the supervisor and group of the change and make sure that the group can schedule the time needed for the presentation.

**Reflection on Centering Seminar** provides an opportunity for CPE Residents and CPE Summer Interns to reflect on the use of their pastoral perspective as spiritual/worship leader. This seminar gives students the opportunity to look more closely at the theological/spiritual issues that underlie their pastoral care and spiritual functioning. In reviewing their centering leadership, the student is encouraged to look closely at his/her own theology and its applicability to the existential situations of the persons in attendance. CPE students rotate responsibilities to plan and lead centering.
As a CPE center accredited by ACPE, each Levels I and II CPE unit is at least 400 hours. A minimum of 100 hours is designated to structured group and individual supervision while a minimum of 300 hours is designated to supervise clinical practice in ministry.

A half-unit of CPE Level I/Level II is at least 240 hours combining no less than 60 hours of structured group and individual education along with supervised clinical practice in ministry.

The following pages provide the breakdown of the unit requirements. In order to receive credit for the unit, the student is required to meet these requirements. The requirements cover the residency, summer internship, and extended CPE programs offered at UC Davis Medical Center. Specific program curriculum and or unit expectations are provided in Section 6 of this manual.
OBJECTIVES AND OUTCOMES OF LEVEL I AND II CPE

309-310 Objectives and Outcomes of ACPE Accredited Programs

CPE provides theological and professional education using the clinical method of learning in diverse contexts of ministry. ACPE accredits two types of clinical pastoral education programs: CPE (Level I/Level II) and Supervisory CPE. ACPE accredited programs provide a progressive learning experience through a two level curriculum. Level I curriculum outcomes must be satisfactorily addressed prior to admission to Level II. Completion of CPE (Level I/Level II) curriculum outcomes is prerequisite for admission to Supervisory CPE.

309-310 OBJECTIVES OF CPE (LEVEL I/LEVEL II)

CPE (Level I/Level II) enables pastoral formation, pastoral competence, and pastoral reflection. Some CPE centers offer pastoral specialization(s) as part of their Level II curriculum. CPE (Level I/Level II) objectives define the scope of the CPE (Level I/Level II) program curricula. Outcomes define the competencies to be developed by students as a result of participating in each of the programs.

Standard 309 The center designs its CPE (Level I/Level II) curriculum to facilitate the students’ achievement of the following objectives:

*Pastoral Formation*

309.1 to develop students’ awareness of themselves as ministers and of the ways their ministry affects persons.

309.2 to develop students’ awareness of how their attitudes, values, assumptions, strengths, and weaknesses affect their pastoral care.

309.3 to develop students’ ability to engage and apply the support, confrontation and clarification of the peer group for the integration of personal attributes and pastoral functioning.

*Pastoral Competence*

309.4 to develop students’ awareness and understanding of how persons, social conditions, systems, and structures affect their lives and the lives of others and how to address effectively these issues through their ministry.

309.5 to develop students’ skills in providing intensive and extensive pastoral care and counseling to persons.

309.6 to develop students’ ability to make effective use of their religious/spiritual heritage, theological understanding, and knowledge of the behavioral sciences in their pastoral care of persons and groups.

309.7 to teach students the pastoral role in professional relationships and how to work effectively as a pastoral member of a multidisciplinary team.
309.8 to develop students’ capacity to use one’s pastoral and prophetic perspectives in preaching, teaching, leadership, management, pastoral care, and pastoral counseling.

Pastoral Reflection

309.9 to develop students’ understanding and ability to apply the clinical method of learning.

309.10 to develop students’ abilities to use both individual and group supervision for personal and professional growth, including the capacity to evaluate one’s ministry.

Standard 310 Where a pastoral care specialty is offered, the CPE center designs its CPE Level II curriculum to facilitate the students’ achievement of the following additional objectives:

310.1 to afford students opportunities to become familiar with and apply relevant theories and methodologies to their ministry specialty.

310.2 to provide students opportunities to formulate and apply their philosophy and methodology for the ministry specialty.

310.3 to provide students opportunities to demonstrate pastoral competence in the practice of the specialty.

311-312 OUTCOMES OF CPE (LEVEL I/LEVEL II) PROGRAMS

Standard 311 Outcomes of CPE Level I

The curriculum for CPE Level I addresses the fundamentals of pastoral formation, pastoral competence and pastoral reflection through one or more program units. Satisfactory achievement of Level I outcomes must be documented in the supervisor’s evaluation(s).

At the conclusion of CPE Level I students are able to:

Pastoral Formation

311.1 articulate the central themes of their religious heritage and the theological understanding that informs their ministry.

311.2 identify and discuss major life events, relationships and cultural contexts that influence personal identity as expressed in pastoral functioning.

311.3 initiate peer group and supervisory consultation and receive critique about one’s ministry practice.

Pastoral Competence

311.4 risk offering appropriate and timely critique.

311.5 recognize relational dynamics within group contexts.
311.6 demonstrate integration of conceptual understandings presented in the curriculum into pastoral practice.

311.7 initiate helping relationships within and across diverse populations.

**Pastoral Reflection**

311.8 use the clinical methods of learning to achieve their educational goals.

311.9 formulate clear and specific goals for continuing pastoral formation with reference to personal strengths and weaknesses.

**Standard 312 Outcomes of CPE Level II**

The curriculum for CPE Level II addresses the development and integration of pastoral formation, pastoral competence and pastoral reflection to a level of competence that permits students to attain professional certification and/or admission to Supervisory CPE. Level II curriculum involves at least two or more program units of CPE.

The supervisor determines whether the student has completed Level II outcomes based on the student’s competence. The supervisor must document completion of Level II outcomes in the student’s final evaluation.

**At the conclusion of CPE Level II students are able to:**

**Pastoral Formation**

312.1 articulate an understanding of the pastoral role that is congruent with their personal and cultural values, basic assumptions and personhood.

**Pastoral Competence**

312.2 provide pastoral ministry to diverse people, taking into consideration multiple elements of cultural and ethnic differences, social conditions, systems, and justice issues without imposing their own perspectives.

312.3 demonstrate a range of pastoral skills, including listening/attending, empathic reflection, conflict resolution/confrontation, crisis management, and appropriate use of religious/spiritual resources.

312.4 assess the strengths and needs of those served, grounded in theology and using an understanding of the behavioral sciences.

312.5 manage ministry and administrative function in terms of accountability, productivity, self-direction, and clear, accurate professional communication.

312.6 demonstrate competent use of self in ministry and administrative function which includes: emotional availability, cultural humility, appropriate self-disclosure, positive use of power and authority, a non-anxious and non-judgmental presence, and clear and responsible boundaries.
Pastoral Reflection

312.7 establish collaboration and dialogue with peers, authorities and other professionals.

312.8 demonstrate awareness of the Spiritual Care Collaborative Common Standards for Professional Chaplaincy (Appendix 2). Note: The ACPE Standards and Code of Ethics supersede these standards.

312.9. demonstrate self-supervision through realistic self-evaluation of pastoral functioning.
To receive one full credit for a unit, the student must meet the following requirements:

**Learning Contract**: Learning goals for the unit will be written and presented in the group process in the first weeks of each unit. In writing your learning goals, it may be helpful for you to think of “What do I hope to learn? What are my personal and professional learning needs and goals? How will my learning be measured and evaluated?” Further guidelines and format help are available in Section 4 of this manual. Prepare copies for each person in the group.

**Pastoral Practice of Ministry**: Provide intensive and extensive pastoral ministry in his/her assigned clinical area.

**Individual Supervision**: One hour per week in a fulltime unit; one hour every other week in an extended unit.

**Reflection Paper**: A 1-2 page paper weekly. Eight (8) or nine (9) reflection papers are required per unit. You may want to reflect on the previous week’s experience, issues in theology, pastoral care, personal growth, relationships, learning process, etc. No reflection papers are due the week of final evaluations. These papers need to be submitted weekly via email a day prior to the student’s I.S. The template “Weekly Reflection” is in the electronic manual.

**Group Seminars**: Four-five seminars each week. Attendance, participation, and preparation is expected to be at the graduate level.

- **Reflection on Centering**: This seminar provides opportunity for the CPE group to reflect on a centering experience facilitated by a CPE peer. The goal of the seminar is for the leader of the just completed centering exercise to reflectively articulate their awareness, feelings, and take on how they experienced the participants. It is also an opportunity for the peers to engage the presenter around their experience of the exercise and offer helpful suggestions.

- **Verbatim**: Verbatim from the student’s practice of ministry. Format is provided in this handbook. A total of eight (8) verbatim are required per unit either for group or for individual supervision. No verbatim are due the week of final evaluations. These papers need to be submitted weekly.

- **Reading Seminars**: Review a book with each student presenting various chapters or sections. Primary texts in pastoral care may be assigned based on individual need and interest.

- **Interpersonal relations**: Open agenda time.

- **Theological Integration Seminars**: Based on a verbatim that has been previously supervised for pastoral formation and competency learning, theological integration is a group process opportunity for further in-depth theological/pastoral

**Unit Project**: (usually after a student has completed more than two units of CPE or is in Level II CPE). A 5-7 page paper on your Theology of Pastoral Care. Preparations for this include reading two books agreed upon by student and supervisor. Level II students may select a ministry project that is
relevant to an identified need in the pastoral context or area of ministry s/he is interested in. This must be approved by the supervisor.

**Consultation:** Each resident must participate in the mid-residency consultation. Supervisor will provide information on what must be included in the consultation package and the date, time, and place. Extended students with more than two completed units are also required to seek consultation.

**Advisory Liaison:** Each resident will be assigned to an advisory committee member for ongoing consultation.

**Daily Patient Visit Report:** Students must complete the “Report of Patient Visits” form each day and turn it in weekly during individual supervision.

**Documentation of Patient Visit:** Each patient visit must be documented shortly after the visit using computers on the unit where the visit is made. On rare occasion, students may find it necessary to complete their documentation in the office. This should not be the norm.

**On-call:** Each student is required to be on-call during the unit (determined by number of peers in unit of training).

**Evaluations:** Final evaluations are required. Guidelines will be furnished. The evaluation must be typed. Have copies made for each person and one extra for the Department’s files.
REQUIREMENTS FOR LEVEL I AND LEVEL II CPE: HALF CREDIT

ACPE 2010 STANDARDS 303.5 AND 308.1 – 308.6.1

To receive one-half credit for a unit, the student must meet the following requirements.

**Learning Contract:** learning goals for the unit will be written and presented in the group process in the first weeks of each unit. In writing your learning goals, it may be helpful for you to think of “What do I hope to learn? What are my personal and professional learning needs and goals? How will my learning be measured and evaluated?” Further guidelines and format help is available. Prepare copies for each person in the group.

**Individual Supervision:** One hour per week in a fulltime unit; one hour every other week in an extended unit.

**Reflection Paper:** A 1-2-page paper reflection papers are required for individual supervision. You may want to reflect on the previous week’s experience, issues in theology, pastoral care, personal growth, relationships, learning process, etc. No reflection papers are due the week of final evaluations. These papers need to be submitted weekly via email a day prior to the student’s I.S. The template “Weekly Reflection” is in the electronic manual.

**Group Seminars:** Four-five seminars each week. Attendance, participation, and preparation are expected to be at the graduate level.

- **Reflection on Centering:** This seminar provides opportunity for the CPE group to reflect on a centering experience facilitated by a CPE peer. The goal of the seminar is for the leader of the just completed centering exercise to reflectively articulate their awareness, feelings, and take on how they experienced the participants. It is also an opportunity for the peers to engage the presenter around their experience of the exercise and offer helpful suggestions.

- **Verbatim:** Verbatim from the student’s practice of ministry. Format is provided in this handbook. A total of five (5) verbatim must be completed for group or for individual supervision. No verbatim are due the week of final evaluations. These papers need to be submitted weekly.

- **Reading Seminars:** Review a book with each student presenting various chapters or sections. Primary texts in pastoral care may be assigned based on individual need and interest.

- **Interpersonal Relations (IPR):** Open agenda time.

- **Theological Integration Seminars:** Based on a verbatim that has been previously supervised for pastoral formation and competency learning, theological integration is a group process opportunity for further in-depth theological/pastoral reflection on practice.

- **Didactic Seminars:** Teaching/learning seminars focusing on a particular topic.

**Unit Project:** A paper on your theology of pastoral care; 3-5 pages. Preparations for this include reading two books agreed upon by student and supervisor. Level II Students must select a ministry project that is relevant to an identified need within their ministry. This must be approved by the supervisor.

**Consultation:** Each resident must participate in the mid-residency consultation. The supervisor will provide information on what must be included in the consultation package and the date, time, and place. Extended students with more than two completed unit are also required to seek consultation.
**Advisory Liaison:** Each resident will be assigned to an advisory committee member for ongoing consultation.

**Daily Patient Visit Report:** Students must complete the “Report of Patient Visits” form each day and turn it in weekly during individual supervision.

**Documentation of Patient Visit:** Each patient visit must be documented shortly after the visit using computers on the unit where the visit is made. On rare occasion, students may find it necessary to complete their documentation in the office. This should be the not the norm.

**On-call:** Each student is required to be on-call during the unit (determined by number of peers in unit of training).

**Evaluations:** Final evaluations are required. Guidelines will be furnished. The evaluation must be typed. Have copies made for each person, and one extra for the department’s file.
With the above requirements in mind, the program utilizes a broadly based curriculum in order to assist Level I/II students in fulfilling them. The opportunities for ministry, participation in group seminars, and individual supervisory conferences combine to form the curriculum. The clinic and the classroom are joined into a unified whole—providing theoretical and practical understanding of the Living Human document

**MINISTRY OPPORTUNITIES**

Level I/II chaplains discover a vast network of relationships with UC Davis Medical Center patients, their families, and hospital staff. Their assigned units are their congregation for ministry practice and opportunity. These are the “living human documents” – the Medical Center and the human context with whom we learn and to whom we offer ourselves. At their best, Level I/II chaplains immerse themselves within this clinical environment and allow the full impact of these relationships to be felt. They present written material from those relationships and assess them with peers and supervisors. Hopefully with new awareness and added insight, CPE students return to the clinical areas ready for new pastoral encounters. This educational process is an inductive approach to education — learning aspects of pastoral functioning in individual ministry events and then understanding the more universal pastoral and theological implications of those pastoral events.

**PEER AND SUPERVISORY RELATIONSHIPS**

Learning, however, is not limited to relationships arising from the clinical area alone. Potentially valuable relationships are contained within the “educational” arena – those peer and supervisory relationships which are experienced in both formal and informal settings. Just as relationships within ministry opportunities constitute an important part of the curriculum, so too are the peer and supervisory relationships. They combine to give the UC Davis Medical Center CPE student a unique opportunity to establish in-depth relationships characterized by trust and a straightforward exchange of insights, feelings and views.

**ROUTINE AND THEMATIC SEMINARS**

A third major component of the curriculum is the variety of seminars conducted daily throughout the Residency year and the units of summer and extended CPE offered at UC Davis. These seminars vary widely in their goals and format. Some are discussion oriented with a broadly defined topic. Others are experientially based with no predetermined agenda, while still others are didactic in nature with a sharply defined subject. The seminars are divided into two broad classifications: routine and thematic. Routine seminars, such as, *Interpersonal Relationship Seminars* (IPR) and *Verbatim* are offered every week. Thematic seminars, on the other hand, consist of a large number of didactic/reading-oriented seminars which are offered in a predetermined sequence according to the overall design of the program.
Routine Seminars

Here is a descriptive comment about the two routine seminars is necessary.

1. **Interpersonal Relationship Seminar (IPR)** is a group experience that provides an opportunity to explore the personal, professional, and relational concerns that arise from the training experience. In a contract of confidentiality, Level I/II students are expected to share feelings and thoughts as honestly as possible.

2. In the **Clinical Presentation**, students submit written accounts of pastoral conversations for group supervision. Attention is given to the communication and pastoral skills exhibited, the nature of the pastoral identity demonstrated, and the relational dynamics existing between patients and the Chaplain. Clinical presentation also includes Verbatim Conference, Interdisciplinary Rose Conference, Critical Incident Report Conference and Theological Reflection Conference.

**Individual Supervision**: One hour per week in a fulltime unit; one hour every other week in an extended unit.

**Group Seminars**: Attendance, participation, and preparation are expected to be at the graduate level.

- **Learning Contract**: Written and presented in the group process in the first weeks of each unit. This provides structure and common learning challenges for the student and the peer group. Hearing goals of each learner builds relationship and participation in the other’s learning.

- **Reflection on Centering**: This seminar provides opportunity for the CPE group to reflect on a centering experience facilitated by a CPE peer. The goal of the seminar is for the leader of the just completed centering exercise to reflectively articulate their awareness, feelings, and take on how they experienced the participants. It is also an opportunity for the peers to engage the presenter around their experience of the exercise and offer helpful suggestions.

- **Clinical Presentation**: A Clinical Presentation from the student’s practice of ministry. Eight (8) Clinical Presentations are required for the unit, two of which will be presented to the group.

- **Interpersonal Relations (IPR)**: Open agenda time.

- **Didactic Seminars**: Teaching/learning seminars focusing on a particular topic.

- **Evaluations**: Mid-unit and final evaluations are presented in group seminar to challenge and support learning contract goals for each student. Mid-unit evaluations are productive opportunities for increasing group process dynamics that prompt group and individual learning. Guidelines are furnished each unit so that actual experience is the focus.

**Thematic Seminars**:

The following pages provide frameworks and potential seminars offered to stimulate reflection, practice and increased competency for the Level I/II chaplain.
<table>
<thead>
<tr>
<th>Level</th>
<th>Objectives</th>
<th>Level I Outcomes and Contents</th>
<th>Level II Outcomes and Contents</th>
</tr>
</thead>
</table>
|   | 309.1 to develop students’ awareness of themselves as ministers and of the ways their ministry affects persons.  
309.2 to develop students’ awareness of how their attitudes, values, assumptions, strengths, and weaknesses affect their pastoral care.  
309.3 to develop students’ ability to engage and apply the support, confrontation and clarification of the peer group for the integration of personal attributes and pastoral functioning.  
309.4 to develop students’ awareness and understanding of how persons, social conditions, systems, and structures affect their lives and the lives of others and how to address effectively these issues through their ministry.  
309.5 to develop students’ skills in providing intensive and extensive pastoral care and counseling to persons.  
309.6 to develop students’ ability to make effective use of their religious/spiritual heritage, theological understanding, and knowledge of the behavioral sciences in their pastoral care of persons and groups.  
309.7 to teach students the pastoral role in professional relationships and how to work effectively as a pastoral member of a multidisciplinary team.  
309.8 to develop students’ capacity to use pastoral and prophetic perspectives in preaching, teaching, leadership, management, pastoral care, and pastoral counseling. | 311.1 articulate the central themes of their religious heritage and the theological understanding that informs their ministry.  
311.2 identify and discuss major life events, relationships and community and cultural contexts that influence personal identity as expressed in pastoral functioning.  
311.3 initiate peer group and supervisory consultation and receive critique about one’s ministry practice. | 312.1 articulate an understanding of the pastoral role that is congruent with their personal and cultural values, basic assumptions and personhood. |
| Pastoral Reflection | 309.9 to develop students’ understanding and ability to apply the clinical method of learning; 309.10 to develop students’ abilities to use both individual and group supervision for personal and professional growth, including the capacity to evaluate one’s ministry. | 311.8 use the clinical methods of learning to achieve their educational goals. 311.9 formulate clear and specific goals for continuing pastoral formation with reference to personal strengths and weaknesses | ➢ The Clinical Methods of Learning  ➢ Identifying Professional Goals  ➢ Developing a Learning Contract/Covenant  ➢ Establishing Ministry Priority  ➢ Evaluation as a tool for ministry  ➢ Methods of Self Reflection  ➢ Self-Awareness  ➢ Goals setting | 312.7 establish collaboration and dialogue with peers, authorities and other professionals. 312.8 demonstrate awareness of the Spiritual Care Collaborative Common Standards for Professional Chaplaincy (ACPE Standards 2010, Appendix. 2) 312.9 demonstrate self-supervision through realistic self-evaluation of pastoral functioning. | ➢ Elements of Self-Supervision  ➢ Consultation  ➢ Gender and Sexuality Issues  ➢ Personal Integrity in Pastoral Functioning  ➢ Spiritual Care  ➢ APC Standards  ➢ Codes of Ethics  ➢ Spiritual Care Collaboration  ➢ Boundaries in Professional Pastoral Practice |
| Pastoral Specialty | 310.1 afford students opportunities to become familiar with and apply relevant theories and methodologies to one’s ministry specialty. 310.2 provide students opportunities to formulate and apply their philosophy and methodology for the ministry specialty. 310.3 provide students opportunities to demonstrate pastoral competence in the practice of the specialty. | | | | ➢ Professional  ➢ Accountability and Documentation of Pastoral Specialization  ➢ Specialty Selection and Development Strategies  ➢ Theories of Ministry Specialization |
The normal proposed curriculum progression is as follows:

- Unit I  – The Pastor as Person in Ministry and the Pastoral Context
- Unit II  Understanding Personhood
- Unit III  – Pastoral Integration
- Unit IV  – The Pastor in Transition

Variations to the curriculum for CPE Levels I and II programs (residency, extended, internship) may be implemented from unit to unit according to the learning needs of the particular group and individual student. Curriculum contents will be used selectively during each unit to focus on the unit’s themes and tailored to allow for the individual learning goals, interests, and CPE level of the student.

