



Educator's Final Evaluation: Level 1A

Ochsner Health System

Educator: Colette Gaffney

Student: wendy perego

Type:

Unit Dates: 12/01/2023 - 5/31/2024

Outcome: Full Credit: Advances

About This Evaluation

What is being evaluated.

CPE is a method of learning spiritual care under supervision as developed by ACPE. It is a process model of education, based on the actual care of individuals and/or groups predicated on students' individual needs and goals that are compatible with program objectives. ACPE Educators evaluate students on objectives across five areas: Spiritual Formation and Integration, Awareness of Self and Others, Relational Dynamics, Spiritual Care Interventions, and Professional Development. Various indicators for each of these areas are evaluated below.

How this evaluation is scored.

Each item on this evaluation is scored on a four-point scale as follows:

A rating of 1 – The student did not engage with this indicator in this unit.	4 points.
A rating of 2 – The student is beginning to engage.	6 points.
A rating of 3 – The student meets expectations.	8 points.
A rating of 4 – The student exceeds expectations.	10 points.

The total score is calculated by adding the corresponding number of points (above) and dividing by the total number of points possible. To advance, a student must score at least 80%. To receive 1 credit, a student must score at least 70%. To get a half credit, a student must score at least 50%. If a student scores less than 50%, no credit is given.

Introduction

CONTEXT OF CPE CENTER

Ochsner Medical Center is part of Ochsner Health, a non-profit, academic, multi-specialty healthcare system. Ochsner Medical Center is located on Jefferson Highway, near Uptown New Orleans and includes acute and sub-acute facilities and centers of excellence. Ochsner Cancer Institute, Ochsner Multi-Organ Transplant Center and Ochsner Heart and Vascular Institute. As a 767-bed acute care hospital, Ochsner Medical Center offers the opportunity to learn and provide patient care at a Magnet facility with three Centers of Excellence, all while gaining exposure to complex medical cases. This campus is also one of six training sites in the world for robotic surgery and is nationally known for many skilled physicians. The Department of Spiritual Care at Ochsner is an integral part of the treatment team. It provides a spiritual presence to those who are confronted with chronic illness, disease, and possible death. Spiritual presence enables persons to call upon and utilize their own faith resources to cope with the dynamics of anxiety, loss, and grief that illness and disease may bring. Spiritual presence is also important to the medical teams in the critical care areas and staff all around the hospital. The Mission of the Spiritual Care and Education Department is to provide excellent spiritual, emotional and ethical support to patients, families, staff, and visitors in the healing process, to provide educational opportunities in spiritual care to the institution and to faith communities and their leadership while attempting to honor all faith traditions within the institution.

PEER GROUP

The Winter/Spring 2023-2024 CPE hybrid intern group consisted of 2 intensive online students (in Level 2A), 6 extended online students (5 in Level 1A and one in Level 2B). The following religious traditions were represented: 1 Seventh Day Adventist, 2 Baptist, 1 Roman Catholic, 4 non-denominational Christians. Demographically, students' ages ranged from their 30s to early 60s, there were 3 cisgender woman and 5 cisgender men, and 1 Ghanaian, 1 Brazilian, 2 Black Americans, and 4 White Americans.

CLINICAL ASSIGNMENT AND STRUCTURE OF THE UNIT

On-line students complete clinical placement agreements with the spaces they are hired as chaplains and/or pastors or complete their clinical hours in the Ochsner nearest them. 1 student was placed at Ochsner-LSU Shreveport, 1 at Ochsner-LSU Monroe, 3 student was placed at Ochsner-Baton Rouge, 1 student was placed at Ochsner-West Bank, and 1 student was placed at Ochsner Lafayette General. This provides them with an experience of the hospital while supporting the work that they are hired to. In addition to being placed at these Ochsner locations these students are chaplains in hospice facilities, other hospitals, and Louisiana National Guard and pastoral caregivers in their churches. During the educational hours students present learning events (verbatim for Level 1 Students and Board-Certification materials for the Level 2 student), participate in mid-unit process group, read and reflected on Taking Up Your Role by Sundlin and Sundlin, and completed synchronous didactics: Seeking Consultation in CPE: The Clinical Method of Learning, Quit the "Yes But" and Embrace the "Yes And:" Listening Lab, Systems-Centered Thinking in Spiritual Care, Learning Vision Boards, Introduction to Decedent Care and EPIC charting: The Role of Administration in Spiritual Care, Ochsner's Spiritual Care Philosophy: Interfaith Healthcare Chaplaincy, Spiritual Assessment in Patient Care, Narrative Theory in Spiritual Care, multiple ethics case studies, Healing through the Dark Emotions, Attachment Theory, Palliative Care, Sickle Cell Disease and Spiritual Care, and Internal Family Systems.

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. The following indicators measure student success in the area of spiritual formation and integration.

- 3 IA.1 Identify formative and transformative experiences in one's narrative history and their significance to one's spiritual journey.
- 3 IA.2 Articulate awareness upon reflection of when a care encounter intersects with elements of one's narrative history.
- 3 IA.3 Demonstrate a knowledge of one's social identity as related to spiritual care.
- 3 IA.4 Articulate awareness upon reflection when a care encounter intersects with elements of one's social identity.
- 3 IA.5 Describe how one's values and beliefs about spiritual care are part of one's orienting systems.

Educator Comments

Wendy has taken to chaplaincy like a duck takes to water. Wendy has become more confident in her role as a chaplain working on her formational goal of overcoming shyness and asking for what she needs. She has been consistently self-reflective in class and willing to be curious about how her own story, values, beliefs, and assumptions effect her practice of spiritual care. I encourage her to continue this and am excited to see what else she will learn as a result.

