



DEPARTMENT OF THE NAVY
BUREAU OF MEDICINE AND SURGERY
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IN REPLY REFER TO
BUMEDINST 1730.2A
BUMED-M00G
10 Mar 2011

BUMED INSTRUCTION 1730.2A

From: Chief, Bureau of Medicine and Surgery

Subj: NAVY MEDICINE PLAN FOR RELIGIOUS MINISTRIES INCLUDING PASTORAL CARE SERVICES

Ref: (a) Joint Commission: The Source, February 2005, Volume 3, Issue 2
(b) Common Standards for Professional Chaplaincy
(c) SECNAVINST 1730.7D
(d) OPNAVINST 1730.1D
(e) SECNAVINST 1730.8B
(f) NAVMED Policy 07-004 of 31 Jan 2007
(g) SECNAVINST 1730.9
(h) DoD 6025.18-R of 24 Jan 2003
(i) COMISS Network: Standards for Accrediting Pastoral Services, Oct 2000
(j) Association of Professional Chaplains (APC) Template for "Spiritual Care Standards of Practice"
(k) APC Template for "Hospital Plan for Chaplain Services Department"
(l) SECNAVINST 7010.6A
(m) BUMEDINST 6320.66E
(n) BUMEDINST 5430.8A

Encl: (1) Acronyms
(2) Definitions

1. Purpose. To provide direction and guidance for the delivery of religious ministry to patients, staff members, and their family members in Navy Medicine Regions, medical treatment facilities (MTFs), and clinics.

2. Cancellation. BUMEDINST 1730.2; Bureau of Medicine and Surgery (BUMED) ltr 1730, Ser 06UM00G202 of 21 Sep 06; BUMED ltr 1550 Ser 07UM09BB8112 of 21 Aug 07; BUMED ltr 1550 Ser M09B8/08UM09B8104 of 6 Mar 08; and BUMED ltr 1739 Ser 06UM00G104 of 26 Jan 06.

3. Scope. This instruction applies to all Navy Medicine Regions, MTFs, and clinics.

4. Background

a. Every Navy Medicine command is required to deliver a Command Religious Program (CRP). Navy chaplains are assigned to commands to support the commander, commanding officer (CO), or officer in charge (OIC) in the execution of that responsibility. MTFs present

unique challenges to the delivery of religious ministry. Professional Naval Chaplaincy has been defined by the Department of the Navy in terms which comply with public law and Department of Defense directives, and account for the expectations of the nation's religious organizations which endorse military chaplains for service. Understood in the context of that overarching guidance, religious ministry in the health care environment 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 religious ministry professionals working in the health care environment.

b. Reference (a), a publication of the Joint Commission, states, "Addressing and supporting patients' spirituality can not 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." Reference (a) is available at: www.professionalchaplains.org/uploadedFiles/pdf/JCAHO-evaluating-your-spiritual-assessment-process.pdf. Professional Naval 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), which is available at: <http://www.professionalchaplains.org/uploadedFiles/pdf/ommon-standards-professional-chaplaincy.pdf>.

c. Beyond the patient care responsibilities of MTF chaplains, references (c) and (d) discuss the responsibility of commanders, COs, OICs, and chaplains to provide for the free exercise of religion and the spiritual care of their staff members and their families through CRPs.

5. Action

a. Using the guidance and resources outlined in this instruction, MTF commanders and COs will develop written policies and plans for CRPs to include pastoral care services.

b. OICs of clinics and department heads of substance abuse rehabilitation programs will ensure that the religious and spiritual care of their patients, staff members, and their families is incorporated into the parent command's policies and plans for religious ministry and pastoral care services or, when applicable, develop their own written policies and plans for delivering religious ministry and pastoral care services to their patients, staff members, and their family members.

6. Religious Ministry to Patients and MTF's Staff Members and their Families. Guidance for the spiritual and moral well-being of the patients, and MTF's 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, COs, and OICs 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 CRP.

7. Placement of Religious Ministry 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, CO, or OIC with direct access to the commander, CO, or OIC, per references (d) and (f).

b. The Religious Ministry Team (RMT) may be positioned under the Special Assistant for Pastoral Care or as a Clinical Directorate or Department elsewhere in the organization. However, direct access to the commander, CO, or OIC will not be hindered. In consultation with the Regional Chaplain and Special Assistant to Chief, BUMED for Pastoral Care (BUMED-M00G), placement of the RMT in each command organization should be based on the size, mission, and other characteristics and needs of the respective command. The command chaplain will be responsible for his or her role as a special assistant and as the Director or Department Head for the Pastoral Care Department.

c. Religious Program Specialists (RPs) are part of a unique Navy rating that works directly with the chaplains to form RMTs. Per reference (d), RPs may be assigned collateral duties outside the Pastoral Care Department so long as they do not prevent the RPs from executing their primary duty to support the CRP.

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.

