

# Chaplain Clinical Contact/Verbatim Report of a Pastoral Visit

**Sample Format for submission: Board Certified Chaplain Certification**

**Drafted by: ChaplainDL**

**LENGTH: AT LEAST 5 PAGES – NO MORE THAN 10 PAGES**

The following is from APC's "Chaplain Clinical Contact Cover Sheet" introduction. However, it equally applies to NACC and NAJC (shown below).

**Each narrative must explicitly demonstrate at least these three competencies:**

**ITP2:** Incorporate a working knowledge of psychological and sociological disciplines and religious beliefs and practices in the provision of spiritual care. Demonstrate this with an analysis (in Part 4 below).

**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. Demonstrate this with a spiritual assessment (in Part 3 below).

**PPS11:** Document one's spiritual care effectively in the appropriate records (Part 5 below). Provide an example of patient-record charting. This may be a printout of an electronic medical record with all of the identifying information removed or it may simply be what the chaplain would have written in the medical record. Please be mindful of HIPAA regulations. All information sent must be de-identified in accordance with the requirements found in 45 CFR 164.514. Information that must be de-identified is at [http://bcciprofessionalchaplains.org/files/application\\_materials/hippa\\_regulations.pdf](http://bcciprofessionalchaplains.org/files/application_materials/hippa_regulations.pdf). Applications sent with HIPAA violations will be returned to the chaplain, who must then wait six (6) months before resubmitting an application.

\* Other competencies may also be demonstrated in the clinical contact and analysis. In the word-for-word encounter (Part 2 below), clearly identify where the competency is being addressed. Then, in the analysis (Part 6 below), elaborate on how it is demonstrated. For example: To demonstrate PPS5, the chaplain clinical contact (Part 2) would include spiritual care for a grieving person, noting "PPS5" in parentheses at the most salient moment(s) of such care, and the analysis (Part 6) would discuss how the chaplain's intervention at that moment provided effective support.

\* The chaplain is encouraged to review the narratives with a mentor before submission.

## **Part 1: Context / Known Facts / Personal Observations**

### **A. Preliminary Data**

Include the following information as it relates to your clinical contact:

- Location of Visit, date of visit, time of visit, date clinical contact written.
- Age of client, gender of client.
- Others in attendance
- Significant relationships
- Religious preference
- Number of prior chaplain visits with this client
- Reason for visit (source of referral)

## **B. Spiritual plan of care**

*What is your spiritual plan of care prior to the start of the visit? What do you expect/hope to accomplish, given the referral information and/or your prior connections with this care receiver? If this verbatim is with someone you have worked with prior, that should be reflected in the plan. Please be specific as to the spiritual goal.*

## **C. Initial Observations/Facts**

*Describe the patient so that people hearing your description can picture the person. Describe the environment as you observed it. What is on the nightstand, i.e. reading materials, cards, pictures? Who else was in the room? What equipment is in the room? What is the mood of the room? Write up your impressions in such a way that you help the reader experience the patient and setting as you experienced it. Also, include a brief description of diagnosis or reason for hospital visit. If you don't have access to charts, get the info from the patient, family member, nurse etc.*

## **Part 2: Chaplain Clinical Contact—Pastoral Visit**

*This is to be as nearly verbatim an account as possible, coming from your memory. Report pauses, interruptions, facial expressions, sounds, actions and other clues, which reveal the relationship between you and the patient during the visit. Include what you are feeling and thinking during the visit. Clearly note evidence of each competency that will be discussed, by recording the competency number (e.g., "PPS10") in the margins or parentheses. Remember to save interpretations until later. Record prayers in full.*

## **Part 3: Spiritual Assessment (PPS10)**

### **A. Spiritual assessment.**

Demonstrate your spiritual assessment tool in action here, showing how it helped you accurately assess your patient's spiritual / emotional needs. Which spiritual assessment tool did you use and what information did it provide you? How would you describe the spiritual needs or "main message/concern" of the patient? Regarding the person's situation and main message/concern, what spiritual/theological issues do you see? (e.g., faith, doubt, temptation, sin, guilt, shame, despair, pride, blaming, conflict, judgment, estrangement, punishment, works righteousness, self indulgence, humility, confession, penance, forgiveness, repentance, discernment, transformation, rededication, hope, communion, love, joy, peace, patience, kindness, goodness, gentleness, self-control, grace, etc.) Did you identify any spiritual resources the patient already has?

### **B. Interventions.**

### **C. Outcomes.**

### **D. Care plan.**

## **Part 4: Evaluation**

**A. General evaluation of your work.**

This is where you evaluate your participation in the interview, paying careful attention to your particular responses to the patient. What was your role during the visit? What was your initial reaction to the patient? How did you feel in different parts of the visit? (As you write this part of your reflection indicate in parentheses where you see yourself doing whatever it is you are talking about; e.g. C1, C2, etc.)

**B. ITP2.**

Be sure to show how you integrated psychological and sociological disciplines in your care for or understanding of this care receiver. This needs to indicate some type of theory that you are utilizing. It could be group theory, grief theory, counseling theory, Maslow's theories, etc. When you address this, put "ITP2" in parentheses.

**C. Additional competencies (here or in section 6).**

If you would like to call attention to other competencies that you demonstrated in the clinical contact, clearly identify in Section 2 where the competency is being addressed. Then analyze the effectiveness of those interventions in this evaluation section. For example: To demonstrate PPS5, the chaplain clinical contact (Part 2) would include spiritual care for a grieving person, noting "PPS5" in the margins or parentheses at the most salient moment(s) of such care, and the analysis would discuss how the chaplain's intervention at that moment provided effective support.

**D. Theological/Spiritual Reflection.**

- i. Theology of the care receiver.
- ii. Theology of the chaplain.
- iii. Theological questions this situation poses, and an analysis of how the chaplain managed them.
- iv. Spiritual tools chaplain utilized effectively to assist in this theological situation.

**Part 5: Documentation / Full Chart Note**

Copy and paste or use the verbiage from your actual documentation (with any identifying information removed). If your charting system seriously diminishes or limits your documentation, or if you are in a setting where charting is not conducted, then write how you would chart if the structure allowed.

**PPS11:** Document one's spiritual care effectively in the appropriate records. Provide an example of patient-record charting. This may be a printout of an electronic medical record with all of the identifying information removed or it may simply be what the chaplain would have written in the medical record. Please be mindful of HIPAA regulations. All information sent must be de-identified in accordance with the requirements found in 45 CFR 164.514. Information that must be de-identified is at [http://bcciprofessionalchaplains.org/files/application\\_materials/hippa\\_regulations.pdf](http://bcciprofessionalchaplains.org/files/application_materials/hippa_regulations.pdf). Applications sent with HIPAA violations will be returned to the chaplain, who must then wait six (6) months before resubmitting an application.

**Part 6: Further analysis (optional)**

- Evaluation of additional competencies met, including identifying how demonstrated competencies are met, with references back to Part 2.
- (This may be included in part 4 above).