



DEPARTMENT OF THE NAVY

BUREAU OF MEDICINE AND SURGERY

2300 E STREET NW

WASHINGTON DC 20372-5300

IN REPLY REFER TO

BUMEDINST 1730.1

BUMED-M00G/M09BB8

30 May 2007

BUMED INSTRUCTION 1730.1

From: Chief, Bureau of Medicine and Surgery

Subj: MEDICAL TREATMENT FACILITY PLAN FOR RELIGIOUS MINISTRIES AND PASTORAL CARE SERVICES

Ref: (a) "Joint Commission: The Source," February 2005, Volume 3, Issue 2
(b) Common Standards for Professional Chaplaincy
(c) SECNAVINST 1730.7B
(d) OPNAVINST 1730.1D
(e) SECNAVINST 1730.8A
(f) NAVMED POLICY 06-002, "Standard Organization Policy"
(g) DOD 6025.18-R of 24 Jan 2003
(h) COMISS Network: Standards for Accrediting Pastoral Services
(i) Association of Professional Chaplains (APC), "Template for Spiritual Care Standards of Practice"
(j) APC Template for "Hospital Plan for Chaplain Services Department"
(k) SECNAVINST 7010.6A
(l) BUMEDINST 6320.66E
(m) BUMEDINST 5450.165

Encl: (1) Professional Standards for Chaplains Serving in Navy Medicine
(2) Code of Ethics for Religious Ministry Teams in Navy Medicine

1. **Purpose.** To provide direction and guidance for appropriate planning for the delivery of pastoral care to patients, staff members, and their family members in Navy Medicine Medical Treatment Facilities (MTF).

2. **Background**

a. Health care ministry has evolved in the last 30 years into a clinical discipline supported by medical research, medical school curricula, professional journals, national bodies that certify clinical chaplain training and education programs, national bodies that accredit hospital pastoral care services, and national standards for the professional competencies and ethics of health care ministry professionals.

b. Reference (a), a publication of the Joint Commission, states, "Addressing and supporting patients' spirituality cannot only make their health care experiences more positive, but in many cases can promote health, decrease depression, help patients cope with difficult illness, and even improve outcomes for some patients. In addition to potential medical benefits, patients want their health care providers to discuss spirituality with them." Health care chaplains, who meet the standards in reference (b), are uniquely qualified to minister to the wide array of spiritual needs that arise in the

health care environment: the needs of patients, families and staff members. Navy Medicine pastoral care staff members receive training, professional development and supervision to responsibly meet the standards in reference (b) and enclosure (1).

c. Beyond the patient care responsibilities of MTF chaplains, references (c) and (d) discuss the responsibility of Commanders, Commanding Officers and chaplains to provide for the free exercise of religion and the spiritual care of their staff members and families through Command Religious Programs.

3. Scope and Applicability. This instruction applies to all MTFs.

4. Action

a. Using the guidance and resources outlined in this instruction, Commanders and Commanding Officers of treatment facilities will develop written policies and plans for pastoral care services.

b. Officers in Charge of branch treatment facilities and Department Heads of Substance Abuse Rehabilitation Programs will ensure that the spiritual care of their patients, staff members and their families is incorporated into the parent command's policies and plans for pastoral care services or, when applicable, develop their own written policies and plans for delivering pastoral care services to their patients, staff members and their family members.

5. Spiritual Care of Staff Members and their Families. Guidance for the spiritual and moral well-being of the staff members and their families, including programs for outreach, relationship counseling, worship, sacramental ministry and other religious support are addressed in references (c) and (d). Guidance for accommodating the religious practices of active duty staff members is contained in reference (e). Commanders and Commanding Officers will ensure that they are familiar with references (c) through (e) and plan for the delivery of pastoral care consistent with these references through the Command Religious Program.

6. Placement of Pastoral Care Staff Members in the Organization

a. The senior Navy chaplain permanently assigned at a command, i.e., the Command Chaplain, will be assigned as the Special Assistant for Pastoral Care to the Commander or Commanding Officer with direct access to the Commander or Commanding Officer, per references (d) and (f). Additional administrative oversight may be provided by positioning the Command Chaplain as a director or department head for pastoral care services elsewhere in the organization. For example, it would be appropriate to place the Pastoral Care Department under the Director for Clinical Support Services for day-to-day operations. Direct access to the Commander or Commanding Officer, however, will not be hindered.

b. The Pastoral Care Department may be positioned under the Special Assistant for Pastoral Care or positioned as a clinical directorate or clinical department elsewhere in the organization. The Command Chaplain will be responsible for his/her role as a Special Assistant and as the director or department head for the Pastoral Care Department.

c. Religious Programs Specialists (RP) are part of a unique Navy rating that works directly with the chaplains to form Religious Ministry Teams (RMTs); therefore, RPs will not be assigned primary duties outside the Pastoral Care Department.

d. Civilian personnel whose primary duties are to address the spiritual well-being of the command's staff members or patients will be placed in the Pastoral Care Department.

