Clinical Pastoral Education Program
Student Handbook
Extended Unit 2025-2026:
A Resource Guide for your CPE Experience

Working towards accreditation as an ACPE Program for
ACPE Certified CPE™ Level I, Level II, and Certified Educator CPE
by:

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ACPE: The Standard for Spiritual Care and Education
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This Student Handbook is not a contract.

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1.1 – Welcome!

Welcome to the Clinical Pastoral Education (CPE) Program of the Ezzree Institute (EI, Institute), a new venture in spiritual care and education. In 2024, we applied to become a provisionally accredited ACPE, inc. CPE program. It is our goal to become fully accredited for Level I, Level II, and CES training. Our mission is to provide high quality interreligious chaplaincy education for the Ezzree Institute's graduate students. In addition, EI provides creative CPE options for interreligious/post-religious community clergy and graduate seminaries that are aiming to offer creative CPE solutions for their matriculated students. Through our CPE interns, we bring healing services to the residents and care-seekers of a variety of Clinical Placement Sites. Throughout the country, some of our sites include hospitals, hospices, addiction and recovery in-patient and outpatient programs, universities, and congregations of all different hues.

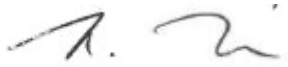
EI provides a wide range of opportunities for health care and institutional chaplaincy for CPE students. Our CPE program primarily offers a part-time schedule for EI students, graduates, and spiritual leaders who wish to augment their skills with CPE and work towards board certification as chaplains. Throughout their studies, students receive a wide spectrum of spiritual care experiences, depending on their clinical placement, ranging from general medical and surgical services to specialized services including Orthopedics, Elder Care, Congregational Pastoral Visitation, Alcohol and Addictions Recovery, VA Chaplaincy, OB/GYN, Surgical, Coronary and Neonatal Intensive Care, Rehabilitation, Pediatrics, Oncology and Transitional Care.

Ezzree Institute was founded in 2024. The Institute is in the process of seeking accreditation by the Association of Theological Schools (ATS) or the Higher Learning Commission (HLC). Synchronous courses are provided online. EI students earn a 72 credit master's degree in Integrative Counseling and Cultural Studies. Graduates may also seek interreligious ordination through EI. Additionally, EI collaborates with students' religious/endorsing bodies to provide an educational framework and ordination status with these groups should the students request this. EI is the first institute to systemically collaborate with endorsing bodies and congregations of all traditions to ordain its graduates within approved parameters.

EI faculty is comprised of renowned scholars who have taught at some of our nation's most prestigious universities as well as outstanding congregational clergy who maintain ordination through recognize and established endorsing bodies through their traditions. EI is unique amongst graduate institutes in its emphasis on chaplaincy training for all students in its curriculum.

Our entire community is supportive of CPE at the Ezzree Institute. Stakeholders include members of EI's faculty, advisory committee, and administration in addition to the Professional Consultation Committee (PCC). PCC members serve as adjunct faculty and solicit feedback from students in the interest of continuous quality improvement of the CPE program. Community religious/spiritual leaders are also actively involved in EI's chaplaincy program and regularly interact with CPE students.

In CPE, students learn about the cultural and religious traditions of others as they continually develop awareness of their own cultural, spiritual, and religious uniqueness. We hope that students grow personally and professionally as they apply themselves to the cultivation of spiritual care skills.



Rabbi Rochelle Robins
President, Ezzree Institute

Susan Freeman

Rabbi Susan Freeman, ACPE Certified Educator
Director of CPE

1.2 – CPE Program Description

The Clinical Pastoral Education Program at EI

EI's CPE program is working towards accreditation with ACPE. Students who participate in the CPE program have the option to enroll in an academic course, designed much like an independent study, which focuses on specific areas of spiritual care and education. While the course is related to the field of chaplaincy and integrated into the CPE 'action-reflection-action' model of learning, earned academic credit is entirely separate from the CPE unit itself. The CPE unit is based on a part-time super-extended unit model. Yearly classes are held over two academic semesters.

The CPE Program

CPE at EI offers the only opportunities throughout the country to engage in CPE program held in a graduate institute that is centered in spiritual care and counseling. Our program is dedicated to building a cross-cultural, interreligious, and post-religious environment. Our program is also a CPE home to other interreligious seminarians and community clergy. Students gain vast experience in the interreligious aspects of spiritual care through their clinical sites and class presentations. CPE at EI is a graduate level program that provides quality clinical training for EI's students in all programs. Community clergy who serve congregations and organizations are also invited to apply to the program. Through EI's collaboration with other seminaries, such as, Claremont School of Theology, University of the West, Bayan Claremont Islamic Gradate School, and other institutions, the program, faculty, and student body is enriched by diverse communities, strands of thought, and collaborative relationships.

The EI CPE program offers unique learning opportunities and resources to help students become more proficient in the art of cross-cultural and interreligious chaplaincy. The curriculum, which is based on the ACPE Action-Reflection-New Action model of learning, helps students gain deeper self-knowledge and personal/professional integration as they serve in the capacity of student chaplains in a variety of clinical settings.

The Director and ACPE Certified Educator of the Program

Rabbi Susan Freeman, a Chaplain and ACPE Certified Educator, currently serves at Jewish Family Service of San Diego (JFS) and is a Director in the Center for Jewish Care (CJC), which is dedicated to assisting and addressing the needs of San Diego's Jewish community. She previously taught Clinical Pastoral Education (CPE) at Sharp HealthCare and VITAS Hospice in San Diego. Originally from Denver, CO, Susan earned an M.A. in Hebrew Literature and Rabbinic Ordination from Hebrew Union College-Jewish Institute of Religion.

Rabbi Freeman has been involved in hospice, hospital, and home health chaplaincy since 2003. Prior to chaplaincy, she worked as a congregational rabbi, education director, High Holiday cantor, writer, and dancer. Rabbi Freeman's publications include To Dwell in Your House: Vignettes and Spiritual Reflections on Caregiving at Home; Torah in Motion: Creating Dance Midrash (co-author JoAnne Tucker); and Teaching Jewish Virtues: Sacred Sources and Arts Activities.

The President and Dean of the Program

Rabbi Rochelle Robins is the President and Dean of Clinical Programs and ACPE Certified Educator of EI's CPE program. Rabbi Robins was ordained at the Hebrew Union College – Jewish Institute of Religion in New York, New York in 1998. Rabbi Robins was a Co-Founder and the Executive Director of Bat Kol, an organization that began as Jerusalem's first feminist yeshiva (house of study). Rabbi Robins is the recipient of many scholarships and awards including: the Joshua Venture Fellowship for Young

Jewish Social Entrepreneurs, the Dr. Martin A. Cohen Prize in East European Literature, the Lewis and Minnie Raphael Award for Outstanding Service to a Small Congregation and the Irving Kalsman Scholarship Fund in Hospital Chaplaincy. Rabbi Robins has published in the field of Jewish Pastoral Care, Jewish Women's Commentaries, intersectionality, and Transdenominational Judaism. Rabbi Robins can be reached at rochelle.robins@ezzree.com or (619) 719-3076.

The Clinical Placement Sites

Currently, EI Students are required to find Clinical Placement Sites, which require approval from the Director of the CPE program. Over the years of the program's development, EI has cultivated relationships with Clinical Placement Sites and offers students a variety of options to explore. Once a student has secured a volunteer or paid position, the Director of the program will provide a non-monetary Clinical Placement Site Agreement that will be signed by the ACPE Certified Educator, the student, and an administrator at the Placement Site. This contract ensures that the Clinical Placement Site and all involved participants will meet the ACPE Standards.

EI's CPE students continue to serve in diverse and enriching clinical environments. The sites provide specialized spiritual care learning opportunities within interdisciplinary settings. Clinical Placement Sites include:

Hospice Care
Skilled Nursing Facilities
Regional Hospitals
VA Hospitals
Military Bases
Synagogues
Retirement Communities
County Jails
Minimum Security Women's Prison
Behavioral Health Settings
Trauma Centers
Oncology Resource Centers
Wilderness Therapy Programs
Drug and Addiction Recovery Programs

In addition to the classical hospital or hospice CPE clinical setting, EI students are invited to consider Clinical Placements Sites outside of the health care system as well. Congregational or organizational internships will be considered if the responsibilities of the position offer the student spiritual care opportunities that meet ACPE guidelines and Standards.

The Curriculum Components

Meditation, Prayer, and Reflection within the CPE group process provides students the opportunity to share liturgical resources and meditative practices in order to explore this important part of their personal and professional development.

The **Verbatim Presentation** teaches how to evaluate the effectiveness of one's spiritual care encounters. It offers students the opportunity to look at their strengths and areas of potential growth. The verbatim presentation also assists students in learning how to develop a spiritual care plan. The learning process of

a verbatim presentation consists of a supervised peer group in which students present written verbatim clinical accounts of their spiritual care encounters for peer and ACPE Certified Educator feedback.

The **Story Hermeneutics/Theology Seminar** uses personal story or theological/spiritual sharing to teach the role of narrative in the development of personal, cultural, and religiously based belief systems. It also teaches a method of theological/hermaneutical reflection that offers wide application in providing spiritual care and presence. As a means of expanding our skills of spiritual assessment when serving others, we will explore cross-cultural hermeneutical devices pertaining to varieties of world lenses and belief systems.

The **Spiritual Assessment Seminar** primarily illustrates how to implement the Fitchett 7x7 model of performing a holistic spiritual assessment of care-seekers and/or family members. These seminars utilize the student encounters as a focal point of learning. This written method also assists students in developing appropriate care-seeker and family care plans. Compassionate and effective care plans help the chaplain to encourage care-seekers and family members to use their own spiritual and religious resources during a time of crisis, challenge, and transformation. The spiritual assessment tool assists the chaplain in exploring the lives of the people being served in their entirety. It is the spiritual and clinical practice of integration and wholeness – assessing people in wholeness and with consideration of the integrated aspects of their lives. Other spiritual assessment and intake models will also be explored, such as AIM and FICA in didactic seminars and assignments.

The **Didactic Seminar** offers students the opportunity to receive teachings on topics relevant to chaplaincy, spiritual and professional development, and the health care setting.

The **Personal Growth or Open Seminar (also known as IPR for Interpersonal Pastoral Relations)** focuses on the person of the student within the larger context of the group dynamic. These sessions provide opportunity for students to build community with the members of the peer group and the ACPE Certified Educator. Within the context of the group dynamic, students are encouraged to build trust with one another for the purpose of deeper learning. The group is responsible to assist one another in sharing and clarifying personal learning goals. Support and challenge are both vital aspects of the peer group experience. Relational learning within a group process is central to CPE.

In addition to the seminars already mentioned, **Individual Supervision**, one-on-one sessions between the ACPE Certified Educator and student, are provided to enhance the learning experience. Individual Supervision, weekly (for full-time programs) and less frequently but regularly scheduled (for EI's Standard Extended unit), will be scheduled throughout the duration of the program. Individual Supervisory sessions will be held over Zoom or other FERPA and HIPAA compliant videoconferencing systems. Both the ACPE Certified Educator and student should be in a private setting to uphold the confidentiality of client care and educational content. When possible, the names of care-seekers and congregants should remain anonymous as to protect the identity of all parties during online conversations. When the videoconferencing system is HIPAA and Privacy regulated, the use of pseudonyms and initials is less significant. Learning to speak clinically while protecting care-seeker identities in public places is an essential skill to gain in any setting.

High Impact Online Synchronous Programs

EI is accredited to offer Low-Residency Hybrid programs. As a result, EI's graduate school and CPE program are exploring new models. The CPE program will currently allow several long-distance and out-of-state students to attend many of the cohort classes via Zoom web video conferencing or other technology. To retain California Privacy Act and national HIPAA Compliance Standards, all care-seeker

names and Clinical Placement Site names will be referred to in unidentifiable ways. All programming will be held via Zoom Technology. The program will require a comprehensive visit and immersion by a faculty member on the student's location before graduation. Other Site visits will periodically be held online with the student and their Site Preceptors and support network.

All stipulations of the program as outlined in the Student Handbook and Agreement for Training apply to the high impact online student experience. There will be no alterations in attendance, Clinical Placement Site requirements, or participation. The Chaplaincy School and its CPE program, under the auspices of EI, are enthusiastic about the creative changes and the broadened accessibility of the CPE program. The creativity will be thoughtfully integrated with the highest ACPE, Inc. Standards and training in professional spiritual care.

Resources

Personnel, library, and multimedia resources are available to all students. JStor and other digital libraries are available for CPE students to access. The EI CPE Program is well-established and maintains relationships with local spiritual care and counseling programs in the Greater Los Angeles Area and around the country. Students will also receive access to medical libraries if they are placed in a medical environment.

The Application Process

Students who wish to apply for the EI CPE Program are required to submit the Standard ACPE Application Form and essay questions. When an application is received, the ACPE Certified Educator, and/or the Admissions Task Force will review the submitted materials. Prospective students may then be invited for a personal interview. EI accepts applications on a rolling admissions basis, but the primary admissions time is usually from January 1st through June 1st of each calendar year. Once students have been accepted through a formal Letter of Acceptance, after an official interview with the ACPE Certified Educator and/or the Admissions Task Force, a letter of intent to attend the program, and a non-refundable deposit are required from the student to secure a position in the program.

Tuition

Tuition for the CPE program is based on EI's academic fees. Please inquire with EI's registrar for the current tuition and fees. For interreligious community clergy and chaplains who have already earned their master's level graduate degree suitable for eventual certification in health care chaplaincy, a special scholarship fund for a reduction in costs may be available.

1.3 – Statement of Administrative Support

The Ezzree Institute is a provisionally accredited CPE program connected to its larger graduate program in spiritual care, cultural and media studies, and interreligious/post-religious education. The EI was founded in 2024 and its offices are located in Los Angeles. We extend our CPE program to partner interreligious communities and seminaries.

The EI faculty is comprised of renowned scholars who have taught at some of our nation's most prestigious universities as well as outstanding congregational/organizational clergy who serve in a variety of traditional and non-traditional settings. EI is unique among graduate seminaries in its focus on interreligious and cross-spiritual education and ordination tracks to ordain chaplains and spiritual counselors. This ordination track can occur exclusively through EI or EI can work with other spiritual/religious endorsing bodies to ordain our graduates in a collaborative process.

EI has a strong commitment to building and sustaining high quality CPE for its students. Under the direction of ACPE Certified Educator, Rabbi Susan Freeman, the EI CPE Program offers both Level I and Level II CPE training primarily in the form of super-extended units that are embedded and integrated into the students' overall graduate curriculum. The program is fully supported by all members of the EI community. EI also maintains accreditation as a CEC (Certified Education Candidate) training center in order to one day admit candidates to train to become ACPE Certified Educators.

Rabbi Rochelle Robins, ACPE Educator, is the founder of EI and provides strong support to the program. She broadens our resources and accessibility to the world of professional health care chaplaincy through her experience in the field of spiritual care.

EI has developed an appreciation for the high standards of the program and confidence in the participation of CPE students engaged in supervised education for chaplaincy. EI Chaplain Interns are based in a variety of Clinical Placement Sites and are welcomed members of clinical care teams. The Sites offer them access to care-seeker care and interdisciplinary consultation in the interest of the spiritual care of care-seekers and family members. Rabbi Robins and contracted ACPE Certified Educators work together with each Site and the Preceptors to nurture each student's educational process.

It is our pleasure to support the work of the ACPE and uphold its standards through our program at EI. We look forward to our continued involvement as we work toward becoming a fully accredited program of the ACPE.

Rochelle Robins

Rabbi Rochelle Robins
President of Ezzree Institute
April 30, 2024

Susan Freeman

Rabbi Susan Freeman
Director of CPE, Ezzree Institute
April 30, 2024

1.4 – Mission, Vision, and Core Values

EI is a cross-cultural, interreligious, and post-religious institution dedicated to the training of chaplains and spiritual care counselors. We are working towards full accreditation as a graduate institute. Our mission is to develop spiritual leaders steeped in contemporary thought and tradition who are capable of transforming communities into places where all individuals can grow toward spiritual wholeness and well-being.

The EI sees itself as especially attractive to individuals who, after years of diverse professional and work endeavors, experience a kindling of their spiritual calling to serve cross-cultural, interreligious, and post-religious communities. EI provides these students with an educational experience that is sound in scholarship, intellectually challenging, and capable of fostering the psycho-spiritual skills needed for the successful embodiment of the moral and ethical foundations supporting our traditions.

To this end, EI has recruited clergy and scholars with impeccable professional reputations, remarkable intellectual breadth, and outstanding qualifications to serve as teachers for students pursuing excellence in chaplaincy studies, contemporary thought, foundational texts, religious law, spiritual practice, rituals and traditions, as well as guides and mentors in spiritual growth and fulfillment.

The Mission of EI's Clinical Pastoral Education Program

It is EI's intent to graduate spiritual leaders who will:

- serve as agents of transformation wherever they work.
- promote genuine concern for the joys and pains of all cross-cultural, interreligious, and post-religious communities.
- exhibit dedication to moral living and commitment to viewing history, traditions, and texts as foundational for wisdom and spiritual practice.

The Vision of EI's Clinical Pastoral Education Program

EI is a leader in establishing a CPE curriculum and experience based in contemporary culture, history, religion, and civilization. The foundation of EI in CPE, as it meets ACPE standards, will provide its students the background to serve individuals within cross-cultural and interreligious environments.

It is also an essential part the Program's mission to offer interreligious CPE experiences with other seminaries, religious/spiritual organizations, and community members. As a vital collaborator with Claremont School of Theology, Bayan Claremont Islamic Graduate School, University of the West, and other partners, EI's CPE program is spearheading important interreligious and cross-spiritual educational curricula and programming.

The Values of EI's Clinical Pastoral Education Program

- Compassion and loving kindness
- Humility
- Integrity, honesty, and ethical standards
- Respect for the individual and self-determination
- Teamwork and empowerment
- Excellence in providing spiritual companionship

2.1 – History of the CPE Program at EI

2024 EI was founded in 2024 as a provisionally accredited ACPE, inc. CPE program. The provisional status was approved.....

2.2 – CPE Program Mission Statement

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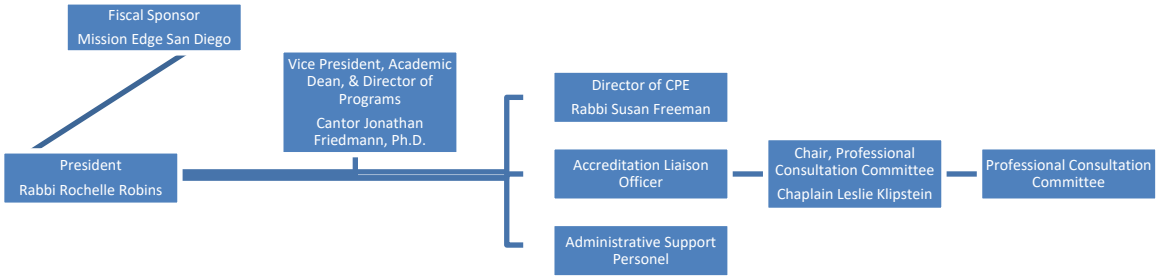
2.3 – Ezzree Institute Organizational Chart

Ezree Institute Organizational Chart 2025-26



2.4 – Faculty

Rabbi Rochelle Robins, ACPE Certified Educator
President

Rabbi Robins is redefining graduate education in spiritual leadership at Ezzree Institute, where spiritual care and counseling are integrated into all religious, interreligious, and postreligious studies. Before opening the online doors of Ezzree Institute, Rabbi Robins served as Vice President, Dean of the Chaplaincy School, and held a variety of leadership positions at the Academy for Jewish Religion California. She is the recipient of scholarships and awards including: the Joshua Venture Fellowship for Young Jewish Social Entrepreneurs, the Dr. Martin A. Cohen Prize in East European Literature, the Lewis and Minnie Raphael Award for Outstanding Service to a Small Congregation and the Irving Kalsman Scholarship Fund in Hospital Chaplaincy. She has published in the field of Jewish Pastoral Care, Jewish Women's Commentaries, intersectionality, and Transdenominational Judaism. Rabbi Robins also served as co-founder and Executive Director of Bat Kol: A Feminist House of Study, Jerusalem's first international progressive women's yeshivah (school of religious studies). Rabbi Rochelle Robins was ordained by the Hebrew Union College-Jewish Institute of Religion in New York, New York. She received her Master of Arts in Hebrew Letters/Literature from the Hebrew Union College, Los Angeles, California, and her Bachelor of Arts degree in Philosophy from Evergreen State College in Olympia, Washington. Rabbi Robins is a Certified Educator with the ACPE. She began her CPE training at the Hospital of the University of Pennsylvania in Philadelphia before completing her supervisory training at The Center for Urban Chaplaincy in San Diego. She and Cantor Jonathan Friedmann are the Co-Founders of Ezzree Institute.

Cantor Jonathan Friedmann, PhD
Vice-President, Academic Dean, and Director of Programs

Cantor Jonathan L. Friedmann, PhD, is co-founder of the Ezzree Institute. He is also President of the Western States Jewish History Association and Director of the Jewish Museum of the American West. Cantor Dr. Friedmann received a bachelor's and a master's degree in Religious Studies from California State University, Long Beach. He received Cantorial Ordination and a master's degree in Jewish Sacred Music from the Academy for Jewish Religion California, and a PhD in Hebrew Bible from the joint program of North-West University, South Africa, and Greenwich School of Theology, UK. He is the author or editor of several books on music and religion and serves as Kol Bo of Adat Chaverim – Congregation for Humanistic Judaism in Los Angeles.

Rabbi Susan Freeman, ACPE Certified Educator
Director of CPE

Rabbi Susan Freeman, a Chaplain and ACPE Certified Educator, currently serves at Jewish Family Service of San Diego (JFS) and is a Director in the Center for Jewish Care (CJC), which is dedicated to assisting and addressing the needs of San Diego's Jewish community. She previously taught Clinical Pastoral Education (CPE) at Sharp HealthCare and VITAS Hospice in San Diego. Originally from Denver, CO, Susan earned an M.A. in Hebrew Literature and Rabbinic Ordination from Hebrew Union College-Jewish Institute of Religion. Rabbi Freeman has been involved in hospice, hospital, and home health chaplaincy since 2003. Prior to chaplaincy, she worked as a congregational rabbi, education director, High Holiday cantor, writer, and dancer. Rabbi Freeman's publications include To Dwell in Your House: Vignettes and Spiritual Reflections on Caregiving at Home; Torah in Motion: Creating Dance Midrash (co-author JoAnne Tucker); and Teaching Jewish Virtues: Sacred Sources and Arts Activities.

Unique Details About EI Stakeholders and PCC

EI relies on several administrators and faculty members to advise the CPE program. The faculty are invested stakeholders which is essential to the continuity of our program. The CPE administration and faculty regularly informs the broader EI faculty about current developments in the CPE program as it pertains to opportunities for students and community-wide programming the CPE program offers. These faculty members are not a formal group; rather it is a statement of the natural involvement that is integrated into the school.

EI seeks to include the following qualities in overall composition of support:

- Be diverse in its composition.
- Include facility and community personnel.
- Demonstrate leadership in the fields of chaplaincy and religious studies.
- Be representatives from the fields of education and religion.
- Include physician(s).
- Include members of the EI Administration.

On a daily basis, the entire faculty supports the CPE program and the students' involvement in it. Clinical Pastoral Education is at the core of EI's foundation. Graduates/ordinees are required to complete the program with 4 units of CPE earned.

EI's Continual Evaluation of Use of Technology

EI's Certified Educator, administration, staff, and PCC will evaluate the use of technology throughout the duration of the program in collaboration with students. Students will regularly be invited to provide feedback during class and Individual Supervision about the quality of the technological aspect of the experience. Additional formal evaluative information and feedback will be gathered verbally during the Exit Interview, and in writing in the Program Evaluation (see Section 5.1, CPE Program Evaluation, question #10 under the CPE Program heading).

Information and evaluation gathering will assess both the quality of the chosen video conference platform as well as the educational approach to using technology. EI's CPE Program works closely and directly with all other academic and certificate programs at EI, thereby continually assessing the strengths and learning opportunities in all synchronistic and asynchronistic online opportunities offered. Students are encouraged to communicate their observations and feedback about online learning on a regular basis.

2.5 – Professional Consultation Committee

The Professional Consultation Committee (PCC) is designed to furnish ongoing support, consultation, and evaluation to the CPE program by providing:

- Oversight to ensure compliance with ACPE Standards
- Program evaluation
- Recommendations for changes to improve the quality of the CPE program
- Continuity of the program should the ACPE Certified Educator be unable to complete a unit, diligently providing a way for the students to earn credit for the unit
- Preservation and transfer of student records in the absence of an ACPE Certified Educator
- A platform for student appeals of disciplinary decisions
- A resource for resolving complaints of professional ethical misconduct.

The PCC may be contacted through its Chair, Chaplain Leslie Klipstein at lesklip@gmail.com or at 626-975-6269. The process for handling appeals and complaints are detailed in the policies and procedures section of this Student Handbook.

To accomplish these goals and others, the PCC is organized into four task forces. Each task force takes on specific functions for the EI CPE program. The scope of their work is as follows:

- **Admissions Task Force –** oversees all activities related to the recruitment and admission of CPE applicants working alongside the Director and Certified Educator. Members participate in applicant interviews and make recommendations to the Director/Certified Educator. They also review applications and admissions policies to be certain they are current and functional for our current CPE programs.

- **Standards Task Force** – reviews current EI CPE policies and procedures to ensure compliance with ACPE Standards and the regulations of other governing and professional institutions. The Standards Task Force recommends changes and updates to current policies to the PCC and the faculty.

- **Quality Improvement Task Force** – conducts and reviews student exit interviews and makes recommendations for improvement of the ongoing program to the PCC and the faculty. The Quality Improvement Task Force also hears and responds to student complaints. Additionally, the task force reviews CPE Program Evaluation forms, makes suggestions to amend the Exit Interview when necessary, and reviews feedback from Clinical Staff and Alumni Surveys to identify areas for improvement and adjustment.

- **Curriculum Task Force** – develops and reviews the curriculum used in our CPE programs. They are responsible for ensuring that our educational offerings are relevant to the needs of our students and within the mission and purposes of CPE. They assess the eligibility and qualifications of permanent and guest faculty members and retain/manage files of such personnel. Members of the PCC review course content and materials and offer recommendations on the CPE curriculum. Some members may offer didactics related to clinical areas of specialization or other topics relevant to pastoral education of CPE students.

2.5 – Professional Consultation Committee (cont'd)

Our CPE students interface with members of both the PCC and EI faculty at events and in different capacities throughout the unit. From participation in admission interviews, frequent educational and clinical interactions, and exit interviews, PCC members develop an in-depth understanding of the CPE program and its impact on students.

Roster of the Ezzree Institute Professional Consultation Committee

Chairperson – Chaplain Leslie Klipstein lesklip@gmail.com 626-975-6269	Ex-officio member of all Task Forces
Chaplain Blake Arnall BArnall@mednet.ucla.edu 424-259-8172	Standards Task Force
Rabbi Susan Freeman Sfreeman100@gmail.com 858-752-2364	Ex-officio member of all Task Forces
Cantor Dr. Jonathan Friedmann Jonathan.Friedmann@ezzreeinstitute.org 562-405-4176	Admissions Task Force
Dr. Victor Gabriel victorg@uwest.edu 310-938-8047	Quality Improvement Task Force
Chaplain Vanessa Gomez-Brake vanessagb@usc.edu 703-944-6879	Curriculum Task Force
Chaplain Kathy Gooze kathy.gooze@gmail.com 310-384-5800	Standards Task Force
Dr. Joel Kushner jlk63@earthlink.net 310-809-8380	Curriculum Task Force
Rabbi Dr. Jason Mann Jmann227@gmail.com 503-816-9440	Quality Improvement Task Force Curriculum Task Force

Roster of the EI Professional Consultation Committee (cont'd)

Rabbi Rochelle Robins rochelle.robins@ezzree.com 619-719-3076	Ex-officio member of all Task Forces
Rabbi Arthur Rosenberg arosenberg4611@att.net 818-746-7080	Curriculum Task Force
Rabbi Faith Tessler rabbifaith@gmail.com 818-203-3528	Admissions Task Force

2.6 – Agreement for Training

CPE students at EI are placed at a variety of Clinical Placement Sites throughout the United States. A mutual agreement is required to be signed by the student, the ACPE Certified Educator (the Director of EI's CPE program), and the Clinical Placement Site to ensure the student's educational process. While this Student Agreement for Training is signed by the Clinical Placement Site, the student, and the ACPE Certified Educator, the student will be receiving some of the services outlined below by their formal Clinical Placement Site.

Each Clinical Placement Site offers a unique orientation process and varying resources throughout the duration of the program. This agreement does not address the intricacy of each Clinical Placement Site. Rather, its purpose is to mention the categories that uphold the program's Standards and the mutual responsibility throughout the duration of the program that is shared between the student and the ACPE program(s). In signing this Agreement, students are also agreeing to uphold the work standards, ethical standards, and obligations established by each Clinical Placement Site.

EI wants to ensure that students of the CPE Program are properly informed regarding their rights and responsibilities while training in this Program.

In addition to student rights and responsibilities outlined in this AGREEMENT, each student will receive additional information in their EI Academic Catalog. This Catalog includes all policies and procedures, as well as curriculum expectations and resources. All student rights and responsibilities are established according to ACPE Standards and the policies of EI.

These documents will be reviewed and updated regularly by the ACPE Certified Educator. Additionally, the Professional Consultation Committee will review these documents at least every two years. If specific policies and procedures do not address particular situations or concerns, the policies of EI, the ACPE Standards, and EI's Administration will be the final authority.

SEE ATTACHMENT 1: "STUDENT AGREEMENT FOR TRAINING" (next page)

ATTACHMENT 1:

STUDENT AGREEMENT FOR TRAINING

This AGREEMENT is made and entered into by and between the Ezzree Institute (herein after referred to as "EI") and _____ (herein after referred to as "STUDENT").

Part I **BASIS AND PURPOSE OF AGREEMENT**

EI acknowledges a public obligation to contribute to health-related education for the benefit of the STUDENT and to meet community needs.

EI facilitates suitable Clinical Placement Site arrangements for the clinical needs of the STUDENT.

EI provides opportunities for clinical experience to enhance the capability of the STUDENT as a practitioner.

Therefore, EI and STUDENT do hereby covenant and agree as follows:

Part II **GENERAL RESPONSIBILITIES AND PRIVILEGES OF THE CLINICAL PASTORAL EDUCATION PROGRAM**

1.0 Liability

1.1 STUDENT will indemnify and hold EI harmless from any claim, demand, or judgment arising out of any activities performed by STUDENT under this AGREEMENT.

1.2 STUDENT shall be covered under the Clinical Placement Site's liability insurance policy for any legal liability pertaining solely to the work/functions of the Clinical Placement Site. Should liability coverage be granted by EI as required by the Clinical Placement Site, the coverage will pertain solely to the internship functions for the period of the CPE unit within the timeframe of allotted hours for the internship.

1.3 The parties hereto shall indemnify and hold each other harmless for any and all claims, losses, damages or injuries of persons or property, and all costs, expenses and attorneys' fees incurred in connection therewith, caused by the negligent or intentional acts of the indemnifying party.

2.0 Program Planning

EI will initiate and facilitate the development of clinical instruction plans for using clinical areas at Clinical Placement Sites to meet ACPE Standards, educational goals, and objectives. These plans will be provided to the STUDENT prior to the beginning of the clinical experience.

3.0 Students

STUDENT shall be physically fit to participate in the CPE program. Clinical Placement Sites will determine respective occupational health requirements that determine fitness. STUDENT will adhere to these determinations/requirements in order to fulfill clinical hours at a specific location.

PART III GENERAL RESPONSIBILITIES AND PRIVILEGES OF EI

1.0 Program in General

1.1 EI will have and maintain current accreditation by the Association of Theological Schools or the Higher Learning Commission for its graduate studies or any other appropriate and required accreditation.

1.2 EI will maintain the ACPE Standards, which make it eligible for approval as an educational context for instruction in an accredited ACPE program, while maintaining its Clinical Placement Sites according to all ACPE Standards.

1.3 EI will provide an ACPE Certified Educator who will function as coordinator for educational curricular components and coordinate STUDENT'S program.

1.4 EI, in collaboration with Clinical Placement Site, will permit STUDENT access to assigned patient care facilities, community members, care seekers, and clientele (definitions are determined by the location) as a member of the multidisciplinary care team, for professional education.

1.5 EI is a training program for ACPE Certified Educator CPE training. Materials submitted by the STUDENT concerning their CPE experience may be used in the learning process of Certified Educator CPE students. Materials may also be used in context of a Certified Educator CPE student's professional development or as a part of research intended to contribute to the field of Clinical Pastoral Education and for clinical spiritual care. In all cases, materials will be sufficiently altered and made anonymous to protect the identity of the STUDENT.

1.6 EI may video record group sessions for educational purposes. A STUDENT may request the termination of the recording at any time. Recordings may be kept on file for a period of no longer than one year and will then be destroyed.

2.0 Services and Facilities

2.1 EI will permit and oversee the educational use of such supplies and equipment as are commonly available for spiritual care functions in the Clinical Placement Sites.

2.2 EI will work with the Clinical Placements Sites for the use of the following facilities and services by STUDENT at such times and to the degrees considered feasible by the Site:

- 2.2.1 Parking areas
- 2.2.2 Office facilities and supplies
- 2.2.3 Sleep room for on-call assignments
- 2.2.4 Same food service as is available to other staff
- 2.2.5 Office, classroom, and conference room space, as available
- 2.2.6 Access to sources of information for educational purposes such as:
  - 2.2.6.1 Patient lists and medical records
  - 2.2.6.2 Procedure guides and policy manuals
  - 2.2.6.3 Medical dictionaries and other references suitable to the clinical area
  - 2.2.6.4 Books and Library resources pertaining to development in clinical, medical, and spiritual care topics

2.3 Emergency medical care will be requested, if needed, by EI and/or the Clinical Placement Sites; however, the cost of any emergency or other medical treatment shall be the responsibility of the STUDENT.

2.4 If STUDENT is injured or becomes ill while at the Clinical Placement Site, they may receive treatment at the nearest location of care as a private patient or obtain other appropriate treatment as they so choose. Any hospital or medical costs arising from such injury or illness shall be the sole responsibility of STUDENT who receives the treatment and not the responsibility of EI.

2.5 Any STUDENT exposed to an infectious disease while on duty in the program will be treated in the same manner as the Clinical Placement Site determines for their employees, volunteers, and team members.

2.6 Any STUDENT with an infectious disease during the period of assignment to, or participation in the program, must report the fact to EI. Before returning to duty at the Clinical Placement Site, such a student must submit proof of recovery to EI and the Site if requested.

3.0 Control Over Clinical Areas

EI's Clinical Placement Sites may refuse STUDENT access to any of its areas if STUDENT does not meet its standards for safety, health, cooperation, or ethical behavior pending investigation and resolution of the matter by EI in collaboration with the Site.

PART IV **STATUS OF STUDENTS**

1.0 STUDENT shall have the status of learner and the Clinical Placement Site may pay STUDENT outside of EI's involvement. Clinical experience will be conducted as a laboratory learning experience. STUDENT may not replace any staff or employee at the Site.

2.0 STUDENT may not, therefore, make any claim against EI or its Clinical Placement Site under this AGREEMENT for Social Security benefits, Worker's Compensation benefits, vacation pay, sick leave, or any other employee benefits of any kind.

3.0 STUDENT is subject to applicable Clinical Placement Site regulations and must conform to the same standards as are set for Clinical Placement Site employees in matters relating to the welfare of populations served and Site operation.

PART V **STUDENT RIGHTS AND RESPONSIBILITIES**

1.0 Student Rights

1.1 STUDENT can expect that the CPE training program will conform to all ACPE Standards. The ACPE Standards are available on the ACPE website at: ACPE Standards

1.2 In each unit of CPE, the STUDENT will receive a minimum of 400 hours of supervised education (no less than 100 hours of structured education). In certain circumstances, if the STUDENT is unable to complete the full 400 hours, a half-unit of CPE may be given if the STUDENT has accumulated a minimum of 240 hours (no less than 60 hours of structured education). STUDENT will be assigned to a Clinical Placement Site for the actual practice of spiritual care to care seekers, families, and staff.

1.3 The STUDENT will receive Orientation including the review of all program and ACPE Policies, and a Handbook which contains the written documentation of policies, curriculum requirements, program procedures, and expectations for the STUDENT concerning the provision of clinical spiritual care.

1.4 Each unit will provide a peer group of a minimum of three students. During interpersonal group seminars, students will share reflections on their experiences, present verbatims, and multidisciplinary faculty will present didactics.

1.5 STUDENT will receive individual supervision by an ACPE Certified Educator, ACPE Associate Certified Educator, and/or an ACPE Certified Educator Candidate. The Certified Educator's written evaluation will be available to the student within twenty-one (21) calendar days of the completion of the unit. In rare, unusual circumstances, the Certified Educator may negotiate with the student and receive approval from EI's ACPE Accreditation Representative to extend this deadline. The Certified Educator's evaluation will document this process which will be reported to the ACPE in the EI's written report.

1.6 The Certified Educator's assessment will reflect professional judgment about the STUDENT'S work, abilities, strengths, and weaknesses, and will certify completion of a unit of CPE (Level I/II). STUDENT may attach a written response/addendum to the Certified Educator's evaluation which then becomes part of the STUDENT record.

1.7 STUDENT'S application, evaluations, and other records held by EI are accessible only by EI's staff and STUDENT. Information will only be released with STUDENT'S written permission. Certain exceptions concerning the release of information may be made to protect the health or safety of the STUDENT, for the purpose of accreditation review, or a complaint or an appeal involving that STUDENT.

1.8 Directory information is student information not generally considered harmful or an invasion of privacy if released. This includes name, address, email, telephone, date of birth, religion, previous education, and photograph. Subject to notification, the student's name and unit of CPE successfully completed will be sent to the ACPE in the Clinical Pastoral Educational Unit Report at the completion of each unit of training. Current students who do not wish their directory information to be released may opt out by submitting a written, signed, and dated request to the Director of CPE and/or Certified Educator at any time during the unit. Restrictions will be honored even after the student's departure. Former students cannot initiate new restrictions after departure.

2.0 Student Responsibilities

2.1 STUDENT must review the Student Handbook and ACPE Standards as provided during the Orientation period.

2.2 STUDENT must adhere to the goals and objectives of the CPE program, as well as the policies of both EI and the Clinical Placement Site. This includes, but is not limited to, EI's and Site's policies on Harassment, Patient Rights and Protected Healthcare Information (Confidentiality), and Spiritual Care Department Policies on Ethical Conduct and Dress Code.

2.3 STUDENT must negotiate a Learning Contract with peers and the ACPE Certified Educator.

2.4 STUDENT must demonstrate a growing capacity to work independently, to provide spiritual care collegially, and to continually learn from experience.

2.5 STUDENT must participate in the Group process by inviting and offering feedback and critique regarding agreed upon learning goals related to the practice of spiritual care.

2.6 STUDENT must demonstrate a growing ability to provide care in a multi-cultural setting with people of diverse religious/spiritual traditions in various life circumstances.

2.7 STUDENT is discouraged from overextending themselves during a CPE unit. When it is absolutely necessary to miss classes or established time at the Clinical Placement Site to attend denominational meetings, doctor's appointments, or other personal business during the course of the unit, STUDENT is expected to request approval in advance with ACPE Certified Educator and Site Preceptor. STUDENT is also expected to arrange to make up the time taken away from clinical care and educational components of the program.

2.8 STUDENT may not receive credit for the unit if more than three (3) days are missed during the program. At the discretion of the ACPE Certified Educator, exceptions may be made to make up clinical hours. Credit will not be granted until completion of the program requirements. STUDENT may not opt to miss introductory or orientation sessions, story sharing, Midterm Evaluations, the two 2-day retreats, Final Evaluations, or the last class.

2.9 To verify completion of clinical hours, interns are required to visit as many care seekers as possible. STUDENT is required to keep a written log of hours spent at the Clinical Placement Site with a date, time, and length of visit log of all spiritual care activities.

2.10 STUDENT is responsible for paying tuition in full within EI's established payment protocol. Exceptions to this plan based on need may be made with the Vice President of EI. Credit will not be granted until tuition obligations are fulfilled.

PART VI PERIOD OF AGREEMENT

This AGREEMENT shall be effective as of the date signed and shall continue in effect for one (1) year. This AGREEMENT may be terminated at any time upon written mutual consent by STUDENT and EI or by written notification of either party.

PART VII **REVIEW**

This AGREEMENT shall be reviewed every two years by the Professional Consultation Committee and EI's Policy and Procedure Committee.

The Ezzree Institute
CLINICAL PASTORAL EDUCATION PROGRAM

AGREEMENT FOR TRAINING

SIGNATURE PAGE

_____ _____
Student Name (Printed) Unit

I understand and agree to the conditions of the AGREEMENT FOR TRAINING.

_____ _____
Student Signature Date

_____ _____
ACPE Certified Educator Signature Date

USE OF CLINICAL MATERIALS CONSENT FORM

<u>This form must be reviewed and signed by the CPE student prior to formal admission to an ACPE accredited CPE program and at the start of each subsequent unit in which the student enrolls.</u>

CPE students shall be informed prior to acceptance into the program, as well as at the start of each subsequent unit, that their clinical materials and recorded and/or live observation media that are pertinent to the certification processes for Certified Educator Candidates or Associate ACPE Certified Educators, that are pertinent to the peer review process for ACPE Certified Educators, that are pertinent to a program's accreditation process, or that are pertinent to ACPE approved research studies, may be used from the unit. ***All identifying information shall be redacted from written documents. A copy of this signed agreement shall remain a part of the program's files indefinitely. Materials that are not supported with this signed Consent Form MAY NOT BE USED.***

I,

_____

Student's Printed Name

understand that

_____

Certified Educator Candidate/Associate ACPE Certified Educator/ACPE Certified Educator

will use my written evaluation, the above-named Educator's written evaluation of me, and other clinical materials pertinent to the above-named Educator's process toward certification as an ACPE Certified Educator or as part of the above-named Educator's peer review process, and I understand that such materials will have personal information redacted. I understand that the above-named Educator will use recorded and/or live observation media that are pertinent to the above-named Educator's process toward certification as an ACPE Certified Educator or as part of the above-named Educator's peer review process, and I understand that such media may identify me. I understand that this use is for the purpose of the above-named Educator's professional development, certification, and/or peer review. I understand that my written materials and live/recorded observation media that may identify me may be read, heard, viewed, and discussed by the above-named Educator's professional colleagues as they assess the above-named Educator's professional development and competence as an ACPE Certified Educator.

I understand that my clinical materials may be utilized by my program as data for demonstrating compliance with ACPE Standards for accreditation and/or for ACPE approved research studies without further notification to me.

continued

USE OF CLINICAL MATERIALS CONSENT FORM (pg. 2 of 2)

My signature grants consent to all of the above.

I understand that I may revoke this authorization, in writing, to the above-named individual and that if I choose to do this, I will no longer be able to participate in the unit of CPE and will not receive credit for the unit. Any clinical materials and/or live/recorded observation media obtained prior to the revocation of this authorization may still be used by the above-named Educator.

_____ _____

Student's Signature Date

_____

Start and End Dates of the Unit

3.1 – Program Description and Approach to Learning

What is Clinical Pastoral Education?

ACPE Certified CPE™ is a program of professional education for spiritual care. It is structured to provide students with a supervised clinical experience of spiritual care "at the bedside" and to use that experience as the focus of a process of critical reflection for the purpose of personal growth and professional development.

CPE learning is relational. In the context of individual and group supervision, students learn about themselves, others, that which is sacred, and spiritual care through their shared experiences in relation to care-seekers and to one another. Through a cycle of action and reflection, students are encouraged to articulate the meaning and purpose of their experience as Chaplains and to integrate new awareness and understanding into their ongoing practice of providing spiritual care.

The goals of CPE include both the acquisition of pastoral skills and the development of pastoral identity. Through the discovery and practice of skills necessary for spiritual care, students gain pastoral competence. Reflection on pastoral experience, exploration of personal history and religious/spiritual tradition, the integration of psychological insight, emotional awareness and understanding all contribute to the process of pastoral formation.

The components of CPE include a balance of clinical hours (care-seeker care and interdisciplinary rounds) and educational activities including individual supervision and structured group times. Educational guidance may be offered through didactic seminars (with interdisciplinary faculty), clinical seminars (based on student verbatims), reading assignments and field trips. Group supervision includes attention to interpersonal relations and group dynamics.

Students preparing for professions in spiritual care may enroll in CPE as a part of a course of study for theological or equivalent degree or ordination requirements. Some may enroll in CPE to facilitate their process of vocational discernment. Others, already experienced in spiritual care in other settings, may engage in CPE to enhance their pastoral effectiveness. Those with a vocation to chaplaincy will want to complete a minimum of four units of CPE, accredited by the ACPE, as a prerequisite to certification as a professional Chaplain.

Approaches to Learning

Adult Learning

The CPE program is designed for adult learners who have the motivation and maturity to take responsibility for their own learning within the guidelines and the structures of the CPE curriculum (Knowles). Implicit in this expectation is the belief that we all are adult learners, and that providing spiritual care engages each person in the process of life-long learning. Therefore, a part of the CPE experience may be learning "how to learn" and to take advantage of the many opportunities and challenges on the sometimes-steep learning curve of the CPE experience.

In keeping with an adult learning model, this program is student centered. Beginning with development of individualized learning contracts, students are encouraged to identify personal themes to serve as a focus for learning within the context of the structure and objectives of the curriculum. Students are also encouraged to participate in the ongoing assessment of their own progress and the assessment of their peers and the program as a whole.

Experiential Learning

Direct experience is a vital component of adult learning, made more meaningful when it is also practical and applicable to present and future goals. CPE at EI is approached as a 'practicum' for spiritual care (Schoen). By plunging into the experience of doing spiritual care at the bedside, students develop both their pastoral skills and their pastoral identities. In a parallel process of inner and outer experience, they discover the reality of becoming a Chaplain as they are recognized and accepted by others as Chaplains. The clinical setting is also the context in which students are likely to experience the existential realities of suffering and death which are critical aspects of theology/meaning-making, and spiritual care.

In the larger context of graduate seminary education, which historically privileges the authority of sacred texts and traditions and academic learning, the valorization of direct experience is a significant departure from the classroom. In the words of Anton Boisen, one of the founders of the CPE movement, the care-seekers are "living human documents" that can serve as texts for students' study. The process of CPE encourages students to trust their own and their care-seekers' experiences *and* emotions as rich resources for learning.