**EXPECTATIONS OF UCD LEVEL I/LEVEL II**

ACPE 2010 STANDARD 308.5

Participation in the CPE program is an opportunity to learn the art of pastoral care and to assume the dual role as a student and as a professional. Perfection is not expected and there is the full recognition that mistakes may be made. The following is a list of expectations to assist you:

1. Function with a high degree of self-initiative in the working/learning process.
2. Respond empathetically and with sensitivity to the feelings and experiences of patients, staff persons and peers.
3. Offer a compassionate pastoral presence with patients and families as you make theological/spiritual assessments and apply appropriate pastoral strategies and resources.
4. Maintain (or develop) a coherent pastoral identity through a process of intense personal clinical exposure.
5. Exercise (or develop) sufficient initiative and meaningful peer relationship with hospital staff by becoming integrated in the hospital community.
6. Become a “learner” where through trust, heart-felt limits are discussed.
7. Use interpersonal relations as effective tools for learning within community.
8. Report and offer for evaluation and group use a steady flow of vignettes and develop both subjective and objective interpretations of these experiences for the sake of professional development and personal growth.
9. Work at clarifying personal and professional goals in the light of new personal assets, interests, and deepening professional growth.
CPE LEVEL I/II CALENDAR
ACPE 2010 STANDARD 308.1

CPE 2014-2015 RESIDENCY YEAR

September 2, 2014 – August 14, 2015

Fall CPE Unit
Education and Clinical: September 02, 2014 – November 14, 2015
Clinical Only: November 15, 2014 – November 30, 2014

Winter CPE Unit
Education and Clinical: December 01, 2014 – February 13, 2015
Clinical Only: February 14, 2015 – March 01, 2015

Spring CPE Unit
Education and Clinical: March 02, 2015 – May 15, 2015

Summer CPE Unit
Education and Clinical: June 01, 2015 – August 14, 2015
Clinical Only: August 14, 2015 – August 31, 2015

CPE 2015-2016 RESIDENCY YEAR

September 1, 2015 – August 19, 2016

Fall CPE Unit
Education and Clinical: September 01, 2014 – November 13, 2015
Clinical Only: November 14, 2015 – November 29, 2015

Winter CPE Unit

Spring CPE Unit
Clinical Only: May 14, 2016 – June 03, 2016

**Summer CPE Unit**

Education and Clinical: June 04, 2016 – August 19, 2016
Clinical Only: August 19, 2016 – August 31, 2016

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**CPE 2016-2017 RESIDENCY YEAR**

**September 1, 2016 – August 31, 2017**

**Fall CPE Unit**

Education and Clinical: September 01, 2016 – November 12, 2016
Clinical Only: November 14, 2016 – November 26, 2016

**Winter CPE Unit**

Education and Clinical: November 27, 2016 – February 4, 2017
Clinical Only: February 5, 2017 – February 18, 2017

**Spring CPE Unit**

Education and Clinical: February 19, 2017 – May 13, 2017
Clinical Only: May 14, 2017 – May 30, 2017

**Summer CPE Unit**

Education and Clinical: June 01, 2017 – August 31, 2017
Clinical Only: August 19, 2017 – August 31, 2017

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**CPE 2017-2018 RESIDENCY YEAR**

**September 1, 2017 – August 31, 2018**

**Fall CPE Unit**

Education and Clinical: September 01, 2017 – November 11, 2017
Clinical Only: November 12, 2017 – November 25, 2017

**Winter CPE Unit**

Education and Clinical: November 26, 2017 – February 10, 2018
Clinical Only: February 11, 2018 – February 24, 2018
Spring CPE Unit
Education and Clinical: February 25, 2018 – May 12, 2018
Clinical Only: May 13, 2018 – May 31, 2018

Summer CPE Unit
Education and Clinical: June 01, 2018 – August 18, 2018
Clinical Only: August 19, 2018 – August 31, 2018

CPE 2018 -2019 RESIDENCY YEAR

September 1, 2018 – August 31, 2018

Fall CPE Unit
Education and Clinical: September 02, 2018 – November 17, 2018
Clinical Only: November 18, 2018 – December 01, 2018

Winter CPE Unit
Education and Clinical: December 02, 2018 – February 16, 2019
Clinical Only: February 17, 2019 – March 02, 2019

Spring CPE Unit
Education and Clinical: March 03, 2019 – May 18, 2019
Clinical Only: May 19, 2019 – June 01, 2019

Summer CPE Unit
Education and Clinical: June 02, 2019 – August 17, 2019
Clinical Only: August 18, 2019 – August 31, 2019

CPE 2019 -2020 RESIDENCY YEAR

September 1, 2015 – August 19, 2016

Fall CPE Unit
Education and Clinical: September 01, 2019 – November 16, 2019
Clinical Only: November 17, 2019 – November 30, 2019

Winter CPE Unit
Education and Clinical: December 01, 2019 – February 15, 2020
Clinical Only: February 16, 2020 – February 29, 2020

**Spring CPE Unit**

Education and Clinical: March 01, 2020 – May 16, 2020
Clinical Only: May 17, 2020 – May 31, 2020

**Summer CPE Unit**

Education and Clinical: June 01, 2020 – August 15, 2020
Clinical Only: August 16, 2020 – August 31, 2020
PERSONAL LEAVE AND VACATION

Yearlong Residents accrue 15 personal leave days (combined sick days and vacation days) during the course of the year. Five leave days are accrued at the completion of each of the first three units of training. No days are earned after completing the student’s final unit of training. Single unit students do not earn personal leave days.

Residents are encouraged to take leave days during the clinical weeks between units or during the summer months. Students may use their leave days to explore ministry opportunities as they near the end of their training. Students may also use leave days to attend denomination-type meetings. For coverage purposes, we are unable to approve requests for vacation after the second week of August. Any deviation must be discussed with the supervisor prior to making arrangements. The supervisor must approve all time off requests.

The hospital observes several holidays during the residency year. The resident on a 24 hour call during a hospital holiday may take another day off in consultation with the supervisor.
## TABLE OF CONTENTS

### Section 3: Required Release Forms

<table>
<thead>
<tr>
<th>Required Consents and Releases</th>
<th>58</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Notice</td>
<td>59</td>
</tr>
<tr>
<td>Family Education Rights and Privacy Act (FERPA)</td>
<td>60</td>
</tr>
<tr>
<td>Agreement for Training</td>
<td>61</td>
</tr>
<tr>
<td>Stipend agreement</td>
<td>65</td>
</tr>
<tr>
<td>Non-Stipend Agreement</td>
<td>68</td>
</tr>
<tr>
<td>Unit Evaluation Release Form</td>
<td>71</td>
</tr>
</tbody>
</table>

### ACPE Standards Cited

<table>
<thead>
<tr>
<th>ACPE 2010 Standard 304.4</th>
<th>59</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACPE 2010 Accreditation Manual, Appendix 7B</td>
<td>59</td>
</tr>
<tr>
<td>ACPE 2010 Standard 307.2</td>
<td>60</td>
</tr>
<tr>
<td>ACPE 2010 Accreditation Manual, Appendix 7B</td>
<td>60</td>
</tr>
<tr>
<td>ACPE 2010 Standard 304.9</td>
<td>61</td>
</tr>
<tr>
<td>ACPE 2010 Standard 304.4</td>
<td>71</td>
</tr>
</tbody>
</table>
ACPE CPE at UC Davis Medical Center strives for transparency in its pastoral education. The center is committed to providing both respect and appropriate privacy to students as they learn through intensive reflection on practice. The following consent and release forms are intended to maintain these goals and the Standards of ACPE.
The ACPE CPE Center at UC Davis Medical Center (UCDMC) will protect the privacy concerns of each student through careful and confidential recordkeeping. UCDMC adheres to the following ACPE CPE mandates:

- Guarantees to its students the rights to inspect and review education records, to seek to amend them, to have specified control over release of record information, and to file a complaint against the program for alleged violations of these Family Education Rights and Privacy Act (FERPA) rights.
- A student has the right to object to record content. If not negotiable, the written objection will be kept and released with the record.
- This center defines “education official” as the administrative assistant(s) for the Department of Pastoral Care Services. These people process CPE applications and may have access to student records without student consent.

Violations of these protocols may be reported to:

Chair of the Accreditation Commission
One West Court Square, Suite 325
Decatur, GA 30033

A student record is: (1) any record (paper, electronic, video, audio, biometric etc.) directly related to the student from which the student’s identity can be recognized and (2) maintained by the education program/institution or a person acting for the institution. A student’s written consent must be signed and dated, specifying which records are being disclosed, to whom, and for what limited purpose. Exemptions to this written consent include: protection of health or safety of the student or others; for the purpose of accreditation or complaint review; as required by legal processes.

UCDMC “directory information” (meaning a student’s name, address, email, telephone, date of birth, religion, previous education, unit of CPE completed and photograph) is NOT considered private and may be released to institutional (internal communication) sources, to ACPE Offices or through public media (such as newspapers or websites). The student has the right to restrict their directory information at any time during his/her unit of training at UCDMC. Restrictions continue to apply after completion of training. New restrictions cannot be made following training completion.
The Family Education Rights and Privacy Act applies to all ACPE CPE programs and ensures privacy rights for applicants and students.

Student Name Printed: 

As a Clinical Pastoral Education, ACPE applicant, I hereby grant permission to the ACPE supervisor, and interviewers to use my written materials for the initial interview and CPE educational processes. I further grant permission to contact my references listed on the application to provide relevant information about me to the ACPE Center. The application process is considered and treated as confidential.

I have been informed of my right to restrict the directory information that UC Davis Medical Center uses (name, address, email, telephone, date of birth, religion, previous education, unit of CPE completed and photograph). All other information is released only with my written, signed and dated consent specifying which records are being disclosed, to whom and for what limited purpose. I understand I can restrict directory information and/or record access at any time during attendance and that restrictions shall be honored even after my departure.

I have reviewed the Annual Notice statement in the program description document sent to me during the application process. Further information on this issue can be found at www.acpe.edu.

Signature of Applicant 

Date 

1. A qualified interviewer is defined as an ACPE Supervisor or another person who has intimate knowledge of the CPE process and ACPE Standards, and who is able to dynamically engage the applicant and assess readiness for CPE.

2. Our interview committees consist of no more than 4 participants. These participants are chosen from the UCDMC Advisory Committee, UCDMC Supervisor(s), and Supervisory Education Student (when available). For Supervisory Applicants, Sacramento area supervisors may be included.
AGREEMENT FOR TRAINING

ACPE 2010 STANDARD 304.9

CLINICAL PASTORAL SERVICES

AGREEMENT FOR TRAINING

BETWEEN

<<NAME>>

AND

UNIVERSITY OF CALIFORNIA, DAVIS MEDICAL CENTER ACPE PROGRAM

Your acceptance into the UC Davis Medical Center ACPE Program was granted based on the following: 1. faculty review of your application material; 2. interview results; 3. endorsement by professional references; 4. assessed readiness to use post-graduate, experiential, theological education for ministry; 5. assessed openness to learn; 6. your demonstrated maturity to relate with respect to ecumenicity; 6. and your perceived emotional and spiritual maturity. Being admitted, you have become part of a complex educational process to provide pastoral care and spiritual services in assigned areas and be part of a team rotation of On-Call. This document identifies specific expectations to which you must agree in order to train in the CPE Program of UC Davis Medical Center. Your initials under each section evidence informed consent and agreement to conduct yourself according to terms herein.

A. Code of Professional Ethics and Standards of Professional Practice:

In all activities while you are a CPE student and chaplain, you will behave professionally and ethically in accordance with this ACPE Center’s Code of Ethics, all standards for professional practice by the APC, all ethical standards established by your faith group, and ethical standards set for employees at UC Davis Health System. You understand that UC Davis Health System has standards for corporate compliance and a no-tolerance for sexual harassment. You must adhere to program policies and procedures for our ACPE Center. At all times, your conduct will preserve the honor of your office and your credibility as a minister, student, and/or pastoral educator. (Please see policies & procedures on “Ethical Conduct.”)

Initialed in Agreement: ___________ Date: ___________

B. Tuition and Its Timely Payment:

Tuition for the Unit of training is due in full before credit will be given. We allow you to negotiate a written, incremental payment plan. This must be done before the unit begins (See Financial Policy).
C. Communication Regarding Pastoral Care:

CPE is education for ministry. Your acceptance into our CPE program authorizes you to serve assigned patients in the role of “chaplain,” to be informed of their situation (physical, emotional, psychological, and sociological), and to write materials beneficial to them and your educational process based on your contact with them while under ACPE supervision. A vital professional contingency is observance of professional confidentiality per HIPAA. Any communication outside our professional treatment and/or training circles is prohibited, except as required for the safety of patients, families, or others. Breech of this standard as defined by the department and Institutional Policies may result in immediate dismissal from training.

D. Authorization to Provide and Document Patient Visitation and Spiritual Care:

As a student in Clinical Pastoral Education you have authorization by the administration of UC Davis Medical Center and Clinical Pastoral Services to visit patients in the role of chaplain. You are also authorized to provide spiritual care to the comprehensive population of our staff and the patient’s family and friends in the service of our patients. You are authorized on a need to know basis access to appropriate clinical records. You can and should seek medical information that will help you provide care effectively. While gaining information registered in the record, we strongly recommend you use consultation with staff and peers as you interface with patients. You are authorized to document the care you provide in the EMR (Electronic Medical Record). You will be oriented and then asked to follow the methods we use as you serve. You will strive to provide spiritual care professionally, protect confidential information, and abide by center polices that protect the confidentiality and rights of patients.

E. Use of Educational Materials:

Materials you submit to your supervisor and peers concerning you and your ministry are strictly limited to our training circle. You will keep all personal material you or your peers write for supervision in the strictest confidence. You agree not to share any confidential material pertaining to your ministry or that of your peers with anyone outside your immediate training group. This includes not sharing confidential material in hall-way conversation, in homilies, with family and friends, or others you recognize to be outside our circle. You understand that confidential information in training is not equal to the parameters of the seal of confession. Therefore you may share what is given you in confidence by those you serve in ministry within the bounds of CPE for the purpose of education, increasing the quality of care you give, or seeking the best interest of another. You will follow the principle of do no harm. At times, in the learning process, your ACPE CPE Supervisor may secure a consultant whose feedback provides greater understanding, quality, and effectiveness through his/her work. Consultants supporting
the ACPE CPE program are considered to be of the larger training circle. At exceptional times, you may present work that could enhance research or contribute creative ways to increase competency and knowledge of those in the field of pastoral care. In such instances, know that your material may be used in training circles of CPE beyond our Center. Your material will be treated as confidential unless law or an ethics complaint should require full disclosure of documents. In any consultative or educational use of your material outside our immediate group, strategic alteration will occur to obviate your identification as the Chaplain/CPE Student whose work or circumstance is discussed or presented.

CPE Student Initials: __________ Date: __________

F. Sharing of Written Final Evaluations:

Written Final Evaluations by you and your supervisor(s) for each Unit may be shared with individuals with an invitation to participate in your Unit and/or Final Evaluation process. They may be shared with supervisors and adjuncts when you appear for consultation in the CPE Center or in conjunction with committees formed involving Supervisors from other Centers. All other instances involving release of a supervisor’s written evaluations by your training supervisor requires your signed, written consent to release. Two exceptions are: (1.) if the evaluation(s) are used exclusively in the professional training circle of the Center or by your supervisor, or (2.) If full disclosure is required by law in the event of a complaint related to violation of the Code of Personal or Professional Ethics, or failure to meet one or more of ACPE’s Program Standards for Accredited Member Centers.

CPE Student Initials: __________ Date: __________

G. Annual Notice and FERPA:

You have received and reviewed the Annual Notice and FERPA, the Level I/II Handbook and the ACPE Standards governing Clinical Pastoral Education as provided you during your orientation. You have had an opportunity to review the policies and ACPE Standards with your supervisor during orientation and understand their importance for you as a Level I/II or Supervisory Student.

CPE Student Initials: __________ Date: __________

H. Recording for Education:

For educational purposes, faculty development, or to insure program quality, unannounced video and audio recording of supervision, group and individual, may occur. Tapes are not available to others without expressed written permission. During any taped session, you may request its termination at any time. Tapes may be kept on file no longer than a year after which they are destroyed.
I. On-Call Responsibility/Frequency:

As a fulltime CPE Student you will serve in the on-going rotation of On-Call Chaplain in the Department. Serving On-Call is an essential curriculum component in our program. You will be On-Call a minimum of one-time-per-week (including weekends) throughout training. The frequency may be greater depending on your program and the size of our current staff. As a part-time extern you will be on-call a minimum of once every two weeks during the unit. Arrangements for On-Call coverage are negotiated in a team experience. You will need to respond within 10 minutes (phone) or 30 minutes (in person) in a compassionate, conscientious fashion when covering any on-call event. All on-call Chaplains are required to stay on campus and use the sleep room in 3109.

CPE Student Initials: __________ Date: __________

I understand and concur with the conditions of this Agreement for Training:

______________________________
ACPE CPE Student
University of California, Davis Medical Center CPE program

______________________________
ACPE Supervisor
Clinical Pastoral Education
STIPEND AGREEMENT

CLINICAL PASTORAL SERVICES STIPEND RESIDENCY PROGRAM AGREEMENT
BETWEEN

<<NAME>>
AND

UNIVERSITY OF CALIFORNIA DAVIS MEDICAL CENTER

This is an agreement entered into effective «DATE» by and between its parties, <<NAME>> (hereinafter referred to as RESIDENT/INTERN/EXTERN) and University of California, Davis Health System, Sacramento, California (hereinafter referred to as FACILITY) and will extend through «DATE».

Clinical Pastoral Education offers continuing education for the parish ministry, training for institutional chaplaincy, training for pastoral counseling, and training for certification as a supervisor of Clinical Pastoral Education.

I. RESPONSIBILITIES OF RESIDENT

The Resident will:
1. Participate in all assigned activities, including written assignments, group seminars, individual supervision, and clinical responsibilities, as identified in the CPE Handbook.
2. Support diverse faith traditions and work respectfully in a cross-cultural environment.
3. Provide pastoral care at University of California Medical Center. The resident is responsible for providing clinical work between CPE units (40 hours/week). Ten personal leave days within the contracted twelve month period are to be negotiated between Resident and Supervisor unless otherwise approved. Leave must be taken between CPE units.
4. Provide 24-hour on-call services in rotation with other CPE students. This includes weeks between CPE units.
5. Submit a physician’s note if absent due to illness for a period longer than three days.
6. Be present in the hospital Monday – Friday, 8:00 to 5:00, unless time away is negotiated in advance with her/his supervisor. Missed hours will be made up at an agreed upon time.
7. Provide his/her own health care insurance, transportation, and housing.
8. Follow the clinical and administrative policies, procedures, rules, and regulations of the Facility, including but not limited to those specific policies set forth in the CPE Handbook.

II. RESIDENT SHALL VERIFY OR COMPLETE THE FOLLOWING DOCUMENTATION BEFORE BEING OFFICIALLY ACCEPTED INTO THE RESIDENCY CPE PROGRAM AT UNIVERSITY OF CALIFORNIA DAVIS MEDICAL CENTER:

1. Graduation from an accredited college or university.
2. Evidence of theological study.
3. Faith group endorsement or connection.
4. A Post-Offer Pre-Employment Background Check.
5. A Post-Offer Pre-Employment Medical Exam.
III. RESPONSIBILITIES OF FACILITY
UNIVERSITY OF CALIFORNIA DAVIS MEDICAL CENTER WILL PROVIDE:

1. Supervised clinical training consistent with ACPE Standards.
2. Orientation to Facility and CPE program, including provision of a CPE Handbook, with written policies and procedures.
3. Access to Facilities and those medical records deemed appropriate to the Resident’s clinical work.
4. Emergency medical treatment for Resident while participating in CPE program. Facility assumes no cost or financial liability for providing general or emergency medical care.
5. A stipend at the rate of $2,500 per month to be paid within 30 days of stipend time sheet submission.
6. Records and reports of Resident’s performance following ACPE guidelines.

IV. CONFIDENTIALITY
RESIDENT shall protect and preserve the confidentiality of FACILITY’s medical and business records and shall not disclose any confidential information to any individual or entity without the prior written consent of FACILITY or, as may be required, the protected individual(s).

V. DISPUTE RESOLUTION
In the event of any grievance involving the CPE program, any function of the CLINICAL PASTORAL SERVICES, or its supervisory staff, the student will inform his/her immediate CPE supervisor of the complaint in order to seek resolution. The procedure for the resolution of complaints will be followed as outlined in the Clinical Pastoral Services Department Policy and Procedure Manual.

VI. ENTIRE AGREEMENT / AMENDMENT
This Agreement constitutes the entire understanding and agreement between the parties as to those matters contained in it, and supersedes any and all prior or contemporaneous agreements, representations and understandings of the parties. This Agreement may be amended at any time by mutual agreement of the parties, but any such amendment must be in writing, dated, and signed by the parties and attached thereto.

VII. EXECUTION
By their signatures, each of the following represents that they have authority to execute this agreement.

NOTE: Always send a copy of the completed, signed agreement/contract to:
Manager, Volunteer Services, University of California Davis Medical Center
Date: ____________________________   By: ____________________________
Name: JP Eres
Title: Manager, Volunteer Services
Address: 2315 Stockton Blvd., Sacramento, CA 95817

Date: ____________________________   By: ____________________________
Name: Samuel Brown-Dawson
Title: CPE Supervisor/Manager
Clinical Pastoral Services

Date: ____________________________   By: ____________________________
Name: ____________________________
Title: ____________________________
Address: ____________________________
Social Security: ____________________________
NON-STIPEND AGREEMENT

CLINICAL PASTORAL SERVICES NON-STIPEND SINGLE UNIT RESIDENCY PROGRAM AGREEMENT BETWEEN

<< NAME >>

And

UNIVERSITY OF CALIFORNIA, DAVIS HEALTH SYSTEM

This is an agreement entered into effective «DATE» by and between its parties, «NAME » (hereinafter referred to as RESIDENT, INTERN, or EXTERN) and University of California Davis Medical Center, Sacramento, California (hereinafter referred to as FACILITY) and will extend to «DATE».

Clinical Pastoral Education offers continuing education for the parish ministry, training for institutional chaplaincy, training for pastoral counseling, and training for certification as a supervisor of Clinical Pastoral Education.

I. RESPONSIBILITIES OF RESIDENT

The RESIDENT will:

1. Participate in all assigned activities, including written assignments, group seminars, individual supervision, and clinical responsibilities, as identified in the CPE Handbook.
2. Support diverse faith traditions and work respectfully in a cross-cultural environment.
3. Provide pastoral care at University of California Davis Medical Center. The RESIDENT is contracting for a three-month period, and is responsible for providing clinical work between CPE units (40 hours/week).
4. Provide 24-hour on-call services in rotation with other CPE students. This includes weeks between CPE units.
5. Submit a physician’s note if absent due to illness for a period longer than three days.
6. Be present in the hospital Monday – Friday, 8:00 to 5:00, unless time away is negotiated in advance with her/his supervisor. Missed hours will be made up at an agreed upon time.
7. Provide his/her own health care insurance, transportation, and housing.
8. Follow the clinical and administrative policies, procedures, rules, and regulations of the Facility, including but not limited to those specific policies set forth in the CPE Handbook.

II. RESIDENT SHALL VERIFY OR COMPLETE THE FOLLOWING DOCUMENTATION BEFORE BEING OFFICIALLY ACCEPTED INTO THE RESIDENCY CPE PROGRAM; AT UNIVERSITY OF CALIFORNIA DAVIS MEDICAL CENTER:

1. Graduation from an accredited college or university.
2. Evidence of theological study.
3. Faith group endorsement or connection.
4. A Post-Offer Pre-Employment Background Check.
5. A Post-Offer Pre-Employment Medical Clearance.
III. RESPONSIBILITIES OF FACILITY

University of California Davis Medical Center will provide:
1. Supervised clinical training consistent with ACPE Standards.
2. Orientation to Facility and CPE program, including provision of a CPE Handbook, with written policies and procedures.
3. Access to Facilities, and those medical records deemed appropriate to the RESIDENT’s clinical work.
4. Emergency medical treatment for RESIDENT while participating in CPE program. Facility assumes no cost or financial liability for providing general or emergency medical care.
5. Records and reports of RESIDENT’S performance following ACPE guidelines.

IV. CONFIDENTIALITY

RESIDENT shall protect and preserve the confidentiality of FACILITY’s medical and business records and shall not disclose any confidential information to any individual or entity without the prior written consent of FACILITY or, as may be required, the protected individual(s).

V. DISPUTE RESOLUTION

In the event of any grievance involving the CPE program, any function of the CLINICAL PASTORAL SERVICES, or its supervisory staff, the student will inform his/her immediate CPE supervisor of the complaint in order to seek resolution. The procedure for the resolution of complaints will be followed as outlined in the Clinical Pastoral Services Department Policy and Procedure Manual.

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By their signatures, each of the following represents that they have authority to execute this agreement.

NOTE: Always send a copy of the completed, signed agreement/contract to:
Manager, Volunteer Services, University of California Davis Medical Center
Date: ____________________________  By: ____________________________
Name: JP Eres
Title: Manager, Volunteer Services
Address: 2315 Stockton Blvd., Sacramento, CA 95817

Date: ____________________________  By: ____________________________
Name: Samuel Brown-Dawson
Title: CPE Supervisor/Manager
Clinical Pastoral Services

Date: ____________________________  By: ____________________________
Name: __________________________
Title: __________________________
Address: __________________________
Social Security: ______________________
The CPE center shall keep student records for at least ten years. These records shall not be open to anyone outside the CPE center except on the student’s written request. After ten years the center may destroy the student record, except for a face sheet with identified information.
I hereby give my permission for the supervisor’s evaluation to be sent to the following person(s).
I acknowledge and recognize my responsibility for maintaining my own copy of this evaluation.

