

A Rubric for Board Certified Chaplain Competencies

Developed by
the “Center for Health Organization Transformation” Working Group of
the Association of Professional Chaplains,
the National Association of Catholic Chaplains, and
Neshama: Association of Jewish Chaplains

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Introduction

This is a rubric for the Board Certified Chaplain (BCC) competencies of the Association of Professional Chaplain's Board of Chaplaincy Certification, Inc. (APC/BCCI), the National Association of Catholic Chaplains (NACC), and Neshama: Association of Jewish Chaplains (NAJC). The NACC, NAJC, and APC/BCCI share a common understanding of the competencies required for a qualified chaplain to achieve certification as a professional chaplain. The three organizations hold in common thirty-one BCC competencies (and the NACC and NAJC supplement those common competencies with Catholic and Jewish competencies, respectively).

A rubric is (in the words of rubric specialists) “an assessment tool” that “sets the criteria for evaluating performance or work completed in a course or program.”¹ Rubrics promote “consistency and fairness,” “transparency,” “faster assessment,” and “identifying strengths and weaknesses,” and encourage evaluators to focus on whether the candidate meets the criteria rather than how the candidate seems to compare to other practitioners.² A rubric for assessing any given performance/work is usually depicted as a table: the rows are the “outcomes or dimensions to be rated,” the columns are the “levels of performance,” and the cells are “descriptions of each characteristic at each level of performance.”³ Rubrics are also “a communication tool” that help all participants in an evaluation process find a common vocabulary for standards, for evidence offered, and for what it means to achieve each of a range of defined levels of functioning.⁴

Rubrics have become a best practice in education generally and are also found in clinical education⁵ and in a range of professional certifications.⁶ Certification is not itself an educational process per se, compared to (say) Clinical Pastoral Education. Committee assessments/interviews are not educational per se—i.e., the goal of the committee is not to educate the chaplain who is applying for certification. But educational assessment can be one helpful lens through which to view board certification: board certification is a kind of educational assessment, an assessment of learning, of whether (and the extent to which) the chaplain has learned to be a competent professional chaplain, to function at a level of competence that professional chaplaincy organizations define.

¹ The University of Colorado Boulder's Center for Teaching & Learning, “Rubrics” (<https://www.colorado.edu/center/teaching-learning/teaching-resources/assessment/assessing-student-learning/rubrics>), which draws from—among many other rubric resources in the world of education—the University of Hawai'i at Mānoa's Assessment and Curriculum Support Center's “Creating and Using Rubrics” (<https://manoa.hawaii.edu/assessment/resources/creating-and-using-rubrics>), Dannelle D. Stevens and Antonia J. Levi, *Introduction to Rubrics: An Assessment Tool to Save Grading Time, Convey Effective Feedback, and Promote Student Learning*, Second Edition (Sterling, Virginia: Stylus Publishing, 2013), etc.

² The University of Colorado Boulder's Center for Teaching & Learning.

³ Ibid.

⁴ Ibid.

⁵ See, for example, Janine M. Bernard and Rodney K. Goodyear, *Fundamentals of Clinical Supervision*, 6th Edition (Boston, Massachusetts: Pearson, 2019), pages 231–232. Bernard & Goodyear discuss rubrics as a “trend in the development of more useful assessment instruments” and cite the promotion of rubrics by the Council for Accreditation of Counseling & Related Educational Programs.

⁶ See, for examples, the American Board of Orthopaedic Surgery, “Scoring Rubric” (<https://www.abos.org/certification/part-ii/scoring-rubric>); the Board for Certification of Genealogists, “Rubrics for Evaluating New Applications for BCG Certification” (<https://bcgcertification.org/wp-content/uploads/2020/12/BCG-New-Application-Rubrics-2021.pdf>); the National Board for Professional Teaching Standards, “Guide to National Board Certification” (<https://www.aamu.edu/academics/colleges/education-humanities-behavioral-sciences/research-outreach-centers/regional-in-service-center/documents/guide-to-nb-certification.pdf>); etc.

Chaplain certification committees have never used rubrics per se:⁷ Instead, they have depended on the language of the competencies themselves, on writing guides that describe each competency, and (most of all) on the expertise of interviewers/assessors. These volunteers donate their time and bring their own experience, education, training, rigor, dialogue with peers, and traditions of interpretation around each competency. This system has worked in many ways. But it has also had limitations. In 2020, the NACC and APC/BCCI commissioned a study of their BCC certification processes, including surveys and interviews of chaplains who have gone through the BCC process—some who achieved certification and some who did not—as well as interview-committee members. The study found that “uncertainty around the benchmark or subjectivity of competency evaluation invites speculation and perceptions of a process lacking ‘transparency.’ Candidates prefer to know how the evaluators assess competency.”⁸ And “many participants speculated that a wide range of discrepancy existed among committees.”⁹ This makes sense, given that each candidate faces an ad hoc committee of several different chaplains, each with their own sense of what passes and what does not. In other words, though chaplain certification interviewers have never used rubrics per se, one could also say that they have always used “rubrics”: they have always assessed candidates along a spectrum of competency and rendered an evaluation accordingly. They have always used “rubrics,” but hidden “rubrics”—implicit, idiosyncratic, and inconsistent.

These concerns have energized a growing consensus that chaplain certification needs an explicit rubric. A rubric would spell out more objectively what it takes to demonstrate each competency, give a finer gradient of feedback to candidates, and reduce subjectivity and therefore bias in the BCC process. The alternative (i.e., the status quo) relies too heavily on candidates deciphering what each of the three or four committee members is looking for, providing answers that they hope are familiar enough to the interviewers, and trusting that one’s materials and oral communication are as easy as possible for interviewers to relate to—all of which creates at least the perception of inequity and may actually tend to disadvantage chaplains from more marginalized social locations and backgrounds. An explicit rubric can at least try to mitigate cultural and religious misunderstandings, implicit bias, and systemic injustice. This line of thinking is why the APC/BCCI, for example, has made development of a certification rubric its top anti-racism priority.¹⁰

The process of building this rubric, of closely examining each of the thirty-one BCC competencies for clarity of assessment, led to rewording some competencies, reshaping others, and removing two. This rubric breaks down each of the remaining/recommended twenty-nine BCC competencies into specific criteria for each of four levels of functioning. From highest to lowest, these four levels are:

- Exceeds competency
- Demonstrates competency
- Needs clarification
- Does not demonstrate competency

Each page shows a single competency defined across this gradient. **To use the rubric, start with the “Demonstrates competency” column (which has bold borders): it defines the level of**

⁷ Other than the Palliative Care & Hospice Advanced Certification rubric.

⁸ Kelsey B. White, Ryan Combs, Renae Johnson, and Imisha Gurung, *Professional Health Care Chaplaincy Certification: Exploring Efficacy and Strategizing Future Directions*, National Science Foundation Center for Health Organization Transformation Report No. Pop2 (Louisville, Kentucky: University of Louisville School of Public Health and Information Sciences, 2020), 31.

⁹ 21.

¹⁰ APC Forum, February 2022, “BCCI News & Updates”

(<https://www.professionalchaplains.org/content.asp?admin=Y&pl=463&sl=463&contentid=1124>).

functioning/materials required to become a BCC. The “Needs clarification” column (to the left of “Meets standard”) defines what it looks like for a chaplain’s functioning/materials to fall short of BCC competence—maybe just barely short—on the basis of the written materials, to need improvement/development in that area or clarification with the interview panel. “Does not demonstrate competency” (to the left of “Needs clarification”) is the lowest level, a level of functioning/materials that does not just fall short of BCC competence but may be absent, harmful, or even malpractice. On the other end of the spectrum, “Exceeds competency” (to the right of “Demonstrates competency”) is above and beyond what is required of a BCC; it represents more than competence—excellence.