7. Fitness Reports and Evaluations

a. The Commander or Commanding Officer will be the reporting senior for the Command Chaplain.

b. Local command policy will govern the fitness report and evaluation procedures for the remainder of the Pastoral Care Department staff. Commanders and Commanding Officers are encouraged to ensure that the senior RP is either the rater or senior rater on E-1 to E-6 evaluations, and that the Command Chaplain is the senior rater or reporting senior for his/her staff members.

c. Commanders and Commanding Officers are encouraged to include RPs in command-wide peer groups for appropriate competitive marks on evaluations and fitness reports.

d. Civilian personnel will receive regular evaluations as stipulated in the command's civilian personnel policy. Contract Religious Ministry Professionals (CRMP) are religious ministry professionals endorsed by a specific Department of Defense-listed religious organization, are fully qualified members of that organization's clergy, and are contracted to provide religious ministry for the MTF's staff members and patients. The CRMP will be assigned a contracting officer's technical representative to monitor the CRMP's performance.

8. Budget. The Pastoral Care Department will be supported by appropriated funds and the appropriated fund account will be managed by the Command Chaplain per references (c) and (d). Per references (c) and (d), appropriated funds support a wide range of chapel, staff and patient needs including payroll for civilian and contract employees, TAD funds for professional development (see paragraph 10, below), and consumables such as rosaries, devotional items, sacred literature, devotional literature and self-help educational material.

9. Deployments and Contingency Operations. The chaplains and RPs will maintain a high level of readiness and training for deployments and contingency operations. A plan for pastoral care will be included in deployment operational plans and contingency plans. Tables of Organization and Tables of Equipment will include a pastoral care element consistent with anticipated missions. Operational plans for pastoral care services will include input from the Command Chaplain and Navy Medicine Regional Chaplains. When a command does not have a Navy Medicine chaplain and RP, the command will include input from Chief, Bureau of Medicine and Surgery, Special Assistant for Pastoral Care, BUMED M00G/M09BB8.

10. Competencies and Professional Development

a. Chaplains and RPs, through civilian education, military training, and the knowledge, skills, abilities, and tools on Navy Knowledge Online, have the core pay-grade-specific competencies to provide ministry to staff members and their families. Chaplains and RPs are expected to meet the standards and run programs as discussed in references (c) and (d) in support of the MTF's staff and their families.

b. To be fully qualified to provide pastoral care to patients, chaplains must meet the standards in enclosure (1), "Standards for Chaplains Serving in Navy Medicine," which reflects the core competencies for health care chaplaincy in reference (b). Reference (b) represents the minimum requirement for board eligibility with most national certifying bodies. Graduates of the Navy Medicine Pastoral Care Residencies (PCRs) meet the criteria in enclosure (1) and are considered board eligible by most national certifying bodies.

c. RMT members, by virtue of accepting official military orders to an MTF also accept the standards for professional conduct and performance delineated in this instruction and in local pastoral care instructions. These standards will also be made terms of employment or stipulated in contracts for contract personnel.

d. Chaplains who do not meet the standards in enclosure (1) will work under the direct clinical supervision of a board eligible or board certified chaplain, or be enrolled full-time in a Clinical Pastoral Education (CPE) program approved by BUMED M00G/M09BB8, or participate in a structured peer review program approved by BUMED M00G/M09BB8.

e. For the spiritual assessment and reassessment of patients, the standard of practice is the methodology presented in Larry VandeCreek and Arthur M. Lucas, eds., *The Discipline for Pastoral Care Giving: Foundations for Outcome Oriented Chaplaincy* (Binghamton, NY: The Haworth Pastoral Press, 2001). Competency training in this methodology is required. BUMED M00G/M09BB8 publishes and maintains training requirements for this competency. Contact BUMED M00G/M09BB8 at (202) 762-0498 for the most current program.

f. For work with patients, RPs should be trained in grief pathology and patient interview techniques, receive orientation to the unique aspects of health care ministry, participate in continuing education relevant to their clinical assignments, and receive either ongoing clinical supervision from a staff chaplain or participate in a peer review program approved by BUMED M00G/M09BB8.