8. Fitness Reports and Evaluations

a. The commander, CO, or OIC 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, COs, and OICs 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 or her staff members.

c. Commanders, COs, and OICs are encouraged to include RPs in command-wide peer groups for appropriate competitive marks on evaluations.

d. Civilian personnel will receive regular evaluations as stipulated in the command's civilian personnel policy. Contract Religious Ministry Professionals (CRMPs) are civilian 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 to patients and the MTF's staff members and families. The CRMP will be assigned a contracting officer's technical representative to monitor the CRMP's performance.

9. 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, temporary additional duty (TAD) funds for professional development (see paragraph 11 below), and consumables such as rosaries, devotional items, sacred literature, devotional literature, and self-help educational material.

10. 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 religious ministry will be included in deployment operational plans and contingency plans. Tables of organization and tables of equipment will include a religious ministry element consistent with anticipated missions. Operational plans for religious ministry 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 BUMED-M00G.

11. 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 religious ministry and pastoral care 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 patients and the MTF's staff and their families.

b. To be fully qualified to provide clinical pastoral care to patients, chaplains must meet the standards in reference (b) which reflects the core competencies for health care chaplaincy. Reference (b) represents the minimum requirement for board eligibility with most national certifying bodies. Four units of Clinical Pastoral Education (CPE) from an accredited, national certifying body are the minimum requirements for board eligibility. Graduates of the Navy Medicine Pastoral Care Residencies meet the criteria in reference (b) and are considered board eligible by most national certifying bodies.

c. Chaplains who do not meet the standards in reference (b) will work under the direct clinical supervision of a board-eligible or board-certified chaplain, or be enrolled full-time in a CPE program approved by BUMED-M00G, or participate in a structured peer review program approved by BUMED-M00G.

d. For the spiritual assessment and reassessment of patients, BUMED-M00G will publish and provide standards of practice.

e. RPs should receive orientation to the unique aspects of health care ministry and participate in continuing education relevant to their assignments.

f. In addition to annual Chaplain Corps professional development training and command-specific deployment and contingency training, chaplains will complete continuing education each year in the field of health care. BUMED-M00G will provide annual training requirements. The Association of Professional Chaplains lists chaplaincy-specific continuing education opportunities on its Web page at: <http://www.professionalchaplains.org>. All RMT members will be current in locally required Health Insurance Portability and Accountability Act (HIPAA) training and command orientation requirements.

g. All chaplains, pastoral counselors, and CRMPs are expected to participate in ongoing interdisciplinary peer review and case review. Commanders, COs, and OICs will ensure that the pastoral care staff members receive proper interdisciplinary support for peer review from their clinical co-workers. BUMED-M00G publishes and maintains guidelines on the peer review program.

h. "Identity and Conduct," element IDC7 of reference (b), 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.

12. 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 and confidentiality, and the ability to use or disclose such information is governed by different standards. RMT members and patients 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 to patients. Efforts should be made to ensure that patients are aware of and understand this distinction.

b. The delivery of religious ministry, including 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. Chaplains should inform

the patient of their dual role as both a pastoral caregiver and a member of the health care treatment team. Patients should be advised that certain information communicated to the chaplain may be shared with other members of the treatment team or in a clinical supervisory session unless the patient specifically requests that such information remain in confidence with the chaplain. 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, per reference (g), 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. Reference (h) 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 confidential communications per reference (g) and use and disclose protected health information per reference (h).

13. Documentation in Patient Records

a. Navy Medicine staff chaplains and pastoral counselors will document their care in the patient records to communicate to the treatment team the pastoral care interventions provided to the patients.

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 12 above.

c. Standards of practice and SOPs for pastoral care may be developed as Pastoral Care Department guidelines, be incorporated into either ward or clinic documents, or into command-wide guidelines for patient care. References (a), (b), and (i) through (k) provide detailed guidance and examples. Reference (i) is available at: <http://www.comissnetwork.org/Standards-CCAPS-Current-Current.pdf>. Reference (j) is available at: <http://www.professionalchaplains.org/uploadedFiles/pdf/spiritual-care-standards-of-practice.pdf>. Reference (k) is available at: <http://www.professionalchaplains.org/uploadedFiles/pdf/hospital-plan-for-chaplain-department.pdf>.

14. 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.

15. Best Business Practices. The Pastoral Care Department will participate in all phases of the command's business planning. Commanders, COs, and OICs 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.
16. 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.
17. Religious Offering Fund (ROF). The ROF provides an important avenue of worship for many chapel participants. Reference (l) provides specific guidance on operating the ROF. Chaplains should be assigned as ROF administrators and RPs can be assigned as ROF custodians at their permanent duty stations. Therefore, commanders, COs, and OICs without permanently assigned chaplains will not establish or maintain ROFs.
18. HIPAA Guidance on Visiting Religious Leaders. Whereas members of the MTF's RMT work force are *de facto* members of the health care team, visiting chaplains and RPs from the patients' parent commands and community clergy are considered visiting religious leaders for HIPAA purposes. Commanders, COs, and OICs will note this distinction when describing local policy on patient directories and command notification procedures. This distinction is covered by reference (h).
19. Ministry Reports. Pastoral care staff members will submit periodic and special reports to BUMED-M00G, per reference (d), on their ministry.
20. Use of Navy Chaplains and RPs from Outside the Command. For a variety of reasons, commanders, COs, and OICs 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 religious ministry when a billet is gapped, for faith-group specific needs, or coverage when the command's chaplain(s) and RPs 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 RPs 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.

d. Basic HIPAA Orientation Training and Annual Refresher Training is a requirement of all staff and volunteers working within a MTF. All chaplains participating in a consolidated or regional duty watch bill, that covers a Navy MTF, must annually meet minimum HIPAA training requirements. MTF command chaplains are responsible to coordinate this training, maintain training records, and forward a copy of each Chaplain's training to their MTF's Staff Education and Training Department (SETD).