Chaplains in training can use the rubric to guide their formation, educators to guide their curricula, certification candidates to guide their preparation of materials, certification assessors/committees to guide their evaluations, deliberations, and feedback, and chaplains after the certification experience to inform their ongoing professional development. The rubric also offers feedback that is more detailed than yes/no (i.e., met or not). It recognizes competence as a spectrum, not just a binary. For candidates who do not achieve certification, this finer feedback offers greater support for their next attempt: a more specific sense of what functioning/materials they need to develop (and how) vs. what they need to more radically transform (and how) vs. (reassuringly, in what can often be a disheartening experience) what areas of exceptional strength they may have demonstrated. For candidates who do achieve certification, the finer feedback, especially at the high end of the spectrum, may help them identify their strengths vs. areas to target for ongoing professional development. Crucially, the “Exceeds competency” level interrupts a tendency in certification interviewers to ask too much of candidates: by making explicit what is above and beyond the standard for certification, committees can identify more clearly when they are demanding a demonstration of excellence rather than simply competence.

There is still some subjectivity in this assessment process, as in almost any assessment process, even rubric-based. Some of these BCC competencies continue to depend on more subjectivity than may be optimal. For the very first competency, Integration of Theory & Practice Competency 1, this rubric asks assessors whether the chaplain’s cited example of their caregiving is “congruent” with their stated approach to spiritual care. Professional Practice Skills Competency 5 relies on the interviewers’ sense of “best practices of grief support” without spelling those out. A next step is to gather feedback about these subjective elements and, if necessary, develop them further than this first version of the rubric (perhaps with some chaplaincy elements of the Vignette Matching Assessment Tool¹¹).

In at least one case, Professional Practice Skills Competency 3, the rubric asks for many examples (rather than assuming that, for example, a chaplain competently respects sexual-orientation differences just because the chaplain competently respects gender differences or racial differences; those actually each need to be assessed specifically, if we are as serious about this competency as we say we are). Similarly, Professional Identity and Conduct Competency 2, “Articulate ways in which one’s feelings, values, assumptions, culture, and social location affect professional practice,” asks for examples of each of those many elements: feelings, values, assumptions, etc. That may require more examples than some current BCCs had to give for that competency and more examples than this rubric requires for other competencies—yet many chaplains (“old school” and “new school” alike) would consider that single self-awareness competency one of (if not the single) most fundamental part of our training. So, next steps may include testing the feasibility of these requirements for

¹¹ Craig J. Gonsalvez, Josephine Terry, and Frank P. Deane, “Using Standardised Vignettes to Assess Practicum Competencies in Psychology and Other Disciplines” (Australian Government: Office for Learning and Teaching, 2016), cited in Bernard and Goodyear.

greater numbers of examples and/or adjusting the word limits of written materials and/or time limits of interviews accordingly. That said, this rubric is not designed to require more time from candidates or interviewers—at least not after an initial period of getting used to the rubric. Rubrics are generally time-savers, more rigorous but also more efficient (e.g., with clearer criteria, candidates may be better positioned to demonstrate—and committees better positioned to recognize—multiple competencies demonstrated in a single vignette).

Other next steps include seeking wider feedback about the rubric and honing it, piloting it with some certification candidates and/or current BCCs, and designing a research study to measure the validity and effects of the rubric. This could be the start of a new chapter for chaplain certification, but not the final chapter, and not the first chapter. Certification has always been demanding, both for candidates and assessors. The question has always been whether it is demanding in an evenhanded, open, transparent, considered way, and this rubric aims to continue our moves in that direction. William Stafford wrote that “justice will take us millions of intricate moves”¹²—and may this iteration of our BCC competencies be one such move.

¹² William Stafford, “Thinking for Berky,” *Traveling through the Dark* (New York, New York: Harper & Row, 1962), 16 (<http://williamstaffordarchives.org/images/large/Thinking%20for%20Berky.jpg>).

Section I: Integration of Theory and Practice

| | <u>Does not demonstrate competency</u> | <u>Needs clarification</u> | <u>Demonstrates competency</u> | <u>Exceeds competency</u> |
|--|---|---|---|---|
| <p>ITP1: Articulate an approach to spiritual care rooted in one’s spiritual tradition and integrated with a theory of spiritual care.</p> | <ul style="list-style-type: none"> <input type="checkbox"/> Does not name the chaplain’s own spiritual tradition, and/or <input type="checkbox"/> Does not identify a theory/theorist of chaplaincy, and/or <input type="checkbox"/> Gives a related example of the chaplain’s own work that in some additional way does not meet the Standards of Practice for Professional Chaplains.¹³ | <ul style="list-style-type: none"> <input type="checkbox"/> Names the chaplain’s own spiritual tradition but does not link it to spiritual care, and/or <input type="checkbox"/> Merely mentions but does not explain a theory/theorist of chaplaincy, and/or <input type="checkbox"/> Describes these ideas about spiritual care without any actual example from the chaplain’s own work. | <ul style="list-style-type: none"> <input type="checkbox"/> Describes the chaplain’s perspective on spiritual care in terms of the chaplain’s own spiritual tradition, and <input type="checkbox"/> Describes at least one theory/theorist of spiritual care that the chaplain applies in their practice, and <input type="checkbox"/> Gives at least one example of the chaplain’s caregiving that is congruent with their stated approach to spiritual care. | <p>Demonstrates competency, plus</p> <ul style="list-style-type: none"> <input type="checkbox"/> Applies multiple chaplaincy theories/theorists, and/or <input type="checkbox"/> Gives multiple diverse examples, and/or <input type="checkbox"/> Analyzes the limitations of their own spiritual tradition and/or primary theories/theorists on their particular approach to spiritual care, and/or <input type="checkbox"/> Generates an especially novel approach to spiritual care. |

¹³ This item appears in the “Does not demonstrate competency” section of every competency, in case the evidence that a candidate marshals for any particular competency inextricably violates some other explicit professional norm.

| | <u>Does not demonstrate competency</u> | <u>Needs clarification</u> | <u>Demonstrates competency</u> | <u>Exceeds competency</u> |
|--|---|--|---|--|
| ITP2: Provide spiritual care that incorporates a working knowledge of the academic study of religion/spirituality.¹⁴ | <input type="checkbox"/> Articulates only a religious/spiritual perspective on religion/spirituality, without also a broader academic lens, and/or <input type="checkbox"/> Gives a related example of the chaplain's own work that in some additional way does not meet the Standards of Practice for Professional Chaplains. | <input type="checkbox"/> Merely names disciplines/ideas, without describing insights into religion/spirituality, and/or <input type="checkbox"/> Describes ideas without an illustration from the chaplain's own work, and/or <input type="checkbox"/> Gives only examples that do not address a spiritual affiliation, practice, nor belief of the care recipient(s). | <input type="checkbox"/> Articulates insight into religion/spirituality from at least one academic discipline that is not explicitly religious/spiritual (e.g., psychology, sociology, anthropology, history), and <input type="checkbox"/> Illustrates the chaplain applying at least one such insight to their work with the spiritual affiliation(s), practice(s), and/or belief(s) of their care recipient(s). | Demonstrates competency, plus <input type="checkbox"/> Articulates multiple insights from multiple religious-studies perspectives, and/or <input type="checkbox"/> Gives multiple diverse examples, and/or <input type="checkbox"/> Compares, contrasts, criticizes, and/or evaluates the contributions of various religious-studies perspectives to the chaplain's spiritual care. |