g. In addition to annual Chaplain Corps professional development training and command-specific deployment and contingency training, chaplains will complete a minimum of 32 contact hours of continuing education per year in the field of health care; 6 of the 32 continuing education hours will be specific to health care chaplaincy. The Association of Professional Chaplains lists chaplaincy-specific continuing education opportunities on its Web page: www.professionalchaplains.org. RPs will complete 12 hours of continuing education per year in general health care subjects. All RMT members will be current in locally required Health Insurance Portability and Accountability Act (HIPAA) training and Command Orientation requirements.

h. All chaplains, pastoral counselors and contract clergy performing general chaplaincy duties are expected to participate in ongoing interdisciplinary peer review/case review. Commanders and Commanding Officers will ensure that the pastoral care staff members receive proper interdisciplinary support for peer review from their clinical co-workers. BUMED M00G/M09BB8 publishes and maintains guidelines on the peer review program.

i. "Identity and Conduct," element IDC7 of reference (b) and enclosure (1) of this instruction, states that attending to one's own physical, emotional and spiritual well-being is an essential competency for those entrusted with the spiritual care of others. RMT members should be encouraged to develop well-structured self-care plans and the command leadership will take reasonable steps to support the self-care plans.

j. The "Code of Ethics for Religious Ministry Teams in Navy Medicine," enclosure (2), provides ethical guidelines for persons working in direct support of the Pastoral Care Department.

k. CPE programs vary in theory and content. For example, some CPE programs focus on prison ministry, parish ministry, or other specialized ministry settings. The Navy/Veterans Administration PCR partnerships are designed to support the delivery of pastoral care in the Navy Medicine environment. For consistency in training it is essential that Navy Medicine chaplains enroll in CPE programs approved by BUMED M00G/M09BB8. Therefore, all Navy Medicine chaplains (not under permanent change of station orders to a Navy/Veterans Administration PCR) must have approval from BUMED M00G/M09BB8 before enrolling in a CPE program. Chaplains who desire to enroll in a CPE program, which requires approval, should send an e-mail to the Chaplain of Navy Medicine. The e-mail should address (a) accreditation source of CPE

program, (b) number of hours per week required by the program, (c) learning objectives, and (d) evidence of the command's endorsement for the request.

11. Confidential Communication and Protected Health Information

a. The RMT entries in patient records, orally conveyed to other medical team members, or otherwise used for health care operations purposes, are considered part of the medical record and are not, therefore, considered confidential by most clergy-client ethical standards. It is important to note that the patient's expectation that information shared with chaplains and other members of the RMT be kept private and the health care team's need to have access to relevant clinical information to properly treat the patients are independent expectations of privacy/confidentiality and the ability to use or disclose such information is governed by different standards. RMT members and patient will need to appreciate this distinction and be clear in their communications with one another regarding the exact nature of those communications and the protections to be afforded the patients. Efforts should be made to ensure that patients are aware of and understand this distinction.

b. The delivery of pastoral care to patients by its very nature requires the RMT members to use their professional judgment regarding the level of detail to be communicated in order to provide sufficient information to other care team members while respecting the privacy of patients. Pastoral care that is documented in patient records, orally conveyed to other team members, or used otherwise for health care operations purposes, must be limited to information that is a pre-existing part of the patient record or is negotiated with the patient and is, furthermore, clinically relevant to the care of the patient. All RMT members have a professional obligation to keep private all communications disclosed to them in their official capacities, which are intended to be held in confidence, made as an act of religion or a matter of conscience. Consequently, the expectation to confidential communication will always surpass any requirement to document patient encounters, and care must be used to distinguish confidential communications from general pastoral care interventions. Standard Operating Procedures (SOPs) will need to address any documentation requirements regarding a patient's expectations of confidentiality in order to assure that privilege is not breached.

c. All RMT members are expected to adhere to the ethical principles in the "Code of Ethics for Religious Ministry Teams in Navy Medicine," enclosure (2), which addresses confidentiality and proper disclosure of patient information. Reference (g) contains governing guidance on the proper safeguarding, use and disclosure of protected health information. It is the professional responsibility of the RMT members to ensure that they protect the confidential communications per enclosure (2), and use and disclose protected health information per reference (g).

12. Documentation in Patient Records

a. RMT members will document their care in the patient records; e.g., progress notes, interdisciplinary education forms, consults, and other media to communicate to the treatment team the pastoral care interventions provided to the patients. *The Discipline for Pastoral Care Giving* (discussed further in paragraph 10e, above) is the standard of practice for spiritual assessments and reassessments. The charting methodology will reflect the intentional ministry described in *The Discipline for Pastoral Care Giving*.

b. Treatment facility plans and policies for the documentation of pastoral care in patient records will be included in the facility's standards of practice. The SOPs will describe the charting format and content (including medical relevance) of pastoral care interventions. The SOPs will also address the differences between general health care ministry and clergy-penitent communication as described in paragraph 11, above.

c. Standards of practice and SOPs for pastoral care may be developed as Pastoral Care Department guidelines, be incorporated into ward, or clinic documents, or be incorporated into command-wide guidelines for patient care. References (a) and (b) and (h) through (j), and enclosures (1) and (2) of this instruction provide detailed guidance and examples.