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. The following indicators measure student success in self- and other-awareness.

- 3 IA.6 Demonstrate knowledge of the varieties of self-care and initiate the use of self-care practices.
- 3 IA.7 Demonstrate an awareness of implicit and systemic bias including cultural and value/belief-based prejudice and its impact on spiritual care.
- 3 IA.8 Demonstrate respect for the orienting systems of others arising out of a sense of common humanity.

Educator Comments

Wendy has started good practices of self care throughout her clinical hours and I encourage her to continue these as she

progresses as a chaplain. She has a good handle on her implicit biases and is continuing to learn how bias effects spiritual care and healthcare in general. I have received feedback from her preceptor that she exemplifies an interfaith chaplain and the team has been impressed by her ability to care for people from all walks of life.

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. The following indicators measure student success in relational dynamics.

- 3 IA.9 Demonstrate knowledge of and initiate use of empathy in spiritual care contexts.
- 3 IA.10 Demonstrate knowledge of and initiate use of healthy relational boundaries in spiritual care contexts.
- 3 IA.11 Demonstrate an understanding of group dynamics as it relates to spiritual care encounters and the learning process.

Educator Comments

Wendy has connected more and more with her own emotions and those of her patients, releasing the need to say the right thing and simply be with people in their suffering while respecting healthy boundaries. I encourage her to continue to explore group dynamics in the healthcare context to deepen her professional practice of spiritual care.

D. Spiritual Care Interventions

Spiritual care providers inhabit a role that necessitates specialized knowledge and skills to address spiritual care needs. The following indicators measure student success in using spiritual care interventions.

- 3 IA.12 Demonstrate the ability to represent one's role and function when initiating spiritual care relationships.
- 3 IA.13 Demonstrate an understanding and initiate use of communication styles and skills in spiritual care relationships.
- 3 IA.14 Demonstrate an understanding and initiate the use of spiritual resources that address spiritual wellbeing.
- 3 IA.15 Demonstrate an understanding of the difference between spiritual assessments and spiritual histories/screens.
- 3 IA.16 Demonstrate an understanding of the role of documentation in the provision of spiritual care.

Educator Comments

Wendy has made a major transition into hospital chaplaincy with a lot of humility and skill. She is a respected member of the spiritual care team, someone the team knows they can rely upon to provide compassionate and respectful spiritual care. The only skill I assess Wendy could spend more time on is doing an evidence based spiritual assessment. She has begun to make use of Spiritual AIM and only needs to continue to integrate that tool into her daily spiritual care practices and documentation.

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. The following indicators measure student success in this professional development.

- 4 IA.17 Demonstrate an awareness and initiate use of the clinical method of learning (action-reflection-new action).
- 3 IA.18 Demonstrate an awareness of and adherence to mandatory reporting requirements and professional codes of ethics relevant to one's context.
- 4 IA.19 Demonstrate through one's behavior the attributes of integrity and honesty in one's spiritual care practice and learning process.
- 4 IA.20 Represent and conduct oneself in a manner that is appropriate to the context.

- 4 IA.21 Demonstrate knowledge of the role of consultation in the learning process of spiritual care.
- 3 IA.22 Demonstrate awareness **of one's ability to receive and engage feedback** related to one's learning process of spiritual care.
- 3 IA.23 Demonstrate awareness of one's ability to offer **feedback** related to the learning process of spiritual care.
- 3 IA.24 Demonstrate an understanding of how spiritual care interacts with and is part of the larger care team.
- 3 IA.25 Demonstrate an awareness of how research is relevant to spiritual care.

Educator Comments

Wendy brings a gentle, persistent curiosity to her peer group, asking invaluable and specific questions about the practice of spiritual care that have helped the entire group grow as a result. As she becomes more integrated at Ochsner-LSU Health I encourage her to focus on her interdisciplinary relationships and embrace her role as a subject matter expert on spiritual health and spiritual care.

Concluding Remarks & Recommendations

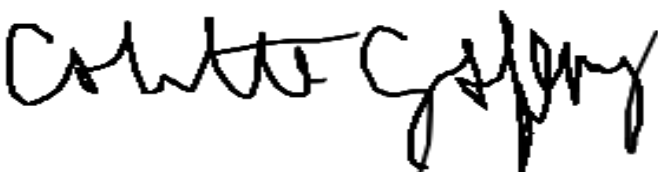
Wendy, it has been a joy working and learning with you this unit. Thank you for your curiosity and willingness to jump into the deep end of chaplaincy!

Student Rights and Responsibilities

1. This report has been made available to the student within 21 calendar days of the completion of the unit. If not, this evaluation documents the extension arrangements discussed with the accreditation commissioner and the student.
2. Students can respond formally by writing an addendum, if they choose, only after discussing this report with their educator. This addendum (written response) then becomes part of the student record, and will be displayed below.
3. If the student chooses to respond formally by writing an addendum, the student is responsible for choosing "add addendum" when receiving a copy of this report, and sends the addendum to their educator, who will electronically add the addendum to this document.
4. The timeline and deadline for student response and return of the educator's evaluation are established by the center's policies.
5. It is the student's responsibility to retain copies of this report and all evaluations written by the student and educator.
6. The CPE Center will retain copies of both documents for 10-years from the date the evaluation was sent to the student. After 10 years, the center's record retention policy will determine what will happen with the documents.
7. These evaluations will not be available to anyone else except with written permission from the student. Exceptions: see ACPE Guide for Student Records in the Accreditation Manual.

Student Addendum

Signatures



Colette Gaffney

ACPE Certified Educator
Signed: June 19, 2024

June 19, 2024