Standards of Practice for Professional Chaplains in Long-term Care: Second Draft of the Consensus Document November 1, 2011

The Standards of Practice in Long-term Care Work Group, which developed this draft, includes certified health care chaplains from the Association of Professional Chaplains, Association for Clinical Pastoral Education and National Association of Jewish Chaplains.

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In October 2008, the Commission on Quality in Pastoral Services of the Association of Professional Chaplains (APC) convened a work group to draft consensus standards of practice (SOPs) for chaplains in acute care. This was the first step in creating SOPs for chaplains in various settings in order to better communicate the work of chaplaincy and to serve as a basis for establishing best practices. The APC Board accepted the final consensus document for standards of practice for professional chaplains in acute care in January 2010. The APC Quality Commission then began a similar process to develop standards of practice for long-term care. A new work group of chaplains with experience in long-term care was established. The initial draft was published on the APC website in February 2011 and responses invited from the chaplaincy community. This second draft consensus document is followed by invited responses from various perspectives that the work group deemed important to the discussion. If you wish to add your voice, please e-mail the work group by Friday, December 2, 2011. (sop@professionalchaplains.org). The work group will consider those responses as well as the ones published in this issue of Chaplaincy Today to create a final consensus document that will be sent from the Commission on Quality in Pastoral Services to the APC Board of Directors for a decision on how to proceed. The hope is that all cognate partners will affirm or adopt the final consensus document for professional chaplains in long-term care and that it will serve as a model for chaplains in other settings. In this publication, the glossary appears as a separate document to enable the reader to open both and to move easily between them. Glossary words are highlighted on their first appearance.

Standards of Practice for Professional Chaplains in Long-term Care

Overview

Preamble

Chaplaincy care is grounded in initiating, developing and deepening, and bringing to an appropriate close, a mutual and empathic relationship with the resident, family and/or staff. The development of a genuine relationship is at the core of chaplaincy care and underpins, even enables, all the other dimensions of chaplaincy care to occur. It is assumed that all of the standards are addressed within the context of such relationships.¹

Section 1: Chaplaincy Care with Resident and Family

Standard 1 – Assessment: The chaplain gathers and evaluates relevant data pertinent to the resident’s situation and/or bio-psycho-social-spiritual/religious health.

Standard 2 – Delivery of Care: The chaplain develops and implements a plan of care to promote resident well-being and continuity of care.
Standard 3 – Documentation of Care: The chaplain enters information into the resident’s service record or medical record that is relevant to the resident’s medical, psycho-social and spiritual/religious goals of care.

Standard 4 – Teamwork and Collaboration: The chaplain actively and clearly collaborates with the organization’s interdisciplinary care team.

Standard 5 – Ethical Practice: The chaplain will adhere to the Common Code of Ethics, which guides decision-making and professional behavior.

Standard 6 – Confidentiality: The chaplain respects the confidentiality of information from all sources, including the resident, medical record, other team members and family members, and abides by all applicable laws and regulations.

Standard 7 – Respect for Diversity: The chaplain actively models and collaborates with the organization and its interdisciplinary team in respecting and providing culturally competent resident-centered care.

Section 2: Chaplaincy Care for Staff and Organization

Standard 8 – Care for Staff: The chaplain provides timely and sensitive chaplaincy care to the organization’s staff via individual and group interactions.

Standard 9 – Care for the Organization: The chaplain provides chaplaincy care to the organization in ways consonant with the organization’s values and mission statement.

Standard 10 – Chaplain as Leader: The chaplain provides leadership in the professional practice setting of long-term care and the profession.

Section 3: Maintaining Good Chaplaincy Care

Standard 11 – Continuous Quality Improvement: The chaplain seeks and creates opportunities to enhance the quality of chaplaincy care practice.

Standard 12 – Research: The chaplain practices evidence-based care including ongoing evaluation of new practices and, when appropriate, contributes to or conducts research.

Standard 13 – Knowledge and Continuing Education: The chaplain assumes responsibility for continued professional development, demonstrates a working and up-to-date knowledge of current theory and practices and integrates such information into his/her own practice.
practice within health care chaplaincy in acute care. The primary goal of the work group was to reach consensus about what standards of practice were most important at that time and to set those standards in front of the profession for further discussion. These standards were published in Chaplaincy Today 25, no. 2 (Autumn/Winter 2009) and accepted by the Association of Professional Chaplains in 2010. They should be referenced in conjunction with this long-term care document.

