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Theology at the coal-face of hospitalisation -

The Development and Evaluation of a Postgraduate Certificate in Healthcare Chaplaincy

Mitchell, D., Sneddon M., O'Neill A., Kennedy S.

Abstract

Healthcare chaplaincy is working towards recognition as a registered health profession. An accredited programme of professional education is part of that process. The University of Glasgow supported by NHS Education for Scotland have developed a programme of professional education for healthcare chaplains that is integrated into an MSc. (MedSci) in healthcare. This article outlines the commissioning, development and evaluation of a postgraduate certificate in healthcare chaplaincy by students, clinical mentors and experienced healthcare chaplains. It also highlights an innovative approach to practice development in spiritual and religious care in healthcare.

Key Words:

Capabilities, chaplaincy education, competences, continuing professional development, spiritual and religious care

Introduction

Continuing progress in the professional development of healthcare chaplaincy has been well documented in the Scottish Journal of Healthcare Chaplaincy. The publication of NHS HDL (76) 2002 updated as CEL (2008) 49 set the context of the national agenda and what patients, family/carers, staff and volunteers could expect in respect of spiritual and religious care from NHSScotland and was the first step in a three tier process of professional development (NHS 2002, NHS, 2008). In 2007 the publication Standards for NHSScotland Chaplaincy Services detailed what NHS Boards could expect from their chaplaincy services which, for the first time, could now be audited (AHPCC, CHCC, SACH, 2007). The final tier was the publication in 2008 of the Spiritual and Religious Care Capabilities and Competences for Healthcare Chaplains which gave substance to the knowledge and skills required of individuals to function as healthcare chaplains (NES, 2008)

Alongside these core documents the four professional organisations in the UK have moved from a position of differing agendas to a place of common ground where they are actively working together to promote the professional development of healthcare chaplaincy: the Association of Hospice and Palliative Care Chaplains (AHPCC), The College of Health Care Chaplains (CHCC), the Scottish Association of Chaplains in Healthcare (SACH) and the Northern Ireland Healthcare Chaplains Association (NIHCA). The creation of the UK Board of Healthcare Chaplaincy (UKBHC) in 2008 brought the four professional organisations and the Chaplaincy Academic Accreditation Board to a common agenda to develop the professional agenda of healthcare chaplaincy across the UK.

One significant component that was missing was a professional qualification for Healthcare Chaplains. The UKBHC agreed that since chaplaincy was a graduate profession, chaplaincy education should be at postgraduate Masters level. It was also agreed that the minimum requirement to work as an Agenda for Change Band 6 Chaplain should be a Postgraduate Certificate.

Commissioning a PG Certificate in Healthcare Chaplaincy

The publication of the NES (2008) Spiritual and Religious Care Capabilities and Competences for Healthcare Chaplains provided the framework for developing a programme of professional education for Healthcare Chaplains. Following a process of national consultation and tendering with Universities in Scotland, the Division on Nursing and Health Care, University of Glasgow, was awarded a grant to develop a Postgraduate Certificate in Healthcare Chaplaincy and to integrate the certificate programme within the existing MSc. (MedSci) in Health Care programme. The chaplaincy programme accepted its first students in September 2009 with further financial support from NES who funded the first cohort of 12 students. In addition NES appointed a project group of experienced specialist and lead chaplains to support the initiative.

Programme development

Under the terms of the NES contract the programme was to be developed to meet the competences/practice learning outcomes contained in the Spiritual and Religious Care Capabilities and Competences for Healthcare Chaplains (NES, 2008). To enable the programme to be accessed by students across Scotland the programme was to be taught using on-line distance learning supported by study days: a 'blended learning' approach. The university appointed an experienced Board Registered healthcare chaplain with experience in developing Masters level education programmes as programme leader. In compliance with the conditions set by NES the healthcare chaplaincy programme was developed using the University's Moodle Virtual Learning Environment (VLE) supported by on-line discussion forums, and using study days to enable students to engage with clinical experts and share experiences and learning.

Programme Structure.

Working from the NES (2008) Spiritual and Religious Care Capabilities and Competences for Healthcare Chaplains the following programme aims were developed:

- Educate and train healthcare chaplains that are safe to practice;
- Develop advanced knowledge and understanding of healthcare chaplaincy practice within a multidisciplinary learning environment;
- Equip students with intellectual abilities applicable to their work environment and engage in the advancement of healthcare chaplaincy practice;
- Enhance the intellectual ability of specialist and advanced practitioners to consider healthcare chaplaincy practice through a variety of theoretical frameworks;
- Enable the development of academic foundations to support the delivery of evidence based spiritual and religious care within a dynamic healthcare environment;
- Develop graduates able to critically appraise the evidence base and contribute to the delivery of advanced and specialist practice;
- Demonstrate achievement of professional competencies for specialist practice
- Develop graduates who will emerge with the capacity to be Board Registered healthcare chaplains with the UK Board of Healthcare Chaplains.