A Relational Learning Environment

The profession of providing spiritual care is an expression of relationship made conscious in connection to that which is sacred, spirituality, self, and others. It is, therefore, particularly appropriate that the learning/teaching situation inherent in CPE is filled with relational opportunities. Emerging Chaplains soon discover that spiritual care brings them into intimate connection with the suffering of care-seekers and their families and friends. It is in the context of these relationships that students are encouraged to reflect on their experience and to discover the core truths of their religious and spiritual beliefs and the meaning and purpose of their spiritual care practices.

The structures and methods of CPE supervision are designed on the premise that interpersonal process is a vehicle for significant learning (Belenky). In relation to their peers, students are given the opportunity to discover the potential of a covenantal community in which they are encouraged to offer one another support, confrontation, and clarification in the interest of increased self-awareness and authenticity in interpersonal relationships. In group, ACPE Certified Educators work with students to create "relational space," characterized by mutual trust, respect, openness, and challenge. In individual supervision, students have the opportunity to co-create a learning alliance focused on their own goals and to receive feedback directed to their personal and professional development.

A Process Model of Education

The clinical method of learning involves an ongoing process of action and reflection. The learning from each encounter is never complete but enlarges students' awareness and understanding of themselves as persons in pastoral roles and relationships. Reflective learning engages students in a process of examining, questioning, validating, and revising their perceptions. Significant learning requires active participation, emotional and intellectual involvement, willingness to share one's doubts and uncertainties

with others and openness to allow for the potential of change. In the process, one is encouraged to ask broader and deeper questions about the relationship between oneself and the world. When engaged in a deep level, such learning can be transformative (Brookfield, Mezirow, et al.). Significant learning, because it involves change, can also provoke anxiety. Students may develop problems with learning at any point in the CPE program. Within the context of an effective supervisory relationship, students are offered both support and challenge to enable them to negotiate the learning process. The CPE program believes that discovering what gets in the way of learning can itself be a valuable learning experience (Eckstein and Wallerstein).

Unfortunately, not all students are at a place in their lives to be able to engage constructively in the clinical process of learning in the context of CPE. Discerning this is the responsibility of both the student and the ACPE Certified Educator. In the best interests of care-seekers, the peer group and/or the student, the student may be asked to leave the program.

Collaborative Learning

CPE involves a reciprocal process of teaching and learning involving students with one another and their ACPE Certified Educator. In a model of connected learning, understanding develops through interactions among and between one's own experiences and ideas and those of others (Belenky, et al.). Individualized learning contracts are developed collaboratively between student and the ACPE Certified Educator and include peer support and accountability. The Educator is responsible to provide students with a structured learning situation and to offer a combination of support, challenge, and vision, as appropriate. This may take the forms of active listening, reframing, offering critique, sharing experience or information or any number of responses to facilitate learning. Awareness of different personality types, communication styles, cultural diversity, educational levels, and styles of learning are all factors in effective supervision of individual students and the group as a whole.

Group Process

While respecting differences of personality, culture, and fluency in spoken English, we expect that every student will become an active participant in structured group activities. The CPE peer group provides a rich learning environment within which students can develop their pastoral skills and pastoral identities through critical reflection on their clinical experience and intentional examination of the interactions and relationships that develop within the group. Through participation in the group, giving and receiving feedback, students create a context for sharing and learning from the experience of one another.

The group is often the context in which students explore how to provide spiritual care to a variety of people, and to reflect on social conditions and ethical issues. Students may find comfort and confidence in discovering that they are not alone in their thoughts and feelings. In relation to someone with radically different experience or beliefs, they may experience "constructive engagement with otherness" (Daloz). Our most effective groups have often included the most diverse students who have learned that the group can contain divergent realities, even when they conflict.

Operating within the norms of mutual respect, honesty and confidentiality, each group of peers and ACPE Certified Educator embarks on a process of exploration and clarification in the interest of developing trust, a prerequisite to becoming an effective working group. It is anticipated that the group may go through periods of testing, conflict, and frustration; but as members learn to speak from their own experiences and develop empathy for the experience of others, they will become capable of working

through conflict. Within a cohesive CPE peer group, students will feel valued, accepted, and free to express themselves while valuing, listening to, and accepting others.

Reading and Resources for CPE Learning Theory

Belenky, Mary Field, Blythe McVicker Clinchy, Nancy Rule Goldberger, and Jill Matuck Tarule. *Women's Ways of Knowing: The Development of Self, Voice, and Mind*. 10th ed. New York: Basic Books, 1987.

Brookfield, Stephen D. *Becoming a Critically Reflective Teacher*. The Jossey-Bass Higher and Adult Education Series. San Francisco: Jossey-Bass, 1995.

Understanding and Facilitating Adult Learning: A Comprehensive Analysis of Principles and Effective Practices. The Jossey-Bass Higher and Adult Education Series. San Francisco: Jossey-Bass, 1986.

Corey, Gerald. *Theory and Practice of Group Counseling*. 2nd ed. Monterey: Brooks/Cole, 1985.

Corey, M.& G. Corey. *Groups: Process and Practice*. 5th ed. Pacific Grove: Brooks/Cole, 1987.

Cranton, Patricia. *Understanding and Promoting Transformative Learning: A Guide for Adult Learners.* San Francisco: Jossey-Bass, 1994.

Daloz, Laurent A. *Mentor: Guiding the Journey of Adult Learning*. 2nd ed. The Jossey-Bass Higher and Adult Education Series. San Francisco: Jossey-Bass, 1999.

Ekstein, Rudolf and Robert S. Wallerstein. *The Teaching and Learning of Psychotherapy*. 2nd ed. Madison, Connecticut: International Universities Press, 1972.

Fowler, Marsha and Brenda S. Peterson. "Spiritual Themes in Clinical Pastoral Education." *Journal of Supervision and Training in Ministry* 18 (1997): 46-54.

Knowles, Malcolm. *The Adult Learner: A Neglected Species.* Houston: Gulf Publishing, 1990.

The Modern Practice of Adult Education: From Pedagogy to Andragogy. 2nd ed. New York: Cambridge Books, 1980.

McKeracher, Dorothy. *Making Sense of Adult Learning.* 2nd ed. University of Toronto Press. Toronto, 2004.

Mezirow, Jack and Associates. *Learning as Transformation: Critical Perspectives on a Theory in Progress*. San Francisco: Jossey-Bass, 2000.

Palmer, Parker. *The Courage to Teach*. San Francisco: Jossey-Bass, 1998.

To Know As We are Known: Education as a Spiritual Journey. San Francisco: Harper, 1983.
Schön, Donald A. *Educating the Reflective Practitioner: Toward a New Design for Teaching and Learning in the Professions.* The Jossey-Bass Higher Education Series. San Francisco: Jossey-Bass, 1987.

3.2 – Educational Philosophy

The educational philosophy of EI's CPE program is grounded in the theories of adult education, learning, and spiritual development. Our educational methodology includes the following components and expectations:

- Each student is responsible for their own learning process.
- The standards of the ACPE are to serve as parameters for the educational context.
- Students will be treated with respect.
- Students will communicate expectations of EI's CPE program to their ACPE Certified Educator, Preceptor, field mentor, peers, and (if appropriate) the academic or certifying institution to which the student is accountable.
- The ACPE Certified Educator is responsible to guide the CPE student in defining the student's own learning contract.
- The CPE program policies and procedures, educational expectations, and clinical expectations will be communicated to the student.
- The clinical method of education is explained and implemented to augment the student's focus and learning goals.
- Chaplain Interns will have the opportunity to become an integral part of the interdisciplinary teams of their Clinical Placement Sites. The ACPE Certified Educator will work with preceptors and remain in consultation with the placement site interdisciplinary team leaders to assign proper duties to the student.
- The ACPE Certified Educator is responsible to administer and supervise a program that commences with no fewer than three (3) students. If the program has not reached this number, EI's CPE program will give its registered students the option of waiting to begin the unit at a later date and/or the option of being referred to other local accredited CPE programs. When a student has completed three units, an opportunity for an interdisciplinary professional consultation is made available to them.

Counseling Referrals in West Los Angeles: The Dean of the Chaplaincy School and CPE personnel, upon request, will assist students in finding access to emotional, psychological, and spiritual support to augment the student's growth and well-being in the program. Los Angeles agencies include:

- Airport Marina Counseling Services - Westchester (310) 670-1410
- Didi Hirsh Community Mental Institution - Culver City (310) 390-6612
- Family Service of Santa Monica - Santa Monica (310) 451-9747
- Jewish Family Services - Los Angeles (323) 761-8816
- Jewish Family Services - Santa Monica (310) 393-0732
- Jewish Family Services - West L.A. (323) 761-8800
- The Maple Counseling Center - Beverly Hills (310) 271-9999
- The Venice Family Clinic – Santa Monica (310) 392-8636
- Wright Institute Los Angeles - Los Angeles (310) 277-2796
- California Graduate Institute Counseling Center- Los Angeles (310) 208-4240
- Pepperdine Psychological and Educational Clinics - Culver City (866) 396-8970
- UCLA Psychology Clinic - Westwood (310) 825-2305

National Counseling Agencies Include:

Mental Health America:
https://www.mhanational.org/finding-therapy

National Jewish Health:
https://www.nationaljewish.org/directory/psychosocial/psychotherapy

SAMHSA's National Helpline:
https://www.samhsa.gov/

Resources in specific locations and regions will also be provided upon student request.

Employment, Resume, and Job Consultation:
EI's ACPE Certified Educator and/or Director of CPE, and PCC Advisors will consult with students regarding the development of professional chaplaincy resumes upon request. EI will also continue to direct students to the APC, NAJC, and other relevant organizations regarding certification requirements and employment possibilities.

3.3 – Educational Expectations

1. Attend and participate in all scheduled components of the CPE curriculum.
2. Complete Orientation including receiving and providing necessary signatures on orientation documents.
3. Negotiate learning goals with the ACPE Certified Educator and learning peers. Share learning goals with Preceptor.
4. Write the required verbatims and present a minimum of three verbatims in the group setting. If it assists your learning, or your Educator requires it, bring a reflection paper and weekly statistics to every individual supervision.
5. Prepare and lead prayer services and rituals as assigned.
6. Write and present a mid-unit and final evaluation using the format assigned by the ACPE Certified Educator.
7. Provide pastoral support in accordance with the philosophy of EI and the Spiritual Support departments of Clinical Placement Sites. Complete appropriate statistical reports and give copies to field liaison/mentor and ACPE Certified Educator on a regular schedule.
8. Participate in didactics. Prepare assigned reading and/or writing tasks required for the didactic.
9. Record and assess research and reading materials at the end of each unit.
10. Log insights, meaningful pastoral experiences, and learning activities in a personal CPE journal to be shared at each student's discretion.
11. Comply with EI's and the ACPE's policies for Ethical Code of Conduct.
12. Dress appropriately at each Clinical Placement Site and wear the organization's identification badge.
13. Supplement CPE experience by using other resources/professional material to enhance development as a chaplain.
14. Comply with EI's policies governing the CPE program. Complete all necessary assignments/documentation required by EI's CPE program and Clinical Placement Sites.
15. Maintain an attitude of openness and assume responsibility to facilitate personal, professional, spiritual, philosophical, and theological development.
16. Comply with the confidentiality policies established by EI and the ACPE.
17. Practice an interdisciplinary approach to healing in a health care setting. Communicate pertinent information to the appropriate team members.
18. Abide by policies contained in EI's CPE Student Handbook.

19. All students are required to attend the retreats and the last night of class in person. Students may also not take one of their two permitted absences during the following sessions (Low-Residency/Hybrid students by Zoom, and Resident students who attend in person): Orientation, Story Sharing, Mid-Term Evaluations, Final Evaluations, and the last night of class.

20. In total, a completed unit of CPE requires a minimum of four hundred (400) hours. At least one hundred (100) of those hours are designated as structured group and individual education. The balance of time is dedicated to supervised clinical care and care-seeker-related activities. In certain circumstances, if the student is unable to complete the full 400 hours, a half-unit of CPE may be given if the student has accumulated a minimum of two hundred and forty (240) hours [no less than sixty (60) hours of structured education].

3.4 – CPE Program Goals and Objectives

- Expand pastoral/clergy roles and perspectives within and beyond cross-cultural and interreligious frameworks
- Broaden communication
- Develop pastoral style and explore modes of pastoral intervention
- Examine and discuss theological and philosophical beliefs that influence the ways in which we serve others
- Deepen the ways in which we understand ourselves, the sacred, and others
- Link clinical experience with pastoral reflection
- Probe personal strengths and weaknesses as potential pastoral resources
- Question the ways in which socio-political factors influence the personal context
- Develop the ability to make pastoral assessments and referrals
- Familiarize oneself with the ACPE Standards and professional chaplaincy organizations (certification processes) as they pertain to professional development
- Become a competent clinician of spiritual care in intensive, critical, and extensive situations
- Integrate one's own religious/spiritual heritage into pastoral practice in order to serve a diverse population
- Articulate clear theological, psychological, and sociological understandings within a clinical setting
- Cultivate authentic self-representation in self-evaluation
- Seek appropriate supervision and consultation regarding clinical feedback and evaluation of pastoral performance
- Develop the skills necessary to provide spiritual care to both individuals and groups in a variety of settings
- Increase one's ability to take initiative as a chaplain on an interdisciplinary team

Goals and Objectives When a Pastoral Care Specialty Area Is Being Sought

- Afford students opportunities to become familiar with and apply relevant theories and methodologies to their spiritual care specialty.
- Provide students opportunities to formulate and apply their philosophy and methodology for the spiritual care specialty.
- Provide students opportunities to demonstrate pastoral competence in the practice of the specialty.

3.5 – Educational Outcomes and Indicators

In accordance with **ACPE Certified CPE™ Outcomes and Indicators**, EI's CPE curriculum is designed to help students develop competence in **Spiritual Formation and Integration, Awareness of Self and Others, Relational Dynamics, Spiritual Care Interventions, and Professional Development**. Students are encouraged to learn through a variety of educational methods including the clinical practice of spiritual care, individual and group supervision, clinical seminars, written assignments, didactic presentations, reading, and research. Individual progress is assessed in relation to **ACPE Outcomes and Indicators** documented in the ACPE Certified Educator's Final Evaluation of the student.

ACPE OUTCOMES AND INDICATORS
CATEGORY INTRODUCTIONS
Level IA, IB, IIA, IIB

Introduction for All Levels

The following Outcomes and Indicator categories are embedded within all units of CPE. Following these descriptions will be the specific Outcomes and Indicators for each of the four units. In other words, the categories remain intact throughout all units. What changes is the expression of them based on Levels IA through IIB.

Category A: Spiritual Formation and Integration

Spiritual formation as a spiritual care provider includes the awareness and integration of one's narrative history, socio-cultural identity, and spiritual/values-based orienting systems. ACPE defines the word "spiritual" as inclusive of theistic and non-theistic/values-based orientations.

One's narrative history is at play in every care encounter. Paying attention to how one's narrative history intersects with the care receiver's story will influence the kind of care that is provided. Understanding one's narrative history helps to identify the values and beliefs that shape spiritual care. Research from the behavioral sciences will help one understand and evaluate how one's narrative history informs one's values and beliefs about spiritual care.

Socio-Cultural Identity is a lens through which we see the world. Understanding one's own socio-cultural identity and how that influences one's provision of spiritual care is crucial to providing culturally respectful care. One's socio-cultural identity will frequently intersect with the care receiver's socio-cultural identity, and it is an important element present in spiritual care encounters. In the indicators, the phrase "Social Identity", is used to refer to race, culture, social location, and all other aspects of identity.

Spiritual/Values-Based Orienting Systems provide the bedrock of spirituality. Orienting systems might include faith, spirituality, religion, tradition, communities, and values. One's orienting systems influence the way that one cares for others. Understanding the impact of one's values/beliefs on others is crucial to providing spiritual care. This will also enable one to respect and honor the orienting system of others and recognize when one's orienting systems might hinder and limit the provision of spiritual care.

Fulfillment of these outcomes will lead to a healthy use of self that integrates these areas to positively impact the provision of spiritual care.

Category B: Awareness of Self and Others

The CPE process helps build awareness of self and others as a vehicle for greater spiritual care. Awareness includes learning about oneself and developing greater awareness of the experiences and values of others.

Self-Care is essential to deeply engage the pain of others. Being present and holding the pain and grief of others necessitates self-care to promote sustainability and resiliency in this sacred work. Research has shown that trauma-informed approaches are beneficial for realizing and addressing the needs present.

Increased self-awareness also includes the ways that one's biases affect oneself and others, demanding that we develop Justice-Seeking awareness of biases. Some of the biases are well known, like race, gender, ability, culture, etc. Others are less well known, like age and weight. Self-awareness of one's own implicit biases and systemic biases will translate into attempts to provide equitable spiritual care. Spiritual care providers will then use the resources available to them to attempt to address the implicit and systemic biases that impact spiritual care.

Finally, our work as spiritual care providers require us to engage others from a place of intercultural and interreligious humility. We are multidimensional individuals living in a complex and diverse society and world, with complex histories. Our cultures, experiences and relationships shape our values and beliefs. Understanding that all humans have universal beliefs and needs can help us to see our common humanity. Intercultural and interreligious humility includes acknowledging one's limited vision of others, acceptance and appreciation of difference, and an openness and curiosity to new perspectives. Cultivating intercultural and interreligious humility will expand one's ability to address the complexity in others' lives and needs.

Attending to Self-Care, addressing Justice-Seeking awareness of bias, and cultivating Intercultural and Interreligious Humility ensure dignity is afforded to oneself and others.

Category C: Relational Dynamics

Spiritual care and education require empathy and healthy relational boundaries grounded in warmheartedness for self and others. Empathy includes caring about and taking the perspective of others' experiences, values, beliefs, and practices. Healthy relational boundaries include respect for differences in spirituality. Empathy and relational boundaries work in tandem to ensure helpful, rather than harmful, spiritual care.

Group dynamics shape spiritual care and the learning process, requiring one to learn and offer care in and among groups. Understanding theories of group dynamics will grow one's relational capacity and be a necessary component of spiritual care. This will enable one to be aware of the variety of roles that are played in groups and one's habitual roles in groups. Additionally, one will gain experience in facilitating group processes as appropriate to one's context.

Fulfilling these outcomes will help one identify and evaluate how empathy, relational boundaries and group dynamics are integral to spiritual care.

Finally, students who learn and offer care in and among groups will grow in their relational capacity and can bring this increased skill to their spiritual care. Concurrently, they will gain greater understanding about how group dynamics relate to spiritual care contexts.

Category D: Spiritual Care Interventions

Spiritual care providers inhabit a role that necessitates specialized knowledge and skills to address spiritual care needs. Understanding one's role and the power and authority embedded within it are essential to providing spiritual care interventions. Learning practical communication styles and skills are necessary to develop spiritual care relationships. One way of addressing the spiritual care needs of care receivers is to utilize cultural, religious, and spiritual resources that support wellbeing.

Spiritual Assessments provide the framework for guiding appropriate spiritual care interventions. Spiritual Assessments, which are distinct from spiritual histories or spiritual screenings, are tools that empower the spiritual care provider to determine the greatest needs and resources that are present. They will support greater collaboration with the larger team through a shared meaning and understanding of spiritual care plans.

In many contexts, this integration and collaboration are achieved through documentation. While not every context utilizes documentation, learning about documentation enables integrated care and teamwork that is required in a variety of settings.

The specialized role, knowledge, and skills involved in these interventions enable spiritual care providers to provide uniquely helpful care. Successful integration of these interventions and resources equips spiritual care providers with the skills to address the spiritual wellbeing of those in their care.

CPE guides students through the formational and experiential learning process and the interventions necessary to address spiritual distress. Spiritual care includes understanding one's role and the power and authority embedded within it. As students develop spiritual care relationships, they will explore their formational development and learn the practical communication styles and skills necessary for effective spiritual care. One way of addressing the spiritual care needs of care seekers is to utilize cultural, religious, and spiritual resources that are congruent with their values and beliefs.

Category E: Professional Development

Success in the formational and reflective process of CPE requires an engagement with one's own learning process and what it means to be a professional in spiritual care. Professional Development in the CPE process includes engaging the Clinical Method of Learning, abiding by Ethical Practice and Professionalism, growing through Consultation and Feedback, investing in Teamwork and Collaboration, and becoming Research literate.

One of the hallmarks of learning within CPE is through the method of action, reflection, new action, which defines the clinical method of learning. In CPE, the "action" of providing spiritual care is "reflected" upon in the educational time, which in turn leads to an improved "new action" when continuing to provide spiritual care.

Ethical practice and professionalism serve to create a safe and relational environment to learn and provide spiritual care. Adherence to these values and principles will protect both the spiritual care provider and receiver. Honesty, integrity, personal responsibility, and boundaries are all part of ethical practice and professionalism. Additionally, spiritual care providers have an important role to play within ethics and ethical practice. Recognizing ethical issues and knowledge of ethical theories/principles will enable spiritual care providers to honor the dignity of all involved.

Consultation and Feedback are essential elements of the learning process. In CPE, learning happens through engagement with others. Regularly initiating consultation will support and improve the provision of spiritual care. Investing in the learning process necessitates offering and receiving respectful, appropriate, and timely feedback to ensure the continued development for one's own growth and that of others.

Spiritual care can be most effective when it is part of a larger care team, as appropriate to one's context. Our collaboration with others ensures holistic care for care receivers. Making referrals to other professionals allows spiritual care to remain in our area of expertise, while still providing the necessary care for those in need. Expanding the circle of concern may include spiritual care and resources for fellow team members.

There is an emerging recognition of the importance of research for the development of the profession of spiritual care. Initially, a basic awareness of the importance and relevance of research in our field of spiritual care is grounding for beginners to this vocation. Developing research literacy means reading research, knowing where to find it, being able to understand what the research is indicating, recognizing major limitations, and then integrating helpful findings into one's spiritual care. Doing so will lead to improved spiritual care, greater professionalism, and bringing in diverse voices that can inform our practice. Research literacy enables interaction with the interdisciplinary team with an increased capacity to take in data to support their practice. Research literacy supports one's ability to become a lifelong learner.

ACPE OUTCOMES AND INDICATORS – LEVEL IA

CATEGORY A: SPIRITUAL FORMATION AND INTEGRATION

Outcome 1: Narrative History

1A.1 Identify formative and transformative experiences in one's narrative history and their significance to one's spiritual journey.

1A.2 Articulate awareness upon reflection of when a care encounter intersects with elements of one's narrative history.

Outcome 2: Socio-Cultural Identity

1A.3 Demonstrate a knowledge of one's social identity as related to spiritual care.

1A.4 Articulate awareness upon reflection when a care encounter intersects with elements of one's social identity.

Outcome 3: Spiritual/Values-Based Orienting Systems

1A.5 Describe how one's values and beliefs about spiritual care are part of one's orienting systems.

CATEGORY B: AWARENESS OF SELF AND OTHERS

Outcome 1: Self-Care

1A.6 Demonstrate knowledge of the varieties of self-care and initiate the uses of self-care practices.

Outcome 2: Justice-Seeking Awareness of Biases

1A.7 Demonstrate an awareness of implicit and systemic bias including cultural and value/belief-based prejudice and its impact on spiritual care.

Outcome 3: Intercultural and Interreligious Humility

1A.8 Demonstrate respect for the orienting system of others arising out of a sense of common humanity.

CATEGORY C: RELATIONAL DYNAMICS

Outcome 1: Empathy

1A.9 Demonstrate knowledge of and initiate use of empathy in spiritual care contexts.

Outcome 2: Relational Boundaries

1A.10 Demonstrate knowledge of and initiate use of healthy relational boundaries in spiritual care contexts.

Outcome 3: Group Dynamics

1A.11 Demonstrate an understanding of group dynamics as it relates to spiritual care encounters and the learning process.

CATEGORY D: SPIRITUAL CARE INTERVENTIONS

Outcome 1: Develop Spiritual Care Relationships

1A.12 Demonstrate the ability to represent one's role and function when initiating spiritual care relationships.

1A.13 Demonstrate an understanding and initiate use of communication styles and skills in spiritual care relationships.

Outcome 2: Use of Cultural, Religious and Spiritual Resources

1A.14 Demonstrate an understanding and initiate the use of spiritual resources that address spiritual wellbeing.

Outcome 3: Use of Spiritual Assessments and Care Plans

1A.15 Demonstrate an understanding of the difference between spiritual assessments and spiritual histories/screens.

Outcome 4: Documentation

1A.16 Demonstrate an understanding of the role of documentation in the provision of spiritual care.

CATEGORY E: PROFESSIONAL DEVELOPMENT

Outcome 1: Clinical Method of Learning

1A.17 Demonstrate an awareness and initiate use of the clinical method of learning (action-reflection-new action).

Outcome 2: Ethical Practice and Professionalism

1A.18 Demonstrate an awareness of and adherence to mandatory reporting requirements and professional codes of ethics relevant to one's context.

1A.19 Demonstrate through one's behavior the attributes of integrity and honesty in one's spiritual care practice and learning process.

1A.20 Represent and conduct oneself in a manner that is appropriate to the context.

Outcome 3: Consultation and Feedback

1A.21 Demonstrate knowledge of the role of consultation in the learning process of spiritual care.

1A.22 Demonstrate awareness of one's ability to receive and engage feedback related to one's learning process of spiritual care.

1A.23 Demonstrate awareness of one's ability to offer feedback related to one's learning process of spiritual care.

Outcome 4: Teamwork and Collaboration

1A.24 Demonstrate an understanding of how spiritual care interacts with and is part of the larger care team.

Outcome 5: Research Based Care

1A.25 Demonstrate an awareness of how research is relevant to spiritual care.

ACPE OUTCOMES AND INDICATORS – LEVEL IB

CATEGORY A: SPIRITUAL FORMATION AND INTEGRATION

Outcome 1: Narrative History

1B.1 Articulate how one's narrative history informs one's values and beliefs about spiritual care.

1B.2 Demonstrate awareness in the moment of when a care encounter intersects with elements of one's narrative history.

Outcome 2: Socio-Cultural Identity

1B.3 Articulate how one's social identity informs one's approach to spiritual care.

1B.4 Demonstrate awareness in the moment when a care encounter intersects with elements of one's social identity.

Outcome 3: Spiritual/Values-Based Orienting Systems

1B.5 Demonstrate how one's orienting systems inform spiritual care encounters.

CATEGORY B: AWARENESS OF SELF AND OTHERS

Outcome 1: Self-Care

1B.6 Articulate how one's self-care practices, including trauma informed approaches, support wellbeing in spiritual care.

Outcome 2: Justice-seeking awareness of biases

1B.7 Articulate an understanding of one's implicit bias and systemic bias when providing spiritual care.

Outcome 3: Intercultural and Interreligious Humility

1B.8 Articulate how one uses intercultural and interreligious humility when providing spiritual care.

CATEGORY C: RELATIONAL DYNAMICS

Outcome 1: Empathy

1B.9 Articulate how one uses empathy when providing spiritual care.

Outcome 2: Relational Boundaries

1B.10 Articulate an understanding of healthy relational boundaries in spiritual care contexts.

Outcome 3: Group Dynamics

1B.11 Identify group dynamics theories as they relate to providing spiritual care and one's learning process.

CATEGORY D: SPIRITUAL CARE INTERVENTIONS

Outcome 1: Develop Spiritual Care Relationships

1B.12 Articulate an understanding of power dynamics and one's authority when providing spiritual care.

1B.13 Articulate how one's communication styles and skills, including trauma informed approaches, develop spiritual care relationships.

Outcome 2: Use of Cultural, Religious and Spiritual Resources

1B.14 Articulate how one uses spiritual resources when providing spiritual care.

Outcome 3: Use of Spiritual Assessments and Care Plans

1B.15 Articulate how one uses spiritual assessments when one provides spiritual care.

Outcome 4: Documentation

1B.16 Articulate how one uses documentation when providing spiritual care, as appropriate to one's context.

CATEGORY E: PROFESSIONAL DEVELOPMENT

Outcome 1: Clinical Method of Learning

1B.17 Articulate how the clinical method of learning shapes one's provision of spiritual care.

Outcome 2: Ethical Practice and Professionalism

1B.18 Demonstrate ability to recognize ethical issues in one's context and seek consultation.

1B.19 Demonstrate knowledge of and adherence to attributes of personal and organizational responsibility and professional boundaries in the practice of spiritual care and the learning process.

Outcome 4: Teamwork and Collaboration

1B.23 Articulate one's ability to engage with the larger care team, including making referrals, when one provides spiritual care.

Outcome 5: Research Based Care

1B.24 Articulate how one's readings of research is relevant to one's provision of spiritual care.

ACPE OUTCOMES AND INDICATORS – LEVEL IIA

CATEGORY A: SPIRITUAL FORMATION AND INTEGRATION

Outcome 1: Narrative History

2A.1 Use knowledge of behavioral sciences to understand how one's narrative history informs one's values and beliefs about spiritual care.

Outcome 2: Socio-Cultural Identity

2A.2 Demonstrate how one's social identity interacts with the care receiver's social identity.

Outcome 3: Spiritual/Values-Based Orienting Systems

2A.3 Demonstrate how one's orienting system interacts with the care receiver's orienting systems when providing spiritual care.

CATEGORY B: AWARENESS OF SELF AND OTHERS

Outcome 1: Self-Care

2A.4 Demonstrate how one uses self-care practices, including trauma informed approaches, for support of wellbeing, including when providing spiritual care.

Outcome 2: Justice-seeking awareness of biases

2A.5 Demonstrate how one is addressing one's implicit bias and systemic bias when providing spiritual care as appropriate to one's context.

Outcome 3: Intercultural and Interreligious Humility

2A.6 Demonstrate intercultural and interreligious humility when providing spiritual care.

CATEGORY C: RELATIONAL DYNAMICS

Outcome 1: Empathy

2A.7 Demonstrate one's use of empathy when providing spiritual care.

Outcome 2: Relational Boundaries

2A.8 Demonstrate healthy relational boundaries in spiritual care contexts.

Outcome 3: Group Dynamics

2A.9 Demonstrate one's ability to describe and explore roles in group dynamics.

2A.10 Demonstrate one's ability to facilitate group processes as appropriate to one's context.

CATEGORY D: SPIRITUAL CARE INTERVENTIONS

Outcome 1: Develop Spiritual Care Relationships

2A.11 Demonstrate flexible communication styles and skills, including trauma informed approaches, that develop spiritual care relationships using one's authority.

Outcome 2: Use of Cultural, Religious and Spiritual Resources

2A.12 Demonstrate one's ability to use spiritual resources in addressing spiritual and organizational well-being.

Outcome 3: Use of Spiritual Assessments and Care Plans

2A.13 Demonstrate how one's interventions address the assessed spiritual needs/strengths.

Outcome 4: Documentation

2A.14 Demonstrate the ability to document when one provides spiritual care as appropriate to one's context.

CATEGORY E: PROFESSIONAL DEVELOPMENT

Outcome 1: Clinical Method of Learning

2A.15 Demonstrate one's ability to use the clinical method of learning collaboratively and creatively.

2A.16 Demonstrate knowledge of the history of clinical pastoral education.

Outcome 2: Ethical Practice and Professionalism

2A.17 Demonstrate knowledge of ethical principles/theories used in spiritual care contexts.

Outcome 3: Consultation and Feedback

2A.18 Evaluate one's ability to integrate feedback in one's learning process and when providing spiritual care.

2A.19 Evaluate one's ability to offer appropriate and timely feedback to peers and others.

Outcome 4: Teamwork and Collaboration

2A.20 Demonstrate one's ability to function as part of the larger care team while maintaining one's role as a spiritual care provider.

Outcome 5: Research Based Care

2A.21 Demonstrate one's ability to access and understand the main points of a research article and any major limitations.

ACPE OUTCOMES AND INDICATORS – LEVEL IIB

CATEGORY A: SPIRITUAL FORMATION AND INTEGRATION

Outcome 1: Narrative History

2B.1 Evaluate one's integration of how knowledge of behavioral sciences informs one's practice of spiritual care through the lens of one's narrative history.

Outcome 2: Socio-Cultural Identity

2B.2 Evaluate one's integration of how knowledge of social identity informs one's practice of spiritual care.

Outcome 3: Spiritual/Values-Based Orienting Systems

2B.3 Evaluate how one's orienting system interacts with the care receiver's orienting systems when providing spiritual care.

CATEGORY B: AWARENESS OF SELF AND OTHERS

Outcome 1: Self-Care

2B.4 Evaluate how one uses self-care practices, including trauma informed approaches for support of wellbeing, including when providing spiritual care.

Outcome 2: Justice-seeking awareness of biases

2B.5 Evaluate one's ability to address bias and seek justice when providing spiritual care as appropriate to one's context.

Outcome 3: Intercultural and Interreligious Humility

2B.6 Evaluate one's use of intercultural and interreligious humility when providing spiritual care.

CATEGORY C: RELATIONAL DYNAMICS

Outcome 1: Empathy

2B.7 Evaluate one's use of empathy when providing spiritual care.

Outcome 2: Relational Boundaries

2B.8 Evaluate one's ability to maintain healthy relational boundaries in spiritual care contexts.

Outcome 3: Group Dynamics

2B.9 Evaluate one's ability to facilitate and function within group processes.

CATEGORY D: SPIRITUAL CARE INTERVENTIONS

Outcome 1: Develop Spiritual Care Relationships

2B.10 Evaluate one's use of communication styles and skills, including trauma informed approaches.

Outcome 2: Use of Cultural, Religious and Spiritual Resources

2B.11 Evaluate one's use of spiritual resources in addressing spiritual and organizational well-being.

Outcome 3: Use of Spiritual Assessments and Care Plans

2B.12 Evaluate one's use of assessments, interventions, and plans of care when one provides spiritual care.

Outcome 4: Documentation

2B.13 Evaluate one's ability to document as appropriate to one's context.

CATEGORY E: PROFESSIONAL DEVELOPMENT

Outcome 1: Clinical Method of Learning

2B.14 Evaluate one's ability to use the clinical method of learning when one provides spiritual care and personal/professional growth.

Outcome 2: Ethical Practice and Professionalism

2B.15 Demonstrate integration of ethical decision-making in one's context.

Outcome 3: Consultation and Feedback

2B.16 Develop long term plan for seeking consultation to address areas of current and anticipated challenges.

Outcome 4: Teamwork and Collaboration

2B.17 Evaluate one's ability to be a spiritual care presence with and for the larger care team.

Outcome 5: Research Based Care

2B.18 Integrate relevant research into one's practice of spiritual care.

Comparison Chart of Outcomes and Indicators
What You and Your Peers are Working Towards
(A.K.A. Curriculum Crosswalk)

Category A: Spiritual Formation and Integration

Outcome 1: Narrative History

Level IA	Level IB	Level IIA	Level IIB
Identify formative and transformative experiences in one's narrative history and their significance to one's spiritual journey.	Articulate how one's narrative history informs one's values and beliefs about spiritual care.	Use knowledge of behavioral sciences to understand how one's narrative history informs one's values and beliefs about spiritual care.	Evaluate one's integration of how knowledge of behavioral sciences informs one's practice of spiritual care through the lens of one's narrative history.
Articulate awareness upon reflection of when a care encounter intersects with elements of one's narrative history.	Demonstrate awareness in the moment of when a care encounter intersects with elements of one's narrative history.		

Didactics:

All Levels
Personal history and reflective practice with theoretical foundations
Personality Types
Learning Styles

Levels IA and IB
Operating Systems and Social Location

Levels IIA and IIB
Behavioral Theorist Review and Application

Assignments:

All Levels
Story Sharing
Open Group
Exposure to Process Notes
Verbatim/Live Verbatim
Story Hermaneutics
Selected Books and Articles

Levels IIA and IIB
Case Study
Behavioral Science Project
Board Certification Verbatim Format
Spiritual Care Integration Paper

Activities: ***All Levels***
Open Agenda/Group Process
Individual Supervisory Conference
Clinical Experience

Outcome 2: Socio-Cultural Identity

Level IA	Level IB	Level IIA	Level IIB
Demonstrate a knowledge of one's social identity as related to spiritual care.	Articulate how one's social identity informs one's approach to spiritual care.	Demonstrate how one's social identity interacts with the care receiver's social identity.	Evaluate one's integration of how knowledge of social identity informs one's practice of spiritual care.
Articulate awareness upon reflection when a care encounter intersects with elements of one's social identity.	Demonstrate awareness in the moment when a care encounter intersects with elements of one's social identity.		

Didactics: ***Levels IA and IB***
Multi-Cultural Awareness and Cultural Humility for Chaplains
Cross-Cultural and Interreligious Spiritual Care
DEIJ Related Topics

Assignments: ***All Levels***
Personal Story/Group
Verbatim/Live Verbatim
Story Hermeneutics/Theology/Meaning Making
Reflective Learning Summaries

Levels IA and IB
Cultural Narrative
Social/Spiritual Intersection Project

Levels IIA and IIB
Case Study

Activities: ***All Levels***
Open Agenda/Group Process
Individual Supervisory Conference
Clinical Experience

Outcome 3: Spiritual/Values-Based Orienting Systems

Level IA	Level IB	Level IIA	Level IIB
Describe how one's values and beliefs about spiritual care are part of one's orienting systems.	Demonstrate how one's orienting systems inform spiritual care encounters.	Demonstrate how one's orienting system interacts with the care receiver's orienting systems when providing spiritual care.	Evaluate how one's orienting system interacts with the care receiver's orienting systems when providing spiritual care.

Didactics: ***All Levels***
Belief Systems at Work

Levels IA and IB
Comparative Religion in Spiritual Care (Roman Catholic/Jewish/Buddhist/Muslim/Non-Religious Careseekers)

Assignments: ***All Levels***
Personal Story/Group Building
Story Hermeneutics/Theology/Meaning Making
Reflective Learning Summaries
Verbatim/Live Verbatim

Level IA
Developing Spiritual Care Intention

Level IB
Perspectives on Hospitality and Welcoming in Clinical Practice

Level IIA
Exploring and Sharing Ideas and Beliefs on Spirituality of Suffering

Levels IIA and IIB
Case Study

Activities: *All Levels*
Clinical Experience
Open Agenda/Group Process
Individual Supervisory Conference

Category B: Awareness of Self and Others

Outcome 1: Self-Care

Level IA	Level IB	Level IIA	Level IIB
Demonstrate knowledge of the varieties of self-care and initiate the use of self-care practices.	Articulate how one's self-care practices, including trauma informed approaches, support wellbeing in spiritual care.	Demonstrate how one uses self-care practices, including trauma informed approaches, for support of wellbeing, including when providing spiritual care.	Evaluate how one uses self-care practices, including trauma informed approaches for support of wellbeing, including when providing spiritual care.

Didactics: *All Levels*
Professional Boundaries
Self-Care
Trauma Informed Care

Assignments: *All Levels*
Reflective Learning Summaries
Self-Care Journaling

Activities: *All Levels*
Open Agenda/Group Process
Individual Supervisory Conference
Clinical Experience

Outcome 2: Justice-Seeking Awareness of Bias

Level IA	Level IB	Level IIA	Level IIB
Demonstrate an awareness of implicit and systemic bias including cultural and value/belief-based prejudice and its impact on spiritual care.	Articulate an understanding of one's implicit bias and systemic bias when providing spiritual care.	Demonstrate how one is addressing one's implicit bias and systemic bias when providing spiritual care as appropriate to one's context.	Evaluate one's ability to address bias and seek justice when providing spiritual care as appropriate to one's context.

Didactics:

Levels IA and IB
Multi-Cultural Awareness and Cultural Humility for Chaplains

Levels IIA and IIB
DEIJ in Spiritual Care
Social Justice Seminar(s)

Assignments:

All Levels
Verbatim /Live Verbatim
Story Theology
Reflective Learning Summaries

Levels IA and IB
Cultural Narrative
Social/Spiritual Project

Levels IIA and IIB
Case Study

Level IIB
Written Exploration: Intersections of Ethics and Social Justice in Spiritual Care

Activities:

All Levels
Open Agenda/Group Process
Individual Supervisory Conference
Clinical Experience

Outcome 3: Intercultural and Interreligious Humility

Level IA	Level IB	Level IIA	Level IIB
Demonstrate respect for the orienting systems of others arising out of a sense of common humanity.	Articulate how one uses intercultural and interreligious humility when providing spiritual care.	Demonstrate intercultural and interreligious humility when providing spiritual care.	Evaluate one's use of intercultural and interreligious humility when providing spiritual care.

Didactics:

Levels IA and IB
Spiritual Care within Cross-Cultural and Interreligious Populations
Spiritual Care with Patients of Varying Sexual Orientations and Gender Expressions

Assignments:

All Levels
Verbatim/Live Verbatim
Reflective Learning Summaries
Interfaith Spiritual Reflection

Levels IA and IB
Social Competencies and Spiritual Awareness and Competencies

Levels IIA and IIB
Interreligious Meditations, Prayers, and Rituals
Case Study

Activities:

All Levels
Clinical Assignments
Open Agenda/Group Process
Individual Supervisory Conference

Category C: Relational Dynamics

Outcome 1: Empathy

Level IA	Level IB	Level IIA	Level IIB
Demonstrate knowledge of and initiate use of empathy in spiritual care contexts.	Articulate how one uses empathy when providing spiritual care.	Demonstrate one's use of empathy when providing spiritual care.	Evaluate one's use of empathy when providing spiritual care.

Didactics: ***Levels IA and IB***
Active Listening
Grief and Loss in Spiritual Care

Assignments: ***All Levels***
Verbatim /Live Verbatim
Reflective Learning Summaries

Levels IIA and IIB
Interreligious Meditations, Prayers, and Rituals
Case Study

Activities: ***All Levels***
Clinical Experience
Open Agenda/Group Process

Outcome 2: Relational Boundaries

Level IA	Level IB	Level IIA	Level IIB
Demonstrate knowledge of and initiate use of healthy relational boundaries in spiritual care contexts.	Articulate an understanding of healthy relational boundaries in spiritual care contexts	Demonstrate healthy relational boundaries in spiritual care contexts.	Evaluate one's ability to maintain healthy relational boundaries in spiritual care contexts.

Didactics: ***All Levels***
Professional Boundaries and Self-Care

Assignments: ***All Levels***
Evaluation of Chaplain Intern Form (Site Preceptors and Multidisciplinary Team Members)
Verbatim/Live Verbatim

Levels IIA and IIB
Case Study

Level IIA
Hospitality and Welcoming in Clinical Practice

Activities: ***All Levels***
Clinical Assignments
Open Agenda/Group Process
Clinical Experience

Outcome 3: Group Dynamics

Level IA	Level IB	Level IIA	Level IIB
Demonstrate an understanding of group dynamics as it relates to spiritual care encounters and the learning process.	Identify group dynamics theories as they relate to providing spiritual care and one's learning process.	Demonstrate one's ability to describe and explore roles in group dynamics.	Evaluate one's ability to facilitate and function within group processes.
		Demonstrate one's ability to facilitate group processes as appropriate to one's context.	

Didactics: ***All Levels***
Personal history and reflective practice
Personality Theories: Understanding Self and Others
Introduction to CPE Learning

Levels IIA and IIB
Group Process Theory

Assignments: ***All Levels***
Mid-Unit Evaluation
Final Evaluation
Evaluation of Chaplain Intern Form

Activities: ***All Levels***
Clinical Experience
Open Agenda/Group Process
Individual Supervisory Conference

Category D: Spiritual Care Interventions

Outcome 1: Develop Spiritual Care Relationships

Level IA	Level IB	Level IIA	Level IIB
Demonstrate the ability to represent one's role and function when initiating spiritual care relationships.	Articulate an understanding of power dynamics and one's authority when providing spiritual care.	Demonstrate flexible communication styles and skills, including trauma informed approaches, that develop spiritual care relationships using one's authority.	Evaluate one's use of communication styles and skills, including trauma informed approaches.
Demonstrate an understanding and initiate use of communication styles and skills in spiritual care relationships.	Articulate how one's communication styles and skills, including trauma informed approaches, develop spiritual care relationships.		

Didactics:

Levels IA and IB
Initiating Spiritual Care Visits
Spiritual Care Responses and Choices
Spiritual Care/Professional Authority and Multi-Disciplinary Team Work
Active Listening
Spiritual Care/Professional Authority at your Clinical Placement Site
Spiritual Care in Crisis and Emergency Situations
Spiritual Care at End-of-Life
Spiritual Care and Specific Diagnoses (oncology, addictions/recovery, dementia, etc.)
Spiritual Care Responses to Mental Health Issues
Spiritual Care and Geriatric Issues
Spiritual Care in Childhood and Adult Illnesses

Levels IIA and IIB
Trauma Informed Spiritual Care Practice

Assignments:

All Levels
Verbatim/Live Verbatim
Evaluation of Chaplain Intern Form from Site Preceptors

Levels IIA and IIB
Interreligious Meditation, Reflection, and Ritual
Case Study

Activities: *All Levels*
Clinical Assignments
Multidisciplinary Meetings
Open Agenda/Group Process

Outcome 2: Use of Cultural, Religious, and Spiritual Resources

Level IA	Level IB	Level IIA	Level IIB
Demonstrate an understanding and initiate the use of spiritual resources that address spiritual wellbeing.	Articulate how one uses spiritual resources when providing spiritual care.	Demonstrate one's ability to use spiritual resources in addressing spiritual and organizational well-being.	Evaluate one's use of spiritual resources in addressing spiritual and organizational well-being.

Didactics: *Levels IA and IB*
Spiritual Care within Cross-Cultural and Interreligious Populations
Spiritual Care with Patients of Varying Sexual Orientations and Gender Expressions

Assignments: *All Levels*
Interreligious Spiritual Reflection
Verbatim/Live Verbatim
Evaluation of Chaplain Intern Form by Site Preceptors

Levels IIA and IIB
Case Study
Interreligious Meditation, Reflections, Ritual

Activities: *All Levels*
Clinical Experience Documentation (Charting)

Outcome 3: Use of Spiritual Assessments and Care Plans

Level IA	Level IB	Level IIA	Level IIB
Demonstrate an understanding of the difference between spiritual assessments and spiritual histories/screens.	Articulate how one uses spiritual assessments when one provides spiritual care.	Demonstrate how one's interventions address the assessed spiritual needs/strengths.	Evaluate one's use of assessments, interventions, and plans of care when one provides spiritual care.