¹⁴ This competency previously/currently reads, "Incorporate a working knowledge of psychological and sociological disciplines and religious beliefs in the provision of spiritual care." This is by multiple accounts the single most confusing of all current competencies. The revised competency here aims to be clearer while assessing the same spirit, which seems to be that chaplains not only apply religious/theological perspectives on religion/spirituality but also incorporate a "religious studies" lens that draws on disciplines including—but not limited to—psychology and sociology to understand religion/spirituality ("beliefs and practice," but also affiliation, symbols, and any/every other aspect of religion/spirituality).

| | <u>Does not demonstrate competency</u> | <u>Needs clarification</u> | <u>Demonstrates competency</u> | <u>Exceeds competency</u> |
|---|--|--|--|---|
| ITP3: Incorporate the spiritual and emotional dimensions of human development into one's practice of care. | <input type="checkbox"/> Describes giving spiritual care that does not vary at all across developmental differences, and/or <input type="checkbox"/> Names but does not draw on a particular developmental theory/theorist, or does not even mention one, and/or <input type="checkbox"/> Gives a related example of the chaplain's own work that in some additional way does not meet the Standards of Practice for Professional Chaplains. | <input type="checkbox"/> Describes developmentally tailored spiritual care in general/theory without specific illustration from the chaplain's own work, and/or <input type="checkbox"/> Illustrates only one phase of development, and/or <input type="checkbox"/> Addresses only spiritual or only emotional development—not both. | <input type="checkbox"/> Articulates at least one framework for understanding human development over time, and <input type="checkbox"/> Gives at least one example each of two distinct phases of development—showing how the chaplain provides different kinds of spiritual care depending on the care recipient's/recipients' phase of spiritual and emotional development. | Demonstrates competency, plus <input type="checkbox"/> Analyzes and/or evaluates an entire theory of human development, and/or <input type="checkbox"/> Cites multiple theories of human development, and/or <input type="checkbox"/> Gives examples from three or more phases of development, and/or <input type="checkbox"/> Interprets the interplay of the chaplain's own phase of spiritual/emotional development with the chaplain's practice, and/or <input type="checkbox"/> Argues for or against specific theories of human development for spiritual-care purposes today. |

| | <u>Does not demonstrate competency</u> | <u>Needs clarification</u> | <u>Demonstrates competency</u> | <u>Exceeds competency</u> |
|---|--|--|--|---|
| ITP4: Incorporate a working knowledge of at least one ethical theory¹⁵ appropriate to one’s professional context. | <input type="checkbox"/> Only names the ethical theory, or does not name it, and/or <input type="checkbox"/> Only addresses the chaplain’s own ethical commitment/conduct and/or professional code(s) of ethics, rather than an ethical theory that also guides care recipients and/or the institution the chaplain serves, and/or <input type="checkbox"/> Gives a related example of the chaplain’s own work that in some additional way does not meet the Standards of Practice for Professional Chaplains. | <input type="checkbox"/> Discusses but does not apply the ethical theories, and/or <input type="checkbox"/> Illustrates the ethical theory with examples from a context other than where the chaplain has served. | <input type="checkbox"/> Describes at least one ethical framework (e.g., consequentialism, biomedical ethics, virtue ethics, deontology), and <input type="checkbox"/> Gives at least one example of applying that framework to a situation in the chaplain’s work setting. | <p>Demonstrates competency, plus</p> <input type="checkbox"/> Evaluates and selects the more fitting of multiple ethical theories for a given case, and/or <input type="checkbox"/> Applies more than one ethical framework, and/or <input type="checkbox"/> Adapts an ethical framework to support the chaplain’s particular practice setting(s) and challenges. |

¹⁵ The latest/previous competency asked for “different”/multiple ethical theories. This was one of the most commonly missed competencies for APC/BCCI candidates. Maybe the requirement for multiple frameworks was too demanding, and it is not clear what would make a chaplain need more than one—e.g., does a hospital chaplain really need to know more than the classic “autonomy, non-maleficence, beneficence, and justice” framework (by Tom Beauchamp and James Childress)?

| | <u>Does not demonstrate competency</u> | <u>Needs clarification</u> | <u>Demonstrates competency</u> | <u>Exceeds competency</u> |
|---|---|---|--|---|
| ITP5: Articulate a conceptual understanding of group dynamics and organizational behavior. | <input type="checkbox"/> Names but does not describe theory/theorist, or does not name theory/theorist at all, and/or <input type="checkbox"/> Gives a related example of the chaplain's own work that in some additional way does not meet the Standards of Practice for Professional Chaplains.. | <input type="checkbox"/> Describes a theory of individuals in groups or a theory of groups in organizations—but not a theory of each/both—and/or <input type="checkbox"/> Summarizes a framework but does not illustrate by example. | <input type="checkbox"/> Describes a framework that interprets/predicts how individuals function in groups (e.g., members in a family)... <input type="checkbox"/> ...and how groups function in organizations (e.g., teams in an institution), and <input type="checkbox"/> Illustrates that theory with the chaplain's work. | Demonstrates competency, plus <input type="checkbox"/> Applies more than one framework for understanding groups/organizations, and/or <input type="checkbox"/> Models spiritual-care interventions at the group/organizational level, and/or <input type="checkbox"/> Adapts existing group/organizational theories across cultures. |

| | <u>Does not demonstrate competency</u> | <u>Needs clarification</u> | <u>Demonstrates competency</u> | <u>Exceeds competency</u> |
|---|--|---|---|---|
| ITP6: Articulate how primary research and research literature inform the profession of chaplaincy and one's spiritual-care practice. | <input type="checkbox"/> Merely cites research, or does not cite research, and/or <input type="checkbox"/> Espouses only opposition to chaplain research, and/or <input type="checkbox"/> Gives a related example of the chaplain's own work that in some additional way does not meet the Standards of Practice for Professional Chaplains. | <input type="checkbox"/> Applies research that is unpublished, not peer-reviewed, or not primary/clinical, and/or <input type="checkbox"/> Does not give an example of applying that research finding in practice, and/or <input type="checkbox"/> Applies the research finding unreasonably. | <input type="checkbox"/> Summarizes a published peer-reviewed report of primary/clinical research (e.g., virtually any of John Ehman's Article-of-the-Month selections), and <input type="checkbox"/> Gives an example of how the cited study has influenced the chaplain's work. | Demonstrates competency, plus <input type="checkbox"/> Summarizes multiple studies, and/or <input type="checkbox"/> Critically analyzes study strengths and weaknesses, and/or <input type="checkbox"/> Participates in own primary/clinical research. |