21. 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.

b. Civilian pastoral counselors provide an important portal of care for patients and staff members seeking mental health support. 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 (m) (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 (m).

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, COs, and OICs.

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

22. 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. Advising 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. Serving as a resource for professional consultation for Echelon 4 and 5 commands regarding the appropriate delivery of religious ministry.

c. Collecting 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 to determine manpower needs.

- d. Advising BUMED-M00G on manpower, personnel, and quality assurance issues within the regions.
- e. Supporting BUMED-M00G in its work with Echelon 4 and 5 commands by advertising informational items, discussing issues with CO and command chaplains, and providing periodic training events for RMTs in their regions.
- f. Providing close support to Echelon 4 and 5 commands that do not have full-time Navy Medicine RMTs assigned.
- g. Responsibility for planning, monitoring, advising, and evaluating all resources required to fund and support religious ministry activities within the region. This includes synchronizing religious support program requirements and budget input with other budgetary processes.
- h. Coordinating mobilization planning and support programs to provide religious ministry support for mobilization contingencies.
- i. Coordinating and overseeing regional professional development training for chaplains, RPs and other personnel assigned to the Pastoral Care Departments.
- j. Coordinating and overseeing regional peer review programs for chaplains, pastoral counselors, and contract RMPs.

23. Role of BUMED Pastoral Care (BUMED-M00G)

- a. BUMED-M00G is the Senior Supervisory Chaplain for Navy Medicine per reference (d). As the Senior Supervisory Chaplain, BUMED-M00G will, in addition to other duties in reference (d), establish and coordinate the delivery of religious ministry to include pastoral care, coordinate with regional chaplains for religious 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, per references (d) and (n), serves as the principal advisor to Chief, BUMED on matters and issues pertaining to the moral and spiritual well-being of Navy Medicine personnel. BUMED-M00G provides coordination, oversight, and guidance to all Navy Medicine Pastoral Care Departments, advises the Medical Inspector General on religious ministry to include pastoral care concerns, and is the BUMED liaison with the 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 23a and 23b 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 BUMED-M00G 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) are the organizational titles for the Chaplain of Navy Medicine's Principal Assistant. The Deputy Chaplain of Navy Medicine assists the Chaplain of Navy Medicine in the functions outlined in paragraphs 23a and 23b above. The Director, BUMED Pastoral Care Plans and Operations has decision authority for day-to-day operational concerns regarding religious ministry including pastoral care in Navy Medicine.

e. RP of Navy Medicine and Senior Enlisted Leader for Navy Medicine Pastoral Care (BUMED-M00GC) are the organizational titles for the senior RP assigned to BUMED-M00G. 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, COs, OICs, 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.

24. Acronyms. Enclosure (1) provides a list of acronyms.

25. Definitions. Enclosure (2) provides a list of definitions.

26. Reports. The reports contained in paragraph 19 are required by reference (d).


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ACRONYMS

BUMED	Bureau of Medicine and Surgery
CO	Commanding Officer
CPE	Clinical Pastoral Education
CRMP	Contract Religious Ministry Professional
CRP	Command Religious Program
HIPAA	Health Insurance Portability and Accountability Act
IDC	Identity and Conduct
MTF	Medical Treatment Facility
OIC	Officer in Charge
RMP	Religious Ministry Professional
RMT	Religious Ministry Teams
ROF	Religious Offering Fund
RP	Religious Program Specialist
SETD	Staff Education and Training Department
SOP	Standard Operating Procedure
TAD	Temporary Additional Duty

DEFINITIONS

1. Religious Ministry - Professional duties (as defined in reference (c)) performed by Navy chaplains and designated personnel, to include facilitating and/or providing for religious needs, caring for all, and advising the command.
2. Pastoral Care - Service (as defined in reference (c)) provided in the clinical setting of an MTF outside of a faith-specific context as a component of Religious Ministry. In an MTF, pastoral care as a distinct entity can be delivered by a Chaplain or a Contract Religious Ministry Professional. Due to the complexities of the religious and pastoral issues in the health care context, providers of pastoral care in MTFs must meet the competencies specified in paragraph 11 of the basic instruction.
3. Pastoral Care Department - The department in the MTF headed by the Command Chaplain and charged with the provision of Religious Ministry to the MTF.
4. Pastoral Counselor - A specialist in pastoral counseling who is trained to provide psychologically sound therapy while weaving in religious and spiritual elements.