

## **THE CPE STUDENT'S MANUAL FOR AN IDEAL INTERVENTION PAPER: A STRUCTURED DESCRIPTION OF A PATIENT VISIT**

In this exercise a CPE student is assigned the task of reviewing one of her or his verbatims in the light of peer comments and the supervisor's suggestions, and then writing a detailed description of what the student perceives would have been an ideal pastoral intervention with that patient, and very likely also would be an ideal way to provide a pastoral intervention for other patients who might have closely similar characteristics, spiritual needs, and existential problems. The methodology for this writing exercise is to follow a detailed outline of topics that address the different dimensions and aspects of the patient visit. The structured format of the paper's sections is designed to provide all the information that would be necessary and sufficient for enabling a chaplain, years from now, as well as other chaplains, to conduct this ideal pastoral intervention with other patients who have similar characteristics and spiritual needs.

This Ideal Intervention Paper (IIP) exercise, usually assigned after the midpoint of a CPE Unit's schedule, is designed to bring the student's learning and reflection on pastoral experiences during the first half of the Unit to a higher level of conscious understanding and articulation, and to introduce the student to the processes essential for professional analysis and synthesis of pastoral experience. This exercise can be the student's first experience in pastoral research.

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## ***I - Introduction: from a Verbatim to an Ideal Intervention Paper.***

After a visit with a patient, a chaplain will have a sense of what went well in the visit, what the chaplain said or did that resonated well with the patient, and what benefit the patient received from the visit. This intuitive sense of how the visit evolved will fade from memory fairly quickly unless it is made more conscious and explicit through the exercise of writing a verbatim of the visit. The text of the verbatim will express explicitly various aspects of the experience of the patient visit, but usually will not capture many of the deeper intuitive perceptions that lie just beyond the scope of consciousness and the ability to put them into words and coherent sentences. However when the verbatim is presented and discussed at some length by peers and a supervisor, the chaplain finds words for articulating many of those thoughts that lay just beyond the scope of conscious expression, and can perceive at a deeper intuitive level the psychosocial dynamics and the spiritual issues that emerged in that patient visit.

The Ideal Intervention Paper (IIP) exercise is designed to take the understanding of that patient visit experience one level deeper by synthesizing and articulating the intuitive perception of the wider scope of a visit's spiritual and psychological activity that you gained through the peer discussion and the supervisor's observations. This deeper understanding is achieved by consciously formulating in detail a description of what would have been an ideal way to have conducted that visit. The level of detail should be that which will be sufficient to enable the chaplain years later to recall and conduct that ideal intervention if a patient is encountered with very similar characteristics and needs. This level of detail in the description of the ideal intervention should also be sufficient for enabling another chaplain to understand and use that ideal pastoral intervention with patients who have similar characteristics, needs, and problems.

The methodology for writing an Ideal Intervention Paper (IIP) described below is designed to help a chaplain write the paper with the least amount of uncertainty and effort. The methodology provides an experience-proven checklist and structured sequence of the types of detailed information and aspects of the visit that will be needed for a chaplain to know how to conduct a closely similar visit for other patients having similar characteristics and needs. The specific kinds of information about the visit, organized in a structured sequence of sections, is designed to prompt the chaplain to include all the relevant information that would enable the chaplain and other chaplains to understand and conduct the ideal intervention if nearly all of the patient characteristics and needs were to reappear in a different patient and context. In summary, the purpose of developing a structured description of an ideal intervention for a visit with a specific type of patient is to thoroughly integrate the information and insight gained by the experience of the original patient visit with the comments received on it from peers and the supervisor, so that what was learned in this visit can be useful for the chaplain's and others' future pastoral work.

## ***II - Overview of an Efficient Time-saving Process for Developing an IIP***

You have already developed a verbatim of the original visit for which you have chosen to develop the idealized visit description, and have received comments and suggestions from the other students and your supervisor. This information and your reflection on it provides the starting point for developing your Ideal Intervention Paper (IIP).