Project

With the acceptance of the Standards of Practice for Professional Chaplains in Acute Care document, a new goal emerged: development of standards for professional chaplains in long-term care. The acute care model served as a foundation document and provided the catalyst for identifying and briefly explicating standards of practice for chaplaincy care in long-term care.

In order to move professional chaplaincy toward standards of practice for long-term care, the APC Commission on Quality in Pastoral Services brought together several leaders in chaplaincy care in long-term care to work toward consensus about such standards. These standards apply to a particular subset of chaplains: chaplains in long-term care. The work group focused on the following:

- Minimal but essential standards of practice.
- Standards for board certified chaplains in long-term care.

Distinctions in terminology

In order to provide clarity, the following definitions of “standards of practice,” “competency standards,” “scope of practice” and “best practice” are offered.

- **Standards of practice** are authoritative statements that describe broad responsibilities for which practitioners are accountable, “reflect the values and priorities of the profession” and “provide direction for professional … practice and a framework for the evaluation of practice.”

- **Competency standards** define what skills and training are required for the provider of care, i.e., the chaplain. For example, competencies will state what the requirements are for the chaplain to have the credentials to do the spiritual/religious assessment.

- **Scope of practice** refers to the expression of the standard of practice in the chaplain’s individual context. For example, the scope of practice states where, when, and how a chaplain in a particular organization carries out his/her assessments.

- **Best practice** refers to a technique, method, or process that is more effective at delivering a particular outcome or a better outcome than another technique, method, or process. Best practices are demonstrated by becoming more efficient or more effective. They reflect a means of exceeding the minimal standard of practice. For example, a spiritual/religious assessment best practice will offer a more effective method for chaplains to do their assessments.

Although many terms are defined in the glossary at the end of this document, the following terms need clarification now:

- The term “resident” encompasses the resident and the situation, including family and staff.
- The term “staff,” as in “staff care,” means all staff, volunteers, doctors and students in a long-term care setting.
• Throughout the standards, “chaplain” refers to a professional board certified chaplain serving in a long-term care setting.

• The term “spiritual/religious” recognizes the differences inherent in the two individual concepts but links them in this document.

• The term “long-term care setting” refers to any of the following:
  o skilled nursing facility
  o adult day care center
  o assisted living facility
  o independent living community
  o subacute care
  o dementia care
  o continuing care retirement community (CCRC), which may include multiple levels of care, such as independent living, assisted living, skilled nursing care, dementia support care, rehabilitation and subacute care.

**Context**

A number of factors distinguish the long-term care setting from the acute care setting and have a direct influence on the way in which chaplaincy care functions in that setting. For example, long-term care is residential, which implies that these are the communities in which people live. Services offered are based upon the lifestyle preferences of the residents, and the kinds of programs and activities that have meaning to the residents. Depending on their situation, residents may be able to maintain involvement in their existing religious communities. This means the chaplain’s scope of practice may include such things as facilitating a resident’s contact with their existing religious community or providing worship opportunities for residents no longer able to attend their houses of worship.

Another factor that distinguishes long-term care from acute care is that not all settings for long-term care are based upon a medical model of care. Some facilities will operate under different licensing requirements and regulations, for example independent living and assisted living. In these settings, care planning and the provision of services may be organized by other models that do not include a medical record but use a “resident service file” instead. Skilled nursing facilities and subacute care facilities are based on the medical model and are regulated by state license and the federal requirements for Medicare/Medicaid reimbursement. The point to emphasize is that depending on the model in use, chaplains will have slightly different roles and responsibilities.

One of the greatest distinguishing factors of the long-term care setting is that the chaplain often provides chaplaincy care to a resident over the course of months or even years. Their relationship may be marked by greater depth and understanding because the resident has been able to share his/her story with the chaplain over time. In addition to the chaplain, other staff and the residents themselves will form long-term relationships in a common community. Hence, an important aspect of the chaplain’s work will be to provide opportunities for the community to mark the transitions of members entering and leaving the community and provide bereavement support as needed. In long-term care, the chaplain’s role as spiritual leader for the whole community of the organization takes on greater importance.

**The credentials of the board certified chaplain**

According to the *Common Standards for Professional Chaplaincy*, any board certified chaplain will have the following basic qualifications and accountabilities:

• Obtained a bachelor’s degree from a college or university that is appropriately accredited.