Section II: Professional Identity and Conduct Competencies

| | <u>Does not demonstrate competency</u> | <u>Needs clarification</u> | <u>Demonstrates competency</u> | <u>Exceeds competency</u> |
|--|---|--|---|--|
| <p>PIC1: Identify one’s professional strengths and limitations in the provision of spiritual care.¹⁶</p> | <p><input type="checkbox"/> Does not discuss the chaplain’s strengths and limitations, and/or</p> <p><input type="checkbox"/> Describes personal strength(s) and/or limitation(s) but not their professional import, and/or</p> <p><input type="checkbox"/> Names strengths and/or weaknesses but does not give examples, and/or</p> <p><input type="checkbox"/> Gives a related example of the chaplain’s own work that in some additional way does not meet the Standards of Practice for Professional Chaplains.</p> | <p><input type="checkbox"/> Demonstrates awareness of only the chaplain’s strengths...</p> <p><input type="checkbox"/> ...or only the chaplain’s limitations, and/or</p> <p><input type="checkbox"/> Demonstrates and even names but does not analyze (i.e., reflect upon) the chaplain’s strengths...</p> <p><input type="checkbox"/> ... and/or limitations.</p> | <p><input type="checkbox"/> Analyzes the chaplain’s strengths and...</p> <p><input type="checkbox"/> ... limitations...</p> <p><input type="checkbox"/> ... with examples from the chaplain’s work.</p> | <p>Demonstrates competency, plus</p> <p><input type="checkbox"/> Gives examples from a range of administrative and clinical contexts, and/or</p> <p><input type="checkbox"/> Exhaustively determines the personal and social roots of the chaplain’s strengths and limitations, and/or</p> <p><input type="checkbox"/> Develops strategies for building on the chaplain’s strengths and redressing the chaplain’s limitations.</p> |

¹⁶ The revised/suggested version of this competency removes “Be self-reflective, including...” because being self-reflective is hard to define and subjective, and structuring the competency around something that vague (and illustrating it with only one example) is likely to lead to ambiguity about what else it includes.

| | <u>Does not demonstrate competency</u> | <u>Needs clarification</u> | <u>Demonstrates competency</u> | <u>Exceeds competency</u> |
|---|--|--|--|--|
| <p>PIC2: Articulate ways in which one’s feelings, values, assumptions, culture, and social location affect professional practice.¹⁷</p> | <ul style="list-style-type: none"> <input type="checkbox"/> Does not identify the chaplain’s feelings (distinct from thoughts), and/or... <input type="checkbox"/> ...the chaplain’s values (distinct from others’ values), and/or... <input type="checkbox"/> ...the chaplain’s assumptions (distinct from universal truths), and/or... <input type="checkbox"/> ...the chaplain’s culture (distinct from individual personality), and/or... <input type="checkbox"/> ...the chaplain’s social location (distinct from common humanity), and/or <input type="checkbox"/> Gives a related example of the chaplain’s own work that in some additional way does not meet the Standards of Practice for Professional Chaplains. | <ul style="list-style-type: none"> <input type="checkbox"/> Identifies but does not give an example of the impact on the chaplain’s work of an identified feeling, and/or... <input type="checkbox"/> ...value, and/or... <input type="checkbox"/> ...assumption, and/or... <input type="checkbox"/> ...cultural aspect, and/or... <input type="checkbox"/> ...aspect of social location. | <ul style="list-style-type: none"> <input type="checkbox"/> Names at least some of the chaplain’s feelings, and... <input type="checkbox"/> ... some of the chaplain’s values, and <input type="checkbox"/> ... some of the chaplain’s assumptions, and... <input type="checkbox"/> ... some of the chaplain’s culture(s), and... <input type="checkbox"/> ...some aspects of the chaplain’s social location (e.g., race, ethnicity, class, gender, sexual orientation, age, disability, nationality, immigration status), and <input type="checkbox"/> Illustrates impacts on one’s chaplaincy of the identified feelings, and... <input type="checkbox"/> ...values, and... <input type="checkbox"/> ...assumptions, and... <input type="checkbox"/> ...culture(s), and... <input type="checkbox"/> ...aspects of social location. | <p>Demonstrates competency, plus</p> <ul style="list-style-type: none"> <input type="checkbox"/> Illustrates additional feelings, values, assumptions, cultural aspects, and elements of social location, and/or <input type="checkbox"/> Demonstrates an ability to explore in the moment previously unrecognized feelings, values, assumptions, culture, and aspects of social location. |

¹⁷ BCCI recently revised this competency to read as given here, adding “culture” and “social location” and removing “attitudes.”

| | <u>Does not demonstrate competency</u> | <u>Needs clarification</u> | <u>Demonstrates competency</u> | <u>Exceeds competency</u> |
|--|--|---|---|--|
| PIC3: Attend to one's own physical, emotional, and spiritual wellbeing. | <input type="checkbox"/> Does not demonstrate any self-care, and/or <input type="checkbox"/> Demonstrates mostly self-abuse or reckless disregard for the chaplain's own wellbeing, and/or <input type="checkbox"/> Gives a related example of the chaplain's own work that in some additional way does not meet the Standards of Practice for Professional Chaplains. | <input type="checkbox"/> Names a boundary, practice, or relationship but does not describe its impact on the chaplain's holistic wellbeing, and/or <input type="checkbox"/> Discusses importance of self-care in principle without describing any actual such boundary, practice, or relationship. | <input type="checkbox"/> Identifies one or more of the chaplain's boundaries, practices, and/or relationships that promote(s) the chaplain's own health, and... <input type="checkbox"/> ...their own integration of "head and heart," and... <input type="checkbox"/> ...their own search for and/or response to what the chaplain holds sacred. ¹⁸ | Demonstrates competency, plus <input type="checkbox"/> Describes additional self-care boundaries, practices, and relationships, and/or <input type="checkbox"/> Exhibits self-care not only outside the chaplain's working hours but also within work hours and even within care encounters appropriately. |

¹⁸ This last phrase adapts Ken Pargament's definition of spirituality, "the search for the sacred; see Kenneth Pargament, *Spiritually Integrated Psychotherapy: Understanding and Addressing and Sacred* (New York, New York: The Guilford Press, 2007).

| | <u>Does not demonstrate competency</u> | <u>Needs clarification</u> | <u>Demonstrates competency</u> | <u>Exceeds competency</u> |
|--|---|---|--|---|
| PIC4: Respects the physical, emotional, cultural, and spiritual boundaries of others. | <input type="checkbox"/> Demonstrates willful, unrepentant, and/or careless violation of another's boundary, and/or <input type="checkbox"/> Gives a related example of the chaplain's own work that in some additional way does not meet the Standards of Practice for Professional Chaplains | <input type="checkbox"/> Does not identify at least one physical boundary set by another person,, and/or <input type="checkbox"/> ...at least one emotional boundary set by another person,, and/or... <input type="checkbox"/> ...at least one cultural boundary set by another person,, and/or... <input type="checkbox"/> ...at least one spiritual boundary set by another person, and/or <input type="checkbox"/> Identifies but does not give examples of all identified boundaries. <input type="checkbox"/> Demonstrates mistaken violation of another's boundary and an effort to repair. | <input type="checkbox"/> Identifies a physical boundary set by another person (i.e., not [only] the chaplain's own physical boundary) and <input type="checkbox"/> ...an emotional boundary set by another person, and... <input type="checkbox"/> ...a cultural boundary set by another person, and... <input type="checkbox"/> ...a spiritual boundary set by another person, and <input type="checkbox"/> Illustrates how the chaplain respected each boundary. | Demonstrates competency, plus <input type="checkbox"/> Recognizes both explicit and implicit boundaries of others. |

