Dealing with the Growing Complexity of Resident Chaplain Orientation

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The increasingly complex role of chaplain has necessitated more extensive orientations for clinical pastoral education (CPE) residents and students. This article describes an overlap period between graduating and incoming residents and highlights strengths and weaknesses of this model of orientation.

THE ROLE OF CHAPLAIN HAS BECOME MUCH MORE COMPLEX in the past three decades. This has required more extensive orientations for clinical pastoral education (CPE) residents and students. Various solutions have been proposed for coping with these increasing role complexities.¹

The chaplain resident program at the Hershey Medical Center traditionally ran from September 1 to August 31. When the Human Resources Department changed to a biweekly orientation for new employees, the Department of Pastoral Services took the opportunity to begin the program in mid-August. This change provided an overlap between graduating and incoming residents.

The new pattern began with two days of orientation to the institution followed by an introduction to the department. Exposure to clinical areas was interspersed with orientation to department policies, procedures and protocols plus Association for Clinical Pastoral Education (ACPE) requirements. It also included sessions with other departments with which chaplains closely work.

Orientation structure

The typical structure of orientation to clinical areas occurred in three phases.

General conversation among all the residents and chaplain staff

Current residents spoke about each of their clinical areas, including the types of patients, spiritual issues likely to arise with different patient populations, current status of relationships with staff and typical interactions with families and their concerns.

Shadowing

New residents shadowed their experienced colleagues either individually or as a group. Following staff introductions and a few pastoral visits, the new residents selected their clinical areas. The database, which lists patients in the clinical area for each new resident was recalibrated to accommodate changes in clinical assignments. Graduating and incoming residents spent a few days together doing more in-depth orientations, including attending interdisciplinary medical staff rounds and/or other meetings pertinent to the chaplain’s work.

New residents also partnered with their counterparts in carrying the on-call pager. This enabled them to experience the chaplain’s role in traumas, codes, deaths, brain attacks, heart alerts and end-of-life ministries.

Ceremony of installation for the incoming residents and thanks/send off for the graduates

During the service, a CPE supervisor gave each new resident a pin with the department insignia, and graduating residents handed over their pagers as a symbol of their ministry. Afterward, incoming residents moved into the office space of the graduates.
Evaluating the changes
Feedback from residents indicated both groups benefited from the new process. Allowing the graduating resident chaplains to assist in the orientation of their successors encouraged them to pass on much institutional and specific knowledge about their clinical areas. In addition, they appreciated knowing “their areas” were in good hands. They also found themselves reflecting on the year through the eyes of the new residents.

Some, who did not like saying goodbye, complained that the time was too long. Others found that allowing them to share what they knew and to appreciate what they had learned by sharing it was helpful to their grieving process. The hand-off also gave a structure and expectations to the graduating residents’ final month and helped to prevent “premature emotional leaving.”

The incoming residents felt much more grounded by the time they assumed on-call and clinical responsibility. Supervisors sensed that they had a deeper appreciation for the medical center, its mission and the role they were being asked to play.

Specific issues
Overall, the feedback was very positive; however, some incoming residents commented that this process did not fit their learning style, namely by not providing enough obvious structure. In the same vein, some graduating residents wanted much clearer instructions as to what they should be telling the new residents.

Vacation time also posed some challenges. Previously, the CPE supervisor scheduled vacation during the week between final evaluations and the beginning of the new resident year. This problem was solved by moving the final evaluations for the graduating residents last unit back a week to the end of July. Typically graduating residents often saved vacation time to use in August, which complicated the scheduling and structuring of the overlap time. In previous years, residents had been required to take one week’s vacation during the December and April practicum periods. They were now asked to also use the rest of their vacation time before August, unless they needed to save a day or two for job interviews.

A previous issue that the new process actually alleviated centered on the fact that students who had taken an introductory unit at Hershey Medical Center frequently returned for the residency program. This made orientation needs very diverse across an incoming group. Prior to initiating the overlap orientation, some of these returning students had felt pressure to orient their new peers. Having graduating residents on hand relieved incoming residents who had previously trained at Hershey of the responsibility to orient newcomers.

Conclusion
Ultimately, all participants—supervisors, staff chaplains and residents—found this orientation process to be helpful with most recommendations focused on tweaking rather than totally revamping it. The transition time helped graduating residents to focus on a task during their final weeks and gave incoming residents an extended period of guidance to help them acclimatize to their new setting. Supervisors found that it strengthened the orientation part of the residency program without adding the burden of additional time or effort.

1 A. Tartaglia, D. Dodd-McCue, B. Horrocks and K. Faulkner, “Enhancing students engagement and critical thinking during hospital orientation for level 1 CPE students,” Chaplaincy Today 25, no. 1 (Spring/Summer 2009), http://www.professionalchaplains.org/uploadedFiles/Publications/CT_free_access/25_1tartaglia.pdf