



HEALTHCARE
CHAPLAINCY
FAITH AND
BELIEF GROUP

Starting out in Health Care Chaplaincy

A course designed to introduce
prospective Chaplains to the world of
Health Care and Chaplaincy

Guide for Faith Communities
October 2015 DJH

The purpose of this course is to -

- Enable potential chaplains to explore if Chaplaincy in a health care setting is for them.
- Develop an awareness of Health Care Chaplaincy in the 21st century.
- Explore ways of accessing Chaplaincy opportunities from volunteering to full-time substantive posts.

Prospective Chaplains / Chaplaincy Volunteers

Health Care Chaplaincy is a challenging and rewarding expression of faith / belief in action and contributes to the health and wellbeing not only of individuals but their community and the nation.

In order to meet the pastoral, spiritual and religious needs of a diverse community of patients and staff we need a diverse Chaplaincy community.

If an individual from your community would like to explore this vocation the following information may help in discerning if this course is for them:

1. If your community has adopted the Five Marks of Chaplaincy (**appendix 1**), does the prospective Chaplain/ Volunteer / Visitor agree with them?
2. If the individual does not hold the relevant DBS will the faith community support that application (fees and form filling).
3. The individual will need a placement – up to 20 hours over about 8 weeks (see **appendix 2** The Reflective Learning Log). Are you able to source that placement and offer a 'faith / belief community' tutor?
4. The taught elements of the course are spread over two days. Travel to the course and placement (if required) will need to be paid by the faith / belief community or the individual.
5. The course itself has no cost to the participants. There are no course fees.

Each community is responsible for selecting suitable candidates. The overall maximum number of participants on the course is 20, and the minimum is 8.

The closing date for confirmed applications is **January 29th 2016**.

Details of the course timetable can be found in **appendix 3**.

Appendix 1 Five Marks of Chaplaincy

5 Marks of Chaplaincy

Agreed by the Free Churches Group (2009) and the MFGHC (2011)

- To maintain personal spirituality and faith / belief through support from and contribution to their local congregation / faith or belief community.
- To maintain their positions as an ordained / authorised minister / pastor / membership of their denomination / faith / belief community and to provide a yearly statement acknowledging this.
- To work with those from all faith traditions and belief groups and none in a spirit of concord and support for the welfare of patients, relatives, staff and the institution.
- At no time to proselytize or in any other way attempt to coerce or convert patients, staff or relatives, but always to act with respect and courtesy.
- To continue Personal and Professional Development as a Chaplain, and submit an annual return detailing work undertaken that has directly enhanced the care of patients, relatives, staff and the institution.



Starting out in Health Care Chaplaincy

Reflective Learning Log

Name.....

Placement.....

Reflective Log
October 2015 DJH

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- Enable you to explore if Chaplaincy in a health care setting is for you.
- Develop an awareness of Health Care Chaplaincy in the 21st century.
- Explore ways of accessing chaplaincy opportunities from volunteering to full-time substantive posts.

This placement will enable you to develop in terms of your personal identity, your pastoral/professional identity (potential role and work as chaplains) and your spiritual / faith / belief identity.

Placement

This Placement you will enable you to experience the work of chaplaincy as part of a chaplaincy team and explore issues of faith and belief in relation to healthcare chaplaincy.

You are expected to complete a minimum of 4 to a maximum of 20 hours spread over a period of about 8 weeks.

During this period you will explore aspects of chaplaincy practice that relate to the following:

- Healthcare provision
- Faith / belief-based teachings on caring for the sick and dying
- Beginning and end-of-life care and related faith / belief-based ethical and moral considerations

This experience will be recorded in the Reflective Learning Log.

During this period you will meet for with your faith / belief community tutor to reflect on practice and explore issues raised by the experience, and you can make contact with your course tutor:

- Debbie Hodge (tel: 020 3651 8337)
- Nigel Goodfellow (tel: 0191 282 1510)
- Keith Munnings (tel: 07931 532006)

You will also share your learning with the Chaplaincy team and have support from a designated Chaplain in the team.