Name: ___________________________       Name: ___________________________
Address: __________________________       Address: __________________________

____________________________________
Student

____________________________________
Date
# TABLE OF CONTENTS

**Section 4: Educational Resources**

<table>
<thead>
<tr>
<th>Topic</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Educational Resources</td>
<td>74</td>
</tr>
<tr>
<td>Why Use Learning Contracts</td>
<td>75</td>
</tr>
<tr>
<td>Focal Points For Individual Supervision</td>
<td>77</td>
</tr>
<tr>
<td>Group Covenant</td>
<td>78</td>
</tr>
<tr>
<td>IPR</td>
<td>79</td>
</tr>
<tr>
<td>General Verbatim Write-Up</td>
<td>83</td>
</tr>
<tr>
<td>Spiritual Verbatim Format</td>
<td>87</td>
</tr>
<tr>
<td>Verbatim Write Up with BCCI competencies</td>
<td>92</td>
</tr>
<tr>
<td>Guideline for Reflection Papers</td>
<td>94</td>
</tr>
<tr>
<td>Weekly Highlights report and reflections</td>
<td>95</td>
</tr>
<tr>
<td>Theological Integration Seminar</td>
<td>96</td>
</tr>
<tr>
<td>Guidelines For Maintaining Integrity In Theological Reflection</td>
<td>99</td>
</tr>
<tr>
<td>Critical Incident Report</td>
<td>100</td>
</tr>
<tr>
<td>Spiritual Assessment</td>
<td>101</td>
</tr>
<tr>
<td>Spiritual Centering/Worship Experience Feedback</td>
<td>102</td>
</tr>
<tr>
<td>Guidelines for Ethics Case Study Presentation</td>
<td>103</td>
</tr>
<tr>
<td>Guidelines for Interdisciplinary Case Conference</td>
<td>104</td>
</tr>
<tr>
<td>Specialty Project Outline</td>
<td>109</td>
</tr>
<tr>
<td>Final Evaluation Guidelines Level I</td>
<td>111</td>
</tr>
<tr>
<td>Final Evaluation Guidelines Level II</td>
<td>114</td>
</tr>
<tr>
<td>CPE Program Evaluation</td>
<td>117</td>
</tr>
</tbody>
</table>

**ACPE Standards Cited**

- ACPE 2010 Standards 309.1-.9; 310.1-3; 311.1-.9; 312.1-.9 .......................... 74
- ACPE 2010 Standards 308.4 and 308.6.1 ......................................................... 75
- ACPE 2010 Standards 308.5 .................................................................................... 77
- ACPE 2010 Standard 308.5 ...................................................................................... 78
- ACPE 2010 Standard 310.1-3 .................................................................................. 109
- ACPE 2010 Standard 308.6.5 .................................................................................. 117
EDUCATIONAL RESOURCES

The goal for Level I/II CPE at UC Davis Medical Center is to assist the adult learner to achieve the Outcomes ACPE sets for pastoral formation, pastoral competency, pastoral reflection and, if the learner so desires, for pastoral specialization. The basic requirements, curriculum and general program outlines discussed earlier in the manual seek to clarify and prepare the student for “process” learning. The following Educational Resources serve as frameworks for the student’s individual and group work.

**Pastoral Formation** Outcomes for Level I/II are achieved through the work in IPR group, individual supervision, verbatim analysis and theological integration seminars. The more frequently the adult learner reflects on what is unique about their identity and behavior in pastoral encounters, the more likely the Outcomes will enhance pastoral formation and congruence in the pastoral role. Peer group process and commitment to learn from and with one another enhances awareness of attitudes, assumptions, strengths and weaknesses. Seeking help and feedback from others requires the chaplain to value and initiate supervisory and peer feedback. Learning contracts, verbatim, IPR and individual supervision invite the learner to step beyond self as expert to value and engage collaboration in the pastoral formation process.

**Pastoral Competence** Outcomes for Level I/II are achieved via practice, reflection and application of new learning and insights. Pastoral competence also requires didactic input noted earlier in various Didactic and Thematic Seminars of the Curriculum.

**Pastoral Reflection** Outcomes for Level I/II are also achieved via the above noted seminars where the learner becomes more able to utilize the repetitive opportunity of the action/reflection/new-action clinical methodology of CPE. Evaluating the learning experience from both the learner and the supervisor’s perspective enhances realistic self-evaluation that encourages future goals for pastoral formation.

**Pastoral Specialty** is for the Level II student. This relates to possible ministry specialization and credentialing as one of the final steps in the completion of Outcomes.

In conclusion, pastoral formation, competence, and reflection for Level I/II Outcomes are strengthened through self-evaluation, peer evaluation, supervisory evaluation and consultation with CPE supervisors beyond the UC Davis Medical Center training center. All of the above are developed through the exploration of Pastoral Care literature, Grand Rounds by various departments within UC Davis Medical Center, the Sacramento area, theological writings and theory/practice books, and internet resources.

The Educational Resources, the Policies and Procedures, and the Appendices that follow are provided to assist you in your goal of successfully completing the Outcomes for Level I/II at UCDMC.
WHY USE LEARNING CONTRACTS

One of the most significant findings from research about learning (e.g., Allen Tough’s *The Adult’s Learning Projects*, Ontario Institute for Studies in Education, Toronto, 1979) is that, when adults go about learning something (as contrasted with being taught something), they are highly self-directing. Also, according to accumulating evidence, what adults learn on their own initiative, they learn more deeply and permanently than when they are being taught.

The kinds of learning that are engaged in for purely personal development can perhaps be planned and carried out completely by an individual on his/her own terms and with only a loose structure. But the kinds of learning that have as their purpose development of competence to perform in a job or in a profession must take into account the needs and expectations of organizations, professions, and society. Learning contracts provide a means for negotiating reconciliation between external needs and expectations and the learner’s internal needs and interests.

Furthermore, in traditional education the teacher and the institution structure the learning activity. Their learner is told what objectives s/he is to work toward, what resources s/he is to use and how (and when) s/he is to use them, and how his/her accomplishment of the objectives will be evaluated. This imposed structure conflicts with the adult’s deep psychological need to be self-directing and may induce resistance, apathy, or withdrawal.

Learning contracts provide a vehicle for making the planning of learning experiences a mutual undertaking between a learner and his helper, mentor, teacher, and often, peers. By participating in the process of diagnosing his/her needs, formulating his/her objectives, identifying resources, choosing strategies, and evaluating his/her accomplishments, the learner develops a sense of ownership of (and commitment to) the plan.

As a way to start, please give quality time to reflecting upon and recording some of your reflections in the following areas. Learning contracts will be shared in group process.

1. **Your Life/Pastoral Context**
   A. Reflect upon your own pastoral development. If you have served in ministry of some kind in the past, think about the areas you felt were your strengths and the areas where you felt growth and learning were needed. If you are new in ministry, what do you anticipate your strengths and areas of growth to be? List your strengths and areas for needed learning. How might you address one or more of these areas during CPE? How might your peer group and supervisor help (be a resource for) you as you learn?
   B. Reflect upon your relationships in ministry with your care-receivers, with fellow workers, and with yourself. Again, what do you see as your strong points, your problem areas? How do these tend to influence your pastoral
care? Again, how might your peer group and supervisor help (be a resource for) you as you learn?

C. Reflect upon why you decided to do CPE. Are there particular things you want to learn as you minister here? How do you hope CPE will impact your future ministry? Is there a goal related to these reflections for you? How might your peer group and supervisor help (be a resource for) you as you learn?

D. As you begin this experience, about what do you feel most anxious, most excited? About what do you feel ambivalent? Is there a learning goal related to any of these areas? How might your peer group and supervisor help (be a resource for) you as you learn?

E. Reflect upon your earliest relationships. What was it like to be you in your family? How did you learn to relate to others from your family experience? Do you know how these relationship patterns impact your pastoral care? Are there any goals related to this self-awareness? Again, how might your peer group and supervisor help (be a resource for) you as you learn?

F. Reflect upon how you learn and what learning experiences have been like for you in the past. What helps you to learn? What hinders you? As you look at yourself, in what ways do you sense that you will enhance or sabotage your learning process? At what points (if any) do you anticipate stress or conflict as you address these goals? How have you experienced yourself dealing with stress and conflict in the past?

G. Reflect upon your faith history and your current theological faith, values questions, and your sense of calling. How would you describe where you are in your own spiritual journey? How does the CPE experience fit with where you want to go? Will your goals help you learn and grow as a person of faith and as a pastor?

2. **Your Unit Goals: The Question:** What do you want to learn during this unit of CPE? **Remember:** Goals are statements of hopes for learning. In formulating goals, be **concrete.** Are there ways that you or someone else will know when you have reached your goals? What will be different about your pastoral functioning, your understanding of pastoral care, and/or your way of relating because you have accomplished your specific learning goals? In formulating goals, it is also important to be **realistic.** They need, therefore, to be possible and appropriate at this particular time, in this setting of your life and learning. Use the

3. Use the **Contract for Learning – Unit Goals Table** to develop your learning goals.

4. Limit yourself to 4-5 goals. Please review the objectives of CPE found in the **ACPE Standards.**

It is expected that there will be changes, modifications and additions to your learning contract as you proceed through the unit. The initial contract, therefore, is not a binding document, but is subject to changes as new learning needs surface and are identified.
Individual supervision (IS) is one-to-one supervision with a supervisor and a supervisee. This one-to-one session places the attention on the student as an individual. Each student will receive one-hour of supervision weekly during the each unit except during mid or end-of-unit evaluation. The agenda for the IS belongs to the student. Section 6 provides more information about the expectations and preparation for IS.

The following are suggestions for what to prepare for IS:

- Student’s CPE learning goals
- Student’s weekly reflection paper and agenda
- Student’s ability to observe and understand people’s needs
- Student’s relationships with patients
- Student’s relationships with patients’ families
- Student’s relationships with floor staff
- Student’s relationships with CPE peers
- Student’s relationship with CPE Supervisor
- Student’s relationships with other Spiritual Care staff
- Student’s relationship with God and church
- Student’s relationship with self
- Student’s relationship with her/his church or denomination
- Student’s relationship with her/his nuclear family or family of origin
- Student’s response to administrative expectations of the training program
- Materials from Didactic Seminars
- Issues from other CPE reading or settings
The rationale for a group covenant is that CPE is a group learning relational experience that “fosters growth in pastoral formation, pastoral reflection and pastoral competence. Such an environment involves mutual trust, respect, openness, challenge, conflict and confrontation. Therefore, it is helpful for everyone in the group to not only be aware of individual learning goals, but for the group as a whole to have some shared expectations and direction. This process takes a little time and generally needs to occur after the individual learning contracts are written and shared. Based on the common themes that may emerge from these individual learning contracts as well as many of the inherent expectations of group process and the standards of ACPE, Inc., a group covenant may emerge. Too often, group covenants are implicit rather than explicit. They have been protective rather than engaging. They have been deadening rather than life giving.

Some of the content areas that are crucial have to do with:
- Confidentiality
- Responsibility to the Group
- Group Values
- Common Goals
- Individual Limitations/Boundaries

These generally emerge out of a “group think” process and tend to occur by consensus. To the extent that there is involvement and “buy-in” from all group members, the group covenant serves to keep the group process focused and on task. It tends to guide our life together and teaches us about building community for ourselves in the future.
Inter-Personal Relationship seminar (IPR) is envisioned to be an intentional group that begins with the goal of learning how to become a part of a community. Ministers, on the whole, usually do well at creating a sense of community, of facilitating the community of others, but rarely do they have the luxury of joining a community. We tend to “want” community, but we are equally skilled at avoiding community as participants. This is a significant opportunity to learn an essential survive/thrive skill for ministry. The creation of community allows the group to practice living out its Group Covenant. It also opens the door to learning about groups and group process in a very personal way (it is the way of faith). Then, it is possible to creatively and healthily address interpersonal issues; or to receive feedback or constructive criticism.

IPR tends to be open-ended and flexible, open to whatever needs attention, but it does have a certain structure that is captured in the Group Covenant. That structure is reinforced by the intentionality of the group in its desire to learn how to create and join in community as the primary task. This is not an invitation to navel gaze. It is an invitation to struggle with others around some shared history and dynamics that might move everyone towards liberation and wholeness in a communal sense. Some basic didactics and reading are helpful components in this enterprise, and the group is encouraged to seek out such learning opportunities.
GENERAL VERBATIM WRITE-UP (BEGINNING CPE)

CONFIDENTIAL VERBATIM REPORT #_____

I. DATA ABOUT PATIENT

Provide a brief summary of the relevant information about the patient and/or the person you are ministering to if it is someone other than a patient

A. Demographic information: pseudonym for the person, age, gender, religion, race and ethnicity

B. Physical dimension -- date of admission, diagnosis, brief medical history as appropriate

CPE Student: ______  Date Visited: ______  Date written #: ______  Length of Visit: ______

Patient: ___  Room #: _____  Age: ___  Gender ID: ___  Marital Status: ________________

Race: _______________  Physician: _______________  Medical Service: ________________

Med Prognosis: _________________________________________________________________

Medical Diagnosis: ______________________________________________________________

Social Summary: _______________________________________________________________

Religious Summary: _____________________________________________________________

Pastoral Diagnosis: _____________________________________________________________

II. OBSERVATION AND AWARENESS

A. First impressions and observations: Describe briefly the person and her/his environment. What is going on in the area? What is the person’s physical appearance? What non-verbal messages are you receiving? What are your assumptions based on your impressions and observations?

B. Awareness of self: Prior to the ministry encounter, what was your own cognitive, emotional, and physical state? Were you tired, apprehensive, angry, excited, etc? During the ministry encounter itself you may become aware of physical, emotional, cognitive changes within yourself. Indicate these in the right-hand column as you record your conversation.

III. MINISTRY ENCOUNTER WITH THE LIVING HUMAN DOCUMENT:

A. Recalling the encounter: This is to be as nearly verbatim an account as possible. Report pauses, interruptions, facial expressions and any other clues which may reveal something about relationships within the situation in parenthesis. In the right-hand column identify your feelings.

B. Reason for the verbatim: Your main purpose in presenting your verbatim is to present your ministry encounter in such a way that you and your peers and supervisors can understand it. This requires careful attention to detail, honesty, and a fair amount of
vulnerability on your part. Your verbatim represents a privileged conversation which must be treated with respect and handled in a professional manner.

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VI. REFLECTION ON THE VISIT

1. Describe the pastoral needs of the person(s) the verbatim is about (Assessment)

2. How did you take care of the needs (Intervention)

3. Briefly assess your feelings about the visit
4. What did you learn about your pastoral role and function

5. Describe the learning needs you identify from this visit. What learning goal or level I outcome does it relate to?
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IV. PROCESS ASSESSMENT AND SUMMARY

A. Summary of the dynamics and flow of the visit. Did it have a question and answer feel to it, or was it a dialog? Where did the direction of the conversation change, and who changed it?

B. Summary of your response: What kinds of responses did you use? (e.g., summarization, empathy, interpretive, reflective, question, self-disclosure, teaching affirmation, challenge, etc.) Assess the strengths and weaknesses of your responses based on the other person’s responses.

V. ASSESS THE ENCOUNTER

A. Spiritual assessment: What feelings did this person seem to be experiencing, and how did you know? How would you describe the spiritual needs or “main message/concern” of the patient? Regarding the person’s situation and main
message/concern, what spiritual/theological issues do you see? (e.g., faith, doubt, temptation, sin, guilt, shame, despair, pride, blaming, conflict, judgment, estrangement, punishment, works righteousness, self-indulgence, humility, confession, penance, forgiveness, repentance, discernment, transformation, rededication, hope, communion, love, joy, peace, patience, kindness, goodness, gentleness, self-control, grace, etc.) Did you identify any spiritual resources the patient already has? How did you address the spiritual needs of the patient? Do you have any thoughts about how you might contribute to the overall care of the patient? What is going to be your pastoral care plan for this person/family?

B.

C. **Psychological/mental/emotional/social dimensions:** Comment on congruencies or incongruencies in the person’s situation, thoughts, feelings, and behaviors. What social conditions, systems and structures did you see affecting the life of your patient and how were they affecting them? How did you address this in your ministry?

VI. **ASSESSING SELF:**
(As you write this part of your reflection indicate in parentheses where you see yourself doing whatever it is you are talking about; e.g. C1, C2, etc.)

A. **Connections:** Where did you feel a connection with the patient? Where did the patient seem to feel a connection with you? Did you feel yourself disconnecting or wanting to leave the room at any particular time? If so, what was happening then?

B. **Strengths and Weaknesses:** What were your strengths and weaknesses in this ministry encounter? What went well? What can you celebrate? What might you try to do differently next time? Did this verbatim activate a desire to learn more about particular issues related to self-awareness, interpersonal awareness, and pastoral concepts, functioning as a pastor, or ministry development and management?

C. **What major life events, relationships, assumptions, values** of yours are you aware of as you reflect on this visit? How did your life history influence your ministry practice?

VII. **THEOLOGICAL REFLECTION:**
How did you experience being connected to God during this visit? Were you able to help connect the patient with God? Discuss any spiritual/theological issues that this visit raised for you. Where did you see God connecting with you and the patient? What theological understanding led you to do what you did in this visit? Write about stories, passages, themes, and images from Holy Scriptures or any other source of truth that come to mind for you.

VII. **YOUR CHART NOTE**
What did you chart? If you could write more freely, what would you chart?

IX. **LEARNING NEEDS AND GOAL**
What are you hoping to learn by bringing this verbatim to your supervisor and peers? How does this connect with your learning goals? Be as clear as you can, and refer to your specific learning goals, as appropriate. While you might write this section last, it is the most important part of your verbatim. 

Your goals: any specific results you wanted from the encounter, anything you wanted to avoid
I. DATA ABOUT SELF AS THE IDENTIFIED PATIENT

Provide a brief summary of the relevant information about you as the identified patient.

Identified Patient: _______________ Age: ___ Spiritual Source/Power____________________
Date of Encounter: _______________ Date written #: ___________ Length of Encounter: ______
Place of encounter _______________ Gender ID: _____ Marital Status: _______ Race: ________
Med Prognosis: _________________________________________________________________
Medical Diagnosis: ______________________________________________________________
Social Summary: _________________________________________________________________
Religious Summary: ____________________________________________________________
Pastoral Diagnosis: _____________________________________________________________

II. OBSERVATION AND AWARENESS

E. Impressions and observations about the place of encounter: Briefly describe yourself and your environment. What is going on in the area? What was your physical appearance? What are you hearing in your heart and spirit? What assumptions did you have?

F. Awareness of self: Prior to the encounter, what was your own cognitive, emotional, and physical state? Were you tired, apprehensive, angry, excited, etc? During the encounter, what physical, emotional, cognitive changes did you become aware of? Indicate these in the right-hand column as you record your conversation.

III. MINISTRY ENCOUNTER WITH THE LIVING HUMAN DOCUMENT:

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Use the following as a format for recording your pastoral encounter.

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B. Summary of your response: What kinds of responses did you use? (e.g., summarization, empathy, interpretive, reflective, question, self-disclosure, teaching affirmation, challenge, etc.) Assess the strengths and weaknesses of your responses based on the other person’s responses.

V. ASSESS THE ENCOUNTER

D. Feelings about the dialogue and the assignment

E. Meaning of the Encounter in light of your spiritual development and family system and dynamics

F. Meaning of the encounter in light of your professional and pastoral formation and theological acumen.

G. What assumptions, values, and presupposition are you aware of?

H. What are the eternal flavors for you in this encounter?

I. How does this relate to your learning goals?
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VERBATIM WRITE UP WITH BCCI COMPETENCIES

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IV. PROCESS ASSESSMENT AND SUMMARY

Use this section to address the BCCI competencies found on the APC website. There are 39 competencies in four sections. Choose and address as many as relate to each verbatim. Follow the guidelines and practice writing to the competencies
GUIDELINE FOR REFLECTION PAPERS

This 1-2 page paper should focus briefly on your previous week’s experience and evaluate its significance for you and your learning process. Share the feelings and concerns that impact you as a person and as a pastoral care giver. The paper should be personal and candid. Try to be as concise as possible while reflecting. Leave a 3” margin on the right for supervisory feedback.

Reflect regularly on these areas. You may concentrate on one area or multiple areas in a given week.

- **Relationships:** with patients, family members, staff, supervisor(s), peers and God/your faith tradition.

- **Teaching-Learning Process:** evaluate the week’s program and your involvement; how are your learning goals being met; how are they changing; how are you being responsible for your learning; what is your level of participation?

- **Self-Awareness:** personal growth and insight about self, professional functioning, and interface of personal/professional/theological concerns.

- **Theology/Spiritual/Religious/Pastoral:** Themes that are important, disturbing, challenging, and/or satisfying for you.

- **Social Context:** notice how social structures and conditions around you influence you and others.

- **Reading:** bibliographic information about your reading and its significance for you.
BIWEEKLY HIGHLIGHTS REPORT AND REFLECTIONS

This 1-2 page paper should focus on your experiences since your last IS
*Due each week the day before your supervisory hour*

Name:          Date:

1. Most significant events or experiences since your last IS:

2. Feelings about these events or experiences?

3. Personal growth issues (What did you learn from these experiences?):

4. Evaluation of Progress (What is left unfinished?):

5. Agenda for IS
I. Presentation of an Occurrence in Ministry (attach the event to the worksheet)

Though the occurrence may have emerged accidentally, involvement in the occurrence is to be understood as a willful, purposeful, intentional act of ministry. The presenter is to have taken an active part - assuming some measure of responsibility for its development and inevitable outcome.

II. Questions for Information and/or Clarification

Questions regarding the presenter's intention; motivation, agenda, relational contract or feeling response to the experience is not germane.

III. Locating the Event in the Occurrence of Ministry: Giving It a Name

An effort is made to isolate the significant "something" that happened in the occurrence of ministry.

A. Key Messages Exchanged

These messages are to be one-sentence summaries of what each person is saying to the other. Who the "responder" is in the transaction will become clear as the messages are reported.

CHAPLAIN (the chaplain is saying)          CARE-RECEIVER (the Care-receiver is saying)

B. Key Dynamics Present In The Event

These dynamics can be stated in various ways. Some examples include:

*child to parent          *Empathy          *Sympathy          *Grief
*approach – avoidance    *Authenticity    *Fear
*an attempt to control met by resistance *Hope          *Approach
*identification with the pain of loss    *Avoidance-Avoidance
IV. Professional Identification with the Event

In what way can you identify with the event? Can you see the dynamic operative in your efforts to be in ministry? The concern here is to shift the focus of concern from the presenter's practice of ministry a la the presentation to the practice of ministry as it affects all of us.

V. Theological Reflection on the Event in Ministry

What specific theological doctrine, concept, myth, dogma, or piece of religious history does the event bring to mind? Some unguarded effort to "free associate" will provide rich and varied references. Where some pattern in the associations does not emerge, select a construct, which seems to hold the greatest potential for further reflection, e.g., what concept of God is re-presented by the chaplain - by the care-receiver? What does salvation mean to each person in the event? How is sin understood, or grace or judgment? (See Guidelines for Maintaining Integrity in Theological Reflection, which follows.)

