

Ideal Intervention Project Newsletter

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John J. Gleason, Editor

Chaplaincy on the Rocky Road from Occupation to Profession

Chaplaincy's issues on the rocky road from occupation to profession are: no clear jurisdiction, disagreement within the occupational group, self-definition, challenging others' turf, taking over 'dirty work,' the 'theology problem,' no agreement on best practices, many credentials but no licensure, soft skills, salaried yet responsible to patients, and self-interest at the expense of public-interest. To move forward on that rocky road, chaplains must:

- "...translate the meaning and value of (their) work into terms hospital administrators and others in decision-making positions can understand.
- ...identify research questions that can yield reliable information about the chaplain's contribution to health care.
- ...look for examples of individual chaplains or chaplaincy departments that are proficient translators... to analyze what makes them good at explaining the value of what they do to others.
- ...encourage chaplains who aspire to lead chaplaincy departments to receive some training in health care organization and management."

(Raymond de Vries, Nancy Berlinger, and Wendy Cadge, *Lost in Translation: The Chaplain's Role in Health Care*, *The Hastings Center Report* 38:6, 2008, 23-27.)

The Ideal Intervention Project, now in its fourth year, directly addresses the first two recommendations. Your support as a spiritual care practitioner and/or as an educator (academic as well as clinical) is urgently required to assure chaplaincy's progress toward providing the best possible patient care, and in so doing, take its rightful place as an invaluable partner among the health care professions.

Practitioners, please use the attached *Ideal Intervention Form (Practitioners)* to capture on paper an actual care giving situation after which you have reflected on how you could have improved the quality of your care (done best among trusted peers). Then describe your sense of a more effective intervention. Finally, submit the completed one-page form to our growing source-anonymous knowledge base at hheffernan@gonzaga.org for review and likely editing into a *Potential Best Practice* that other practitioners can access to better prepare for a similar situation. Confidentiality is maintained throughout the process.

Educators, please use the attached suggested didactic outline and require your students to complete the attached *Ideal Intervention Paper* to consolidate their learning after verbatim presentations to peers.

Attachments:

Ideal Intervention Form-Practitioners (Pxrs)

Ideal Intervention Paper-IIP Protocol 10-31-08

Suggested Didactic Outline-IIP Didactic 11-08

For further information or to be removed from the mailing list, contact the editor, Rev. John J. Gleason at mariejohn50@att.net with your questions and comments. (Jack is an ACPE Supervisor Emeritus.)