The first step in developing the IIP will be to write down in the structured format outlined below this collected information about the visit, along with the ideas and insights you gained by reflecting on the experience along with the comments and suggestions you received from discussing the verbatim with your peer group and the supervisor. In this first step, therefore, you to distribute the details and perspectives you now know about the visit into the appropriate five sections that comprise the structural format of an IIP: (1) the purpose of the visit; (2) the characteristics and needs of the patient; (3) the themes or cognitive content you would plan to introduce into the conversation with the patient during the visit; (4) the sequence in which you would present these themes; and (5) the observable indicators you would use to judge whether or not the visit had achieved its purpose. Other information that you consider relevant, that does not seem to fit any of these five sections, can then be recorded in an additional section for comments. This comments section is optional, and often will not be needed for a fully detailed description of an ideal patient visit.

These five sections of an IIP address different dimensions of the ideal patient visit and are essential for an adequate, fully detailed description of an ideal intervention. To develop the detailed contents for the individual sections, a series of questions for each of the five sections is given in the suggested checklist below. Responses to the questions will develop the content text for paragraphs. By writing down answers to the questions for each of the sections of the structured description, you will have developed your initial rough draft of your ideal intervention paper.

The second stage of your effort will be to smooth out the rough draft and edit what you have written for each section into paragraphs that are more easily readable and convenient for a reader to understand. The second draft paragraphs then can be expanded to clarify your ideas and add the explanations and information that in the future would enable you to remember how to perform this ideal intervention, as well as enable other chaplains to conduct your ideal visit with patients who have similar characteristics and needs. Rereading your draft will suggest the items that need elaboration to be understood correctly. This revised draft of your ideal intervention paper clearly identify the five section headings, (and the optional comment section if there is one), and include the appropriate paragraphs corresponding to the topics of those sections.

Your Ideal Intervention Paper then should be submitted to your CPE supervisor in an electronic format as well as in paper form.

### ***III - The IIP Sections and their Information Contents***

The five content sections for an Ideal Intervention Paper are:

**I - The Purpose of the Visit:** The first section includes a statement of the purpose of the patient visit, based on the information about the patient known to you at the start of the visit, and the further information you are likely to learn about the patient in the course of the visit. This information known about the patient before the visit is what suggests and motivates the purpose of the visit: what you hope to accomplish by the visit. This section answers the questions:

“What should I do to address the patient’s problems and spiritual needs?”

“Given what I know about the patient, what should be the purpose of this visit with the patient, and what should I attempt to accomplish?”

**II - The Patient’s Characteristics, Problems, and Needs:** The second section describes what the chaplain knew about the patient before beginning the patient visit, and that entered into determining the purpose and plan for the visit. This section also should include the additional relevant information about the patient that was learned in the course of the visit. This section answers the questions:

“What did I know about the patient when developing the purpose for the visit with the patient?”

“What characteristics of the patient suggest what the patient needed or how the patient could benefit from my visit?”

“What additional characteristics and clarification of the patient’s needs did I learn in the course of the visit?”

**III - The Themes or Cognitive Content for the Conversation:** The third section describes the information or knowledge that the chaplain will communicate to the patient during the visit, and the background knowledge that the chaplain will draw upon in presenting the information to the patient during the sequence of themes brought into the conversation during the visit. This section responds to the question:

“What is the knowledge that the patient needs at this time, given what I know about the patient?”

“How should I illustrate and explain that knowledge so that the patient can more easily assimilate it?”

“What are the Scriptural passages or references that may be appropriate?”

“What does the patient need to understand in order to benefit from my pastoral care services in this visit?”

**IV - The Sequence or Structure of the Visit:** The fourth section describes the sequence of steps through which the purpose of the visit is expected to be achieved, and through which the cognitive content will be presented to the patient. This section differs from the verbatim in that you cannot predict in advance what the patient would say in the Ideal Intervention dialogue. You can only present what topics you would bring up, and the sequence in which you would bring them up, given your previous experience with the patient. This section outlines the sequence of steps in the visit that can accomplish the purpose. This section answers the questions:

“What should I say to begin the visit?”