| | <u>Does not demonstrate competency</u> | <u>Needs clarification</u> | <u>Demonstrates competency</u> | <u>Exceeds competency</u> |
|--|---|---|--|---|
| PIC5: Use appropriately one's professional authority as a chaplain. | <input type="checkbox"/> Does not discuss the chaplain's authority, and/or <input type="checkbox"/> Gives example of the chaplain over-stepping the chaplain's authority, and/or <input type="checkbox"/> Gives a related example of the chaplain's own work that in some additional way does not meet the Standards of Practice for Professional Chaplains | <input type="checkbox"/> Illustrates standing up to the institution but not serving the institution, or <input type="checkbox"/> Illustrates serving the institution but not standing up to the institution. | <input type="checkbox"/> Identifies at least one legitimate source of the chaplain's authority as a chaplain, and <input type="checkbox"/> Gives an example of when the chaplain drew on that authority to serve an institution that employs/employed the chaplain, and <input type="checkbox"/> Gives an example of when the chaplain drew on that authority to stand up to the institution that employs/employed the chaplain. | Demonstrates competency, plus <input type="checkbox"/> Illustrates multiple sources of the chaplain's authority, and/or <input type="checkbox"/> Cites multiple examples of the chaplain taking up leadership, fully occupying/embodying the role of chaplain, and engaging their context of care with a strong sense of purpose, belonging, and worth/value. |

| | <u>Does not demonstrate competency</u> | <u>Needs clarification</u> | <u>Demonstrates competency</u> | <u>Exceeds competency</u> |
|--|--|--|--|--|
| PIC6: Advocate for the persons in one's care. | <input type="checkbox"/> Does not describe advocating as a chaplain, and/or <input type="checkbox"/> Gives a related example of the chaplain's own work that in some additional way does not meet the Standards of Practice for Professional Chaplains | <input type="checkbox"/> Attests to advocating but does not give examples, and/or <input type="checkbox"/> Gives examples of purported advocacy that express the chaplain's own needs but not the needs of the care recipient(s). | <input type="checkbox"/> Illustrates the chaplain speaking up for the needs of their care recipient(s). | Demonstrates competency, plus <input type="checkbox"/> Gives additional such examples, and/or <input type="checkbox"/> Spells out the chaplain's criteria for when (and when not) to advocate, and/or <input type="checkbox"/> Illustrates how the chaplain has helped care recipients advocate for themselves. |
| PIC7: Function within the APC/NACC/NAJC Code of Ethics. | <input type="checkbox"/> Demonstrates violation of any aspect of the APC/NACC/NAJC Code of Ethics, and/or <input type="checkbox"/> Gives a related example of the chaplain's own work that in some additional way does not meet the Standards of Practice for Professional Chaplains. | <input type="checkbox"/> Attests to complying with the APC/NACC/NAJC Code of Ethics—in general or with a particular section/subsection— but does not give any example. | <input type="checkbox"/> Cites at least one section/subsection of the APC/NACC/NAJC Code of Ethics and illustrates how the chaplain complies with that norm. | Demonstrates competency, plus <input type="checkbox"/> Illustrates compliance with more than one section/subsection of the APC/NACC/NAJC Code of Ethics, and/or <input type="checkbox"/> Demonstrates grappling with a difficult ethical issue using the APC/NACC/NAJC Code of Ethics as a guide. |

| | <u>Does not demonstrate competency</u> | <u>Needs clarification</u> | <u>Demonstrates competency</u> | <u>Exceeds competency</u> |
|--|--|----------------------------|--------------------------------|---------------------------|
| PIC8: Communicate professionally orally and in writing. | | | | |
| PIC9: Present oneself in a manner that reflects professional behavior, including appropriate attire, and grooming. ¹⁹ | | | | |

¹⁹ This rubric would delete these two latest/previous competencies. They are especially subjective to assess and especially risky/problematic from an anti-bias perspective, and they are at least somewhat redundant: our graduate-education prerequisite and the certification materials and interview themselves should evidence at least effective enough writing and speaking ability, and our work-experience requirement should ensure that Board Certified Chaplains meet the (diverse) dress codes of whoever employs them.

Section III: Professional Practice Skills Competencies

| | <u>Does not demonstrate competency</u> | <u>Needs clarification</u> | <u>Demonstrates competency</u> | <u>Exceeds competency</u> |
|--|--|---|---|--|
| <p>PPS1: Establish, deepen, and conclude professional spiritual-care relationships with sensitivity, openness, and respect.</p> | <p><input type="checkbox"/> Labels or explains these values without any specific example of relationship, and/or</p> <p><input type="checkbox"/> Conveys insensitivity, inhospitality, or disrespect in either or both cited examples, and/or</p> <p><input type="checkbox"/> Gives a related example of the chaplain's own work that in some additional way does not meet the Standards of Practice for Professional Chaplains.</p> | <p><input type="checkbox"/> Does not specifically address each of these three phases of relationship.</p> | <p>Illustrates the chaplain's care over the course of at least one relationship, demonstrating a blend of sensitivity, openness, and respect in three phases of the relationship:</p> <p><input type="checkbox"/> in the beginning/establishing of the relationship, and...</p> <p><input type="checkbox"/> ...in the middle/deepening of the relationship, and...</p> <p><input type="checkbox"/> ...in the ending/concluding of the relationship.</p> | <p>Demonstrates competency, plus</p> <p><input type="checkbox"/> Breaks down sensitivity, openness, and respect into each individual value and illustrates each, and/or</p> <p><input type="checkbox"/> Compares and contrasts the specific values, phases, and relationships from each other, and/or</p> <p><input type="checkbox"/> Creates an original solution to a dilemma/challenge when trying to embody one or more of these values in one more of these phases in relationship.</p> |

| | <u>Does not demonstrate competency</u> | <u>Needs clarification</u> | <u>Demonstrates competency</u> | <u>Exceeds competency</u> |
|---|--|---|---|---|
| PPS2: Provide effective spiritual support that contributes to the wellbeing of care recipients, including patients (or the relevant analogue in a non-healthcare setting), their families/friends, and staff.²⁰ | <input type="checkbox"/> Eschews any orientation to outcomes of spiritual care, and/or <input type="checkbox"/> Demonstrates care that is largely ineffective and/or largely harmful, and/or <input type="checkbox"/> Gives a related example of the chaplain's own work that in some additional way does not meet the Standards of Practice for Professional Chaplains. | <input type="checkbox"/> Does not articulate any particular desired outcome, and/or <input type="checkbox"/> Does not address the chaplain's contribution to said outcome, and/or <input type="checkbox"/> Gives examples of the chaplain's positive impact on only one or two of these three kinds of care recipients. | <input type="checkbox"/> Articulates at least one desired outcome of the chaplain's care, and <input type="checkbox"/> Speculates on how the chaplain's care contributes to said outcome(s), and <input type="checkbox"/> Gives one example involving a patient (or inmate, student, service member, frontline worker, etc.), and <input type="checkbox"/> Gives another example involving the patient's (or analogue's) family/friends, and <input type="checkbox"/> Gives a third example involving (additional) institutional staff (e.g., nurse, doctor, guard, support staff, management). | Demonstrates competency, plus <input type="checkbox"/> Goes beyond speculation to actually illustrate empirically the positive impact of the chaplain's care, citing feedback from care recipients or observed changes, etc. |