• Obtained an appropriately accredited master’s degree in theological studies or its equivalent.
• Be ordained, commissioned or similarly recognized by an appropriate religious authority according to the standard practice and policy of that authority.

• Completed four units (1,600 hours) of clinical pastoral education (CPE) as accredited by the Association for Clinical Pastoral Education (ACPE), National Association of Catholic Chaplains (NACC) or the Canadian Association for Spiritual Care (CASC/ACSS); one of these units may be an equivalency.

• A minimum of one year full-time chaplaincy experience upon completion of four CPE units.

• Current endorsement by a recognized religious faith group for ministry as a chaplain.

• Demonstrated competency in areas of chaplaincy care, as outlined by the Common Standards for Professional Chaplaincy.3

• Remain accountable to the endorsing faith group, employer and certifying body.

• Affirm and practice chaplaincy according to the Common Code of Ethics.

• Maintain membership in a certifying body by participating in a peer review every five years, documenting at least fifty hours of continuing education each year and providing documentation of endorsement with her/his faith tradition every five years.

Scope of services
Chaplains provide a broad and diverse range of services, including the following:

• Assessing and determining plans of care that contribute to the overall care of the residents and that are measurable and documented.

• Participating in interdisciplinary teamwork and collaboration.

• Providing spiritual/religious resources, e.g., sacred texts, Shabbat candles, music, prayer rugs, rosaries.

• Offering rituals, prayer and sacraments.

• Contributing in ethics, e.g., through a primary chaplaincy relationship, participation on an ethics committee or consultation team, and/or participation on an institutional review board.

• Helping interpret and broker cultures and faith traditions that impact long-term care practice and decisions.

• Educating and consulting with the long-term care staff and the broader community.

• Building relationships with local faith communities and their leaders on behalf of the organization.

• Providing leadership within the organization and within the broader field of chaplaincy.

• Offering care and counsel to residents and staff regarding dynamic issues, e.g., loss/grief, spiritual/religious struggle, as well as strengths, opportunities for change and transformation, ethical decision making, difficult communication or interpersonal dynamic situations.

Accountability
This Standards of Practice for Professional Chaplains in Long-term Care is a fluid document that will change as health care chaplaincy continues to mature and as situations change. It is a project of the APC Commission on Quality in Pastoral Services, which is responsible for the work and to which
this work group is accountable. This work group is largely composed of board certified chaplains from APC but also includes those with (nonrepresentative) ties to the Association for Clinical Pastoral Education (ACPE), and the National Association of Jewish Chaplains (NAJC). Thus, although brought together by an APC commission, this work group seeks to contribute to the wider profession of chaplaincy and is not writing for any particular organization. Participants in the work group included Leonard Blank, Heather Bumstead, Dale Carr, Scott Cartwright, Peter Yuichi Clark, John Fureman, Robbye Jarrell, Donald Koepke, Mark LaRocca-Pitts, Michele Micklewright, Margaret Muncie, Jon Overvold, Jackie Ward, David Wentroble and Josh Zlochower.

Preamble
Chaplaincy care is grounded in initiating, developing and deepening, and bringing to an appropriate close, a mutual and empathic relationship with the resident, family and/or staff. The development of a genuine relationship is at the core of chaplaincy care and underpins, even enables, all the other dimensions of chaplaincy care to occur. It is assumed that all of the standards are addressed within the context of such relationships.4

Section 1: Chaplaincy Care with Resident and Family

Standard 1: Assessment
Assessment: The chaplain gathers and evaluates relevant data pertinent to the resident’s situation and/or bio-psycho-social-spiritual/religious health.

Interpretation
Assessment is a fundamental process of chaplaincy practice. Provision of effective care requires that chaplains assess and reassess resident needs and modify plans of care accordingly. A chaplaincy assessment in health care settings involves relevant biomedical, psycho-social and spiritual/religious factors, including the needs, hopes and resources of the individual resident and/or family.

A comprehensive chaplaincy assessment process includes the following:
- Gathering and evaluating information about the spiritual/religious, emotional and social needs, hopes and resources of the resident or the situation.
- Prioritizing care for those whose needs appear to outweigh their resources.

