Rationale for Chaplain Credentialing and Certification Standards That Are Evidence Based

Introduction

In our development of the SCA Chaplain Credentialing and Certification requirements and process we were guided by a goal that might be called evidence-based competency. In short, to be included there must be some evidence that a requirement contributes to the competence of the chaplain. For example, the requirement for credits in specific content areas is aligned with and supports the named competencies.

The process to develop these standards was methodical and disciplined.

The SCA process for credentialing and certification began with the development of a Quality Indicators document for spiritual care and chaplaincy. These quality indicators are effectively the goals of chaplaincy care. From these goals, we developed a Scope of Practice document that specifies the competencies a chaplain would need to produce those quality indicators. The Core Knowledge document then specifies what knowledge and skills a chaplain would need to have these competencies. Finally, the credentialing and certification requirements and process measure whether the chaplain in fact has the necessary competencies to deliver quality spiritual care.

Thus, the entire system is built so that it can be assured that the credentialed or certified chaplain can reliably deliver spiritual care that meets the value-added outcomes of the health system, and is based on input from experts from the fields of chaplaincy, medicine, nursing, psychotherapy, palliative care, social work, research and policy in the U.S. and overseas.

The key feature of this new process is testing, which has two major components: demonstration of clinical competency through use of simulated patient interviews and testing of knowledge and skills through a state-of-the-art online test.

Both of these components are standard practice in many other disciplines and professions. Both are being developed using subject matter experts and the most rigorous standards, and both will be able to be scored objectively. In both cases, the skills, knowledge and behaviors to be tested will be made public, thus allowing educators and candidates to fully prepare without

any uncertainty about the content to be tested. For example, modules in the test include health care ethics, basics of world religious/spiritual systems, and spiritual assessment models.

An objective assessment of competencies replaces a subjective assessment.

For board certification specifically, in contrast to SCA's objectively scored simulated patient interview and a fully standardized, objectively scored test, the certification process used by the other chaplaincy certifying bodies relies on self-report of clinical encounters (verbatims) and an interview with chaplain volunteers who are most often untrained for the task and subject to personal bias.

Besides the subjectivity, many of the requirements in the current certification systems, including Clinical Pastoral Education (CPE), a graduate level theological degree, and faith group endorsement, have never been shown through evidence to have any influence on chaplaincy competence. Indeed, there has never been any evidence that someone who becomes board certified as a chaplain without a graduate theological degree or without traditional CPE performs any worse as a chaplain than someone who has traditional requirements. These requirements evolved before certification processes were as formalized as they are today so the assumption was generally made that completing these requirements made someone a competent chaplain. Since it is now possible to effectively test competency, it is no longer necessary to require as much training as a proof of competence.

In our requirements, we have chosen to keep both CPE and a graduate degree with liberalized options because of the general recognition in health care that some clinical training and graduate level education is normal preparation.

Minimum number of CPE units is one part of overall requirements for credentialing and certification. Recognize that the inability to pass the simulated patient interviews may result in a recommendation by the committee to take additional CPE units to acquire the skills necessary.

For both credentialing and certification, the question of requiring CPE and how many units are necessary does have some research largely summarized and tested by Jankowski and colleagues at HCCN.[i] Probably the greatest shortcoming of this literature for the current purpose is that there does not seem to have ever been a study of the relationship of CPE to the ability of the chaplain to meet current competencies, including how many units it generally takes for a trainee to reach a level of proficiency consistent with certification as a Board Certified Chaplain. It is not even clear whether the learning is cumulative. Thus, to make any use of this literature, one is left to infer or assume that growth in pastoral skills and personal qualities such as emotional intelligence would have a beneficial effect. Even with that assumption, the evidence for CPE as a requirement for chaplaincy certification is far from clear on several grounds. Even though the training has been shown to improve some personal characteristics, some research has suggested that these gains do not persist over time. Jankowski and others found that there are significant distinctions between those who take part-time units and those who take full-time units. However, the current certification requirements of other chaplaincy associations do not account for this distinction. Finally, many

characteristics of the learner, including years in ministry, age, and other prior education, seem to impact the learning for a given student in a given unit and would thus impact how much training he or she would need to take.

We have given considerable thought to the minimum number of hours of clinical training in spiritual/pastoral care, such as CPE, and have concluded that – *together with the other requirements* – at least 400 hours are sufficient for Credentialed Chaplain and at least 800 hours are sufficient for Board Certified Chaplain. Some candidates will need more clinical training to pass the competency tests. We expect that determination will be made by the candidate and his or her training supervisor.

SCA's credentialing and certification process will not require faith group endorsement. This endorsement is not an evidence-based indicator of the person's competency as a chaplain.

Faith group endorsement is a relationship between a chaplain and his or her religious/spiritual/existential community. It is largely a Christian structure that is not practiced by most non-Christian groups. This reality has often meant that otherwise qualified and competent persons who are not from a tradition that endorses chaplains have either been denied the opportunity for certification or have had to compromise their own tradition in order to obtain an endorsement from another group in order to qualify. This is an exclusive practice that has failed to truly embrace diversity. While we do not require this endorsement, a chaplain may include such documentation for his or her file if desired.

This new system for credentialing and certification, and all of the other components on which it rests are open to continuing research and development by the field.

Because of the nature of the testing process, it is easy to add and subtract content, and we would fully expect to do that as the evidence demands. Lastly, the testing process will be fully available for customization and use by other chaplaincy certification bodies that wish to convert to this outcomes-based, objective credentialing and certification system.

Please send comments or questions to info@SpiritualCareAssociation.org

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[i] Jankowski, K. R., Vanderwerker, L. C., Murphy, K. M., Montonye, M., & Ross, A. M. (2008). Change in pastoral skills, emotional intelligence, self-reflection, and social desirability across a unit of CPE. *Journal of health care chaplaincy*, *15*(2), 132-148.