Didactics: ***Levels IA and IB***
Spiritual Assessment

Levels IIA and IIB
Spiritual Assessment: Beyond the Basics

Assignments: ***All Levels***
Verbatim/Live Verbatim
Story Hermeneutics/Theology/Meaning Making
Evaluation of Chaplain Intern Form by Site Preceptors

Levels IIA and IIB
Case Study
Fitchett 7x7 Verbatim Format

Activities: ***All Levels***
Clinical Experience
Documentation (Charting)

Outcome 4: Documentation

Level IA	Level IB	Level IIA	Level IIB
Demonstrate an understanding of the role of documentation in the provision of spiritual care.	Articulate how one uses documentation when providing spiritual care, as appropriate to one's context.	Demonstrate the ability to document when one provides spiritual care as appropriate to one's context.	Evaluate one's ability to document as appropriate to one's context.

Didactics: ***Levels IA and IB***
Clinical Placement Documentation Requirements

Assignments: ***All Levels***
Verbatim/Live Verbatim
Evaluation of Chaplain Intern Form by Site Preceptor

Levels IIA and IIB
Case Study

Activities: ***All Levels***
Documentation (Charting)

Category E: Professional Development

Outcome 1: Clinical Method of Learning

Level IA	Level IB	Level IIA	Level IIB
Demonstrate an awareness and initiate use of the clinical method of learning (action-reflection-new action).	Articulate how the clinical method of learning shapes one's provision of spiritual care.	Demonstrate one's ability to use the clinical method of learning collaboratively and creatively.	Evaluate one's ability to use the clinical method of learning when one provides spiritual care and personal/professional growth.
		Demonstrate knowledge of the history of clinical pastoral education.	

Didactics: *All Levels*
Introduction to CPE Learning

Assignments: *All Levels*
Learning Contract
Verbatim/Live Verbatim
Reflective Learning Summaries
Mid-Unit Evaluation
Final Evaluation
Evaluation of Chaplain Intern Form

Levels IIA and IIB
Case Study

Activities: *All Levels*
Clinical Experience
Open Agenda/Group Process
Individual Supervisory Conference
Shadowing/Joint Visits

Outcome 2: Ethical Practice and Professionalism

Level IA	Level IB	Level IIA	Level IIB
Demonstrate an awareness of and adherence to mandatory reporting requirements and professional codes of ethics relevant to one's context.	Demonstrate ability to recognize ethical issues in one's context and seek consultation.	Demonstrate knowledge of ethical principles/theories used in spiritual care contexts.	Demonstrate integration of ethical decision-making in one's context.
Demonstrate through one's behavior the attributes of integrity and honesty in one's spiritual care practice and learning process.	Demonstrate knowledge of and adherence to attributes of personal and organizational responsibility and professional boundaries in the practice of spiritual care and the learning process.		
Represent and conduct oneself in a manner that is appropriate to the context.			

Didactics:

Levels IIA and IIB
The Role of Ethics and Ethicists in Spiritual Care
Clinical Ethics in Spiritual Care Practice
The Chaplain's Role in Healthcare and Clinical Placement Site Ethics

Assignments:

All Levels
Evaluation of Chaplain Intern Form by Site Preceptor

Levels IIA and IIB
Board Certification Verbatim Format

Level IIB
Explorations in Ethics in Spiritual Care

Activities:

All Levels
Clinical Experience
Open Agenda/Group Process

Outcome 3: Consultation and Feedback

Level IA	Level IB	Level IIA	Level IIB
Demonstrate knowledge of the role of consultation in the learning process of spiritual care.	Initiate consultation when faced with challenges in the spiritual care context.		Develop long term plan for seeking consultation to address areas of current and anticipated challenges.
Demonstrate awareness of one's ability to receive and engage feedback related to one's learning process of spiritual care.	Engage and integrate feedback in one's learning process and when providing spiritual care.	Evaluate one's ability to integrate feedback in one's learning process and when providing spiritual care.	
Demonstrate awareness of one's ability to offer feedback related to the learning process of spiritual care.	Demonstrate the ability to offer appropriate and timely feedback to peers and others.	Evaluate one's ability to offer appropriate and timely feedback to peers and others.	

Didactics:

Level IA and IB
Introduction to CPE Learning

Levels IIA and IIB
Preparing for Board Certification

Assignments:

All Levels
Learning Contract
Verbatim/Live Verbatim
Mid-Unit Evaluation
Final Evaluation
Evaluation of Chaplain

Level IIA and IIB
Case Study & BCCI Verbatim Format

Activities:

All Levels
Open Agenda/Group Process
Individual Supervisory Conference
Shadowing/Joint Visits

Outcome 4: Teamwork and Collaboration

Level IA	Level IB	Level IIA	Level IIB
Demonstrate an understanding of how spiritual care interacts with and is part of the larger care team.	Articulate one's ability to engage with the larger care team, including making referrals, when one provides spiritual care.	Demonstrate one's ability to function as part of the larger care team while maintaining one's role as a spiritual care provider.	Evaluate one's ability to be a spiritual care presence with and for the larger care team.

Didactics:

All Levels
Interactions with Site Preceptors from various locations and disciplines

Levels IA and IB
Spiritual Care/Professional Authority at Clinical Placement Sites
Supportive Care, Palliation, and Pain Management
Spiritual Care in Crisis and Emergency Situations

Levels IIA and IIB
The Chaplain's Role with Families
The Chaplains Role in Institutional Life – The Big Picture
The Chaplain's Role in Addressing Spiritual and Organizational Well-Being

Assignments:

All Levels
Evaluation of Chaplain Intern Form

Levels IIA and IIB
The Role and Function of the Spiritual Care Provider in Student's Specific Settings
Interreligious Meditation, Prayer, and Ritual

Activities:

All Levels
Clinical Assignments
Multidisciplinary Meetings
Professional Meetings (Team Meetings)

Outcome 5: Research Based Care

Level IA	Level IB	Level IIA	Level IIB
Demonstrate an awareness of how research is relevant to spiritual care.	Articulate how one's readings of research is relevant to one's provision of spiritual care.	Demonstrate one's ability to access and understand the main points of a research article and any major limitations	Integrate relevant research into one's practice of spiritual care.

Didactics:

Level IA
How to Read Research Articles

Levels IA and IB
What is the benefit & value of reading, understanding & using research for chaplains?

Levels IIA and IIB
Ethical Issues in Healthcare Research
Introduction to Library Skills: How to find articles, read abstracts, and apply research

Assignments:

All Levels
Assigned reading - Research articles and case studies
Research Article Summaries and the Impact on Spiritual Care

Levels IA and IB
Social and Spiritual Applications of Research

Level IIB
Individual Research/Literature Review Project

Activities:

All Levels
Activities will be planned according to the advancing knowledge of research based care – Levels IA through IIB

3.6 – EI Didactics

EI pays close attention to topics of diversity, equality, and inclusion. We also focus on equity. In our philosophy, equality means that everyone receives the same resources, which is often appropriate though not always inclusive of everyone's path. Equity means that people receive resources according to specific need. Personal context and need is encouraged to surface within and among students in conversation with their Certified Educator, the CPE program, and EI as a whole. Many of our didactics explicitly or implicitly address themes of diversity, equality, inclusion, and equity.

EI CPE Didactics Include (but are not limited to):

- Addictions and Chemical Dependency Recovery – Chaplain Adam Siegel
- Biomedical Ethics – Rabbi Jason Mann
- Care of Buddhist Patients - Chaplain Bryan Ferry
- Comparative Religion and Practical Applications – Dr. Victor Gabriel
- Crisis Intervention – Chaplain Fran Chalin
- Death, Birth, and Conversion - Chaplain Muriel Dance
- From CPE to Certification - Rabbi Susan Freeman
- Fitchett 7x7 Spiritual Assessment Model - Rabbi Rochelle Robins
- Grief Processes – Chaplain Michael Eselun
- Healing vs. Curing: Holistic Approaches to Disability and Wellness in Christian Scripture and Practice – Rev. Bethany McKinney Fox
- Hospice Chaplaincy – Chaplain Amy Altshuld
- Intimate Partner Violence - Mimi Lind
- Introduction to Theological Reflection techniques, practices, and implications for multidisciplinary care - Chaplain Blake Arnall
- Living with Chronic Illness from Childhood through Adulthood – Chaplain Judy Weintraub
- Music as a Healing Tool for Chaplains - Chaplain Ruth Belonsky
- Oncology and Chaplaincy - Dr. Robert Figlin
- Selected Topics on Medicine in Chaplaincy – Rabbi Jason Mann, M.D.
- The Role and Place of Humor in Chaplaincy - Chaplain Amy Altshuld
- Theological Reflection - Rabbi Susan Freeman
- Wilderness Therapy for Individuals Living with PTSD – Chaplain Michael Salonius

4.1 – Telling Our Stories

Early in the unit, each member of the peer group and the ACPE Certified Educator(s) will gather to tell and hear one another's life stories. This is a spoken activity. However, one may find it helpful to reflect on one's own story and to makes notes or an outline of topics or events that you deem necessary to include.

Consider:

Yourself as a child
Your family of origin
How those relationships have formed you

Significant events and turning points in your life
Emotional significance
The personal meaning of the event for you

Persistent emotions
How you understand your 'core dynamics'

Relationships with others
How you have been affected by those relationships both positively and negatively
Family, Friends, Mentors, Spiritual/Religious Leaders, etc.

Your process of finding and discerning meaning/values/spirituality
Your experience of the sacred in your life

In thirty to forty-five (30-45) minutes, you won't be able to cover EVERYTHING, so think about what you want to include in your story; YOU are the teller. Having a written outline may be helpful in order to keep within the time limit.

Please bring photographs or other significant objects on story day as well.

If you are a continuing student, consider including core themes which you have discerned in your life story and how they have influenced for relationships with self, the sacred, and others. Take your story to the next level, whatever this means for you.

4.2 – Journal Reflections

This program does not specifically require journal reflections. If it is beneficial to your learning, the presented format is intended as a helpful recommendation. In certain circumstances, your Educator might require it. You can consider the weekly reflections as an invitation for the ongoing journaling of your spiritual journey during this unit. They are a weekly invitation to step back and reflect in depth on your experience in spiritual care. Weekly reflections offer a chance to devote some thought to one or more pastoral encounters and events with which you have been confronted in your spiritual care encounters, in meetings, seminars or in readings, and to reflect on the meaning of those experiences for you.

The purpose of weekly reflection upon your CPE experience is the integration of theory and practice. How do your thoughts, feelings, and actions work together, and at what points do you experience tension within yourself and in response to others? Be specific. You may use illustrations from your encounters but try not to fall into simply writing a "play by play" account of your previous week.

For Beginning Students – As you sort through your experience of the previous week consider:

Yourself in <u>relationship</u>

- With yourself
- With others, care-seekers, peers, staff, ACPE Certified Educator
- With the sacred, transcendent, guiding values

Yourself as a <u>spiritual leader</u>

- With care-seekers, families, staff, and peers

You might want to consider some of the following:

- How do you understand yourself as a Chaplain, learner, peer, and creature on this earth and of the sacred?
- When have you felt most authentic/alienated, most connected/disconnected?
- How are care-seekers/family/staff challenging you? Attending to you?
- Is your clinical experience stretching, deepening, or clarifying your beliefs/theology/interpretations?
- What are you learning about your motivation for pastoral care?
- How do your beliefs inform the way you approach spiritual care?
- What religious image, hermeneutical/theological concept, text, prayer speaks to your situation?
- How has your experience moved you closer to addressing your learning goals, CPE outcomes, self-awareness, pastoral identity, theological vitality, spiritual depth?

For Continuing Students:

- **What is your Learning Theme?** Where have you recognized it in play this week?

- **Relationship with self** (personally and professionally)

- **Relationship with peers** (When have you felt most connected? Most disconnected? How do you see the group norms/covenant in play? What are dynamics you have seen or wonder about?)

- **Relationship with care-seekers and staff** (When/how were you challenged? What was affirming?)

4.2 – Journal Reflections (cont'd)

- **Relationship with Certified Educator** (What is helpful? What is not? What do you need from your Certified Educator?)

- **Relationship to spiritual/religious practice/tradition** (When have you felt most connected to your Source of Meaning, practice, or values? Most disconnected?)

- **Meaning-Making/Hermeneutical/Theological Reflection** (How has your belief system supported your practice? When was your belief system challenged? Are there ways it is insufficient or weak? What religious image/story/sacred literature/song/prayer speaks to your situation?)

- **Outcomes and Indicators (**After writing your reflection, identify a few Outcomes/Indicators that speak to your most vivid experiences. What are they and why are you choosing them?)

Mainly, your reflections are for you. If you like, feel free to share them with the members of your peer group as well as your ACPE Certified Educator. Occasionally, your Certified Educator will request that you bring your reflections to Individual Supervision to help guide the conversation.

4.3 – Learning Contract

Your individualized learning contract is developed collaboratively in consultation with your ACPE Certified Educator *and peers. Before beginning to draft your learning contract, please read "Spiritual Themes in Clinical Pastoral Education" (Readings & Resources, Student Handbook). During your orientation to CPE, you will have an opportunity to explore this concept further in a didactic seminar on* ***Spiritual Themes and Learning Contracts****. After consulting your Educator, you will present your Learning Contract to your peer group for feedback and to elicit the support of your peers in achieving your goals.*

I. SPIRITUAL THEME (Optional but Encouraged)

Identify a 'theme' with significance to your development as a person and a spiritual care provider. Think about a core issue that informs your identity and your relationships. It should have both positive and negative aspects and may be expressed in both strengths and challenges in your development. It may be pervasive in many aspects of your life including your thoughts and feelings about yourself, your relationships with others, and your experience of what you consider sacred. In its fullest sense your theme will have a spiritual dimension but may not be strictly religious or theological.

A. How does the theme influence your personal identity? Can you discern ways in which your life events and relationships have influenced your sense of yourself and your approach to spiritual care?
B. How does this theme influence your relationships with others? Can you discern ways in which this theme is played out in terms of promoting connection or disconnection with others?
C. How does the theme influence your meaning-making system/theology and personal spiritual journey? Can you discern ways that this theme is expressed in your spiritual life? How does it inform your hermeneutical/spiritual/religious/theological understanding?

II. GOALS AND LEARNING OBJECTIVES

A. How do you plan to focus on this theme in the context of CPE?
B. What do you hope to clarify in focusing on this theme?
C. What kind of commitment would you like from your peers and ACPE Certified Educator to help you work on this theme as a focus of your education in spiritual care?

III. OBSTACLES IN REACHING YOUR GOALS

A. What internal obstacles do you anticipate? How will you address them?
B. What external obstacles do you anticipate? How will you address them?

4.4 – Verbatim and Reflection Format

Clinical Site:
Date of Visit:
Date Verbatim was written:
Length of Visit
Name of Care-seeker:
Age:
Religion/Spiritual Identity:
Ethnicity:
Gender :
Relationship Status:
Clinical Diagnosis:
Spiritual Care Diagnosis:

Chaplain:
ACPE Certified Educator:

Part One: The Subject of the Verbatim

Belief and meaning, spiritual references, theological constructs, and religious affiliations in the person's story. (*Theological refers to the knowledge or experience of God and/or meaning. Meaning need not be relegated to discussions of God. What are the personal beliefs of the care-seeker? Is God/the sacred named in the meaning-making process? How does the person understand theological concepts such as prayer, healing, suffering, worship, joy, etc.? What are the authoritative sources of spirituality for the person? What is the spiritual/religious practice of the person? What are the resources of the spiritual/theological stance for the person's current situation?)*

Physical aspects of the person's story

(This refers to the body, environment, energy level; perceived through the senses – smell, see, touch, hear, feel; history of illness)

Psychological aspects of the person's story

(This refers to the mental processes of the person, personality, developmental stage, emotion, psychological theory that might be employed by the person, understanding of relationship dynamics.)

Sociological, social location, and issues of diversity, equality, and inclusion in the person's story

(This refers to the community, culture, race, gender, age, sexual orientation, economic status, family origins, support systems, organizations, and geographical roots of the person. It is a way to assess differences that effect societal and spiritual issues of care.)

Part Two: The Chaplain

(Use the same definitions as found in the care-seeker section above)

Theological/spiritual reference and/or religious affiliations in the chaplain's story
Physical aspects of the chaplain's story
Psychological aspects of the chaplain's story
Sociological aspects of the chaplain's story

Part Three

What was the pastoral opportunity and what was the pastoral intention for the visit? Be as specific as possible.

Part Four: Verbatim dialogue

Please include the dialogue with numbers for each interaction. For example, the chaplain could be designated as C. and the care-seeker as P. In a dialogue, you would say C1 and P1, C2 and P2, etc. Be sure to include the non-verbal communication, the surroundings, the feelings between the words, your own responses both thought and feeling, and any theological/spiritual images that came to mind. Your goal is to create as complete a picture as possible of all that is happening in a care-seeker/staff/family encounter on the multiple layers of communication.

Part Five

What were the positive aspects of this visit?
What do you wish you had done differently in the visit?
What questions do you have for your learning process?
What lenses of belief/theological/spiritual assumptions of yours and of the care-seeker were at work in the visit?

a. How were they an asset?
b. How were they limiting in the spiritual care relationship?
c. Is there a meaningful, spiritual, or sacred text that comes to mind in relation to this visit? You may also include stories, metaphors, teachings, and whatever is called up for you (including movies, media, and fairy tales).

Write a chart note or documentation for this visit. Include your follow up Plan of Care.

Part Six

Name one spiritual assessment/meaning-making/theological issue from this experience. Using one or two references (see bibliography) note what you learned from this (these) source(s) about the issue. What surprised or challenged you in your belief or understanding.

Reflection Questions

1. What is a key meaning-making/theological issue, content, connection, assumption that you identified in this encounter/verbatim?
2. What is your understanding and experience of that issue – where is it?
3. Is there a theme or pattern connecting this belief system/theological issue to your other CPE experiences?
4. Is there a theme or pattern related to diversity, equality, equity, and inclusion that is relevant to the chaplain's perspective on the provision of care to the care-seeker?
5. Is there an area of Trauma Informed Care that arose out of the encounter? If so, please describe the plan of care in place to tend to this if appropriate.
6. What operating systems come to mind as connected in regard to your verbatim, i.e. theoretical approaches from behavioral science, philosophy, sociology, psychological (not theology per se. This question is located in Part Five above).
7. Using the Fitchett 7x7 Spiritual Assessment Model as a jumping off point, write a two to three sentence Spiritual Assessment as if you were summarizing your observations to assist the multidisciplinary team to help them deepen their understanding of the care-seeker.

4.5 – Mid-Unit Assessment: Levels IA, IB, IIA, and IIB

Mid-Unit Assessment
All Levels of CPE
Refer to Section 3.5 of this Handbook to review the ACPE Outcomes Indicators

BASIC INFORMATION
Name, beginning and ending dates of the Clinical Training Program, Center, ACPE Certified Educator, and Peers.

SELF ASSESSMENT
In relation to the Levels IA, IB, IIA, and IIB Outcomes and Indicators, describe three (3) aspects of your CPE experience that have contributed to your education in Spiritual Care. How have you worked on the issues described in your Learning Contract? Describe how you have used the group for your own learning process. What would you like to focus on in the second half of the unit? **Refer to the specific Outcomes and Indicators you are addressing.**

GROUP ASSESSMENT
How would you describe the group dynamic in the peer group? How do you see yourself functioning within your peer group? Describe what dynamics would make the most productive group for you in order to meet your learning goals.

ACPE CERTIFIED EDUCATOR ASSESSMENT
Reflect upon your supervisory relationship. How has your Educator responded to your learning needs? In what ways might your Educator do to better meet you and your learning needs?

PROGRAM ASSESSMENT
Do you have any suggestions which might improve the quality of your CPE learning experience in class or at your Clinical Placement Site?

PEER ASSESSMENTS
Focus on your relationship with each member of your peer group. How has your perception of that person and your relationship developed during your CPE experience, thus far? First impressions? Do you have a sense of how your peer relates to you? Describe your peer's progress with their Learning Contract. What strengths, weaknesses and growing edges do you observe in your peer that would be helpful to their education for spiritual care? Be specific. Use comments/vignettes to illustrate your observations.

Suggested length of Mid-Unit Assessment is approximately four to six pages. Be prepared to send your document to your Educator and peers prior to the first day of midterms.

Alternative Midterm Assessment Format

The purpose of the mid-unit evaluation is to assess your personal and professional learning as a Chaplain Intern. The evaluation consists of two parts:

a) written evaluation to be shared with the group (written copies are made for each group member)
b) an evaluation of your individual supervisory conferences.

1. Address each of the goals in your learning contract, commenting on the progress you have made. How do you measure the progress you claim? What obstacles have you faced in meeting your learning goals? In what ways do you want to refine or to change your learning goals for the second half of this unit?

2. How do you see your role in the peer group? What kind of group is this for you? How would you describe the group process? What have you learned about yourself as a result of the group process?Write a paragraph about each group member, including the ACPE Certified Educator. How have you experienced this person? What role has this person played in the group process? What have you offered to this person? How has this person transformed you? What would you like to see transform in this relationship in the future? Offer both affirmative and enlightening/challenging remarks.

3. Relationship with your Educator. What are some of the dynamics you experience in this relationship? How are you utilizing the supervisory conferences for your own learning? What has been particularly helpful in the relationship? How has this relationship benefited your educational process? Would you like to offer any guidance to your Educator about ways to best assist you in your learning process?

4.6 – Final Self-Evaluation – ACPE Level IA, IB, IIA, and IIB

Final Student Self-Evaluation Level IA

FINAL EVALUATION – LEVEL IA OUTCOMES AND INDICATORS

1. **BASIC INFORMATION**: Give your name, dates of the CPE program, the center, Educator, initials of peers, and a brief description of your unit assignments as headings at the top of your evaluation.

   Name your file in a Word document in the following way:
   First initial.last name.CPE level.date
   For example: bbrinkley.level1A.summer2024

2. Address each of the goals in your learning contract, commenting on the progress you have made. How do you measure the progress you claim? What obstacles have you faced in meeting your learning goals? In moving forward, in what ways will you sustain this goal in your development? Or if you think it is complete, how might you integrate/incorporate your progress into your life and work?

3. Please write about your abilities and progress made during this unit of CPE, according to the following ACPE outcomes and indices. Give yourself a rating for each of the 25 indices and write a narrative reflection beneath each of the five Categories A – E. Be as specific as possible when responding to each outcome. Use examples and incidents to illustrate your points.

   For each indicator, the student will assign a rating according to the following scale. The Educator's final evaluation of the student's performance uses the same rating scale, which creates a collaborative and comparative evaluation process.

   1 – Not Engaging: This rating is for the student who is not engaging the indicator in both education and clinical hours.

   2 – Beginning to Engage: This rating is for the student who is trying, but is not yet fully demonstrating the required knowledge, behaviors, skills, and attributes in both education and clinical hours.

   3 – Meets Expectations: This rating is the standard expectation of demonstration of the required knowledge, behaviors, skills, and attributes for the indicator in both education and clinical hours.

   4 – Exceeds Expectations: This rating is for the student who is excelling in the indicator in both education and clinical hours.

Make sure to follow each category with a narrative that supports your numeric assessment in that category. After the Outcomes and Indices at the conclusion of the document, you will reflect on key learning, the group process, individual supervision, and peer feedback.

LEVEL IA – CATEGORY A: SPIRITUAL FORMATION AND INTEGRATION

Each person is influenced by their narrative history, social identity, and spiritual orienting system. CPE students will become more aware of their narrative history, social identity, and spiritual orienting system and how that shapes their spiritual care. Fulfilling these outcomes will lead to greater use of self and healthy integration of these areas to positively impact their provision of spiritual care.

1 = Not engaging 2 = Beginning to engage 3 = Meets expectations 4 = Exceeds expectations

Outcome 1: Narrative History

Indicator		1	2	3	4
1A.1	Identify formative and transformative experiences in one's narrative history and their significance to one's spiritual journey.				
1A.2	Articulate awareness upon reflection of when a care encounter intersects with elements of one's narrative history.				

Outcome 2: Socio-Cultural Identity

Indicator		1	2	3	4
IA.3	Demonstrate a knowledge of one's social identity as related to spiritual care.				
1A.4	Articulate awareness upon reflection when a care encounter intersects with elements of one's social identity.				

Outcome 3: Spiritual/Values-Based Orienting Systems

Indicator		1	2	3	4
1A.5	Describe how one's values and beliefs about spiritual care are part of one's orienting systems.				

Category A Narrative – please provide brief examples, vignettes, and personal reflections that demonstrate your growth and progress in this area:

LEVEL IA – CATEGORY B: AWARENESS OF SELF AND OTHERS

Greater awareness is a hallmark of the CPE process. Spiritual Self-Care is essential to deeply engaging the pain of others. Increased self-awareness also includes how one's biases affect us and others, demanding we develop Justice-Seeking Awareness of Biases. Finally, our work as interfaith spiritual care providers requires us to engage others from a place of Interreligious Humility. Honing these outcomes will ensure dignity is afforded to oneself and others.

1 = Not engaging 2 = Beginning to engage 3 = Meets expectations 4 = Exceeds expectations

Outcome 1: Self-Care

Indicator		1	2	3	4
1A.6	Demonstrate knowledge of the varieties of self-care and initiate the uses of self-care practices.				

Outcome 2: Justice-Seeking Awareness of Biases

Indicator		1	2	3	4
1A.7	Demonstrate an awareness of implicit and systemic bias including cultural and value/belief-based prejudice and its impact on spiritual care.				

Outcome 3: Intercultural and Interreligious Humility

Indicator		**1**	**2**	**3**	**4**
1A.8	Demonstrate respect for the orienting system of others arising out of a sense of common humanity.				

Category B Narrative – please provide brief examples, vignettes, and personal reflections that demonstrate your growth and progress in this area:

LEVEL IA – CATEGORY C: RELATIONAL DYNAMICS

The interpersonal nature of the provision of spiritual care and education seeks to ground in Self-differentiation, Empathy, and Self-reflexivity. Engagement with these outcomes highlights the importance of connections and boundaries amidst differences that consider the fullness of our life, identity, and values and their impact on our provision of spiritual care. Finally, students who learn and offer care in and among groups will grow to understand group dynamics and their roles within them.

1 = Not engaging 2 = Beginning to engage 3 = Meets expectations 4 = Exceeds expectations

Outcome 1: Empathy

Indicator		**1**	**2**	**3**	**4**
1A.9	Demonstrate knowledge of and initiate use of empathy in spiritual care contexts.				

Outcome *2: Relational Boundaries*

Indicator		1	2	3	4
1A.10	Demonstrate knowledge of and initiate use of healthy relational boundaries in spiritual care contexts.				

Outcome 3: Group Dynamics

Indicator		1	2	3	4
1A.11	Demonstrate an understanding of group dynamics as it relates to spiritual care encounters and the learning process.				

Category C Narrative – please provide brief examples, vignettes, and personal reflections that demonstrate your growth and progress in this area:

LEVEL IA – CATEGORY D: SPIRITUAL CARE INTERVENTIONS

CPE guides students through formational and experiential learning and the interventions necessary to address spiritual distress. Developing Spiritual Trust with the care receiver is essential for providing spiritual care. Initiating and Developing Spiritual Care relationships include the formational development of spiritual authority and the practical communication styles and skills necessary for effective spiritual care. Spiritual care interventions include Spiritual and Religious Resources, Spiritual Assessments, Documentation, and Crisis.

1 = Not engaging 2 = Beginning to engage 3 = Meets expectations 4 = Exceeds expectations

Outcome 1: Develop Spiritual Care Relationships

Indicator		**1**	**2**	**3**	**4**
1A.12	Demonstrate the ability to represent one's role and function when initiating spiritual care relationships.				
1A.13	Demonstrate an understanding and initiate use of communication styles and skills in spiritual care relationships.				

Outcome 2: Use of Cultural, Religious and Spiritual Resources

Indicator		1	2	3	4
1A.14	Demonstrate an understanding and initiate the use of spiritual resources that address spiritual wellbeing.				

Outcome 3: Use of Spiritual Assessments and Care Plans

Indicator		1	2	3	4
1A.15	Demonstrate an understanding of the difference between spiritual assessments and spiritual histories/screens.				

Outcome 4: Documentation

Indicator		1	2	3	4
1A.16	Demonstrate an understanding of the role of documentation in the provision of spiritual care.				

Category D Narrative – please provide brief examples, vignettes, and personal reflections that demonstrate your growth and progress in this area:

LEVEL IA – CATEGORY E: PROFESSIONAL DEVELOPMENT

Success in the formational and reflective process of CPE requires an engagement with one's learning process and what it means to be a professional in spiritual care. Understanding and using the Clinical Method of Learning and Consultation and Feedback become essential elements of a student's learning process. An awareness of Ethics and Professionalism are core features in creating a safe and relational environment to learn and provide care. Our relationality with others for greater spiritual care can be developed through Teamwork and Collaboration. Finally, learning and caring for others must be grounded in Research-Based Care.

1 = Not engaging 2 = Beginning to engage 3 = Meets expectations 4 = Exceeds expectations

Outcome 1: Clinical Method of Learning

Indicator		**1**	**2**	**3**	**4**
1A.17	Demonstrate an awareness and initiate use of the clinical method of learning (action-reflection-new action).				

Outcome 2: Ethical Practice and Professionalism

Indicator		1	2	3	4
1A.18	Demonstrate an awareness of and adherence to mandatory reporting requirements and professional codes of ethics relevant to one's context.				
1A.19	Demonstrate through one's behavior the attributes of integrity and honesty in one's spiritual care practice and learning process.				
1A.20	Represent and conduct oneself in a manner that is appropriate to the context.				

Outcome 3: Consultation and Feedback

Indicator		1	2	3	4
1A.21	Demonstrate knowledge of the role of consultation in the learning process of spiritual care.				
1A.22	Demonstrate awareness of one's ability to receive and engage feedback related to one's learning process of spiritual care.				
1A.23	Demonstrate awareness of one's ability to offer feedback related to one's learning process of spiritual care.				

Outcome 4: Teamwork and Collaboration

Indicator		1	2	3	4
1A.24	Demonstrate an understanding of how spiritual care interacts with and is part of the larger care team.				

LEVEL IA – CATEGORY E: PROFESSIONAL DEVELOPMENT (CONT'D)

1 = Not engaging 2 = Beginning to engage 3 = Meets expectations 4 = Exceeds expectations

Outcome 5: Research Based Care

Indicator	1	2	3	4
1A.25 Demonstrate an awareness of how research is relevant to spiritual care.				

Category E Narrative – please provide brief examples, vignettes, and personal reflections that demonstrate your growth and progress in this area:

The last section of your Final Self-Evaluation is to evaluate your role in the group, the group process, and your relationship with your peers and Educator.

Explore the following:

- How do you see your role in the peer group? What kind of group is this for you? How would you describe the group process? What have you learned about yourself as the result of the group process?

- What was your experience in your individual supervisory sessions with your Educator? How did these conversations coincide with the other parts of your learning, both educational and clinical? (This is general feedback about the experience of supervision. Below you have the opportunity offer one-to-one feedback about your relationship with your Educator.)

- Write a paragraph about each group member, including the ACPE Certified Educator. How have you experienced this person? What role has this person played in the group process? What have you offered to this person? How has this person transformed you? What would you like to see transform in this relationship in the future? Offer both affirmative and enlightening/challenging remarks. In ending the unit, what gift would you offer to each person?

Final Student Self-Evaluation Level IB

FINAL EVALUATION – LEVEL IB OUTCOMES AND INDICATORS

1. **BASIC INFORMATION**: Give your name, dates of the CPE program, the center, Educator, initials of peers, and a brief description of your unit assignments as headings at the top of your evaluation.

   Name your file in a Word document in the following way:
   First initial.last name.CPE level.date
   For example: bbrinkley.level1A.summer2024

2. Address each of the goals in your learning contract, commenting on the progress you have made. How do you measure the progress you claim? What obstacles have you faced in meeting your learning goals? In moving forward, in what ways will you sustain this goal in your development? Or if you think it is complete, how might you integrate/incorporate your progress into your life and work?

3. Please write about your abilities and progress made during this unit of CPE, according to the following ACPE outcomes and indices. Give yourself a rating for each of the 24 indices and write a narrative reflection beneath each of the five Categories A – E. Be as specific as possible when responding to each outcome. Use examples and incidents to illustrate your points.

   For each indicator, the student will assign a rating according to the following scale. The Educator's final evaluation of the student's performance uses the same rating scale, which creates a collaborative and comparative evaluation process.

   1 – Not Engaging: This rating is for the student who is not engaging the indicator in both education and clinical hours.

   2 – Beginning to Engage: This rating is for the student who is trying, but is not yet fully demonstrating the required knowledge, behaviors, skills, and attributes in both education and clinical hours.

   3 – Meets Expectations: This rating is the standard expectation of demonstration of the required knowledge, behaviors, skills, and attributes for the indicator in both education and clinical hours.

   4 – Exceeds Expectations: This rating is for the student who is excelling in the indicator in both education and clinical hours.

Make sure to follow each category with a narrative that supports your numeric assessment in that category. After the Outcomes and Indices at the conclusion of the document, you will reflect on key learning, the group process, individual supervision, and peer feedback.

LEVEL IB – CATEGORY A: SPIRITUAL FORMATION AND INTEGRATION

Each person is influenced by their narrative history, social identity, and spiritual orienting system. CPE students will become more aware of their narrative history, social identity, and spiritual orienting system and how that shapes their spiritual care. Fulfilling these outcomes will lead to greater use of self and healthy integration of these areas to positively impact their provision of spiritual care.

1 = Not engaging 2 = Beginning to engage 3 = Meets expectations 4 = Exceeds expectations

Outcome 1: Narrative History

Indicator		1	2	3	4
1B.1	Articulate how one's narrative history informs one's values and beliefs about spiritual care.				
1B.2	Demonstrate awareness in the moment of when a care encounter intersects with elements of one's narrative history.				

Outcome 2: Socio-Cultural Identity

Indicator		1	2	3	4
1B.3	Articulate how one's social identity informs one's approach to spiritual care.				
1B.4	Demonstrate awareness in the moment when a care encounter intersects with elements of one's social identity.				

Outcome 3: Spiritual/Values-Based Orienting Systems

Indicator		1	2	3	4
1B.5	Demonstrate how one's orienting systems inform spiritual care encounters.				

Category A Narrative – please provide brief examples, vignettes, and personal reflections that demonstrate your growth and progress in this area:

LEVEL IB – CATEGORY B: AWARENESS OF SELF AND OTHERS

Greater awareness is a hallmark of the CPE process. Spiritual Self-Care is essential to deeply engaging the pain of others. Increased self-awareness also includes how one's biases affect us and others, demanding we develop Justice-Seeking Awareness of Biases. Finally, our work as interfaith spiritual care providers requires us to engage others from a place of Interreligious Humility. Honing these outcomes will ensure dignity is afforded to oneself and others.

1 = Not engaging 2 = Beginning to engage 3 = Meets expectations 4 = Exceeds expectations

Outcome 1: Self-Care

Indicator		1	2	3	4
1B.6	Articulate how one's self-care practices, including trauma informed approaches, support wellbeing in spiritual care.				

Outcome 2: Justice-Seeking Awareness of Biases

Indicator		1	2	3	4
1B.7	Articulate an understanding of one's implicit bias and systemic bias when providing spiritual care.				

Outcome 3: Intercultural and Interreligious Humility

Indicator		**1**	**2**	**3**	**4**
1B.8	Articulate how one uses intercultural and interreligious humility when providing spiritual care.				

Category B Narrative – please provide brief examples, vignettes, and personal reflections that demonstrate your growth and progress in this area:

LEVEL IB – CATEGORY C: RELATIONAL DYNAMICS

The interpersonal nature of the provision of spiritual care and education seeks to ground in Self-differentiation, Empathy, and Self-reflexivity. Engagement with these outcomes highlights the importance of connections and boundaries amidst differences that consider the fullness of our life, identity, and values and their impact on our provision of spiritual care. Finally, students who learn and offer care in and among groups will grow to understand group dynamics and their roles within them.

1 = Not engaging 2 = Beginning to engage 3 = Meets expectations 4 = Exceeds expectations

Outcome 1: Empathy

Indicator		**1**	**2**	**3**	**4**
1B.9	Articulate how one uses empathy when providing spiritual care.				

Outcome *2: Relational Boundaries*

Indicator		1	2	3	4
1B.10	Articulate an understanding of healthy relational boundaries in spiritual care contexts.				

Outcome 3: Group Dynamics

Indicator		1	2	3	4
1B.11	Identify group dynamics theories as they relate to providing spiritual care and one's learning process.				

Category C Narrative – please provide brief examples, vignettes, and personal reflections that demonstrate your growth and progress in this area:

LEVEL IB – CATEGORY D: SPIRITUAL CARE INTERVENTIONS

CPE guides students through formational and experiential learning and the interventions necessary to address spiritual distress. Developing Spiritual Trust with the care receiver is essential for providing spiritual care. Initiating and Developing Spiritual Care relationships include the formational development of spiritual authority and the practical communication styles and skills necessary for effective spiritual care. Spiritual care interventions include Spiritual and Religious Resources, Spiritual Assessments, Documentation, and Crisis.

1 = Not engaging 2 = Beginning to engage 3 = Meets expectations 4 = Exceeds expectations

Outcome 1: Develop Spiritual Care Relationships

Indicator		1	2	3	4
1B.12	Articulate an understanding of power dynamics and one's authority when providing spiritual care.				
1B.13	Articulate how one's communication styles and skills, including trauma informed approaches, develop spiritual care relationships.				

Outcome 2: Use of Cultural, Religious and Spiritual Resources

Indicator		1	2	3	4
1B.14	Articulate how one uses spiritual resources when providing spiritual care.				

Outcome 3: Use of Spiritual Assessments and Care Plans

Indicator		1	2	3	4
1B.15	Articulate how one uses spiritual assessments when one provides spiritual care.				

Outcome 4: Documentation

Indicator		1	2	3	4
1B.16	Articulate how one uses documentation when providing spiritual care, as appropriate to one's context.				

Category D Narrative – please provide brief examples, vignettes, and personal reflections that demonstrate your growth and progress in this area:

LEVEL IB – CATEGORY E: PROFESSIONAL DEVELOPMENT

Success in the formational and reflective process of CPE requires an engagement with one's learning process and what it means to be a professional in spiritual care. Understanding and using the Clinical Method of Learning and Consultation and Feedback become essential elements of a student's learning process. An awareness of Ethics and Professionalism are core features in creating a safe and relational environment to learn and provide care. Our relationality with others for greater spiritual care can be developed through Teamwork and Collaboration. Finally, learning and caring for others must be grounded in Research-Based Care.

1 = Not engaging 2 = Beginning to engage 3 = Meets expectations 4 = Exceeds expectations

Outcome 1: Clinical Method of Learning

Indicator		**1**	**2**	**3**	**4**
1B.17	Articulate how the clinical method of learning shapes one's provision of spiritual care.				

Outcome 2: Ethical Practice and Professionalism

Indicator		1	2	3	4
1B.18	Demonstrate ability to recognize ethical issues in one's context and seek consultation.				
1B.19	Demonstrate knowledge of and adherence to attributes of personal and organizational responsibility and professional boundaries in the practice of spiritual care and the learning process.				

Outcome 3: Consultation and Feedback

Indicator		1	2	3	4
1B.20	Initiate consultation when faced with challenges in the spiritual care context.				
1B.21	Engage and integrate feedback in one's learning process and when providing spiritual care.				
1B.22	Demonstrate the ability to offer appropriate and timely feedback to peers and others.				

Outcome 4: Teamwork and Collaboration

Indicator		1	2	3	4
1B.23	Articulate one's ability to engage with the larger care team, including making referrals, when one provides spiritual care.				

LEVEL IB – CATEGORY E: PROFESSIONAL DEVELOPMENT (CONT'D)

1 = Not engaging 2 = Beginning to engage 3 = Meets expectations 4 = Exceeds expectations

Outcome 5: Research Based Care

Indicator		1	2	3	4
1B.24	Articulate how one's readings of research is relevant to one's provision of spiritual care.				

Category E Narrative – please provide brief examples, vignettes, and personal reflections that demonstrate your growth and progress in this area:

The last section of your Final Self-Evaluation is to evaluate your role in the group, the group process, and your relationship with your peers and Educator.
Explore the following:

- How do you see your role in the peer group? What kind of group is this for you? How would you describe the group process? What have you learned about yourself as the result of the group process?

- What was your experience in your individual supervisory sessions with your Educator? How did these conversations coincide with the other parts of your learning, both educational and clinical? (This is general feedback about the experience of supervision. Below you have the opportunity offer one-to-one feedback about your relationship with your Educator.)

- Write a paragraph about each group member, including the ACPE Certified Educator. How have you experienced this person? What role has this person played in the group process? What have you offered to this person? How has this person transformed you? What would you like to see transform in this relationship in the future? Offer both affirmative and enlightening/challenging remarks. In ending the unit, what gift would you offer to each person?

Final Student Self-Evaluation Level IIA

FINAL EVALUATION – LEVEL IIA OUTCOMES AND INDICATORS

1. **BASIC INFORMATION**: Give your name, dates of the CPE program, the center, Educator, initials of peers, and a brief description of your unit assignments as headings at the top of your evaluation.

   Name your file in a Word document in the following way:
   First initial.last name.CPE level.date
   For example: bbrinkley.level1A.summer2024

2. Address each of the goals in your learning contract, commenting on the progress you have made. How do you measure the progress you claim? What obstacles have you faced in meeting your learning goals? In moving forward, in what ways will you sustain this goal in your development? Or if you think it is complete, how might you integrate/incorporate your progress into your life and work?

3. Please write about your abilities and progress made during this unit of CPE, according to the following ACPE outcomes and indices. Give yourself a rating for each of the 21 indices and write a narrative reflection beneath each of the five Categories A – E. Be as specific as possible when responding to each outcome. Use examples and incidents to illustrate your points.

   For each indicator, the student will assign a rating according to the following scale. The Educator's final evaluation of the student's performance uses the same rating scale, which creates a collaborative and comparative evaluation process.

   1 – Not Engaging: This rating is for the student who is not engaging the indicator in both education and clinical hours.

   2 – Beginning to Engage: This rating is for the student who is trying, but is not yet fully demonstrating the required knowledge, behaviors, skills, and attributes in both education and clinical hours.

   3 – Meets Expectations: This rating is the standard expectation of demonstration of the required knowledge, behaviors, skills, and attributes for the indicator in both education and clinical hours.

   4 – Exceeds Expectations: This rating is for the student who is excelling in the indicator in both education and clinical hours.

Make sure to follow each category with a narrative that supports your numeric assessment in that category. After the Outcomes and Indices at the conclusion of the document, you will reflect on key learning, the group process, individual supervision, and peer feedback.

LEVEL IIA – CATEGORY A: SPIRITUAL FORMATION AND INTEGRATION

Each person is influenced by their narrative history, social identity, and spiritual orienting system. CPE students will become more aware of their narrative history, social identity, and spiritual orienting system and how that shapes their spiritual care. Fulfilling these outcomes will lead to greater use of self and healthy integration of these areas to positively impact their provision of spiritual care.

1 = Not engaging 2 = Beginning to engage 3 = Meets expectations 4 = Exceeds expectations

Outcome 1: Narrative History

Indicator		1	2	3	4
2A.1	Use knowledge of behavioral sciences to understand how one's narrative history informs one's values and beliefs about spiritual care.				

Outcome 2: Socio-Cultural Identity

Indicator		1	2	3	4
2A.2	Demonstrate how one's social identity interacts with the care receiver's social identity.				

Outcome 3: Spiritual/Values-Based Orienting Systems

Indicator		1	2	3	4
2A.3	Demonstrate how one's orienting system interacts with the care receiver's orienting systems when providing spiritual care.				

Category A Narrative – please provide brief examples, vignettes, and personal reflections that demonstrate your growth and progress in this area:

LEVEL IIA – CATEGORY B: AWARENESS OF SELF AND OTHERS

Greater awareness is a hallmark of the CPE process. Spiritual Self-Care is essential to deeply engaging the pain of others. Increased self-awareness also includes how one's biases affect us and others, demanding we develop Justice-Seeking Awareness of Biases. Finally, our work as interfaith spiritual care providers requires us to engage others from a place of Interreligious Humility. Honing these outcomes will ensure dignity is afforded to oneself and others.

1 = Not engaging 2 = Beginning to engage 3 = Meets expectations 4 = Exceeds expectations

Outcome 1: Self-Care

Indicator		1	2	3	4
2A.4	Demonstrate how one uses self-care practices, including trauma informed approaches, for support of wellbeing, including when providing spiritual care.				

Outcome 2: Justice-Seeking Awareness of Biases

Indicator		1	2	3	4
2A.5	Demonstrate how one is addressing one's implicit bias and systemic bias when providing spiritual care as appropriate to one's context.				

Outcome 3: Intercultural and Interreligious Humility

Indicator		**1**	**2**	**3**	**4**
2A.6	Demonstrate intercultural and interreligious humility when providing spiritual care.				

Category B Narrative – please provide brief examples, vignettes, and personal reflections that demonstrate your growth and progress in this area:

LEVEL IIA – CATEGORY C: RELATIONAL DYNAMICS

The interpersonal nature of the provision of spiritual care and education seeks to ground in Self-differentiation, Empathy, and Self-reflexivity. Engagement with these outcomes highlights the importance of connections and boundaries amidst differences that consider the fullness of our life, identity, and values and their impact on our provision of spiritual care. Finally, students who learn and offer care in and among groups will grow to understand group dynamics and their roles within them.

1 = Not engaging 2 = Beginning to engage 3 = Meets expectations 4 = Exceeds expectations

Outcome 1: Empathy

Indicator		**1**	**2**	**3**	**4**
2A.7	Demonstrate one's use of empathy when providing spiritual care.				

Outcome *2: Relational Boundaries*

Indicator		1	2	3	4
2A.8	Demonstrate healthy relational boundaries in spiritual care contexts.				

Outcome 3: Group Dynamics

Indicator		1	2	3	4
2A.9	Demonstrate one's ability to describe and explore roles in group dynamics.				
2A.10	Demonstrate one's ability to facilitate group processes as appropriate to one's context.				

Category C Narrative – please provide brief examples, vignettes, and personal reflections that demonstrate your growth and progress in this area:

LEVEL IIA – CATEGORY D: SPIRITUAL CARE INTERVENTIONS

CPE guides students through formational and experiential learning and the interventions necessary to address spiritual distress. Developing Spiritual Trust with the care receiver is essential for providing spiritual care. Initiating and Developing Spiritual Care relationships include the formational development of spiritual authority and the practical communication styles and skills necessary for effective spiritual care. Spiritual care interventions include Spiritual and Religious Resources, Spiritual Assessments, Documentation, and Crisis.