Measurement criteria
- Gathers data in an intentional, systematic and ongoing process with the assent of the resident.
- Involves the resident, family, other health care providers and the resident’s local spiritual/religious community, as appropriate, in the assessment.
- Prioritizes data collection activities based on the resident’s condition or anticipated needs of the resident or situation.
- Uses appropriate assessment techniques and instruments in collecting pertinent data.
- Synthesizes and evaluates available data, information and knowledge relevant to the situation to identify patterns and variances.
- Documents relevant data and plans of care in a retrievable format accessible to the health care delivery team.
Examples

- Basic: Demonstrates familiarity with one accepted model for spiritual/religious assessment and makes use of that model in his/her chaplaincy practice as appropriate.

- Intermediate: Demonstrates familiarity with several published models for spiritual/religious assessment and is competent to select an appropriate model for specific cases within his/her chaplaincy practice.

- Advanced: Demonstrates familiarity with several published models for spiritual/religious assessment and is competent to instruct others in their use.

Standard 2: Delivery of Care

The chaplain develops and implements a plan of care to promote resident well-being and continuity of care.

Interpretation

The chaplain develops and implements a plan of care, in collaboration with the resident, the resident’s family and other members of the health care team. It includes interventions provided to achieve desired outcomes identified during assessment. Chaplains are competent to adapt practice techniques to best meet the resident’s needs within the health care setting. Care is based on a comprehensive assessment.

Measurement criteria

- Involves the resident, family and other health care providers in formulating desired outcomes, interventions and personalized care plans when possible and appropriate.

- Defines desired outcomes, interventions and plans in terms of the resident and the resident’s values, spiritual/religious practices and beliefs, ethical considerations, environment and/or situation.

- Identifies desired outcomes, interventions and plans to provide direction for continuity of care.

- Conducts a systematic and ongoing evaluation of the outcomes in relation to the interventions prescribed by the plan.

- Modifies desired outcomes, interventions and plans based on changes in the status of the resident or evaluation of the situation.

- Documents desired outcomes, interventions, plans and evaluations in a retrievable format accessible to the health care delivery team.

Examples

Independent care and assisted living

- Delivery of care may entail ongoing contact between a resident and his/her existing religious/spiritual community.

- One-to-one contact between the chaplain and the resident for spiritual/religious assessment may assist in accessing religious/spiritual resources inside and outside the residential setting as needed.

- Documentation may or may not be available in these settings; however, the chaplain should use the records that are available.
Skilled nursing facilities
- The chaplain provides one-to-one care that includes spiritual/religious assessment, development of a plan of care and intervention based upon that plan of care.
- The plan of care may include one-to-one visits with the chaplain, communal worship and/or programs with other residents.
- The chaplain also may be a liaison for community clergy to assist in the clergy/resident relationship.
- As a member of the interdisciplinary team, the chaplain ensures that the resident’s spiritual/religious needs are addressed and integrated into the plan of care.
- The chaplain also provides documentation in the resident’s chart.
- The chaplain may be utilized for end-of-life planning, advanced directives and end-of-life care. The chaplain provides support to the resident, family and staff during times of loss. Some facilities may provide some form of aftercare, such as memorial services and support groups.
- The number of tasks the chaplain may be involved in may vary from facility to facility.

Subacute care units
- The chaplain provides one-to-one care either by self-initiative or by referral. This may include a spiritual assessment and development of a plan of care.
- The chaplain’s role also may include facilitating worship services, prayer groups, religious and/or spiritual practices as well as helping the resident remain connected to a faith community.

The chaplain may use an outcome-oriented plan of care.5

Standard 3: Documentation of Care
The chaplain enters information into the resident’s service record or medical record that is relevant to the resident’s medical, psycho-social and spiritual/religious goals of care.

Interpretation
Documentation related to the chaplain’s interaction with the resident, family and/or staff is pertinent to the overall plan of care and therefore accessible to other members of the care team. The format, language and content of a chaplain’s documentation respect the organizational and regulatory guidelines regarding confidentiality while ensuring that the care team is aware of relevant spiritual/religious needs and concerns.

In facilities not using a medical model, documentation should include, but is not limited to, the following:
- Spiritual/religious preference.
- Relevant information obtained from spiritual screen.
- Resident’s involvement in spiritual care activities.
- Referrals to chaplain for spiritual assessment and intervention.

In facilities using a medical model, documentation should include but is not limited to the following:
- Spiritual/religious preference and desire for or refusal of ongoing chaplaincy care.
• Reason for visit.
• Critical elements of spiritual/religious assessment.
• Resident’s desired care plan outcome.
• Chaplain’s plan of care, relevant to the resident/family goals.
• Indication of referrals made by chaplain on behalf of the resident/family.
• Relevant outcomes resulting from chaplain’s intervention.