The programme offers three M level 20 credit courses which comprise the 60 credit Postgraduate Certificate (see Fig. 1). Two new courses were developed to meet the NES (2008) competences/practice learning outcomes and although developed specifically for chaplains they were written in such a way that they are appropriate as optional courses to students of all healthcare disciplines. This integrated approach supports multidisciplinary education in spiritual and religious care in healthcare.

A third and existing multidisciplinary course supported by clinical mentors (experienced chaplains) was adapted to evidence those competences that ensured chaplaincy students not only had the academic knowledge and skills required to function as chaplains, they were also safe to practice. This course had a proven record in enabling healthcare professionals to evidence the integration of theory and practice and through focusing on their own practice and setting encourage the development of new and enhanced initiatives to improve the delivery of care.

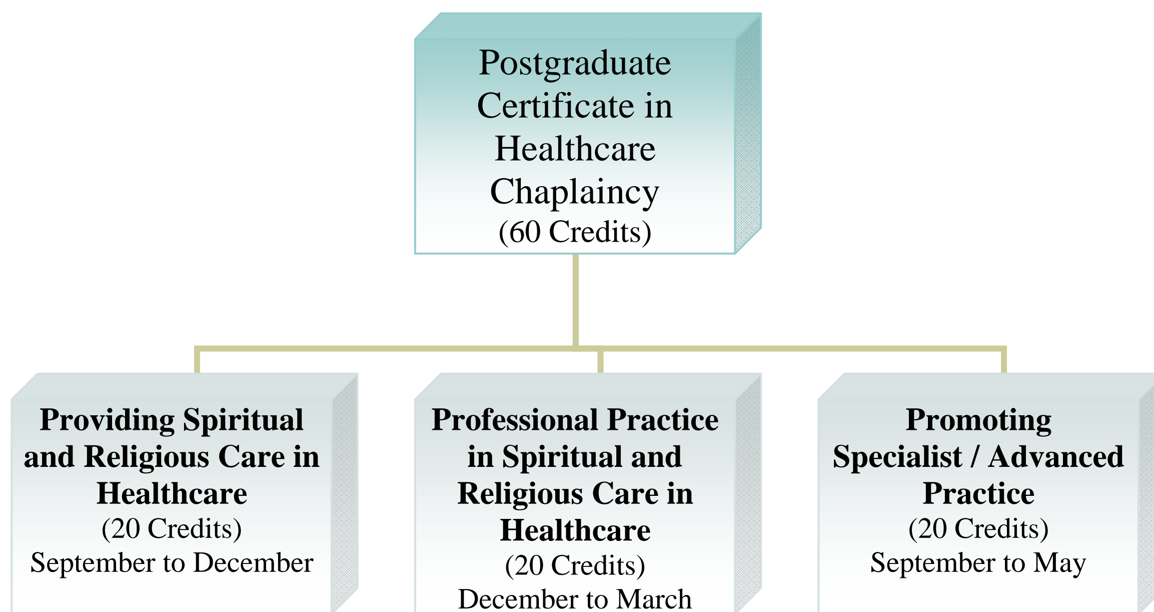

Fig.1

Blended Learning

The learning materials were developed to enable students to evidence the Spiritual and Religious Care Capabilities and Competences for Healthcare Chaplains (NES 2008). All three courses were mapped to those competences that demonstrated knowledge and skills in healthcare chaplaincy, while the generic Promoting Specialist/Advanced Practice was also used to evidence those competences that required to be evidenced in practice, for example: 3.2.1. Build working relationships with staff, volunteers and groups.

The Moodle VLE was used to facilitate student learning and link theory with experience. Weekly sessions were structured as follows:

- Introduction and Guided Reading to introduce the topic
- Activity – related to further reading and practice
- Discussion Forum – Students post their findings and comment on each other's work

Alongside the on-line activities clinical experts (experienced chaplains) delivered face to face teaching and discussions on study days.