1 = Not engaging 2 = Beginning to engage 3 = Meets expectations 4 = Exceeds expectations

Outcome 1: Develop Spiritual Care Relationships

Indicator		**1**	**2**	**3**	**4**
2A.11	Demonstrate flexible communication styles and skills, including trauma informed approaches, that develop spiritual care relationships using one's authority.				

Outcome 2: Use of Cultural, Religious and Spiritual Resources

Indicator		1	2	3	4
2A.12	Demonstrate one's ability to use spiritual resources in addressing spiritual and organizational well-being.				

Outcome 3: Use of Spiritual Assessments and Care Plans

Indicator		1	2	3	4
2A.13	Demonstrate how one's interventions address the assessed spiritual needs/strengths.				

Outcome 4: Documentation

Indicator		1	2	3	4
2A.14	Demonstrate the ability to document when one provides spiritual care as appropriate to one's context.				

Category D Narrative – please provide brief examples, vignettes, and personal reflections that demonstrate your growth and progress in this area:

LEVEL IIA – CATEGORY E: PROFESSIONAL DEVELOPMENT

Success in the formational and reflective process of CPE requires an engagement with one's learning process and what it means to be a professional in spiritual care. Understanding and using the Clinical Method of Learning and Consultation and Feedback become essential elements of a student's learning process. An awareness of Ethics and Professionalism are core features in creating a safe and relational environment to learn and provide care. Our relationality with others for greater spiritual care can be developed through Teamwork and Collaboration. Finally, learning and caring for others must be grounded in Research-Based Care.

1 = Not engaging 2 = Beginning to engage 3 = Meets expectations 4 = Exceeds expectations

Outcome 1: Clinical Method of Learning

Indicator		**1**	**2**	**3**	**4**
2A.15	Demonstrate one's ability to use the clinical method of learning collaboratively and creatively.				
2A.16	Demonstrate knowledge of the history of clinical pastoral education.				

Outcome 2: Ethical Practice and Professionalism

Indicator		1	2	3	4
2A.17	Demonstrate knowledge of ethical principles/theories used in spiritual care contexts.				

Outcome 3: Consultation and Feedback

Indicator		1	2	3	4
2A.18	Evaluate one's ability to integrate feedback in one's learning process and when providing spiritual care.				
2A.19	Evaluate one's ability to offer appropriate and timely feedback to peers and others.				

Outcome 4: Teamwork and Collaboration

Indicator		1	2	3	4
2A.20	Demonstrate one's ability to function as part of the larger care team while maintaining one's role as a spiritual care provider.				

Outcome 5: Research Based Care

Indicator		1	2	3	4
2A.21	Demonstrate one's ability to access and understand the main points of a research article and any major limitations.				

Category E Narrative – please provide brief examples, vignettes, and personal reflections that demonstrate your growth and progress in this area:

The last section of your Final Self-Evaluation is to evaluate your role in the group, the group process, and your relationship with your peers and Educator.
Explore the following:

- How do you see your role in the peer group? What kind of group is this for you? How would you describe the group process? What have you learned about yourself as the result of the group process?

- What was your experience in your individual supervisory sessions with your Educator? How did these conversations coincide with the other parts of your learning, both educational and clinical? (This is general feedback about the experience of supervision. Below you have the opportunity offer one-to-one feedback about your relationship with your Educator.)

- Write a paragraph about each group member, including the ACPE Certified Educator. How have you experienced this person? What role has this person played in the group process? What have you offered to this person? How has this person transformed you? What would you like to see transform in this relationship in the future? Offer both affirmative and enlightening/challenging remarks. In ending the unit, what gift would you offer to each person?

Final Student Self-Evaluation Level IIB

FINAL EVALUATION – LEVEL IIB OUTCOMES AND INDICATORS

1. **BASIC INFORMATION**: Give your name, dates of the CPE program, the center, Educator, initials of peers, and a brief description of your unit assignments as headings at the top of your evaluation.

   Name your file in a Word document in the following way:
   First initial.last name.CPE level.date
   For example: bbrinkley.level1A.summer2024

2. Address each of the goals in your learning contract, commenting on the progress you have made. How do you measure the progress you claim? What obstacles have you faced in meeting your learning goals? In moving forward, in what ways will you sustain this goal in your development? Or if you think it is complete, how might you integrate/incorporate your progress into your life and work?

3. Please write about your abilities and progress made during this unit of CPE, according to the following ACPE outcomes and indices. Give yourself a rating for each of the 18 indices and write a narrative reflection beneath each of the five Categories A – E. Be as specific as possible when responding to each outcome. Use examples and incidents to illustrate your points.

   For each indicator, the student will assign a rating according to the following scale. The Educator's final evaluation of the student's performance uses the same rating scale, which creates a collaborative and comparative evaluation process.

   1 – Not Engaging: This rating is for the student who is not engaging the indicator in both education and clinical hours.

   2 – Beginning to Engage: This rating is for the student who is trying, but is not yet fully demonstrating the required knowledge, behaviors, skills, and attributes in both education and clinical hours.

   3 – Meets Expectations: This rating is the standard expectation of demonstration of the required knowledge, behaviors, skills, and attributes for the indicator in both education and clinical hours.

   4 – Exceeds Expectations: This rating is for the student who is excelling in the indicator in both education and clinical hours.

Make sure to follow each category with a narrative that supports your numeric assessment in that category. After the Outcomes and Indices at the conclusion of the document, you will reflect on key learning, the group process, individual supervision, and peer feedback.

LEVEL IIB – CATEGORY A: SPIRITUAL FORMATION AND INTEGRATION

Each person is influenced by their narrative history, social identity, and spiritual orienting system. CPE students will become more aware of their narrative history, social identity, and spiritual orienting system and how that shapes their spiritual care. Fulfilling these outcomes will lead to greater use of self and healthy integration of these areas to positively impact their provision of spiritual care.

1 = Not engaging 2 = Beginning to engage 3 = Meets expectations 4 = Exceeds expectations

Outcome 1: Narrative History

Indicator		1	2	3	4
2B.1	Evaluate one's integration of how knowledge of behavioral sciences informs one's practice of spiritual care through the lens of one's narrative history.				

Outcome 2: Socio-Cultural Identity

Indicator		1	2	3	4
2B.2	Evaluate one's integration of how knowledge of social identity informs one's practice of spiritual care.				

Outcome 3: Spiritual/Values Based Orienting Systems

Indicator		1	2	3	4
2B.3	Evaluate how one's orienting system interacts with the care receiver's orienting systems when providing spiritual care.				

Category A Narrative – please provide brief examples, vignettes, and personal reflections that demonstrate your growth and progress in this area:

LEVEL IIB – CATEGORY B: AWARENESS OF SELF AND OTHERS

Greater awareness is a hallmark of the CPE process. Spiritual Self-Care is essential to deeply engaging the pain of others. Increased self-awareness also includes how one's biases affect us and others, demanding we develop Justice-Seeking Awareness of Biases. Finally, our work as interfaith spiritual care providers requires us to engage others from a place of Interreligious Humility. Honing these outcomes will ensure dignity is afforded to oneself and others.

1 = Not engaging 2 = Beginning to engage 3 = Meets expectations 4 = Exceeds expectations

Outcome 1: Self-Care

Indicator		1	2	3	4
2B.4	Evaluate how one uses self-care practices, including trauma informed approaches for support of wellbeing, including when providing spiritual care.				

Outcome 2: Justice-seeking awareness of biases

Indicator		1	2	3	4
2B.5	Evaluate one's ability to address bias and seek justice when providing spiritual care as appropriate to one's context.				

Outcome 3: Intercultural and Interreligious Humility

Indicator		**1**	**2**	**3**	**4**
2B.6	Evaluate one's use of intercultural and interreligious humility when providing spiritual care.				

Category B Narrative – please provide brief examples, vignettes, and personal reflections that demonstrate your growth and progress in this area:

LEVEL IIB – CATEGORY C: RELATIONAL DYNAMICS

The interpersonal nature of the provision of spiritual care and education seeks to ground in Self-differentiation, Empathy, and Self-reflexivity. Engagement with these outcomes highlights the importance of connections and boundaries amidst differences that consider the fullness of our life, identity, and values and their impact on our provision of spiritual care. Finally, students who learn and offer care in and among groups will grow to understand group dynamics and their roles within them.

1 = Not engaging 2 = Beginning to engage 3 = Meets expectations 4 = Exceeds expectations

Outcome 1: Empathy

Indicator		**1**	**2**	**3**	**4**
2B.7	Evaluate one's use of empathy when providing spiritual care.				

Outcome 2: Relational Boundaries

Indicator		1	2	3	4
2B.8	Evaluate one's ability to maintain healthy relational boundaries in spiritual care contexts.				

Outcome 3: Group Dynamics

Indicator		1	2	3	4
2B.9	Evaluate one's ability to facilitate and function within group processes.				

Category C Narrative – please provide brief examples, vignettes, and personal reflections that demonstrate your growth and progress in this area:

LEVEL IIB – CATEGORY D: SPIRITUAL CARE INTERVENTIONS

CPE guides students through formational and experiential learning and the interventions necessary to address spiritual distress. Developing Spiritual Trust with the care receiver is essential for providing spiritual care. Initiating and Developing Spiritual Care relationships include the formational development of spiritual authority and the practical communication styles and skills necessary for effective spiritual care. Spiritual care interventions include Spiritual and Religious Resources, Spiritual Assessments, Documentation, and Crisis.

1 = Not engaging 2 = Beginning to engage 3 = Meets expectations 4 = Exceeds expectations

Outcome 1: Develop Spiritual Care Relationships

Indicator		**1**	**2**	**3**	**4**
2B.10	Evaluate one's use of communication styles and skills, including trauma informed approaches.				

Outcome 2: Use of Cultural, Religious and Spiritual Resources

Indicator		1	2	3	4
2B.11	Evaluate one's use of spiritual resources in addressing spiritual and organizational well-being.				

Outcome 3: Use of Spiritual Assessments and Care Plans

Indicator		1	2	3	4
2B.12	Evaluate one's use of assessments, interventions, and plans of care when one provides spiritual care.				

Outcome 4: Documentation

Indicator		1	2	3	4
2B.13	Evaluate one's ability to document as appropriate to one's context.				

Category D Narrative – please provide brief examples, vignettes, and personal reflections that demonstrate your growth and progress in this area:

LEVEL IIB – CATEGORY E: PROFESSIONAL DEVELOPMENT

Success in the formational and reflective process of CPE requires an engagement with one's learning process and what it means to be a professional in spiritual care. Understanding and using the Clinical Method of Learning and Consultation and Feedback become essential elements of a student's learning process. An awareness of Ethics and Professionalism are core features in creating a safe and relational environment to learn and provide care. Our relationality with others for greater spiritual care can be developed through Teamwork and Collaboration. Finally, learning and caring for others must be grounded in Research-Based Care.

1 = Not engaging 2 = Beginning to engage 3 = Meets expectations 4 = Exceeds expectations

Outcome 1: Clinical Method of Learning

Indicator		**1**	**2**	**3**	**4**
2B.14	Evaluate one's ability to use the clinical method of learning when one provides spiritual care and personal/professional growth.				

Outcome 2: Ethical Practice and Professionalism

Indicator		1	2	3	4
2B.15	Demonstrate integration of ethical decision-making in one's context.				

Outcome 3: Consultation and Feedback

Indicator		1	2	3	4
2B.16	Develop long term plan for seeking consultation to address areas of current and anticipated challenges.				

Outcome 4: Teamwork and Collaboration

Indicator		1	2	3	4
2B.17	Evaluate one's ability to be a spiritual care presence with and for the larger care team.				

Outcome 5: Research Based Care

Indicator		1	2	3	4
2B.18	Integrate relevant research into one's practice of spiritual care.				

Category E Narrative – please provide brief examples, vignettes, and personal reflections that demonstrate your growth and progress in this area:

The last section of your Final Self-Evaluation is to evaluate your role in the group, the group process, and your relationship with your peers and Educator.
Explore the following:

- How do you see your role in the peer group? What kind of group is this for you? How would you describe the group process? What have you learned about yourself as the result of the group process?

- What was your experience in your individual supervisory sessions with your Educator? How did these conversations coincide with the other parts of your learning, both educational and clinical? (This is general feedback about the experience of supervision. Below you have the opportunity offer one-to-one feedback about your relationship with your Educator.)

- Write a paragraph about each group member, including the ACPE Certified Educator. How have you experienced this person? What role has this person played in the group process? What have you offered to this person? How has this person transformed you? What would you like to see transform in this relationship in the future? Offer both affirmative and enlightening/challenging remarks. In ending the unit, what gift would you offer to each person?

Length of Evaluations Recommendation

Suggested length of Final Evaluation is to be no more than a 20 to 25 minute orally presented document to your class to leave enough time for discussion.

Final Evaluations will be presented in group in the final weeks of the unit. Email your Educator and each of your peers prior to the first Final Evaluations session. Your Final Evaluation is your opportunity to claim your personal growth and professional learning at the end of this CPE unit. Give it your time and attention!

Certified Educator Evaluation of Student and Exiting Program

You will receive a written Final Evaluation from your ACPE Certified Educator within 21 days of the last day of the unit. The Educator or ACPE Certified Educator CPE Student will assess the student's progress towards meeting the ACPE Outcomes in the narrative of the evaluation and by indicating "met, partially met, or unmet" in relation to each Level I Outcome and Indicator. *In rare circumstances, an Educator (or in the absence of the Educator, the Director) may negotiate with a student and receive approval from the ACPE Accreditation Commission to extend this deadline. The Educator's evaluation will document this process which will be reported in the CPE program's annual report.* After you have received your evaluation from your ACPE Certified Educator you may attach a written response which will become a part of your student record.

Final evaluations will not be released to other people or institutions without your written, signed and dated request to forward documents. You are responsible for maintaining your own files for future use.

The CPE Exit Packet, distributed in the last weeks of the unit, includes an ACPE Program Evaluation Form and a return envelope for mailing in your individual program evaluation to the Chair of the PCC. An Exit Interview, conducted during the last week of the unit, provides an opportunity for gathering your thoughts and suggestions about the CPE program in the context of a group discussion with members of our PCC.

Suggested length of Final Evaluation is approximately eight pages. Please adhere to this suggestion in your writing due to the importance of reserving time to discuss your progress with your group.

Final Evaluations will be presented in group in the final week of the unit. Bring copies for your Educator and each of your peers to read in the group session but be sure to return your peers' evaluations to them at the end of the session. Your Final Evaluation is your opportunity to claim your personal growth and professional learning at the end of this CPE unit. Give it your time and attention!

You will receive a written Final Evaluation from your ACPE Certified Educator within 21 days of the last day of the unit. The Educator or ACPE Certified Educator CPE Student will assess the student's progress towards meeting the ACPE Outcomes in the narrative of the evaluation and by indicating "met, partially met, or unmet" in relation to each Level II Outcome. *In rare circumstances, an Educator (or in the absence of the Educator, the Director) may negotiate with a student and receive approval from the ACPE Accreditation Commission to extend this deadline. The* ACPE Certified Educator's *evaluation will document this process which will be reported in the CPE program's annual report*. After you have received your evaluation from your supervisor you may attach a written response which will become a part of your student record.

Final evaluations will not be released to other people or institutions without your written, signed and dated request to forward documents. You are responsible for maintaining your own files for future use.

The CPE Exit Packet, distributed in the last weeks of the unit, includes an ACPE Program Evaluation Form and a return envelope for mailing in your individual program evaluation to the Chair of the PCC. A Closure Interview, conducted during the last week of the unit, provides an opportunity for gathering your thoughts and suggestions about the CPE program in the context of a group discussion with members of our PCC.

4.7 – Certified Educator Final Evaluation of Student – Level IA, IB, IIA, and IIB

Ezzree Institute is accredited for Level I, Level 2, and Certified Educator CPE
by ACPE, 1 Concourse Pkwy, Suite 800, Atlanta, GA 30328
Phone: (404) 320-1472 www.acpe.edu.

CLINICAL PASTORAL EDUCATION PROGRAM

CONFIDENTIAL STUDENT EVALUATION

ACPE Outcomes Level IA

ACPE Certified CPE™

CPE Student: _____
ACPE Accredited CPE Center: Ezzree Institute
CPE Unit/Level: _____
ACPE Certified Educator: _____

This final evaluation certifies that _____has successfully completed the requirements for one unit of Level IA Clinical Pastoral Education (CPE) during the _____CPE Unit. This unit began June _____ and concluded_____, and included 400 supervised hours, fulfilling the requirements of the ACPE Standards. The CPE Program was conducted at Ezzree Institute, which is an ACPE accredited CPE center. Group supervision primarily took place in person and Individual Supervision occasionally occurred over Zoom. Clinical hours were completed in person at the clinical site.

The Center:

The Curriculum:

The CPE Group:

Below, attention will be given to the ways in which _____ met the Level IA CPE Outcomes as found in the 2020 *ACPE Manual*.

This evaluation reflects the Revised 2023 ACPE Outcomes and Indicators

These outcomes focus on addressing basic competencies and skills for providing spiritual care which include Spiritual Formation and Integration, Awareness of Self and Others, Relational Dynamics, Spiritual Care Interventions, and Professional Development.

The comments below the Outcomes and Indicators reflect how the student has or has not demonstrated the competencies to be developed as a result of participating the ACPE program.

The ACPE Certified Educator indicates progress for each Indicator listed as follows:

1 – Not Yet Engaging = 4 points
The student is not engaging the indicator in both education and clinical hours.

2 – Beginning to Engage = 6 points
The student is trying but not yet fully demonstrating the required knowledge, behaviors, skills, and attributes in both education and clinical hours.

3 – Meets Expectations = 8 points
The student is demonstrating the required knowledge, behaviors, skills, and attributes for the indicator in both education and clinical hours.

4 – Exceeds Expectations = 10 points
The student is excelling in the indicator in both education and clinical hours.

A maximum score for Level IA is 250 points. The total number of points that a student receives will be divided by the maximum to determine the percentage average which the students has achieved.

Upon successful completion of the 400-hour unit requirement, demonstrated achievement of a minimum of **80% or higher average** of the assigned indicators of the level and all local requirements, a student will be awarded 1 credit and be eligible to advance to the next level.

Upon successful completion of the 400-hour unit requirement, demonstrated achievement of a minimum of **70% average** of the assigned indicators of the level and all local requirements, a student will be awarded 1 credit. The student will not be eligible to advance to the next level but may repeat the current level if desired and approved by the program.

Upon successful completion of the 400-hour unit requirement, demonstrated achievement between **50% and 69% average** of the assigned indicators of the level and all local requirements, a student will be awarded .5 credit. The student will not be eligible to advance to the next level but may repeat the current level if desired and approved by the program.

No credit is awarded for an average below 50%.

There are no provisions for credit or achievement if the student does not complete 400 hours**.**

LEVEL IA – CATEGORY A: SPIRITUAL FORMATION AND INTEGRATION

1 = Not Yet Engaging 2 = Beginning to Engage 3 = Meets Expectations 4 = Exceeds Expectations

Outcome 1: Narrative History

Indicator		1	2	3	4
1A.1	Identify formative and transformative experiences in one's narrative history and their significance to one's spiritual journey.				
1A.2	Articulate awareness upon reflection of when a care encounter intersects with elements of one's narrative history.				

Outcome 2: Socio-Cultural Identity

Indicator		1	2	3	4
IA.3	Demonstrate a knowledge of one's social identity as related to spiritual care.				
1A.4	Articulate awareness upon reflection when a care encounter intersects with elements of one's social identity.				

Outcome 3: Spiritual/Values-Based Orienting Systems

Indicator		1	2	3	4
1A.5	Describe how one's values and beliefs about spiritual care are part of one's orienting systems.				

CATEGORY A COMMENTS:

LEVEL IA – CATEGORY B: AWARENESS OF SELF AND OTHERS

Outcome 1: Self-Care

Indicator		1	2	3	4
1A.6	Demonstrate knowledge of the varieties of self-care and initiate the uses of self-care practices.				

Outcome 2: Justice-Seeking Awareness of Biases

Indicator		1	2	3	4
1A.7	Demonstrate an awareness of implicit and systemic bias including cultural and value/belief-based prejudice and its impact on spiritual care.				

LEVEL IA – CATEGORY B: AWARENESS OF SELF AND OTHERS (CONT'D)

1 = Not Yet Engaging 2 = Beginning to Engage 3 = Meets Expectations 4 = Exceeds Expectations

Outcome 3: Intercultural and Interreligious Humility

Indicator		1	2	3	4
1A.8	Demonstrate respect for the orienting system of others arising out of a sense of common humanity.				

CATEGORY B COMMENTS:

LEVEL IA – CATEGORY C: RELATIONAL DYNAMICS

Outcome 1: Empathy

Indicator		1	2	3	4
1A.9	Demonstrate knowledge of and initiate use of empathy in spiritual care contexts.				

Outcome *2: Relational Boundaries*

Indicator		1	2	3	4
1A.10	Demonstrate knowledge of and initiate use of healthy relational boundaries in spiritual care contexts.				

Outcome 3: Group Dynamics

Indicator		1	2	3	4
1A.11	Demonstrate an understanding of group dynamics as it relates to spiritual care encounters and the learning process.				

CATEGORY C COMMENTS:

LEVEL IA – CATEGORY D: SPIRITUAL CARE INTERVENTIONS

1 = Not Yet Engaging 2 = Beginning to Engage 3 = Meets Expectations 4 = Exceeds Expectations

Outcome 1: Develop Spiritual Care Relationships

Indicator		1	2	3	4
1A.12	Demonstrate the ability to represent one's role and function when initiating spiritual care relationships.				
1A.13	Demonstrate an understanding and initiate use of communication styles and skills in spiritual care relationships.				

Outcome 2: Use of Cultural, Religious and Spiritual Resources

Indicator		1	2	3	4
1A.14	Demonstrate an understanding and initiate the use of spiritual resources that address spiritual wellbeing.				

Outcome 3: Use of Spiritual Assessments and Care Plans

Indicator		1	2	3	4
1A.15	Demonstrate an understanding of the difference between spiritual assessments and spiritual histories/screens.				

Outcome 4: Documentation

Indicator		1	2	3	4
1A.16	Demonstrate an understanding of the role of documentation in the provision of spiritual care.				

CATEGORY D COMMENTS:

LEVEL IA – CATEGORY E: PROFESSIONAL DEVELOPMENT

1 = Not Yet Engaging 2 = Beginning to Engage 3 = Meets Expectations 4 = Exceeds Expectations

Outcome 1: Clinical Method of Learning

Indicator		1	2	3	4
1A.17	Demonstrate an awareness and initiate use of the clinical method of learning (action-reflection-new action).				

Outcome 2: Ethical Practice and Professionalism

Indicator		1	2	3	4
1A.18	Demonstrate an awareness of and adherence to mandatory reporting requirements and professional codes of ethics relevant to one's context.				
1A.19	Demonstrate through one's behavior the attributes of integrity and honesty in one's spiritual care practice and learning process.				
1A.20	Represent and conduct oneself in a manner that is appropriate to the context.				

Outcome 3: Consultation and Feedback

Indicator		1	2	3	4
1A.21	Demonstrate knowledge of the role of consultation in the learning process of spiritual care.				
1A.22	Demonstrate awareness of one's ability to receive and engage feedback related to one's learning process of spiritual care.				
1A.23	Demonstrate awareness of one's ability to offer feedback related to one's learning process of spiritual care.				

Outcome 4: Teamwork and Collaboration

Indicator		1	2	3	4
1A.24	Demonstrate an understanding of how spiritual care interacts with and is part of the larger care team.				

Outcome 5: Research Based Care

Indicator		1	2	3	4
1A.25	Demonstrate an awareness of how research is relevant to spiritual care.				

CATEGORY E COMMENTS:

CONCLUDING REMARKS

Note:

- This evaluation should be read in conjunction with the student's own final evaluation of the unit.
- This evaluation will not be shared or released without the written authorization of the student, except according to the law to protect the student's health or safety; for the purpose of accreditation review; or in the case of a complaint or appeal regarding the student.
- It is the responsibility of the student to retain a copy of this document for future use.
- The student has the right to attach a written response to this evaluation.
- The student received this evaluation within 21 calendar days of the completion of the unit.

_____	_____
ACPE Certified Educator	CPE Student
_____	_____
Date	Date

ACPE Certified CPE™

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CLINICAL PASTORAL EDUCATION PROGRAM

CONFIDENTIAL STUDENT EVALUATION

ACPE Outcomes Level IB

ACPE Certified CPE™

CPE Student: _____
ACPE Accredited CPE Center: Ezzree Institute
CPE Unit/Level: _____
ACPE Certified Educator: _____

This final evaluation certifies that _____has successfully completed the requirements for one unit of Level IB Clinical Pastoral Education (CPE) during the _____CPE Unit. This unit began June _____ and concluded_____, and included 400 supervised hours, fulfilling the requirements of the ACPE Standards. The CPE Program was conducted at the Ezzree Institute, which is an ACPE accredited CPE center. Group supervision primarily took place in person and Individual Supervision occasionally occurred over Zoom. Clinical hours were completed in person at the clinical site.

The Center:

The Curriculum:

The CPE Group:

Attention will be given to the ways in which _____met the Level IB CPE Outcomes as found in the 2020 *ACPE Manual*.

This evaluation reflects the Revised 2023 ACPE Outcomes and Indicators

These outcomes focus on addressing basic competencies and skills for providing spiritual care which include Spiritual Formation and Integration, Awareness of Self and Others, Relational Dynamics, Spiritual Care Interventions, and Professional Development.

The comments below the Outcomes and Indicators reflect how the student has or has not demonstrated the competencies to be developed as a result of participating the ACPE program.

The ACPE Certified Educator indicates progress for each Indicator listed as follows:

1 – Not Yet Engaging = 4 points
The student is not engaging the indicator in both education and clinical hours.

2 – Beginning to Engage = 6 points
The student is trying but not yet fully demonstrating the required knowledge, behaviors, skills, and attributes in both education and clinical hours.

3 – Meets Expectations = 8 points
The student is demonstrating the required knowledge, behaviors, skills, and attributes for the indicator in both education and clinical hours.

4 – Exceeds Expectations = 10 points
The student is excelling in the indicator in both education and clinical hours.

A maximum score for Level IB is 240 points. The total number of points that a student receives will be divided by the maximum to determine the percentage average which the students has achieved.

Upon successful completion of the 400-hour unit requirement, demonstrated achievement of a minimum of **80% or higher average** of the assigned indicators of the level and all local requirements, a student will be awarded 1 credit and be eligible to advance to the next level.

Upon successful completion of the 400-hour unit requirement, demonstrated achievement of a minimum of **70% average** of the assigned indicators of the level and all local requirements, a student will be awarded 1 credit. The student will not be eligible to advance to the next level but may repeat the current level if desired and approved by the program.

Upon successful completion of the 400-hour unit requirement, demonstrated achievement between **50% and 69% average** of the assigned indicators of the level and all local requirements, a student will be awarded .5 credit. The student will not be eligible to advance to the next level but may repeat the current level if desired and approved by the program.

No credit is awarded for an average below 50%.

There are no provisions for credit or achievement if the student does not complete 400 hours**.**

LEVEL IB – CATEGORY A: SPIRITUAL FORMATION AND INTEGRATION

1 = Not Yet Engaging 2 = Beginning to Engage 3 = Meets Expectations 4 = Exceeds Expectations

Outcome 1: Narrative History

Indicator		1	2	3	4
1B.1	Articulate how one's narrative history informs one's values and beliefs about spiritual care.				
1B.2	Demonstrate awareness in the moment of when a care encounter intersects with elements of one's narrative history.				

Outcome 2: Socio-Cultural Identity

Indicator		1	2	3	4
1B.3	Articulate how one's social identity informs one's approach to spiritual care.				
1B.4	Demonstrate awareness in the moment when a care encounter intersects with elements of one's social identity.				

Outcome 3: Spiritual/Values-Based Orienting Systems

Indicator		1	2	3	4
1B.5	Demonstrate how one's orienting systems inform spiritual care encounters.				

CATEGORY A COMMENTS:

LEVEL IB – CATEGORY B: AWARENESS OF SELF AND OTHERS

Outcome 1: Self-Care

Indicator		1	2	3	4
1B.6	Articulate how one's self-care practices, including trauma informed approaches, support wellbeing in spiritual care.				

Outcome 2: Justice-Seeking Awareness of Biases

Indicator		1	2	3	4
1B.7	Articulate an understanding of one's implicit bias and systemic bias when providing spiritual care.				

LEVEL IB – CATEGORY B: AWARENESS OF SELF AND OTHERS (CONT'D)

1 = Not Yet Engaging 2 = Beginning to Engage 3 = Meets Expectations 4 = Exceeds Expectations

Outcome 3: Intercultural and Interreligious Humility

Indicator		1	2	3	4
1B.8	Articulate how one uses intercultural and interreligious humility when providing spiritual care.				

CATEGORY B COMMENTS:

LEVEL IB – CATEGORY C: RELATIONAL DYNAMICS

Outcome 1: Empathy

Indicator		1	2	3	4
1B.9	Articulate how one uses empathy when providing spiritual care.				

Outcome *2: Relational Boundaries*

Indicator		1	2	3	4
1B.10	Articulate an understanding of healthy relational boundaries in spiritual care contexts.				

Outcome 3: Group Dynamics

Indicator		1	2	3	4
1B.11	Identify group dynamics theories as they relate to providing spiritual care and one's learning process.				

CATEGORY C COMMENTS:

LEVEL IB – CATEGORY D: SPIRITUAL CARE INTERVENTIONS

1 = Not Yet Engaging 2 = Beginning to Engage 3 = Meets Expectations 4 = Exceeds Expectations

Outcome 1: Develop Spiritual Care Relationships

Indicator		1	2	3	4
1B.12	Articulate an understanding of power dynamics and one's authority when providing spiritual care.				
1B.13	Articulate how one's communication styles and skills, including trauma informed approaches, develop spiritual care relationships.				

Outcome 2: Use of Cultural, Religious and Spiritual Resources

Indicator		1	2	3	4
1B.14	Articulate how one uses spiritual resources when providing spiritual care.				

Outcome 3: Use of Spiritual Assessments and Care Plans

Indicator		1	2	3	4
1B.15	Articulate how one uses spiritual assessments when one provides spiritual care.				

Outcome 4: Documentation

Indicator		1	2	3	4
1B.16	Articulate how one uses documentation when providing spiritual care, as appropriate to one's context.				

CATEGORY D COMMENTS:

LEVEL IB – CATEGORY E: PROFESSIONAL DEVELOPMENT

1 = Not Yet Engaging 2 = Beginning to Engage 3 = Meets Expectations 4 = Exceeds Expectations

Outcome 1: Clinical Method of Learning

Indicator		1	2	3	4
1B.17	Articulate how the clinical method of learning shapes one's provision of spiritual care.				

Outcome 2: Ethical Practice and Professionalism

Indicator		1	2	3	4
1B.18	Demonstrate ability to recognize ethical issues in one's context and seek consultation.				
1B.19	Demonstrate knowledge of and adherence to attributes of personal and organizational responsibility and professional boundaries in the practice of spiritual care and the learning process.				

Outcome 3: Consultation and Feedback

Indicator		1	2	3	4
1B.20	Initiate consultation when faced with challenges in the spiritual care context.				
1B.21	Engage and integrate feedback in one's learning process and when providing spiritual care.				
1B.22	Demonstrate the ability to offer appropriate and timely feedback to peers and others.				

Outcome 4: Teamwork and Collaboration

Indicator		1	2	3	4
1B.23	Articulate one's ability to engage with the larger care team, including making referrals, when one provides spiritual care.				

Outcome 5: Research Based Care

Indicator		1	2	3	4
1B.24	Articulate how one's readings of research is relevant to one's provision of spiritual care.				

CATEGORY E COMMENTS:

CONCLUDING REMARKS

Note:

- This evaluation should be read in conjunction with the student's own final evaluation of the unit.
- This evaluation will not be shared or released without the written authorization of the student, except according to the law to protect the student's health or safety; for the purpose of accreditation review; or in the case of a complaint or appeal regarding the student.
- It is the responsibility of the student to retain a copy of this document for future use.
- The student has the right to attach a written response to this evaluation.
- The student received this evaluation within 21 calendar days of the completion of the unit.

_____	_____
ACPE Certified Educator	CPE Student
_____	_____
Date	Date

ACPE Certified CPE™

Ezzree Institute is accredited for Level I, Level 2, and Certified Educator CPE by ACPE, 1 Concourse Pkwy, Suite 800, Atlanta, GA 30328 Phone: (404) 320-1472 www.acpe.edu.

CLINICAL PASTORAL EDUCATION PROGRAM

CONFIDENTIAL STUDENT EVALUATION

ACPE Outcomes Level IIA

ACPE Certified CPE™

CPE Student: _____
ACPE Accredited CPE Center: Ezzree Institute
CPE Unit/Level: _____
ACPE Certified Educator: _____

This final evaluation certifies that _____has successfully completed the requirements for one unit of Level IIA Clinical Pastoral Education (CPE) during the _____CPE Unit. This unit began June _____ and concluded_____, and included 400 supervised hours, fulfilling the requirements of the ACPE Standards. The CPE Program was conducted at the Ezzree Institute, which is an ACPE accredited CPE center. Group supervision primarily took place in person and Individual Supervision occasionally occurred over Zoom. Clinical hours were completed in person at the clinical site.

The Center:

The Curriculum:

The CPE Group:

Below, attention is given to the ways in which _____met the Level IIA CPE Outcomes as found in the 2020 *ACPE Manual*.

This evaluation reflects the Revised 2023 ACPE Outcomes and Indicators

These outcomes focus on addressing basic competencies and skills for providing spiritual care which include Spiritual Formation and Integration, Awareness of Self and Others, Relational Dynamics, Spiritual Care Interventions, and Professional Development.

The comments below the Outcomes and Indicators reflect how the student has or has not demonstrated the competencies to be developed as a result of participating the ACPE program.

The ACPE Certified Educator indicates progress for each Indicator listed as follows:

1 – Not Yet Engaging = 4 points
The student is not engaging the indicator in both education and clinical hours.

2 – Beginning to Engage = 6 points
The student is trying but not yet fully demonstrating the required knowledge, behaviors, skills, and attributes in both education and clinical hours.

3 – Meets Expectations = 8 points
The student is demonstrating the required knowledge, behaviors, skills, and attributes for the indicator in both education and clinical hours.

4 – Exceeds Expectations = 10 points
The student is excelling in the indicator in both education and clinical hours.

A maximum score for Level IIA is 210 points. The total number of points that a student receives will be divided by the maximum to determine the percentage average which the students has achieved.

Upon successful completion of the 400-hour unit requirement, demonstrated achievement of a minimum of **80% or higher average** of the assigned indicators of the level and all local requirements, a student will be awarded 1 credit and be eligible to advance to the next level.

Upon successful completion of the 400-hour unit requirement, demonstrated achievement of a minimum of **70% average** of the assigned indicators of the level and all local requirements, a student will be awarded 1 credit. The student will not be eligible to advance to the next level but may repeat the current level if desired and approved by the program.

Upon successful completion of the 400-hour unit requirement, demonstrated achievement between **50% and 69% average** of the assigned indicators of the level and all local requirements, a student will be awarded .5 credit. The student will not be eligible to advance to the next level but may repeat the current level if desired and approved by the program.

No credit is awarded for an average below 50%.

There are no provisions for credit or achievement if the student does not complete 400 hours**.**

LEVEL IIA – CATEGORY A: SPIRITUAL FORMATION AND INTEGRATION

Outcome 1: Narrative History

Indicator		1	2	3	4
2A.1	Use knowledge of behavioral sciences to understand how one's narrative history informs one's values and beliefs about spiritual care.				

Outcome 2: Socio-Cultural Identity

Indicator		1	2	3	4
2A.2	Demonstrate how one's social identity interacts with the care receiver's social identity.				

Outcome 3: Spiritual/Values-Based Orienting Systems

Indicator		1	2	3	4
2A.3	Demonstrate how one's orienting system interacts with the care receiver's orienting systems when providing spiritual care.				

CATEGORY A COMMENTS:

LEVEL IIA – CATEGORY B: AWARENESS OF SELF AND OTHERS

Outcome 1: Self-Care

Indicator		1	2	3	4
2A.4	Demonstrate how one uses self-care practices, including trauma informed approaches, for support of wellbeing, including when providing spiritual care.				

Outcome 2: Justice-Seeking Awareness of Biases

Indicator		1	2	3	4
2A.5	Demonstrate how one is addressing one's implicit bias and systemic bias when providing spiritual care as appropriate to one's context.				

Outcome 3: Intercultural and Interreligious Humility

Indicator		1	2	3	4
2A.6	Demonstrate intercultural and interreligious humility when providing spiritual care.				

CATEGORY B COMMENTS:

LEVEL IIA – CATEGORY C: RELATIONAL DYNAMICS

Outcome 1: Empathy

Indicator		1	2	3	4
2A.7	Demonstrate one's use of empathy when providing spiritual care.				

Outcome *2: Relational Boundaries*

Indicator		1	2	3	4
2A.8	Demonstrate healthy relational boundaries in spiritual care contexts.				

Outcome 3: Group Dynamics

Indicator		1	2	3	4
2A.9	Demonstrate one's ability to describe and explore roles in group dynamics.				
2A.10	Demonstrate one's ability to facilitate group processes as appropriate to one's context.				

CATEGORY C COMMENTS:

LEVEL IIA – CATEGORY D: SPIRITUAL CARE INTERVENTIONS

Outcome 1: Develop Spiritual Care Relationships

Indicator		1	2	3	4
2A.11	Demonstrate flexible communication styles and skills, including trauma informed approaches, that develop spiritual care relationships using one's authority.				

Outcome 2: Use of Cultural, Religious and Spiritual Resources

Indicator		1	2	3	4
2A.12	Demonstrate one's ability to use spiritual resources in addressing spiritual and organizational well-being.				

Outcome 3: Use of Spiritual Assessments and Care Plans

Indicator		1	2	3	4
2A.13	Demonstrate how one's interventions address the assessed spiritual needs/strengths.				

LEVEL IIA – CATEGORY D: SPIRITUAL CARE INTERVENTIONS (CONT'D)

Outcome 4: Documentation

Indicator		1	2	3	4
2A.14	Demonstrate the ability to document when one provides spiritual care as appropriate to one's context.				

CATEGORY D COMMENTS:

LEVEL IIA – CATEGORY E: PROFESSIONAL DEVELOPMENT

Outcome 1: Clinical Method of Learning

Indicator		**1**	**2**	**3**	**4**
2A.15	Demonstrate one's ability to use the clinical method of learning collaboratively and creatively.				
2A.16	Demonstrate knowledge of the history of clinical pastoral education.				

Outcome 2: Ethical Practice and Professionalism

Indicator		1	2	3	4
2A.17	Demonstrate knowledge of ethical principles/theories used in spiritual care contexts.				

Examples:
Comments:

Outcome 3: Consultation and Feedback

Indicator		1	2	3	4
2A.18	Evaluate one's ability to integrate feedback in one's learning process and when providing spiritual care.				
2A.19	Evaluate one's ability to offer appropriate and timely feedback to peers and others.				

Outcome 4: Teamwork and Collaboration

Indicator		1	2	3	4
2A.20	Demonstrate one's ability to function as part of the larger care team while maintaining one's role as a spiritual care provider.				

LEVEL IIA – CATEGORY E: PROFESSIONAL DEVELOPMENT (CONT'D)

Outcome 5: Research Based Care

Indicator		1	2	3	4
2A.21	Demonstrate one's ability to access and understand the main points of a research article and any major limitations.				

CATEGORY E COMMENTS:

CONCLUDING REMARKS

Note:

- This evaluation should be read in conjunction with the student's own final evaluation of the unit.
- This evaluation will not be shared or released without the written authorization of the student, except according to the law to protect the student's health or safety; for the purpose of accreditation review; or in the case of a complaint or appeal regarding the student.
- It is the responsibility of the student to retain a copy of this document for future use.
- The student has the right to attach a written response to this evaluation.
- The student received this evaluation within 21 calendar days of the completion of the unit.

_____ _____

ACPE Certified Educator CPE Student

_____ _____

Date Date

ACPE Certified CPE™

Ezzree Institute is accredited for Level I, Level 2, and Certified Educator CPE
by ACPE, 1 Concourse Pkwy, Suite 800, Atlanta, GA 30328
Phone: (404) 320-1472 www.acpe.edu.

CLINICAL PASTORAL EDUCATION PROGRAM

CONFIDENTIAL STUDENT EVALUATION

ACPE Outcomes Level IIB

ACPE Certified CPE™

CPE Student: _____
ACPE Accredited CPE Center: Ezzree Institute
CPE Unit/Level: _____
ACPE Certified Educator: _____

This final evaluation certifies that _____has successfully completed the requirements for one unit of Level IIB Clinical Pastoral Education (CPE) during the _____CPE Unit. This unit began June _____ and concluded_____, and included 400 supervised hours, fulfilling the requirements of the ACPE Standards. The CPE Program was conducted at Ezzree Institue, which is an ACPE accredited CPE center. Group supervision primarily took place in person and Individual Supervision occasionally occurred over Zoom. Clinical hours were completed in person at the clinical site.

The Center:

The Curriculum:

The CPE Group:

Below, attention is given to the ways in which _____met the Level IIB CPE Outcomes as found in the 2020 *ACPE Manual*.

This evaluation reflects the Revised 2023 ACPE Outcomes and Indicators

These outcomes focus on addressing basic competencies and skills for providing spiritual care which include Spiritual Formation and Integration, Awareness of Self and Others, Relational Dynamics, Spiritual Care Interventions, and Professional Development.

The comments below the Outcomes and Indicators reflect how the student has or has not demonstrated the competencies to be developed as a result of participating the ACPE program.

The ACPE Certified Educator indicates progress for each Indicator listed as follows:

1 – Not Yet Engaging = 4 points
The student is not engaging the indicator in both education and clinical hours.

2 – Beginning to Engage = 6 points
The student is trying but not yet fully demonstrating the required knowledge, behaviors, skills, and attributes in both education and clinical hours.

3 – Meets Expectations = 8 points
The student is demonstrating the required knowledge, behaviors, skills, and attributes for the indicator in both education and clinical hours.

4 – Exceeds Expectations = 10 points
The student is excelling in the indicator in both education and clinical hours.

A maximum score for Level IIB is 180 points. The total number of points that a student receives will be divided by the maximum to determine the percentage average which the students has achieved.

Upon successful completion of the 400-hour unit requirement, demonstrated achievement of a minimum of **80% or higher average** of the assigned indicators of the level and all local requirements, a student will be awarded 1 credit and be eligible to advance to the next level.

Upon successful completion of the 400-hour unit requirement, demonstrated achievement of a minimum of **70% average** of the assigned indicators of the level and all local requirements, a student will be awarded 1 credit. The student will not be eligible to advance to the next level but may repeat the current level if desired and approved by the program.

Upon successful completion of the 400-hour unit requirement, demonstrated achievement between **50% and 69% average** of the assigned indicators of the level and all local requirements, a student will be awarded .5 credit. The student will not be eligible to advance to the next level but may repeat the current level if desired and approved by the program.

No credit is awarded for an average below 50%.

There are no provisions for credit or achievement if the student does not complete 400 hours**.**

LEVEL IIB – CATEGORY A: SPIRITUAL FORMATION AND INTEGRATION

Outcome 1: Narrative History

Indicator		1	2	3	4
2B.1	Evaluate one's integration of how knowledge of behavioral sciences informs one's practice of spiritual care through the lens of one's narrative history.				

Outcome 2: Socio-Cultural Identity

Indicator		1	2	3	4
2B.2	Evaluate one's integration of how knowledge of social identity informs one's practice of spiritual care.				

Outcome 3: Spiritual/Values Based Orienting Systems

Indicator		1	2	3	4
2B.3	Evaluate how one's orienting system interacts with the care receiver's orienting systems when providing spiritual care.				

CATEGORY A COMMENTS:

LEVEL IIB – CATEGORY B: AWARENESS OF SELF AND OTHERS

Outcome 1: Self-Care

Indicator		1	2	3	4
2B.4	Evaluate how one uses self-care practices, including trauma informed approaches for support of wellbeing, including when providing spiritual care.				

Outcome 2: Justice-seeking awareness of biases

Indicator		1	2	3	4
2B.5	Evaluate one's ability to address bias and seek justice when providing spiritual care as appropriate to one's context.				

LEVEL IIB – CATEGORY B: AWARENESS OF SELF AND OTHERS (CONT'D)

Outcome 3: Intercultural and Interreligious Humility

Indicator		1	2	3	4
2B.6	Evaluate one's use of intercultural and interreligious humility when providing spiritual care.				

CATEGORY B COMMENTS:

LEVEL IIB – CATEGORY C: RELATIONAL DYNAMICS

Outcome 1: Empathy

Indicator		1	2	3	4
2B.7	Evaluate one's use of empathy when providing spiritual care.				

Outcome 2: Relational Boundaries

Indicator		1	2	3	4
2B.8	Evaluate one's ability to maintain healthy relational boundaries in spiritual care contexts.				

Outcome 3: Group Dynamics

Indicator		1	2	3	4
2B.9	Evaluate one's ability to facilitate and function within group processes.				

CATEGORY C COMMENTS:

LEVEL IIB – CATEGORY D: SPIRITUAL CARE INTERVENTIONS

***Outcome 1:* Develop Spiritual Care Relationships**

Indicator		1	2	3	4
2B.10	Evaluate one's use of communication styles and skills, including trauma informed approaches.				

Outcome 2: Use of Cultural, Religious and Spiritual Resources

Indicator		1	2	3	4
2B.11	Evaluate one's use of spiritual resources in addressing spiritual and organizational well-being.				

Outcome 3: Use of Spiritual Assessments and Care Plans

Indicator		1	2	3	4
2B.12	Evaluate one's use of assessments, interventions, and plans of care when one provides spiritual care.				

Outcome 4: Documentation

Indicator		1	2	3	4
2B.13	Evaluate one's ability to document as appropriate to one's context.				

CATEGORY D COMMENTS:

LEVEL IIB – CATEGORY E: PROFESSIONAL DEVELOPMENT

***Outcome 1:* Clinical Method of Learning**

Indicator		1	2	3	4
2B.14	Evaluate one's ability to use the clinical method of learning when one provides spiritual care and personal/professional growth.				

Outcome 2: Ethical Practice and Professionalism

Indicator		1	2	3	4
2B.15	Demonstrate integration of ethical decision-making in one's context.				

LEVEL IIB – CATEGORY E: PROFESSIONAL DEVELOPMENT (CONT'D)

Outcome 3: Consultation and Feedback

Indicator		1	2	3	4
2B.16	Develop long term plan for seeking consultation to address areas of current and anticipated challenges.				