**Measurement criteria**

• Documentation is readily accessible to all disciplines.

• Information included reflects assessment and delivery of care as well as appropriate privacy/confidentiality.

**Examples**

**Independent and assisted living facilities**

Information gathered by a spiritual screen may be summarized by the chaplain or his/her designee in the resident service record. This documentation would include the resident’s preferences for particular religious, cultural or spiritual activities. Because resident service records do not have the same confidentiality protection standards as medical records, the chaplain must ensure that the resident’s confidentiality is maintained with respect to personal information.

**Facilities that use a medical record**

• Documentation in the medical record of spiritual/religious screening and assessment.

• Documentation in the medical record indicating resident’s ongoing spiritual/religious and ritual needs and the plan for meeting such needs, e.g., anointing, communion, Shabbat candles, clergy visits.

• Documentation in medical record indicating spiritual/religious struggle issues that affect the plan of care.

• Documentation in medical record indicating the resident’s wish to receive or terminate ongoing chaplaincy care.

• Documentation in medical record indicating chaplain’s participation on interdisciplinary teams affecting resident’s plan of care.

**Standard 4: Teamwork and Collaboration**

The chaplain actively and clearly collaborates with the organization’s interdisciplinary care team.

**Interpretation**

Resident and family chaplaincy care is a complex endeavor that necessitates the chaplain’s effective integration within the wider care team. Such integration requires the chaplain’s commitment to clear, regular communication patterns as well as dedication to collegial, collaborative interaction.

**Measurement criteria**

• Possesses a thorough knowledge of the services represented on the interdisciplinary care team.

• Remains alert to resident referral opportunities that arise while providing chaplaincy care.
• Maintains candid, professional interpersonal relationships with the interdisciplinary care team members.
• Participates as fully as possible in the organization’s interdisciplinary care team meetings.
• Works collaboratively to implement the interdisciplinary care team’s plan, ensuring that the resident’s wishes and wholeness remain priorities.
• Promptly responds to interdisciplinary care team member referrals.
• Clearly communicates chaplaincy care interventions using the organization’s approved interdisciplinary communication channels.
• Regularly educates staff regarding the role of chaplaincy care.

Examples
• Maintains solid interpersonal relationships within the interdisciplinary team.
• Contributes consistently and meaningfully to interdisciplinary meetings, including sharing information derived from skillful assessment.
• Documents chaplaincy interactions using professional language through means readily accessible to other care team members.

Standard 5: Ethical Practice
The chaplain will adhere to the Common Code of Ethics, which guides decision making and professional behavior.

Interpretation
The chaplain understands the multiple levels of relationships that are established in the process of providing care to the resident, family and staff. This care is frequently provided in a context of cultural, spiritual and theological differences when individuals are often at a vulnerable point in their lives. An understanding of professional boundaries and ethical relationships is of utmost importance.

Measurement criteria
• Protects the confidential relationships with those under her/his care.
• Maintains clear boundaries for sexual, spiritual/religious, financial and/or cultural values.

Examples
• Respects various theological/religious values and cultural differences.
• Participates in continuing education events with a focus in ethical decision making.
• Understands personal/professional limitations and seeks consultation when needed.

Standard 6: Confidentiality
The chaplain respects the confidentiality of information from all sources, including the resident/family, the medical record and other team members and abides by all applicable laws and regulations.

Interpretation
An understanding of the resident’s expectations of the chaplain as a religious/spiritual professional and how information shared by the resident/family will be used is important. Knowing and deciding
what information to keep to oneself; what to share with other staff members, state or regulatory agencies; and/or what to publish as clinical vignettes mark the various degrees of confidentiality.

**Measurement criteria**
- Documents only what is appropriate for the care being received.
- Protects privacy when using clinical material for educational activities or published work.
- Understands the ramifications of the laws regarding confidentiality within the state where s/he practices.
- Maintains the confidentiality of anyone who is a subject in a research project and uses appropriate informed consent with such a research project.

**Examples**
- Understands the issues of the “pastoral confession” versus confidentiality by appropriate state law.
- Clearly communicates what is and is not reportable to authorities when a confidential conversation is desired.
- Understands the ramifications of a decision to keep confidential information that could be at odds with the legal authorities, e.g., sanctuary/deportation issues.