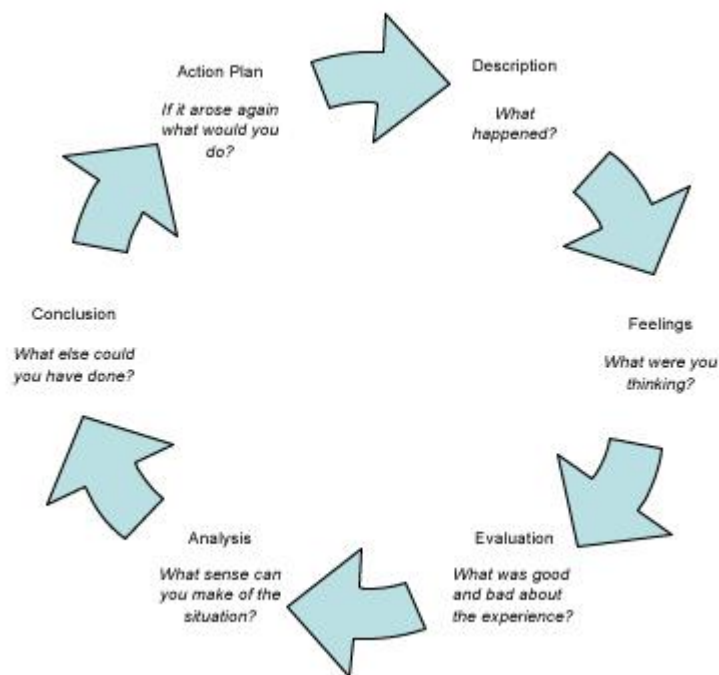
Reflective Practice

Reflective practice is the key to good professional practice!

Moon - "reflective practice as "a set of abilities and skills, to indicate the taking of a critical stance, an orientation to problem solving or state of mind" (1999: 63).

Biggs - "reflection in a mirror is an exact replica of what is in front of it. Reflection in professional practice, however, gives back not what it is, but what *might* be, an improvement on the original" (1999: 6).

The process of Reflection can be seen in the example below:-



Gibbs Reflective Cycle (1988)

Why is this important in Chaplaincy?

'Reflective practice is not only about reflecting on our chaplaincy work to inform how we engage with others in the future and to help us explore the theology, world view and values that underpin our approach. It also fundamentally helps us to develop our self-awareness and the understanding.' (Kelly 2012)

Sometimes we are Novices in new situations, we need to try out ideas, discuss how we work and learn not only from our mistakes but from our successes. If we reflect on our actions we can learn something of ourselves, if we reflect with others we can learn more! Learning from others is crucial, because chaplaincy is about team work, not just the chaplaincy team but the multi-disciplinary team that care for the patients.

By reflecting on practice we are acting in a professional way, and should be able to identify our learning and developmental needs in this process.

References

Iain Colthart & E Kelly (2012) *Reflective practice*. The Scottish Journal of Healthcare Chaplaincy, Vol. 15 (1) 2012 27

Moon J (1999) *Learning journals: a handbook for academics, students and professional development*. London: Kogan Page.

Biggs J (1999) *Teaching for quality learning at university*. Buckingham: Open University.

Schoen D (1983) *The reflective practitioner: how professionals think in action*. Boston: Arena Publishing.

Gibbs, G. (1988). *Learning by doing: A guide to teaching and learning methods*. Oxford: Further Education Unit, Oxford Polytechnic.

Other useful literature

Boud D, Cohen R and Walker D (1985) *Reflection: turning experience into learning*. London: Kogan Page.

Fitchett G & Nolan S (eds) (2015) *Spiritual Care in Practice: Case Studies in Healthcare Chaplaincy*. London: Jessica Kingsley.

Leach and Paterson (2010) *Pastoral Supervision*. SCM.

Lyll, David (2001) *Integrity of Pastoral Care*. London: SPCK.

Nash P, Parkes M & Hussain Z (2015) *Multifaith Care for Sick and Dying Children and their Families: A Multidisciplinary Guide*. London: Jessica Kingsley.

Orchard, Helen (2000) *Hospital Chaplaincy: Modern, Dependable?* Lincoln: Lincoln Theological Institute.

Pye J, Sedgwick P & Todd A (eds) (2015) *Critical Care: Delivering Spiritual Care in Healthcare Contexts*. London: Jessica Kingsley.

Swift C (2009) *Hospital Chaplaincy in 21st Century*. Surrey: Ashgate.

Swinton, John (2001) *Spirituality and Mental Health Care*. London: Jessica Kingsley.