Outcome 4: Teamwork and Collaboration

Indicator		1	2	3	4
2B.17	Evaluate one's ability to be a spiritual care presence with and for the larger care team.				

Outcome 5: Research Based Care

Indicator		1	2	3	4
2B.18	Integrate relevant research into one's practice of spiritual care.				

CATEGORY E COMMENTS:

CONCLUDING REMARKS:

Note:

- This evaluation should be read in conjunction with the student's own final evaluation of the unit.
- This evaluation will not be shared or released without the written authorization of the student, except according to the law to protect the student's health or safety; for the purpose of accreditation review; or in the case of a complaint or appeal regarding the student.
- It is the responsibility of the student to retain a copy of this document for future use.
- The student has the right to attach a written response to this evaluation.
- The student received this evaluation within 21 calendar days of the completion of the unit.

_____	_____
ACPE Certified Educator	CPE Student
_____	_____
Date	Date

4.8 – EI CPE Partnered Study Report

Following your study in partners rotations, please write out the following report:

Name of partner:
Date of study:
Length of study:
Location of study:

Describe Your Presentation:

1) Briefly describe the clinical presentation you provided your study partner.
2) Why did you bring this presentation to your session? What did you want to learn?
3) Describe the feedback your study partner provided you.
4) Describe the ways in which your study partner challenged you and encouraged you to improve your skills and expand your options for intervention.
5) Describe what you learned as the result of your meeting.
6) Describe how what you learned has broadened your chaplaincy knowledge, skills, and interactions.
7) Describe what you learned about yourself.

Describe Your Study Partner's Presentation:

1) Briefly describe the clinical presentation your study partner presented.
2) What did your study partner present as the primary learning topic?
3) Describe the feedback you provided your study partner in relation to their learning.
4) Describe the ways in which you challenged and encouraged your study partner to improve their skills and expand their options for intervention.
5) Described what you learned as the result of your meeting.
6) Describe what you learned about your relationship with your study partner.
7) Describe what you learned about yourself.

4.9 – Fitchett Spiritual Assessment Model Outline

FORMAT FOR SPIRITUAL ASSESSMENT
Adapted from George Fitchett's *"7X7 Spiritual Assessment Model"* and Roy Nash's *"Spiritual Issues of Life"*

GENERAL INFORMATION
Who is the person being assessed? (Care-seeker or someone in care-seeker's family? Specify who?)
Where is care-seeker receiving care?
Number of visits with this person:
*** *Include a copy of your chart note with your presentation* ***

HOLISTIC ASSESSMENT

1 Medical Dimension

- What are their present problems or symptoms? What is their diagnosis?
- What significant medical problems has the person had in the past?
- What medical treatment is the person receiving?
- Length of hospital stay if applicable?
- Prognosis and quality of life to be expected following treatment? Is the problem acute? Chronic? Reversible?

2 The Psychological Dimension

- Briefly describe their reaction or general emotional state related to this experience. (use Grief / Crisis terms)
- Are there any significant psychological problems? (i.e., depression, anxiety) Are they being treated? If so, how?
- What significant events in the past heighten their perception / reaction to this situation? What coping perceptions are new for them? Is it working? What coping method or behaviors worked in the past?

3 The Family Systems Dimension

- Describe immediate family and family of origin. (i.e., intact parental marriage, two sisters age 21 and 23).
- How connected or close to family?
- How supportive / helpful are they now? Describe.
- Are there present, or have there been in the past, patterns within the person's relationships with other family members that have contributed or perpetuated present problems.

4 The Psycho-Social Dimension

- What are the person's education, work history, economic level, important activities and relationships?
- What is the person's present living situation and what are the person's financial resources?
- Any significant support outside the family?

5 The Ethnic, Racial or Cultural Dimension

- What is the person's racial, ethnic or cultural background?
- How does it contribute to a person's way of addressing any current concerns?

6 The Social Issues Dimension

- What social stereotypes (positive or negative) does this person fall into?
- How do larger social norms / issues help or hinder this person (delineate what is their report / opinion vs. your own bias / opinion to this question)?

7 Spiritual Dimension (See 7 areas below)

SPIRITUAL ASSESSMENT

1 Belief and Meaning

- What is their religious affiliation or spiritual orientation, if any?
- What is their religious history, if any? Significant events, positive or negative?
- What did they report was their philosophy of life (implicitly or explicitly)?
- What beliefs does the person have which give meaning and purpose to their life? What major symbols reflect or express meaning for this person?
- What stories, anecdotes or experience did the person use to illustrate their beliefs?
- Are there any current problems what have a specific meaning or alter established meaning?

2 Vocation and Obligations

- How integrated are religious/spiritual beliefs into daily life? Examples?
- Does the person's beliefs and sense of meanings of life create a sense of duty, vocation, calling or moral obligation? Describe.
- Will any current problems cause conflict or compromise in their perception of their ability to fulfill these duties?
- Are any current problems viewed as a sacrifice or atonement or otherwise essential to this person's sense of duty?

3 Experience and Emotion

- What significant direct contacts with the spiritual realm has the person had? What emotions were predominately associated with these contacts?
- How has this contact affected the person's beliefs, meaning of life and associated sense of vocation?

4 Courage and Growth

- How motivated is this person to be healed or become whole?
- What hinders healing for this person - spiritually?
- What are the main fears?
- Behaviorally, how do they respond to this fear (fight, flight, or freeze)? How does their spirituality help them or modify this behavior?

- Does the meaning of this experience, including any current problems, fit into existing beliefs and symbols?
- How are their pre-morbid beliefs challenged?
- Can the person let go of existing beliefs and symbols, to allow new ones to emerge?
- How has the person grown or changed through this experience?
- What resolutions toward change or repentance does this person express?

5 Ritual and Practice

- What are the rituals and practices associated with the person's beliefs and meaning in life (i.e., regular prayer, daily mass)?
- Observations about these that illuminate who they are, what their faith means to them, or how they are utilizing it now.
- Will current problems, if any, cause a change in the rituals or practices they feel they require or in their ability to perform or participate in those which are important to them?
- *Use of Language*
- What are the "catch phrases", loaded words, or colloquialisms that they use to talk about their faith?

6 Community

- Is the person part of one or more, formal or informal, communities of shared belief, meaning of life, ritual or practice, leisure, or common interest (i.e., church, synagogue)?
- What is the level and style of the person's participation in these communities?

7 Authority and Guidance

- When faced with doubt, confusion, tragedy or conflict, where do they look for guidance?
- To what extent does the person look outside themselves or inside themselves for guidance?
- Are there any choices or dilemmas the person is facing or will face?

4.10 – Cultural Narrative Assignment

Specific to Chaplaincy Development
(Assigned in Level IB CPE)

You have already begun sharing your personal narratives through introductions, story sharing, and even your goals/objectives/learning covenants. These provide pearls about your life experience, reflective practices, and your dreams for the future. This cultural narrative project presents the opportunity to explore and share more nuanced socio-cultural-political-religio-spiritual-familial-economic-psychodynamic perspectives on your history, personality, and operating systems that instruct your life.

Feel free to be creative or simply write your responses in essay form. You may also prepare using both standard and creative modalities. Express the following explorations in the most natural way to you.

Important Caveat: Some people feel/are more and less acquainted with their heritage as compared to others. There can be both joy and grief in this area of inquiry for people. Feel free to address any of these questions through your particular lens of experience.

Cultural Narrative Questions (you may also articulate the questions in ways that more precisely represent you and your experience):

1) Introduce us to the cultural heritage(s) of your family and the people who influenced your understanding of this heritage (or these heritages).
2) Describe an event, set of events, or rituals you experienced within your family/community and how they resonate with you now.
3) Are there specific morals, values, and virtues that you carry with you as instructed by your heritage(s)?
4) Are there communication styles that result from your heritage(s) that may be similar to and/or different from others that are beneficial to articulate?
5) Are there natural intersections and/or differences between your broader communal ethno/spiritual/religious heritage(s) and your specific family heritage? In other words, how might you connect or distinguish your family culture(s) from your broader cultural heritage?
6) How has your sense of cultural heritage strengthened and/or shifted over time?
7) What do you celebrate as the result of your upbringing and what meaning/symbolism do they have in your life?
8) How does your heritage impact your relationship with authority, with others, and with your sense of the sacred?
9) In relation to the questions above, who are you as an institutional being? Do you gravitate towards institutional and organizational connections, attempt to run from them, or a combination of the two? Describe your feelings/relationships in this realm, their associations with your cultural upbringing, and their relevance to your development as a spiritual leader.
10) On the lighter side of the topic, what are a few of your favorite cultural activities, foods, holidays, rituals, symbols, musical styles, etc. that bring you joy?
11) Did you learn anything new about yourself and your origins as the result of engaging in this project?

EBSOP Paper
Explorations in Behavioral Science, Social Location, and Operating Systems
(Usually Assigned in Level IIA)

Working definition of behavioral science in spiritual care: *Behavioral sciences are theoretical approaches that assist with describing human behavior, social phenomena, and human need/connection with others. Students are encouraged to draw from psychology, philosophical frameworks, and even popular literature and thought to answer these questions.*

Behavioral Science Exploration:

1. What theory/theories do you gravitate toward in behavioral science in your life and work in general, now and in the past?
2. Why does this theory (or these theories) speak to you and draw you in? How is it (how are they) compatible with your life, history, and personality?
3. Provide an example of a clinical encounter or life experience in which you applied theoretical connections from the behavioral sciences and how this endeavor increased your understanding of the encounter. Also, describe how this application assisted you in making assessments and engaging the individuals/circumstance more effectively. Did your awareness affect outcomes and plan of care? Did it influence your work with and as part of the multidisciplinary team?
4. Are there any areas of gap (critical purchase) or inconsistency in the theoretical approaches that capture your attention and/or passion?
5. In a paragraph or two, create and communicate your own theory of human behavior that has not necessarily been established by another thinker. You are the theorist here.
6. Speak to one of your peers about the theory or theories that capture their attention. Research one of their thinkers and summarize how this new exposure will assist you in your educational process.
7. Explain ways in which your tradition and your understanding of ancient wisdom is connected to the ideas you presented in the area of behavioral science.
8. Name a movie, fairy tale, piece of artwork, or music (something outside of but still connected to your intellectual pursuits) that you thought about in answering these questions about behavioral science.

Working definition of social location in spiritual care: *Social location exploration is centered in the person's position and location within societal constructs. Areas of consideration include but are not limited to the person's ethnicity, religious affiliation, economic status, relationship status, familial support, connection to community, and areas of professional and personal interest that connect them to the outside world.*

Social Location Exploration:

1. What are your own social locations? Provide an analysis of how these locations impact you in your life, work, and aspirations. Describe the openings and limitations of your social location(s) as you see them.
2. In reviewing your answers to question #1, how does your knowledge of yourself in this realm impact your assessments of care seekers and their social location(s)?

3. Provide an example of a clinical encounter or life experience in which you applied assessment of social location into your care of an individual or group. Also, describe how our awareness of social location assisted you in making assessments and engaging the individuals/circumstance more effectively. Did your awareness affect outcomes and plan of care? Did it influence your work with and as part of the multidisciplinary team?
4. Are there any areas of gap (critical purchase) or inconsistency in in societal approaches to social location that are a concern to you?
5. In a paragraph or two, create and communicate your own theory of human behavior that has not necessarily been established by another thinker. You are the theorist here, once again.
6. Speak to one of your peers about their views of social location in their spiritual care practice. Research one of their ideas or thinkers and summarize how this new exposure will assist you in your educational process.
7. Explain ways in which your tradition and your understanding of ancient wisdom is connected to the ideas you presented in the area of social location.
8. Name a movie, fairy tale, piece of artwork, or music (something outside of but still connected to your intellectual pursuits) that you thought about in answering these questions about social location.

Working definition of operating systems in spiritual care: *In times past, the term operating systems was referred to as theology or theological reflection. This new language opens up meaning-making explorations for people within diverse religious/spiritual/humanist/atheist, etc. perspectives and affiliations. Metaphor can be a helpful tool in assessing the lives, traditions, practices, and beliefs of care seekers.*

Operating Systems Exploration:

1. What are your own operating systems, your pillars of belief as they pertain to your spiritual care practice? Provide an analysis of how these secure your foundational intentions in your encounters with care seekers. Describe any gaps or challenges in your operating systems/pillars of belief that surface in your practice. What are the liabilities or gaps in your belief system? Where does this belief system cause healing, and where might it potentially cause suffering?
2. Are your belief structures/operating systems changing, evolving, or being challenged in your role as a Chaplain Resident serving interreligious/cross-spiritual populations? If so, in what ways?
3. Provide an example of a clinical encounter or life experience in which you applied assessment of operating systems into your care of an individual or group. Also, describe how your awareness of operating systems assisted you in making assessments and engaging the individuals/circumstance more effectively. Did your awareness affect outcomes and plan of care? Did it influence your work with and as part of the multidisciplinary team?
4. Are there any areas of gap (critical purchase) or inconsistency in societal approaches to operating systems and belief constructs that are a concern to you?
5. In a paragraph or two, create and communicate your own unique approach to operating systems and belief structures as they pertain to spiritual care.

6. Speak to one of your peers about their views of operating systems in their spiritual care practice. Research one of their ideas or thinkers and summarize how this new exposure will assist you in your educational process.
7. Explain ways in which your tradition and your understanding of ancient wisdom is connected to the ideas you presented in the area of operating systems specific to your work in spiritual care.
8. Name a movie, fairy tale, piece of artwork, or music (something outside of but still connected to your intellectual pursuits) that you thought about in answering these questions about operating systems.

Please remember to have fun! If you would like to rephrase and reframe these questions, feel free to offer your own lens of exploration. It would be antithetical to exploration to stick within the walls of the Educator's framing if something else opens you up to deeper curiosity and discovery. This structure is a guide that is meant to be helpful to you.

4.12 – Spiritual Care Integration Paper

For Level II, Unit 4 Students

PURPOSE:

- To integrate, in an intentional and coherent way, what you have been learning about self, others, theological reflection, behavioral sciences, and spiritual care by drawing on both your previous experiences and, more specifically, your experience this past year in CPE as a chaplaincy student.
- To provide you with the opportunity to receive helpful feedback from your peers and Educator who have come to know you in this context, specifically, around clarity and coherence, effectiveness of style, and personal congruence.
- To assist those who wish to pursue certification in their development of materials required for this process.

GUIDELINES:

Paper should be no more than five pages in length, Times New Roman, single spaced, 12-point font. It should articulate your personal theory of spiritual care. It should attempt to integrate your theory as an expression of who you are as a person and include your experience and identity as a spiritual care provider, with specific references wherever possible to pastoral experiences this year. It should include your theological/non-theistic beliefs and religious/spiritual identity.

SUGGESTIONS:

Try not to not become overly possessive of this paper with excessive ego or that it is the "final truth" on which you stand ---- frame it as a "draft" which you expect to revise. However, present it in professional format as though it were the final draft. Look for patterns of feedback from peers/Educators….each individual's feedback is not necessarily the truth and may not ultimately be helpful for you, nor must all feedback be incorporated into your revisions. In the end it will be YOUR theory paper. Yet, all feedback may be helpful to your growth. Remain open.

- The use of imagery can be very effective.
- Specific vignettes, symbols, imagery, or illustrations are helpful.
- Corroborate your theory with references to authors, sacred writings, your specific tradition, etc. wherever possible.
- Specific examples of spiritual care you have provided to people, vignettes or illustrations are helpful.
- Have fun with writing and sharing it.

This paper is different from the reflection instruments we have used through the year in CPE. It is not a learning/processing tool. It is not a reflection on the year or a statement of how your theory and practice of spiritual care have developed over the past year. It is not a statement of process as much as a sharing about the conclusions you have drawn from the process.

It may be helpful to envision the audience of this paper not just as your seminar group, but as a chaplain certification committee. Do not assume the reader knows about the details of your clinical setting or the content of the educational seminars this year. The focus of a committee member is to see if you have the ability to conceptualize what you do as a chaplain and to demonstrate theoretical approaches that are congruent with your practice.

4.13 – CPE Schedule 2025-26

Unit Dates: September 9th – February 28th
(Intro sessions on Tuesday, Sept. 2, 6-8pm & Friday, Sept. 5, 9am – 12pm)

(If needed, additional weeks will be offered to allow completion of clinical hours in sync with additional Individual Supervision)

PLEASE NOTE: ALL TIMES ARE PACIFIC STANDARD/DAYLIGHT TIME

Class Times: Tuesdays, 6:00pm – 8:00pm *and* Fridays, 9:00am – 12:00pm

CPE is exclusively online.

Students should plan to receive initial orientation at their Clinical Placement Site any time before the first class on September 9th. Everyone should be (and feel) oriented to their sites by no later than Tuesday, September 16, 2025. This includes any occupational health, TB tests, computer trainings, etc. Please speak to your Site Preceptors about what is necessary for your orientation. At this time, you may also begin your clinical hours. Your hours need to be completed within the duration of the program. You may exceed the 300-hour minimum requirement, but you may not complete them before February 6, 2026 (the end of the program class sessions). It is only to your benefit to exceed the required hours in acclimating to your Sites. You will need to complete Clinical Hours by February 28, 2026, though most people will finish the last day of class. If your schedule demands the extra days to complete hours, continued Individual Supervision will be a requirement during this time.

Absenteeism is not encouraged, yet life happens and the program is compassionate about this. You can miss no more than two standard classes. All students must be present for orientation, story sharing, mid-term evaluations, final evaluations, and the last session of the class. The final class is mandatory with specific required activities.

As written above, Tuesday classes will be 6:00pm to 8:00pm; Friday morning classes will be 9:00am to 12:00pm.

Please note, we will have an intensive CPE introductory session on the Tuesday and Friday before classes officially begin, September 2nd, 6:00 to 8:00pm *and* Friday, September 5, 9am-12pm to cover pre-orientation materials.

This pre-orientation is required for all participants in the program. The official start day of the unit "Beyond Introductions" (according to ACPE Student Unit Reporting) is September 9.

September - Introduction to the Program

Sun	Mon.	Tues. 6:00pm – 8:00pm	Wed.	Thurs.	Fri. 9:00am to Noon	Sat.
		2 **Required Pre-Orientation Session:** **Tuesday, 6-8pm** **Introducing CPE** Welcome, Introductions, Curriculum Components, one-on-one meetings, Sample Verbatim **Diane present sample**			**5** **Required Pre-Orientation Session:** **Friday 9am-12pm** **Intro to CPE continued** Opening Reflection: Rochelle Review Handbook, FERPA, Agreement for Training Register Student Units Goals and Objectives Workshop (Rochelle)	
		9 **Orientation** Open Group: Getting to know one another/trust and safety Business Meeting: Scheduling Assignments			**12** Combined Cohorts Opening Reflection: Didactic: Listening Skills (Susan) 10:30 Didactic: Rev. Heidi Johnston on Mental Health Issues for Chaplains	
		16 Opening Reflection: Share Goals and Objectives			**19** Opening Reflection: Share Goals and Objectives Cont'd Verbatim: Open Group	
		23 No Class: Rosh Hashanah			**26** Story Sharing	
		30 Story Sharing			3 Oct below	

October

Sun.	Mon.	Tues. 6:00 to 8:00pm	Wed.	Thurs.	Fri. 9:00 to Noon	Sat.
			1	**2** Yom Kippur	**3** Story Sharing Cont'd Verbatim: Open Group	
		7 No Class/ Sukkot Day 1			**10** Opening Reflection: Verbatim: Verbatim: Open Group	
		14 No Class/Shemini Atzeret, Simchat Torah			**17** Opening Reflection: Verbatim: Verbatim: Open Group	
		21 Combined Cohorts Didactic: What Does Whole-Self really mean in 2025?: Reflections on DEI and the World Around Us, Chaplain Valerie Richards Mini-Didactic: Sample Fitchett Spiritual Assessment			**24** Opening Reflection: Verbatim: Open Group	
		28 (Breakout Rooms) Verbatim: Verbatim: Didactic: TBA			**31** Opening Reflection: Verbatim: Verbatim: Open Group	

November

Sun.	Mon.	Tues. 6:00 to 8:00pm	Wed.	Thurs.	Fri. 9:00 to Noon	Sat.
		4 **No Class/ACPE**			**7** **No Class**	
		11 (Breakout Rooms) Fish Bowl Susan's Group Verbatim: Didactic: Religious Identity Mapping, Dr. Chaplain Vanessa Gomez Brake			**14** (Breakout Rooms Susan's Cohort) Verbatim: Verbatim: (Open Group Rochelle's Cohort) Didactic: Integrative Healing Modalities (Susan)	
		18 Mid-Term Evaluations			**21** Mid-Term Evaluations	
		25 Mid-Term Evaluation		Thanksgiving	**28** No Class/ Take a breath	

December

Sun.	Mon.	Tues. 6:00 to 8:00pm	Wed.	Thurs.	Fri. 9:00 to Noon	Sat.
		2 (Breakout Rooms) Spiritual Assessment: Spiritual Assessment: Didactic (Unit 2a and 2b Students) Stephanie and Swami			**5** Opening Reflection: (Breakout Rooms) Spiritual Assessment: Spiritual Assessment: Open Group	
		9 (Breakout Rooms) Spiritual Assessment: Spiritual Assessment: Didactic: Family Systems Seminar (based on assigned reading)			**12** Opening Reflection: (Susan's Cohort) Spiritual Assessment: (Rochelle's Cohort) Didactic: Role Playing 11:00am Didactic: Mindfulness Meditation Practice - Rev. Mica Togami	
		16 Verbatim: Verbatim:			**19** Opening Reflection: Verbatim: (Susan's Cohort) Cultural Narrative: Diane Rose Open Group	
		23 **Asynchronous Assignment, No Formal Class (online)** **Grief Inventory** or Alternative		Christmas	**26** **No Class**	
		29 No Class		**Jan 1** New Years Day	**Jan 2** No Class	

January

Sun.	Mon.	Tues. 6:00 to 8:00pm	Wed.	Thurs.	Fri. 9:00 to Noon	Sat.
		6 Verbatim: Verbatim:			**9** Site Preceptors Visit Open Group	
		13 2 Susan's Cohort 1 Rochelle's Cohort) Verbatim: Verbatim:			**16** **No Class**	
	19 MLK Day	**20** (Groups Combined): Spiritual Care Integration Paper: Swami Break Out Discussion, mixed groups			**23** Seminars Open to Public Tilda? Didactic: TBA Didactic: TBA	
		27 Final Evaluation			**30** Final Evaluations	

February

Sun.	Mon.	Tues. 6:00 to 8:00pm	Wed.	Thurs.	Fri. 9:00 to Noon	Sat.
		3 Final Evaluations			**6** Final Class, Exit Interview, Program Evaluation, Closing Ritual	
February 7 – 28: Option to complete Clinical Hours, along with Individual Supervision						

4.14 – Level I and Level II CPE Assignments

All first unit CPE students begin in Level I CPE, and most students engage the Level I ACPE Outcomes for a minimum of two units. In conversation with your ACPE Certified Educator, if you would like to receive an opportunity for professional consultation with a committee, this would likely take place between Levels IB and 2A CPE.

Below you will see similarities and differences in Level I and Level II assignments. There are also minor differences between third and fourth unit Level II assignments at EI. The following information, orientation discussion, and discussions in Individual Supervision will assist you in your further understanding of the CPE requirements. The lists below are not related to any additional work you might do with Rabbi Robins to earn academic credit in studies related to spiritual care and education.

LEVEL I CPE

EI CPE students are responsible for completing the following written assignments:

1) Goals and Objectives
2) A minimum of four written verbatim accounts – some of which will be presented in class and others that will be shared with your Educator and verbatim/clinical seminar study partner.
3) One detailed Spiritual Assessment (which will be shared with your Educator and study partner). The Fitchett 7X7 model will be used.
4) Log of hours spent at your Clinical Placement Site and signed off monthly by your Preceptor (minimum of 300 hours throughout the duration of the program).
5) Log of any additional chaplaincy related education that you participate in outside of CPE class.
6) Log of hours spent with your study partner discussing verbatim/clinical accounts. A study partner write-up guideline sheet is located in your Student Handbook to assist you in guiding your interactions and reflections study partner encounters.
7) CPE journal entries to prepare for Individual Supervision
8) Mid-Term Evaluations
9) Final Evaluations
10) Additional assignments discussed during orientation or at any time during the unit.

CPE students' clinical accounts (verbatim presentations and spiritual assessment) need to be written regularly throughout the CPE unit. Students are required to write clinical presentations throughout the year to demonstrate continued learning.

Students are required to meet each peer for partnered study one time during this unit, one person per month, to both present a clinical account (to receive feedback) and to provide feedback on the presentation of the peer. The Sundays and Mondays when classes aren't held are an option for this meeting time. However, as long as this is accomplished one time for each peer on a monthly basis, the meeting may be according to the student's schedule needs. The Sundays and Mondays when formal classes aren't scheduled (aside from EI vacation days and Jewish Holy Days) are not days off from the CPE educational experience. Students are encouraged to utilize these times to meet the requirements of the CPE curriculum.

Students are allowed a maximum of two absences without adding additional class work during the course of the year. This includes arriving to class late, leaving class early, or planning meetings during class times. Students must be present for orientation, story sharing, the two two-day retreats, Mid-Term and Final Evaluations.

4.14 – Level I and Level II CPE Assignments (cont'd)

Students are responsible for coordinating a minimum of one Sunday afternoon Site Visit with the ACPE Certified Educator and Preceptor during the year. The Student Handbook and the Agreement for Training are not contracts for the CPE experience. Your ACPE Certified Educator may make necessary changes to augment and serve the needs of the curriculum, students' learning, and the group experience at any time.

LEVEL II CPE

EI CPE students are responsible for completing the following written assignments:

1) Goals and Objectives
2) A minimum of four written verbatim accounts – some of which will be presented in class and others that will be shared with your Educator and verbatim/clinical seminar study partner.
3) One detailed Spiritual Assessment (which will be shared with your Educator and study partner). The Fitchett 7X7 model will be used.
4) Log of hours spent at your Clinical Placement Site and signed off monthly by your Preceptor (minimum of 300 hours throughout the duration of the program)
5) Log of any additional chaplaincy related education that you participate in outside of CPE class.
6) Log of hours spent with your study partner discussing verbatim/clinical accounts. A study partner write-up guideline sheet is located in your Student Handbook to assist you in guiding your interactions and reflections during study partner encounters.
7) CPE journal entries to prepare for Individual Supervision
8) Mid-Term Evaluations
9) Final Evaluations
10) Additional assignments discussed during orientation or at any time during the unit.
11) Present one didactic to peers during class (unit 3 and unit 4 students).
12) Fourth unit Level II students – write and present a Pastoral Integration paper.
13) Additional assignments discussed during orientation or at any time during the unit.

CPE student's clinical accounts (verbatim presentations and spiritual assessment) need to be written regularly throughout the CPE unit. Students are required to write clinical presentations throughout the year to demonstrate continued learning.

Students are required to meet each peer for study in partnership one time during this unit, one person per month, to both present a clinical account (to receive feedback) and to provide feedback on the presentation of the peer. The Sundays and Thursdays when classes are not held are an option for this meeting time. However, as long as this is accomplished one time for each peer on a monthly basis, the meeting may be according to your schedule needs. The Sundays and Thursdays when formal classes are not scheduled (aside from EI vacation days) are not days off from the CPE educational experience. Students are encouraged to utilize these times to meet the requirements of the CPE curriculum.

Students are allowed a maximum of two absences without adding additional class work during the course of the year. This includes arriving to class late, leaving class early, or planning meetings during class times. Students must be present for orientation, story sharing, Mid-Term and Final Evaluations.

Students are responsible for coordinating a minimum of one Clinical Placement Site Visit with the ACPE Certified Educator and Preceptor during the course of the year. The Student Handbook and the Agreement for Training are not contracts for my CPE experience. The Educator may make necessary changes to augment and serve the needs of the curriculum, students' learning, and the group experience at any time.

Short List of CPE Curriculum Components (include but are not limited to):
Verbatim/Clinical Seminar (5) [case study, critical incident report, spiritual assessment]
IPR – Interpersonal Pastoral Relations
Didactics (10 hours that you record)
Individual Supervision
Study partnering (meeting with each peer one time during the year to both present your work and receive a presentation from your study partner)
Study Partner Reports (not mandatory)
Journaling
Log of Clinical Hours (including signature of Preceptor)
Autobiographies
Story Hermaneutics: Second Unit Students (under clinical seminar category)
Story Sharing
Reading
Paper Writing
Student Planned Educational Evenings
Mid-Term Evaluations
Final Evaluations
Clinical Hours
Meetings with Preceptor
Student organizing and planning for special retreats/programs

Goals and Objectives:
Set your goal then find the ACPE Outcome that matches it

Suggested way to write up your goals

1) Goal
2) Objective
3) Means of accomplishing
4) Means of evaluating

Accomplishing and Evaluating: Peer, Preceptor and Supervisory feedback, journal writing, verbatim presentations, IPR, etc.

Implicit and Explicit Requirements of the Program – Learning About…
The art and clinical practice of health care chaplaincy
CPE 'Action-Reflection-Action' model of learning
Self-reflection
Group dynamics
Diversity (within, across, and outside of specific traditions)
Communication skills
Self-care
Clinical and pastoral diagnoses
Accountability
Pastoral authority
Pastoral identity
Presence in the here and now
Awareness of feelings – self and others
Listening as a clinical skill
Response as a clinical skill
Defining your religious/spiritual heritage as the foundation for your clinical practice
Giving and receiving feedback
Meaning-making (theological reflection)
Clinical reflection
Administrative tasks
Tracking the un/subconscious in a learning community
Awareness of transference
Awareness of counter-transference
Projection
Denial (everybody's right)
Operating systems (behavioral science)
Use of Self

Individual Supervision Sessions:
Individual Supervision, weekly (for full-time programs) and triweekly (for EI's Standard Super-Extended unit), will be scheduled between the beginning of the unit through May 31st of each year. Many of the Individual Supervisory sessions will be held over Zoom. Both the ACPE Certified Educator and student should be in a private setting to uphold the confidentiality of client care and educational content. When possible, the names of care-seekers should remain anonymous as to protect the identity of all parties during online conversations. When the videoconferencing system is HIPAA and Privacy regulated (which Zoom is certified as), the use of pseudonyms and initials is less significant. Learning to speak clinically while protecting care-seeker identities in public places is an essential skill to gain in any setting.

Zoom Video Conferencing
https://www.zoom.us/meetings
https://support.zoom.us/hc/en-us/categories/200101697-Getting-Started

Prior to your first Individual Supervision Session, please confirm if you will be meeting in-person or by Zoom Video Conferencing. If you need help getting started with Zoom, visit the links above and let your Certified Educator know so they can orient you to the Zoom process.

4.15 – Visa to Enter the Land of CPE

CPE is a unique educational experience that is usually held in health care institutions. The EI CPE program is the only CPE peer group experience run by a graduate program that specifically ordains chaplains. EI CPE students are required to pay extra attention to the necessity of protecting our sacred time together. Your Passport and CPE Visa have been granted to you in full knowledge that we are each a guardian of this journey. As guardians, you are required to pay attention to the following:

1) Do not schedule appointments during our short class breaks. In addition, do not arrange other EI activities or meetings during class. These will be counted as full absences even if they occur as part of your broader EI curriculum.
2) Minimize conversations with non-CPE community during class time. Politely tell others that you are currently in the land of CPE and that part of the curriculum is to create an insular group experience. It is a working rest (release) from the rest of your EI and life responsibilities. You may want to encourage colleagues to apply to travel to the land of CPE during the next year to experience its flavor, sights, and sounds.
3) It is required to be in a private and confidential location when attending classes online.
4) It is expected that students will not check mailboxes, retrieve messages, or attend to other business and life obligations during class or breaks. Of course, the land of CPE is a compassionate and pastoral land and it is up to each person's best discretion to weigh work and family concerns/urgencies when they occur during class times and/or breaks. Please communicate current situations that are impacting your literal and emotional presence with the group during IPR or your clinical presentations.
5) CPE class time is essential to earning a CPE unit. Students are required to find chaplaincy coverage, including the receiving of incoming calls, at all clinical sites during class time and breaks.
6) Turn your cell phones and pagers off during class.
7) Please do not use computers outside of looking directly into the individuals in the Zoom room unless you are taking notes during a didactic and have asked the presenter if it is acceptable to use such devices. Please consider using old fashioned notebooks for taking occasional notes during class sessions. Yes, this matters, and is even required over Zoom! Use devices wisely.
8) There will be occasions when EI CPE times coincide with other EI programming such as lectures, concerts, etc. We will not reschedule or rearrange class for these opportunities. However, you are permitted to miss class (as one of your two counted absences) to attend another event. You may not miss introductory or orientation sessions, CPE educational retreats, Mid-term Evaluations, and Final Evaluations except in cases of true emergency.
9) Please prepare your meals and snacks beforehand. There will be five-minute breaks and one slightly longer break in between sessions to retrieve and heat food. Please try not to eat in class on a regular basis. Beverages are always permitted.
10) Do not use the Zoom chatbox for private communications. The only private messages you may send are to the Educator. If you have something to write, outside of sending a link or a part of an exercise, please write it to the entire group.
11) Everyone in the group is a leader. If it is your time to present, if you'd like to see the group begin a session, if you're feeling the importance of verbalizing the group dynamic as you see it, feel free and accountable to take on a leadership role.

Enjoy your journey. CPE has the potential to teach us more about ourselves than any other academic course, world travel, or therapeutic intervention (though it is not therapy).

You are encouraged to experience the joys, turbulence, awakenings, feelings, thoughts, ideas, and reflections with both your seat belt fastened and unfastened according to your desired level of risk taking at any given moment!

CPE - a good, safe, fun, and meaningful journey!

5.1 – CPE Program Evaluation (Participant Response Form)

This evaluation provides your ACPE Certified Educator, the ACPE Certified CPE™ Program, and the ACPE a way to learn about your experience in CPE; it assists them in their ongoing quality assurance and improvement processes. The evaluation includes both class time and your work at your Clinical Placement Sites. Please complete this evaluation and give this form to your Educator or designated individual on the last day of class. Thank you for responding.

☐ Fall ☐ Winter ☐ Spring ☐ Summer ☐ Full time ☐ Extended

Dates of CPE Unit: _____

Year: _____

Primary Certified Educator's Name: _____

Student's Name (**optional**): _____

If you were supervised by an ACPE Certified Educator Candidate, please give that person's name:

_____

Number of units of ACPE accredited CPE now completed: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 or more

Did you take this unit for academic credit? ☐ Yes ☐ No

Did you take this unit as required for ordination? ☐ Yes ☐ No

PERSONAL LEARNING / CLINICAL DEVELOPMENT

1 – strongly disagree; 2 – somewhat disagree; 3 - agree; 4 – strongly agree; N/A - not applicable

This unit of CPE provided me opportunity to:

1. Further develop my sense of identity as a spiritual care provider.

   1 2 3 4 N/A

2. Develop self-awareness that improved my skills.

   1 2 3 4 N/A

3. Increase my awareness of how my interactions impact others.

   1 2 3 4 N/A

1 – strongly disagree; 2 – somewhat disagree; 3 - agree; 4 – strongly agree; N/A - not applicable

4. Develop my ability to reflect on my own and other's beliefs.
   1 2 3 4 N/A

5. Develop my ability to think reflectively about my experience.
   1 2 3 4 N/A

6. Develop spiritual care skills during times of stress for others.
   1 2 3 4 N/A

7. Develop skills at performing initial visitations.
   1 2 3 4 N/A

8. Develop knowledge and skills about serving with diversity awareness.
   1 2 3 4 N/A

9. Develop my capacity to serve professionally with increased skill in a variety of circumstances.
   1 2 3 4 N/A

10. Learn to use the clinical method of learning, i.e. 'Action-Reflection-Action' model of learning.
    1 2 3 4 N/A

11. Increase my ability to evaluate my own work.
    1 2 3 4 N/A

12. Increase my self-understanding of my own heritage/beliefs/ culture to inform my chaplaincy skills.
    1 2 3 4 N/A

13. Implement curiosity, knowledge, and theory about issues of diversity awareness in my clinical assignments, reflections, and written clinical accounts.
    1 2 3 4 N/A

14. Increase awareness of how organizational structure and social conditions affect the lives of others and myself.

15. Listen and respond to others with more depth and sensitivity.
    1 2 3 4 N/A

1 – strongly disagree; 2 – somewhat disagree; 3 - agree; 4 – strongly agree; N/A - not applicable

THE CPE PROGRAM

1. Orientation to CPE provided me the tools to begin to engage learning about spiritual care with assistance from my Educator, peers, and Student Handbook.
   1 2 3 4 N/A
2. Orientation at my Clinical Placement Site was sufficient.
   1 2 3 4 N/A
3. The Student Handbook contained helpful information.
   1 2 3 4 N/A
4. The CPE program contributed to my conceptual framework of the practice of chaplaincy.
   1 2 3 4 N/A
5. Was open to diversity.
   1 2 3 4 N/A
6. Provided opportunities for working with team members to assist community in need.
   1 2 3 4 N/A
7. Provided peer group experiences that helped me learn about myself in chaplaincy.
   1 2 3 4 N/A
8. Presented opportunities to explore my compatibility with the field of chaplaincy.
   1 2 3 4 N/A
9. Offered opportunities to explore specialty areas (i.e. student life, memory loss, medical issues, congregational needs, etc.) in care.
   1 2 3 4 N/A
10. Given its freedoms and confines, CPE through Zoom technology made CPE possible for me.
    1 2 3 4 N/A

QUALITY OF SUPERVISION AND GROUP EXPERIENCE

1. Individual Supervision helped me learn about myself.
   1 2 3 4 N/A

1 – strongly disagree; 2 – somewhat disagree; 3 - agree; 4 – strongly agree; N/A - not applicable

2. The group experience helped me learn about myself.

1 2 3 4 N/A

3. My Educator was present to me in my reflective process.

1 2 3 4 N/A

4. My Educator supported and challenged me as I engaged in the program.

1 2 3 4 N/A

5. My Educator was accountable for their behavior and adhered to ethical standards.

1 2 3 4 N/A

6. My Educator demonstrated their own reflective process and ability to learn as well as to teach.

1 2 3 4 N/A

7. My Educator showed investment in my educational process.

1 2 3 4 N/A

Please feel free to use the space below or a separate page to provide any additional comments about the CPE program, your Educator, and your overall experience.

5.2 – Chaplain Intern Evaluation (by Clinical Staff)

Chaplain's Name _____ **CPE Unit** _____

Cinical Unit _____ **Date** _____

Evaluator's Name _____ **Position** _____

Please answer the following questions on a scale of 1 to 5, with 5 being the highest rating.

1.	The Chaplain is visible and available on the unit.	1 2 3 4 5 N/A
2.	The Chaplain regularly attends interdisciplinary rounds.	1 2 3 4 5 N/A
3.	The Chaplain communicates with the staff and shares information relevant to the care of care-seekers and families.	1 2 3 4 5 N/A
4.	The Chaplain communicates clearly and accurately.	1 2 3 4 5 N/A
5.	The Chaplain is approachable and responsive to referrals.	1 2 3 4 5 N/A
6.	The Chaplain responds in a timely manner to urgent calls.	1 2 3 4 5 N/A
7.	The Chaplain provides spiritual care, comfort and support to care-seekers and families.	1 2 3 4 5 N/A
8.	The Chaplain provides spiritual care, comfort and support to staff.	1 2 3 4 5 N/A
9.	The Chaplain conducts work in a professional manner.	1 2 3 4 5 N/A

Additional Comments:

_____

_____

_____

_____

Please return in the attached envelope to the Certified Educator by _____
Date

5.3 – Request to Forward Documents

Students are responsible for retaining copies of Educator and Intern evaluations in their own files for future use. Intern records are maintained for at least ten years, but the CPE Program is not responsible to keep a permanent file of evaluation reports. With the exception of release of information to protect health or safety of the Intern, for the purpose of accreditation review or a complaint or appeal involving the Intern, individual records will be managed confidentially and will be released only upon the written direction of the Intern.

I, _____ *request that the following materials:*

- ☐ *ACPE Certified Educator's & Student's Final Evaluation(s)*
- ☐ *Certificate(s) of Completion*

For the following unit(s) of Clinical Pastoral Education: (Dates, Full Time or Extended, Site)

Be forwarded to:

_____

School/Department/Faith Group Attention:

_____

Address State Zip Code

_____

Signature Date

PLEASE USE ONE FORM PER REQUEST

ATTENTION: Ezzree Institute Registrar and Transcripts Officer
Jonathan.Friedmann@Ezzreeinstitute.org

6.1 – Standards of the ACPE

Access to the ACPE
STANDARDS AND COMMISSION MANUALS

The Ezzree Institute (EI) is working toward accreditation by the ACPE, Inc. (ACPE) to offer ACPE Certified CPE™ Level I, Level II, and Certified Educator CPE training. Program resources, policies and procedures, ongoing program evaluation, and curriculum are developed and maintained in accordance with the standards of the ACPE.

The Objectives and Outcomes of Level I and Level II CPE are outlined in the *Student Handbook*, *CPE Program Philosophy and Curriculum 3.5* and *3.6*.

Current ACPE Standards and Manuals are available to students via the ACPE website (www.acpe.edu) at this link: ***ACPE Manuals, 2020***

6.2 – Policy and Procedure for Admission of CPE Students

POLICY: It is the policy of EI's Clinical Pastoral Education Program to select students who are seminarians, clergy, spiritual leaders, religious professionals, and lay persons according to aptitude, ability, and potential for spiritual care without regard to race, gender, age, faith group, national origin, sexual orientation, or disability.

PURPOSE: To give fair and thorough consideration to all qualified persons applying to the program and to enhance the educational experience by selecting students with a variety of backgrounds, interests, and perspectives.

PROCEDURE:

1.0 Matriculated EI students are not charged an application fee. Persons who are non-matriculated students of EI are considered for admission to the CPE Program after their completed ACPE Application Form and non-refundable $50 application fee are received. The application fee will be applied to the non-matriculated student's tuition and fees upon acceptance. Applicants with prior CPE units should attach all previous self and Certified Educator evaluations. Applicants may be considered in a 'paper review' or may be interviewed personally by members of the Admissions Task Force of the Professional Consultation Committee (PCC). If the student is unable to meet for an in-person interview with the Admissions Task Force, the student may be interviewed via video conference or may be requested to arrange an interview with an ACPE Certified Educator in their local area with a copy of that report sent to the Director of the EI CPE Program.

2.0 The following criteria are used in CPE student selection:

2.1 Admission to CPE, Level I and Level II:

- Graduation from high school or G.E.D and completion of a B.A. or B.S. undergraduate college degree. Successful applicants will generally have completed at least one year of graduate education related to theological/spiritual leadership at the master's level.
- Educational readiness, including motivation, openness to clinical learning, participation in individual and group supervision, and capacity for self-reflection.
- Aptitude for interpersonal work, including capacity to function professionally in a medical, congregational, or institutional environment and ability to serve in a multi-cultural setting.
- Philosophical/theological/spiritual/hermeneutical understanding and openness to spiritual care with persons within and across diverse interreligious and cross-cultural populations.
- Writing and word processing skills sufficient to manage use of the Clinical Placement Site's computerized information system and production of weekly written assignments.
- Practical considerations related to fulfilling requirements of program, including clinical assignments, educational components, and on-call responsibilities where required.

- Giving consent to participate in our Certified Educator CPE (C.E. CPE) program by allowing the use of student materials containing their first name only. Such materials shall be used by the C.E. CPE Student for certification and related professional development processes within ACPE.

2.2 Admission to C.E. CPE adds the following criteria:

- A completed application and final evaluations from previous units of CPE.
- Sufficient previous clerical and spiritual care experience for the applicant to demonstrate competence in spiritual care.
- Successful meeting of Level II CPE outcomes, usually four or more CPE units.
- Ordination, endorsement, or commissioning to function as a spiritual care provider by an appropriate religious/spiritual authority as determined by ACPE.
- Completion of all Competencies for Admission to C.E. CPE.
- An admissions interview with the local center's ACPE Certified Educator, a representative of the ACPE Certification Commission, and a second ACPE Certified Educator who is part of the National Faculty.
- Membership in the ACPE, Inc.

3.0 Applications are managed in the following manner:

3.1 Our rolling admissions process does not operate according to set deadlines. Applications are processed as they are received.

3.2 Within ten (10) days of receipt, applicants will be informed of available openings and the status of their applications, including when to expect an interview and/or decision.

3.3 Persons accepted into the program will be informed in writing and allowed a minimum of ten (10) days in which to accept the offer of admission by sending a $200.00 non-refundable deposit that will be applied to tuition and fees. The letter of acceptance will include the dates and times of the program as well as information about the financial policies and dress code. This letter will also contain the Family Educational Rights and Privacy Act (FERPA) notice required upon admission.

3.4 Acceptance into the program may be contingent on a background investigation conducted by either EI or the prospective Clinical Placement Site where persons will serve.

All new CPE students may be required to have a Background Check run by the Clinical Placement Site with acceptable results before their acceptance to the CPE program is finalized. Returning CPE students may need to have an additional background check to reengage the same or a different Clinical Placement Site.

3.5 Acceptance into the program may be contingent on completion of Tuberculosis (TB) Screening and vaccination verification by a respective Clinical Placement Site. The Clinical Placement Site that requires such screening and verification will determine the timeline of the requirements before the start date of the CPE internship of the respective location. Both new and returning students will be required to follow the instructions of the Clinical Placement Site to keep screenings and vaccinations up to date. Failure to follow the instructions may lead to dismissal from the program.

3.6 Persons accepted into the program will be notified in advance of their rights to privacy in relationship to the maintenance of student records in EI's Clinical Pastoral Education program (as also noted in 3.3). The FERPA information is sent to the student along with their Acceptance Letter. A student receives an Acceptance Letter before every unit of CPE. The student will receive the FERPA notification (see policy 6.5) and acknowledge it when signing the Agreement for Training.

3.7 Persons not accepted into the program will be notified in writing. Any application not accepted for admission will be destroyed, unless the applicant provides written request that it be returned to the applicant, forwarded to another center, or retained for consideration for future units of CPE.

4.0 Continuation in the program:

4.1 Students who have successfully completed a unit of CPE (Level I and Level II) at EI may apply for admission to subsequent units. Continuation in the program is not automatic and will be based on the assessment of the Director of CPE/CPE Certified Educator. This assessment will take into account availability of space in upcoming units and students' eligibility to continue in the program.