**Standard 7: Respect for Diversity**
The chaplain actively models and collaborates with the organization and its interdisciplinary team in respecting and providing culturally competent resident-centered care.

**Interpretation**
The chaplain’s assessment includes identification of cultural and spiritual/religious issues, beliefs and values of the resident and/or family that may impact the plan of care. Through practice and education, the chaplain assists the interdisciplinary team in incorporating issues of diversity into the resident’s plan of care.

**Measurement criteria**
- Demonstrates a working knowledge and understanding of cultural and spiritual/religious diversity.
- Defines and incorporates desired outcomes and interventions into the assessment and plan of care, in terms of the culture, spiritual/religious practices and beliefs, ethical considerations, environment and/or situation of the resident/family.
- Identifies and respects spiritual/religious and/or cultural values; assists in identifying and responding to identified needs and boundaries.

**Examples**
- Provides a variety of spiritual/religious resources that reflect the diversity of the population served, e.g., prayer rugs, beads, sacred texts in translation and/or original languages as appropriate; provides sacred space that allows for varied configurations, e.g., seated, standing, kneeling, and use of symbols.
- Interprets and mediates when a resident’s cultural and/or spiritual practices have an impact on long-term care practice and decisions.
- Functions as a cultural broker for the organization.
- Provides education to interdisciplinary staff in cultural and spiritual/religious diversity.
• Provides education in cultural and spiritual/religious diversity to all members of the residential community as it affects community life.

Section 2: Chaplaincy Care for Staff and Organization

Standard 8: Care for Staff

The chaplain provides timely and sensitive chaplaincy care to the organization’s staff via individual and group interactions.

Interpretation

Though resident/family chaplaincy care is the primary focus of chaplains, the chaplaincy care provided to organizational staff is of critical importance.

Staff care involves a wide range of chaplaincy services for all health care team members within the organization. These services vary in their complexity. At a basic level, this includes one-on-one supportive conversations with staff as well as provision of public worship opportunities. At a more complex level, staff care includes Critical Incident Stress Management (CISM) or Psychological First Aid (PFA) interventions and formal counseling, which require specialized training.

Measurement criteria

• Provides supportive conversations with staff.
• Provides chaplaincy care to the organization’s staff through spiritually/religiously inclusive, noncoercive interactions.
• Proactively offers group rituals, particularly after emotionally significant events.
• Refers to and receives referrals from the organization’s employee assistance program, where appropriate.
• Provides timely collaborative peer support activities during and after critical incidents.

Examples

• Engages in informal one-on-one support with staff members.
• Celebrates staff accomplishments, e.g., employment anniversaries, job promotions, academic graduations.
• Attends to staff needs through regularly scheduled public opportunities.
• Provides memorial rituals for staff, especially after unexpected deaths.
• Conducts formal one-on-one counseling sessions, group work and critical incident responses; gives attention to grief issues and family/work-related stresses.
• Provides continuing education, training or support related to grief/bereavement, stress, burnout or compassion fatigue.
• Administers rites and sacraments within ecclesiastical authorization as requested by staff.
• Develops programs for spiritual growth of staff, e.g., daily devotions, study of sacred texts, book study, brief retreat models, spiritual direction.
• Provides opportunities for staff to participate in volunteer charitable programs, e.g., Abider Ministry for the Dying, Alzheimer’s Memory Walk, local United Way projects, food pantry support.

**Standard 9: Care for the Organization**

The chaplain provides chaplaincy care to the organization in ways consonant with the organization’s values and mission statement.

**Interpretation**

The chaplain is alert to potential means of expressing the organization’s spiritual aspirations. At the same time, s/he is sensitive to the organization’s cultural and spiritual/religious diversity. While respecting this diversity, the chaplain is creative and proactive in implementing initiatives that honor and champion the spiritual/religious aspects of the organization’s mission.

**Measurement criteria**

• Maintains professional and ongoing interpersonal relationships with organization leaders.

• Plans and implements corporate, spiritually based rituals consistent with the organization’s mission statement and community needs.

• Creates and maintains adequate public sacred spaces in collaboration with organization leaders.

• Supports the design and placement of public religious symbols in ways that are consonant with the organization’s spiritual/religious heritage.

• Assists in leading the organization’s inspirational community observances.

• Offers public relations guidance to highlight sacred components of healing.

• When possible, provides a prophetic voice to create and implement policies that respect the organization’s staff and residents.