A. Theological Constructs Cited

B. Theological Construct Selected and Developed

VI. Implication for Ministry - Ministry Informed By Theology

A disciplined and self-conscious effort to let ministry be informed by theological reflection (as well as the behavioral sciences) can enrich ministry in its uniqueness, i.e., letting theological reflection make a difference in theological (pastoral) function. Said in other words, a disciplined effort is made to become more personally involved and effective in directing the dialogue between the Gospel and human need.
VII. Presenter's Summary of Learning Experience

Though each person will leave the seminar with their own learning, the person that is best qualified to re-focus the various "generalizations" back into the specifics of time/space would be the one who has the greatest functional investment.
GUIDELINES FOR MAINTAINING INTEGRITY IN THEOLOGICAL REFLECTION

J. Edwin Heathcock, Th.M., S.P.

(The word “construct” used below is to be understood inclusively, i.e., dogma, doctrine, myth, event in religious history and so forth.)

1. Does the construct re-present, express or voice the event?
2. Is the event contained within the construct?
3. Does the construct assign meaning, sense or order to the event?
4. Does the construct provide structure for communicating to others the meaning contained in the event?

Schubert Ogden’s concepts of appropriateness and understandability could be very helpful in this context, i.e., appropriateness: expressive of the church’s message, rather than distorting it; understandability: expressed in cultural forms and terms that can be seen to relate to the hearer’s experience.

5. Does the event help inform the meaning present in the construct?
6. Does the construct open the possibility for expanded meaning, or does it limit or close it off?
7. Is the construct’s relationship to the event clear and coherent, or is it ambiguous, conflicted and/or confused?
8. Does the construct provide insight into the nature and essence of life in its larger context?
9. Does the construct contain the potential to shape life in the event toward those realities necessary for personal integration, spiritual maturity, growth and development?
10. Is there a division to either the event or the construct so as to inhibit re-assessment, re-valuing, re-interpretation, re-ordering?
11. Is there an open flow between the event and the construct to the end that we will be better able to be what we believe and believe what we are?
12. Does the construct help us understand our past, interpret our present and shape our fullest potential in human community under God?
CRITICAL INCIDENT REPORT

Patient ___________________________ Date ___________________________

Chaplain ___________________________ Room ___________________________

Doctor _______________________________ Diagnosis ___________________________

Location ____________________________

Type at least one page in which you describe the most critical incident. A critical incident can be any involvement that may have been challenging creating learning opportunities for you. It may be pastoral, personal, relational, spiritual that involves any member of your clinical Rhombus. The incident may have been an incident that was exceptionally heartwarming and gratifying or may have produced anxiety etc. In any case, it should be something that can be marked as the “high point” or “low point” in terms of significance in the chaplain’s pastoral ministry. The chaplain should attempt to cover as many of the following areas as you can:

1. Describe the incident, happening or involvement as best and as briefly as you can.

2. Attempt to describe any emotions you perceived in others.

3. Describe your own personal feelings about the situation or persons in the now

4. If the incident is a “low point”, attempt to state the problem as you see it. If the incident is a “high point”, attempt to state why.

5. Recall any verbal interchanges in verbatim form.

6. Recall what you observed as nonverbal communication (i.e., facial expressions, gestures, movements of hands, postures, anything).

7. Indicate why it was critical for you, personally, emotionally, theologically, relationally, etc.

8. If it was a “low point”, list other ways you might have handled it. If it was a “high point”, state why and what you would do differently. In either case, indicate new insights, growth or learning impediments.

9. What help do you need?
SPIRITUAL ASSESSMENT

1. **Belief and Meaning** – What beliefs give meaning and purpose to the person’s life? What major symbols reflect or express meaning for this person? What is the person’s story? Are there any current problems, which have a specific meaning or alter established meaning? What is this person’s history and present affiliation with a formal system or belief (e.g., church), if any?

2. **Vocation and Obligations** – Do the person’s beliefs and sense of meanings in life create a sense of duty, vocation, calling, or moral obligation? Will any current problems cause conflict or compromise in this person’s perception of his/her ability to fulfill these duties? Are any current problems viewed as a sacrifice or atonement or otherwise essential to this person’s sense of duty?

3. **Experience and Emotion** – What direct contacts with the sacred or divine, or with the demonic, has the person had? What emotions or moods are predominantly associated with these contacts and with the person’s beliefs, meaning in life, and sense of vocation?

4. **Courage and Growth** – Must the meaning of new experiences, including any current problems, be made to fit into existing beliefs and symbols? Can the person let go of existing beliefs and symbols in order to allow new ones to emerge?

5. **Ritual and Practice** – What are the rituals and practices associated with the person’s beliefs and meaning in life? Will current problems, if any, cause a change in the rituals or practices this person needs or desires, or in his/her ability to perform or participate in those which are important to this individual?

6. **Community** – Is the person part of one or more, formal or informal communities of shared belief, meaning in life, ritual, or practice? What is the style of the person’s participation in these communities?

7. **Authority and Guidance** – Where does the person find the authority for his/her beliefs, rituals, practices, meaning in life, and sense of vocation? When faced with doubt, confusion, tragedy, or conflict, where does this person look for guidance? To what extent does this individual look outward for guidance?

References
SPIRITUAL CENTERING EXPERIENCE FEEDBACK

Centering Leader ________________________________

Responder ________________________________

1. Underline what you would consider to be the purpose/theme of this Centering experience:
   • Instruction in the faith
   • Corporate worship
   • Personal devotion
   • Sacramental Encounter
   • Other
   • Devotional
   • Meditative

2. Describe the message you heard.

3. Describe the pastoral/spiritual relatedness of the message.

4. Describe the overall feelings you were left with at the conclusion.

5. Describe the leadership style and strength of the leader.

6. What is your personal take away?

Additional comments and recommendation:
GUIDELINES FOR ETHICS CASE STUDY PRESENTATION

Level II

Present a case study demonstrating your use of the bioethical principles outlined in the book, *Stewards of Life* by Sandra Wheeler. Provide a theological foundation (from your theology) for your involvement or pastoral intervention as it interfaces with these bioethical principles.

1) This case can be from a current situation or previous verbatim. It is okay to look retrospectively on a previous case.

2) Whether current or previous case, ask if you would have intervened differently and how the principles and theological foundations informed your pastoral care.

3) It will be the task of the group to dialogue about the coherence between the principles and theological foundations, and if the presenter used these resources to inform pastoral care.

4) It should not be over one page long, single-spaced.

5) Provide copies for everyone.
GUIDELINES FOR INTERDISCIPLINARY CASE CONFERENCE

Level II
The interdisciplinary case conference should be designed to present and explore key issues (i.e., physical, psychological, sociological, theological and ethical, etc.) surrounding a particular patient, types of patients, or health care situations. It should be presented primarily in didactic fashion (though also allowing for feedback, discussion, and personal sharing on the part of all present). Professionals from other disciplines who are asked to participate in the conference should be chosen for their ability to offer pertinent teaching data related to one or more of the key issues involved in the case. The chaplain presenting the case conference should assume responsibility to focus and coordinate the individual presentations of the interdisciplinary parties involved. The presenting chaplain may choose to speak didactically to more than one of the key issues of the case; however she/he should claim some time to speak at least to the theological and ministerial implications of the material presented.

1. Present the details of the case around which you intend to focus. (Something written, reproduced and handed out is helpful but not absolutely necessary.)

2. Highlight or focus the key issues you intend the conference to address. (Theological/ethical issues should be addressed at some point.)

3. Invite the interdisciplinary participants to speak to the issues you have asked them to focus on.

4. Invite discussion and sharing from all attending the conference.

5. Keep an eye on the clock and end the conference at the previously designated time.

Introduction to the Case Method

1. THE CASE SHOULD BE WRITTEN: A “case” is a written report of an event in which you were involved as a minister with some responsibility for the outcome. The purpose of writing the case is to produce a record of the event, and to provide concrete data for reflection and discussion.

2. THE WRITTEN CASE SHOULD BE BRIEF: The case report is to be no longer than what can be written on both sides of a single sheet of paper. Part of the discipline is to learn what can be condensed into this limited space. Limitations of space force the writer to identify critical information. Lines should be numbered for easy reference.

3. THE CASE SHOULD HAVE 5 PARTS: The five parts are to be clearly distinguished. They need not be equal in length, but each of the parts must be included.
a. **Background:** enough information to set the event in context. What you had in mind, what you hoped/fear would happen, when and how you became aware of/involved in the event, what pressures and persons precipitated and shaped the event.

b. **Description:** what happened and what you did. Report the event, including as much detail as possible in the limited space.

c. **Analysis:** Identify issues and relationships, with special attention to changes and resistance to change. Try to answer the question: What’s going on here?

d. **Evaluation:** your estimate of your own effectiveness in the event. Did you do what you set out to do? Did you function effectively? If so, why so? If not, why not? What factors or forces emerged which you did not anticipate? What questions might the group discuss that would be most helpful to you?

e. **Theological reflection:** biblical and theological themes which emerge in this situation (e.g. faith, guilt, alienation, reconciliation, justice, law, grace, sin, redemption, creation, incarnation, suffering, resurrection, etc.) Be specific about where you see evidence of these. Where is the activity of God in this situation?

4. **CLARIFY THE QUESTION OF CONFIDENTIALITY:** If you do not want to reveal the identity of persons and institutions, use fictitious names and addresses (Mrs. A, Mr. B, X church, Y town). If you reveal the identity but wish the information to be confidential in the group, write at the top: “CONFIDENTIAL: For Seminar Use Only.”

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**Definition of Roles:**

1. **PRESENTER:** Has submitted a written case in advance, answers questions during CLARIFICATION, is silent and keeps time during analysis and EVALUATION, may wish to take notes, and responds during PRESENTER FEEDBACK.

2. **PARTICIPANTS:** Have read the case in advance, ask questions during CLARIFICATION, analyze, evaluate and interact with PRESENTER during PRESENTER FEEDBACK.

3. **PRESIDER:** Responsible for discipline and for moving from one part of the docket to next, should make contributions to discussion and keeps time during CLARIFICATION, FEEDBACK FROM PRESENTER, and REPORT FROM PROCESS OBSERVER.

4. **PROCESS OBSERVER:** Watched dynamics of discussion, does not participate.

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**The Docket:**

I. **CLARIFICATION (10 mins):** What additional information would be valuable? What is the event? What are the goals and objectives?
II. ANALYSIS (20 mins): The PRESENTER is silent and keeps time. What are the
dynamics, relationships, roles, options, turning points, changes, resistance to change,
issues, power struggle, feelings, etc?

III. EVALUATION (10 mins): Professional evaluation of the practice of the
PRESENTER. How well did he/she accomplish stated goals and objectives? Be
supportive at first, then suggest alternatives.

IV. THEOLOGICAL REFLECTION (15 mins): Did the PRESENTER identify the key
biblical and theological themes relate to pastoral strategy?

V. PRESENTER FEEDBACK (10 mins): What had been helpful? What did the group
fail to understand? What question would you ask your colleagues if there were time to
answer? PARTICIPANTS may interact with the PRESENTER.

VI. PROCESS OBSERVER REPORT (5 mins): How did the group carry on? Was there
teamwork?

What to look for:

In general:
- Spontaneity of participation
- Balanced participation
- Emotional atmosphere
- Helping others communicate
- Building upon other’s contributions
- Quality of listening
- Non-verbals

Specifically:
- During CLARIFICATION, were the questions brief and to the point?
- During ANALYSIS, was much evaluating going on?
- During EVALUATION, did the group provide adequate support to the PRESENTER?
- During PRESENTER FEEDBACK, was the PRESENTER defensive?
- How well did the PRESIDER lead?

V. REACTION TO PROCESS OBSERVER REPORT (5 mins): Without defensiveness
respond to observations.
Case Study Sample

I. BACKGROUND

J lives in a small farming community. Her husband is an engineer working with a large corporation. He is extremely non-verbal and appears to be an introvert. J appears to be just the opposite, extremely dominant and spontaneous in her actions. Much of her activity seems to be centered outside of her home and family. There are six children who appear to be independent and have very often been left at home alone. Thirteen months ago, J became aware of a general malaise, pain and soreness throughout most of her body, which after a series of tests was diagnosed by her physician as Lupus, a debilitating disease similar to rheumatoid arthritis, and eventually fatal.

II. DESCRIPTION:

After hearing her diagnosis, J became despondent and depressed. Her mental state manifested several of the stages which Kubler-Ross describes in *Death and Dying*, denial and isolation and anger being very apparent. J came to see the Senior Pastor and myself and was able to talk freely thereby venting much of the anger which she had been feeling. As she talked I felt the need to listen to what she had been feeling. As she talked I felt a need to listen to what she had to say without interrupting. I also felt I could give her the assurance and support she needed by nodding and making comments which would show acceptance for who she was. However, I felt stymied and fearful when she reported that she wouldn’t hesitate in taking her life if she thought she would be an invalid to her family. Any gesture or indication on my part which would encourage her at this point would be wrong. At another point in the conversation, J expressed a willingness to let the family do all the work around the house, even to imply that any work she might do might shorten her time left with the family. She also appeared to be angry with her doctor and hesitant in following any of his advice. We assured her that the doctor knew her condition and would give her adequate treatment. J also viewed people within the church as saying that she was a hypochondriac. She was also upset with people who were reported to have said that she was never at home to take care of her children. When asked who these persons were, she was unable or unwilling to name them.

III. ANALYSIS:

It became apparent quite early in our conversation that J refused to accept her diagnosis. She gave every indication that she thought she was handling the situation competently. Nevertheless, as I have indicated, she was manifesting some of the stages of the dying syndrome. Her husband cannot and doesn’t seem to be willing to be the support which J needs at this moment. J appeared during the conversation to indicate that she felt very much alone in the situation. We felt that there was need to be concerned about the possibility that J would take her life if the depression became any deeper. We were also aware of the need to counsel the rest of the family concerning J’s condition.
IV. EVALUATION:

I felt that, for the most part, what was called for was support for J and her condition, with the assurance and affirmation that we care about her and what happens to her and her family. I also felt a need to impress upon J that her physician was someone who cares what happens to her too and can be a support to her. I also made known to her a support group which meets regularly to discuss the effects of Lupus and what they can give to each other. When I mentioned this to J there was a negative response, stemming from her refusal to deal with her diagnosis.

I feel that the family situation could be improved with counseling and that in some way the family could share in the work that needs to be done. This would give J the support she needed to face the future, knowing that she wasn’t alone.

My overall impression about my performance if I were to rate it would be fair. I felt that after someone listens there is a need to move onward to some kind of resolution of the problem, and at this point, at least, I felt that we were unable to do so. Nevertheless both the Senior Pastor and myself are seeking ways we can be of help and support to J. One way we have thought of helping was to go and discuss her case with the doctor. We felt that we might be able to give him information which might assist him in treating her case. She is willing to let us do this so this will be our next step, along with some kind of family counseling concerning J’s condition and the family’s response.

V. THEOLOGICAL REFLECTION

The promise which comes to us through the New Covenant is the assurance that we are not alone but that Christ is with us. With this assurance we can endure the torturous hours spent in pain and suffering. With God’s presence we can receive the support we need and healing can begin to take place; healing of broken relationship, of hours spent in isolation, and loneliness. For J to come to this realization means that she would be able to accept her diagnosis, knowing that God is with her, and seeing that presence acted out through the lives of those about her, her family, her physician, and the community, who can help her face the future at peace with herself and others.
The pastoral care specialty provides **Level II** students with an opportunity for intentional development and practice of a particular field of interest for future ministry career enhancement, certification or specialization. All aspects of the Level II Outcomes are incorporated into the individual learner’s special area of interest. The option of a specialty focus is negotiated between the Level II student and supervisor. Some of the possible areas of specialization at UC Davis Medical Center are: Palliative Care, Pediatric Medicine, Trauma, Worship/Centering in Hospital Ministry, Interfaith Ministry through Media in the Hospital, Volunteer Chaplaincy, Ethics in Donation/Transplantation, Disease Specific Ministry, and Adult Learning for Ministry.

The specialization will culminate in a Project presentation to Level I/II students, Supervisory and CPE Supervisor(s). The presentation group may also include individuals from the disciplines of the chosen specialty, administration, and members of the CPE advisory committee.

The following guideline describes the requirements of a medical specialization such as Ministry to the Sickle Cell Patient:

- A description of the chosen specialty area of ministry;
- The etiology, symptoms, process, and prognosis of the disease(s) (if relevant);
- The physical, emotional, social, and spiritual dimensions and impact of the disease on the patient, family, and care providers;
- The medical interventions of the disease/specialty;
- A description of any grief and loss issues related to the disease and treatment;
- A description of the religious and emotional coping methods of patients/families;
- A description of the way in which the spirituality of the patient/family impacts the disease and treatment;
- A description of any ethical issues related to the specialty;
- A description of any developmental or gender related issues associated with the specialty;
- A description of any behavioral science theory/theorists that inform the chaplain’s interventions;
- A description of the pastoral theology, theologians, and/or religious traditions that inform the chaplain’s spiritual care;
- The pastoral images or metaphors that guide the chaplain;
- A statement of the chaplain’s theology or philosophy of pastoral care;
• A description of the pastoral interventions employed by the chaplain for this specialty;

• A description of the interdisciplinary team and the role of the chaplain in the total treatment of the patient.
FINAL EVALUATION GUIDELINES LEVEL I

Level I
ASSOCIATION FOR CLINICAL PASTORAL EDUCATION
1549 Clairmont Road, Suite 103
Decatur, Georgia 30033

UC Davis Medical Center,
2315 Stockton Boulevard,
Sacramento, California, 95817

PERSONAL CONFIDENTIAL TRAINING REPORT

STUDENT:

UNIT OF TRAINING:

FAITH GROUP:

SUPERVISOR: Rev. Samuel C.M. Brown-Dawson
**Final Self-Evaluation**  
*Level I CPE*

Use the headings below as the major headings to guide your self-evaluation. Please **do not** use the questions as subheadings but instead, use the questions and ACPE Outcomes to guide you. All margins should be one inch. Make one copy for each peer including supervisor. Turn in a clean copy to Karen Anderson for your files. All copies are due on the Monday of the week of evaluation. Please include the cover page.

**A Brief personal history.**

If this is your first unit here at UC Davis, please provide brief info about you, your family (of origin and of choice), spiritual development and call to ministry and reason for participating in CPE. If this is not your first unit at UC Davis, please provide an update/addendum or insight to your personal history since your last evaluation (or this unit)

**Self-Awareness as Spiritual Caregiver**  
ACPE Level I Outcomes 311.2, 311.3

- Describe your clinical area and setting in a brief paragraph.
- *What insights have you gained about yourself as a pastor to patients, families, and staff?*
- Describe the skills you have developed this unit or since you have been here. How do you use those skills differently than before (previous unit or before CPE)?
- *What are your major strengths and limitations for pastoral care and interpersonal relationship?*
- *How do your cultural values influence how you relate as a spiritual care giver?*
- *What pastoral issues have been important for you?*

**Utilization of the Action/Reflection Model**  
ACPE Level I Outcomes 311.6, 311.8

- State your learning goals and discuss each goal in terms of your progress or lack of progress.
- *How open have you been to the learning process? How have you resisted learning this unit? What have you learned? How have you learned?*
- Give a candid description of your learning process. How did you work on your learning goals?
- *What has been most and least helpful in your learning process?*
- Given your exploration of your learning process, what strengths and weaknesses do you plan to address after this CPE unit?

**Utilization of the Peer Group**  
ACPE Level I Outcomes 311.3, 311.4, 311.5, 311.9

- Share and evaluate your feelings about the group experience and your participation in
What dynamics do you see in the group? How have you allowed your peers to participate in your growth? Evaluate the group process and your participation in it. Write a personal and candid paragraph about your relationship with each peer. Evaluate each peer’s level of involvement in the CPE process.

**Interdisciplinary Relationships**
ACPE Level I Outcomes 311.3

Describe your relationships with hospital staff. What does the quality of these relationships tell you about yourself? How do you plan to strengthen and build these relationships in your next CPE unit?

**Utilization of Supervision**
ACPE Level I Outcomes 311.4, 311.7, 311.8

How have you utilized supervision? Describe your feelings about the relationship you had with your supervisor. Share and evaluate how you have worked with the current medical center or CPE center’s structures and with persons in authority?

**Theological Integration**
ACPE Level I Outcomes 311.1, 311.7

Discuss your ministry statement. How has your ministry and the CPE process affected it this unit of CPE? What pastoral/spiritual/theological themes have you discovered in your ministry this unit? How did your psychological understanding of yourself and others develop in relationship to your theology and ministry statement? Where is God in all this? Who is God for you? What theological issues have been raised in your learning process? What ways of thinking theologically have been stimulated for you?

**Continued Pastoral Formation:** If this is mid-unit evaluation, formulate your learning goals for the rest of the unit. What are your learning needs and how do you plan to accomplish them? If this is your final unit, what are your goals for your continued pastoral formation?
FINAL EVALUATION GUIDELINES LEVEL II

Level II
ASSOCIATION FOR CLINICAL PASTORAL EDUCATION
1549 Clairmont Road, Suite 103
Decatur, Georgia 30033

UC Davis, Medical Center,
2315 Stockton Boulevard,
Sacramento, California 95817

PERSONAL CONFIDENTIAL TRAINING REPORT

STUDENT:

UNIT OF TRAINING:

FAITH GROUP:

SUPERVISOR: Rev. Samuel C.M. Brown-Dawson
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Self-Awareness as Spiritual Caregiver
ACPE Level II Outcomes 312.1, 312.2, 312.3, 312.6

Describe your clinical area and setting in a brief paragraph. Highlight any changes from the previous unit.
Reflecting on your developing pastoral, personal, and professional identity.
How have the insights you gained from behavioral sciences deepened your self-understanding and impacted your approach to spiritual care?
How have you expressed your authority in relation to your values, basic assumptions, and personhood?
Reflect on how you have worked to expand specific strengths and address specific limitations and a pastoral/spiritual care provider.
How have your own values (name them) influenced your spiritual care to diverse populations?

Utilization of the Action/Reflection Model
ACPE Level II Outcome 312.8

How have you modeled action/reflection this unit?
How did your learning goals (discuss each goal) impact your growth and development?
Describe your approach to learning. How has it been affected so far?

Utilization of the Peer Group
ACPE Level II Outcomes 312.6, 312.7

Evaluate your participation in the group experience. What were your strengths and limitation in the group process?
How have you contributed to your peers’ growth and or stagnation? (Be specific)? Describe your relationship with each peer and evaluate each peer’s strengths and limitations within the CPE process.
Interdisciplinary Relationships
ACPE Level II Outcomes 312.2, 312.3, 312.5, 312.7

Describe your role as a chaplain in interdisciplinary relationships especially on your units (Name units).

How have you established collaboration with authorities and other members of the interdisciplinary team (Be specific)?

Describe your communication skills in various situations that you have encountered this unit.

How have you been a pastor to the staff?

How have you used your Advisory Committee liaison person this unit.

Utilization of Supervision
ACPE Level II Outcome 312.8, 312.5

How have you initiated consultation in supervision? What are specific issues and dynamics you have initiated for supervision and what are specific issues and dynamics that you have avoided discussing?

As an self-directed learner how have you for self-supervised.

Describe your relationship with your supervisor and how you have used that relationship to benefit your learning.