4.2 A written request for continuation in the program should be submitted to the Director of CPE. Requests should state the reason for the request and describe the most significant learning in the previous CPE unit. Applicants should indicate any personal and/or professional learning goals and issues that they have at this time and how they believe that CPE will help them to attain or address these learning goals and issues.

4.3 Within ten (10) days of receipt, applicants will be informed of available openings and the status of their applications, including when to expect a decision.

4.4 Those accepted into the program will be informed in writing and allowed ten (10) days to accept the offer of admission by sending in a $200.00 non-refundable deposit that will be applied to tuition and fees. The letter of acceptance will include the dates and times of the program as well as information about the financial policies and other essential information.

Initial approval date: August 1, 2024

Subsequent review dates:

6.3 – CPE Financial Requirements

CPE Tuition Payment and Withdrawal Policy
EI's tuition for the CPE academic class is based on the current EI tuition schedule available from the Registrar. CPE requires an additional fee for the CPE unit (in addition to the academic credit) to cover ACPE Student Unit Registration and ACPE inc. accreditation fees. The EI Student Catalog contains current tuition and fees information for the CPE program. All CPE students, both matriculated EI students and community members, must make a non-refundable deposit of $200 within 2 weeks of receiving their acceptance letter to that year's CPE program. This deposit will be applied to that year's CPE tuition total.

Academic Year Nine-Month Super-Extended Unit Payment Schedule:
If the student leaves the program ***before the end of CPE orientation***, no additional fees will be assessed, and the school will retain the non-refundable deposit.

If the student leaves the program ***after orientation but before Thanksgiving (or before the first third of the program is completed)***, they remain responsible for the balance of that semester's CPE tuition (1/2 total tuition for the year).

If the student leaves the program ***after Thanksgiving (or after the first third of the program is completed)***, they remain responsible for the full year's CPE tuition.

Full-Time Summer Intensive CPE Unit Payment Schedule:
If the student leaves the program within the first seven days of the program, no additional fees will be assessed and the school will retain the non-refundable deposit. If there are withdrawals from the program after the first seven days, students remain responsible for the balance of the summer semester's CPE tuition.

CPE Fees for Community Members (No Academic Credit):
Community members who are already ordained, endorsed, or commissioned and/or have earned their graduate degree appropriate for spiritual care and spiritual leadership prior to admittance into EI's CPE program, or who meet extended qualifications determined by EI, may be eligible for a reduced EI CPE fee. All students who wish to earn the academic credit for the integrated course into the CPE program (the credit is not in CPE itself but in a subject matter related to spiritual care and education) are subject to the standard registrar payment structure. Community members who receive a reduction must make a non-refundable deposit of $200 in addition to the $50 application fee ($250 altogether) within 2 weeks of receiving their acceptance letter to that year's CPE program. This deposit will be applied to that year's CPE tuition total.

For the super-extended nine-month unit, if the student leaves the program ***before the end of CPE orientation***, no additional fees will be assessed, and the school will retain the non-refundable deposit.

If the student leaves the program ***after orientation but before Thanksgiving***, they remain responsible for the balance of that semester's CPE tuition (1/2 total tuition for the year).

6.3 – CPE Financial Requirements (cont'd)

If the student leaves the program ***after Thanksgiving***, they remain responsible for the full year's CPE tuition.

For a full-time summer intensive unit, if the student leaves the program within the first seven days of the program, no additional fees will be assessed, and the school will retain the non-refundable deposit. If there are withdrawals from the program after the first seven days, students remain responsible for the balance of the summer semester's CPE tuition.

The schedule of payments is centered in nine-month super-extended unit schedules. Payment schedules for full-time and other timeframes will be published and announced prior to these less common schedules.

Contact the Vice President for an itemized list of tuition costs at Jonathan.friedmann@ezzreeinstitute.org

Initial approval date: August 1, 2024

Subsequent review dates:

6.4 – CPE Maintenance of Student Records

POLICY: It is the policy of EI's Clinical Pastoral Education Program to maintain all records in a confidential and professional manner that is consistent with federal and state laws.

PURPOSE: To provide persons training at EI the assurance that individual records will be managed confidentially and released only with the student's written direction.

PROCEDURE:

1.0 The student's official record consists of a face sheet with identification information, student application essays, the ACPE Certified Educator's Final Evaluation, any addendum the student may submit regarding the Educator's evaluation, the student's own Final Self-Evaluation, Use of Clinical Materials signed consent form, and a Certificate of Completion.

2.0 If requested by the Clinical Placement Site for EI to involve itself in this respect, Background Check and Health Clearance Reports will be included in the student's file in a sealed envelope marked "*Confidential, to be opened only by Spiritual Care Staff."* Chances of this need for EI's purposes are unlikely due to our Clinical Placement Site independent structure. However, should this be required to enable a student to participate in the program, EI has built this in for those unique circumstances.

3.0 The student's official record is maintained in a secure location, either in hard copy and/or electronically, and is not available to others outside the CPE Center except with written permission of the student. A student may have timely access (no longer than 45 days) to receive their own record upon request.

4.0 Directory information includes name, address, email, telephone number, date of birth, religion/spiritual identity, previous education, and photograph. This information may be released without consent after the student receives a FERPA notice unless the student "opts out." All other information is released only with the student's written, signed, dated consent specifying which records are being disclosed and to whom. If the student "opts out" of releasing Directory Information, that option must be honored even after the student's departure. Former students cannot initiate new restrictions after departure.

5.0 The student's name and units of CPE successfully completed are sent to the ACPE office in the ACPE Clinical Pastoral Educational Unit Report at the end of each unit of training.

6.0 The ACPE Certified Educator may keep process notes regarding students. These are for the exclusive use of the ACPE Certified Educator and are not considered part of the student's official record.

7.0 Students are responsible for retaining copies of ACPE Certified Educator and student evaluations in their own files for future use. ACPE requires the center to keep the official student files for ten years. The law provides for certain exceptions concerning the release of information to protect the health or safety of the student, for the purpose of accreditation review, eligibility for Medicare reimbursement, or a complaint or appeal involving that student or as otherwise permitted and required for legal processes.

8.0 Persons seeking certification as an ACPE Certified Educator shall not use personally identifying material about CPE students without the written permission of the student. Thus, either the identity of the student must be anonymous, or the student must give written permission to use the material.

9.0 Student records are maintained for at least ten years. After that period, it is required that only the face sheet need be maintained indefinitely in the student's file. If the department decides to purge the records, the rest of the materials will be shredded and disposed of as are all confidential student records.

10.0 If an ACPE Certified Educator leaves, the new ACPE Certified Educator will keep records. If the program ends, the ACPE Certified Educator, Registrar, or the Chair of the Professional Consultation Committee (PCC) will send all CPE student records to the ACPE National Office in care of Accreditation.

11.0 If information in student records or in ACPE Certified Educator's records is considered of research value and a CPE center or the ACPE desires to collect and use such material for research, a release form shall be made available for the person's signature. No personally identifiable material will be used for research without the person's written permission for its use.

Initial approval date: August 1, 2024

Subsequent review dates:

ATTACHMENT 1: ANNUAL NOTICE

1.0 EI's Clinical Pastoral Education program guarantees its students the rights to inspect and review education records; to seek to amend them; to specified control over release of record information; and to file a complaint against the program for alleged violations of these Family and Education Rights and Privacy Act (FERPA) rights.

2.0 Directory information is student information not generally considered harmful or an invasion of privacy if released. This includes name, address, email, telephone, date of birth, religion, previous education, and photograph. Subject to notification, the student's name, gender, religious affiliation/spiritual identity, and unit of CPE successfully completed will be sent to the ACPE office on the ACPE Clinical Pastoral Educational Unit Report at the completion of each unit of training. Current students who do not wish their directory information to be released may opt out by submitting a written, signed, and dated request to the Director of Clinical Pastoral Education at any time during the unit. Restrictions will be honored even after the student's departure. Former students cannot initiate new restrictions after departure.

3.0 Student records consist of: application materials, including a face sheet with directory information; application essays; a photograph; final evaluations including ACPE Certified Educator's and student's written final self-evaluations; and a certificate of completion.

4.0 A student has the right to object to record content. If not negotiable, the written objection will be kept with and released with the record. Grades are exempt from this right.

5.0 The student's record is maintained in a secure location and is available only to clinical pastoral education faculty and staff involved in supervision and/or program administration, and members of the Professional Consultation Committee involved in program oversight except with written, signed, dated consent specifying which records are being disclosed, to whom, and for what limited purpose.

6.0 Violations of these protocols may be reported to the Chair of the Accreditation Commission at: ACPE: The Standard for Spiritual Care and Education, 1 Concourse Pkwy, Suite 800, Atlanta, GA 30328

7.0 The law provides for certain exceptions concerning the release of information to protect the health or safety of the student or others, for the purpose of accreditation, complaint or appeal review, eligibility for Medicare reimbursement, or as otherwise permitted and required for legal processes.

Student Name Printed: _____

Student Signature: _____ Date: _____

The Ezzree Institute is working towards accreditation for Levels I/II & Certified Educator CPE by the ACPE: The Standard for Spiritual Care and Education, 1 Concourse Pkwy, Suite 800, Atlanta, GA. (404) 320-1472 www.acpe.edu ACPE is an accrediting agency recognized by the U.S. Department of Education

6.6 – CPE Policy for Ethical Conduct

POLICY: The maintenance of high standards of ethical conduct is a responsibility shared by all members of the program staff and students. All members of the program staff and students must agree to adhere to the standard of conduct established by EI and consistent with ACPE Standards.

PURPOSE: EI's CPE program and Chaplaincy School are committed to maintenance of high standards of ethical conduct.

PROCEDURE:

1) **IN RELATION TO THOSE SERVED,** the staff members and students affirm and respect the human dignity and individual worth of each person. They do not discriminate against anyone because of race, gender, age, faith group, national origin, sexual orientation, or disability. They respect the integrity and welfare of others, refraining from disparagement and avoiding emotional, sexual, or another other kind of exploitation. They approach the religious convictions of others with respect and sensitivity; they avoid the imposition of their theology or cultural values on others; and they respect confidentiality to the extent permitted by law, regulations, or other applicable rules. The staff members and students follow nationally established guidelines in the design of research involving human subjects and gain approval from a recognized Institutional Review Board before conducting such research.

2) **IN RELATIONSHIP TO OTHER GROUPS,** the staff members and students maintain professional relationships with other persons in the institution and in the community. They abide by the professional practice and/or teaching standards of the state, the community, and the institution in which employed. If, for any reason, they are not free to practice or teach according to conscience, they shall notify the employer and ACPE Executive Director. Staff and students do not directly or by implication claim professional qualifications that exceed actual qualifications. They do not misrepresent their affiliation with any institution, organization, or individual. Each person is responsible for correcting the misrepresentation or misunderstanding of their professional qualifications or affiliations.

3) **IN RELATION TO ACPE,** CPE faculty continue professional education and growth, including participation in the affairs of ACPE. Faculty avoid knowledge, position, or professional association to secure unfair personal advantage. CPE faculty do not knowingly permit their services to be used by others for purposes inconsistent with the ethical standards of ACPE, nor do they use ACPE affiliation for purposes that are not consistent with ACPE Standards. CPE Faculty will speak on the behalf of ACPE or represent the official position of ACPE only as authorized by the ACPE governing body and will not make intentionally false, misleading, or incomplete statements about their work or ethical behavior when questioned by colleagues.

4) **IN COLLEGIAL RELATIONSHIPS,** ACPE members will: respect the integrity and welfare of colleagues; maintain professional relationships on a professional basis; refrain from disparagement and emotional, sexual or another other kind of exploitation; take collegial and responsible action when concerns about incompetence, impairment, or misconduct arise.

5) **IN CONDUCTING BUSINESS AFFAIRS,** ACPE members and program staff will carry out administrative responsibilities in a timely and professional manner; implement sound fiscal practices; maintain accurate financial records and protect the integrity of funds entrusted to their care; distinguish private opinions from those of ACPE, EI, their religious/spiritual group, or profession in all public statements. All statements in advertising will accurately describe the ACPE Center, its spiritual care and education services, and its educational programs. Also required are the types and levels of education offered and the ACPE address, telephone number and website address. In the Admissions process, program expectations, including time requirements, will be described accurately.

6) Compliance with the ACPE Code of Ethics and ACPE Standards is binding on all ACPE Certified Educators employed by or under contract with EI.

For Additional Information on the ACPE Code of Ethics, see:

- Section 6.9 – Policy and Procedure for ACPE Complaints
- ACPE Information on Filing a Complaint
- ACPE Code of Professional Ethics for ACPE Members
- Visit http://acpe.edu/

Initial approval date: August 1, 2024

Subsequent review dates:

CLINICAL PASTORAL EDUCATION
CONSULTATION ON STUDENT LEARNING GUIDELINES

POLICY: It is the practice of EI's Clinical Pastoral Education (CPE) Program to provide an educational experience for students based on their individual learning goals that is congruent with the goals and objectives of ACPE.

PURPOSE: To ensure the provision of student consultation, if so chosen by the ACPE Certified Educator or student, regarding the student's learning goals, process and focus related to the goals and objectives of ACPE (*2020 ACPE Standards – Level I/II*).

PROCEDURE:

1) **Orientation** – The student shall be oriented to ACPE Objectives and Outcomes.

2) **Learning Contract and Final Evaluation** – At the beginning of each unit, students will develop a learning contract in consultation with the CPE Certified Educator. The Certified Educator's final evaluation of each student will clarify how the students engaged ACPE's Objectives and Outcomes in their learning processes. These written evaluations will be provided to the students within 21 days of the conclusion of the unit.

3) **Consultations** – Students may choose to meet with a consultation committee, especially following their second or third CPE unit, to gain further input on their functioning and learning needs. As noted above, a consultation can also be requested or required by others. The consultation committee shall include the CPE Certified Educator(s). Depending on the issues to be addressed, the consultation committee may also include any one of the following: members of the CPE Professional Consultation Committee, invited CPE Certified Educators, or others deemed appropriate.
Written requirements for the consultation may include but are not limited to the following:
   a) A copy of the student's Learning Contract/Spiritual Theme
   b) Prior final evaluations from both student and ACPE Certified Educator(s)
   c) A written statement by the student and/or the ACPE Certified Educator clarifying the issues for which consultation is requested
   d) A clinical case for discussion with the Consultation Committee. After dialogue, the Consultation Committee will provide consultation to the CPE Certified Educator. The student is provided the option to remain present during this consultation.

The student's ACPE Certified Educator makes final decisions regarding the assessment of the student's learning goals, process, or focus. The ACPE Certified Educator will include the consultation feedback in the student's next final evaluation and/or in a separate report of the consultation.

Initial approval date: August 1, 2024

Subsequent review dates:

6.8 – CPE Disciplinary Action in Spiritual Care

PURPOSE: To provide a mechanism for the faculty of the CPE program to take disciplinary action that may take the form of probation or dismissal in addition to providing measures for the withdrawal of a student from the CPE program. Probation and/or dismissal of a CPE student may occur as the result of behaviors listed below.

DEFINITIONS:

Probation is for a specific period of time, not less than two and not more than six weeks within any unit of CPE. Both salaried and non-salaried students may be placed on CPE probation in any given Clinical Placement Site. The status of probation indicates that continuation in the CPE program is in jeopardy. Probation may include the restriction of work in assigned clinical areas at any given Clinical Placement Site.

Dismissal ends the student's participation in the CPE program and their access to provide any spiritual care or other services at the initiation of CPE faculty/program and/or official Clinical Placement Sites of the CPE program. Both salaried and non-salaried students of Clinical Placement Sites may be dismissed from the CPE program. A student's employment at a Clinical Placement Site is not a determining factor in remaining eligible for EI's CPE program.

Withdrawal ends the student's participation in the CPE program and spiritual care as a CPE Intern within a Clinical Placement Site at the initiation of the student.

PROCEDURE:

1.0 Probation

1.1 A student may be placed on/removed from probation by the Director of Clinical Pastoral Education and/or primary ACPE Certified Educator. The involved CPE faculty will then meet with the student.

1.2 Probation may occur as the result of:

- 1.2.1 Failure to successfully complete a training unit
- 1.2.2 Failure to adequately participate in the educational program
  - 1.2.2.1 Failure to negotiate an individual Learning Contract
  - 1.2.2.2 Failure to be present and/or interact in a manner conducive to growth for self or peers
- 1.2.3 Failure to act responsibly in spiritual care obligations
  - 1.2.3.1 Failure to respond to pages, calls, and/or inappropriate absences from the Clinical Placement Site
  - 1.2.3.2 Failure to respond appropriately to the needs of careseekers, patients, families, visitors, and staff members
  - 1.2.3.3 Failure to interact on a professional level with staff and multidisciplinary team members

1.2.3.4 Failure to cooperate with peers toward a cohesive educational and clinical experiences (both within the CPE group and multidisciplinary team environment of the Clinical Placement Site)

1.2.3.5 Failure to provide adequate pastoral coverage in assigned areas

1.2.4 Conduct unbecoming a CPE student

1.2.4.1 Behavior that compromises professional functioning

1.2.4.2 abuse and/or manipulation of staff, careseekers, patients, family members, visitors, or peers

1.3 A student placed on probation will receive a written notice of such action by the Director of Clinical Pastoral Education. Specific reasons for this action and desired behavioral changes will be provided to the student in writing.

1.4 During the final week of probation, the CPE faculty and student will meet for evaluation and a decision will be made regarding continuation in the program or dismissal. The student will be notified of the final decision by a letter from the Director of Clinical Pastoral Education.

2.0 Dismissal from the program

2.1 If the student does not meet the expectations spelled out in the Probationary process, they may be dismissed from the program.

2.2 A student may be dismissed from the program without first receiving probation.

2.3 A decision to dismiss the student will ideally include notice of one week. If the cause for dismissal warrants safety precautions, the student may be restricted from work in the assigned areas/the Clinical Placement Site. If necessary, the student may be dismissed immediately without prior notification.

2.4 The CPE faculty reserves the right to dismiss any student whose program achievements, clinical performance, or conduct as a professional makes the continuation in the program inadvisable.

2.5 Tuition and fees will not be refunded in accordance with the financial policy of the CPE program.

3.0 Withdrawal

3.1 A student may withdraw from the CPE program by informing their primary ACPE Certified Educator and submitting a letter of withdrawal.

3.2 Students are encouraged to inform the primary ACPE Certified Educator of the possibility of withdrawal in order to provide continuity in addressing the spiritual care needs of careseekers within the Clinical Placement Site.

3.3 Tuition and fees will not be refunded in accordance with the financial policy of the CPE program.

4.0 Appeals

4.1 A student may appeal a disciplinary decision made by the Director.

4.2 The student may meet with the Director of Clinical Pastoral Education to discuss the decision. If this does not produce a satisfactory result for the student, the student may appeal to the Professional Consultation Committee.

4.3 This appeal must be made within three business days following the disciplinary action.

4.4 The appeal must be in writing and given to the Chair of the Professional Consultation Committee: Chaplain Leslie Klipstein, (626) 975-6269 or lesklip@gmail.com.

4.5 The Chair of the PCC will select a panel of the PCC to review the appeal.

4.6 The PCC will return their decision to the student within three business days.

4.7 The decision of the PCC is final for this CPE Center.

4.8 If the student is not satisfied with the decision of the PCC, the student may register a complaint in writing with the national ACPE office. (See Policy and Procedure for Complaints and Grievances)

Initial approval date: August 1, 2024

Subsequent review dates:

6.9 – ACPE Complaints Procedures

For Complaints Regarding Ethics, Educational Standards, or Accreditation Commission

PHILOSOPHY: EI is committed to maintaining the ethical, educational, and accreditation standards established by the ACPE. As required by the U.S. Department of Education, ACPE has policies for addressing complaints against an ACPE accredited center. ACPE encourages people to communicate directly whenever possible with the person administering the program with which concerns have arisen. ACPE works diligently to respect all parties involved in a complaint, their reasonable privacy, and professional standing.

PURPOSE: To provide an orderly and fair review process for addressing complaints alleging failure to maintain the ethical, educational, or accreditation standards for an accredited ACPE center.

SPECIFICATIONS: A complaint is a grievance presented in writing and preferably signed, involving an alleged violation of the *Code of Professional Ethics for Members of ACPE*. The complaint must identify breeches of the ACPE member with those served, with other groups, with the ACPE, in collegial relationships, and in conducting business matters.

A complaint regarding ethics should specifically state how the Code of Professional Ethics was violated. The *Code of Professional Ethics* can be found at: https://www.manula.com/manuals/acpe/acpe-manuals/2016/en/topic/code-of-professional-ethics-accred-manual

A complaint regarding Educational Standards should state which ACPE Standard(s), policy, or procedure is being violated and how. ACPE Standards can be found at: https://www.manula.com/manuals/acpe/acpe-manuals/2016/en/topic/acpe-accredited-program-standards

Complaints may be registered by those who consider themselves harmed by an alleged violation or by any person(s) having substantive knowledge of a violation. The complaint must name an individual(s) and/or program over which the ACPE and accredited CPE Center has jurisdiction. The person filing the complaint (signed or anonymous) consents to this complaint process and gives permission for the disclosure of all information to the ACPE, its representatives, and the respondent.

PROCEDURE: ACPE encourages persons to work out concerns or grievances informally, face-to-face, and in a spirit of collegiality and mutual respect.

At EI, CPE students may file a complaint with:

- The ACPE Certified Educator
- The Director of Clinical Pastoral Education

- The Professional Consultation Committee (PCC). The PCC may be contacted through its Chair (please see the PCC Roster in section 2.5 of this CPE Handbook for the Chair's current contact information). The Chair of the PCC will hear the complaint and select a sub-committee of the PCC to work to resolve the complaint. The PCC will return its decision to the student within thirty (30) business days.

At the national office, CPE students may file a complaint directly with the ACPE Executive Director

- You may email ACPE Executive Director Lynnett Glass at Lynnett.Glass@acpe.edu or contact her by phone at (404) 320-1472.

- You may email the Executive Director of the Association of Professional Chaplains (APC) at info@professionalchaplains.org or call (847) 240-1014.

- **Educational Standard or Accreditation Complaints:** For questions regarding these processes, you may email Program Manager Marc Medwed (marc.medwed@acpe.edu) or contact him by phone at (404) 320-1472 x6223. Or email the Chair of the ACPE Accreditation Commission.

Please use the following hyperlink for more information about filing a complaint.

The ACPE Complaint Form is located on this page:
https://acpe.edu/programs/accreditation/information-on-filing-a-complaint

The ACPE Whistleblower Policy is located on this page:
https://acpe.edu/news-resources/resources/whistleblower-policy

The ACPE Professional Ethics Commission has final authority to determine whether violations of ACPE ethical or professional standards have occurred and to determine final disposition of complaints.

The ACPE Accreditation Commission has final authority to determine whether violations of ACPE educational standards have occurred and to determine final disposition of complaints.

On occasion, there may be overlap between the ACPE ethics, education, certification, and accreditation standards implicated in complaints. ACPE will follow its processes in such complaints according to its discretion and may use either (or both) the Professional Ethics or Accreditation Commissions.

Initial approval date: August 1, 2024

Subsequent review dates:

6.10 – CPE Policy for Completion of a Unit

EI's Clinical Pastoral Education Program is committed to protecting the student's credit for any unit of CPE in which they are actively participating.

PURPOSE: To provide persons training through EI's CPE program with the assurance that they will be able to complete a unit of training once started.

PROCEDURE:

1.0 The PCC of the EI CPE program with the support of EI's administration will make provision for finishing the unit for credit in the case that the ACPE Certified Educator is unable to complete the unit.

2.0 In the case that the program accepts students but is unable to conduct the unit, the PCC will work with the ACPE National Accreditation Chair to offer placement to each student for the same unit.

3.0 In the case that the unit has already started and the ACPE Certified Educator is unable to complete the unit, every effort will be made to contract with an ACPE Certified Educator or ACPE Certified Educator CPE student to complete the unit in the same setting. If it is not possible for the same setting, arrangements will be made to place the student in a comparable setting that is as convenient as possible for the student.

4.0 All CPE units will begin with at least three students, however, if a student drops out, the unit will continue. The ACPE Certified Educator and PCC will attempt to recruit another student/s to participate in the unit so that an appropriate peer group can be maintained.

5.0 If none of the available arrangements are acceptable to the student, the student will receive a full refund of tuition.

Initial approval date: August 1, 2024

Subsequent review dates:

6.11 – CPE Guidelines for ACPE Certified Educator Evaluations

At the conclusion of a unit of Clinical Pastoral Education (CPE), the ACPE Certified Educator and ACPE Certified Educator CPE student's written evaluation will be available to the student within twenty-one (21) calendar days of the completion of the unit.

1.0 In unusual circumstances, the ACPE Certified Educator may negotiate with the student and receive approval from the ACPE Accreditation Representative to extend this deadline. The ACPE Certified Educator's evaluation will document this process, and such extensions must be reported on the Center's ACPE portfolio under the Current Processes and Communications folder.

2.0 The ACPE Certified Educator and ACPE Certified Educator CPE student's assessment reflects professional judgment about student's work, abilities, strengths, weaknesses.

3.0 The ACPE Certified Educator certifies completion of a unit or half unit of CPE (Level I/II) of Certified Educator facilitated or Certified Educator Student CPE.

4.0 The ACPE Certified Educator and ACPE Certified Educator student will assess the student's progress towards meeting ACPE Outcomes for Level I, Level II, and Certified Educator CPE in the narrative of the evaluation.

5.0 The ACPE Certified Educator and ACPE Certified Educator student will attach the ACPE coversheet (Appendix 7D-1) to each student evaluation.

6.0 The student may attach a written response/addendum to the ACPE Certified Educator and ACPE Certified Educator student's evaluation, which then becomes part of the student's record.

7.0 The ACPE Certified Educator Evaluation may be reviewed and signed by the student in person or electronically as needed.

8.0 Once signed, the evaluation will be kept in the Center's student files. Only designated Center staff will have access to these files. Evaluations will only be released with the student's written permission. Certain exceptions concerning the release of information may be made to protect the health or safety of the student, for the purpose of accreditation review, or a complaint or an appeal involving that student.

9.0 The student is responsible for maintaining copies of their evaluations for future use.

10.0 The ACPE Certified Educator Evaluation should be read in conjunction with the student's self-evaluation for that unit.

11.0 Within fifteen (15) days of the completion of the unit, the ACPE Certified Educator will register the Student Units with the National ACPE office.

Initial approval date: August 1, 2024

Subsequent review dates:

6.12 – Policy Against Harassment, Discrimination and Retaliation

POLICY: The purpose of this policy is to provide EI faculty and employees with guidelines regarding harassment, discrimination, and retaliation. EI prohibits unlawful harassment, discrimination, and retaliation. This includes harassment, discrimination and retaliation on the basis of race, religion, color, sex/gender (including pregnancy, child birth, breast feeding or related medical conditions); gender identity; gender expression; sexual orientation, national origin, ancestry, citizenship status, political affiliation, uniform service member and veteran status, marital status, age, protected medical condition, genetic information, disability, or any other category protected by applicable state or federal law.

EI is committed to providing an academic and work environment that is free of harassment, discrimination, and retaliation of all types. In keeping with this commitment, EI maintains a strict policy prohibiting all forms of harassment including discriminatory harassment as outlined above.

1.0 DEFINITION:

1.1 Harassment may include conduct that is unwelcome, offensive, intimidating, humiliating, or threatening. This policy applies to all faculty, employees, coworkers (all employees), and students of EI; core, adjunct, and guest faculty; anyone who comes in contact with EI community members in connection with their work and studies; and all persons who enter the EI environment, whether in person or online. Furthermore, it prohibits harassment, discrimination, and retaliation in any form, including verbal, physical, and visual harassment. EI expects that its employees, the members of its team, anyone who comes in contact with EI constituents in any capacity, and all persons who enter the environment, will treat one another with appropriate dignity and respect. Failure to do so will result in disciplinary action, up to and including termination of employment, consultant status, or any other formal or business, service, or professional relationship.

1.1.1 Harassment consists of offensive verbal, physical, or visual conduct towards an individual where such offensive conduct is based on or related to the individual's sex and/or membership in one of the above-described protected classifications.

1.1.2 Verification of the offensive conduct made in an explicit or implicit manner is a term or condition that will likely lead to the termination of the individual's employment, consultant status, or any form of a business, service, or professional relationship.

1.1.3 Determination of possible or probable offensive conduct may be used as a means of action leading to training opportunities, salary reevaluation, job assignments, or the provision of services. The consequences will pertain to the nature of the harmful cause.

1.1.4 Nature of harmful cause will in part be determined by the offensive conducts that lead to the effect of unreasonably interfering with the individual's academic, professional, and other work performance, or creates an intimidating, hostile, or offensive working, educational, business, service, or professional working environment.

1.2 Examples of what may constitute prohibited harassment, discrimination, and retaliation include, but are not limited to, the following:

1.2.1 Making unwelcome sexual advances, requests or demands for sexual favors, demands for sexual compliance, remarks, or jokes of a sexual nature, and other visual (including pornographic pictures or videos), verbal, or physical conduct whereby the recipient of such behavior is threatened.

1.2.2 Verbal harassment includes derogatory comments, slurs, or jokes that are gender based, of a sexual nature, or discriminatory. Verbal harassment also includes comments that a reasonable person would find to be demeaning, derogatory, or offensive.

2.0 PROCEDURE:

2.1 If a faculty or staff member becomes aware of any actual or potential harassment, they must immediately contact the Vice President who will report the matter to the President and CEO, to ensure that appropriate action is taken.

2.2 Persons who believe they have been subjected to harassment from a faculty member, co-worker, supervisor, enrolled student, or anybody else they come in contact in connection with their work and studies on EI property (in person and online), should immediately bring the matter to the attention of their direct supervisor or faculty member. The Vice President (or other designated impartial and qualified person) will make a fair, timely, and thorough investigation of all such claims in a manner that provides all parties appropriate due process and reaches reasonable conclusions based on the evidence collected. To the extent possible, the investigation and any subsequent action will proceed in an atmosphere of confidentiality.

2.3 If after all circumstances have been reviewed, it is determined that a violation of this policy has occurred, the appropriate disciplinary action up to and including termination will be taken.

2.4 Administration, faculty, as well as the staff level employee will periodically receive training on unlawful harassment in the workplace.

2.5 In complaints of harassment involving a member of the administration, faculty, staff, and consultants, EI will investigate the claim and transmit the results of the investigation to the President and CEO for further action according to the guidance of legal counsel.

6.12 – Policy Against Harassment, Discrimination and Retaliation (cont'd)

2.6 EI will not permit any action of retaliation or reprisal based upon the disclosure by an employee (in a reasonable manner) that the employee has been treated in a manner inconsistent with this policy. Persons who have made complaints of harassment or who have participated in an investigation should immediately contact their Academic Advisor, Vice President, or President and CEO if the harassment resumes or if they believe that they have been retaliated against.

Initial approval date: August 1, 2024

Subsequent review dates:

6.13 – EI HIPAA Statement

EI Statement Regarding Health Care Regulations, Institutional Policies, and Clinical Placement Sites

The EI CPE program offers students the opportunity to complete their clinical hours in organizations which also maintain their own policies and procedures. EI's students are required to adhere to the policies and procedures established and required by their Clinical Placement Sites.

While each organization's requirements may differ, policies such as HIPAA Regulations, Patient Rights and Responsibilities, and other common standards are required for students to agree upon to serve the populations and clientele of those locations.

If a student is dismissed from their Clinical Placement Site due to a violation of an agreement with a Clinical Placement Site in upholding its policies and procedures, EI's CPE program maintains the right to immediately dismiss this person from the CPE program.

Initial approval date: August 1, 2024

Subsequent review dates:

6.14 – Policy Regarding Video and Online Learning

Using Video Conferencing in a Unit of CPE (ACPE Standard 1)
Participation in CPE via Technology Policy

PURPOSE: To describe the rights and responsibilities of students and ACPE Certified Educators engaging in CPE at EI via technology.

POLICY: All CPE Units offered at EI meet the same high standards of educational experience they offer to students, regardless of the mode of instruction. Electronic participation, including videoconferencing and related technological methodologies, are offered as viable and full participation. Use of technology is a viable means for supervision of students.

PROCEDURE:

1. Recruitment and marketing materials for CPE units will indicate if technology will be used (regularly or under extenuating circumstances).

2. Acceptance letters to any CPE unit at EI will indicate if technology will be used and if so, what kind and how often. Currently, the solo platform used at EI is Zoom.

3. EI will provide an orientation to the technology to both students and ACPE Certified Educator if needed.

4. Educational seminars interrupted by technological problems will not be counted toward the 100-hour requirement for a unit of CPE.

5. EI will engage in a process for evaluating the effectiveness of videoconferencing in addressing outcomes and student learning goals through:
    a. Written feedback from the students through exit interview documents, their final self- evaluation, and the ACPE program evaluation form.
    b. Exit interviews conducted by the Professional Consultation Committee.

6. The ACPE Certified Educator will communicate with each student's preceptor/mentor throughout the unit about the student's clinical work, work habits, and investment in the CPE process as needed.

7. All individual and group supervision will be conducted through synchronous learning methods, i.e., video conference. Asynchronous formats, such as discussion forums or other online methods, maybe used for didactic or reading seminars.

8. The students and the ACPE Certified Educator will utilize videoconferencing technology adequate for the educational activity and supervision that is being provided, ensuring the student and Educator each can see the other and communicate by voice and visual means. Email communication and/or Google Classroom will insure prompt delivery and accessibility of all supervisory documents and written requirements. Student and faculty members will connect via hardline directly into the model whenever possible.

9. The ACPE Certified Educator will provide supervision that is equivalent in effectiveness to face-to-face supervision with sufficient emotional and technological "bandwidth" to allow for needed emotional, visual, and auditory information to be transmitted.

10. The ACPE Certified Educator will conduct regular and as needed site communications. On-site or online visits with the Preceptor and student will occur at least once during the unit. In person visitation, telephone communications, and videoconferencing are appropriate means to verify that the Clinical Placement Site complies with ACPE standards.

11. Students and the ACPE Certified Educator will work to evaluate and maintain privacy, security, and confidentiality in the settings in which this technology is used. A session will only be scheduled at a time and place that ensures privacy.

12. Certified Education Students may record supervisory sessions conducted by video conference if/when the Level I/Level II students have been informed and have submitted written permission.

13. As part of the Exit Interview, the effectiveness of the video conferencing process will be evaluated for addressing outcomes and student learning goals. This information will be shared with the Professional Consultation Committee.

Initial approval date: August 1, 2024

Subsequent review dates:

7.1 – Clinical Placement Site and Preceptor's Handbook

EI'S CPE Program

Graduate Studies, Professional Training, and Ordination
Ezzree Institute offers a master's degree (M.Div. or equivalent) with certificates in Integrative Counseling and Cultural Studies. Students in the graduate program will also receive the option to be ordained as chaplains and spiritual counselors. Online clinical pastoral education is incorporated into the master's degree, making certification and employment eligibility possible upon successful completion of the program.

EI Mission: The creation of clinically trained clergy and educated laypeople with skills, personal traits, and cultural competencies to address 21st century spiritual needs.

EI Service: The educational programs of EI focus on education through service. Each student will serve hundreds (if not thousands) of individuals seeking support, connection, and meaning.

EI Intention: To contribute to the transformation of lives through addressing loneliness, isolation, and human needs.

EI Degree Name: Master's in Integrative Counseling and Cultural Studies with certificate options in various specializations.

EI Ordination Designation: Chaplain and Spiritual Counselor

The faculty is comprised of renowned scholars who have taught at some of the nation's and world's most prestigious universities, as well as outstanding congregational clergy. EI is more concerned about providing teachers who are experts in the field rather than relying solely on people who hold terminal degrees.

The school is designed on a model for professionals who are immersed in other life responsibilities. The majority of the students are in their second or even third career who have decided to enter spiritual leadership. EI matriculated students are advised to complete a minimum of two units at EI.

Students receive academic credit through EI for this CPE unit. Rabbi Rochelle Robins and Rabbi Susan Freeman, ACPE Certified Educators (and occasionally other contracted Educators), supervise the EI CPE units as EI faculty members. The Educators maintain frequent contact and communication with EI, all preceptors and other parties involved in the program.

ACPE Certified Educators and Faculty

Director of EI's CPE program: Rabbi Susan Freeman
Rabbi Susan Freeman, a Chaplain and ACPE Certified Educator, currently serves at Jewish Family Service of San Diego (JFS) and is a Director in the Center for Jewish Care (CJC), which is dedicated to assisting and addressing the needs of San Diego's Jewish community. She previously taught Clinical Pastoral Education (CPE) at Sharp HealthCare and VITAS Hospice in San Diego.

Originally from Denver, CO, Susan earned an M.A. in Hebrew Literature and Rabbinic Ordination from Hebrew Union College-Jewish Institute of Religion. Rabbi Freeman has been involved in hospice, hospital, and home health chaplaincy since 2003. Prior to chaplaincy, she worked as a congregational rabbi, education director, High Holiday cantor, writer, and dancer.

Rabbi Freeman's publications include To Dwell in Your House: Vignettes and Spiritual Reflections on Caregiving at Home; Torah in Motion: Creating Dance Midrash (co-author JoAnne Tucker); and Teaching Jewish Virtues: Sacred Sources and Arts Activities.

Rabbi Rochelle Robins
Rabbi Rochelle Robins was born in Walnut Creek, California and raised in San Jose, California. She is the daughter of Rabbi David Robins and Florine G. Falk.

She is a graduate of Hebrew Union College – Jewish Institute of Religion. She began her training in CPE at the Hospital of the University of Pennsylvania where she spent six enriching years at the university in various capacities, as a CPE student, rabbinic staff chaplain, and a CPE Certified Educator in training. Rabbi Robins also served as Certified Educator of Pastoral Education and Jewish Hospice Co-Coordinator at Samaritan Hospice in Marlton, New Jersey.

Rabbi Robins is co-founder and was the Executive Director of BAT KOL: A Feminist House of Study, and was instrumental in creating Jerusalem's first women's yeshiva (school) with a progressive curriculum. She views her rabbinate as an opportunity to accompany people in their search for learning and wholeness, whether through teaching text, teaching chaplains, or serving care-seekers and families. Rabbi Robins is strongly committed to interreligious coalition-building and learning from one another's traditions. She is enthusiastic about directing the EI CPE program. When she's not at work, you might find her walking, sipping coffee with friends and family, or traveling.

Rabbi Robins is the President and Dean of Clinical Programs of Ezzree Institute. She is qualified to supervise Levels I and II CPE students and ACPE Certified Educator CPE Students.

Rabbi Robins can be reached at:
The Ezzree Institute
10350 Almayo Ave., #10
Los Angeles, CA 90064
(619) 719-3076
rochelle.robins@ezzree.com

Brief History and Development of CPE

CPE traces its origins back to three influential people: Dr. William S. Keller, Dr. Richard C. Cabot, and Rev. Anton Boisen. In 1923, Dr. Keller, a physician from Cincinnati and an active layman in the Episcopal church, began supervising theological students in case study methods, believing that pastoral practice was complete only insofar as it addresses contributing social conditions. Dr. Keller assigned a small group of students to work in various social agencies in the Cincinnati area such as a mental hospital, a human relations court, and a public welfare agency. On weekends they met with Dr. Keller to report on their work and to reflect on their ministry.

Two years later, in 1925, Dr. Cabot, a prominent Boston physician at Massachusetts General Hospital and a Unitarian, conceived of the method of learning pastoral practice in a clinical setting under supervision. Of particular interest to Cabot was "the growth of the soul". He coined the term "growing edge" as a personal and spiritual concept. Using the metaphor from biology regarding the growing edge of cells, he reflected that the "soul has a growing edge. It can advance only from the point where just now it is."

Dr. Cabot suggested that Rev. Anton Boisen, a Chaplain at Worcester State Hospital and a Congregational minister, do a summer course of "clinical training." Enlarging upon the concept of Cabot, Boisen offered what is considered to be the first unit of CPE. Boisen included in his program the case study method of theological inquiry—a study of "living human documents." Theological tradition as a component of chaplaincy and healing was emphasized. According to Boisen, "the purpose and goal of CPE is to bring students into a more meaningful relationship with God."

As CPE developed, other teachers expanded CPE to integrate a knowledge of medicine, psychology, and behavioral sciences into pastoral practice. Today many Educators emphasize the importance of pastoral relationships being formed through an integration of personal history, behavioral theory and method, and spiritual development.

CPE is a theological/spiritual and professional education for clergy and lay-leaders. In CPE, students, ordained clergy, members of religious/spiritual communities and qualified lay people serve as chaplains to care-seekers and clients who are in crisis situations while being supervised by qualified ACPE Certified Educators. Through extensive involvement with Educators, other students, people in crisis, and other professionals, CPE students are challenged to improve the quality of their pastoral relationships. Through pastoral practice, written case studies and verbatims, individual supervision, seminar participation, and relevant reading, students are encouraged to develop genuine caring pastoral relationships. Theological/meaning-making reflection is important in CPE as spiritual care professionals seek ways to integrate belief constructs with life experience.

Students preparing for pastoral professions take CPE as part of their course of study for a master's degree or preparation for ordination. The goals of CPE include acquisition of pastoral skills and the development of pastoral identity. For students with a vocation for chaplaincy, a minimum of four units of CPE are required for certification as a professional Chaplain.

CPE provides a relational learning environment for students, with opportunities for interpersonal process and group process involving students with one another and their Educator in an ongoing experience of action and reflection about each encounter between students and care-seekers or clients, students and each other, students and their ACPE Certified Educator. Each student also works at a placement site where they have a Preceptor who oversees their work at the site, providing another opportunity for relational learning for the student and for the Preceptor to share their expertise with the student.

CPE Associations for Accreditation and Certification

A. Association for Clinical Pastoral Education (ACPE)

In 1967, after forty years of experience, development, and practice of CPE by several groups, the ACPE was formed. ACPE resulted from the merger of several groups, including The Institute of Pastoral Care, The Council for Clinical Training, The Association of Clinical Pastoral Educators, and the functions of certification and accreditation of the Lutheran Council in the USA.

The goal of ACPE is "to foster experienced-based theological education which combines the practice of pastoral care with qualified supervision and peer group reflection, and which is grounded in a person-centered approach to religious ministry." In carrying out its mission, ACPE, an interreligious association, defines standards for CPE programs, certifies Educator of CPE, and accredits institutions, agencies, and parishes to offer CPE programs.

The ACPE can be contacted at:

ACPE: The Standard for Spiritual Care and Education
1 Concourse Pkwy, Suite 800
Atlanta, GA 30328
Phone: 404-320-1472
Fax: 404-320-0849
Email: acpe@acpe.edu
Web Site: www.acpe.edu

B. Neshama: Association of Jewish Chaplains (NAJC) can be contacted at:

Neshama: Association of Jewish Chaplains
4200 Biscayne Blvd
Miami, FL 33134
Phone: 305-394-8018
Email: info@najc.org
Web Site: https://najc.org/

C. National Association of Catholic Chaplains (NACC)

Established in 1965, the NACC is an association of pastoral health care ministers, recognized and endorsed by the United States Conference of Catholic Bishops. The members of the NACC participate in the church's mission of healing. The mission of the NACC is "to promote professional development and

support services for our members. We respond to the signs of the times prophetically and collaborate with others who share our mission."

As part of its vision, the NACC is committed to move toward inclusivity and cultural diversity in its membership, develop new skills for chaplains, create new settings for pastoral care and counseling within the community and promote a Christian perspective in ethics. The NACC promotes CPE, certifies chaplains and Educators of CPE. CPE programs are accredited by the United States Conference of Catholic Bishops' Commission on Certification and Accreditation (USCCB/CCA).

The NACC can be contacted at:

4915 S. Howell Avenue, Suite 501
Milwaukee, WI 53207
Phone: 414.483.4898
Fax: 414.483.6712
Email: info@nacc.org
Web Site: http://www.nacc.org

The USCCB/CCA can be contacted at:

3211 4th St NE
Washington DC 20017
Phone: 202-541-3000
Web Site: https://www.usccb.org/

D. Association of Professional Chaplains (APC)

http://www.professionalchaplains.org/

The Association of Professional Chaplains (APC) was formed in 1998, and represents the merger of two organizations, the College of Chaplains and the Association of Mental Health Clergy. Originating in 1946, the College of Chaplains had as its mission to establish standards and a certification process for chaplains providing pastoral services. These are now the responsibilities of the APC. Other related groups include The American Association of Pastoral Counselors (AAPC), Neshama: Association of Jewish Chaplains, and the National Institute of Business and Industrial Chaplains.

Common Qualifications and Competencies for Professional Chaplains

Common Qualifications and Competencies for Professional Chaplains have been reviewed and affirmed in 2016-2017 by the following Spiritual Care organizations: Association for Clinical Pastoral Education (ACPE); Association of Professional Chaplains (APC); Canadian Association for Spiritual Care/Association Canadienne de Soins Spirituel (CASC/ACSS); National Association of Catholic Chaplains (NACC); Neshama: Association of Jewish Chaplains (NAJC)

Qualifications for Board and Associate Certification – The candidate for certification must:

QUA1 Provide documentation of current endorsement or of good standing in accordance with the requirements of their own faith/spiritual tradition.

QUA2 Be current in the payment of the annual fees as designated by one's professional association.

QUA3 Have completed an undergraduate degree from a college, university, or theological school accredited by a member of the Council for Higher Education Accreditation (CHEA) and a graduate-level theological degree from a college, university or theological school accredited by a member of the CHEA. Equivalencies for the undergraduate and/or graduate level theological degree will be granted by the individual professional organizations according to their own established guidelines.

QUA4 Provide documentation of a minimum of four units (Levels I & II) of Clinical Pastoral Education (CPE) accredited or approved by the Association for Clinical Pastoral Education (ACPE), by programs that were accredited by the former United States Conference of Catholic Bishops Commission on Certification and Accreditation (USCCB/CCA), or the Canadian Association for Spiritual Care (CASC/ACSS). Equivalency for one unit of CPE (two units in CASC) may be considered.

Section I: Integration of Theory and Practice Competencies – The candidate for certification will demonstrate the ability to:

ITP1 Articulate an approach to spiritual care, rooted in one's faith/spiritual tradition that is integrated with a theory of professional practice.

ITP2 Incorporate a working knowledge of psychological and sociological disciplines and religious beliefs and practices in the provision of spiritual care.

ITP3 Incorporate the spiritual and emotional dimensions of human development into one's practice of care.

ITP4 Incorporate a working knowledge of different ethical theories appropriate to one's professional context.

ITP5 Articulate a conceptual understanding of group dynamics and organizational behavior.