13. Interdisciplinary Clinical Committees and Interdisciplinary Care Teams. All clinical interdisciplinary committees and interdisciplinary teams should strive to include properly trained representatives from the Pastoral Care Department.

14. Best Business Practices. The Pastoral Care Department will participate in all phases of the command's business planning. Commanders and Commanding Officers will ensure that the Pastoral Care Department has access to expertise in business planning, that the Pastoral Care Department develops quality productivity metrics, dashboard indicators, and other business tools to assist them with best business practices. Additionally, Pastoral Care Departments will have ready access and support to collect and manage data relevant to their business processes.

15. Continuous Improvement Initiatives. The Pastoral Care Department will continuously work towards improvements in processes and performance. To support this goal, the Pastoral Care Department must be able to provide documentation of formal ongoing process improvement initiatives or performance improvement initiatives and demonstrate progress in reaching these goals.

16. Religious Offering Funds (ROFs). ROFs provide an important avenue of worship for many chapel participants. Reference (k) provides specific guidance on operating

ROFs. Chaplains cannot be assigned as ROF administrators and RPs cannot be assigned as ROF custodians except at their permanent duty stations, per reference (k). As a result, Commanders and Commanding Officers without permanently assigned chaplains will not establish or maintain ROFs.

17. HIPAA Guidance on Visiting Religious Leaders. Whereas members of the MTF's RMT work force are *de facto* members of the health care team, visits by chaplains and RPs from the patients' parent commands and community clergy are considered visiting religious leaders for HIPAA purposes. Commanders and Commanding Officers will note this distinction when describing local policy on patient directories and command notification procedures. This distinction is covered by reference (g).

18. Ministry Reports. Pastoral care staff members will submit periodic and special reports to BUMED M00G/M09BB8, per reference (d), on their ministry. Contact BUMED M00G/M09BB8 at (202) 762-0498 for the most current reporting tools.

19. Use of Navy Chaplains and RPs from outside the Command. Due to a variety of reasons, Commanders and Commanding Officers may need to draw on Navy chaplains and RPs from outside their commands. If regular use of non-Navy Medicine chaplains or RPs is needed to provide pastoral care when a billet is gapped, for faith-group specific needs, or coverage when the command's chaplain(s) and RP(s) are TAD and in similar cases, the following guidance applies:

a. Local policy will grant command work force status to non-Navy Medicine chaplains and RPs working in direct support of the hospital and health care team.

b. All paragraphs of this instruction apply equally to chaplains and RPs who are not permanent staff members at the MTF, but function as part of the command's work force.

c. When a treatment facility's requirement for a non-Navy Medicine chaplain or RP is expected to exceed 12 months, or when a permanent staff chaplain is not provided by Navy Medicine, a Memorandum of Agreement will be established with the supporting command that incorporates the guidance and criteria set forth in this instruction.

20. Employment of Civilian Clergy and Civilian Pastoral Counselors

a. Traditionally in the Navy, the employment of civilian clergy is limited to contracts for Religious Ministry Professionals (RMPs) to provide faith-group specific needs. Two additional categories for hiring civilian clergy are authorized:

(1) In MTFs where the manpower needed to provide health care ministry is 0.5 or less of a full-time equivalent, Commanders and Commanding Officers are authorized and encouraged to contract board certified health care chaplains for health care-specific pastoral care support.

(2) Commanders and Commanding Officers are also authorized and encouraged to contract board certified health care chaplains for interim full-time health care ministry when Chaplain Corps manning is insufficient to meet patient and staff members' needs for pastoral care support, with the approval of BUMED M00G/M09BB8. The contracts will be limited to the reasonably anticipated length of reduced manning.

b. Civilian pastoral counselors provide an important non-stigmatized portal of care for patients and staff members seeking mental health support. There are fewer stigmas to seeking assistance from a pastoral care provider than traditional mental health disciplines, and the pastoral care department can also offer privileged mental health support via the pastoral counselor position. In addition to national certification as a pastoral counselor, a pastoral counselor must also be a mental health professional identified in reference (l); i.e., clinical psychologist, clinical social worker, or marriage and family therapist. The pastoral counselor is required to have a scope of practice and privileges consistent with the MTF's policy and Appendix G of reference (l).

c. RMPs should function freely within the scope of this instruction, their professional discipline, and reference (d), with the following exceptions, which apply to the military duties of Navy chaplains:

(1) RMPs do not have direct access to Commanders and Commanding Officers

(2) Should not perform ministry described in subparagraphs 5b(4)(g) through 5b(4)(i) in reference (d).