²⁰ This is a revision to the latest/previous version of this competency, which reads “care recipients, their families, and staff.” Families and staff are also care recipients. And yet we can't just say “patients,” because not all chaplains serve healthcare contexts: inmate, detainees, students/faculty, uniformed service members, etc. are each analogous to patients in different chaplaincy sectors/contexts. So “patients (or the relevant analogue in a non-healthcare setting), their families/friends, and staff” is both more inclusive and more precise.

| | <u>Does not demonstrate competency</u> | <u>Needs clarification</u> | <u>Demonstrates competency</u> | <u>Exceeds competency</u> |
|---|--|--|--|--|
| PPS3: Provide spiritual care that respects diversity, relative to differences in race, culture, gender, sexual orientation, etc. | <input type="checkbox"/> Demonstrates care that largely imposes the chaplain's own understanding over the care recipients' self-understanding, and/or <input type="checkbox"/> Gives a related example of the chaplain's own work that in some additional way does not meet the Standards of Practice for Professional Chaplains. | <input type="checkbox"/> Describes general openness to others' self-understandings but without specific professional examples of how the chaplain's spiritual care honors such differences, and/or Lacks examples of the chaplain's respect for: <input type="checkbox"/> ...care recipients of different racial identities from each other, and/or... <input type="checkbox"/> ...care recipients of different cultural identities from each other, and/or... <input type="checkbox"/> ... care recipients of different gender identities from each other, and/or... <input type="checkbox"/> ... care recipients of different sexual orientations from each other. <input type="checkbox"/> Relies on stereotypes, i.e., a shallow version of cultural competence. | Illustrates openness to and honoring of others' self-understandings in the chaplain's care of... <input type="checkbox"/> ...care recipients of different racial identities from each other (i.e., not just care of someone who is different <i>from the chaplain</i> in terms of race, but rather two or more care recipients of different races), and... <input type="checkbox"/> ...care recipients of different cultural identities from each other, and... <input type="checkbox"/> ...care recipients of different gender identities from each other, and... <input type="checkbox"/> ...care recipients of different sexual orientations from each other. | Demonstrates competency, plus <input type="checkbox"/> Conveys an ongoing practice of cultural humility, i.e., the chaplain engages in ongoing reflection on their practice that increases the chaplain's self-awareness, enriches the chaplain's power analyses, and supports the chaplain's increasingly respectful spiritual care. |

| | <u>Does not demonstrate competency</u> | <u>Needs clarification</u> | <u>Demonstrates competency</u> | <u>Exceeds competency</u> |
|--|--|---|--|--|
| PPS4: Triage and manage crises in the practice of spiritual care. | <input type="checkbox"/> Does not discuss competing spiritual-care needs, and/or <input type="checkbox"/> Does not discuss the chaplain's prioritization/ranking decisions, and/or <input type="checkbox"/> Does not describe the chaplain's response/actions, and/or <input type="checkbox"/> Does not evaluate the chaplain's triage decisions, and/or <input type="checkbox"/> Gives a related example of the chaplain's own work that in some additional way does not meet the Standards of Practice for Professional Chaplains. | <input type="checkbox"/> Alludes to but does not lay out the competing spiritual-care needs, and/or <input type="checkbox"/> Prioritized/ranked the competing needs inappropriately, and/or <input type="checkbox"/> Took largely ineffective action to address those needs, and/or <input type="checkbox"/> Largely misevaluated the outcomes of their crisis management. | <input type="checkbox"/> Describes at least one moment at which the chaplain accurately assessed there to be competing spiritual-care needs, then... <input type="checkbox"/> ...prioritized/ranked them appropriately, then... <input type="checkbox"/> ...took effective action, then... <input type="checkbox"/> ...realistically evaluated the outcomes of those choices. | Demonstrates competency, plus <input type="checkbox"/> Gives additional examples, and/or <input type="checkbox"/> Analyzes systemic determinants of crises and works to remedy them toward avoiding/minimizing crises. |

| | <u>Does not demonstrate competency</u> | <u>Needs clarification</u> | <u>Demonstrates competency</u> | <u>Exceeds competency</u> |
|---|---|---|--|---|
| PPS5: Provide spiritual care to persons experiencing loss and grief. | <input type="checkbox"/> Merely names loss and grief without describing the chaplain's care around it, and/or <input type="checkbox"/> Demonstrates a largely harmful response to loss and grief (e.g., ignoring, badgering, bright siding, minimizing, spiritualizing), and/or <input type="checkbox"/> Gives a related example of the chaplain's own work that in some additional way does not meet the Standards of Practice for Professional Chaplains. | <input type="checkbox"/> Limits understanding of loss and grief to death per se, and/or <input type="checkbox"/> Misses multiple opportunities to provide grief support. | <input type="checkbox"/> Demonstrates the chaplain's understanding of loss and grief as wider than just about death per se, and <input type="checkbox"/> Models best practices of loss and grief support. | <p>Demonstrates competency, plus</p> <input type="checkbox"/> Compares and contrasts at least two different experiences of loss and grief paired with correspondingly different spiritual-care interventions, and/or <input type="checkbox"/> Integrates multiple frameworks/models of loss and grief (e.g., ambiguous loss and anticipatory grief). |

| | <u>Does not demonstrate competency</u> | <u>Needs clarification</u> | <u>Demonstrates competency</u> | <u>Exceeds competency</u> |
|--|---|--|---|--|
| PPS6: Provide religious/spiritual resources that are appropriate to given care recipients, their spiritualities/religions, their contexts, and their goals. ²¹ | <input type="checkbox"/> Does not explain the chaplain’s rationale for providing a given resource, and/or <input type="checkbox"/> Selects religious/spiritual resources that are largely inappropriate or only generic, and/or <input type="checkbox"/> Does not provide any resources (i.e., relies on care recipients to supply all of their own resources), and/or <input type="checkbox"/> Gives a related example of the chaplain’s own work that in some additional way does not meet the Standards of Practice for Professional Chaplains. | <p>Gives only a partial rationale, without establishing the appropriateness of the spiritual resource provided in terms of the care recipient’s/ recipients’ particular...</p> <input type="checkbox"/> ... spirituality/spiritualities, <input type="checkbox"/> ...circumstances, and/or <input type="checkbox"/> ...hopes/intentions /aims. | <input type="checkbox"/> Recounts the chaplain supplying a religious/spiritual resource (e.g., a text, object, service, ritual, prayer, song, meditation) to their care recipient(s), and <p>Explains the rationale by which the chaplain intentionally selected that resource, given the care recipient’s/ recipients’ particular...</p> <input type="checkbox"/> ... spirituality/spiritualities and... <input type="checkbox"/> ...circumstances and... <input type="checkbox"/> ...hopes/intentions /aims. | <p>Demonstrates competency, plus</p> <input type="checkbox"/> Marshals a wide range of religious/spiritual modalities, and/or <input type="checkbox"/> Furnishes not only customary religious/spiritual resources but spiritual resources that are customized for specific care recipients, contexts, and/or goals. |

²¹ This is a revision to the latest version of this competency, which reads “...appropriate to the care recipients, families, and staff.” This proposed revision 1) (like the proposed revision to PPS2) acknowledges that families and staff are care recipients and 2) gives some upfront definition to what makes religious/spiritual resources appropriate: their fit with the care recipients (not just the chaplain), their contexts (not some other context or just generically), and their goals (not somebody else’s goals for them—i.e., giving at least some weight to the care recipient’s own autonomy).