Each course has a formative assessment of written work or a presentation which is used to give constructive feedback. A summative assessment is used to grade the students work. In the two new courses a 2,500 word written assignment links a summary of the on-line learning materials and enables the students to select one topic to analyse in-depth. The Promoting

Specialist/Advanced Practice course uses a Portfolio of reflection and evidence of competency as the summative assessment thus grounding theory in practice.

Mentorship

Those students who were not already employed as chaplains were required to undertake a supervised voluntary placement of at least one half day per week in order to evidence the competences and gain experience to support academic learning and reflective practice. All students selected an experienced healthcare chaplain to act as a clinical mentor.

The university would normally identify experienced clinicians as mentors, however, as this was a new programme the criteria applied were that the mentor should be an experienced chaplain (Agenda for Change Band 6 or above) and be Board Registered with the UKBHC. Mentors would be supported by training days and work in partnership with academic staff to support the students.

Experience from the existing nursing version of the Promoting Specialist/Advanced Practice course suggested that students should where possible choose their own mentor. From the student choice it was clear that a number of models of mentorship were being chosen and these were piloted in order to gain experience and troubleshoot any difficulties. The models included mentors who were:

- line managers;
- clinical supervisors;
- off-site mentors;
- supervised voluntary chaplaincy placement.

A supervised chaplaincy placement was arranged to facilitate those new to chaplaincy and seeking to enter the profession.

The First Cohort

The first cohort of 12 students was funded by NES. The terms of the NES contract specified that the students should be representative of the health boards across Scotland, be a mix of experienced chaplains and those new to the profession, include chaplains from the four specialties of acute, children, mental health and hospice/palliative care and also a spread of full-time and part-time chaplains.

Of the 16 applications who met the entry requirements 11 were offered a place to complete the three course programme in one year, two who wished to study over more than one year used the remaining place. In addition the University agreed to admit one additional student in training for the Christian ministry. This was to pilot the use of a ‘voluntary chaplaincy placement’ for those seeking to enter the profession. The remaining two applicants were offered place for the course the following year.

Professional accreditation

In 2009 the UK Board of Healthcare Chaplaincy (UKBHC) adopted the NES (2008) Capabilities and Competences for Healthcare Chaplains for use across the UK. The University applied for accreditation of the programme and was awarded the maximum 45 CPD points over 3 years.

Programme Evaluation

Student evaluation was carried out using the standard University evaluation form on Moodle, supported by verbal feedback from students and mentors. The student evaluations were very

positive with 90% agreeing or strongly agreeing that they were satisfied with the course organisation, structure, support and teaching and that the course had enhanced their learning.

However, students experienced great difficulty in adapting to a style of academic writing where the supporting evidence comes from professional journals that need to be literature searched and be current. This was borne out in the submissions for the first formative assessment where the students cited mainly pastoral theology books from their previous theological study. While the theological study all students had experienced previously regularly utilises books that rarely go out of date and contribute to the depth and understanding of the subject, the recommendation for healthcare study is that all evidence should be current and normally within the last five or ten years. A further difficulty was the dearth of credible chaplaincy research and publications. Apart from the considerable resources in the Scottish Journal of Healthcare Chaplaincy most literature on spiritual and religious care was to be found in the professional journals and textbooks of Nursing and the Allied Health Professions, all of which required literature search skills to acquire.

In addition to the challenges of academic writing *considerable stress* was experienced by students who had not arranged dedicated study time with their line manager. The students found difficulty in keeping pace with the learning activities and balancing work, study, home and family. As a result four students deferred courses to enable them to study over two years and have since negotiated study time with their line manager.

When invited to record any other comments on the course as part of the student evaluation the following were noted:

- *The course has helped in expanding my own knowledge and pushing my boundaries - as a result I have had to think and act out with my usual comfort zones.*
- *The course has challenged me to think my theology at the coal-face experience of peoples' real need when faced with hospitalisation and illness. It has enhanced my self confidence and highlighted the complexity and demands of the role.*
- *(The course)has enhanced my self-confidence and highlighted the complexity and demands of the role*
- *Aided(me) in learning and practice for the real job – not just academic work*

The blended learning approach of on-line learning supported by study days enabled students from all geographical areas of Scotland to study from home and work while also giving the opportunity to engage with peers and experienced clinicians. The additional support of clinical mentors enabled students to evidence that not only did they have the knowledge and skills required for this specialist area of care, they were also safe to practice.

