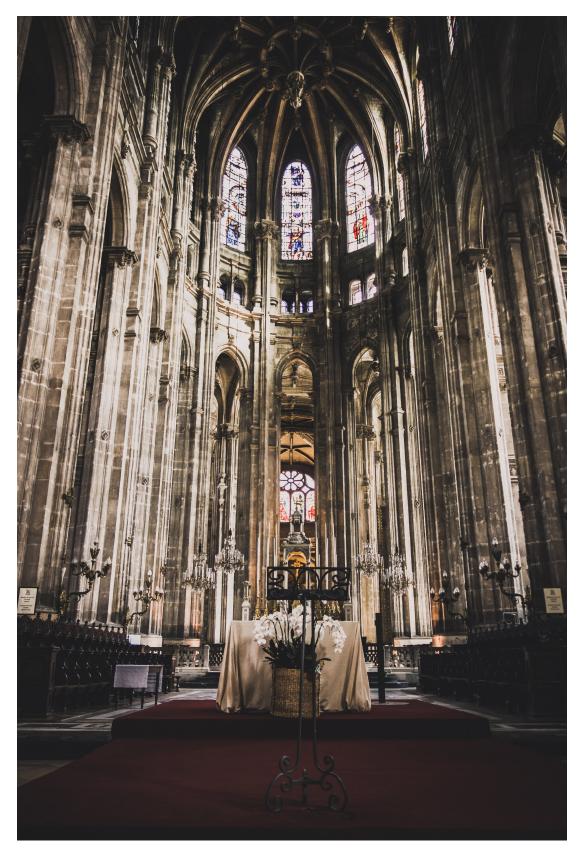# First, Do No Harm: Thoughts on CPE and the Formation of Clergy

February 23, 2019

In my work with students, there is so much content to cover to prepare them professionally for a world that asks them to become functional Swiss army knives depending on the situation.

"There's a woman in room 210 who has been crying a lot today. Can you come see her?" On their way to the room, the chaplain tries to embrace a less anxious presence and anticipates the different hats s/he may need to wear in this visit as it relates to deep listening, grief work, and holding space.

"We have a situation up here in 613, and we need a chaplain!" The urgency of the request is so startling that I find myself half way out the door of the office and on my way before I realize I have no earthly idea what I'm about to encounter, why I've been called, and whether or not I am the person they actually need. Before too long I find myself mediating a conflict between grieving family members who have not seen one another in years but whose loved one's last days has brought them together again.

The pager goes off, and it reads "Level 1 Trauma, MVC, fatality on scene, ETA 5 min." Before they know it, the chaplain has met the EMS team as they bring the patient to the trauma room where our medical team begins working immediately. "Is there any family coming? Is the patient aware of the fatality? Who do we need to contact?" Part investigative work, part staff support, and–until the family arrives–professional witness to the significance of this stranger's life, the chaplain's work moves from monotony to overwhelm in the span of minutes. The doctor arrives, "Chaplain, the family is in the room. We need to give them an update. It's not looking good. I don't know if we can save him. Let's go talk to them." Hope and despair are inseparable twins in this work, and yet that is what the chaplain must create space for within her heart if she's going to excel in this role.

A nurse pulls you aside while you're making visits on your assigned floor and shares that he doesn't feel comfortable with the treatment plan for his patient. The patient is clearly suffering, has an irreversible terminal condition, but the family can't seem to let go and wants the medical team to do everything to keep their loved one alive. "I don't know what do here, but I took an oath not to harm, and I feel like we are harming this person. Can you help me?"

These are just some of the kinds of situations my students and others in the world of chaplaincy are invited into each and every day. From grief work, to conflict resolution, to supporting the medical team in the delivery of difficult news, to helping staff and institutions deal with the reality of moral distress and bioethical issues, chaplains are required to integrate a considerable amount of information in their work as professionals on the interdisciplinary care team. They are so much more than people who simply walk around and pray with patients.