**Examples**

• Cultivates personal relationships with organization leaders through regular and intentional face-to-face interactions.

• Designs and utilizes appropriate public relations materials that highlight spiritual components of the organization’s mission.

• Designs and maintains mission-appropriate sacred spaces or quiet places that meet the spiritual/religious needs of the resident, family and staff.

• Creates and leads corporate spiritual/religious rituals that undergird transcendent aspects of the organization’s mission or community observances.

**Standard 10: Chaplain as Leader**

The chaplain provides leadership in the professional practice setting of long-term care and the profession.

**Interpretation**

The chaplain takes leadership on issues related to spiritual/religious/cultural care and observance. The chaplain also has an obligation to advance the profession of chaplaincy by providing education, supporting colleagues and participating in his/her certifying organization.
Measurement criteria

- Serves in key roles in the work setting by participating in or leading committees, councils and/or administrative teams.
- Contributes to key organizational initiatives that draw on the knowledge and skills of the professional chaplain, such as cultural competence training, customer and staff retention, and communications training.
- Liaises with community religious leaders.
- Mentors colleagues and writes for publication.
- Promotes advancement of the profession through active participation in his/her certifying organization.
- Advocates for a chaplaincy staff size that is aligned with the scope and complexity of the organization as well as the nature of chaplaincy care needs as they relate to the complexity of the medical care needs of the organization.

Examples

- Serves on organizational committees, e.g., ethics, customer satisfaction, institutional review board, service-based projects.
- Regularly trains organizational staff on religious/spiritual/cultural issues and communications.
- Presents regularly at the certifying organization’s annual conference and other educational events; writes for professional publications.

Section 3: Maintaining Good Chaplaincy Care

Standard 11: Continuous Quality Improvement

The chaplain seeks and creates opportunities to enhance the quality of chaplaincy care practice.

Interpretation

The chaplain participates in organizational programs for continuous quality improvement that are relevant to chaplaincy care. S/he contributes to the organization’s quality initiatives with other members of the interdisciplinary team. Using current, established quality improvement methodologies and with the support of the organization’s quality department, the chaplain identifies processes in the delivery of chaplaincy care for ongoing review and improvement.

Measurement criteria

- Collects relevant data to monitor the quality and effectiveness of chaplaincy care services.
- Develops and implements an annual plan for chaplaincy care quality improvement.
- Participates in the quality improvement program of the organization.
- Participates on interdisciplinary teams to monitor opportunities for quality improvement in the clinical setting.
- Uses the results of quality improvement activities to initiate change in methods of delivering chaplaincy care.
• Regularly reports quality improvement initiatives and outcomes to the organization’s quality improvement program.

Examples
• Participates in a quality improvement project that is multidisciplinary. The chaplain is not responsible for the whole project but contributes alongside other team members.
• Develops an annual chaplaincy department plan for continuous quality improvement. Results are reported to the organization’s quality improvement leadership.
• In large organizations, develops and implements projects across the organization to improve chaplaincy care.

Standard 12: Research
The chaplain practices evidence-based care, including ongoing evaluation of new practices and, when appropriate, contributes to or conducts research.

Interpretation
Chaplaincy care has long centered on the concept of “presence” and nondirective active listening and on the chaplain’s sense that his/her offerings are effective, which sometimes is based on direct feedback from resident, family or staff. In contrast, other health care disciplines have reviewed their practices and have begun to base these on research evidence. Increasingly, the chaplain is being asked to demonstrate that s/he also practices out of a research base and explicitly makes a contribution to health care. Chaplaincy care is amenable to research in many ways; the chaplain should be sufficiently familiar with existing evidence to present it to health care colleagues from other disciplines. The chaplain needs to read and reflect on new research’s potential to change the practice and to be willing and capable of integrating that which is beneficial to the resident, family and/or staff. If the chaplain has sufficient skills and support, this also means participating in or creating research efforts to improve chaplaincy care.

Measurement criteria
• Demonstrates familiarity with published research findings that inform clinical practice by reading professional journals and other materials.
• Critically evaluates new research for its potential to improve clinical practice and integrates new knowledge into clinical practice.
• Contributes through collaboration with other researchers of various disciplines or, if appropriate, initiates research projects intended to improve clinical practice and publishes the findings.