Theological Integration
ACPE Level II Outcome 312.1, 312.4

How have you used your religious heritage and theological understanding this unit?

What theological/spiritual themes have you reflected on in your clinical presentations, Centering’s, and individual supervision?

How do you assess those you serve using behavioral sciences and theology?

Level II Project and Specialization

Describe your chosen specialty and your progress with your timeline.

What theories and methodologies are guiding your project?

What personal philosophy and ministry concepts have you formulated in the process of working on your project?

What aspect of pastoral competence would your project/specialty address?

How have you struggled with your project? How has it brought you joy?

How does your project connect to your professed and/or possessed theology?
CPE PROGRAM EVALUATION
ACPE 2010 STANDARD 308.6.5

This evaluation provides your supervisor, UC Davis Medical Center CPE Center and ACPE a way to know about your experience in CPE and it assists them in their on-going quality assurance and improvement processes. Please complete and give this form to your supervisor or designated individual. Thank you for responding.

Dates of CPE Unit

Primary supervisor’s name

If you were supervised by a supervisory Candidate, please give that person’s name

Number of units of ACPE accredited CPE now completed ___1 ___2 ___3 ___4 ___5 or more

Did you take this unit for academic credit? ______Yes ______No

Did you take this unit as required for ordination? ______Yes ______No

1 - very negative; 2 - somewhat negative; 3 - positive; 4 - very positive; N/A - not applicable

PERSONAL LEARNING/MINISTRY DEVELOPMENT

This unit of CPE provided me opportunity to:

1. Further develop my personal and pastoral identity. 1 2 3 4 N/A
2. Develop self-knowledge that improved my pastoral function. 1 2 3 4 N/A
3. Increase my awareness of how my ministry impacts persons. 1 2 3 4 N/A
4. Develop my ability to use my theology in pastoral ministry. 1 2 3 4 N/A
5. Develop the ability to think theologically about my experience. 1 2 3 4 N/A
6. Develop pastoral skills in crisis intervention. 1 2 3 4 N/A
7. Develop pastoral skills in initial pastoral visitation. 1 2 3 4 N/A
8. Develop pastoral skills with diverse faith groups. 1 2 3 4 N/A
9. Develop my capacity to minister professionally in a variety of functions, e.g., preaching, teaching, administration, and brief counseling. 1 2 3 4 N/A
10. Learn to use the clinical method of learning. 1 2 3 4 N/A
11. Foster my ability to evaluate my own ministry. 1 2 3 4 N/A
12. Make pastoral use of my religious heritage. 1 2 3 4 N/A
13. Make use of the behavioral sciences in my ministry. 1 2 3 4 N/A
1 - very negative; 2 - somewhat negative; 3 - positive; 4 - very positive; N/A - not applicable

14. Become more aware of how organizational structure and social conditions affect the lives of others and myself. 1 2 3 4 N/A

THE CPE PROGRAM

15. Orientation to CPE was helpful. 1 2 3 4 N/A
16. Orientation to my pastoral care responsibilities was sufficient. 1 2 3 4 N/A
17. Student handbook was an effective guide to the CPE program. 1 2 3 4 N/A
18. Provided sufficient access to library resources. 1 2 3 4 N/A
19. Dealt with sufficient didactic material to contribute to my conceptual framework for the practice of ministry. 1 2 3 4 N/A
20. Was open to diversity. 1 2 3 4 N/A
21. Was accepted within the institution and integrated with services. 1 2 3 4 N/A
22. Provided opportunities for interdisciplinary team functioning. 1 2 3 4 N/A
23. Used interdisciplinary instructional resources. 1 2 3 4 N/A
24. Adequately mixed the practice of ministry with didactic/other learning opportunities. 1 2 3 4 N/A
25. Provided peer group experiences that helped me learn about myself in ministry. 1 2 3 4 N/A
26. Influenced the direction of my ministry. 1 2 3 4 N/A
27. Offered opportunities to pursue theory and practice of a pastoral specialty. 1 2 3 4 N/A

QUALITY OF SUPERVISION

28. Individual supervision was effective for me in this unit of CPE. 1 2 3 4 N/A
29. Group supervision was effective for me in this unit of CPE. 1 2 3 4 N/A
30. My supervisor assisted my pastoral function and reflection. 1 2 3 4 N/A
31. My supervisor helped me use the teaching/learning contract effectively. 1 2 3 4 N/A
32. My supervisor's behavior was professional at all times. 1 2 3 4 N/A
33. Using a separate page, comment about your supervisor's strengths and weaknesses as a pastoral educator, based on your experience in this program. Add any additional comments about your supervisor, the program unit and/or your experience in the program.

Name (optional) __________________________________________________________
<table>
<thead>
<tr>
<th>Section 5: UC Davis Policies and Procedures</th>
</tr>
</thead>
<tbody>
<tr>
<td>UC Davis Policies and Procedures.................. 122</td>
</tr>
<tr>
<td>Coverage .......................................................... 123</td>
</tr>
<tr>
<td>Department organization.................................. 125</td>
</tr>
<tr>
<td>Performance Improvement.................................. 133</td>
</tr>
<tr>
<td>Position Description......................................... 134</td>
</tr>
<tr>
<td>Staff Meeting/Communication.......................... 135</td>
</tr>
<tr>
<td>Religious/Spiritual Preferences of Patients and Family Members .................. 138</td>
</tr>
<tr>
<td>Access to Protected Health Information (PHI) for Chaplains ......................... 140</td>
</tr>
<tr>
<td>Disclosing Protected Health Information (PHI) to the Clergy, Media and Public .... 142</td>
</tr>
<tr>
<td>Patients' Visitors ................................................ 146</td>
</tr>
<tr>
<td>Standards of Dress and Personal Appearance................................. 152</td>
</tr>
</tbody>
</table>
Pastoral ministry in the context of UCDMC is provided to all patients, family members and staff through the Clinical Pastoral Services. The primary service ministry occurs through the Clinical Pastoral Education program, which is accredited under the Standards for the Association for Clinical Pastoral Education, Inc. It is the philosophy and management practice in Clinical Pastoral Services to practice ministry as a learning organism.

UCDMC policies and procedures are administrative expectations and are meant to give clarity to how pastoral services function as members of the interdisciplinary team. These are renewed annually and submitted to the office of Clinical Affairs for review and approval. Some additional hospital policies and procedures that guide the ministry of Clinical Pastoral Services are included in this section. All CPE chaplains are asked to review these policies when they received the manual link just before beginning their CPE program her at UC Davis Medical Center. Most of these are also reviewed and discussed during orientation.
I. PURPOSE

The purpose of this policy is to describe how Clinical Pastoral Services will provide coverage to fulfill its mission.

II. POLICY

It is the policy of the department that pastoral care and counseling will be provided by chaplains (see definition of chaplains in Section 2 [Department Organization], III, D) during normal hours (8:00 am - 5:00 pm), after hours, weekends, and holidays.

It is the policy of the department that chaplains will fulfill the mission of the department by responding to all requests for pastoral services and by initiating random initial and follow up visits as necessary.

Patients and/or family members may request and/or be referred to pastoral services by any of the health care staff or chaplains at UCDMC, faith group leaders (Pastor, Rabbi, Priest, etc.), and/or other interested persons acting on behalf of patient and/or family members.

III. PROCEDURE

A. The administrative Coordinator in consultation with the chaplains will assign each chaplain to clinical units. The assigned units will be known as “congregations.”

B. Chaplains will provide pastoral/spiritual care and counseling to the patients, visitors, and staff of their congregations during normal hours (8:00 a.m. – 5:00 p.m.).

C. The on-call chaplain will respond to all after hours, weekend, and holiday requests for pastoral services that are made through personal contacts, referrals, the on-call pager, or the departmental voicemail.

1. The on-call chaplain assignments will be published at the beginning of each unit.

2. The on-call chaplain is responsible for answering all pages on Monday through Friday from 8:00 a.m. on the date of assignment until 8:00 a.m. the following morning. On weekends and holidays the on-call chaplain is responsible for answering all pages from 8:00 a.m. on the date of assignment until 8:00 a.m. the following day.
3. The on-call chaplain is responsible for responding to all pages within ten (10) minutes by phone and fifteen (15) minutes in person. If s/he is on another call s/he should assess the needs and give the staff person a time frame.

4. If the on-call chaplain is unable to fulfill his/her duties on the assigned day due to illness or other circumstance, it is his or her responsibility to negotiate for another chaplain to fill in his/her responsibility.

5. When making a call back, the on-call chaplain will seek to do a limited religious assessment to understand the specific needs of the patient, visitor, or staff. On most occasions, the on-call chaplain will go to the unit as requested to meet with patient, visitor and/or staff. When the request is specifically that a Roman Catholic priest or clergy of another faith community be contacted, the on-call chaplain will make the appropriate call and follow the current guidelines provided by the Catholic priest assigned to UC Davis Medical Center.

6. The on-call chaplain is responsible for checking the voice mail regularly for Clinical Pastoral Services by dialing 734-5070, a voice will tell you thank you for calling UC Davis Medical Center, punch the pound sign (#) then enter 4-3657# when asked to enter the ID number, followed by 35124# when asked to enter the PIN. You will then be told whether there are any messages in the voice mail. Dialing one (1) will permit you to listen to the messages, seven (7) will delete a message, nine (9) will save the message in the archives, and 33 will fast forward to the end of a message. Generally you should delete messages that you will follow up on and save all other messages. If you save a message in the archives, write down a message and give it to the person the message is for.
I. PURPOSE

The purpose of this policy is to describe the organization and structure of the Clinical Pastoral Services Department for the University of California Davis Medical Center.

II. PHILOSOPHY/GOALS/OBJECTIVES

A. Mission Statement:

To provide a systematic process for the delivery of in-depth spiritual comfort, guidance, support, counseling, and consultation for patients, visitors, and staff in times of physical, emotional, and spiritual crisis.

B. The primary mechanism for fulfilling the mission of Clinical Pastoral Services is the maintenance of an accredited Clinical Pastoral Education program. Trainees of the CPE program will:

- Provide pastoral care and counseling as part of their practice of ministry and to partially meet the pastoral and spiritual care needs of the Medical Center.
  1. Always seek to meet diverse needs of patients.
  2. Provide 24 hour emergency pastoral care services.
  3. Provide consultation, support, and sharing of information regarding religious history and background to assist staff in understanding the spiritual needs of patients.
  4. Participate in the commitment of UC Davis Medical Center to a multi-disciplinary team approach which promotes holistic health care.

C. It is the function of Clinical Pastoral Services to build bridges of understanding and involvement between the Medical Center and the faith community through:

  1. Development and supervision of a Volunteer Chaplaincy program.
  2. Offering to community pastors and religious leaders informative programs on
current and relevant topics related to health care and bioethics.

3. Encouraging hospital staff, patients and their visitors, when appropriate, to utilize the religious resources of local churches, temples, and synagogues in the community.

4. Linkage and referral between patients, their visitors and their faith group when requested by the patient and/or visitors.

III. DESCRIPTION OF ORGANIZATION

A. Clinical Pastoral Services is organized as a specialty clinical department, reporting to the Manager of Patient Support & Volunteer Services.

B. Staff of the department includes:

1) Administrative Coordinator who is also a certified Supervisor with the Association for Clinical Pastoral Education.

2) Administrative Assistant

3) Supervisory Education Student (SES).

4) Chaplain Residents who are students accepted into a year-long Clinical Pastoral Education program

5) Chaplain Interns/Externs in Clinical Pastoral Education program, Volunteer Chaplains

6) Roman Catholic Chaplain(s) supported by the Diocese of Sacramento.
C. The Manager of Clinical Pastoral Services shall guide the department in fulfilling its mission statement by:

   a. Developing and supervising an accredited program of Clinical Pastoral Education of the Association for Clinical Pastoral Education, Inc.

   b. Planning for, recommending and monitoring a budget sufficient to insure adequate provision of staff and support to the mission of the service.

   c. Planning for, recommending and securing adequate staff, students, and volunteers, to support the mission of the clinical services.

   d. Maintaining and supporting an active CPE Advisory Committee which meets at least quarterly and shares in appropriate responsibilities for the activities of the Clinical Pastoral Education program.

   e. Assuring that the Department of Clinical Pastoral Services and all of its staff and volunteers are in compliance with the University of California Davis Medical Center Policies and Procedures relevant to State and Federal laws and the standards of the Association for Clinical Pastoral Education.

D. Department Operations include:

   Staff Meetings:
      1. Clinical Pastoral Services staff will meet every two weeks from September through May and weekly from June through August. This is a general staff meeting for all staff of the department (see III, B). Volunteer Chaplains are encouraged to attend. However, their attendance is optional.
      2. There will be a daily morning report from the on-call chaplain. Business arising from the previous day or anticipated will be briefly discussed.

E. In-service Training:

      1. CPE students are involved in a variety of training seminars within the CPE program. These include didactic seminars, case conferences, and process or pastoral concern groups.
      2. Volunteer Chaplains will meet as needed for training.
      3. Staff Chaplains for Hospice and other specialty areas and the Roman Catholic Chaplain are encouraged to participate in didactic seminars organized for Chaplain Interns and Residents.
      4. The Administrative Coordinator and the Administrative Assistant are encouraged to participate in continuing Education to further enrich their knowledge base.

IV. INTERNAL DEPARTMENT POLICIES

   A. Collaboration and Consultation with other Clinical Departments.
1. Clinical Pastoral Services shall respond in a timely manner to requests and referrals from other clinical departments by:

   a. Connecting with the patient or family to provide intensive and extensive pastoral care that includes pastoral assessment, pastoral intervention, and if needed referral and follow up.
   b. Attending discharge planning and other staff meetings as needed or requested.
   c. Being available to participate in family consultations with physicians and the interdisciplinary team.
   d. Participating in bioethics consultations.

B. Chaplain Definitions:

1. The term chaplain shall include: Chaplain, Chaplain Resident, Chaplain Intern, and Volunteer Chaplain.

   a. Chaplains shall be persons endorsed by a faith group for this specialized ministry, including graduate theological education (M.Div. or its equivalent) and four (4) units of Clinical Pastoral Education.
   b. Chaplain Residents and Chaplain Interns are Clinical Pastoral Education students.
   c. Volunteer Chaplains are persons endorsed by a faith group and may or may not have completed at least one unit of Clinical Pastoral Education.

C. Chaplain Identification:

1. For identification purposes only Chaplains designated by the Administrative Coordinator of Clinical Pastoral Services shall be issued a UCDMC Photo Identification Badge.

D. CHARTING

PURPOSE

In order to meet the standards of the Clinical Pastoral Services Department of the University of California Davis Medical Center and the Association for Clinical Pastoral Education, Clinical Pastoral Services chaplains will document pertinent information in the patient’s medical chart.
POLICY

Chaplains authorized by Clinical Pastoral Services may chart in the Progress Notes of the patient’s medical record. Clergy not affiliated with the University of California, Davis Medical Center Clinical Pastoral Services Department may only have access to the patient’s medical records with written authorization of the patient. See policy ID: 2815

PROCEDURES

In order to meet the standards of the Clinical Pastoral Services Department of the University of California Davis Medical Center and the Association for Clinical Pastoral Education, Clinical Pastoral Services Resident Chaplains will have access to Protected Health Information (PHI) or Electronic Protected Health Information (e-PHI) to:

1. Record pertinent pastoral information about patients being visited.
2. Provide evidence of professional accountability and quality of assurance.

CHARTING CONSIDERATIONS

Chaplains will:

1. Protect confidentiality when charting.
2. Immediately document all visits, recording information that is pertinent, concise, clear, meaningful and accurate.
3. Assure that recorded information is factual and contains the reason for the visit and assessment of the following areas:
   a. Patient’s reaction to being hospitalized.
   b. Patient’s spiritual/religious resources.
   c. Chaplain’s Assessment/observations of patient’s/family spiritual/religious needs.
   d. Plans for follow-up.
4. Record the date and time of all entries into the medical record using the 24 hour clock.
For non-electronic charting

1. Do not skip a line. If a line is accidentally skipped or not completely used, a single line should be drawn through it to prevent charting there by someone else.

2. Write in black ink.

3. When an error occurs, draw a line through the error. Do not erase the error.

4. Print the word “error” above, date and sign initials.

5. Correct the error.

6. Sign the charting entry with your full name, title and pager number.

7. Print your name/title legibly below.

Electronic Charting

1. Access the patient e-PHI using EMR and your personal login information.

2. It is strongly recommended that all electronic charting is completed immediately after the visit using one of the computers on the units. However, when this is not possible, residents may complete the electronic charting using one of the computers in Clinical Pastoral Services.

3. Exit the patient’s e-PHI immediately you complete the charting.

4. Remember to log off EMR.

V. STANDARD PRECAUTION

A. Clinical Pastoral Services shall maintain in compliance with the UCDHS Policy and Procedures regarding standard precautions, disaster plan and safety. See policy 1611 and 1612.

B. Follow the Fire Plan for the Housestaff Building consisting of
   1. Written guidelines and posted information
   2. Employee Training.

VI REQUEST FOR PASTORAL SERVICES

PURPOSE

The purpose is to outline the procedures for receiving and responding to a request for Clinical Pastoral Services.
POLICY

The policy is to respond to a request for Clinical Pastoral Services in a timely manner.

PROCEDURE

A. Patients and/or family members may request and/or be referred to pastoral services by any of the health care staff or chaplains at UCDMC, faith group leaders (Pastor, Rabbi, Priest) and/or other interested persons acting on behalf of patient and/or family members.

1. During normal office hours (8:00 a.m. - 5:00 p.m.) Monday through Friday, a request for pastoral services may be made by calling the Clinical Pastoral Services office (734-3657) or paging the on-call chaplain at 734-PRAY (816-7729).

2. After hours, on weekends and holidays, page the on-call chaplain.

3. If the on-call chaplain assesses a need for additional assistance, s/he may call in volunteer chaplains or other resources as appropriate.

When a call is received in the Clinical Pastoral Services office, the following information is needed:

a. Urgency of the request

b. Location of patient

c. Any additional data that will aid Clinical Pastoral Services in addressing the needs of the patient/family
PERFORMANCE IMPROVEMENT

CLINICAL PASTORAL SERVICES
DEPARTMENTAL POLICY & PROCEDURE MANUAL

I. PURPOSE

The purpose of this policy is to describe performance improvement and safety framework for Clinical Pastoral Services.

II. POLICY

It is the policy that all department personnel will engage in continuing education through internal and/or external training and assessments.

III. PROCEDURE

A. CPE students are involved in a variety of training seminars and a quarterly evaluation program and process. These include didactic seminars, case conferences, consultation with outside CPE supervisors, process or pastoral concern groups, mid and end of unit (quarter) evaluations.

B. Volunteer Chaplains meet quarterly for in-service training.

C. Roman Catholic Chaplains are encouraged to participate in didactic seminars organized for Chaplain Interns and Residents.

D. The Administrative Coordinator and the Administrative Assistant are encouraged to participate in continuing education to further enrich their knowledge base.
I. PURPOSE

To describe the positions of the Administrative Coordinator and the Administrative Assistant of Clinical Pastoral Services.

II. POLICY

A. It is the policy that Clinical Pastoral Service will be coordinated by an Administrative Coordinator who is a certified Clinical Pastoral Education Supervisor with the Association for Clinical Pastoral Education, Inc. A “Position Description” is kept in file.

B. It is the policy that Clinical Pastoral Services will have an Administrative Assistant to support the services of the department and the ministry of the Administrative Coordinator. A “Position Description” is kept in file.
I. PURPOSE

To describe methods for information dissemination, planning, and goal setting

II. POLICY

A. It is the policy that the Clinical Pastoral Services (CPS) staff will meet every two weeks from September through May and weekly from June through August. This is a general staff meeting for all staff of the department. Volunteer Chaplains are encouraged to attend. However, their attendance is optional.

B. It is the policy that CPS will conduct a daily morning report to disseminate information from the on-call ministry and from pastoral care business arising from the previous day or expected ministry for the current day.

C. It is the policy of CPS that all Chaplains will communicate through a departmental log to record the most significant messages and pastoral encounters.

D. It is the policy of CPS that chaplains will record all crisis activities in the Log. This document is considered highly confidential and should be read only by members of the staff of the Clinical Pastoral Services. Each chaplain will consult the Log daily to determine which situations need follow-up, and to be familiar with the background of potential crisis situations which might develop. The Log will be kept in the conference room on the table for easy access.

E. It is the policy that CPS will conduct a Quarterly Volunteer Chaplain in-service to transmit and retransmit information to the group. The quarterly in-service will also provide a forum for planning and setting short term and long term goals for the coming quarter.

III. PROCEDURE

A. Staff Meeting

1. Administrative Assistant will solicit and compile agenda materials from members
of the department for the weekly staff meeting.

2. During the staff meeting the department will disseminate information and plan various and seasonal pastoral care services.

B. Morning Report

1. Daily morning reports of pastoral activities since the last meeting should be brief and focus only on announcing the deaths, and identifying patients or situations needing follow up, or referral to another chaplain.

2. Everyone must read the log for details about ministry situations in their particular clinical areas of responsibility.

C. Communication with the Volunteer Chaplains

1. Volunteer Chaplains will receive patient care assignments at the beginning and at the end of each day they serve as Volunteer Chaplain.

2. Are expected to complete and turn in a visit referral form about their pastoral encounters.

3. Will receive additional communication via email, letter, or phone calls, as needed.

4. The following describes what kinds of pastoral encounters should be recorded and the details of the pastoral encounter that are needed.

D. Kinds of Pastoral Encounters Recorded in Log Book

1. Every crisis call. The record would include responding to the initial grief when there is a death, supporting families when there is a "Code Blue", or serious trauma in the ER.

2. Information gained about patients in serious or critical condition or patients scheduled for surgery that would be useful to the other chaplains for follow-up.

E. Details of the Pastoral Encounter Needed

1. Date, chaplain's name, time of call. Print, if necessary, for LEGIBILITY.

2. Personal data: name, age, sex, room number and, if known, religious affiliation.
3. What was known or found out initially about the nature of the call, when it was received: expiration, "Code Blue," family upset, patient needs "to talk to someone," etc.

4. Where applicable, the condition of the patient, type of illness or injury, type of surgery, etc.

5. What stands out in the chaplain’s memory as the dominant theme or themes expressed by the care receiver, which describes her/his needs: Fear, anger, guilt, frustration, loneliness, depression, etc.

6. How the chaplain handled the situation: moved them to a conference room, supportive presence, listened, helped facilitate expression of feelings, prayer, scripture, counseling, etc.
I. PURPOSE

To ensure that patients’ and family members’ preference for religious rituals or spiritual practices are respected at the University of California, Davis, Medical Center (UCDMC).

II. SETTING

Medical Center

III. GENERAL STATEMENT

The University of California, Davis, Medical Center strives to be responsive to patient’s desire for pastoral care and other religious/spiritual services. Members of the hospital staff confer dignity to the patient and family by addressing religious and/or spiritual needs throughout the hospital stay. Certain rituals or activities may be requested by a patient or their representative that must be addressed in specific ways, within defined time frames. This policy provides general guidelines to help safeguard patient/family dignity by respecting their cultural, psychosocial and spiritual values. Responding to such requests and insuring these safeguards is the responsibility of all staff.