21. Role of Navy Medicine Regional Chaplains. The Command Chaplains at National Naval Medical Center, Bethesda, Naval Medical Center, Portsmouth and Naval Medical Center, San Diego, are also charged with regional responsibilities in Navy Medicine National Capital Area, Navy Medicine East and Navy Medicine West respectively. Particular expertise in health care administration and significant experience in health care ministry is necessary to perform the Regional Chaplain responsibilities which include:

a. Advise the Regional Commander on matters pertaining to the moral and spiritual well-being of the personnel assigned to the Region per references (c) through (e).

- b. Serve as a resource for professional consultation for Echelon 4 and 5 commands regarding the appropriate delivery of pastoral care services.
- c. Collect personnel and manpower data from Echelon 4 and 5 commands to maintain RMT rosters that can be used by the Regional Commander and BUMED M00G/M09BB8 to determine manpower needs.
- d. Advise BUMED M00G/M09BB8 on manpower, personnel and quality assurance issues within their regions.
- e. Support BUMED M00G/M09BB8 in its work with Echelon 4 and 5 commands by advertising informational items, discussing issues with Commanding Officers and Command Chaplains, and providing periodic training events for RMTs in their regions.
- f. Provide close support to Echelon 4 and 5 commands that do not have full-time Navy Medicine RMTs assigned.

22. Role of BUMED Pastoral Care (M00G/M09BB8)

- a. BUMED M00G/M09BB8 is the Senior Supervisory Chaplain for Navy Medicine per reference (d). As the Senior Supervisory Chaplain, BUMED M00G/M09BB8 will, in addition to other duties in reference (d), establish and coordinate the delivery of pastoral care ministry, coordinate with Regional Chaplains for ministry within specific geographical areas, sponsor and arrange for periodic RMT education and training opportunities and advise Navy Medicine leaders on the essential tasks, skills and capabilities of Navy Medicine's RMTs.
- b. BUMED M00G/M09BB8, per references (d) and (m) serves as the principle advisor to Chief, BUMED on matters and issues pertaining to the moral and spiritual well-being of Navy Medicine personnel. M00G/M09BB8 provides coordination, oversight, and guidance to all Navy Medicine pastoral care departments, advises the Medical Inspector General on pastoral care concerns and is the BUMED liaison with Services, Department of Defense and Federal agency counterparts.
- c. BUMED Special Assistant for Pastoral Care and Chaplain of Navy Medicine are the organizational titles for the Senior Supervisory Chaplain for Navy Medicine. The functions for these titles are outlined in paragraphs 22a and 22b, above. The title Special Assistant for Pastoral Care applies to an advisory role in support of Chief, BUMED. The title Chaplain of Navy Medicine delineates the scope of M00G/M09BB8 in addressing all matters related to the moral, spiritual, and personal well-being of all Navy Medicine personnel and beneficiaries.

d. Deputy Chaplain of Navy Medicine and Director, BUMED Pastoral Care Plans and Operations (BUMED M00GB/M09BB8B) are the organizational titles for the Chaplain of Navy Medicine's principle assistant. The Deputy Chaplain of Navy Medicine assists the Chaplain of Navy Medicine in the functions outlined in paragraphs 22a and 22b, above. The Director, BUMED Pastoral Care Plans and Operations has decision authority for day-to-day operational concerns regarding pastoral care in Navy Medicine.

e. RP of Navy Medicine and Senior Enlisted Leader for Navy Medicine Pastoral Care (M00GC/M09BB8C) are the organizational titles for the senior RP assigned to M00G/M09BB8. The RP of Navy Medicine represents the RPs of Navy Medicine in a variety of venues including Personnel Readiness and Support, the Navy RP Community Manager, Individual Augmentation discussions, the RP Detailer, and numerous other venues to support the professional qualifications, manpower and detailing needs of the RPs in Navy Medicine. The Senior Enlisted Leader for Navy Medicine Pastoral Care provides advice, policy oversight and guidance to the Chaplain of Navy Medicine, the Deputy Chaplain of Navy Medicine, the Commanders, Commanding Officers, Command Master Chiefs, Command Chaplains and others who need advice and counsel on the proper utilization and career management of the RPs in Navy Medicine.

23. Bibliographical information. All references in this instruction and additional information helpful in planning for the delivery of pastoral care can be found in the Command Chaplain Resource Binder on Navy Medicine Online or by contacting BUMED M00G/M09BB8 at (202) 762-0498 or DSN 762-0498.

