

VERBATIM²

VERBATIM TO THE SECOND POWER: A BEST PRACTICES PROTOCOL FOR CPE STUDENTS

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Background

Toward more effective ministry, clinical pastoral care has recently joined with medicine and its ancillary disciplines in attention to *best practices*. The APC has asked that descriptions of members' best work be sent to its Commission on Quality in Pastoral Services. The AAPC's Wesley L. Brun has called pastoral counselor colleagues to help integrate successful interventions into the DSM IV diagnostic category description, "Religious or Spiritual Problem."

You, the CPE student, can experience a deeper level of learning through a second round of verbatim study (verbatim²) while at the same time contributing to this important *best practices* effort. How? Father Henry Heffernan invites you to consider what constitutes an ideal intervention (*best practice*) in a given pastoral situation by having you select a verbatim already presented to the peer group on which to base an *Ideal Intervention Paper* (IIP). Your paper will be considered for entry into an ACPE Research Network database. Once a significant number of these IIPs has been assembled, patterns can be identified, common approaches in similar situations can be recognized, and categories of *best practices* will emerge.

The Challenge

The ethical imperative and professional challenge is to join in these timely efforts to learn at a deeper level, to contribute to the cause of *best practices*, and most importantly, to better serve the spiritual needs of patients and family members. Your IIP will contribute significantly in these vital ways.

IIP Protocol

As noted above, you will review one of your verbatims previously presented to your peer group in the light of comments and suggestions by those peers and supervisor(s). You then write concise descriptions of 1) what you first perceived, and then 2) what you learned from peer feedback would have been a more ideal pastoral intervention (*best practice*). The resultant IIP should provide information sufficient for another chaplain to make a more informed intervention with patients or families with similar characteristics and spiritual needs.

Format The IIP should be prepared as a Word document suitable for forwarding as an e-mail attachment.

Title Ideal Intervention Paper.

Heading The heading should include your name, ACPE Center, level and dates of the unit of CPE, and the name of your ACPE Supervisor, similar to a verbatim record of care heading.

Central Issue Identifier To assist persons accessing the database for *best practices* involving situations similar to their own, your IIP should identify the central issue. Examples taken from experimental IIPs are coding infant, undiagnosed illness, end of life integrity, sudden unexpected death, and pastoral etiquette (when the patient's pastor is present).

Problems and Needs of the Patient or Family, Initially Understood Describe the problems and needs of the patient or family *using only past tense verbs* as understood prior to your verbatim presentation to the peer group.

Problems and Needs of the Patient or Family, Ideally Understood After your verbatim presentation to the peer group, record here *using only future perfect tense verbs* (I would have hoped to know) what would have been the ideal understanding with regard to problems and needs.

Purpose of the Intervention, Initially Understood State here *using only past tense verbs* what brought you to the situation and what your desired purpose was, as understood prior to your verbatim presentation to the peer group.

Purpose of the Intervention, Ideally Understood After your verbatim presentation, enter here *using only future perfect tense verbs* what would have been a more appropriate purpose.

Cognitive and Emotive Content of the Communications, Initially Understood Reproduce here key excerpts from the actual verbatim as presented to the peer group, including nonverbals in parentheses. Then comment on your pre-presentation understanding of cognitive and emotional themes *using only past tense verbs*.

Cognitive and Emotive Content of the Communications, Ideally Understood After presentation to the peer group *using only future perfect tense verbs* note how your understanding of the cognitive and emotive content was changed.

Hoped-for Phases in the Visit, Initially Understood *Using only past tense verbs* set forth the phases of the visit that you wanted to occur prior to presentation to the peer group.

Hoped-for Phases in the Visit, Ideally Understood Enter here *using only future perfect tense verbs* a description of how your perceptions of the hoped-for phases were altered by feedback from the peer group presentation.

Measurable Outcomes to be Achieved in the Visit, Initially Understood Note here the measurable outcomes hoped for at the outset of the visit *using only past tense verbs*.

Measurable Outcomes to be Achieved in the Visit, Ideally Understood Describe how your understandings of the measurable outcomes to be achieved were altered by feedback from the peer group presentation *using only future perfect tense verbs*.

Theological Reflections, Initially Understood Place here excerpts from your theological reflections at the conclusion of the verbatim prior to presentation to the peer group *using only past tense verbs*.

Theological Reflections, Ideally Understood Note changes in your thinking about the theological dimension after the peer group presentation *using only future perfect tense verbs*.

Other Comments (optional)

Disposition Send your IIP to Henry Heffernan at hheffernan@gonzaga.org as an e-mail attachment.

IIP Presentation to the Peer Group (Optional)

Your supervisor may choose to ask for the presentation of IIPs in the peer group to make maximum use of your “verbatim²” learnings (verbatim³?). If so, you may opt to incorporate any further insights gained from this presentation before forwarding the IIP to Father Heffernan.

The ACPE Research Network Website

Convener John Ehman cordially invites you to visit the ACPE Research Network website at www.acperesearch.net for more background information on the IIP project and for current clinical pastoral care and CPE research news.