| | <u>Does not demonstrate competency</u> | <u>Needs clarification</u> | <u>Demonstrates competency</u> | <u>Exceeds competency</u> |
|--|--|--|--|--|
| PPS7: Develop, coordinate, and facilitate public/semi-public liturgy appropriate to a range of settings and needs.²² | <input type="checkbox"/> Describes only a liturgy from beyond the chaplain’s institution, and/or <input type="checkbox"/> Describes only a service within a single family of care recipients, and/or <input type="checkbox"/> Gives an example of a liturgy that is largely inappropriate to the given setting and/or needs, and/or <input type="checkbox"/> Gives a related example of the chaplain’s own work that in some additional way does not meet the Standards of Practice for Professional Chaplains. | <input type="checkbox"/> Gives only one example, and/or <input type="checkbox"/> Gives two examples but with no difference in setting, and/or <input type="checkbox"/> Gives two examples but addressing only the same need, and/or Asserts that but does not describe how the chaplain... <input type="checkbox"/> ... selected/designed the particular service/ceremony, and... <input type="checkbox"/> ... organized/publicized the particular service/ceremony, and... <input type="checkbox"/> ... officiated the particular service/ceremony. | <input type="checkbox"/> Gives at least two examples—different both in terms of setting and need addressed—of the chaplain leading a ceremony/service within the chaplain’s institution but beyond one family of care recipients (e.g., a memorial, worship, weekly meditation sessions, prayer service), and In each example, describes how the chaplain... <input type="checkbox"/> ... selected/designed the particular service/ceremony, and... <input type="checkbox"/> ... organized/publicized the particular service/ceremony, and... <input type="checkbox"/> ... officiated the particular service/ceremony. | Demonstrates competency, plus <input type="checkbox"/> Creates/adapts liturgies to make them even more appropriate to different settings and needs. |

²² This is a revision to the latest/previous version of this competency, which reads “...public worship/spiritual practices. “Worship” seems more narrowly theistic than “liturgy,” and “semi-public” opens the door to—say—a memorial service that is only for the staff of a particular unit the hospital, i.e., not fully public (but neither as private as a bedside service).

| | <u>Does not demonstrate competency</u> | <u>Needs clarification</u> | <u>Demonstrates competency</u> | <u>Exceeds competency</u> |
|--|---|--|---|--|
| PPS8: Facilitate care recipients' own theological/spiritual/philosophical reflection. ²³ | <input type="checkbox"/> Explores neither the care recipient's spirituality nor lived experience, and/or <input type="checkbox"/> Discusses only the chaplain's theological/spiritual/philosophical reflection, rather than the care recipient's/recipients' and/or <input type="checkbox"/> Gives a related example of the chaplain's own work that in some additional way does not meet the Standards of Practice for Professional Chaplains. | <input type="checkbox"/> Supports exploration of the care recipient's/recipients' spirituality only apart from the care recipient's lived experience, and/or <input type="checkbox"/> Supports exploration of the care recipient's/recipients' lived experience only apart the care recipient's/recipients' spirituality. | Illustrates the chaplain supporting the care recipient's/recipients' exploration of... <input type="checkbox"/> ... what the <i>lived experience</i> of the care recipient(s) may mean to the care recipient(s) in light of some aspect of the <i>spirituality</i> of the care recipient(s), and/or... <input type="checkbox"/> ...what some aspect of the <i>spirituality</i> of the care recipient(s) may mean to the care recipient(s) in light of the <i>lived experience</i> of the care recipient(s). | Demonstrates competency, plus <input type="checkbox"/> Not only helps the care recipient(s) explore new meaning but helps them to actually arrive at new insight and/or take new actions, and/or Gives both examples of supporting... <input type="checkbox"/> ...exploration of <i>life</i> in terms of <i>spirituality</i> , and <input type="checkbox"/> ... exploration of <i>spirituality</i> in terms of <i>life</i> . |

²³ This is a revision to the latest/previous version of this competency, which reads "Facilitate theological/spiritual reflection for those in one's care practice." The proposed changes 1) correct the biggest misunderstanding of this competency, that it is about *the chaplain's* theological reflection, and 2) add "philosophical" to emphasize inclusion of secular/nonreligious care recipients.

| | <u>Does not demonstrate competency</u> | <u>Needs clarification</u> | <u>Demonstrates competency</u> | <u>Exceeds competency</u> |
|---|---|---|--|--|
| PPS9: Facilitate group processes in the provision of spiritual care. ²⁴ | <input type="checkbox"/> Demonstrates largely avoidance of group settings for spiritual care, and/or <input type="checkbox"/> Gives a related example of the chaplain’s own work that in some additional way does not meet the Standards of Practice for Professional Chaplains. | <input type="checkbox"/> Illustrates merely passive participation/presence. <input type="checkbox"/> Illustrates participation not as a spiritual-care provider but in a different role (e.g., a care recipient, a manager). | <input type="checkbox"/> Illustrates the chaplain’s active participation as a spiritual-care provider in group settings (e.g., support group, intra-family meeting, staff-family meeting, after-trauma care, team debriefing, interdisciplinary rounds). | Demonstrates competency, plus <input type="checkbox"/> Describes taking up leadership (e.g., setting the structure) of a group process. |

²⁴ This is a revision to the latest/previous version of this competency, which reads “Facilitate group processes, such as family meetings, post trauma, staff debriefing, and support groups.” The proposed changes 1) move the specific examples out of the competency title (to be consistent with all other competencies, which have their examples only in the competency description, not the title) and 2) specify that the chaplain facilitates these group processes *in the provision of spiritual care*, i.e., without stepping beyond the role of chaplain.

| | <u>Does not demonstrate competency</u> | <u>Needs clarification</u> | <u>Demonstrates competency</u> | <u>Exceeds competency</u> |
|---|--|---|--|--|
| PPS10: Make and use spiritual assessments to inform chaplain interventions and contribute to interdisciplinary plans of care.²⁵ | <input type="checkbox"/> Gives no example, and/or <input type="checkbox"/> Espouses an opposition to chaplain assessment, intervention, and/or interdisciplinary communication, and/or <input type="checkbox"/> Gives a related example of the chaplain's own work that in some additional way does not meet the Standards of Practice for Professional Chaplains. | <input type="checkbox"/> Gives no example of assessment (e.g., only “presence” without assessment), and/or <input type="checkbox"/> Gives no example of an assessment-informed intervention (e.g., provides interventions only intuitively), and/or <input type="checkbox"/> Gives no example of interdisciplinary communication (e.g., largely avoids sharing the chaplain's assessment with non-chaplain teammates), and/or | Illustrates the chaplain... <input type="checkbox"/> ... using evidence to determine the care recipient's/recipients' main spiritual concern, history of present spiritual concern, past history of spiritual distress, and/or review of at least one spiritual system/resource/area (according to any spiritual-assessment tool/framework), and... <input type="checkbox"/> ... taking an intentional spiritual-care action informed by that assessment, and... <input type="checkbox"/> ... sharing at least some aspect of that assessment with at least one non-chaplain member of the interdisciplinary team. | Demonstrates competency, plus <input type="checkbox"/> Demonstrates facility with more than one spiritual-assessment tool. <input type="checkbox"/> Develops/adapts a spiritual-assessment tool/framework of their own, and/or <input type="checkbox"/> Demonstrates a practice of re-assessment over the course of a caring relationship. |