24. Reports. The reports contained in paragraph 18 are required by reference (d) and are assigned report control symbol NAVMED 1730-1 per SECNAV M-5214.1 Dec 2005.



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Professional Standards for Chaplains Serving in Navy Medicine

The “Professional Standards for Chaplains Serving in Navy Medicine” is an adaptation of “Common Standards for Professional Chaplaincy,” which was affirmed by the executive boards of the following organizations:

Association of Professional Chaplains: www.professionalchaplains.org

American Association of Pastoral Counselors: www.aapc.org

Association of Clinical Pastoral Education: www.acpe.edu

National Association of Catholic Chaplains: www.nacc.org

National Association of Jewish Chaplains: www.najc.org

Canadian Association for Pastoral Practice and Education: www.cappe.org

These organizations represent over 10,000 members working in the professional chaplaincy and pastoral counseling disciplines. The “Professional Standards for Chaplains Serving in Navy Medicine” contains the same standards as the “Common Standards for Professional Chaplains” with only small changes in language or authority as appropriate for its application to ministry in Navy Medicine, and the omission of “Requirements for the Maintenance of Certification,” elements MNT1 through MNT5 of “Common Standards for Professional Chaplains,” as these requirements are stipulated elsewhere in this instruction or are stipulated by other Navy policy.

Qualifications

- QUA1: Provide documentation of current endorsement or of good standing in accordance with the requirements of his/her faith tradition.
- QUA2: Be current in the payment of professional association’s annual dues, when using professional titles that require annual association dues; e.g., Board Certified Chaplain.
- QUA3: Have completed an undergraduate degree from a college, university, or theological school accredited by a member of the Council for Higher Education Accreditation (www.chea.org), and a graduate-level theological degree from a college, university or theological school accredited by a member of the Council for Higher Education Accreditation. (Equivalencies for Navy chaplains are granted during accession into the Navy. Equivalencies for civilian contract chaplains are granted by the contracting officer at the local MTF.)

- QUA4: Provide documentation of a minimum of four units of Clinical Pastoral Education (CPE) accredited by the Association for Clinical Pastoral Education, the United States Conference of Catholic Bishops Commission on Certification and Accreditation, or the Canadian Association for Pastoral Practice and Education. (Equivalencies for CPE are granted by BUMED M00G/M09BB8.)

Theory of Pastoral Care

Chaplains serving in Navy Medicine will demonstrate the ability to:

- TCP1: Articulate a theology of spiritual care that is integrated with a theory of pastoral practice.
- TPC2: Incorporate a working knowledge of psychological and sociological disciplines and religious beliefs and practices in the provision of pastoral care.
- TPC3: Incorporate the spiritual and emotional dimensions of human development into the practice of pastoral care.
- TPC4: Incorporate a working knowledge of ethics appropriate to the pastoral context.
- TPC5: Articulate a conceptual understanding of group dynamics and organizational behavior.

Identity and Conduct

Chaplains serving in Navy Medicine will demonstrate the ability to:

- IDC1: Function pastorally in a manner that respects the physical, emotional and spiritual boundaries of others.
- IDC2: Use pastoral authority appropriately.
- IDC3: Identify one's professional strengths and limitations in the provision of pastoral care.
- IDC4: Articulate ways in which one's feelings, attitudes, values, and assumptions affect one's pastoral care.
- IDC5: Advocate for the persons in one's care.
- IDC6: Function within the Code of Ethics for Religious Ministry Teams in Navy Medicine.

- IDC7: Attend to one's own physical, emotional and spiritual well-being.
- IDC8: Communicate effectively orally and in writing.
- IDC9: Present oneself in a manner that reflects professional behavior, including appropriate attire and personal hygiene.

Pastoral

Chaplains serving in Navy Medicine will demonstrate the ability to:

- PAS1: Establish, deepen and end pastoral relationships with sensitivity, openness and respect.
- PAS2: Provide effective pastoral support that contributes to the well-being of patients, staff members, and their families.
- PAS3: Provide pastoral care that respects diversity and differences including but not limited to age, race, ethnicity, culture, gender, sexual orientation, and spiritual/religious practices.
- PAS4: Triage and manage crises in the practice of pastoral care.
- PAS5: Provide pastoral care to persons experiencing loss and grief.
- PAS6: Formulate and utilize spiritual assessments in order to contribute to plans of care.
- PAS7: Provide religious/spiritual resources appropriate to the care of patients, families, and staff.
- PAS8: Develop, coordinate and facilitate public worship/spiritual practices appropriate to diverse settings and needs.
- PAS9: Facilitate theological reflection in the practice of pastoral care.