IV. POLICY

A. Requests for specific religious/spiritual services by a patient, surrogate decision-maker, agent or legal guardian (when the patient cannot communicate their own wishes directly) should be honored, where possible and appropriate. Examples of requests may include the following:

1. Administration of Holy Communion
2. Baptism of an infant or adult near death
3. Hearing a patient’s confession
4. Anointing with oil/sacrament of the sick
5. Prayer of commendation and blessing at the time of death or following a death
6. Prayer before a surgical procedure
7. Specific foods or foods prepared in a specific way
8. To be visited by a hospital chaplain
9. Respect for religious objects
10. Use of music or chanting
11. Native American sage and pipe ceremony
12. To be visited by a patient and/or family’s own faith community
   leader/practitioner
13. Assistance in making decisions that respects patient/family spiritual values

V. PROCEDURE

A. Determining a bona fide request:
   1. In most adult situations where competent patients can communicate for
      themselves, they must make their request for a religious procedure directly
      and in a clearly understood fashion. This is especially true in situations
      where baptism is requested, due to its irrevocable nature and the
      responsibilities attached to it by many faith traditions.
   2. When the patient cannot communicate by himself/herself, by virtue of age,
      medical condition or level of competency, then a parent, spouse/domestic
      partner or other, with clear authority to decide matters on behalf of the
      patient, may initiate the request. When there is ambiguity as to the exact
      nature of the request or the authority to make it, consult the
      hospital/hospice chaplain, a social worker or the unit nursing supervisor.

B. Routine requests: Whenever a request for religious or spiritual services is made to
   a hospital staff person, the request shall be charted in the patient’s chart and the
   chaplain shall be notified of the request. It shall be the responsibility of the
   chaplain to assure appropriate follow-up of the religious request and to chart the
   outcome.

C. Religious requests of an emergent nature: When death of the patient appears
   imminent, religious procedures such as baptism, reception of Holy Communion,
   special prayers and/or anointing may be a very meaningful spiritual and
   therapeutic action. In other situations where death has just occurred the same may
   be true. Prayers following the death of a loved one or special blessings said for a
   stillborn child may greatly assist in coping with grief. Therefore, notify the
   chaplain immediately. It shall be the responsibility of the chaplain to assure
   appropriate follow-up of the request and to chart the assessment, intervention, and
   outcome in the patient’s chart.

D. In all situations where there is absence of a clear consent, no religious ritual or
   activity should be administered based on presumptions, such as appearance or
   surname.

Sent to the following for review:

Samuel Brown-Dawson
Carol Robinson, RN*
Medical Staff Executive Committee
I. PURPOSE

To clarify the procedure to be followed for chaplains and chaplain-trainees to access medical records of patients who request chaplain services.

II. SETTING

Medical Center

III. DEFINITIONS

A. Chaplain--a Medical Center board-certified pastoral care provider, trainee, or graduate of the Clinical Pastoral Education (CPE) training program who provides spiritual and emotional assistance to patients upon their request. A chaplain and/or chaplain trainee is a member of the Medical Center workforce and wears a University of California, Davis, Medical Center (UCDMC) identification badge.

B. Clergy--spiritual leaders from the community not associated with the Medical Center who visit their congregants during a hospital stay. Clergy are not members of the Medical Center workforce and wear a visitor's badge.

C. Protected Health Information (PHI)--individually identifiable medical information, whether in electronic or paper format, that is created or received by UCDMC and relates to the past, present or future physical or mental health or condition of an individual, the provision of health care to an individual, or the past, present or future payment for health care provided to an individual.

D. Medical Information--any individually identifiable information, in electronic or physical form, in possession of or derived from a provider of health care or health care service plan regarding a patient's medical history, mental or physical condition, or treatment.

E. "Individually identifiable"--means that the Medical Information includes or contains any element of personal identifying information sufficient to allow identification of the individual, such as the patient's name, address, electronic mail address, telephone number, or social security number, or other information that, alone or in combination with other publicly available information, reveals the individual's identity.

IV. POLICY

A. Chaplain Services Provided on Patient Request
   1. Upon admission to the Medical Center, a patient may, at any time, request or accept an offer for Pastoral Care Services.
   2. Any request for Pastoral Care Services shall be referred to Clinical Pastoral Services in a timely manner and documented in the patient’s medical record by the treating physician or appropriate member of the health care team.

B. Chaplains are Permitted Access to PHI
1. Only Chaplains who are active volunteers or part of the Medical Center workforce may have access to a patient’s PHI.

2. A Chaplain may only access a patient’s PHI that, in his/her professional judgment, is believed it is necessary to carry out his/her function in providing pastoral care to the patient.

3. The Chaplain’s interaction with the patient may be recorded in a patient’s medical record.

4. UCDMC recognizes that chaplains serve on the Medical Staff Bioethics Consultation Committee and will be involved in the review of patient medical records when necessary to carry out that duty.

C. Clergy are not permitted access to PHI

Members of the clergy that are not part of the Medical Center workforce shall not be given access to PHI. See Administrative Policy & Procedure 2418, Disclosing PHI to Clergy, Media and Public.

REFERENCES:

45 C.F.R. 160.103, 164.514(d)(2-3)

Administrative Policies and Procedures:
2418, Disclosing Protected Health Information to Clergy, Media and Public
2450, Disclosing the Minimum Necessary Protected Health Information (PHI).

Sent to the following for review:

Marci Hoze, RN
Anna Orłowski*
Teresa Porter
JP Eres
Samuel Brown-Dawson
Johanna Medellin
DISCLOSING PROTECTED HEALTH INFORMATION (PHI) TO THE CLERGY, MEDIA AND PUBLIC

I. PURPOSE

To outline the policy and procedures at the University of California, Davis, Medical Center (UCDMC) for releasing Protected Health Information (PHI) to clergy, the news media, and the public.

II. SETTING

Medical Center

III. DEFINITIONS

A. Directory Information--the patient’s name, location, and general condition. Additionally, the patient’s religious affiliation is considered Directory Information only available to the clergy. Use the following guidelines when releasing information regarding a patient’s general condition:
   1. Treated and released: Patient was treated and sent home.
   2. Good: Vital signs are stable and within normal limits. Patient is conscious and comfortable. Indicators are excellent.
   3. Fair: Vital signs are stable and within normal limits. Patient is conscious but may be uncomfortable. Indicators are favorable.
   4. Serious: Vital signs may be unstable, perhaps not within normal limits. Patient apparently is acutely ill. Indicators are questionable.
   5. Critical: Vital signs are unstable and not within normal limits. Patient may be unconscious. Indicators are unfavorable.
   6. Deceased: Announcement of death is not made routinely by the hospital. However, news of the death of a patient is public information after the family has been notified or after all reasonable efforts to notify the family have been made. The cause of death should not be reported unless it has been entered on the death certificate by the last attending physician or the coroner.

B. Patient Directory--list of UCDMC current in-patients, observation patients and Emergency Department patients. The Patient directory does not include patients who have opted out or have been excluded by law enforcement from the directory.

C. Protected Health Information--individually identifiable information relating to the past, present or future physical or mental health or condition of an individual, provision of health care to an individual, or the past, present or future payment for health care provided to an individual. For purposes of this Administrative Policy and Procedure (P&P) 2418, Disclosing Protected Health Information to the Clergy, Media and Public, PHI shall include:
   1. Electronic Protected Health Information (e-PHI)--any PHI that is created, received, maintained or transmitted by electronic media.
2. Medical Information--any individually identifiable information, in
electronic or physical form, in possession of or derived from a provider of
health care or health care service plan regarding a patient's medical
history, mental or physical condition, or treatment. "Individually
identifiable" means that the Medical Information includes or contains any
element of personal identifying information sufficient to allow
identification of the individual, such as the patient's name, address,
electronic mail address, telephone number, or Social Security number, or
other information that, alone or in combination with other publicly
available information, reveals the individual's identity.

3. Health Insurance Information--an individual’s health insurance policy
number or subscriber identification number, any unique identifier used by
a health insurer to identify the individual, or any information in an
individual’s application and claims history, including any appeals records.

IV. POLICY
A. All PHI, except Directory Information, is confidential and should not be released
unless authorized by law or unless the patient or his/her personal representative
has given written authorization for such release.
B. Except for religious affiliation, Directory Information about the patient may be
released to an individual who inquires about the patient by name, unless the
patient has opted out of the Patient Directory.
C. Members of the clergy may request a list of patient names, location and condition
according to the patient’s religious affiliation.
D. Directory Information about inmates of a correctional facility may not be
disclosed, except to the agency that has direct responsibility for the patient (i.e.
prison warden).
E. Patients have the right to prevent the disclosure of Directory Information,
including their presence in the hospital. To do this, patients must inform their
treating healthcare provider or the Health Information Management Department
that they wish to “opt out” of the Patient Directory.
F. Law enforcement representatives, for reasons of safety and security, may request
to “blackout” a patient from the Patient Directory if the patient is under their
protection or in their custody. To do this, law enforcement must inform the
patient’s treating healthcare provider or Health Information Management
Department (HIM).
G. All other requests to disclose PHI during business hours may be forwarded to the
HIM’s Release of Information Unit (ROI), 734-5205, for proper processing.

V. PROCEDURE/RESPONSIBILITY
A. UCDMC Operator
   1. Determine if the Directory Information may be disclosed.
   2. If the Directory Information may not be disclosed, inform the caller that
      UCDMC has no information about a patient with that name.
   3. If the Directory Information may be disclosed, transfer all telephone calls
      requesting additional PHI or information to the appropriate nursing unit.
B. Information Desk
   1. Determine if the Directory Information may be disclosed.
2. If the Directory Information may not be disclosed, inform the visitor that UCDMC has no information about a patient with that name.

3. If the Directory Information may be disclosed, advise the visitor of the location of the patient.

C. Healthcare Providers

1. Upon request by the patient to opt out of the Patient Directory, or by law enforcement’s request to exclude the patient, the healthcare provider shall immediately inform HIM by submitting a request to ”black out” the patient via the INVISION system.

2. Telephone Patient Information, 734-5239, and confirm that an asterisk (*) has been placed next to the patient’s name in the INVISION system. The asterisk identifies a “no-information patient.” If the patient is an inmate of a correctional facility, confirm a pound sign (#) has been placed next to the patient’s name. Information about the inmate will only be released to law enforcement.

3. In emergency circumstances, if the patient or patient representative is not able to communicate their wishes, the healthcare provider must exercise professional judgment and determine whether it is in the patient’s best interest to remove the patient’s name from the Patient Directory.

4. News media requests beyond Patient Directory information shall be directed to the Department of Public Affairs, 734-9040.

D. Health Information Management Department - Patient Identification Unit

1. Patient or healthcare provider requests opt out: Upon receipt of a request to remove the patient’s name from the Directory Information, patient identification (ID) staff makes the INVISION changes as requested.

2. Law enforcement requests blackout: Upon receipt of a request from law enforcement representatives, for reasons of safety and security of a patient under their protection or in their custody, information may be blacked out with or without the patient’s concurrence. Patient ID staff makes the INVISION changes as requested.

3. Inmates: Upon receipt of a request to identify the patient as an inmate of a correctional facility, patient ID staff shall make the INVISION changes as requested.

REFERENCES:

Refer to the following Administrative P&P Sections for further information on the release of information:

1134. Handling of Restricted Patients at the University of California, Davis, Medical Center
2410. Allowable Uses and Disclosures for Protected Health Information (PHI)
2414. Disclosing Protected Health Information (PHI) by Authorization

Sent to the following for review:
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I. PURPOSE

This section outlines the policy and procedures for patient's visitors. (For additional information, see University of California, Davis, Health System (UCDHS) Policy and Procedure, Section 3303, UCD Police Services at UCDHS and Section 2900, Identification Badges.)

II. SETTING

Medical Center

III. DEFINITIONS

Family--means any person(s) who plays a significant role in an individual’s life. This may include a person(s) not legally related to the individual. Members of the “family” include spouses, domestic partners and both different-sex and same-sex significant others. Family includes a minor patient’s parents, regardless of the gender of either parent. Solely for the purposes of visitation policy, the concept of parenthood is to be liberally construed without limitation as encompassing legal parents, foster parents, same sex parent, step-parents, those serving in loco parentis, and other persons operating in caretaker roles.

The concept of domestic partners contained in this definition encompasses not only domestic partnerships, but legally recognized same-sex relationships, including civil unions and reciprocal beneficiary arrangements.

Caretaker individuals will be granted access to visit minor patients. This caretaker status does not necessarily carry with it the rights that accompany legal parental status. State law may dictate that only a biological or custodial parent may determine the course of medical care for a minor child.

IV. BACKGROUND

A. State and federal law requires hospitals to protect patients’ rights, including the right to designate visitors whether or not they are related by blood or marriage. Specifically, a patient has the right to designate visitors of their choosing, whether or not the visitor is related by blood or marriage, unless 1) no visitors are allowed; 2) the facility reasonably determines that the presence of a particular visitor would endanger the health or safety of a patient, a member of the health facility staff or other visitor to the health facility, or would significantly disrupt the operations of the facility; or 3) the patient has indicated to the health facility staff that the patient no longer wants the person to visit. The Centers for Medical & Medicaid Services (CMS) rules require hospitals to explain to all patients, or when
appropriate to the patient’s support person, the patient’s visitation rights, including any clinically necessary or reasonable restriction or limitation that the hospital may place.

B. The hospital visitation policy is designed to support a philosophy of family-centered care. The University of California, Davis, Medical Center (UCDMC) encourages visitation by the patient's family, significant others and children. Patients and/or their representative may choose who may visit while they are hospitalized. Visitation guidelines may differ for each patient/unit depending on the patient's condition, the physical space necessary to safely care for the patient and the provision of safe comfortable conditions for other patients and visitors in the hospital.

V. POLICY
A. Visitors shall be treated professionally, considerately and respectfully by all hospital staff without regard to sex, economic status, race, color, gender, gender identity, sexual orientation, cultural, educational or religious background, ancestry, marital status, disability or the source of payment for care. Visitors are also expected to observe these standards of conduct.

B. In keeping with the UCDMC philosophy of providing a culturally sensitive environment, staff will assist visitors and patients with fulfilling their religious and cultural practices in ways that are safe and appropriate in the hospital environment. Staff are encouraged to contact Social Services or Clinical Pastoral Services for assistance in helping patients/visitors in meeting their cultural and spiritual needs. Rituals at the bedside must not disrupt the clinical care of the patient or others. The ritual must not produce a life-safety risk to the patient or others. The sacrifice of live animals, use of animal blood, body fluids or body parts, use of fire, noxious materials, chemicals or other biohazardous materials in rituals are prohibited in health care buildings. Rituals may be practiced with administrative approval in appropriate areas and within approved safety interventions. The appropriateness of the materials used will be determined by Environmental Health and Safety staff and/or the Nursing Supervisor.

C. UCDMC may impose clinically necessary or other reasonable restrictions or limitations on patient visitation rights, and will inform each patient (or support person, where appropriate) of such restrictions or limitations. Examples of clinically necessary or other reasonable restrictions include, but are not limited to:

1. Any court order limiting or restraining contact;
2. Behavior presenting a direct risk or threat to the patient, hospital staff, or others in the immediate environment;
3. Behavior disruptive of the functioning of the patient care unit;
4. Reasonable limitations on the number of visitors at any one time;
5. Patient’s risk of infection by the visitor;
6. Extraordinary protections because of a pandemic or infectious disease outbreak;
7. Substance abuse treatment protocols requiring restricted visitation;
8. Patient’s need for privacy or rest;
9. Need for privacy or rest by another individual in the patient’s shared room
D. A safe, comfortable environment must be maintained in order to deliver the best care possible. Therefore, visitors must observe the following:

1. Visitors may not smoke in the hospital. Smoking is prohibited at the UC Davis Medical Center.
2. Visitors must wear shoes and shirts while in the hospital.
3. Visitors and patients should observe quiet time from 11:00 p.m. to 7:00 a.m., and as indicated in patient care areas, by turning off patient televisions, radios, etc. Conversation should be maintained at a low volume.
4. Visitors must leave at any time upon the request of the nursing staff or UC Davis Police.
5. Hospital visitors are required to obtain and display temporary badges if they are in the Main Hospital / Pavilion between 9:00 p.m. and 6:00 a.m. Temporary badges for visitors are obtained from the Emergency Department (ED) Lobby, Surgery and Emergency Services Pavilion (Pavilion) Lobby, and the West Lobby Information Desks between 9:00 p.m. and 6:00 a.m., 7 days a week. Visitors to the ED are required to obtain a temporary badge from the Protective Services Officer (PSO) or ED staff in the ED and display the badge at all times. Visitors to the Operating Room (OR) are required to obtain a temporary badge from the OR staff in the Surgery Reception Area or PSO and display the badge at all times. All individuals in the Main Hospital between 9:00 p.m. and 6:00 a.m. must have hospital-related reasons for being there and must identify those reasons when requested by hospital staff.
6. Prisoner patients are considered blackouts and as such are not eligible to make or receive phone calls, have personal items at the bedside or receive visitors. This will be enforced by security personnel assigned to patients.
   a. In the event a patient’s medical condition warrants an exemption to this policy (example: a prisoner patient who is imminently dying), an exception to the visiting policy will be made.
   b. All prisoner patient visitors will be coordinated through the University of California (UC) Davis Police Department, the Nursing Supervisor and in cooperation with the custodial agency. The custodial agency shall notify the on-duty UC Davis Police Department Supervisor or watch commander of any prisoner patient visitors and a formal written notice providing the identification of any approved visitor shall be provided prior to any visitation to the patient prisoner.
   c. Prisoner patient visitors are not allowed to visit the prisoner between the hours of 9:00 pm and 6:00 am and not during any medical procedures, treatment or medical attention provided by the medical staff.
   d. Subject to existing restrictions, the custodial agency with responsibility for the patient has final decision making authority to allow or deny a visitor.
7. Visitors are not allowed in the operating room suites and the major procedure rooms (i.e., Cardiac Cath, Interventional Radiology, Pulmonary Services Lab and Labs).

8. Visitors entering an isolation room will be instructed about the appropriate use of gowns, gloves, masks and/or goggles. Visitors are expected to wear the protective gown/mask.

E. Visitation Guidelines

1. Children under 16 years of age must be screened by nursing staff for the presence of or exposure to communicable disease (e.g., colds, chicken pox) and must be supervised by an adult (other than the patient) at all times. Children are not permitted to crawl or play on the floors.

2. A patient may be allowed to have an overnight visitor based on the clinical judgment of the patient's nurse and if conditions on the unit are conducive to the provision of safe care to all of the patients on the unit. The decision must reflect the best interest of the patient, not the comfort of the staff or visitor.

3. Visitors that have or will be involved in a care-giving role at home may be included in the patient’s care as negotiated with the patient’s nurse/medical team.

4. Visitors to the intensive care units, post-Anesthesia Recovery area and in certain cases, Pediatrics and the Emergency Department, should be prepared and oriented by the nursing staff or a social worker to ensure the visitor's physical and psychological well-being.

5. Visitors should be instructed to utilize the call system prior to entering the unit.

6. In the ED visiting is generally limited to one individual for 10 minutes every hour; frequently, exceptions are made depending on the individual patient's condition and activity level within the ED.

7. Family visitors may be permitted to stay near the patient during a Code Blue according to policy.

VI. PROCEDURE/RESPONSIBILITY

A. Nursing Staff

1. Ensure that the visitation policy is implemented in such a way as to be consistent with the philosophy of family-centered care.

2. Incorporate visitation into the patient's care plan.

3. Negotiate/plan which components of the patient’s care the visitor can safely assume, (e.g., feeding, grooming).

4. Request visitors with obvious signs of infection to leave.

5. Request a social service consult for problematic situations that cannot be easily resolved with the staff assigned to the patient.

6. Contact UC Davis on-call chaplain (pager 762-PRAY/7729) when the visitor is a clergy or religious person attempting to make random visits to patients.

7. Be alert to visitors who become loud or unruly or who create problems in other ways. (See UCDHS Policy and Procedure, Section 3303, UC Davis Police Services at UCDMC.) The initial contact with a problem visitor or
child must be made by staff in the area concerned.

a. Request that the visitor refrain from conduct inappropriate to the hospital.
b. Request that the visitor leave the hospital if disturbing the area.
c. Request that the visitor leave if attire does not include shirt and shoes.
d. If further problems persist, call the UC Davis Police Department at extension 4-2555 for assistance.

B. UC Davis Police Department
   1. Respond to calls from nursing units concerning any visitor who is creating a problem.
   2. Handle situation according to UC Davis Police Department Procedure.
   3. Enforce the wearing of shirts and shoes by asking visitors to leave if attire does not include shirts and shoes.
   4. Enforce the wearing and issuing of identification badges to all visitors between the hours of 9:00 p.m. and 6:00 a.m. daily.

C. Clinical Social Services
   1. Provide consultation to staff and visitors regarding resources to facilitate visitation and conflict resolution.
   2. When legal documents that affect visitation become known to clinical social workers, copies shall be placed in the patient’s medical record and staff shall be informed of such by the social worker.

D. Clinical Pastoral Services
   1. Provide consultation to staff and visitors regarding religious/spiritual resources available through the clinical Pastoral Services (chaplain’s office).
   2. Counsel and provide training and structured opportunities through the Clinical Pastoral Services for religious/spiritual visitors.

REFERENCES:

Hospital Policy and Procedure 1402, Patient Rights and Responsibilities
California Health and Safety Code, Sections 1262.6, 1288.4, 124960
California Code of Regulations (CCR), Title 22, Section 70707
Code of Federal Regulations (CFR), Title 42, Section 482.13
Joint Commission Rights and Responsibility Standards, R1.01.01 EP28 & 29

Sent to the following for review:

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Carol Robinson, RN*
Infection Prevention Committee
Lesbian, Gay, Bisexual, Transgender and Intersexed (LGBTI) Taskforce
I. PURPOSE

This section outlines the policy and procedures for dress and personal appearance standards at the University of California, Davis, (UCDMC).

II. SETTING

Medical Center

III. POLICY

A. All personnel, whether or not they provide direct patient care, are representatives of UCDMC. As such, all staff shall dress in appropriate businesslike attire. This attire shall be proper to the individual's occupation/profession and shall also contribute to the highest standard of hospital hygiene, patient expectation and employee safety.

B. Closeness and frequency of contact with patients, the public and fellow employees demand a high degree of personal cleanliness at all times. Such cleanliness is an essential condition of quality patient care.

C. Employees shall dress in accordance with safety requirements in the workplace based on the nature of the work and proximity to possible safety hazards, such as machinery or hazardous substances.

D. The UCDMC photo identification badge is a required part of each employee's attire and must be visible while on duty (refer to UCDMC Policies and Procedures Section 2900, Photo Identification Badges).

E. Significant departures from conventional business dress or grooming standards shall not be permitted regardless of the nature of the employee's duties/responsibilities.

F. Exceptions to established standards may be granted for medical/religious/cultural reasons with the proper documentation and management approval.

G. Employees reporting to work improperly dressed or groomed will be subject to corrective action and may be sent home to make any required corrections.

H. Management reserves the right to determine appropriateness of dress.

IV. PROCEDURE/RESPONSIBILITY

A. Department Heads are encouraged to develop and periodically review standards of dress and personal appearance. Generally, each department shall enforce standards of dress and grooming that are:
   1. Clear, unambiguous and capable of consistent enforcement.
   2. Reasonably related to the services delivered by that department.
   3. Directly related to hospital health and safety mandates and considerations.
   4. Reasonably attuned to contemporary customs and attitudes toward work dress and grooming.
5. Specific in identifying employees required to wear uniforms as well as the expectations relative to the purchase, care and laundering of such uniforms.