It stands to reason that preparing persons for this kind of work entails a solid grasp of evidence based practice and theoretical content so that they can give an account for why they intervened with a patient or family in a particular way, and what their desired outcome was for that intervention. Some believe that the educational process we call clinical pastoral education can be shortened through a systematized approach to content based learning in tandem with role play assessment. I don't have any personal qualms with this thought experiment. As with any educational approach, we should be able–through research–to determine whether there is veracity to the idea of changing the process through which we train chaplains actually eventuates in chaplains who are equally trained and well received by patients and staff. For the time being, however, my money is on continuing to focus on holding the tension between evidence based practice and a developmental approach to the learner's sense of authority to occupy the role(s) of chaplain in the face of numerous other authorities.

This means that while we certainly spend a considerable amount of time talking about and practicing active and reflective listening, we will spend just as much time looking at what their personal barriers are to experiencing empathy. While we may spend a good deal of time describing the role culture plays in medicine, we are also going to look at how the multiple cultures that they embody impact their development and how others receive them. While we may spend a while talking about the dynamics of grief and hope, we also need to know that this

person has the capacity to explore the inner terrain of grief and hope in their own life. We will spend time talking about the theoretical basis for silence in the face of great trauma, but we will also ask how learners personally deal with ambiguity and silence in their own lives. The outer and inner dialectic that this educational approach requires is one that takes considerable time as learners attempt to integrate head knowledge with heart-felt wisdom. Integration takes time–probably much longer than even a one year residency requires–and it requires a faithful focus on how personal history and culture informs one's ability to embody a particular posture and role where they are asked to be so many things at once. Sometimes the hardest learning is finding a way to still the mind and cross a threshold into an unknown space with the sole intent of being present to the hard reality of another person with no intent to fix, sermonize, or moralize. Only there, across from another human being whose multiplicity is as confounding as our own, do we find an opportunity to grapple with our humanity by mindfully listening to that of another.

Preparation of persons for ministry, the last vestige of the professional generalist, requires so much more than the mastery of content. In this time of growing awareness of all the ways clergy violate the sacred trust of those for whom they bear much symbolic and actual power, it behooves all players in the fields of theological education as well as the variety of religious traditions who each have their own ways of ordaining persons for ministry to spend more time screening persons for history and behaviors that raise red flags for potential work with vulnerable people in the variety of contexts within which clergy exercise their power. For this to happen, the fields that prepare persons for ministry, including CPE, would do well to see their role as primarily one having to do with aiding formation as opposed to disseminating information. All the information in the world won't prevent hurt people from hurting people, just as copious amounts of therapy and self-reflection won't automatically qualify one to be a good spiritual caregiver. In an age where seminaries and other graduate schools of theological education may be relaxing admission standards in the name of harsh financial realities related to their very existence, there are more profound ethical imperatives that need our collective attention beyond meeting budgets. At the end of the day, each of us involved in the formation of clergy bear some measure of responsibility for caring for those we may never see by virtue of the way we cared for their spiritual caregivers. If nothing else, that should at least give us pause as we develop curriculum, seek consultation, and offer the difficult but necessary feedback to persons who sometimes have no idea why they're drawn to ministry but whose very salvation feels connected to righting a historical wrong that happened to them long ago. Reducing this complexity in the service of establishing looser standards, enacting greater systemization of knowledge, and requiring less accountability to communities of faith is not in our best interests, nor does it bode well for a profession that is only recently beginning to find its authoritative footing in hospitals, armed service, prisons, higher education, and other unique contexts.

It is important to give persons as many tools for ministry as we can, but if we lose focus on the development of those who wield such tools we are complicit in the ways our students and fellow partners in ministry abuse their power. In so doing, we tarnish the integrity of a profession and discipline that serves as a reminder of humanity's multivalent wholeness and the relationship all bodies of knowledge have to the reality of mystery that calls each of us into service beyond ourselves with the ethical imperative: "First, do no harm."