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A Body of Knowledge: Implications and Applications

A question for students on placement.

- What is it that Healthcare Chaplains do, that is quite distinctive from any other Healthcare Professional?

Behind the question

- We are not.....
- Nurses
- Doctors
- Psychologists / CBT Practitioners /
Counsellors or Social Workers
- Physiotherapist, Occupational Therapist,
SLT, or Art Therapist, Pharmacist

Behind the question

- It is illegal for anyone to pretend to be any of these things if they were not a registered practitioner in that area
- It is illegal for anyone to be employed in one of these areas and to practice another area – e.g. Bereavement Counselling

It must be what it says on the tin!

- So what is on the “Healthcare Chaplaincy” tin?
- the ‘Healthcare’ part of that title, will imply a generic way of working common to all healthcare professionals?
- E.g. Generic to all = Person-centred care within a recognised ethical framework

What did the students come back with?

- “We pray with the patients”
- Begs a whole series of questions
- Do we?
- At whose initiation?
- What do we say?
- **BODY OF KNOWLEDGE IMPLICATION**

What did the students come back with?

- “We conduct funerals”
- Again, do we?
- Challenging circumstances
- What do we say? What do we do?
- **BODY OF KNOWLEDGE
IMPLICATION**

What did the students come back with?

- “We do ‘God stuff’ –worship and sacraments”
- Again, do we? Or do we find someone who can.
- If we don’t do ‘God’ who does?
- But how, when, why?
- **BODY OF KNOWLEDGE IMPLICATION**

What did the students come back with?

- “We do unique, skillful and nuanced work around faith or belief and mental illness”
- Do we?
- “Highland Religious Melancholia”
- BODY OF KNOWLEDGE IMPLICATION

What do the students come back with?

- “We deliver person-centred spiritual care to patients, their carers/family and staff”
- We (re-)connect people to their own core values and beliefs in order to promote recovery and maintain wellbeing
- We empower people to make good decisions (We counter ‘akrasia’ – Romans 7 v 18)
- **BODY OF KNOWLEDGE IMPLICATION**

Challenges to Person-centred Spiritual Care

- A changing picture w.r.t. faith and belief communities
- Scotland – 63% religious: 37% non-religious (2011 census)
- But the service is for ALL

Person-centred Spiritual Care

- A changing health and social care context
- Scotland's 2020 Vision

“More people being cared for in their own homes or a homely environment”

Paradigm Shifts in Health and Social Care' (Kelly 2013:53)

<u>Previous focus in health care</u>	<u>New Focus</u>
treating ill-health	promoting wellbeing
professional prescribing	empowering patient self-management
working with what is broken and needs fixed	naming and fostering assets in healthcare
focusing on Acute Care	enhancing and developing Primary and Community Care
focusing on the individual	helping groups and communities become resilient and make sense of things
institutionally based activity	community based activity

What does PCSC look like in Scotland?

- Generic Chaplaincy (since 2002)
- Three demonstrator projects
 - VBRP, CCL and PROM
- Asset-based conversations (Puchalski's FICA)
- Resilient Communities
- Draft National Delivery Plan

Values-Based Reflective Practice ®

- A different, more intentional form of Staff support
- ‘A game-changer’
- Evidence-based and evaluated
- (Re-)connecting staff to what brought them into the work in the first place

Community Chaplaincy Listening

- Taking Chaplaincy into the community
- Based mainly in GP surgeries
- Asset-based conversations
- Evaluated through the PROM
- 'Impact of Chaplaincy in Primary Care' in Health & Social Care Chaplaincy –Vol 6:2 Snowden, Gibbon and Grant

Significant change in the last decade in Scotland

- How we employ Chaplains
- How we deploy Chaplains
- What we expect Chaplains to know
- What we expect Chaplains to do
- ‘Phronesis’ (the forming of Chaplaincy character) based on reflection on practice

“New occasions teach new duties”

- A new way of working has highlighted a deficit in terms of the existing ‘Body of Knowledge’
- Need to review “Standards” and “Competencies and Capabilities” documents
- NHS Education for Scotland has commissioned this piece of work, in partnership with Scottish Leads and UKBHC

What might this process of “phronesis” look like for Chaplaincy Body of Knowledge?

- Informative work – What does a Chaplain need to know?
- Formative work – How is a Chaplain to be formed? How do we grow a Chaplain?
- Restorative work – How do we continue to grow and flourish in the work we do in the context of human disease and suffering?

Body of Knowledge – Embodied Knowledge

- So, not just a Body of Knowledge but how knowledge is embodied
- Not just a set of skills and ‘tricks of the trade’ – but the intentional use of a mature and grounded ‘self’
- Implies a lot of work on ‘self’

Residential Pastoral Supervision at the Biield

- Project work for Diploma in Pastoral Supervision
- Based on Paterson and Leach's six processes in Pastoral Supervision
- Link with work of "the Biield"

Residential Pastoral Supervision

- What if.....
- 9 Chaplains
- 3 Pastoral Supervisors
- 2 days
-to extend this reflective process.

Three pilot studies – Common Themes

- Working in situations which had divorced the chaplain's own faith from the work of the chaplain had done damage to the quality of that work
- For many, this was the first time the service had given them time to reflect on their own spiritual journey and how their work had impacted on that

RPS - themes

- A strong theme of re-connecting to vocation and re-affirmation of the importance of their own faith in what they did
- ‘I realise it is ok to pray with my colleagues – and to ask for time for that’

A new curriculum

- ‘We live in story-shaped communities’ – Stanley Hauerwas
- Scottish Chaplaincy Conference
- “Phronesis” happens as we tell our experiences in reflective practice and shared stories and let these stories shape us and our Chaplaincy community

This resource may be made available, in full or summary form, in alternative formats and community languages.
Please contact us on **0131 656 3200** or email **altformats@nes.scot.nhs.uk** to discuss how
we can best meet your requirements.



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