6. Convey, through dress and grooming, respect for oneself, one's fellow employees, the public and UCDMC.

B. New or revised departmental standards must be reviewed and approved by the executive director and forwarded to the Labor Relations office for appropriate notice in accordance with contractual obligations to employee organizations.

C. Discuss expectations relating to dress and personal appearance with each employee and assure that employees comply with expectations.

Sent to the following for review:

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Mike Condrin
Leslie Moore
**Section 6: ACPE Required Policies and Procedures**

- ACPE CPE Policies and Procedures ................................................................. 156
- Access to ACPE Standards and Commission Manuals .................................... 157
- Access to Library and Other Resources ........................................................... 158
- Admission of CPE Students ............................................................................ 161
- Training Agreement ......................................................................................... 164
- Resolution of Complaints ............................................................................... 165
- Commitment to Complete Unit or Program .................................................... 170
- Consultation For Students ............................................................................... 172
- Discipline, Dismissal, and Withdrawal .............................................................. 174
- Ethical Conduct of ACPE members ................................................................. 177
- Maintenance of Student Records .................................................................... 182
- Supervisor’s evaluation .................................................................................... 185
- Financial ........................................................................................................... 187
- Student’s Rights and Responsibilities .............................................................. 189

**ACPE Standards Cited**

- ACPE 2010 Standard 303.7 .............................................................................. 157
- ACPE 2010 Standard 303.6 .............................................................................. 158
- ACPE 2010 Standard 304.1 .............................................................................. 161
- ACPE 2010 Standard 304.9 .............................................................................. 164
- ACPE 2010 Standard 304.3 .............................................................................. 165
- ACPE 2010 Standards 301.3, 304.4, and 304.10 .............................................. 170
- ACPE 2010 Standards 304.5 and 402 .............................................................. 172
- ACPE 2010 Standard 304.6 .............................................................................. 174
- ACPE 2010 Standards 100, 102, 103, 104, 105, and 304.7 ............................... 177
- ACPE 2010 Standard 304.4 .............................................................................. 182
- ACPE 2010 Standard 308.8.1-4 ...................................................................... 185
- ACPE 2010 Standard 304.2 .............................................................................. 187
- ACPE 2010 Standard 304.8 .............................................................................. 189
These ACPE CPE required policies and procedures are meant to facilitate pastoral and educational ministry. We believe excellence in pastoral ministry requires flexibility and creativity.

The Policies and Procedures do not limit our reflective thinking and practice as we serve and educate people who are “living human documents.” The needs and circumstances of life, especially those that lead people into the Emergency rooms, operating suites, family rooms, and meditation room seldom lend themselves to “cookie cutter” responses. Chaplains in ACPE CPE at UC Davis Medical Center are invited to learn and pastor in the midst of life’s most intimate joys and tragedies while being informed and guided.

The following documents are meant to set appropriate guidelines and boundaries, and facilitate an atmosphere where Clinical Pastoral Education and pastoral practice can excel. Changes in procedures, guidelines and expectations related to the ACPE CPE program and its participants are at the discretion of the CPE supervisor and support of UCDMC administration. Any substantive change will be reviewed in consultation with the Clinical Pastoral Education Advisory Committee for UC Davis Medical Center.
I. PURPOSE

The purpose of this policy is to inform students about the locations of the ACPE Standards and Commission Manuals.

II. POLICY

It is the policy of UC Davis Medical Center ACPE/CPE Center to provide access and direction to both printed and electronic copies of current ACPE standards, manuals, Policy for Complaints Alleging Violation of ACPE Education Standards and Policy for Complaints against the Accreditation Commission.

III. PROCEDURE

A. Students are given access to the electronic manuals online one week prior to the beginning of their CPE training. They maintain that access throughout their training. The access provides a link to the ACPE manuals.

B. During orientation, the supervisor references these manuals and demonstrates how to access them.

C. In addition, the center provides printed copies of the ACPE Standards and Commission Manuals. These hard copies are kept in the classroom, easily accessible to the students.

D. Students will receive information about the ACPE website that contains the documents.
I. PURPOSE

The purpose of this policy is to describe students’ access to library and educational facilities, and other resources adequate to meet their learning needs.

II. POLICY

It is the policy of the UC Davis Medical Center CPE program to provide access to pastoral care and related disciplines and resources through a variety of means and locations. These provisions may come through Clinical Pastoral Services initiation or participation in educational opportunities by any department within the UC Davis Health System, which includes the Medical Center, School of Medicine etc.

A. Department Materials.

The CPE Center maintains a modest but growing library in the Clinical Pastoral Education conference room. The library holdings include books, audio tapes, video tapes, and other printed and electronic materials to enhance the students’ learning process. The supervisor’s personal library provides additional library resources for the students.

B. Medical Library

The F. William Blaisdell, M.D. Medical Library is a vital resource for all CPE students. The student’s classification (resident, extended, Supervisory, or Internship) determines his or her library privileges. The Library is located in the Education Building on 45th Street between V and X streets. It provides access to all the major computer indexes and resources available throughout the University of California System. Through this library, students may also access the Graduate Theological Union (a consortium of seminaries in the San Francisco Bay Area) Library in Berkeley, CA. Additional resources are located in the Shields Library on the Davis campus, 17 miles west of Sacramento. The University maintains shuttle bus services between the UCDMC campus and the Davis campus.

C. On-line access
Each CPE student is provided with access to the internet through the authorization of Clinical Pastoral Services and Volunteer Services Department. This provides access to all chaplaincy and spiritual care websites on the World Wide Web.

D. Shriners Hospital Ministry

Students will participate in providing pastoral/spiritual care at Shriners Hospital, which is located across from the Medical Center. This is a learning resource for the students in working with children who have experienced trauma and are in a long term recovery program.

E. Collaboration with Medical School Department of Psychiatry

The CPE program is in the process of revitalizing a collaborative learning opportunity with Psychiatric residents from the UC Davis Medical School Department of Psychiatry. This collaboration will provide a learning resource in mental health for the students.

F. UC Davis Grand Round/Lectureships/Community

CPE students attend and participate on some of the Grand Rounds especially those of Social Services and Psychiatry. Instructors and other professionals present on topics that relate to patient care and/or self-care.

G. The Volunteer Chaplain Group and Eucharistic Ministers

Volunteer chaplains are men and women who bring unique skills to the department. They provide opportunities for CPE Chaplains to collaborate in a shared ministry as they learn and demonstrate leadership strengths and limitations.

Both Levels I & II CPE chaplains have the opportunities to interact with volunteer chaplains as they visit their units. As they provide collaboration, consultation, help and guidance to the volunteer chaplains, they develop teaching, leadership and management capabilities (Standard 309.8), and the opportunity to demonstrate pastoral competences in the practice of specialty ministry (Standard 310.3).

III. PROCEDURE

A. Department Materials

Checking out the library materials from the chaplain office is on the honor system. Students are encouraged to utilize these resources with care and to return them to the correct locations before the end of the course. The library is currently working towards computerizing the materials for easy access and management of the holdings.

B. Medical Library
To apply for privileges at the Blaisdell Medical Library, the student must bring their badge and picture ID to the library and complete a short form. A barcode sticker will be placed on the back of the badge so that it can serve as a library card. The library card will be active as long as the student is enrolled in the CPE program. Any book or article not owned by the library can be ordered from another library. Students are urged to utilize the librarians for research assistance or to become familiar with library resources.

C. Adjunct Instructors

As part of the UC Davis system, the CPE Center utilizes professional resources and lecturers. These national and local leaders become CPE adjunct instructors.

D. On-Line Access

Students may use one of the computers in the conference room or library for research relating to their studies as needed. Students must not use this opportunity to ignore their clinical assignments.
I. PURPOSE

The purpose of this policy is to describe the procedures used in recruitment and selection of Clinical Pastoral Education Levels I/II and Supervisory students.

II. POLICY

It shall be the policy of the UCDMC Clinical Pastoral Education Program to affirm and actively implement policies and procedures that assure full and nondiscriminatory participation of persons without regard to race, ethnicity, religious heritage, marital status, national origin, gender expression, sexual orientation, physical or mental disability, status as a veteran (within the limits imposed by law or University of California regulation), age, or citizenship.

This policy notwithstanding, all students accepted in the program shall be able, with reasonable accommodation, to physically and mentally perform the responsibilities outlined for a Clinical Pastoral Education student. At all levels, the CPE student needs to sustain sufficient physical and emotional health to deliver pastoral care. The student must demonstrate the capacity to consistently establish and maintain relationships at significant levels and be open to learning, change, and growth. The CPE student must demonstrate a capacity to endure at least moderate amounts of chaos that is a normal part of institutional culture.

III. PROCEDURE

A. Requirements:

1. Interested students apply for admission by submitting a completed ACPE application. Supervisory candidates must submit copies of all self and supervisory evaluations.

2. Completion of an undergraduate degree.

3. Completion or in process toward a Master of Divinity degree (or equivalent) preferred (CPE Levels I/II applicants only).
4. Demonstrate a clear interest in personal and professional growth in ministry.

B. All applicants are required to have an admission interview. This interview may be conducted by the CPE supervisors and members of the advisory committee. Applicants for the Residency Program are usually required to have an on-site interview with the departmental staff and an interview team consisting of several members of the Clinical Pastoral Education Advisory Committee. There may be special circumstances when the on-site interview requirement will be waived for CPE Level I/II applicants. Instead a phone interview may be conducted.

C. Applications are reviewed and considered as they are received. For CPE applicants: group composition is considered during the selection process to enhance opportunities for learning in a diverse peer group.

D. Letters of invitation are sent to candidates selected for admission. These letters include information about the unit date, tuition cost, program philosophy, etc.

E. Candidates submit written responses to the department regarding their acceptance within a specified time period after receiving the invitation to participate. If they accept the admission invitation, a non-refundable deposit is required to secure their position in the program. The deposit is applied to the tuition.

F. References will be contacted by letter or telephone.

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**ADDITIONAL REQUIREMENTS FOR SUPERVISORY EDUCATION AT UCDMC INCLUDE:**

A. Completed an undergraduate degree.
B. Holds a Master of Divinity degree or its equivalent.
C. Completed a minimum of four (4) units of Level I/II ACPE accredited CPE.
D. Demonstrates completion of Level II Outcomes of ACPE CPE in writing and in person.
E. Ordained or commissioned by an appropriate religious body accepted by APC or ACPE.
F. Eligible, within the appropriate religious authority, for endorsement as an ACPE Supervisory Education Student.
G. Eligible to be a member in the ACPE.
H. Demonstrates independent professional experience as a minister.
I. On site interview with the UCDMC admissions committee that may include a supervisor from one of the Sacramento CPE Centers.
The accepted applicant will initially participate in a Level II unit. Within the first three months of acceptance into UC Davis Medical Center CPE program s/he will meet with a Readiness Committee comprised of Pacific Region ACPE Certification members, area supervisors, and the center’s Supervisor. Successful completion of this Readiness Committee will mark the first unit of Supervisory CPE at UC Davis Medical Center.
I. PURPOSE

The purpose of this policy is to provide one or two training agreements with each student that will address but is not limited to: authorization for visits to patients, parishioners, or clients; access to appropriate clinical records; informed consent with regard to use of student materials; and agreement by the student to abide by the Center’s policies protecting confidentiality and the rights of those served.

II. POLICY

It is the policy of UC Davis Medical Center ACPE/CPE Center that each student will read and sign a training agreement that will cover the duration of their consecutive CPE training units. An Extended or Summer Intern who becomes a Resident will be required to sign a new training agreement because of the change in status.

III. PROCEDURE

A. During orientation to the CPE program, students will take turns reading each section of the agreement aloud and opportunity will be given for discussion, clarification, and questions for each section.
B. At the completion of “A” each student will initial the same.
C. The process will continue through all sections.
D. At the end, each student will sign and date the document.
E. The supervisor will then sign and date each student’s agreement.
F. The students will be asked to make a copy for their files while a copy will be kept in the student files throughout their training.

A copy of the Training Agreement is in the Educational Resources section of this student manual.
I. PURPOSE:

The Association for Clinical Pastoral Education, Inc. (ACPE) encourages persons to work out concerns or grievances informally, face to face, and in a spirit of collegiality and mutual respect. If informal discussions do not resolve differences, a complainant or a group of complainants may register a complaint.

When a Chaplain Resident/Intern feels that there is good reason for stating a dissatisfaction with the working relationships between Chaplain Resident and Chaplain Interns and/or other members of the medical center staff, the dissatisfaction should be brought to the attention of the ACPE Supervisor/Administrative Coordinator as well as the Manager of Patient Support and Volunteer Services. If the complaint is not resolved to the complainant's satisfaction through informal conversation, s/he will follow the established Complaint Procedure as outlined below.

II. POLICY:

1. Any Chaplain Resident/Intern in the ACPE Clinical Pastoral Education (CPE) program or any person(s) with substantive evidence or a group of complainants, who feel unfair treatment has occurred in a CPE Unit/Program with regard to specific ACPE Standards for Ethical, Professional, and/or Educational practice, are guaranteed due process by which to seek, without censure or reprisal, a satisfactory resolution.

2. Clinical Pastoral Services will provide a clear channel of communication for Chaplain Residents/Interns when normal channels, for whatever reasons, appear to fall short of a satisfactory hearing.

3. Clinical Pastoral Services will provide a means for resolution of complaints that slows the retention of a Chaplain Resident/Intern as a productive member of the Clinical Pastoral Services and Patient Support.

4. Clinical Pastoral Services will provide a method for resolving work dissatisfactions so as to prevent Chaplain Residents/Interns or CPE Supervisor morale from being undermined.
5. An informal, face-to-face resolution is recommended in a spirit of collegiality and mutual respect. However, if informal discussions do not resolve differences, the complainant and/or group of complainants may register a complaint formally with the Executive Director of ACPE.

6. Complaints regarding alleged professional, ethical misconduct and/or practice registered with the ACPE must comply with the attached protocol in the Student Electronic Manual. The protocol is also accessible on the ACPE’s web site (acpe.edu).

7. Complaints regarding alleged non-compliance with an ACPE Education Standard(s) registered with the ACPE Center must comply with the attached protocol presented in ACPE’s “POLICY FOR COMPLAINTS ALLEGING VIOLATIONS OF EDUCATION STANDARDS IN EDUCATIONAL PROGRAMS”. The protocol is provided at program orientation and is accessible at the ACPE web site (acpe.edu) and in the Student Electronic Manual.

8. Complaints regarding alleged failure of the Accreditation Commission to follow its processes or accurately apply ACPE Standards can registered their complaint with the ACPE and must comply with the attached protocol. Again, this protocol may also be found at the ACPE’s web site (acpe.edu) and the Student Electronic Manual.

9. **Determination of compliance with or violation** of ACPE’s Standards for Professional, Ethical misconduct and/or practice and/or compliance with ACPE’s Educational Standards, citing Standards accurately, and following published practices properly is a matter of judgment by the professional peers of an ACPE Supervisor.

### III. GUIDELINES:

#### A. Definition of a Complaint:

A complaint is a concern or grievance, presented in writing, which involves an alleged violation of the ethical, professional and/or educational criteria established in the Standards of the ACPE.

#### B. Time Limits:

The time frame for making a complaint begins with the event that occasions the complaint, or, if applicable, with the completion of the educational experience at that Center. The length of the time frame will be limited as specified below. Any complaint may be made within a longer time period if the delay is explained by an
occasion of fraud, intimidation, or other unethical conduct that prevents the earlier surfacing of the complaint.

1. None, if a delay is caused by fraud, intimidation, or unethical conduct.
2. Six (6) Months (Normally)
3. Ten (10) years if sexual exploitation is involved.

Exceptions to Time Frames:
A complaint not received within the time limits above will not be considered unless the Chair of the Ethics Commission, the Executive Director of the ACPE, the President and President-elect of the ACPE or ACPE Board in consultation with ethics counsel agree unanimously to do so and the following conditions are met:

1. The alleged offense is serious enough that the Commission would likely recommend dismissal from membership if substantiated.
2. There is significant supporting evidence for the allegations; and
3. There is good cause demonstrated for the complaint not having been filed within the applicable time limit.

C. Principles:

1. Either those who consider themselves directly harmed or those with substantive evidence of violation(s) of ACPE Standards may register a formal complaint.
2. Each of the three venues for complaint in ACPE is registered with a specific ACPE Representative:
   a) Ethics - Executive Director;
   b) Educational Standard – Chair of the Accreditation Commission.
   c) If the complaint is against the Chair, it is sent in care of the Accreditation Staff at the ACPE Office.
3. ACPE encourages persons to work out concerns informally, face-to-face, as near as possible to when a complainant(s) knows or could have known facts giving rise to a complaint.
4. Progress toward resolution should be expeditious, just and as far as possible, result in the mutual satisfaction of parties involved.
5. At any point in the complaint process, a complainant(s) has the right to withdraw his/her/their concern.
6. ACPE may continue a complaint.

Each Chaplain Resident/Intern accepted into any ACPE program will be provided a copy of UC Davis Medical Center’s ACPE Student Handbook, which includes this policy. The policy will be reviewed as a required component in every new program orientation. Chaplain
Residents/Interns will be informed of their right to complain concerning violations of Ethics, Educational and Accreditation Standard(s). The Standards violated need to be accurately identified and the enclosed published processes followed. Students will be provided a personal copy of current ACPE Standards along with the Ethics and Accreditation Manual. Students will be given information as to where anyone in the UC Davis Medical Center’s CPE Program may access a current copy of ACPE’s Manuals for Professional Ethics and Accreditation in addition to the ACPE web site (acpe.edu)

D. CONFIDENTIALITY:

Confidentiality is of utmost importance. Those involved in investigations, mediations, fact finding reviews, appeals and record keeping shall respect the parties’ confidentiality as far as possible without impeding the pursuit of the truth of the allegations or violating state reporting laws. Parties and witnesses contacted are expected to respect the need for confidentiality in order to protect privacy and fair process for everyone involved. People designated by the ACPE to mediate, investigate or adjudicate the case must respect these same concerns. In order to obtain guidance and support, the parties to the complaint may discuss the complaint with their families and helping professionals; however, all must respect the need for confidentiality.

E. CONFLICTS OF INTEREST:

It is expected that anyone invited to participate in any aspect of processing, mediating, investigating or adjudicating an ethics complaint will decline if they have a conflict of interest or personal or professional relationship with a party or Process for Addressing Allegations of Ethical Misconduct which would lead to bias or the perception thereof. A complainant may challenge the appointment of any person to any of these positions if that member can demonstrate reasonable cause for the member to believe there is conflict of interest or bias. However, a complainant does not have unlimited challenges to appointments and the judgment as to whether or not a conflict or bias exists will remain with the people designated to make the appointments.

Professional behavior by all parties will demonstrate honesty and timeliness. All parties will engage the process. Parties will not make intentionally false, misleading or incomplete statements about their work or ethical behavior when questioned. These principles are binding for all parties.

Filing a Complaint

For questions regarding these processes, you may contact the Acting ACPE Executive Director, Trace Hawthorne at trace@acpe.edu. Accreditation complaints, or inquiries about filing them, should be directed to the Chair of the Accreditation Commission by mail at: ACPE, One West Court Square, Suite 325, Decatur, GA 30030. The phone number for the ACPE National Office is (404) 320-1472.
I. PURPOSE

The purpose of the policy is to confirm the commitment of the University of California Davis Medical Center and its Clinical Pastoral Education (CPE) program to provide for the completion of a unit or program in process if the supervisor is unable to continue.

II. POLICY

It is the policy of the UCDMC to maintain a fully accredited CPE program in compliance with the Standards of the Association for Clinical Pastoral Education Incorporated.

III. PROCEDURE

A. In the event that the designated CPE Supervisor is ill, incapacitated, retired, relocated, or otherwise removed from employment, substantial efforts shall be made to protect the continuity of the students’ educational experience by:

1. Consulting with both the Regional Director and Chair of Accreditation of the Pacific Region of ACPE

2. Seeking recommendation for securing a part-time or full-time temporary appointment of a qualified CPE Supervisor or Associate Supervisor

3. In the event the services of a CPE Supervisor cannot be secured, making every attempt to place the students in programs similar to and at parallel levels to the program offered at UCDMC; and transferring the students’ funds to the alternate center.

4. Informing the Pacific Region Association for Clinical Pastoral Education
Accreditation Committee regarding the plans and intentions to continue, reestablish, recruit for new supervisor or discontinue the program. (It should be noted that the ACPE Standard 304 provides for the maintenance of accreditation of the CPE center for twelve months with option to request extension in order to provide for time for a center to recruit a new CPE Supervisor without losing its accreditation status).

B. It is the intent of the University of California Davis Medical Center CPE program to provide for a peer group of no less than three (3) students.

1. Should an occasion occur prior to the start of a unit in which fewer than three students have been accepted, efforts will be made to place the students in another program within the center or in other programs in the Greater Sacramento area, i.e., Sutter, Sutter Roseville.

2. Should the peer group drop to less than three after the beginning of a unit, efforts will be made to combine the group with a peer group in an adjacent center.

3. Every effort will be made to protect the continuity of commitment to the CPE students. Cancellation of a unit of CPE will be considered only as a last resort.
I.  PURPOSE
To ensure that support and consultation is provided to the Clinical Pastoral Education students.

III.  POLICY
The purpose of this policy is to identify and encourage the utilization of resources that may augment the personal and professional growth of students in the CPE program at the University of California Davis Medical Center.

A. Students will be encouraged to take advantage of educational and personal growth opportunities offered by grand rounds and lectures sponsored by the School of Medicine; conferences and workshops offered by nursing education and other departments within the Medical Center; library resources offered by the Professional Library, as well as on the UCDMC campus and Shields Library on the UC Davis campus; counseling, education and technical support offered by the Employee Assistance Department and the Human Resources Department.

B. Clinical Pastoral Services shall assist students seeking referrals for pastoral counseling, marriage and family counseling, psychotherapy, and/or spiritual direction.

C. Students engaged in a year-long CPE resident program may, in coordination with their supervisor, seek a consultation review regarding the student’s progress in meeting outcomes for CPE Level I and assess readiness for CPE Level II. The committee may be composed of members of the CPE Advisory Committee, supervisors from other centers and other persons designated by the student or their supervisor. Results of the consultation will be included in the Supervisor’s evaluation report.

D. Students completing four units of CPE shall be encouraged to make application for professional membership in ACPE, AAPC, NACC, or APC as appropriate to their particular interests and qualifications. Support in preparing application materials shall be provided. In addition, students may wish to seek the support of the CPE supervisor, other faculty of our CPE program or the Department of Human Resources in preparing materials relevant to seeking job opportunities. Assistance in job search will be made available.

E. Employment opportunity notifications are given to the students as soon as a job opportunity is received by the CPE Supervisor. It is presented to the students during morning check-in and then placed in a binder (located in the classroom) for student
referral. Students are encouraged to use the APC and NACC websites for job opportunity postings.
This policy is in keeping with all UC Davis Medical Center policies on student rights and responsibilities, and it insists on high ethical and professional standards. It addresses a wide range of circumstances. The Volunteer Services and the Advisory Committee is available to ACPE Clinical Pastoral Education (CPE) Supervisors and students in any situation involving withdrawal, discipline, or termination. This policy applies to all persons involved in programs of the UCDMC’s ACPE Clinical Pastoral Education Center.

I. PURPOSE

This policy provides a mechanism when disciplinary action is necessary or when the student chooses to withdraw from the program. The disciplinary action may take the form of probation or dismissal.