“After the patient’s initial responses, what should be the first topic I bring up in the conversation?”

“After discussing that first topic, what should I bring up next?”

“And after that topic, what should I bring up next for discussion?”

. . . . .

“How should I end the visit?”

**V - The Observable Outcomes of the Visit:** The fifth section describes the observable indicators the chaplain or others may use to gauge the extent to which the patient visit achieved the purpose of the visit. This section responds to the questions:

“What responses from the patient will indicate that the purpose of the visit was achieved?”

“What other indicators would confirm in some way that the purpose was achieved?”

**An Optional Additional Comments Section:** Occasionally one may find that there is additional relevant information for understanding the description of the idealized visit that does not readily fit into the five sections of the structured description. This optional ‘additional comments’ section is available for use in these cases.

## ***IV - A Question and Answer Checklist for Developing an IPP***

This question-based drafting process includes two steps or phases. The first step will enable you to incorporate the material you developed in your original verbatim of the visit, and your recollection or the notes you may have taken on the ideas and comments generated in the peer discussion and your supervisor's observations and suggestions.

### ***First Step***

The questions below are provided to help you recall and write down relevant information for each of the IIP's sections. By writing out answers to each question, you will generate much of the draft text needed for the IIP. By responding to the individual questions below in the first step you will develop phrases and sentences that then can be polished into readable form in the second step or phase. The paper then can be written by editing and combining into paragraphs the written answers to these questions. The answers to the questions below can be the initial rough draft of the Ideal Intervention Paper, which you then refine for readability and completeness in the second step.

#### **I - The Purpose:**

"How would you describe the purpose for the visit you would have in mind if you were to have the opportunity to do the visit over again, and that you would have for other patients that had similar characteristics and spiritual needs?

"What would you want the patient to achieve by your visit?

"Why is this purpose appropriate, given what you would know about the patient before starting the original visit?

"For patients with the same or very similar characteristics and what you might perceive to be similar spiritual needs, what ideally should be the purpose of visits and interventions for this class or category of patients?

#### **II - The Patient's Characteristics, Problems, and Needs:**

"What characteristics of the patient are known or knowable at the Beginning of the patient visit?

1 - gender?

2 - age?

3 - religion/world view?

4 - health problem or reason for being in the hospital or institution?

e. g.: admitting diagnosis?

co-morbid conditions?

previous hospitalizations?

nurses comments or reasons for referral to the chaplain?

family members' comments?

5 - spiritual, religious, or existential problems or needs?

"What characteristics of the patient are learned in the course of the visit, or likely to become known during the visit?

5 - spiritual, religious, or existential problems or needs?

6 - expectations of the patient for the chaplain's services?

7 - hoped for or expected result of the hospitalization?

8 - patient's expressed doubts or worries?

9 - patient's expressed needs?

10 - extent of patient's practice of religion or philosophy of life?

11 - ethnic background and affiliation?

visit, and that I would know before an ideal visit?

"How should what is learned during the course of the visit modify the Original purpose of the visit?"

"What characteristics of the patient suggest what the patient needs and In what ways the patient can benefit from the visit?"

### III - The Themes or Cognitive Content

"To achieve the purpose of the visit, and address the known or probably knowable needs of the patient, what are the themes that should be introduced into the conversation with the patient?"

"Within these themes, what is the information, thoughts, or knowledge that should be communicated to the patient during the ideal visit?"

"What is the knowledge that the patient needs at this time, given what you know about the patient?"

"What is the main idea that the visit should get across to the patient?"

"How can you illustrate and explain that knowledge so that the patient can more easily assimilate it?"

"What does the patient need to understand in order to benefit from your pastoral care services?"

"What is the background knowledge that you would draw upon in your discussion with the patient during the visit?"

"What sources of theological, pastoral, or psychological knowledge are Relevant for the issues you would discuss with the patient?"

"What Scripture passages or references are apt?"

"What other writings or authors' works are relevant and appropriate?"