Ward, Frances (2005) *Lifelong Learning*, London: SCM.

Reflective Log

Please complete the two pages of details and send one to your Course Tutor

Your Name and contact details

Name of Chaplaincy link person and contact details

Faith / Belief Tutor and contact details

Course Tutor and contact details

Place of placement

Address

Brief description (Acute / Mental Health/ Hospice/ teaching hospital)

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Reflective Practice

From your experience / observations and utilising the Reflective cycle:-

1. Note how the Chaplaincy team contributes to the provision of Health Care within the care setting.
2. Explore how your faith / belief, tradition and teachings impact on the care of the sick.
3. Explore your own reaction to those who are dying and what your faith / belief tradition speaks into such situations.
4. Explore a moral / ethical situation noting any dissonance between that which was observed and the view of your faith / belief tradition.

These reflections will form the basis of some shared learning in the second part of the course. Please remember to anonymize the narrative so that patient confidentiality is maintained.

Appendix 3

Course outline and time table.

First Taught element

To be held at Manchester Royal Infirmary, Oxford Road, Manchester M13 9WL

Date:– Monday 15th February 2016

Time	Session title	Content	Outcomes
9.30am	Welcome		
9.45am	What is Chaplaincy?	History of Chaplaincy in the NHS Models of Chaplaincy – practice and delivery	Understand the development of chaplaincy in the NHS
10.30am	Coffee / Tea		
10.45am	Working in the NHS	Structure of NHS Position of Chaplaincy in the modern hospital	Understand the position of Chaplaincy in the NHS
11.00am	Moving Chaplaincy into the community	Peter Gomm: Manager for Chaplaincy / Spiritual Care, Manchester Royal Infirmary	Understand one possible future direction of NHS Chaplaincy
11.30am	Key issues in Chaplaincy Provision	Team work Boundaries Reflective Practice Authorisation /accreditation Chaplaincy bodies	Understand the key issues in chaplaincy that relate to professional and personal practice
12.30pm	Lunch		
1.15 pm	Faith / Belief in Health	Introduction to the principles of pastoral, spiritual and religious care	Understand the difference and connections between pastoral, spiritual and religious care
2.15pm	Comfort break		
2.25pm	Ethical Considerations in Chaplaincy Practice	Ethical principles Ethical dilemmas in health care What does our faith / belief say about ethics?	Begin to explore ethical principles in chaplaincy situations from a faith perspective
3.30pm	Preparation for placement	Do's and don'ts of chaplaincy – attendance, visiting, security, dress code, self-care.	Feel confident in joining a team to gain experience.
4.30pm	Tea and home!		

Placement

Dates: - between February 16th – April 12th 2016

This placement will enable you to experience the work of chaplaincy as part of a chaplaincy team and explore issues of faith and belief in relation to healthcare chaplaincy.

You are expected to complete a minimum of 4 to a maximum of 20 hours spread over a period of about 8 weeks.

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You will also share your learning with the Chaplaincy team and have support from a designated Chaplain in the team.

Second taught element

To be held at Manchester Royal Infirmary, Oxford Road, Manchester M13 9WL

Date:- Wednesday 13th April 2016

Time	Session Title	Content	Outcome
9.30am	Welcome		
9.35am	Reflective Practice	Learning from the placement Sharing experience and faith / belief perspectives	Demonstrate skills in reflection that link experience, practice and faith / belief
11.00am	Coffee / tea		
11.15am	Is Chaplaincy for me?	Personal reflection on issues raised	Critically appraise the Chaplain's role
12.00noon	Authorisation and Endorsement	Overview of the Authorisation Process Specifics of different faith / belief communities	Understand the need for Authorisation / Endorsement and its process in specific faith / belief communities
1pm Lunch			
1.45pm	Working as a volunteer	Finding a position, statutory training, working in a team	Understand the nature and purpose of Chaplaincy Volunteers.
2.45pm	Finding a job	Accessing local, regional and national information and adverts Completing application forms Attending interviews	Navigate the systems to secure a position (voluntary / honorary / paid)
3.45pm	Course Evaluation	Preparation for Essay	
4.30pm	Tea and home!		

Course assessment

- a) Reflective Learning log completed during placement
- b) Essay (2500 words) exploring the faith/ belief contribution to chaplaincy and healthcare. Submission date **June 10th 2016**