ITP6 Articulate how primary research and research literature inform the profession of chaplaincy and one's spiritual care practice.

Section II: Professional Identity and Conduct Competencies – The candidate for certification will demonstrate the ability to:

PIC1 Be self-reflective, including identifying one's professional strengths and limitations in the provision of care.

PIC2 Articulate ways in which one's feelings, attitudes, values, and assumptions affect professional practice.

PIC3 Attend to one's own physical, emotional, and spiritual well-being.

PIC4 Function in a manner that respects the physical, emotional, cultural, and spiritual boundaries of others.

PIC5 Use one's professional authority as a spiritual care provider appropriately.

PIC6 Advocate for the persons in one's care.

PIC7 Function within the Common Code of Ethics for Chaplains, Pastoral Counselors, Clinical Pastoral Educators, and Students.

PIC8 Communicate effectively orally and in writing.

PIC9 Present oneself in a manner that reflects professional behavior, including appropriate attire, and grooming.

Section III: Professional Practice Skills Competencies – The candidate for certification will demonstrate the ability to:

PPS1 Establish, deepen and conclude professional spiritual care relationships with sensitivity, openness, and respect.

PPS2 Provide effective spiritual support that contributes to well-being of the care recipients, their families, and staff.

PPS3 Provide spiritual care that respects diversity and differences including, but not limited to culture, gender, sexual orientation and spiritual/religious practices.

PPS4 Triage and manage crises in the practice of spiritual care.

PPS5 Provide spiritual care to persons experiencing loss and grief.

PPS6 Provide religious/spiritual resources appropriate to the care recipients, families, and staff.

PPS7 Develop, coordinate, and facilitate public worship/spiritual practices appropriate to diverse settings and needs.

PPS8 Facilitate theological/spiritual reflection for those in one's care practice.

PPS9 Facilitate group processes, such as family meetings, post trauma, staff debriefing, and support groups.

PPS10 Formulate and utilize spiritual assessments, interventions, outcomes, and care plans in order to contribute effectively to the well-being of the person receiving care.

PPS11 Document one's spiritual care effectively in the appropriate records.

Section IV: Organizational Leadership Competencies – The candidate for certification will demonstrate the ability to:

OL1 Promote the integration of spiritual care into the life and service of the institution in which one functions.

OL2 Establish and maintain professional and interdisciplinary relationships.

OL3 Understand and function within the institutional culture and systems, including utilizing business principles and practices appropriate to one's role in the organization.

OL4 Promote, facilitate, and support ethical decision-making in one's workplace.

OL5 Foster a collaborative relationship with community clergy and faith group leaders.

Requirements for the Maintenance of Board and Associate Certification – In order to maintain status as a Certified Chaplain, the chaplain must:

MNT1 Participate in a peer review process every fifth year.

MNT2 Document fifty (50) hours of annual continuing education as designated by one's professional association.

MNT3 Provide documentation every fifth year of current endorsement or of good standing in accordance with the requirements of their own spiritual/faith tradition.

MNT4 Be current in the payment of the annual fees as designated by one's professional association.

MNT5 Adhere to the Common Code of Ethics for Chaplains, Pastoral Counselors, Clinical Pastoral Educators, and Students.

EDUCATIONAL RESOURCES

The CPE Program through EI provides:

1. Certified and accessible Educators
2. Interdisciplinary consultation
3. Individual and group supervision
4. Adequate classroom space, library facilities and educational equipment

Chaplaincy Code of Ethics
In one's professional practice and relationships the following code is to be followed:

Professional Code of Ethics:

I. Professional Practices:

1. Honesty and professional competence are expected of all personnel. Each one is responsible for their continued growth and education.

2. Conflicts of interest are to be avoided and, should they arise, must be dealt with and resolved promptly through appropriate channels.

3. No chaplain may speak in the name of their site unless authorized to do so.

4. Chaplains do not directly or by implication claim professional qualifications that exceed actual qualifications.

5. A chaplain does not use knowledge, position or professional association to secure unfair personal advantages; knowingly permit their services to be used by others for purposes inconsistent with the ethical standards of the institution where the chaplain serves.

6. Chaplains abide by the professional codes, laws and policies of the State, the community and EI.

7. A chaplain will not disparage colleagues, clients, administrative staff or the programs and policies of their site.

8. Chaplains will not discriminate against clients in regard to race, religion, age, national origin, sexual orientation, and mental and/or physical handicap.

II. Professional Relationships:

1. Chaplain-Client Relationships

    a. Chaplains respect the integrity and protect the welfare of the person or group with whom each is working. Personal information obtained in the course of this process will be safeguarded.

    b. Chaplains will relate to clients professionally and avoid exploitation of any kind.

    c. Chaplains will respect the religious convictions of clients and staff. No religion is to be imposed on any person by the Chaplain.

d. In accordance with the laws governing the rights or privacy and confidential information, chaplains will not release any records, evaluations or confidential letters pertaining to clients without the written permission of the client, and in consultation with their Educator.

2. Inter-professional Relationships

a. Chaplains will relate to and cooperate with other professional persons at the sites and in the community

b. Chaplains will maintain inter-professional relationships for purposes of consultation and referral.

c. All chaplains will refer clients to another institution, agency or program when such a change would be beneficial for the person(s) to be served.

3. Professional Development

a. Chaplains will continue their professional education and will participate in the meetings and activities of professional organizations to which they belong.

b. Chaplains are to attend staff meetings, clinical supervision, in-services and other professional opportunities offered and required for other staff at their sites.

c. Chaplains are required to chart and to convey pertinent information, without breaking confidentiality, to other professionals in the program to which they are assigned.

EI Chaplain Job Description

General Description: The primary role of the Chaplain is the spiritual care of the clients, staff, and families of the programs of the sites where they serve. Chaplains can also be helpful in times of trauma and when special needs occur with families, clients, and staff. Chaplains can play a role in the daily routine of programs as well as in cases dealing with loss, grief, and anger, or in special emergencies. The Chaplain is on-call for extreme emergencies such as death, rape, fire, or other natural disasters. The Chaplain is also responsible to see that the religious/spiritual identity of each individual is respected and to offer worship services or rituals appropriate for the population at the program. At times psychological problems are revealed in the interactions the Chaplain may have with an individual. The Chaplain's role in such cases is to help the client or staff person find meaning and strength through the healing process. The Chaplain is not a therapist but can collaborate with other appropriate staff in dealing with issues that require social workers, therapists, chaplains, and other professionals to collaborate for the healing of the whole person. Chaplains are an integral part of the healing team. They should chart and attend

client case management meetings and other meetings, events or activities that are important to the recovery and wellness of the client.

Specific Duties:

- support clients, staff and families who have a desire to grow spiritually and develop meaningful answers to life's stresses and traumas;
- facilitate groups that talk about values or spirituality;
- visit with clients or staff who have just received difficult news;
- encourage clients to follow the program of recovery or assistance;
- visit the hospital or home of sick or injured staff or clients when appropriate;
- "be with" someone experiencing loneliness, depression, or anger;
- support the family of someone who is in emotional, psychological or physical illness or trauma;
- intervene, with the help of a trained staff member, when a client is exhibiting assaultive behaviors;
- counsel and comfort a crying or angry care-seeker, family member or staff;
- assist in natural disasters such as earthquake or fire;
- support clients or staff in cases of trauma such as rape, robbery, assault, death, or domestic violence;
- be present to clients and staff during times of personal loss and tragedy;
- conduct memorial services, faith and life groups, Bible study groups, or grief groups when appropriate;
- attend case conferences, staff meetings, clinical supervision and other pertinent meetings;
- chart appropriately;
- attend community meetings especially with religious/spiritual leaders to form a network of other communal support systems, to educate and to address unjust systemic causes of illness, disease, poverty and homelessness and mental illness;
- perform other duties as assigned by appropriate administrative staff.

This list of job duties may be different at some sites. It is not meant to be all-inclusive. Generally, Chaplains can perform other duties and each site may find other appropriate roles for the Chaplains.

Emergency Intervention

The sites where students serve have clients/care-seekers who may experience trauma or where the facility may have emergency procedures for certain situations. It is the role of the Preceptor to instruct the Chaplains regarding the procedures that exist within their institution. In general Chaplains may be included as part of the "first responder" team. Handling these traumas is important for the growth of the student chaplain.

During program hours the chaplain intern or resident assigned to your program should be called for any need or emergency. All chaplain interns may be asked to carry pagers or cell phones. Chaplain interns and residents have been instructed to call their ACPE Certified Educator should they feel that the situation is beyond their experience. The Educator will provide help to the intern or resident.

For emergencies at clinical placement sites, the Director of each Site may assess the need for a Chaplain Intern after hours.

Types of situations where Chaplains could be utilized:

- natural disaster such as fire or earthquake;
- death when those involved require immediate assistance;
- threatened suicide;
- violence or trauma such as: rape, robbery, assault or self-destructive behavior that puts a client and others in immediate danger of bodily harm.
- an immediate need or request for a Chaplain from family or care-seeker/client in distress or danger.

There are other instances when a Chaplain's assistance could be utilized. The good judgment of the responsible person for the program will dictate whether the need is immediate or can wait for the next business day.

What a Chaplain might do in emergency situations:

- assess the situation and see if all proper authorities within and without the institution have been notified;
- call the ACPE Certified Educator or other chaplains for backup support if needed;
- provide comfort and support whenever appropriate;
- support and work with victim(s) and staff;
- make certain that any media representatives do not exploit clients or staff, and that proper administrative staff are present if the situation requires this;
- work with local authorities and staff for safe evacuation if required and help to maintain a calm, safe environment;
- escort victim(s) or staff to hospital emergency room if needed;
- provide follow-up with victim(s) and staff as required;
- prepare a written report for the proper authorities;
- debrief with the Educator and members of the interdisciplinary team at the facility where the emergency occurred to review procedures and make assessments as to how the coverage could have been more effective.

Standards for Clinical Sites

According to accreditation standards for CPE programs, placement sites for students should include the following opportunities:

- one on one interviews with a variety of clients who have different needs;
- participation in interdisciplinary meetings as a full member of the healing team;
- weekly time (for full-time students) and once every three weeks (for part-time students) to process their work with the Preceptor;
- opportunity to learn and properly chart spiritual notations in the progress notes of clients/care-seekers charts or files;

- attendance at staff meetings, in-services and clinical supervision where the student is a full participant, giving their insights into client progress especially on spiritual issues;
- opportunity to plan and conduct worship services when these are appropriate: i.e. memorial services, graduations, etc.
- opportunity to work with staff as well as clients and significant others;
- timely evaluation feedback on their progress as well as areas of needed growth;
- to have the spiritual assessments of Chaplains properly reviewed by staff;
- to receive client referrals from staff and to work as an integral member of the interdisciplinary team;
- to experience themselves as a vital part of the program staff and its work.

Job Description for Preceptors

EI's CPE program is unique in its design as it offers clinical experience in a variety of clinical sites. Thus students may become skilled chaplains serving people with diverse needs who represent the multi-cultural and diverse population of our world.

The success of the clinical experience and the learning that takes place depends on the quality of preceptors who are the students' resource. Preceptors model and provide professional expertise in their field. In our program, students gain an in-depth knowledge of the systemic causes of problems that are found in all segments of our society.

Being a Preceptor is important as it allows you, the professional, to communicate your values, expertise, commitment, passion, and dedication to your specialty to students. Your influence will shape the future of the intern and the congregations and communities served. For each person you mentor, you provide opportunities for many others to be shaped and influenced.

Who in your life has mentored and shaped you? What have these people done for you? How have you, in turn, utilized the energy and passion they gave you to influence the lives of others?

General Duties: The Preceptor is the primary professional resource in the organization in which the Chaplain intern is placed. As such, it is the Preceptor's responsibility to give the intern as much knowledge and awareness of the issues, treatment, and community concerns as possible.

Specific Duties:

- provide orientation to the site, staff, and specialty of the site;
- develop and sign the intern's "site learning contract" and provide opportunities and suggestions for the student to complete their learning goals;
- train the intern to chart or in some way be accountable for their work to staff and clients;
- provide literature or refer the intern to community workshops, and seminars where the intern can become more proficient in learning about the site specialty;
- choose appropriate staff to share their professional insights with the intern;

- evaluate and encourage both clients and staff to fill out and send in evaluations when asked to do so;
- monitor the intern's work with clients and offer helpful suggestions;
- meet at least once every three weeks (once a week for full-time students) for an hour with the intern to discuss problems, to offer suggestions, and to provide the intern with both encouraging and challenging feedback;
- report promptly to the Educator any problems regarding the intern's work habits, attitude, or other situations that cannot be resolved between the Preceptor and the intern;
- provide the intern private locations to engage with clients and staff about their pastoral needs;
- give honest feedback about the intern's strengths and weaknesses;
- set up the clinical work schedule with the intern and hold the intern accountable for the hours they are to be at the site and hold the intern accountable to the established schedule;
- encourage appropriate innovation suggestions regarding how to improve spiritual care at the site;
- allow the intern to make mistakes and then debrief and help them evaluate the situation;
- share your experience and communicates your passion for the specialty;
- offer the intern any resources that will enhance their learning and growth as a professional within the specialty;
- educate the intern about prejudices, bias, and systemic causes that foster and perpetuate discrimination and injustice toward people treated in the specialty;
- listen, learn and grow with the intern.

Chaplain Intern Responsibilities

The Chaplain intern has the following responsibilities at the site:

- to spend the scheduled time in work with clients or performing the tasks assigned by their Preceptor;
- to develop and share their "site learning contract" with the Preceptor;
- to develop a comprehensive spiritual care program that fits the needs of the site;
- to hold confidential all conversations whether specifically within the counseling context or not;
- to not divulge any information regarding clients or staff gained from client records or conversation;
- to be open to learning and willing to risk and be challenged;
- to chart and be accountable to staff for their assignments;
- to be a responsible and contributing member of the treatment team;
- to learn and articulate the role of spiritual care in the treatment of clients at the site;
- to develop and continue to update a handbook that will help future interns to adjust and learn about the site in a more concise way;
- to attend all staff meetings, case conferences, clinical supervision or other meetings and to be a contributing member;
- to learn community needs and to understand and address issues of injustice and prejudice;
- to complete the data sheets required by their Educator;
- to meet with their Preceptor on a regular schedule;

- to learn from staff about the specialty and to invite discussion and feedback about their growth;
- to be an advocate for clients and staff;
- to be tolerant, non-judgmental and welcoming to all who come for help;
- to create and maintain a positive and cooperative attitude at the site.

Ezzree Institute
Clinical Pastoral Education
Intern Evaluation by Preceptor

Name of Intern _____ Date _____

Name of Preceptor _____

Placement Site_____

At the end of each unit of Clinical Pastoral Education, we ask the Preceptor for an evaluation of the Chaplain intern. Please fill out this evaluation about the Intern at your site. Kindly complete this form by _____ and return it to:

Director/Educator of CPE
Ezzree Institute
CPE@Ezzreeinstitute.org

1. Describe the relationship that you had with the intern you assisted (frequency of meetings, dynamics, issues).

2. What was your role in orienting the intern to the site, the interdisciplinary staff, and information about important meetings to attend?

3. How did the intern utilize their relationship with you for learning and achieving the goals in the intern's learning contract?

4. What were some of the issues addressed? What issues remain unresolved?

5. From your experience, describe the quality of spiritual care/chaplaincy services that the intern provided at this site.

6. What are some of the intern's gifts and spiritual care skills that you affirm and appreciate?

7. How well does the intern communicate and collaborate with other interdisciplinary team members?

8. What is your experience of the intern's availability at this site? How well does the intern respond to referrals?

9. What areas would you recommend to the intern for their continued personal and professional learning?

10. What are your expectations of a Chaplain intern for the future? What kind of service would you like to see the intern provide?

11. Other comments…

Thank you for serving as a Preceptor. Also, thank you for the time you took to complete this evaluation. We value your expertise, comments, and perspective.

Ezzree Institute
Clinical Pastoral Education
Intern Evaluation by Multi-Disciplinary Team Member

Name of Intern _____ Date _____

Placement Site_____

At the end of each unit of Clinical Pastoral Education, we ask for an evaluation of the Chaplain intern by others from the site. Please fill out this evaluation about the intern at your site. Kindly complete and return this form by _____ to:

Director/Educator of CPE
Ezzree Institute
CPE@Ezzreeinstitute.org

1. From your experience, describe the quality of spiritual care/chaplaincy services that the Chaplain intern provided at this site.

2. What are some of the intern's gifts and spiritual care skills that you affirm and appreciate?

3. How well does the intern communicate and collaborate with other interdisciplinary team members?

4. What is your experience of the intern's availability at this site? How well does the intern respond to referrals?

5. What areas would you recommend to the intern for their continued personal and professional learning?

6. What are your expectations of a Chaplain intern for the future? What kind of service would you like to see the intern provide?

7. Other comments…

Person completing the form _____ (optional)

Thank you for your assistance in completing this evaluation. We value your comments.

Ezzree Institute
Spiritual Care/Chaplaincy Program
Student Evaluation of Preceptor

Please respond to the following questions about your Preceptor and your relationship with them by rating your responses from 1 to 5.

5 – Strongly Agree **4** – Agree **3** – Somewhat Agree **2** – Disagree **1** – Strongly Disagree

1. The Preceptor respected my spiritual/religious beliefs.

   5 4 3 2 1

2. The Preceptor offered helpful support and guidance.

   5 4 3 2 1

3. The Preceptor helped me deal with problems that arose in my work as a chaplain.

   5 4 3 2 1

4. The Preceptor helped me understand my strengths and weaknesses in chaplaincy work.

   5 4 3 2 1

5. The Preceptor helped me to grow as a chaplain.

   5 4 3 2 1

Other comments:

Spiritual Care/Chaplaincy Program
Sample Clinical Placement Site Agreement

The Ezzree Institute
Clinical Pastoral Education Program
Association for Clinical Pastoral Education, Inc.
2024-2025 EI Calendar Year Extended CPE Unit

STUDENT PLACEMENT CONTRACT:
The Ezzree Institute of the ACPE, Inc.

The Ezzree Institute's CPE Program contracts with _____ for the clinical placement of the ACPE student:_____ , who has been accepted into a unit of Clinical Pastoral Education (CPE) with the Ezzree Institute. This training program is accredited by the Association for Clinical Pastoral Education, Inc., (ACPE). It is designed to meet the continuing educational needs of the clergy and laity involved in spiritual care, for the purpose of enhancing and improving spiritual care skills. Successful completion of this program is designed to result in an improved understanding of the complex needs of a person in spiritual or physical crisis, and improved skills and competency in responding to persons in need of spiritual support.

ACPE Standards require that the trainee have a placement in which s/he is intensively engaged in spiritual care (chaplaincy). Such placements can be a health care institution, congregation, correctional facility, hospice, or any setting where viable clinical spiritual care and training can be accomplished. The *Standards* further require that a CPE program be conducted by an ACPE certified supervisor under the sanction of an accredited program, whereby the performance of chaplaincy can be carefully examined in both group and individual supervision. The *Standards* further direct, that an accredited program must include a minimum of 400 hours of supervised pastoral training. The student and the supervisor both have an accountable relationship to the sanctioning agency and the institution or congregation where spiritual care is rendered.

Since this student is performing a spiritual care function primarily in your institution, and in that the ACPE Certified Educator will be examining their work from that setting, we propose to enter into a temporary affiliation agreement or covenant which clarifies the supervising tasks, responsibilities and interactions.

The Ezzree Institute, agrees to provide:

- 100-hour minimum of group + individual supervision.
- Peer group sessions held according to class schedule.
- An agreement to keep confidentiality of all names presented in case studies.

- A regular contact person from whom the student can periodically receive support and feedback.
- A context in which to engage in spiritual care and chaplaincy to fulfill a minimum of 300 hours throughout the duration of the program in compliance with the *ACPE Standards.*
- Any orientation and guidance needed for monitoring the student's pastoral functioning.
- Participation in the clinical evaluation process of the student's work at the end of the training unit.
- Any and all required liability insurance as is provided for other volunteers or employees (EI will be the sole agency to cover liability insurance).

The contact person to whom the student is responsible (Hospital Chaplain, Director of Volunteers, Nursing Director, Eligible Staff Person, etc.) agrees to provide:

- Orientation of the student, informing them about the institution's policies and protocol.
- Administrative supervision for the student.
- Support for the student's continuing education.
- Continued interpretation to your agency with periodic feedback to the ACPE Certified Educator regarding the nature and progress of the student's learning and work.
- Participation in the clinical evaluation process at the end of the training unit.

ACPE Certified Educator Ezzree Institute	Date	Print Name
Student CPE Student	Date	Print Name
Placement Agency Representative (Name of Agency)	Date	Print Name

The signature of the Placement Agency Representative may only be provided by someone who is authorized by the organization to sign agreements. Located in the signature, date, and printed name above is both personal and organizational accountability for this requirement to the Agreement. The signature itself verifies the understanding of the required authorized signature.

ACCESS TO LIBRARY AND OTHER RESOURCES

Personnel, library, and multimedia resources are available to all students: The EI CPE Program is well established and maintains relationships with local spiritual care and counseling programs in the Greater Los Angeles Area and beyond. Students are also invited to use the libraries at Hebrew Union College-Jewish Institute of Religion and Claremont School of Theology. EI's library resources are primarily offered through JStor and other digital platforms.

The basic mode of CPE is experiential learning. In the tradition of Anton Boisen, the founder of clinical pastoral training, we encourage the study of "living human documents" as the primary sources for our reading and reflection upon the human experience of being alive and having to die. Listening and writing in the first person are emphasized above reading and research. For most students this is a radical departure from more traditional academic learning based on the transmission of "book knowledge."

A selection of required readings and recommended resources follow. As individual students develop their learning themes and pursue particular interests, ACPE Certified Educators may recommend additional reading to offer theoretical underpinnings for particular pastoral concerns and approaches.

RECOMMENDED READINGS*

* EI also has access to digital library resources. Feel free to contact the Vice President at Jonathan.friedmann@ezzree.com for additional information.

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ADDITIONAL READINGS BY TOPIC

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7.3 – Guidelines for Use of Video Conferencing in CPE Supervision

Video conferencing is permitted by ACPE Standard 1.6 as an alternative modality for on-site supervision of students.

EI will use the following guidelines in conjunction with any off-site supervision:

- Develop a written clinical placement agreement (ACPE Standard 1.2) that specifies the Certified Educator will conduct site visits or use other means to verify the Clinical Placement Site complies with ACPE Standards and the frequency for such visits or measures.
- Ensure access to technology and orientation to use of the technology for students and the CPE Certified Educator. (Educational seminars interrupted by technological problems may not be counted toward the 100-hour requirement for a unit of CPE.)
- Evaluate the effectiveness of utilizing videoconferencing in addressing outcomes and student learning goals at mid-unit and at the end of the CPE unit.
- Document three conversations (beginning, middle, and end of unit) between the MHSC CPE Certified Educator and the on-site preceptors about students' clinical work, work habits, and investment in the CPE process.
- Provide Preceptor with EI's Preceptor Handbook and offer necessary orientation information to the Preceptor and other involved parties at the site.
- Maintain steady contact at the beginning, middle, and end of unit between the EI CPE Certified Educator and the on-site preceptors about students' clinical work, work habits and investment in the CPE process. Provide opportunities for the student to share any needs with Preceptor and Certified Educator to improve clinical opportunities at the clinical location.
- All individual and group supervision must be done through synchronous learning methods, i.e., video conference. Asynchronous formats, such as discussion forums or other online methods may be used for didactic or reading seminars only.

CLINICAL PASTORAL EDUCATION
CERTIFIED EDUCATION STUDENT HANDBOOK
2024

Certified Education Student Handbook

EI does not currently have a Certified Education position, nor do we intend to open one in the near future. We would like to maintain the certification status for Certified Education though future plans to engage in such programming are undetermined.

8.1 – Certified Education Student Benefits

The Certified Education Student (CES) is not an employee position and therefore there are no benefits.

The CES will not be charged $250 tuition for units during their training; however, the CES is required to pay for:

- attendance at two Community of Practice meetings a year.
- membership fees for the Association of Professional Chaplains (APC), or the National Association of Catholic Chaplains (NACC), or Neshama: Association of Jewish Chaplains (NAJC) and for ACPE membership.
- Certification Committee appearance fees while making progress towards established goals.

EI provides shared office space for the CES. Due to the multiplicity of Clinical Placement Sites, no sleep room is needed. EI provides library resources and computer access for research and communication.

The Program provides regular individual supervision based on a Super-Extended unit model, a peer group, and monthly Community of Practice meetings, as well as many other educational opportunities at EI and in the variety of participating clinical settings.

8.2 – Certified Educator Program General Requirements

- Four hundred (400) hours per unit of CPE with no less than one hundred (100) hours structured group and individual education along with supervisory work and/or dedicated spiritual care time
- Two hundred forty (240) hours per half unit of CPE with no less than sixty (60) hours structured group and individual education along with supervisory work and/or spiritual care clinical hours
- Weekly individual supervision sessions
- Regular participation and presentation of materials in the Arcadia and Southern California Communities of Practice
- A Learning Contract for each unit observed, co-supervised, or supervised, which focuses on a "learning theme"
- A self-evaluation written for each unit observed, co-supervised, or supervised

8.3 – Admission to the Certified Educator Program

PART ONE: THE LOCAL ACPE ACCREDITED PROGRAM

- Join ACPE
- Download and complete the application for Certified Educator Programs from the ACPE website
- The first page of the application form should be completed and emailed to the local program and to the ACPE office
- The ACPE office will send the applicant information about setting up the portfolio[1] to upload responses to the questions on page 2 of the Application
- Pay $350 application fee to ACPE
- Complete an Application for the Certified Educator Program found on the ACPE website under Forms and Applications: https://acpe.edu/education/cpe-students/cpe-application. The application requires several essays including:
    - A Personal History Presentation
    - A Theological/Philosophical/Grounding Paper
    - A description of your (vocational) Work History
    - A "verbatim" account in which you were the Person Providing Spiritual Care
    - A Cultural Awareness Paper
    - A Video Recording of a Teaching Event
    - A Description of Your CPE Journey
    - A Written Statement on How you Met Level I and II Outcomes
- Requirements to qualify for the Certified Educator program include:
    - College graduation
    - Graduate theological degree or its equivalent
    - Ordination or commissioning to function as a spiritual care provider by an appropriate religious/spiritual authority as determined by ACPE. Individuals whose spiritual or religious community do not have ordination should email mailto:certification@acpe.edu for more information
    - Endorsement/statement of accountability from an appropriate religious/spiritual authority as determined by ACPE
    - Successful completion of a minimum of four units of Level I/Level II CPE
    - Demonstration of spiritual care and conceptual competence as evidenced by the attainment/completion of Level I/Level II Outcomes
    - Evaluation of the competencies for admission to a Certified Educator Program
    - Membership in ACPE

- The applicant will create a portfolio through the ACPE website and upload their application and supporting documentation.

- The ACPE Certified Educator will conduct an initial assessment of the applicant's suitability for admission and potential for becoming an Educator.

- The applicant must meet Phase I Competencies before meeting for the ACPE Interview. The Competencies are as follows:

PROFESSIONALISM

- **Values and Attributes**
  - Demonstrates knowledge of and adherence to attributes of integrity, honesty, personal responsibility, and accountability
  - Deports oneself in a manner that reflects conduct and appearance appropriate to the context

- **Ethics**
  - Adheres to ACPE Standards and Code of Professional Ethics
  - Demonstrates knowledge and application of ethical decision-making processes applicable to context
  - Acts to understand and safeguard the welfare of others

- **Reflective Practice and Self-Care**
  - Utilizes reflection to enhance self-awareness, self-assessment, and self-monitoring to evaluate and enhance supervisory practice
  - Understands and demonstrates the importance of self-care and its use for effective spiritual care and educational practice

RELATIONSHIPS AND IDENTITY

- **Relational Abilities**
  - Demonstrates a consistent ability to form, maintain, and bring closure to relationships within educational and professional contexts
  - Demonstrates a non-anxious and non-judgmental stance when engaging differences and managing conflict
  - Demonstrates attunement to affective experience of care-receivers, students, and peers/colleagues
  - Demonstrates understanding of how power dynamics influence the forming, maintaining, and ending of relationships within educational and professional contexts

- **Identity Formation as Educator**
  - Articulates an understanding of the role of Educator that is congruent with one's beliefs, attitudes, and personhood
  - Recognizes how strengths and weaknesses affect one's own learning as well as the teaching of spiritual care, and adapts new behaviors as appropriate
  - Demonstrates thorough grasp of pastoral identity and ability for educating others in the field of spiritual care

- **Cultural Awareness/Humility**
  - Demonstrates awareness of how culture affects professional identity, the educational relationship, and students' learning
  - Demonstrates awareness of how one's own culture influences educational goals, assessments, and interventions
  - Seeks clarification when negotiating differences and adjusts teaching methods as appropriate
  - Applies knowledge, sensitivity, and understanding of how ACPE Ethics issues apply to working effectively with diverse learners

EDUCATION

- **Curriculum Development**
  - Demonstrates the ability to analyze curriculum to identify strengths, weaknesses, omissions, and/or problems
  - Demonstrates the ability to use analysis, design, selection, formation, and review to develop curriculum in the educational context
  - Promotes flexibility and encourages experimentation and innovation within the educational context

- **Teaching Skills**
  - Demonstrates and utilizes an awareness of theories of learning and how they enhance and hinder teaching practice
  - Demonstrates an ability to use and model the action-reflection-action method in the educational context
  - Demonstrates an ability to assess the learning needs and styles of others and apply appropriate teaching methods and interventions

- **Assessment of Learning**
  - Demonstrates basic knowledge of the theoretical and contextual basis of educational assessment
  - Demonstrates awareness of the strengths and limitations of assessment during an interview process
  - Knows how to formulate questions and evaluate the level of preparation and readiness of CPE applicants

- Assesses how persons learn and formulates a learning plan in alignment with stages of human development and diversity
- Acquires additional assessment methods to evaluate students' learning needs and individual learning styles
- Writes assessment reports and progress notes and communicates assessment findings verbally to educational colleagues/students

- **Intervention**
  - Formulates educational strategies, plans, and interventions-based worldviews and theories consistent with theoretical position papers
  - Demonstrates the ability to select interventions, assessment tools, and consultation methods for different problems and populations related to the practice setting
  - Demonstrates the ability to partner with students, drawing upon theories, program elements, outcomes, and strategies to help them meet goals and change behaviors

- **Consultation**
  - Demonstrates the ability to consult with peers or other professionals when presented with learning issues and ethical dilemmas
  - Demonstrates the capacity to self-supervise and to apply knowledge of personal and relational dynamics in collaborating with peers, Educators/supervisors, students and other colleagues

CONCEPTUALIZATION & THEORIES

- **Spiritual Care Theology/Philosophy and History**
  - Develops familiarity with several theologies/philosophies of spiritual care in order to inform educational practice
  - Appropriates knowledge of ACPE history and applies it to educational practice Supervision and Behavioral Sciences
  - Acquires knowledge of theories of supervision from other professional disciplines (e.g. Psychiatry, Social Work, and Nursing)
  - Develops a knowledge of the behavioral sciences that informs educational practice

- **Educational and Personality Theory**
  - Completes the core curriculum for educational and personality theory; identifies and presents theories that inform one's educational practice

- **Systems (Contextual) Theory**
  - Develops a theory that orients educational practice beyond individual personal development to the larger (social/group) context ("Living Human Document" and "Living Human Web" or "Living Human System")

- **Research Knowledge and Methodology**
  - Demonstrates research literacy and awareness of evidence-based practice in education

APPLICATION AND INTEGRATION

- **Pastoral/Spiritual Care Practice**
  - Develops the ability to provide both education and care to students and to distinguish between the two
  - Demonstrates the connection between recognized belief constructs and spiritual care theoretically and practically
  - Practices reflection in the moment and adjusts practice in alignment with one's interior experience and emotional process

- **Practice of Supervision**
  - Uses the clinical method of learning to develop students' ability to reflect on their spiritual care practice and to make behavioral and intellectual modifications as needed
  - Demonstrates a theoretical and practical understanding of the process model of education and applies theories of adult education
  - Articulates the core components of a CPE unit theoretically and practically and develops curriculum accordingly

- **Integration of Theory & Practice**
  - Demonstrates use of self in building educational alliances that enhance interpersonal connection and communication
  - Articulates the process of supervised education and uses clinical vignettes to demonstrate emerging theoretical foundation
  - Articulates a spiritual/religious heritage and educational foundation, including the use of behavioral sciences, to understand context and content in the learning process

LEADERSHIP AND ORGANIZATIONAL DEVELOPMENT

- **Organizational Systems**
  - Demonstrates knowledge of how the organizational context of the educational program influences program planning
  - Shifts roles in alignment with diverse educational and care-seeker care contexts
  - Demonstrates knowledge of strategies that promote interdisciplinary collaboration and education

- **Management and Administration**
  - Articulates approaches to management and leadership that enhance effectiveness appropriate to the organizational context to the organizational context
  - Administers functional/technical aspects of a CPE program

- **Accreditation and ACPE Standards**
  - Shows developing ability to apply ACPE Standards to the educational context
  - Shows initiative in establishing collegial relationships and contributing to the work of ACPE at the local level
  - Demonstrates knowledge of requirements of CPE Program's ongoing compliance with ACPE Standards
  - Participates in continuous program evaluation; tracks and applies changes in Accreditation Standards to the CPE Program

- **Continuous Improvement**
  - Demonstrates an understanding of the ways by which the strengths and weaknesses of a CPE program might be evaluated and addressed
  - Demonstrates an understanding of the role of a CPE Certified Educator as an advocate on behalf of students and spiritual care within the organizational context and for the profession

If the ACPE Certified Educator has confidence that the applicant is suitable for the Certified Educator Program, they will work with the applicant to complete the Admission Competencies Assessment Form found on the ACPE website under Admission to the New Certification Process and prepare for the ACPE Interview

- Before the interview the applicant must view the following videos located on the New Certification Process webpage:
  - Understanding Competencies (https://www.youtube.com/watch?v=c3ydChcF6kA)
  - Competencies for Admission (https://www.youtube.com/watch?v=Y98LmSuSxqo)

- The applicant will write a brief reflection on each of the videos, demonstrating their understanding of the major ideas of each and include these reflections in their portfolio

PART TWO: THE ACPE CERTIFICATION PROCESS

- The training ACPE Certified Educator will arrange for the applicant's interview. The interview can be arranged in person or via video conference and will include the following three people:
  - The training ACPE Certified Educator from the local program
  - A representative of the Certification Commission who will be assigned by the Chair of the Commission or Certification Coordinator in the national office
  - Another ACPE Certified Educator from outside of the program, who is part of the National Faculty and selected by the training ACPE Certified Educator

- The Certification Commission representative and the local ACPE Certified Educator shall be given access to the applicant's portfolio no less than 30 days prior to the interview. Each will review the materials and evaluate the applicant in accordance with the competencies for admission.

8.3 – Admission to the Certified Educator Program (cont'd)

- If either the Commission Representative or the local ACPE Certified Educator determines that an applicant has not met the required competencies, they shall request a conference call with the ACPE Certified Educator from the local program to discuss their concerns. The group must reach a consensus as to how to proceed with the process, seeking consultation from the Chair of the Commission as needed.

- Upon completion of the assessment of the applicant's materials and the interview process, the committee shall determine the applicant's level of competence and suitability for the certification process. The decision shall require a minimum of two votes for acceptance. Following the committee's deliberation, feedback will be provided to the applicant.

    - Applicants who are accepted into the process are granted the title of Verified Educator Candidate and the program will be invoiced for the yearly fee.
    - If an applicant is not accepted, it is possible for the local program to continue to work with the student on the areas outlined by the committee, and then arrange for another interview at a later date. Aspirants who choose this path will enroll in Level I/Level II CPE during this period.

8.4 – ACPE Certified Educator Core Curriculum

The Core Curriculum is designed to expose Certified Education Candidates (CECs) to philosophies, methodologies, theories, and research that are essential as a foundation for learning. By increasing CECs' familiarity with leading and innovative works within spiritual care education, the Core Curriculum provides a context for the critical thinking and integrative work that they will be required to demonstrate as they progress through the certification process.

The Core Curriculum helps CECs identify beliefs and values that guide them in their theoretical choices and educational practices. It promotes exploration, with structure, and intentional scaffolding of theoretical growth. It also provides some direction for CECs in choosing theories, rather than being left to pick and choose on their own.

In accordance with the ACPE Core Curriculum, EI's ACPE Certified Educator curriculum has been designed to help students to develop competence in Pastoral Competence, Conceptual Competence, Supervisory Competence, including both Individual and Group Competencies, and to grow into their identity as an ACPE Certified Educator. Students are encouraged to learn through a variety of educational methods including the clinical practice of spiritual care, the practice of supervising individuals and groups, facilitating clinical seminars, preparing and offering didactic presentations, presenting materials and videos in individual supervision at weekly peer group meetings and at the monthly Community of Practice meetings. Reading and research are an important component of theory development. Individual progress in CPE is assessed in relation to ACPE Certified Educator Candidate Competencies which are documented in the Educator's Final Evaluation.

ENGAGING THE CORE CURRICULUM

After formal admission into the CEC process, students are required to watch each Core Curriculum webinar and provide a written reflection that must be uploaded to their portfolio. Written reflections uploaded to the portfolio serve as materials that demonstrate a CECs' trajectory of theoretical development and give clear evidence of how they are meeting Phase I competencies. The students will work with their Certified Educator as they make their way through the Core Curriculum as addressed in the Program's CEC curriculum.

As a CEC works through the Core Curriculum, the CEC and training Educator will regularly cross-reference the content in the webinars with the components reviewed in the Theory Integration Presentation Rubric. This will give each party a coherent set of criteria by which to assess the CEC's level of theoretical knowledge and application—emerging vs competent.

THE CORE CURRICULUM WEBINARS INCLUDE:

ACPE History
Presented by Kitty Garlid, Bill Scrivener, and Christopher Brown
Download PowerPoint Presentation
Download Bibliography

After watching the video, write a response to the following prompts and upload to your portfolio:
1. Describe the fundamental differences between the Institute for Pastoral Care and the Council for Clinical Training. Do you have a leaning towards one or the other?

2. What are the hallmarks of ACPE's movement towards diversity and inclusion?

3. In reflecting on ACPE's history, what do you see as the foremost challenge(s) going forward?

Educational Theory/Transformative Education
Presented by Jamie Beachy, PhD, ACPE
Download PowerPoint Presentation
Download Bibliography

After watching the video, write a response to the following prompts and upload to your portfolio:
1. Discuss two theorists who articulate an understanding of education as transformative. Relate their theories to the CPE learning process.

2. Articulate the difference between developmental and experiential theories of education. Which approach is more congruent with your understanding of CPE learning?

3. How might bell hooks' understanding of learning as an act of love relate to the CPE learning process?

Interreligious Spiritual Care
Presented by Rev. Dagmar Grefe, PhD, ACPE
Download Powerpoint Presentation

After watching the video, write a response to the following prompts and upload to your portfolio:
1. Name three examples of misconceptions or assumptions about people of a different faith you have encountered in your spiritual care or in your educational practice. How might you address them?

2. Give two examples of spiritual care interventions for
   a) Engaging on the level of "common humanity"
   b) Engaging on the level of "interconnected spiritual practice"
   c) Engaging on the level of "particular spiritual practice"

3. Have you learned a new strategy for broadening your interreligious spiritual care practices within the construct of CPE? What will you implement?

Introduction to Professional Ethics
Presented by Rev. Brian Conley, SJ, ACPE
Download PowerPoint Presentation

After watching the video, write a response to the following prompts and upload to your portfolio:
1.The Code of Professional Ethics holds ACPE members to high ethical standards including the obligation for truth-telling. Comment on the requirement of truth-telling for oneself as an ACPE member and implications in relation to other members of ACPE.

2. Comment on how Robert's actions as Amanda's supervisor constituted discrimination and/or disparagement.

3. The Hearing panel imposed a sanction of "Probation" on Robert. Comment on why the panel chose this sanction and at least one other alternative to "Probation" they might have chosen.

Competencies for Intercultural Care and Education
Presented by Rev. Dagmar Grefe, PhD, ACPE
Download PowerPoint Presentation

After watching the video, write a response to the following prompts and upload to your portfolio:
1. CPE has been developed in Western culture. Have you observed an Educator adjusting educational methods to provide more meaningful educational pathways for minority students? Describe what the Educator did. How might you do this as an Educator?

2. Define a) intergroup anxiety and b) symbolic threat and describe one example of each you have encountered in your spiritual care or educational work.

3. Describe one way in which you have advocated for a care-seeker or student from another culture.

Theory Integration Presentation Mentorship Process
Presented By: Rev. Mary Martha Thiel, ACPE
Download Powerpoint Presentation

After watching the video, write a response to the following prompts and upload to your portfolio:
1. As a CEC you will confer with the national Certification Coordinator and your Faculty Educator in the process of identifying a Theory Mentor for you. What characteristics, competencies, and areas of expertise might you especially hope to find in a Theory Mentor?

2. At the beginning of the Theory Mentorship process, each CEC will be assessed in terms of Theory Integration competence in the areas of Spiritual Belief System, Personality Theory, and Education Theory. Take a look at the Theory Integration Presentation Rubric on the Certification page of the ACPE website. Describe whatever degree of clarity you have at this point about theoretical perspectives in these three topic areas that may ground your developing approach to CPE supervision.

3. What is the next theoretical question you want to explore, to move toward filling out your competence levels as described in the Rubric?

Theology of Supervision
Presented By: Rabbi Jeffery Silberman, DMin, ACPE
Download Powerpoint Presentation

After watching the video, write a response to the following prompts and upload to your portfolio:
1. What are ACPE's challenges of language regarding theological and religious diversity?

2. What are the historical ACPE assumptions about theology?

3. Describe one way of addressing the difficulty in communication about personal sacred meaning systems.

Personality Theory: Understanding of Humanity Informing Education
Presented By: Roy M. Myers, DMin, ACPE
Download PowerPoint Presentation

After watching the video, write a response to the following prompts and upload to your portfolio.
1. Name and describe the three models of personality theory offered in the video.

2. Explain the following statement: "A theory of your own is as important as the theories offered by external theorists."

3. Name and describe two of the five components of a working Personality Theory.

CPE Group Theories
Presented By: Rev. Angelika Zollfrank, ACPE
Download PowerPoint Presentation

After watching the video, write a response to the following prompts and upload to your portfolio.
1. Which CPE Level I and Level II outcomes are directly related to CPE group work? Offer a brief description/explanation of why you chose those outcomes.

2. Name two Common Competencies that relate to skills acquired in CPE group work and give an example of each from your work.

3. Give two examples of how the goals of CPE group work, the theory, group behavior and leadership interventions relate.

Please see Appendix A for the Certified Educator Competencies Crosswalk.

8.5 – Progressive Autonomy in Educating Under Supervision

Phase I
Phase I is defined by the development of the aspirant's portfolio, the acquisition of knowledge, and demonstration of competence. Throughout this phase, in addition to their work and learning in their local program, CECs will:

- complete the Core Curriculum Webinars
- develop and present their Theory Integration Presentation
- participate in a formal review of their portfolio to ensure all Phase I Competencies are met.

The typical time frame for Phase I is expected to be approximately 2 years.

Phase IA: ACPE Certified Educator maintains a live presence in the room

- Orientation and welcome to the CEC process, both locally and nationally
- ACPE Certified Educator and CEC form an educational plan for Phases I and II and upload to portfolio
- CEC completes core curriculum webinars and uploads responses to portfolio
- Once webinars are completed, CEC selects a Theory Integration Presentation Mentor.
- CEC's stages of progressive autonomy shall be determined by the ACPE Certified Educator

Phase IB: ACPE Certified Educator provides direct supervision

- The ACPE Certified Educator determines the readiness of the CEC to move into Phase IB. Development of progressive autonomy continues.

Phase II: Independent education under supervision
Phase II of the New Certification Process includes integrative work and the demonstration of increasing competence and independence. Leading to Certification, this phase includes integrative work, increasing competence, and greater independence, allowing CECs to hone their abilities to self-supervise and to master the art of seeking consultation while under the supervision of their ACPE Certified Educator.