"What are the issues or information that experience indicates should not be brought up in an ideal intervention, and that should be gently dismissed if brought up by the patient?"

### IV - The Sequence of the Visit

"How would you divide up your ideal intervention visit into a sequence of phases or stages or topics?"

- "How should you begin the ideal visit?"
- "What should you say to the patient first?"
- "What would be the first topic you bring up, after the initial 'get acquainted' conversation at the beginning of the visit?"
- "What should be the sequence of topics or ideas that are brought up, as the steps through which the cognitive content is presented?"
- "What sequence of topics in the original visit that you would not want to follow or repeat again in an ideal visit? (Review your verbatim) up in the conversation?"
- "After discussing that first topic, what should I bring up next?"
- "And after that topic, what should I bring up next for discussion?"
- "How should I end the visit?"
- "What should I say to keep the door open for a follow-on visit?"

#### V - The Observable Indicators of Outcomes:

- "What are the observable indicators the chaplain or others may use to gauge the extent to which the patient visit achieved its purpose?"
- "What responses from the patient will indicate that the purpose of the visit was achieved?"
- "What other indicators would confirm in some way that the purpose was achieved?"
- "What expectations did you have for what you could accomplish in the patient visit?  
Did the your expectations change or evolve during the visit?"

#### Additional Comments Section (Optional):

- "Are there any other ideas about how an ideal version of the original visit should be conducted, that were not mentioned in the responses above?"

### ***Second Step***

The second step reworks and refines the text of the answers you developed during the first step. The task of this second step is to clearly express your ideas for an ideal way to conduct this visit, in a degree of completeness and detail that will make it easy for another chaplain to conduct the same ideal intervention with other patients who have similar spiritual needs and problems. The task of the second step is to smooth up the language and rework what you wrote in your first step into paragraphs that are readable and clearly present what you consider to be the ideal intervention for patients with these characteristics and needs. Your final draft should clearly distinguish the five sections, and should be submitted to your supervisor in electronic form.

## ***Appendix A:***

### **Professionalism in Pastoral Care and Chaplaincy**

In every profession, mature competence is achieved through careful reflection on what is learned over time in the daily practice of that profession. Recurring patterns and issues are identified, and the fairly common types of problems and needs are recognized and categorized. The professional then consciously formulates plans for addressing these recurring patterns of client or patient needs, based on a synthesis of experience and reflection on what has proven to be the most beneficial ways to respond to those specific types of issues and needs. A professional does not rely solely on her or his own experience, but learns from and contributes to the collective body of knowledge developed by professional colleagues. This body of knowledge is derived from the systematic recording of professional practice experience and the analytical reflection on the recurring patterns that can be identified, and on the results of different kinds of interventions.

Every profession is a distinct community of individual professionals who learn from their own and from the experiences of their colleague professionals, and who contribute to developing further the shared body of professional knowledge of their profession. This development of knowledge is achieved through sharing their experiences and their evaluation of the results of different approaches to recurring problems and needs. The members of the profession review the broader base of experience of their colleagues and develop reasoned views of the best ways to address specific types of problems and issues.

For pastoral care and chaplain professionals, the pastoral encounter with a person, or 'patient visit' in a health care institutional setting, is the unique activity through which the chaplain and pastoral care provider delivers beneficial pastoral and spiritual care to those patients. Chaplains and pastoral care providers engage in a broad range of activities, but the activity that uniquely defines their professional role is the encounter with the person in need. The systematic study of these encounters, therefore, such as the patient visit in a health care institution, and the collegial communication of insights and experience for the further development of the profession's body of knowledge, is the professional responsibility of every professional pastoral care provider and chaplain.

The purpose of focusing on an ideal version of a patient visit is not only to allow you to clarify in your own mind how you would like to have conducted the original visit, as if you could do it over again, but of more importance the purpose is to plan in advance for future patient visits. The IIP exercise enables the chaplain to be prepared to conduct the ideal visit with other patients when you find that they have characteristics, problems and needs very close to those of the original patient. Of course no one can turn back the clock and calendar to redo a previous patient visit. But it is part of the professional self-discipline to continually deepen one's understanding of the interpersonal dynamics at play in

patient visits, and to organize applicable knowledge to address recurring patterns of patient problems and needs.