Professional

Chaplains serving in Navy Medicine will demonstrate the ability to:

- PRO1: Promote the integration of Pastoral/Spiritual Care into the life and service of the institution in which it resides.

- PRO2: Establish and maintain professional and interdisciplinary relationships.
- PRO3: Articulate an understanding of institutional culture and systems, and systemic relationships.
- PRO4: Support, promote, and encourage ethical decision-making and care.
- PRO5: Document one's contribution of care effectively in the appropriate records.
- PRO6: Foster a collaborative relationship with community clergy and faith group leaders.

Code of Ethics for Religious Ministry Teams in Navy Medicine

The “Code of Ethics for Religious Ministry Teams in Navy Medicine” is an adaptation of “Common Code of Ethics for Chaplains, Pastoral Counselors, Pastoral Educators and Students,” which was affirmed by the executive boards of the following organizations:

Association of Professional Chaplains: www.professionalchaplains.org

American Association of Pastoral Counselors: www.aapc.org

Association of Clinical Pastoral Education: www.acpe.edu

National Association of Catholic Chaplains: www.nacc.org

National Association of Jewish Chaplains: www.najc.org

Canadian Association for Pastoral Practice and Education: www.cappe.org

These organizations represent over 10,000 members working in the professional chaplaincy and pastoral counseling disciplines. The “Code of Ethics for Religious Ministry Teams in Navy Medicine” contains the same standards as the “Common Code of Ethics for Chaplains, Pastoral Counselors, Pastoral Educators and Students” with only small changes in language or authority as appropriate for its application to ministry in Navy Medicine.

Definition

Navy Medicine Religious Ministry Teams (NAV MED RMTs) consist of all personnel assigned to a Pastoral Care Department in a Navy Medicine facility including chaplains, Religious Program Specialists, pastoral counselors, lay leaders, other enlisted ratings, civilian administrative support personnel, contract clergy, volunteers and any other persons working in direct support of the Pastoral Care Department.

Preamble

This Code of Ethics:

1. Gives expression to the basic values and standards for the pastoral care profession;
2. Guides decision making and professional behavior;
3. Provides a mechanism for professional accountability; and
4. Informs the public as to what they should expect from NAVMED RMTs.

NAVMED RMTs:

1. Affirm the dignity and value of each individual;
2. Respect the right of each faith group to hold its values and traditions;
3. Advocate for professional accountability that protects the public and advances the profession; and
4. Respect the cultural, ethnic, gender, racial, sexual-orientation, and religious diversity of other professionals and those served and strive to eliminate discrimination.

1.0 Ethical Principles in Relationship with Clients

NAVMED RMT members understand clients to be any counselees, patients, family members, students or staff to whom they provide spiritual care. In relationships with clients, NAVMED RMT members uphold the following standards of professional ethics:

- 1.1 Speak and act in ways that honor the dignity and value of every individual.
- 1.2 Provide care that is intended to promote the best interest of the client and foster strength, integrity, and healing.
- 1.3 Demonstrate respect for the cultural and religious values of those they serve and refrain from imposing their own values and beliefs on those served.
- 1.4 Are mindful of the imbalance of power in the professional/client relationship and refrain from exploitation of that imbalance.
- 1.5 Maintain relationships with clients on a professional basis only.
- 1.6 Avoid or correct any conflicts of interest or appearance of conflicting interest(s).
- 1.7 Refrain from any form of sexual misconduct, sexual harassment or sexual assault in relationship with clients.
- 1.8 Refrain from any form of harassment, coercion, intimidation or otherwise abusive words or action in relationship with clients.
- 1.9 Safeguard the confidentiality of clients when using materials for educational purposes or written publication.

- 1.10 Respect the confidentiality of information entrusted to them by clients when communicating with family members or significant others except when disclosure is required for necessary treatment, granted by client permission, for the safety of any person, or when required by law.
- 1.11 Understand the limits of their individual expertise and make referrals to other professionals when appropriate.

2.0 Ethical Principles in Relationships Between Supervisors/Educators and Students

NAVMED RMT members respect the integrity of students using the power they have as supervisors/educators in responsible ways. NAVMED RMT members:

- 2.1 Maintain a healthy educational environment free of coercion or intimidation.
- 2.2 Maintain clear boundaries in the areas of self-disclosure, intimacy and sexuality.
- 2.3 Provide clear expectations regarding responsibilities and work schedules.
- 2.4 Provide adequate, timely and constructive feedback to students.
- 2.5 Maintain a healthy respect for the personal growth of students and provide appropriate professional referrals.
- 2.6 Maintain appropriate confidentiality regarding all information and knowledge gained in the course of supervision.