Examples
• Uses published research to educate administrators or other health care professionals on the role, value and/or impact of chaplaincy.
• Creates and executes quality improvement programs and disseminates the findings to the wider community, e.g., outside the chaplain’s own department, whether through the organization’s quality improvement committee or through publication in a chaplaincy or other specialized journal.
• Serves on organization’s Institutional Review Board (IRB).

• Collaborates with researchers in other disciplines or with other chaplains in research projects designed for publication in peer-reviewed journals.

• Functions as either principal or co-investigator in one or more peer-reviewed research studies that are published in peer-reviewed journals and/or presented as an abstract/paper at conferences.

• Serves on an editorial board as peer reviewer for a professional journal.

**Standard 13: Knowledge and Continuing Education**

The chaplain assumes responsibility for continued professional development, demonstrates a working and up-to-date knowledge of current theory and practices, and integrates such information into his/her own practice.

**Interpretation**

The chaplain continues to grow and develop professionally and spiritually/religiously to meet the changing needs of the profession, the needs of those to whom s/he ministers and the organization’s needs.

**Measurement criteria**

Relevant continuing education is accountable as follows:

• Within the *Common Standards for Professional Chaplaincy* and any applicable organizational, state and/or federal requirements that guide the profession.

• To the function, specialty and/or the strategic initiatives of the organization in which the chaplain is employed.

• To current theory/practice which may be found by reading and reviewing current peer-reviewed literature, e.g., *Journal of Pastoral Care and Counseling*, advanced medical journals, the *Hastings Center Report*, *Journal of Health Care Chaplaincy*, *Future Age*, *The Journal of Religious Gerontology*, *Generations: Journal of the American Society on Aging*, *The Hospice Journal: Physical, Psychosocial and Pastoral Care of the Dying*, *Oates Journal*, as well as new research vehicles and books that advance the practice of chaplaincy care.

**Examples**

The chaplain may be guided by the following:

• His/her needs, interests and/or performance evaluation, including professional and personal goals/objectives for the year.

• Workshops and professional conferences on the local, regional and national level that meet standards for continuing education for organizations that adhere to the Common Standards for Professional Chaplaincy.

• Outcomes, reflections and feedback from the five-year maintenance of certification peer review that factor into the chaplain’s professional development plan.

• Areas of growing importance to the field, e.g., quality improvement, research, data collection.

• The need to continually learn and implement self-care practices to bring balance to his/her life through healthy habits, e.g., nutrition, rest, relationships, exercise, spirituality.
There are four areas of competency. **Theory of Pastoral Care** includes theology, psychological/sociological disciplines, group dynamics, ethics and emotional/spiritual dimensions of human development. **Identity and Conduct** includes respect for the other; appropriate boundaries; self-awareness in respect to one’s strengths and limitations; the impact of one’s attitudes, values and assumptions; self-care; communication skills; professionalism; advocacy; and ethical behavior. **Pastoral Practice** includes the ability to form deep relationships, provide effective care, manage crises, provide care in grief and loss, utilize spiritual assessments, provide appropriate spiritual/religious resources, provide appropriate public worship and facilitate theological reflection. **Professionalism** includes the ability to integrate chaplaincy care into the life of the organization, establish and maintain interdisciplinary relationships, understand organizational culture and systems, promote ethical decision making, document chaplaincy work appropriately and form appropriate collaborative relationships with local faith communities and their leaders.


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1 Adapted from Dan Murphy, an e-mail response to “Standards of practice for professional chaplains in health care settings,” PlainViews 6, no. 2 (February 18, 2009) www.plainviews.org accessed March 26, 2009.


3 There are four areas of competency. **Theory of Pastoral Care** includes theology, psychological/sociological disciplines, group dynamics, ethics and emotional/spiritual dimensions of human development. **Identity and Conduct** includes respect for the other; appropriate boundaries; self-awareness in respect to one’s strengths and limitations; the impact of one’s attitudes, values and assumptions; self-care; communication skills; professionalism; advocacy; and ethical behavior. **Pastoral Practice** includes the ability to form deep relationships, provide effective care, manage crises, provide care in grief and loss, utilize spiritual assessments, provide appropriate spiritual/religious resources, provide appropriate public worship and facilitate theological reflection. **Professionalism** includes the ability to integrate chaplaincy care into the life of the organization, establish and maintain interdisciplinary relationships, understand organizational culture and systems, promote ethical decision making, document chaplaincy work appropriately and form appropriate collaborative relationships with local faith communities and their leaders.


4 Murphy, “Standards of practice.”