What a Pair!
Department Director and CPE Supervisor Collaborate at Memorial Sloan-Kettering

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Within this model of chaplaincy service-CPE program, department director and supervisor each have primary responsibility for certain aspects of the residency—comparable to the management of a parish where the pastor is accountable to the bishop and the parishioners and has administrative responsibility while the parish director of religious education supervises the education mission of the parish. This article explores the advantages (potential for triangulation) of this model and concludes that it is both viable and effective.

Supervising a year-long Clinical Pastoral Education (CPE) residency is a time consuming process that is both emotionally and physically demanding—on chaplaincy staff as well as on students. It is increasingly more difficult and complicated to attend fully to the learning needs of each student as well as to comply with the values, standards, regulations, and culture of the institution and accrediting organizations. Institutions have less and less tolerance for excusing noncompliance with institutional policy on everything from infection control to patient privacy merely because the offender is a student. At the same time, however, students inevitably make mistakes and, with support and supervision, learn from them. On the benefit side of this tension, residents who plan to go on to professional chaplaincy are better served if they have a chance to experience true professional accountability.

The setting

Memorial Sloan-Kettering Cancer Center (MSKCC) is a 480-bed hospital for the diagnosis and treatment of cancer. Its mission includes patient care, research, and education. In addition to the director and the CPE supervisor, the Chaplaincy Service includes one full-time rabbi, one Imam who is shared with several other area hospitals, one staff...

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chaplain primarily for presurgery visits, and one part-time secretary, all of whom are provided by and report to The HealthCare Chaplaincy (HCC) under contract with MSKCC. Two Roman Catholic priests are provided by the diocese for full time ministry in the hospital, and others from their religious community respond to calls for a Catholic priest outside of the normal work day.

As with many other hospitals, calls for ministry specifically from Greek Orthodox, Buddhist, and other religious groups are relayed to appropriate area clergy. In general, hospital staff have come to rely heavily on CPE residents in the same way they do on staff chaplains, in contrast to the way in which staff traditionally view medical students. In other words, CPE residents are expected to attend and contribute to unit multidisciplinary rounds as fullfledged members of each treatment team.

The program

For the past five years, the co-authors, as Chaplaincy Service director and CPE supervisor respectively, have worked closely with each other in the administration of the CPE residency program for HCC. For the first three years of this collaboration, the residents came to the program with at least one prior unit of CPE and usually rotated to one of the other medical centers in the HCC system for part of the residency year. At the conclusion of the residency, they entered either congregational or institutional ministerial positions.

In response to changes in applicant and employer needs, a Specialty Residency curriculum was designed to prepare residents with four prior units or a strong equivalency specifically for careers in health care ministry. One emphasis in this program was the presentation at year’s end of a Ministry Specialty paper; a second emphasis was certification by the appropriate professional organization—Association of Professional Chaplains, National Association of Catholic Chaplains, or National Association of Jewish Chaplains.

The close collaboration between department director and CPE supervisor is emphatically not a cosupervisory relationship. It is, rather, two staff members exercising their related but different job responsibilities in relationship to students in the CPE residency program as well as in relationship to the institution. A parallel situation would be the management of a parish where the pastor (department director) is accountable to the bishop (CEO) and the parishioners (patients) and has administrative responsibility for parish life. The pastor facilitates but does not direct or implement the educational mission of the parish. That is the role of the parish director of religious education (CPE supervisor).

At MSKCC, the administration holds each department director responsible for the conduct of every member of that department’s service. In the case of the Chaplaincy Service, this responsibility extends to all who have badges identifying them as part of this service— including adjunct community clergy and students. Any problems or complaints about student conduct are referred to the director even though the CPE supervisor is well known and respected. In this structure, it is necessary for the director to have some oversight of the residents in order to be fully accountable to hospital administration.

The basic operational premise of this model is that supervisor and director each have primary responsibility for certain aspects of the residency. However, each at least informs the other at every decision point and usually consults with the other. The supervisor is responsible for soliciting and screening applicants. Interviewing is generally done jointly. Decisions are by consensus with the supervisor’s major concern being how the prospective student will use the educational process and fit into the emerging group, and the director’s major concern being how the prospective student will function within the hospital and departmental culture. Probably no student would be accepted over either person’s strenuous objection although this situation has never occurred. Generally, the supervisor’s judgment takes precedence in borderline cases on the theory that she will have the larger problem to live with if an inappropriate student is accepted. The supervisor handles all communication with the prospective and accepted students.

The supervisor designs the curriculum and prepares the students’ schedules. The director
may be consulted on possible didactic topics, potential faculty for didactics, and ideas about other hospital grand rounds or events that should be included.

The director also supplies a list of departmental events such as monthly staff meetings that the residents will be expected to attend as well as multidisciplinary rounds on the nursing units to which the residents will be assigned. The supervisor shares a copy of the students’ schedules with the director for his information.