The IIP exercise has been designed to stimulate the CPE student to reflect on her or his experience in a patient encounter, and to synthesize and integrate what has been learned by reflecting on what occurred in the visit, writing the verbatim of the visit, discussing the verbatim and the visit with your peers and your supervisor, and then formulate an ideal approach for conducting a patient visit in the circumstances and patient characteristics of the original visit: how you would conduct such a visit in a future context where most of the characteristics of the original visit are present.

The IIP exercise has been designed also to put the CPE student in direct contact with the professional community of chaplains who are systematically developing the shared body of knowledge of the profession. The body of knowledge addressed the practical aspects of providing high quality interventions in pastoral and spiritual care for patients in health services institutions. You are invited to view our IIP as a contribution to the further development of the shared body of pastoral and spiritual care knowledge of the profession.

You are invited to submit your final version of the detailed description of your ideal patient visit to the ACPE pastoral research data bank of patient visit descriptions. This data bank is used for research studies to identify patterns and creative approaches to the infinite variety of patients' spiritual needs. Your effort in developing your ideal intervention description will contribute to the improvement of pastoral care in hospitals.

How detailed should the structured description be for an Ideal Intervention Paper? The norm for completeness is whether or not another chaplain would be able, from the information provided in the structured description, to conduct the same or a closely equivalent patient visit. The role of the editors of the ACPE Research Network databank is to advise fellow professional chaplains and CPE students on where further detail may be needed for a different chaplain to be able to conduct the ideal intervention.

To participate in this collegial databank professional program, your Ideal Intervention Paper should be submitted to the CPE supervisor in an electronic format, suitable for forwarding to the databank editors as an attachment to an e-mail message. Your home address and e-mail address should accompany your paper, so that the editor and administrator of the databank may correspond with you on technical matters if, for instance, some typographical errors or formatting issues emerge in including your paper in the databank.

## ***Appendix B:***

### **Responses to Frequently Asked Questions**

1 - Q. What is meant by an 'ideal' patient visit or pastoral intervention?

A. For this 'structured description' paper, 'ideal' simply means what would you do now, based on what you experienced in the original visit, and on the comments you received in the discussions on your verbatim, if you could turn the clock back and do the patient visit over again.

2 - Q. What if, after all the discussion and reflection, I would do it the same way and say the same things if I had the opportunity to do it over again?

A. Simply fill out the template according to how you did the visit originally. The 'ideal' is your perception of the best way to have handled the visit. The comments and suggestions of peers and your supervisor come from their visualization of how the patient visit went, based on the information you provided. But they were not there; you were, and there is no way to convey what you sensed through the patient's body language, pauses in conversation, facial expressions, and other clues to what they were communicating. And your peers' and supervisor's personalities, knowledge, and social and theological backgrounds are not your personality, knowledge, and social and theological background.

3 - Q. What if the conversation would take a totally different direction if I reworked my verbatim to match my idea of what would have been the 'ideal' way to have handled the patient visit? The patient's responses would be very different. Do I have to put in what I think the patient's responses would be with the different approach?

A. Take a shot at describing how your side of the visit would have progressed. There is no need for you to guess what the patient's reaction would have been, and what the patient might have said if you had conducted the visit according to your current idea of what would have been ideal. The structured sequence section (Section IV) is for your planned sequence of steps during the meeting with the patient, not for guessing what the patient's response at each step might be. The final section on 'outcomes' is where you should put down what you think would be indications, from the patient's possible responses or other cues to what the patient is thinking, that would suggest whether your purpose for the visit was being achieved. It is O.K. to describe what you think may have been different reactions of the patient to your ideal approach. You can include mention of the possibly different reactions you may get from the patient with your ideal intervention approach.

4 - Q. How does the IIP differ from the verbatim?