At the end of PhaseII the following Competencies must be met:

PROFESSIONALISM

- **Values and Attributes**
  - Demonstrates knowledge of and adherence to attributes of integrity, honesty, personal responsibility, and accountability
  - Deports oneself in a manner that reflects conduct and appearance appropriate to the context

- **Ethics**
  - Adheres to ACPE Standards and Manuals and ACPE Code of Professional Ethics as an Educator
  - Demonstrates knowledge and application of ethical decision-making processes applicable to context of an Educator
  - Engages in broader context to understand and safeguard the welfare of others
  - Holds others accountable to ethical standards

- **Reflective Practice and Self-care**
  - Consistently uses and demonstrates self-care/spiritual care/wellness practices
  - Engages in reflection to evaluate and enhance professional educational practice
  - Demonstrates a broad range of self-awareness, self-assessment, and self-monitoring to evaluate and enhance professional practice
  - Demonstrates emotional & spiritual maturity in educational practice

RELATIONSHIPS AND IDENTITY

- **Relational Abilities**
  - Demonstrates and chooses appropriately from a range of theoretically informed relational interventions when engaging individuals and groups
  - Facilitates dialogue and conflict resolution by attending to content and process of communication
  - Monitors and evaluates the effects of one's identities, behaviors, affective experiences, attitudes, values, and beliefs on persons within educational and professional contexts
  - Recognizes the impact of the psychological dynamics of projection, parallel process, and differentiation on the educational process

- **Identity Formation as Educator**
  - Articulates an understanding of the professional role of Educator
  - Demonstrates use of self in creating educational environments that facilitate learners' reflections on and integration of their personal and professional values into the practice of spiritual care

- **Cultural Awareness/Humility**
  - Exhibits capacity for self-reflection and self-critique around cultural biases and incorporates insights into appropriate educational strategies
  - Applies knowledge, skills, and attitudes regarding dimensions of diversity to professional work

EDUCATION

- **Curriculum Development**
  - Establishes a clear philosophy, theory, and overarching goals that guide curriculum
  - Promotes and integrates interdisciplinary learning in the curriculum
  - Demonstrates the use of feedback to evaluate achievement of the program's goals and objectives; identifies best practices and continuous improvement through curriculum revisions as needed

- **Teaching Skills**
  - Demonstrates diverse didactic learning strategies and the ability to accommodate developmental and individual learning needs in multiple settings
  - Implements, facilitates, and instructs others using appropriate teaching interventions

- **Assessment of Learning**
  - Identifies and applies appropriate assessment tools that inform educational planning

- Selects and implements means of evaluation that are responsive to and respectful of diverse individuals, groups, and context
- Shows evidence of cultural competence in assessing students from a variety of socio-cultural and spiritual backgrounds
- Shows mastery and ownership of assessment and interviewing tools appropriate to a variety of people, learning styles, and cultural/spiritual differences
- Communicates results in written and verbal form clearly, constructively and accurately in a conceptually appropriate manner

- **Intervention**
  - Assesses and responds to student needs independently and accurately
  - Uses good judgement in unexpected or difficult educational circumstances
  - Presents rationale for intervention strategies consistent with theoretical orientation

- **Consultation**
  - Exhibits the regular use of supervision and peer relationships for support, clarification, and challenge in the practice and development of the art of supervised education
  - Provides support and information as a consultant in professional and educational contexts

CONCEPTUALIZATION & THEORIES

- **Spiritual Care Theology/Philosophy and History**
  - Applies a theological/philosophical framework for spiritual care and CPE
  - Uses knowledge of ACPE history to address present needs within ACPE, spiritual care, and educational practice

- **Supervision and Behavioral Sciences**
  - Applies a theory of supervision to practice
  - Demonstrates depth in the use of behavioral sciences for supervision/education

- **Educational and Personality Theory**
  - Demonstrates facility in articulating and applying educational and personality theories to educational practice

- **Systems (Contextual) Theory**
  - Demonstrates skill in CPE leadership that monitors and intervenes on behalf of both individuals and groups

- **Research Knowledge and Methodology**
  - Articulates and uses research outcomes in education

APPLICATION AND INTEGRATION

- **Pastoral/Spiritual Care Practice**
  - Models and teaches how to provide care respectfully, compassionately, and supportively
  - Shows integration of personal theology and spirituality with one's practice of education
  - Teaches others to reflect theologically in the practice of care
  - Integrates self-supervision in the educational process through awareness of personal and interpersonal dynamics

- **Practice of Supervision**
  - Integrates the clinical method of learning with the overall educational process and demonstrates the ability to guide students in their own learning trajectory
  - Demonstrates mastery of the process model of education and addresses students' resistance to learning
  - Successfully designs and implements a unit of CPE at Level I or Level II or in a mixed Level I and Level II group

- **Integration of Theory & Practice**
  - Provides an environment in which learning and self-reflection are deepened through use of self
  - Articulates a well-formed theory of supervised education for the teaching/learning of pastoral/spiritual care in individuals and groups
  - Demonstrates congruence between theory and educational practice through the critical purchase of one's theory

LEADERSHIP AND ORGANIZATIONAL DEVELOPMENT

- **Organizational Systems**
  - Draws upon varied institutional resources within the educational context to enhance programming
  - Shifts roles in alignment with diverse educational and care-seeker care contexts
  - Builds interdisciplinary/inter-professional alliances for educational collaboration across diverse contexts

- **Management and Administration**
  - Demonstrates ability to engage in dialogue with management and to support organizational leadership
  - Demonstrates knowledge of administrative functions within a defined organizational context, including budget management, delegation of responsibilities, and daily functioning of workspace

- **Accreditation and ACPE Standards**
  - Demonstrates initiative and programmatic accountability in adhering to Standards
  - Sustains relationships to local and national leadership structures for collegiality and program enhancement
  - Demonstrates program-wide accountability through timely reporting, fiscal responsibility to ACPE, and compliance with Standards
  - Demonstrates the necessary knowledge of and readiness to assume responsibility for maintaining Accreditation

- **Continuous Improvement**
  - Creates and/or utilizes quality assessment tools that assure the ongoing improvement of the CPE program; implements and documents resulting changes
  - Demonstrates an understanding of the role of a CPE Certified Educator as an advocate on behalf of students and spiritual care within the organizational context and for the profession

Please see Appendix A for the Certified Educator Competencies Crosswalk.

8.6 – Certified Educator Educational Model Design

In accordance with **ACPE educational competencies**, this curriculum has been designed to help students to develop competence in **Pastoral Competence, Conceptual Competence, Supervisory Competence,** including both **Individual and Group Competencies,** and to grow into their identity as an **ACPE Certified Educator.** Students are encouraged to learn through a variety of educational methods including the clinical practice of spiritual care, the practice of supervising individuals and groups, facilitating clinical seminars, preparing and offering didactic presentations, presenting materials and videos in individual supervision at weekly peer group meetings and at the monthly Community of Practice meetings. Reading and research are an important component of theory development. Individual progress in CPE is assessed in relation to **ACPE Certified Educator Candidate Competencies** which are documented in the Educator's Final Evaluation.

COMPETENCY AREA: CONCEPTUAL/THEORETICAL COMPETENCE

Competencies:

- *Articulates a theology/philosophy of spiritual care that is integrated with spiritual care practice.*
- *Articulates basic familiarity with the history of ACPE and the pastoral/spiritual care movement.*
- *Provides examples of the use of behavioral sciences in spiritual caregiving.*
- *Demonstrates awareness of the need for a theoretical foundation in education and personality development for Certified Educators.*
- *Demonstrates basic research literacy and familiarity with evidence-based practice in spiritual care.*
- *Demonstrates basic knowledge of current ACPE Standards and the Common Qualifications and Competencies for Professional Chaplains and how to access the documents.*

Theoretical development begins with exploring the historical development of the CPE movement. Students are encouraged to study and reflect on the ways the CPE model has adapted to respond to the expanded social cultural context of theological education and clinical spiritual care.

All ACPE Certified Educator Candidates read the *ACPE Standards*, *The Professional Ethics Commission Manual* and the *Certification Manual* upon beginning their process. They are expected to be familiar enough with the *Standards* that they are a driving force in developing program structure, designing curriculum to address competencies and in evaluating them. The *Standards* describe the process model of education and establish the basis for the clinical method of learning.

After the student has completed the Application process and is accepted in the Certified Educator program, the ACPE Certified Educator Candidate (CEC) usually begins by observing another ACPE Certified Educator supervise a peer group. For most CECs this is a period of transition from being a CPE student to being the Educator. The observations that the CEC makes are processed in their peer group and with their Educator who begins a long collaborative process of supervisory education.

The observation unit and reflection begin the CEC's process of differentiation as the CEC begins to identify their own preferences and style in supervision. As preferences are discovered, theory development can begin.

Students entering Certified Educator training are usually most aware of their Theological identity as a theoretical basis for their spiritual care. Theological development has been a part of their previous CPE experiences, their vocational discernment and their preparation for spiritual care. The first units of observation and supervision challenge the students to connect their theology with the educational model and the multicultural clinical context. Priority is given for theological reflection and consultation with peers and Certified Educators in the Southern California Community of Practice (SCCoP).

Theory development continues throughout the training process. Time is set aside for students to focus on reading and research as well as writing. During reflection on the practice of supervision, the students are encouraged to articulate reasons and theories behind their behaviors in the practice of supervision. Emotional reactions, structure and program development and supervisory strategies are explored in light of theory base. Students are encouraged to read broadly enough to discover those theories that are congruent with the students' personal theology, cultural context, experience of personality and preferred learning styles. This process is supported by the Pacific CoP process which allows students to share their own materials but also participate in responding to the presentations of other CECs. At the Pacific CoP meeting, the student also has access to Certified Educators from different programs, with multicultural and multi-faith perspectives, and with varying philosophies and styles of supervision. This Program's Certified Educator program follows a collaborative model.

COMPETENCY AREA: PASTORAL SUPERVISORY COMPETENCY AND PROFESSIONALISM

Competencies:

- *Demonstrates knowledge of and adherence to attributes of integrity, honesty, personal responsibility, and accountability.*
- *Deports oneself in a manner that reflects conduct and appearance appropriate to the context.*
- *Demonstrates knowledge of ACPE Standards and Manuals, ACPE Code of Professional Ethics for chaplains, Pastoral Counselors, Pastoral Educators, and Students.*
- *Recognizes situations that challenge adherence to Standards and Ethics.*
- *Articulates knowledge of ethical theories appropriate to a spiritual care context.*
- *Upholds ethical behavior and protects the welfare of others within spiritual care practice.*
- *Articulates an understanding of one's need for consultation in one's clinical context.*
- *Demonstrate the ability to learn from peers, recognize relational dynamics, and establishes collaborative and dialogical relationships.*
- *Demonstrates basic knowledge of current ACPE Standards and the Common Qualifications and Competencies for Professional Chaplains and how to access the documents.*
- *Understanding of the value of accountability to the accrediting body of the ACPE for quality improvement.*

Certified Education Candidates (CECs) come first as Chaplains to this position. Their ability to demonstrate good spiritual care is an important part of their identity as a Certified Educator and in part gives them personal authority with students. Pastoral competence is also crucial if a Clinical Educator is going to be capable of evaluating and supervising a student's pastoral work. Pastoral competence will contain the authority and flexibility that is required when it is congruent with the CEC's theology, values, life experience and personality. Experiencing their own congruency will allow the Certified Educator to understand and facilitate the goals of integration in the CPE curriculum for Levels I and II CPE.

Every new group of students, rich with cultural and spiritual diversity, will challenge the Educator in new and different ways. An integrated pastoral identity and pastoral skills give the Educator an emotional and spiritual maturity that breeds confidence. It also gives the CEC personal integrity that is secure enough to openly embrace different gifts and skills coming from different personalities, theologies and backgrounds.

The CEC is expected to evaluate their own functioning in spiritual care and continue to develop pastoral skills in their clinical assignments. Clinical assignments are not heavy but keep the CEC in touch with care-seeker care, staff and their own pastoral bedside skills.

Pastoral identity is also important in the Educator role. It is one of the tools available to the CEC in supervision. In working through supervisory strategies, the Certified Educator Candidate is able to explore the appropriate response to different supervisory situations in light of the students' cultural and religious traditions. They develop the skills to distinguish whether a pastoral response, educational response or a personal response will meet the learning goals of the student and honor the supervisory relationship. In selecting a response, the CEC is encouraged to explore how their response would be congruent with their theories or to meet up against the limits of their theories.

Through the Certified Educator training program the CEC is encouraged to develop their relationship with other ACPE Certified Educators. Opportunities to attend the Pacific CoP and the Southern California Community of Practice are provided. These meetings provide a rich diversity of cultural experiences to which the CEC is exposed and learns about their own bias and prejudices that might otherwise be unrecognized. CECs are encouraged to participate in committees that do the work of the ACPE. The committee work deepens the CECs understanding of the CPE model and philosophy of learning. Working on committees, also allows for collegial relationships creating the development of a community in which a CEC can find support and identity.

EDUCATOR IDENTITY DEVELOPMENT

Competencies:

- *Articulate an understanding of one's need for consultation in one's clinical context.*
- *Demonstrates the ability to learn from peers, recognize relational dynamics, and establishes collaborative and dialogical relationships.*
- *Demonstrates the ability to empower others to initiate and receive feedback in a clinical consultation.*

This Program offers four to six (4-6) units of CPE a year. This allows ample opportunities for the CEC to supervise enough to develop their supervisory practice. Generally, a CEC supervises two or three units a year. During the unsupervised units, the CEC does clinical work and sets time apart for continual theory development, writing and building on their portfolio.

The CEC often will co-supervise one or more units with the Certified Educator. This provides an intense setting in which the CEC can both compare and contrast their own style and preferences with the Certified Educator. In time, the Certified Educator and CEC will agree that the CEC is ready to supervise independently. The program offers regularly scheduled weekly Individual Supervision although many informal consultations are common throughout the unit as issues arise. The CEC is encouraged to become aware of their own reactions to students and to process them in supervision. Supervision time also includes exploring supervisory strategies to meet the needs of the student and their learning goals.

As experience is accrued, the CEC should grow more accomplished in their ability to look at their own practice and respond honestly and reflect on desired results and strategies to accomplish them.

Certified Education training offers the unique opportunity to look at the integration of theory with practice from many different views including peers, Certified Educators and students along with self-reflection. Peer Supervision happens in many ways both formally and informally. Formally, a weekly Community of Practice is scheduled with other CECs in surrounding programs. Monthly, the Southern California Community of Practice is held at St. Joseph's Hospital in Orange and draws Certified Educators and those in training from the Los Angeles area; it also includes San Diego, Arizona, Utah, San Francisco and sometimes Hawaii. This is a rich environment in which the CEC has an opportunity to consult with other peers and to consult with other Certified Educators adding exposure to different styles and input. This is also enhanced as the CEC is supported by the Ezzree Institute to attend the annual Symposium on Supervision which brings together Certified Educators and Certified Educator Candidates from the entire Pacific Community of Practice. In the context of these feedback opportunities, the CEC is required to present his/her/their work in a variety of ways including verbally, in writing and on DVD.

PRINCIPLES OF CURRICULUM DESIGN

Competencies:

- *Demonstrates knowledge of the clinical method of learning and how it informs the structure of a CPE program and its constituent parts.*
- *Uses tools for assessment, plan of care, intervention, and evaluation of outcomes appropriate to the care-seeker care context.*
- *Articulates awareness of the impact of systems and groups on individual persons.*
- *Articulates understanding of organizational complexity and competing goals.*
- *Demonstrates awareness of multifaceted roles in chaplaincy or pastoral/spiritual care context.*
- *Articulates the importance of and demonstrates ability to navigate interdisciplinary systems to accomplish shared goals for the benefit of care receivers.*

The CEC plays an active role in program planning and curriculum design. The Program has a curriculum in place for Levels I and II CPE but individual Educators are encouraged to make adaptations to fit their own supervisory style and educational theories. The student is encouraged to speak to how each component relates to the goals and objectives of CPE and to their own developing theory. As the CEC begins to teach and facilitate the group process, the Educator is challenged to articulate the theory and practice of experiential learning.

Each CEC builds the unit by arranging for the orientation schedule, selecting adjunct faculty to present didactics including field trips, multimedia presentations and lectures by clinical staff. The program is structured to develop accountability and responsibility within the role of supervision. Therefore, the Educator models ethical practice by their interaction with the CPE Students and the professional staff within the Ezzree Institutes Clinical Placement settings.

CECs create reading opportunities for students as they assess their learning goals and objectives. They may integrate prayer time or worship services as support to students and care-seekers. The CEC is challenged to help the students understand worship in a multi-faith context as reflected in the student and care-seeker population.

Program design makes specific times for theological reflection regarding clinical experiences or group diversity. Theological reflection is a structured part of the verbatim reflection helping the student reflect on their own faith dynamics. As part of the curriculum philosophy, the Educators models this type of reflection as they use their own experiences and stories to help illustrate how to reflect theologically.

INDIVIDUAL SUPERVISION

Competencies:

- *Provides spiritual care that is sensitive to individuals' social, religious, and cultural contexts.*
- *Demonstrates knowledge and awareness of how socio-economic and cultural systems and structures impact well-being of individuals and groups.*
- *Attends to power imbalances in ways that promote the well-being of individuals and groups.*
- *Exhibits the ability to mentor others on pastoral/professional functioning.*
- *Demonstrates ability to instruct and facilitate reflection in other learners or professionals.*
- *Articulates awareness of the impact of systems and groups on individual persons.*
- *Identifies qualities of pastoral/spiritual care education that have benefitted or hindered one's own learning.*

The philosophy of this Program encourages individualized learning contracts. The students are asked to identify a theme that may surface through observation, reflection and interaction within the program. Students are invited to explore the connecting strands that their core theme may have with intrapersonal, interpersonal, pastoral, and professional relationships through supervision and feedback. Students are able to identity their core theme throughout their clinical, cultural, and life experience.

Certified Educator Candidates must develop their own skills in identifying their own themes and recognizing how those themes direct their outlook, their decisions, their feelings and their pastoral responses. As CECs use this theme in their spiritual care with care-seekers, they are able to demonstrate their developing skill in verbatim and case reviews.

Their growing sensitivity to this type of assessment is brought into their role as Educator as they help facilitate the students' process in identifying their own theme. Once a theme is identified, the CECs must draw upon multiple resources and strategies to help facilitate the learning process of each individual.

The CECs are challenged to support the student's identified learning goals rather than imposing their own agendas on the student. As the CECs process their responses to the student, they can become clearer on the difference between their issues and the students' issues and how they intersect. In listening to the student and combining support with confrontation, an environment of safety can open the individual supervision sessions up to meaningful encounters for both the students and the Educators.

The CECs are to become aware of different learning styles and thus create a variety of ways for teaching which might include modeling, lecturing, facilitating, experiential field trips, DVDs, etc. As the CECs become more aware of individual preferences for learning, individualized learning assignments can be negotiated to maximize the learning experiences of the students.

COMPETENCE IN CPE GROUP SUPERVISION

Competencies:

- *Demonstrates ability to form, maintain, and bring closure to spiritual care and collegial relationships.*
- *Engages and incorporates feedback with openness and curiosity.*
- *Demonstrates awareness of emotional self and the ability to translate awareness into spiritual care action.*
- *Communicates beliefs, thoughts, values, and feelings clearly through congruent verbal, non-verbal, and written skills.*
- *Respects physical, emotional, and spiritual boundaries in the practice of spiritual care.*
- *Demonstrates knowledge and awareness of how socio-economic and cultural systems and structures impact well-being of individuals and groups.*
- *Attends to power imbalances in ways that promote the well-being of individuals and groups.*
- *Demonstrates ability to instruct and facilitate reflection in other learners or professionals.*
- *Demonstrates the ability to empower others to initiate and receive feedback in a clinical consultation.*
- *Articulates awareness of the impact of systems and groups on individual persons.*
- *Identifies qualities of pastoral/spiritual care education that have benefitted or hindered one's own learning.*

Group supervision has become a core part of Certified Educator training. Moving from a more individual therapeutic approach in the group to a more group-focused experience has been a big transition in the curriculum. This process was initially guided by the work of Corey and Corey with the use of their videotapes and workbooks to look at stages of group evolution including: Forming a Group, The Initial Stage, The Transition Stage, The Working Stage and The Ending Stage.

Becoming familiar with the group stages of evolution helps the Certified Educator understand their role as a group leader and facilitator. This program encourages an active leadership role in the group. Keeping the discussion focused on issues and group discussion rather than on individualized supervision helps keep the environment safe enough for greater disclosure and exploration. Managing resistance in an environment that is so unfamiliar and often feels unsafe is a key to building a dynamic that allows a group to move into a working stage in a short CPE unit.

A key supervisory issue in group work is to find a balance of structure and flexibility. Individual learning needs within the group may require different levels of structure; this may prompt the Certified Educator to provide and model individual responses to learning within the group structure. This is an educational opportunity for the group members as they see modeled a style of supervision that responds to both individual and group needs.

The Certified Educator Candidate is expected to grow in trust of their own skills and insights becoming more confident. This confidence is illustrated as the CEC begins to rely less on the structure and trust their own skills so as to seize the "teachable moment" as the students share their clinical experiences.

Diversity within the group setting is highly valued and creates many opportunities for learning. The diversity is experienced by exposure to the faith and culture of care-seekers, staff, and students within the program. Research, interviews, field trips, and clinical experiences challenge and build cultural awareness. These differences also raise issues with learning and challenge the deepest prejudices which are often otherwise undiscovered. Certified Educator Candidates are pushed to develop skills in supervising diverse groups facing their own blind spots and often finding the students to be their best teachers.

CECs take full opportunity to take issues that arise for them in these diverse settings to process in individual supervision. Peer groups also help CECs become clear on the issues that are before them. As these issues are clarified, focus turns to group dynamics and strategies. Issues like resistance to the CPE model, projection, or transference become opportunities for learning in the diversity and safety of a peer group.

ASSESSMENT AND EVALUATION

Competencies:

- *Incorporates understanding of personal/cultural development, educational and vocational history, religious/spiritual development, and CPE experience into practice of spiritual care.*
- *Uses tools for assessment, plan of care, intervention, and evaluation of outcomes appropriate to the care-seeker care context.*
- *Demonstrates basic knowledge of spiritual care assessment tools and human development.*
- *Articulates a basic understanding or how intervention choices are informed by assessment.*
- *Applies assessment data in order to promote growth and/or learning in others.*

The CEC participates in many forms of assessment and evaluation of their work as well as developing skills in assessing and evaluating students and the program. In the multicultural and multi-faith milieu of the clinical setting, a core component in assessing and evaluating student's work includes how the CEC is aware and understands their social location and the social location of their students. This evaluation reflects on issues of privilege and marginalization within society, the care-seeker population, the clinical environment, and the CPE program. This assessment may require advocacy for both care-seekers and students within the structure of the clinical environment and within the CPE program. This strengthens the effectiveness of the Site in responding to the diverse emotional, spiritual, and educational needs of the people served by the CPE program.

ACPE Standards provide the core criteria for evaluation. The core of program development is provided in the Standards and Accreditation Manual. The CEC becomes intimately knowledgeable about how those Standards are met through program structure and design. The objectives and outcomes of the different levels of training guide the writing of the students' final evaluations.

The philosophy of the Institution and the integration of the CPE program, also provide structured guidelines and assessment criteria. The CEC participates in management meetings and clinical committees which help the CEC form an understanding of the clinical environment; the CEC then becomes aware of how CPE contributes to the philosophy and mission of the Clinical Placement Site gaining a greater understanding of the Clinical Rhombus. The CPE program participants are expected to be actively involved with care-seekers and staff and are considered an important member of the multidisciplinary team. CEC's familiarity with the clinical environment and staff set the stage for the CEC to gather evaluative information from them regarding the pastoral work and presence of the students.

The CEC has the opportunity to participate on the PCC of the Program. The four Task Forces of the PCC evaluate and assess every aspect of the program including student feedback. They review compliance with ACPE Standards and make suggestions for performance improvements. The CEC is an active participant in this process and often is encouraged to develop improvements that respond to feedback. The CEC is encouraged to take leadership responsibilities in facilitating the work of the PCC.

COMPETENCY AREA: INTEGRATION

Certified Educator Identity Integration

Competencies:

- *Displays self-awareness and reflection in spiritual care practice.*
- *Demonstrates ability to utilize educational resources to develop reflectivity.*
- *Demonstrates emotional and spiritual maturity.*

The goal of CEC Education is to help the student find and claim their own voice and become able to speak of their own way of thinking, feeling and practicing supervision. In early units of supervision, the CEC may emulate their training Educator. In successive units, the CEC is expected to differentiate defining their own style and voice. Integration is evidenced as CECs not only become aware of their own style and preferences but can talk about their style in a way that helps others understand their preferences, how their life history, personality, and theology have influenced their development into a spiritual care provider and a CPE Educator.

The use of self is a crucial element in CPE supervision. An indicator of integration in the use of self comes as the CEC begins to develop a sense of security in their identity as an Educator allowing him/her to develop a healthy balance of connection and detachment. The CEC will be able to experience the work of supervision as meaningful and less consuming.

Integration is also evidenced when the CEC begins to understand their own personal power and the power of their position as an Educator. The CEC should begin to experience less defensiveness when the program or student's learning is resisted. The CEC should find the need for control lessen and CEC's response to student's more affirming and flexible making it easier to recognize and respond to the individual learning needs and goals of the student.

The process of integration in the use of self includes a developmental trajectory that begins with greater identity as an Educator at an initial stage but must evolve from sharing similar experiences and emotions to letting those emotions give knowledge to supervisory assessment and intervention.

SUPERVISORY PRACTICE INTEGRATION

Competencies:

- *Demonstrate awareness of self, including strengths and weaknesses in the educational process.*
- *Articulate clear motivation for entering a Certified Educator Program.*
- *Demonstrates commitment to self-evaluation and self-critique regarding one's own culture identities, norms, values, and practices.*
- *Provides examples of the use of behavioral sciences in spiritual care giving.*

Integration in supervisory practice requires an understanding of the complexity of this role and the ability to turn to a combination of different disciplines to inform one's supervision. Unlike other professions that require great depth in one discipline, CPE supervision requires acumen in theology, psychology, and education. In addition, the discipline of CPE supervision demands a high level of self-awareness and the use of self in supervision. Therefore, the CEC has the potential to develop a large chest of supervisory tools. Integration in supervisory practice is demonstrated as the CEC is able to make accurate assessment of learning issues and develop effective supervisory strategies resourcing the many tools taken from any one or from any combination of disciplines.

Integration in supervisory practice can be observed as a CEC is able to try an approach, evaluate its effectiveness, and change strategies if indicated. The ability to fail and stay engaged in the student's process is an indicator that the CEC has developed enough confidence in their abilities that ego is not totally dependent on success or "being right."

CERTIFIED EDUCATOR INTEGRATION

Competencies:

- *Demonstrates knowledge of the clinical method of learning and how it informs the structure of a CPE program and its constituent parts.*
- *Demonstrates ability to instruct and facilitate reflection in other learners or professionals.*
- *Identifies qualities of pastoral/spiritual care education that have benefitted or hindered one's own learning.*
- *Integrates educational theory; knowledge of behavioral science, applied clinical ethics, theology, and pastoral identity into supervisory function*

In current CPE practice and philosophy, the Certified Educator is most strongly associated with the role of Educator. While the complexity of the goals of CPE calls upon many roles such as spiritual care provider and therapist, it is the role of *Educator* that gives the greatest direction to defining the goals of CPE supervision. Therefore, it is a building block in effective supervision to understand the difference between therapist, spiritual care provider and Educator and when it is necessary and appropriate, to call upon the different roles while the focus remains on the student's learning goals. When blocks to the student's learning require referral or when the CPE model does not provide an environment that is conducive to a student's learning, the Certified Educator may need to access other roles to make effective interventions with the student. Moving from role to role and combining the roles as part of the Educator's identity is a strong sign of Certified Educator integration.

While the role of Certified Educator encompasses a wide base of disciplines, it becomes very important that the Certified Educator becomes clear about limits to their abilities and responsibilities. In the relationship between the student and the Certified Educator, it becomes crucial that the Certified Educator be able to clearly distinguish between their responsibilities and the student's responsibilities.

8.6 – Certified Educator Educational Model Design (cont'd)

While CPE supervision is a partnership between the Certified Educator and the student, it does have boundaries and guidelines. Integration for a CEC is demonstrated as the CEC becomes aware of those boundaries and is able to help the student understand the Certified Educator's role and what is expected of the student in this partnership.

Please see Appendix A for the Certified Educator Competencies Crosswalk.

Appendix A – Certified Educator Competencies Crosswalk

Certified Educator Competencies

READINESS FOR ENTRY INTO A CERTIFIED EDUCATOR PROGRAM	COMPETENCIES TO BE ATTAINED DURING PHASE I	COMPETENCIES TO BE ATTAINED DURING PHASE II
PROFESSIONALISM: *Values and Attributes, Ethics, and Reflective Practice & Self Care*		
Values and Attributes *Integrity, honesty, accountability, responsibility, relational*		
P1.1 Demonstrates knowledge of and adherence to attributes of integrity, honesty, personal responsibility, and accountability. P1.2 Deports oneself in a manner that reflects conduct and appearance appropriate to the context.		
Ethics		
A1. Demonstrates knowledge of ACPE Standards and Manuals, ACPE Code of Professional Ethics, and APC Common Code of Ethics for Chaplains, Pastoral Counselors, Pastoral Educators, and Students. A.2 Recognizes situations that challenge adherence to Standards and Ethics. A.3 Articulates knowledge of ethical theories appropriate to a spiritual care context. A.4 Upholds ethical behavior and protects the welfare of others within spiritual care practice	P1.3 Adheres to ACPE Standards and Code of Professional Ethics. P1.4 Demonstrates knowledge and application of ethical decision-making processes applicable to context. P1.5 Acts to understand and safeguard the welfare of others.	P2.1 Adheres to ACPE Standards and Manuals and ACPE Code of Professional Ethics as an Educator. P2.2 Deports oneself in a manner that reflects ethical conduct appropriate to the role and context of an Educator. P2.3 Engages in broader context to understand and safeguard the welfare of others. P2.4 Holds others accountable to ethical standards.

READINESS FOR ENTRY INTO A CERTIFIED EDUCATOR PROGRAM	COMPETENCIES TO BE ATTAINED DURING PHASE I	COMPETENCIES TO BE ATTAINED DURING PHASE II
PROFESSIONALISM (cont'd)		
Reflective Practice and Self-Care		
A.5 Displays self-awareness and reflection in spiritual care practice. A.6 Demonstrates ability to utilize educational resources to develop reflectivity. A.7 Demonstrates emotional & spiritual maturity.	P1.6 Utilizes reflection to enhance self-awareness, self-assessment, and self-monitoring to evaluate and enhance supervisory practice. P1.7 Understands and demonstrates the importance of self-care and its use for effective spiritual care and educational practice.	P2.5 Consistently uses and demonstrates self-care/spiritual care/wellness practices. P2.6 Engages in reflection to evaluate and enhance professional educational practice. P2.7 Demonstrates a broad range of self-awareness, self-assessment, and self-monitoring to evaluate and enhance professional practice. P2.8 Demonstrates emotional & spiritual maturity in educational practice.

READINESS FOR ENTRY INTO A CERTIFIED EDUCATOR PROGRAM	COMPETENCIES TO BE ATTAINED DURING PHASE I	COMPETENCIES TO BE ATTAINED DURING PHASE II
RELATIONSHIPS & IDENTITY *Relational Abilities, Identity Formation as Educator/Supervisor, and Cultural Awareness/Humility (within educational context)*		
Relational Abilities		
A.8 Demonstrates ability to form, maintain, and bring closure to spiritual care and collegial relationships. A.9 Engages and incorporates feedback with openness and curiosity. A.10 Demonstrates awareness of emotional self and the ability to translate awareness into spiritual care action. A.11 Communicates beliefs, thoughts, values, and feelings clearly through congruent verbal, non-verbal, and written skills. A.12 Respects physical, emotional, and spiritual boundaries in the practice of spiritual care.	P1.8 Demonstrates a consistent ability to form, maintain, and bring closure to relationships within educational and professional contexts. P1.9 Demonstrates a non-anxious and non-judgmental stance when engaging differences and managing conflict. P1.10 Demonstrates attunement to affective experience of care-receivers, students, and peers/colleagues. P1.11 Demonstrates understanding of how power dynamics influence the forming, maintaining, and ending of relationships within educational and professional contexts.	P2.9 Demonstrates and chooses appropriately from a range of theoretically informed relational interventions when engaging individuals and groups. P2.10 Facilitates dialogue and conflict resolution by attending to content and process of communication. P2.11 Monitors and evaluates the effects of one's identities, behaviors, affective experiences, attitudes, values, and beliefs on persons within educational and professional contexts. P2.12 Recognizes the impact of the psychological dynamics of projection, parallel process, and differentiation on the educational process.

READINESS FOR ENTRY INTO A CERTIFIED EDUCATOR PROGRAM	COMPETENCIES TO BE ATTAINED DURING PHASE I	COMPETENCIES TO BE ATTAINED DURING PHASE II
RELATIONSHIPS & IDENTITY (cont'd)		
Identity Formation as Educator		
A.13 Incorporates understanding of personal/cultural development, educational and vocational history, religious/spiritual development, and CPE experience into practice of spiritual care. A.14 Demonstrates awareness of self, including strengths and weaknesses in the educational process. A.15 Articulates clear motivation for entering a Certified Educator Program.	P1.12 Articulates an understanding of the role of Educator that is congruent with one's beliefs, attitudes, and personhood. P1.13 Recognizes how strengths and weaknesses affect one's own learning as well as the teaching of spiritual care, and adapts new behaviors as appropriate. P1.14 Demonstrates thorough grasp of pastoral identity and ability for educating others in the field of spiritual care.	P2.13 Articulates an understanding of the professional role of Educator. P2.14 Demonstrates use of self in creating educational environments that facilitate learners' reflection on and integration of their personal and professional values into the practice of spiritual care.
Cultural Awareness/Humility		
A.16 Demonstrates commitment to self-evaluation and self-critique regarding one's own cultural identities, norms, values, and practices. A.17 Provides spiritual care that is sensitive to individuals' social, religious, and cultural contexts. A.18 Demonstrates knowledge and awareness of how socio-economic and cultural systems and structures impact well-being of individuals and groups. A.19 Attends to power imbalances in ways that promote the well-being of individuals and groups.	P1.15 Demonstrates awareness of how culture affects professional identity, the educational relationship, and students' learning. P1.16 Demonstrates awareness of how one's own culture influences educational goals, assessments, and interventions. P1.17 Seeks clarification when negotiating differences and adjusts teaching methods as appropriate. P1.18 Applies knowledge, sensitivity, and understanding of how ACPE Ethics issues apply to working effectively with diverse learners.	P2.15 Exhibits capacity for self-reflection and self-critique around cultural biases and incorporates insights into appropriate educational strategies. P2.16 Applies knowledge, skills, and attitudes regarding dimensions of diversity to professional work.

Appendix A – Certified Educator Competencies Crosswalk (cont'd)

READINESS FOR ENTRY INTO A CERTIFIED EDUCATOR PROGRAM	COMPETENCIES TO BE ATTAINED DURING PHASE I	COMPETENCIES TO BE ATTAINED DURING PHASE II
EDUCATION *Curriculum Development, Teaching Skills, Assessment of Learning, Intervention and Consultation*		
Curriculum Development		
A.20 Demonstrates knowledge of the clinical method of learning and how it informs the structure of a CPE program and its constituent parts.	P1.19 Demonstrates the ability to analyze curriculum to identify strengths, weaknesses, omissions, and/or problems. P1.20 Demonstrates the ability to use analysis, design, selection, formation, and review to develop curriculum in the educational context. P1.21 Promotes flexibility and encourages experimentation and innovation within the educational context.	P2.17 Establishes a clear philosophy, theory, and overarching goals that guide curriculum. P2.18 Promotes and integrates interdisciplinary learning in the curriculum. P2.19 Demonstrates the use of feedback to evaluate achievement of the program's goals and objectives; identifies best practices and continuous improvement through curriculum revisions as needed.
Teaching Skills		
A.21 Exhibits the ability to mentor others on pastoral/professional functioning. A.22 Demonstrates ability to instruct and facilitate reflection in other learners or professionals.	P1.22 Demonstrates and utilizes an awareness of theories of learning and how they enhance and hinder teaching practice. P1.23 Demonstrates an ability to use and model the action-reflection-action method in the educational context. P1.24 Demonstrates an ability to assess the learning needs and styles of others and apply appropriate teaching methods and interventions.	P2.20 Demonstrates diverse didactic learning strategies and the ability to accommodate developmental and individual learning needs in multiple settings. P2.21 Implements, facilitates, and instructs others using appropriate teaching interventions.

READINESS FOR ENTRY INTO A CERTIFIED EDUCATOR PROGRAM	COMPETENCIES TO BE ATTAINED DURING PHASE I	COMPETENCIES TO BE ATTAINED DURING PHASE II
EDUCATION (cont'd)		
Assessment of Learning		
A.23 Demonstrates basic knowledge of spiritual care assessment tools and human development. A.24 Uses tools for assessment, plan of care, intervention, and evaluation of outcomes appropriate to the patient care context.	P1.25 Demonstrates basic knowledge of the theoretical and contextual basis of educational assessment. P1.26 Demonstrates awareness of the strengths and limitations of assessment during an interview process. P1.27 Knows how to formulate questions and evaluate the level of preparation and readiness of CPE applicants. P1.28 Assesses how persons learn and formulates a learning plan in alignment with stages of human development and diversity. P1.29 Acquires additional assessment methods to evaluate students' learning needs and individual learning styles. P1.30 Writes assessments reports and progress notes and communicates assessment findings verbally to educational colleagues/students.	P2.22 Identifies and applies appropriate assessment tools that inform educational planning. P2.23 Selects and implements means of evaluation that are responsive to and respectful of diverse individuals, groups, and context. P2.24 Shows evidence of cultural competence in assessing students from a variety of socio-cultural and spiritual backgrounds. P2.25 Shows mastery and ownership of assessment and interviewing tools appropriate to a variety of people, learning styles, and cultural/spiritual differences. P2.26 Communicates results in written and verbal form clearly, constructively and accurately in a conceptually appropriate manner.

READINESS FOR ENTRY INTO A CERTIFIED EDUCATOR PROGRAM	COMPETENCIES TO BE ATTAINED DURING PHASE I	COMPETENCIES TO BE ATTAINED DURING PHASE II
EDUCATION (cont'd)		
Intervention		
A.25 Articulates a basic understanding of how intervention choices are informed by assessment. A.26 Applies assessment data in order to promote growth and/or learning in others.	P1.31 Formulates educational strategies, plans, and interventions based worldviews and theories consistent with theoretical position papers. P1.32 Demonstrates the ability to select interventions, assessment tools, and consultation methods for different problems and populations related to the practice setting. P1.33 Demonstrates the ability to partner with students, drawing upon theories, program elements, outcomes, and strategies to help them meet goals and change behaviors.	P2.27 Assesses and responds to student needs independently and accurately. P2.28 Uses good judgement in unexpected or difficult educational circumstances. P2.29 Presents rationale for intervention strategies consistent with theoretical orientation.
Consultation		
A.27 Articulates an understanding of one's need for consultation in one's clinical context. A.28 Demonstrates the ability to learn from peers, recognize relational dynamics, and establishes collaborative and dialogical relationships. A.29 Demonstrates the ability to empower others to initiate and receive feedback in a clinical consultation.	P1.34 Demonstrates the ability to consult with peers or other professionals when presented with learning issues and ethical dilemmas. P1.35 Demonstrates the capacity to self-supervise and to apply knowledge of personal and relational dynamics in collaborating with peers, Educators/supervisors, students and other colleagues.	P2.30 Exhibits the regular use of supervision and peer relationships for support, clarification, and challenge in the practice and development of the art of supervised education. P2.31 Provides support and information as a consultant in professional and educational contexts.

READINESS FOR ENTRY INTO A CERTIFIED EDUCATOR PROGRAM	COMPETENCIES TO BE ATTAINED DURING PHASE I	COMPETENCIES TO BE ATTAINED DURING PHASE II
CONCEPTUALIZATION & THEORIES		
Spiritual Care Theology/Philosophy and History		
A.30 Articulates a theology/philosophy of spiritual care that is integrated with spiritual care practice. A.31 Articulates basic familiarity with the history of ACPE and the pastoral/spiritual care movement.	P1.36 Develops familiarity with several theologies/philosophies of spiritual care in order to inform educational practice. P1.37 Appropriates knowledge of ACPE history and applies it to educational practice.	P2.32 Applies a theological/philosophical framework for spiritual care and clinical pastoral education. P2.33 Uses knowledge of ACPE history to address present needs within ACPE, spiritual care, and educational practice.
Supervision and Behavioral Sciences		
A.32 Identifies qualities of pastoral/spiritual care education that have benefitted or hindered one's own learning. A.33 Provides examples of the use of behavioral sciences in spiritual care giving.	P1.38 Acquires knowledge of theories of supervision from other professional disciplines (e.g. Psychiatry, Social Work, and Nursing). P1.39 Develops a knowledge of the behavioral sciences that informs educational practice.	P2.34 Applies a theory of supervision to practice. P2.35 Demonstrates depth in the use of behavioral sciences for supervision/education.
Educational and Personality Theory		
A.34 Demonstrates awareness of the need for a theoretical foundation in education and personality development for Certified Educators.	P1.40 Completes the core curriculum for educational and personality theory; identifies and presents theories that inform one's educational practice.	P2.36 Demonstrates facility in articulating and applying educational and personality theories to educational practice.
Systems (Contextual) Theory		
A.35 Articulates awareness of the impact of systems and groups on individual persons.	P1.41 Develops a theory that orients educational practice beyond individual personal development to the larger (social/group) context ("Living Human Document" *and* "Living Human Web" or Living Human System").	P2.37 Demonstrates skill in CPE leadership that monitors and intervenes on behalf of both individuals and groups.

READINESS FOR ENTRY INTO A CERTIFIED EDUCATOR PROGRAM	COMPETENCIES TO BE ATTAINED DURING PHASE I	COMPETENCIES TO BE ATTAINED DURING PHASE II
CONCEPTUALIZATION & THEORIES (cont'd)		
Research Knowledge and Methodology		
A.36 Demonstrates basic research literacy and familiarity with evidence based practice in spiritual care.	P1.42 Demonstrates research literacy and awareness of evidence-based practice in education.	P2.38 Articulates and uses research outcomes in education.

READINESS FOR ENTRY INTO A CERTIFIED EDUCATOR PROGRAM	COMPETENCIES TO BE ATTAINED DURING PHASE I	COMPETENCIES TO BE ATTAINED DURING PHASE II
APPLICATION AND INTEGRATION *Curriculum Development, Teaching Skills, Assessment of Learning, Intervention and Consultation*		
Pastoral/Spiritual Care Practice *Provision of care; theological reflection; self-supervision*		
A.37 Demonstrates ability to provide care as a skillful, empathic, and compassionate spiritual caregiver. A.38 Demonstrates the connection between the provision of pastoral/ spiritual care and one's spiritual/theological foundation, religious heritage, and spiritual growth over time. A.39 Demonstrates ability to facilitate groups such as staff debriefings and support groups.	P1.43 Develops the ability to provide both education and care to students and to distinguish between the two. P1.44 Demonstrates the connection between theology and spiritual care theoretically and practically. P1.45 Practices reflection in the moment and adjusts practice in alignment with one's interior experience and emotional process.	P2.39 Models and teaches how to provide care respectfully, compassionately, and supportively. P2.40 Shows integration of personal theology and spirituality with one's practice of education. P2.41 Teaches others to reflect theologically in the practice of care. P2.42 Integrates self-supervision in the educational process through awareness of personal and interpersonal dynamics.

READINESS FOR ENTRY INTO A CERTIFIED EDUCATOR PROGRAM	COMPETENCIES TO BE ATTAINED DURING PHASE I	COMPETENCIES TO BE ATTAINED DURING PHASE II
APPLICATION AND INTEGRATION (cont'd)		
Practice of Supervision *Clinical Method of Learning; Process Model of Education; Program Design and Implementation*		
A.40 Articulates conceptual and practical understanding of the clinical method of learning as demonstrated through one's own experience.	P1.46 Uses the clinical method of learning to develop students' ability to reflect on their spiritual care practice and to make behavioral and intellectual modifications as needed. P1.47 Demonstrates a theoretical and practical understanding of the process model of education and applies theories of adult education. P1.48 Articulates the core components of a CPE unit theoretically and practically and develops curriculum accordingly.	P2.43 Integrates the clinical method of learning with the overall educational process and demonstrates the ability to guide students in their own learning trajectory. P2.44 Demonstrates mastery of the process model of education and addresses students' resistance to learning. P2.45 Successfully designs and implements a unit of CPE at Level I or Level II or in a mixed Level I and Level II group.
Integration of Theory and Practice *Use of Self; Conceptual understanding; Articulation of theoretical orientation informing practice*		
A.41 Demonstrates integration of theory and practice in the provision of spiritual care.	P1.49 Demonstrates use of self in building educational alliances that enhance interpersonal connection and communication. P1.50 Articulates the process of supervised education and uses clinical vignettes to demonstrate emerging theoretical foundation. P1.51 Articulates a theological and educational foundation, including the use of behavioral sciences, to understand context and content in the learning process.	P2.46 Provides an environment in which learning and self-reflection are deepened through use of self. P2.47 Articulates a well-formed theory of supervised education for the teaching/learning of pastoral/spiritual care in individuals and groups. P2.48 Demonstrates congruence between theory and educational practice through the critical purchase of one's theory.

READINESS FOR ENTRY INTO A CERTIFIED EDUCATOR PROGRAM	COMPETENCIES TO BE ATTAINED DURING PHASE I	COMPETENCIES TO BE ATTAINED DURING PHASE II
LEADERSHIP AND ORGANIZATIONAL DEVELOPMENT		
Organizational Systems		
A.42 Articulates understanding of organizational complexity and competing goals. A.43 Demonstrates awareness of multi-faceted roles in chaplaincy or pastoral/spiritual care context. A.44 Articulates the importance of and demonstrates ability to navigate interdisciplinary systems to accomplish shared goals for the benefit of care receivers.	P1.52 Demonstrates knowledge of how the organizational context of the educational program influences program planning. P1.53 Shifts roles in alignment with diverse educational and patient care contexts. P1.54 Demonstrates knowledge of strategies that promote interdisciplinary collaboration and education.	P2.49 Draws upon varied institutional resources within the educational context to enhance programming. P2.50 Builds interdisciplinary/inter-professional alliances for educational collaboration across diverse contexts.
Management and Administration		
A.45 Articulates awareness of differing leadership and management styles.	P1.55 Articulates approaches to management and leadership that enhance effectiveness appropriate to the organizational context. P1.56 Administers functional/technical aspects of a CPE program.	P2.51 Demonstrates ability to engage in dialogue with management and to support organizational leadership. P2.52 Demonstrates knowledge of administrative functions within a defined organizational context, including budget management, delegation of responsibilities, and daily functioning of workspace.

READINESS FOR ENTRY INTO A CERTIFIED EDUCATOR PROGRAM	COMPETENCIES TO BE ATTAINED DURING PHASE I	COMPETENCIES TO BE ATTAINED DURING PHASE II
LEADERSHIP AND ORGANIZATIONAL DEVELOPMENT (cont'd)		
Accreditation and ACPE Standards		
A.46 Demonstrates basic knowledge of current *ACPE Standards* and the *Common Qualifications and Competencies for Professional Chaplains* and how to access the documents. A.47 Understanding of the value of accountability to the accrediting body of ACPE for quality improvement.	P1.57 Shows developing ability to apply ACPE Standards to the educational context. P1.58 Shows initiative in establishing collegial relationships and contributing to the work of ACPE at the local level. P1.59 Demonstrates knowledge of requirements of CPE Center's ongoing compliance with Standards. P1.60 Participates in continuous program evaluation; tracks and applies changes in Accreditation Standards to the CPE Center.	P2.53 Demonstrates initiative and programmatic accountability in adhering to Standards. P2.54 Sustains relationships to local and national leadership structures for collegiality and program enhancement. P2.55 Demonstrates center-wide accountability through timely reporting, fiscal responsibility to ACPE, and compliance with Standards. P2.56 Demonstrates the necessary knowledge of and readiness to assume responsibility for maintaining Accreditation.
Continuous Improvement		
A.48 Articulates organizational strengths and weaknesses from current and previous spiritual care contexts. A.49 Articulates the role of chaplain/spiritual caregiver as a potential change agent.	P1.61 Demonstrates an understanding of the ways by which the strengths and weaknesses of a CPE program might be evaluated and addressed. P1.62 Demonstrates an understanding of the role of a CPE Certified Educator as an advocate on behalf of students and spiritual care within the organizational context and for the profession.	P2.57 Creates and/or utilizes quality assessment tools that assure the ongoing improvement of the CPE program; implements and documents resulting changes.