Following the basic operational premise as stated above, the supervisor is in charge of orienting students to the education program while the director has a larger role of providing orientation to hospital policies and procedures. The hospital’s Training and Development Department runs a half-day orientation for the new residents covering all of the areas mandated by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO). Since student clinical assignments need to take into account both the student’s educational needs and the hospital’s clinical and political realities, director and supervisor together meet with students after reaching consensus between themselves on which clinical assignments will be offered to which student.

In many ways, students function as staff chaplains. They participate fully in departmental staff meetings and program planning discussions. They share daily and on-call responsibilities with the permanent staff. They are encouraged to work directly with the director with respect to questions of how to relate to the hospital and to other chaplains in terms of clinical issues. For example, they deal directly with the Roman Catholic priest who covers their nursing units on clinical questions. Hopefully, it becomes natural for them to be accountable to the director just as permanent staff members would be.

At the same time, there is no question that their process with the supervisor and with each other is confidential and can in no way be shared with the director or other chaplains. It is made clear to them and repeatedly reinforced that issues that have to do with their educational process, their relationship with their supervisor, and their relationship with each other cannot be discussed outside the group. As students share one office with members of the permanent staff, they must keep issues between them literally in the group room or else they will be overheard.

The education process is run completely by the supervisor. The director might sit in on a didactic or verbatim at the student’s invitation. The director would never sit in on supervision sessions, interpersonal relating seminars (IPRs), or evaluations. This separation helps to teach the students about boundaries.

For the most part, director and supervisor cover for each other when one is away, so the students become comfortable dealing with two different people in positions of authority. However, even when the supervisor is away, it is not assumed that the director will do indi-

Advantages to this structure

Students have the advantage of being able to relate to two different authority figures in two different roles. With the supervisor, they relate primarily as student to teacher. With the director, they relate primarily as employee to manager. The students are able to practice being professional chaplains while they are still students. Sometimes it is easier for students to own some of their authority issues when it can be pointed out to them that they have the same issues with more than one authority figure.

Students tend to feel more fully integrated into the depart-
ment when they are allowed to relate directly to the director and staff chaplains. Again, they gain valuable experience in the role of professional chaplain while maintaining a supervisor and peer group to help them process issues that arise in this role. They learn to relate differently to people in authority depending on each person's given role.

Supervisor and director have the advantage of being able to administer the residency program as a team. While the supervisor does have a peer supervision group, having two pairs of eyes and two pairs of ears on site provides a great deal more feedback for students. Presenting a united front to students helps them to take responsibility for their own issues rather than deflecting them onto the supervisor.

**Disadvantages**

The sole major disadvantage is the potential for triangulation. Despite all attempts to avoid this problem, some students will seize on any perceived difference in presentation between director and supervisor and use it to claim that they are being treated differently by one than they are by the other.

Differences in personal style between the two can leave the same impression. In some cases, director and supervisor have different opinions of a student's performance, which are quite difficult to hide.

The only way of avoiding this problem is daily communication between director and supervisor. In this case, the director and supervisor both tend to arrive at work before the students and often take that opportunity to check in with each other.

Director and supervisor must have developed a strong enough relationship so that they can be open with each other about how each perceives the other's relationship with the students. It also must be strong enough that it would never be possible for one to have a stronger relationship with a student than they have with each other and strong enough to tolerate a student who likes one better than the other. Each must be able to tell the other when one believes the other's needs are taking precedence over the needs of the student or the needs of the clinical setting.

Maintaining the relationship and communication between director and supervisor takes time and must be a priority for both. It sometimes appears that it would be easier and more efficient to work alone than as a team; however, our experience with this program indicates that this is not uniformly true. Together, director and supervisor have been able to accomplish much more than either would have been able to accomplish alone—and more creatively as well.

From the standpoint of the department, the hospital was able to benefit from the chaplaincy and administrative skills of the CPE supervisor. From the vantage of the education of future health care chaplains, residents saw a variety of models of pastoral care, administration, and professional collaboration. Further, they had to practice working productively, even harmoniously, with all of them.

**Conclusions**

CPE supervisor/department director partnerships are a viable and effective model for CPE. The model is especially useful for advanced students who are seriously considering professional chaplaincy as a career. Like most CPE residency programs, this one offers the student an opportunity to practice working as a professional while maintaining the support and supervision that is part of being a student. Specific to this model is the challenge of learning to work with and report to multiple supervisors with differing responsibilities, who themselves have learned to work well together and productively within the larger institution. This program has demonstrated that it is fully possible to implement this model while abiding by the Association for Clinical Pastoral Education, Inc. (ACPE) standards and maintaining the integrity of the supervisor-student relationship.