A. The description of the ideal intervention for patients with similar characteristics and needs will differ from the verbatim in several ways. First, you cannot anticipate in advance what the responses of the patient will be, or the topics that the patient may bring up in the course of the visit. The IIP will not have a description of the patient's side of the conversation, but will include some expectation of the range of viewpoints likely to be encountered. Second, the IIP should contain background information on the themes you plan to bring up in the conversation with the patient. These themes will be what you perceive would be the most helpful and appropriate for patients with closely similar characteristics and needs, and which you would bring up if you were to have the opportunity to do the original patient visit over again. The background information about these themes, which may be called the "cognitive content" of the intervention, can include summary descriptions of various ideas and sources, such as Scripture references, poetry, and other writings that develop these themes in greater detail. Third, the IIP should outline the sequence in which you plan to introduce the themes in the conversation, and the .

5 - Q. What benefit do I get from doing this 'detailed ideal intervention paper'?

A. After you have worked through this question-based two-pass drafting process, you will see that it has given you an experience of systematically reviewing your experience in the patient visit you chose originally for the verbatim. This experience will enable you to be more perceptive in subsequent interactions with patients, and to be more alert to subtle clues to what the patient is thinking during the conversation.

6 - Q. I seem to be developing a very long 'structured description' by responding to the questions. What is the proper length and level of detail for a good 'structured description'?

A. The more complete the description, the better. Keep writing. Put all the details you can think of into the relevant sections of the 'structured description' template's format. Relevant information that does not seem to fit in any of the five sections of the template can be included in the optional "comments" section at the end.

7 - Q. How does one know how much detail is sufficient for the structured description of the ideal patient visit?

A. You have provided sufficient detail if another chaplain or CPE student is able, from the information provided in your structured description, to conduct the same patient visit, or a very closely equivalent patient visit. The other chaplain should be able to reproduce your ideal visit by following the sequence of steps you describe and communicate the same information to the patient as you describe in your structured description paper. You may check the completeness

of your paper's detail by having a colleague read it and see if it contains enough information for the colleague to replicate the ideal visit.

8 - Q. In the 'Two Pass' method (Appendix A) Do I have to develop answers to all of the questions?

A. No. A number of the questions are redundant. The purpose of the questions is to stimulate you to visualize what another chaplain might ask in order to fully understand what you are presenting as an ideal intervention. Think in terms of a situation in which another chaplain says that he or she wants to replicate your ideal visit as closely as possible to how you now visualize it occurring. How would you respond so that the chaplain could replicate your visit description in a patient visit.

9 - Q. How is this Ideal Intervention Paper effort useful for pastoral research?

A. The ACPE Research Network is compiling a databank of Ideal Intervention Papers describing a wide variety of different patient visits. Your contribution to this databank will help to broaden the perspectives of many of your colleagues in pastoral ministry, and lead to a better understanding of the range of approaches that are possible for patients with specific types of problems and characteristics. The purpose of the ACPE Research Network's databank of structured descriptions of patient visits is to capture for comparative analysis a large number of realistic and detailed descriptions of patient visits. Once a significant number of these descriptions has been assembled, experienced chaplains and supervisors will have an empirical base of experience to study. Patterns can be identified and common approaches in similar situations can be recognized.

10 - Q. When my Ideal Intervention Paper is submitted to the ACPE Research Network's Data Bank of IIPs, what can I expect?

A. The editors of the documents in the databank will work with you to polish your paper and clear up any typographical mistakes and other problems so that your paper will be 'professional grade.' The data bank is intended to include eventually a large number of structured descriptions of different ideal patient visits. You will be the copyright holder of your paper, and you will be helped to consider using your work for potential articles or other publications you may wish to author. For the databank itself, there is no need to have 'authors' names associated with individual ideal intervention descriptions. The intent of the data bank is to enable chaplains to do research to identify patterns in ideal interventions for patients with similar characteristics and needs, as well as other issues of profession interest in the ways in which patient visits benefit the patients. The detailed descriptions of the individual patient visits are what are important for research purposes, and you will have access to this databank as it evolves.