II. POLICY

Any student may be placed on probation or dismissed from the program whenever, in the opinion of the ACPE CPE Supervisor and the Manager of Volunteer Services in consultation with Advisory Committee, the student’s program achievements, clinical performance, or professional or ethical conduct is unsatisfactory. Also, a student may choose to withdraw for personal, professional, or education reasons.

III. DEFINITIONS

1. **Probation** is for a specific period of time, not less than two or no more than six weeks within any unit of CPE. Both students with a stipend (Chaplain Residents) and students without a stipend (Chaplain Interns) may be placed on probation. Probation indicates that continuation in the CPE program is in jeopardy. Probation may include the restriction of work in assigned clinical areas.

2. **Dismissal** ends the participant's participation in the CPE program and ministry within the medical center. Dismissal is at the initiation of the ACPE Supervisor/Coordinator. Students with or without a stipend may be dismissed.

3. **Withdrawal** terminates the student’s participation in the CPE program and ministry within the medical center. Withdrawal is at the initiation of the student.
IV. PROCEDURE

Voluntary Withdrawal of a Student

A student in good standing may withdraw from any program at any time. Written notice to that effect must be submitted to the Supervisor. The student may be invited to discuss her/his decision in a peer group session. An exit interview is preferred but not required. No credit will be given for an incomplete Unit.

Probation

1. A student may be placed on probation for a specified time period, or removed from probation, by a decision of the student’s Supervisor, in consultation with the Manager of Volunteer Services and the Advisory Committee.

2. A student placed on probation will receive a written notice of such action by the CPE Supervisor. Specific reasons for this action and desired behavioral changes will be provided to the student.

3. Probation or dismissal may occur as the result of the following:
   a. Failure to successfully complete a training Unit
   b. Failure to adequately participate in the educational program
      i. Failure to negotiate an individual learning contract
      ii. Failure to interact in a manner conducive to growth for self and/or peers
   c. Failure to act responsibly in pastoral obligations
      i. Failure to respond to pages and/or inappropriate absences from the hospital
      ii. Failure to respond appropriately to the needs of patients, families, and staff
      iii. Failure to interact on a professional level with hospital staff
      iv. Failure to cooperate with peers toward a cohesive ministry within the hospital
      v. Failure to provide adequate pastoral coverage in assigned areas
      vi. Failure to chart pastoral visits and/or submit completed Spiritual Care Reports according to departmental policy
   d. Conduct unbecoming an ACPE CPE student
      i. Behavior that compromises professional functioning
      ii. Inappropriate or unprofessional financial conduct, such as failure to fulfill contract for tuition payment
      iii. Abuse and/or manipulation of hospital staff, patients, families or peers
      iv. Violation of the Medical Center or CPE center’s dress code.
4. During the final week of probation, the CPE Supervisor, in consultation with the Manager of Volunteer Services will make a decision regarding the student’s continuation in the program or dismissal. The student will be notified of the final decision by a letter from the CPE supervisor.

**Dismissal from the Program**

1. A student may be dismissed from the program without first receiving probation.
2. A decision to dismiss the student will include two weeks’ notice, although if the case for dismissal warrants it, the student may be immediately restricted from work in the hospital.
3. The ACPE CPE faculty reserves the right to dismiss any student whose program achievements, clinical performance, or conduct as a professional make continuation of program inadvisable.
4. According to the Financial Policy, tuition fees will not be refunded.

**Progressive Disciplinary Action**

1. The first step is a documented private interview involving appropriate departmental personnel and the student about the infraction or problem, its implications for learning and/or ministry, and the required corrective action. Consequences of continued deficiency and/or infraction will be clarified.
2. The second step is a written warning about the infraction or problem, which is formal notice that failure to take corrective action will result in additional disciplinary action, including possible discharge. The Manager of Volunteer Services will be notified at this time.
3. The third step is activated if the student continues her/his deficient performance or infraction. This behavior results in immediate dismissal.

**Appeal Process**

If the student feels the disciplinary procedure is unjust or inaccurate, he or she may invoke the Policy and Procedure for Resolution of Complaints at any point in the withdrawal or disciplinary process.

**Withdrawal**

1. A student may withdraw from the ACPE CPE program by informing her/his Supervisor and submitting a letter of withdrawal to the CPE Supervisor/Coordinator.
2. Whenever possible a student should provide at least 30 days’ notice of withdrawal to her/his Supervisor; so that the Center can provide for the ongoing pastoral care needs of patients, family members, and staff.
3. According to the Financial Policy tuition fees will not be refunded.
I. PURPOSE
The purpose of this policy is to describe expectations of professional and ethical conduct for all CPE students, faculty and staff.

II. POLICY
All ACPE CPE members and students at the UC Davis Medical Center are expected to uphold and abide by the UCDMC Service Promise. This policy serves not only those who receive our various ministries (patients, families, significant others, staff) but also each participant in the program, as it provides a basis for respect and dignity for students and Supervisor as well.

III. PROCEDURE
A copy of the UC Davis Medical Center Service Promise is found below. During the orientation process the Service Promise is reviewed and the student is able to ask any questions about its interpretation that he/she needs clarified, and to affirm their willingness to abide by it. In addition, ACPE Standards 100 is found in Online Manual.

In addition, all CPE participants (CPE students, faculty and staff) shall:

A. Affirm and respect the dignity of all persons with whom they work including patients, their family and friends, staff, and faculty.
B. Refrain from discrimination on the basis of race, gender, age, faith group, national origin, sexual orientation, or physical and mental disability.
C. Respect the integrity and welfare of those served or supervised, refraining from disparagement and avoiding emotional exploitation, sexual exploitation, or any other kind of exploitation.
D. Honor and respect the religious convictions of all persons served or supervised. However, if such convictions are contrary to one’s own faith and value system, the CPE student shall present those concerns to their CPE Supervisor for guidance and direction.
E. Respect confidential communication by UCDMC patients, students, or staff to the
extent permitted by law, UCDMC Policies, the Association for Clinical Pastoral Education Standards, and the rules and customary practices of one’s particular faith group or religious organization.

F. Respect the religious convictions of all persons, including encouraging adherence to particular rituals and practices to the extent possible within the structures of the Clinical Pastoral Education program or as guided by UCDMC Policy. If ethical or moral conflicts emerge, students and staff are encouraged to openly discuss these matters.

G. Respect the welfare and integrity of colleagues and maintain relationships on a professional basis.

H. Carry out, in a responsible manner, agreements of financial and administrative responsibilities, including maintenance of appropriate records, equipment, and the cleanliness of the work area.
ACPE members of the Pastoral Care Department shall affirm and respect the dignity and worth of each person and maintain high ethical standards. Members of the department shall maintain high standards of professional competence and moral and ethical conduct in the interest of the public, the religious community, and the profession.

- Maintain good standing in faith group.
- Shall not discriminate against those served or peers because of race, gender, age, faith group, national origin, sexual orientation, or physical disability.
- Affirm and respect the human dignity and individual worth of each person supervised.
- Respect the integrity and protect the welfare of those served or supervised. Relationships shall be maintained on a professional basis avoiding emotional, sexual, or any other form of exploitation of individuals or groups.
- Approach the religious convictions of a person, group, and/or CPE student with respect and sensitivity. Avoid imposing one’s theology or cultural values on those served or supervised.
- Respect the confidentiality to the extent permitted by law, regulations or other applicable rules.
- Abide by the professional practice and/or teaching standards of the state, the community, and the institution in which he or she is employed.
- Maintain interdisciplinary relationships for purposes of consultation and referral.
- Does not directly or by implication claim professional qualifications that exceed actual qualifications or misrepresent his or her affiliation with any institution, organization, or individual. Individual is responsible for correcting the misrepresentations or misunderstanding of his or her professional qualifications or affiliations.
- Does not use knowledge, position, or professional association to secure unfair personal advantage; knowingly permit his or her services to be used by others for purposes inconsistent with his or her ethical standards.
CPE students of the Pastoral Care Department shall affirm and respect the dignity and worth of each person and maintain high ethical standards. Members of the department shall maintain high standards of professional competence and moral and ethical conduct in the interest of the public, the religious community, and the profession.

- Maintain good standing in faith group.
- Shall not discriminate against those served or peers because of race, gender, age, faith group, national origin, sexual orientation, or physical disability.
- Respect the integrity and protect the welfare of those served or supervised. Relationships shall be maintained on a professional basis avoiding emotional, sexual, or any other form of exploitation of individuals or groups.
- Approach the religious convictions of a person, group, and/or CPE student with respect and sensitivity. Avoid imposing one’s theology on those served or supervised.
- Protect the confidentiality of peers or those supervisors served.
- Abide by the professional practice and/or teaching standards of the state, the community, and the institution in which he or she is employed.
- Maintain interdisciplinary relationships for purposes of consultation and referral.
- Does not directly or by implication claim professional qualifications that exceed actual qualifications or misrepresent his or her affiliation with any institution, organization, or individual. Individual is responsible for correcting the misrepresentations or misunderstanding of his or her professional qualifications or affiliations.
- Does not use knowledge, position, or professional association to secure unfair personal advantage; knowingly permit his or her services to be used by others for purposes inconsistent with his or her ethical standards.
UCDMC’s entire staff also is guided by a commitment to fulfill the following promise to patients:

“We, the staff of UCDMC, value the confidence and trust you have placed in us. Throughout your health care experience, we will strive to meet your medical needs and exceed your expectations with courteous, attentive, personal care. In pursuing this goal, we promise to:

A. Respect and protect your right to privacy and maintain confidentiality of your records.
B. Keep you informed of your medical condition, answer your questions frankly, and involve you and your family in any decision-making process.
C. Provide service that is timely, convenient, and accessible, explaining delays whenever necessary.
D. Provide explanations and instruction in a clear, concise manner.
E. Maintain safe and comfortable facilities.”

Reference: 2010 ACPE Standard 100 and Standard 304.7
Please note: Standard 100 applies specifically to the CPE Supervisor not to the CPE students or staff.
I. PURPOSE

The purpose of this policy is to clarify the procedure and responsibility for maintaining student records.

II. POLICY

It shall be the policy of the Clinical Pastoral Education program to maintain student files in a safe, locked space in a manner that complies with the standards and guidelines of the Association for Clinical Pastoral Education, UC Davis Medical Center and relevant State and Federal laws. The student’s official file shall be open to the student within 45 days of request and shall not be available to any person outside Clinical Pastoral Services, UC Davis Medical Center, without the student’s specific informed written consent.

III. PROCEDURE

A. An annual notice will be published prior to a new resident year program start-up. The annual notice will detail records maintenance protocols and will include information on whether and how the students may copy their records.

B. Directory Information: The center considers the student’s name, address, email, telephone, date of birth, religion, previous education, and photograph common directory information that may be released without specific consent unless the students chooses to opt out. During orientation, student will be informed that they may choose to opt out at any time during their CPE training. Such restriction will be honored after the student’s departure from the UC Davis Medical Center CPE program. Former students cannot initiate new restrictions after departure.

C. The Clinical Pastoral Education student’s record shall contain:

1. Application materials that will be kept until completion of student ACPE CPE program is completed. Such materials will then be destroyed.

2. Application face sheet.

3. The UCDMC CPE Supervisor’s final evaluation(s).

4. Student’s written request to release files.

5. Student’s signed Agreement for Training at UCDMC.
6. Student’s signed FERPA beginning with 2010 records

7. Student’s self-evaluation.

8. Files more than 10 years old: Application Face Sheet and current address.

D. The official record shall be maintained for ten years following conclusion of the last unit of Clinical Pastoral Education.

1. Students shall be informed of this policy and shall be encouraged to maintain their own file of evaluation reports.

2. The student’s official file shall be open to the student within 45 days of his/her request and shall not be available to any person outside of Clinical Pastoral Services without a signed copy of a release of information form, with the following exceptions: an official Accreditation Review, in the event of an investigation with regard to a complaint, or required for legal purposes.

3. Students may review their permanent record at any time as well as seek to amend them before or during their participation in the UCDMC ACPE CPE program. Any objection to record content should be in a written request. The written objection will be kept in the permanent record whether the requested change is made or not. Grades required by educational institutions cannot be changed.

E. Custody of student records.

1. In the temporary or permanent absence of a CPE Supervisor the Administrative Assistant or appropriate designee may be authorized to access records as appropriate and in compliance with all other provisions of the policy.

2. After ten years all material except face sheets shall be destroyed.

3. A file with the name, address, denomination, date of ordination, theological school, and degree, together with dates and supervisor’s name for each unit shall be maintained by the UC Davis Medical Center.

4. At the completion of each unit of training, a report of completion of student’s units will be sent to the National and Regional Office and a copy will be maintained in our file. Reports will include student’s name, address, denomination, and unit of CPE successfully completed.

5. In the event that the Clinical Pastoral Education Center at the University of California Davis Medical Center is discontinued, the center will contact the regional accreditation chair who will arrange the secure storage of all students records of the closed program. The accreditation commission chair and the ACPE office will be informed of the records’ location.

F. Custody of Students Health Records
It is the practice of UC Davis Medical Center to keep copies of the student’s health record in the Volunteer Department located in a separate building from Clinical Pastoral Services and the CPE program. This protects and limits access to such in compliance with ADA and HIPPA regulation.

G. Supervisory notes are not considered part of the Official File.

1. The Supervisor may keep whatever notes seem useful in support of documenting the training process.

2. The Supervisor’s notes are not available to the student, except as the supervisor chooses to make them available.

3. The Supervisor’s notes may not be used outside the UCDMC except for teaching or research purposes, with appropriate procedures utilized to protect the identity of the student, and with proper consent as needed.

4. The Supervisor’s notes shall be destroyed at the conclusion of training following the completion of the Supervisor’s evaluation report plus six months and fourteen calendar days in the event the student contests the evaluation report.

5. All persons seeking certification as a CPE supervisor shall obtain the written permission of the student(s) through the “Consent Form” found in Appendix 5 page 51 of the ACPE Certification Manual Revised 2010. If permission is not given, the person seeking certification must redact the identity of the student. Following the action of a regional certification committee or the Certification Commission, the supervisory student must destroy all materials submitted about students after the time for appeal has lapsed.

H. Verbatim reports and other student written training documents shall not be considered a part of the student’s official file.

1. These materials may be maintained for the duration of training and six months following, and then destroyed unless they are to be maintained for research purposes.

2. If they are to be retained for research, the student may grant in writing informed consent for their retention.

3. Patient, client and student identifying data shall be redacted to protect confidentiality.

4. Materials that are not maintained in the permanent record are destroyed through the confidential locked paper bin located in Clinical Pastoral Services.
I. PURPOSE

The purpose of this policy is to provide information regarding the provision of student’s evaluation according to the policy of ACPE.

II. POLICY

It is the policy of UC Davis Medical Center ACPE/CPE Center that the Supervisor’s evaluation will be available to the student within 45 calendar days of the completion of the unit. To extend this deadline in rare unusual circumstances, the supervisor may negotiate with the student and receive approval from the regional accreditation chair to extend this deadline.

III. PROCEDURE

At the end of each Unit of training the student’s CPE Supervisor will provide an evaluation of the student’s CPE experience. After providing a description of the CPE Center and a description of the student’s CPE curriculum, the Supervisor will write her/his evaluation of the following:

A. The student’s individualized contract and learning goals

B. Learning issues that have emerged in the CPE experience

C. The Outcomes for Level I or Level II Clinical Pastoral Education

The Supervisor’s final written evaluation of the student’s CPE experience will adhere to the following guidelines:

A. Identify the student, Supervisor, center, type of CPE, the date, and who prepared the document

B. Be of professional quality, both in clarity of thought and style of preparation of presentation

C. Be timely, both in respect to the evaluation experiences being summarized and...
also to the availability of the document for future use, which should be given to the student within 45 days of the evaluation session

D. Protect the confidentiality of the student, peers, and persons to whom the student ministered, and

E. Never be given to anyone without the written permission and direction of the student

F. A student may attach a written response to the Supervisory Evaluation which will become a part of the student’s permanent record
I. PURPOSE

To describe a financial policy with provision for assessment of fees, payment schedule, refunds, stipends, and benefits.

II. POLICY

It is the policy of the UC Davis Medical Center Clinical Pastoral Education Program to maintain a financial policy in compliance with standards and procedures as established by the Pacific Region Association for Clinical Pastoral Education and UC Davis Medical Center.

III. PROCEDURE

A. Application Fee

No application fee is charged at this time. This will be reviewed at a later date.

B. Deposit

A non-refundable deposit of $100.00 is required with the applicant’s letter of acceptance into any program. This deposit will be considered partial payment for the unit tuition. This is a non-refundable deposit, and will be refunded to the student only if the program is cancelled.

C. Tuition

Tuition for the initial CPE unit is $500.00. Each consecutive subsequent unit fee is $200.00. Tuition fees are due in full on the first week of each training unit, unless arrangements are made prior to that time with the Supervisor and Administrative Assistant. All tuition must still be paid in full in order to receive credit and Supervisor’s evaluation for that unit of CPE. Tuition balances may not be carried forward to the next unit.

Stipend and Benefits

1. First and second year students in the yearlong CPE Resident program receive $30,000 annual stipend in monthly installments of $2,500. No medical or dental benefits are offered. Students are responsible for their own health care and taxes.
2. A new position that was approved in 2014, will begin in the 2015-2016 resident year as a Second Year Level II Palliative Care resident. This position will remit the same fees, but the stipend will be $35,000.

3. Students on stipends must sign the stipend agreement and return it to the Administrative Assistant who will forward it to the Manager, Volunteer Services for his/her signature.

4. Students on stipends must submit a Stipend Student Patient’s Log and Reports of Patient Visits on the first workday of each month to the Administrative Assistant. Students are required to complete and submit both forms to receive their stipends. Stipends are paid within 30 days of stipend time sheet submission.

5. If the student leaves the program before the end of the Residency year, the stipend will be prorated.

6. Students classified as Interns and extended unit participants do not receive stipends.

D. All CPE Students receive free parking through Volunteer Services.

E. **Refund**

Participan ts who withdraw from the program within two (2) weeks of the start of the unit, and have paid their tuition for the unit in advance, will receive a refund of one half (1/2) of the tuition. After the second week of the unit there will be no refund.
I. PURPOSE

The purpose of this policy is to inform Clinical Pastoral Education students of their rights and responsibilities regarding participation within the UC Davis Medical Center, Clinical Pastoral Education Program.

II. POLICY

UC Davis Medical Center ACPE CPE Center shall provide students in its programs with a list of rights and a list of responsibilities to guide the students’ education. These lists are extensive but not comprehensive and may be edited as needed for the benefits of the students and for clarity.

III. PROCEDURE

Students entering the Clinical Pastoral Education program at the UC Davis Medical Center will be oriented to their rights and responsibilities during the general orientation as provided by Volunteer Services and Clinical Pastoral Services. The orientation will include:

1. The Disaster Plan, Fire Safety, Infection Control and HIPAA Confidentiality policies
2. The philosophy and structure of the particular Unit of Clinical Pastoral Education.
3. UC Davis and the ACPE/CPE required Policies and Procedures.
4. A tour of the hospital.
5. The specific Rights and Responsibilities of Clinical Pastoral Education students include:

   **Student’s Rights**

   All students participating in UC Davis Medical Center ACPE/CPE accredited programs shall have the right to the following:

   1. An orientation process
   2. An environment conducive to learning that fosters growth in pastoral formation, reflection, and competence through the promotion of trust, mutual respect, support, challenge, and confrontation
3. A student’s handbook in the form of electronic or printed media, which includes description of the administration, clinical context, educational resources, program expectations, and policy and procedures

4. Respect for their beliefs and religious traditions; have their rights respected and protected

5. Receive a quality clinical and educational experience in a stable environment. In case of potential substantial change within UC Davis Medical Center, the Center will immediately contact the Rev. John Moody, ACPE Pacific Regional Director to begin the process of ensuring responsible care for the students’ educational and professional well-being

6. An environment free from sexual harassment

7. A safe and clean working environment

8. Participation in planning her or his learning experience

9. A learning contract negotiated with Supervisor and peer group. Should less than three students be available for a peer group in any program, those students will be combined with an existing peer group to complete a certifiable Unit

10. Receipt of honest and professional assessment in an atmosphere of care

11. Access to a population that provides significant opportunity for ministry and learning

12. Access to interdisciplinary educational resources

13. Protection of her/his professional privacy through confidential protection of professional records, as well as respect for confidentiality of training processes and conversations by Supervisors, peers and interdisciplinary mentors

14. Supervision and evaluation by a certified ACPE Supervisor or Associate Supervisor

15. A written evaluation report within 45 days of completion of each unit, shared with the students, and informed of his/her right to add an addendum to the final evaluation report

16. Access to and use of the complaint process, as specified by UC Davis Medical Center ACPE CPE Center complaint policy and procedure and the current ACPE Standards

17. Access to library and other educational facilities

18. In the event the ACPE Supervisor is not able to complete the unit, the Center will immediately contact the ACPE Pacific Regional Director, Rev. John Moody to contract with another ACPE Supervisor to finish the unit and protect the student’s learning process

19. Referral to local pastoral counseling resources for supportive or growth therapy upon request.

20. Help with seeking employment at the conclusion of training, through the “Job Postings” in both the ACPE and APC websites; and resume preparation guidance from both Supervisor and support staff

21. The expectation that their file will be kept for ten (10) years in a safe and confidential
Responsibilities of all students participating in CPE at UCDMC:

Each student must adhere to the goals and objectives in the ACPE CPE program, as well as fulfill responsibilities in their respective areas of ministry. This includes following the Center’s dress code, wearing provided nametags, and protecting patient, family, parishioner, or client confidentiality.

- The student must demonstrate a growing capacity to work independently, to provide ministry collegially, and to continually learn from their ministry and relational experiences
- The student must effectively manage the educational program and understand the difference between education and therapy
- The student must demonstrate a growing ability to minister in a multi-cultural setting with people in various life circumstances, and with varied religious beliefs and practices
- The student must demonstrate a growing ability to provide intensive and extensive pastoral care

This ACPE/CPE Center assumes that every student has the responsibility to:

1. Deliver professional services to assigned institutional populations
2. Negotiate with peers and Supervisor a learning contract for each unit of ACPE CPE
3. Protect peer and patient’s rights
4. Actively and appropriately participate in her/his clinical learning experience
5. Maintain peer group confidentiality
6. Participate in supervised ministry schedule
7. Accomplish Unit requirements
8. Protect patient/parishioner/client rights and confidentiality
9. Maintain professional conduct in services to patients, families, visitors, staff, and volunteers
10. Maintain confidentiality in reference to patient, parishioner or client’s information outside the ministry setting or learning environment
11. Report to the proper authority any information critical to the wellbeing of those under your ministry
12. Abide by the policies and procedures of the UC Davis Medical Center and adhere to the Code of Professional Ethics as set forth in ACPE Standard 100
13. Establish and maintain accountability for their own learning objectives with approval of the CPE supervisor
14. Know objectives and outcomes for their level of training, as stated in the ACPE
Standards

15. Maintain active participation in all seminars and groups with the exception of absences negotiated with the Supervisor

16. Participate in twenty-four (24) hour on-call pastoral care coverage

17. Provide timely completion of all assigned CPE and Clinical Pastoral Services paperwork

18. Demonstrate a pleasant and courteous countenance to visitors and staff at all times and under all circumstances

19. Remain at UCDMC from 8:00 a.m. to 5:00 p.m. unless negotiated

20. Dress appropriately according to the Clinical Pastoral Services dress code