3.0 Ethical Principles in Relationships with Faith Communities

Section 3.0 is applicable to all Pastoral Care Department staff members who require endorsement from a faith community to perform their duties in support of the Pastoral Care Department. These staff members:

- 3.1 Maintain good standing in their faith group.
- 3.2 Abide by the professional practice and/or teaching standards of the state/country, the community and the institution in which they are working. If for any reason the staff member is not free to practice or teach according to conscience, the staff member will notify the Commander, Commanding Officer, Command Chaplain, Human Resource Office, his/her professional organization and faith group as appropriate.

- 3.3 Do not directly or by implication claim professional qualifications that exceed actual qualifications or misrepresent an affiliation with any institution.

4.0 Ethical Principles in Relationships with Other Professionals and the Community

NAVMED RMT members are accountable to the Commander or Commanding Officer public, faith communities, employers and professionals in all professional relationships. NAVMED RMT members:

- 4.1 Promote justice in relationships with others, in institutions and in society.
- 4.2 Represent accurately their professional qualifications and affiliations.
- 4.3 Exercise good stewardship of resources entrusted to their care and employ sound financial practices.
- 4.4 Respect the opinions, beliefs and professional endeavors of colleagues and other professionals.
- 4.5 Seek advice and counsel of other professionals whenever it is in the best interest of those being served and make referrals when appropriate.
- 4.6 Provide expertise and counsel to other health professionals in advocating for best practices in care.
- 4.7 Seek to establish collaborative relationships with other community and health professionals.
- 4.8 Advocate for changes in their institutions that would honor spiritual values and promote healing.
- 4.9 Provide other professionals with chart notes where they are used that further the treatment of the clients or patients, obtaining consent when required.
- 4.10 Communicate sufficient information to other care team members while respecting the privacy of clients.
- 4.11 Ensure that private conduct does not impair the ability to fulfill professional responsibilities or bring dishonor to the profession.

- 4.12 Clearly distinguish between statements made or actions taken as a private individual and those made as a member or representative of the Department of Defense, Department of Navy, Navy Medicine, one's local command and one's professional organization.

5.0 Ethical Principles in Relationships with Colleagues

NAVMED RMT members engage in collegial relationships with peers, other chaplains, local clergy and counselors, recognizing that perspective and judgment are maintained through consultative interactions rather than through isolation. NAVMED RMT members:

- 5.1 Honor all consultations, whether personal or client-related, with the highest professional regard and confidentiality.
- 5.2 Maintain sensitivity and professional protocol of the local command and/or the certifying organization when receiving or initiating referrals.
- 5.3 Exercise due caution when communicating through the internet or other electronic means.
- 5.4 Respect each other and support the integrity and well being of their colleagues.
- 5.5 Take collegial and responsible action when concerns about or direct knowledge of incompetence, impairment, misconduct or violations against this code arise.
- 5.6 Communicate sufficient information to other care team members while respecting the privacy of clients.

6.0 Ethical Principles in Advertising

NAVMED RMT members engage in appropriate informational activities that educate the public about their professional qualifications and individual scopes of practice. NAVMED RMT members:

- 6.1 Represent their competencies, education, training and experience relevant to their practice of pastoral care, education and counseling in an accurate manner.
- 6.2 Do not use any professional identification (business cards, letterhead, Internet or phone directory, etc.) if it is false, misleading, fraudulent or deceptive.

- 6.3 List and claim as evidence only degrees and certifications that are earned from accredited educational institutions or training programs approved by the Department of Defense.
- 6.4 Ascertain that the qualifications of their subordinates, employees, supervisees and students are represented in a manner that is not false, misleading, fraudulent or deceptive.
- 6.5 Represent themselves as providing specialized services only if they have the appropriate education, training or supervised experience.

7.0 Ethical Principles in Research

NAVMED RMT members engaging in research follow guidelines, directives and applicable laws that strive to protect the dignity, privacy and well-being of all participants. NAVMED RMT members:

- 7.1 Engage only in research within the boundaries of their competencies.
- 7.2 In research activities involving human participants, are aware of and ensure that the research question, design and implementation are in full compliance with ethical principles, in full compliance with local Institutional Review Board policy and procedures and in full compliance with Department of Defense, Department of Navy, and Navy Medicine policy.
- 7.3 Engage in research while being sensitive to the cultural characteristics of participants.
- 7.4 Use any information obtained through research for professional purposes only.
- 7.5 Exercise conscientiousness in attributing sources in their research and writing thereby avoiding plagiarism.
- 7.6 Report research data and findings accurately.