Student evaluations were very positive on the course structure, organisation, teaching and support. However there was clearly difficulty with literature search skills and the transition from theological study and reflection to healthcare study and reflection; and in finding the balance between academic study, home, work and family commitments. To integrate academic study and clinical practice a number of models of clinical mentorship were piloted and have been demonstrated to work well with minor changes recommended.

In response to the programme evaluation the following changes are being been made:

- The admission process and pre-course information for the programme has been amended:
    - all students will require a letter of support from their line-manger

    - all students will be given pre-course information on literature searching and academic writing skills.
- The guidance for clinical mentors will be revised to recommend supporting one student at a time
- The minimum for commitment voluntary chaplaincy placements will be one full day per week.

Evaluation of Mentorship

During the initial mentors training day it was evident that all mentors were experienced chaplains and shared a genuine willingness to support their colleagues in study. However, there was considerable apprehension as to what exactly was required particularly around the portfolio assignment, the mentor report forms and how to evidence safety to practice. A follow up mentors training day was held six months later and a verbal evaluation of the mentors challenges and experiences conducted.

Of the challenges for mentors the greatest concern was in understanding what was required for the student portfolio. This was a new way of learning for mentors and students and some had experienced a lack of clarity in how to evidence the competences. The mentors were challenged in finding a balance in how much to offer in the way of support to the students while at the same time encouraging them to take responsibility for their own learning. This had two aspects: did the mentor help literature searching for example or encourage the student to learn the skills; should the mentor contact the student or wait till the student made contact? Following a discussion on these issues it was clear the mentors had found a balance in supporting and encouraging and were reassured by sharing their experiences.

A number of mentors in senior positions felt challenged by the students asking questions, raising ideas and challenging around procedures that are not in place and maybe should be, however, these were perceived as positive challenges. This demonstrates the potential of the programme to enhance and develop procedures and practices of the course participants and those in their workplace settings.

When reflecting on the different models of mentoring the general consensus was that despite initial apprehension mentoring had been a positive experience and the visible changes in the students' development and practice was convincing. The various models were evaluated as follows:

- **Mentor and Manager**: This model worked well and fitted in with normal department routine. All students using this model chose a separate clinical supervisor.
- **Mentor and Clinical Supervisor**: This model also evaluated well with mentor and student able to distinguish the two roles.
- **Mentoring student off-site** (e.g. different health board): Despite initial concerns that visiting and sitting in on pastoral encounters to evidence practice would be intrusive, the experience was that this worked well and felt natural. Good use was made of e-mail for support between visits.
- **Mentoring a voluntary chaplaincy placement**: Although in principle this method was practical for mentoring students new to the profession it was clear that the recommended one half day a week was not enough time. To allow for placement supervision and for the student to develop clinical experiences and activities to evidence the competences it was recommended the minimum time for a placement should be increased to one full day per week.

While all models evaluated well one mentor who had supervised two students found the workload considerable and recommended that in future mentors should only support one student at a time.

Progression to Diploma/MSc.

In noting the dearth of literature from chaplaincy sources outlined above it is hoped that students will progress beyond the certificate to Diploma and MSc qualifications. This would include the study of research methods, research projects and dissertations which will hopefully lead to publications. It is already encouraging to note that two students have been encouraged to take particular pieces of academic work and develop them into journal articles for publication. To date seven (50%) students have expressed an interest in continuing their study to Diploma or MSc.

Conclusion

The development of a Postgraduate Certificate in Healthcare Chaplaincy takes healthcare chaplaincy closer to the aim of the chaplaincy professional organisations and the UK Board of Healthcare Chaplaincy: registration as a healthcare profession. The development of the Spiritual and Religious Care Capabilities and Competences for Healthcare Chaplains framework provided the basis for the development of a programme of professional education which is a necessary step in the registration process (NES, 2008; UKBHC, 2009). The guidance and direction from NES helped root the programme in an existing MSc in Health Care and enables chaplains to study in a multidisciplinary context.

This programme offers experienced chaplains and those new to the profession the opportunity to gain core skills in the delivery of spiritual and religious care and through the clear link between theory and practice enables chaplains to develop, enhance and evidence their practice and so improve and develop spiritual and religious care services and care.

Authors

Rev. David Mitchell, Consulting Editor and Programme leader, Healthcare chaplaincy University of Glasgow, Glasgow
Margaret Sneddon, Head of School University of Glasgow, Glasgow
Dr. Anna O'Neill, MSc (MedSci) Health Care Programme Director University of Glasgow, Glasgow
Susan Kennedy, BHF Cardiovascular Care Lecturer. University of Glasgow, Glasgow

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