²⁵ This is a revision to the latest/previous version of this competency, which reads “Formulate and utilize spiritual assessments, interventions, outcomes, and care plans in order to contribute effectively to the well-being the person receiving care.” The proposed changes simplify and clarify the language, reduce overlap with PPS2 about outcomes and effectiveness, and lift up an emphasis in otherwise not required for certification: collaboration with the interdisciplinary team.

| | <u>Does not demonstrate competency</u> | <u>Needs clarification</u> | <u>Demonstrates competency</u> | <u>Exceeds competency</u> |
|--|--|--|--|--|
| PPS11: Document one’s spiritual care accurately, cautiously, and usefully and in the appropriate records. ²⁶ | <p>Includes in the chaplain’s documentation</p> <ul style="list-style-type: none"> <input type="checkbox"/> significant inaccuracies, and/or... <input type="checkbox"/> ...legally/ethically risky language/information, and/or... <input type="checkbox"/> ...irrelevant material, and/or <p><input type="checkbox"/> Gives a related example of the chaplain’s own work that in some additional way does not meet the Standards of Practice for Professional Chaplains</p> | <ul style="list-style-type: none"> <input type="checkbox"/> Provides documentation but without rationale, and/or <input type="checkbox"/> Provides rationale without actual/hypothetical documentation, and/or <input type="checkbox"/> Provides rationale only for what the chaplain includes, or... <input type="checkbox"/> ...only for what the chaplain does not include. | <ul style="list-style-type: none"> <input type="checkbox"/> Illustrates accuracy, caution, and usefulness of documentation with at least one (actual or hypothetical) example of on-the-record documentation of a spiritual-care encounter (e.g., a note in the electronic healthcare record, an email handoff to a chaplain colleague, a progress note in the chaplain’s log), and <input type="checkbox"/> Describes the chaplain’s rationale for what to include in the given example of documentation (e.g., what policies require, what is relevant to the interdisciplinary team)... <input type="checkbox"/> ...and what not to include (e.g., language beyond the chaplain’s scope of practice, superfluous details). | <p>Demonstrates competency, plus</p> <ul style="list-style-type: none"> <input type="checkbox"/> Supplies not only what the chaplain documented or would have documented in their current context but also what the chaplain might have documented in alternative contexts (e.g., under different institutional documentation norms). |

²⁶ This is a revision to the latest/previous version of this competency, which reads “effectively” where the proposed language reads “accurately, carefully, and usefully”—which seem to be the three qualities of good documentation, clearer/more than “effective.”

Section IV: Organizational Leadership Competencies

| | <u>Does not demonstrate competency</u> | <u>Needs clarification</u> | <u>Demonstrates competency</u> | <u>Exceeds competency</u> |
|--|---|---|--|---|
| OL1: Promote the integration of spiritual care into the life and service of the institution in which one functions. | <input type="checkbox"/> Largely undercuts, marginalizes, or in some other way hampers the integration of spiritual care into the institution, and/or <input type="checkbox"/> Gives a related example of the chaplain's own work that in some additional way does not meet the Standards of Practice for Professional Chaplains | <input type="checkbox"/> States the mission but does not describe how the chaplain supports that mission, and/or <input type="checkbox"/> Does no harm to spiritual care's integration into the institution but does not intentionally/consciously pursue further integration. | <input type="checkbox"/> States the mission of the chaplain's primary institution served (e.g., the hospital, the prison, the university), and <input type="checkbox"/> Describes the chaplain's sense of how their work has supported that mission, and <input type="checkbox"/> Includes at least one example of a positive, intentional activity the chaplain has undertaken to deepen, widen, or elevate the role of spiritual care in that institution. | Demonstrates competency, plus <input type="checkbox"/> Demonstrates a variety of positive, intentional activities at multiple levels of the institution's hierarchy, and/or <input type="checkbox"/> Describes not only how their work supports the institution's mission but also how their chaplaincy influences, hones, and/or appropriately challenges the institution's mission. |

| | <u>Does not demonstrate competency</u> | <u>Needs clarification</u> | <u>Demonstrates competency</u> | <u>Exceeds competency</u> |
|--|--|--|---|--|
| OL2: Establish and maintain intradisciplinary and interdisciplinary relationships.²⁷ | <input type="checkbox"/> Conveys a largely solo approach to their work, and/or <input type="checkbox"/> Gives a related example of the chaplain's own work that in some additional way does not meet the Standards of Practice for Professional Chaplains | <input type="checkbox"/> Gives examples only with chaplains, or <input type="checkbox"/> Gives examples only with non-chaplains, and/or... <input type="checkbox"/> Illustrates beginning but not sustaining the relationships | Illustrates the chaplain beginning and sustaining professional relationships... <input type="checkbox"/> ...with chaplain colleagues and... <input type="checkbox"/> ...with non-chaplain colleagues. | Demonstrates competency, plus <input type="checkbox"/> Demonstrates teamwork within and across disciplines even with especially challenging circumstances, personalities, histories, and/or dynamics. |

²⁷ This is a revision to the latest/previous version of this competency, which reads “professional and interdisciplinary” rather than “intradisciplinary and interdisciplinary.” The proposed revision reduces redundancy (i.e., what does “professional” add?) and takes the opportunity to engage a vital part of chaplaincy that is otherwise absent from the certification competencies: teamwork/collegiality with fellow chaplains.

| | <u>Does not demonstrate competency</u> | <u>Needs clarification</u> | <u>Demonstrates competency</u> | <u>Exceeds competency</u> |
|---|---|--|---|---|
| OL3: Understand and function within the chaplain’s institutional culture and systems, including utilizing business best practices appropriate to one’s role in the organization. ²⁸ | <input type="checkbox"/> Does not identify any institutional culture or systems, and/or <input type="checkbox"/> Does not identify any management, administrative, nor customer-service aspects of the chaplain’s functioning, and/or <input type="checkbox"/> Gives a related example of the chaplain’s own work that in some additional way does not meet the Standards of Practice for Professional Chaplains. | <input type="checkbox"/> Identifies an aspect of their institution’s culture but not any particular system, or... <input type="checkbox"/> ...a system but not any particular aspect of the institution’s culture, and/or <input type="checkbox"/> Demonstrates a business practice but not a best/advisable practice. | <input type="checkbox"/> Reflecting on the chaplain’s institution (e.g., their hospital, prison, university), identifies at least one of its systems (e.g., organizational structure, compliance, risk management, human resources, branding/marketing)... <input type="checkbox"/> ...and at least one aspect of its culture (i.e., its characteristic norms, attitudes, beliefs, habits, values, etc.), and <input type="checkbox"/> Illustrates how the chaplain embodies best practices of management (of self and/or others), administration, and/or customer service. | Demonstrates competency, plus <input type="checkbox"/> Demonstrates not only navigating the existing culture and systems but working to influence/improve culture and systems. |

²⁸ This is a revision to the latest/previous version of this competency, which reads “business principles and practices” rather than “business best practices.” The proposed vision makes it simpler to demonstrate by merging principles and practices into best practices.

| | <u>Does not demonstrate competency</u> | <u>Needs clarification</u> | <u>Demonstrates competency</u> | <u>Exceeds competency</u> |
|--|--|---|---|--|
| OL4: Advocate for and facilitate ethical decision-making in one's workplace.²⁹ | <input type="checkbox"/> Demonstrates largely imposing the chaplain's own personal principles and/or preferred outcomes on the ethical decision-making process, and/or <input type="checkbox"/> Misses most opportunities to engage with ethical decision-making in the chaplain's context, and/or <input type="checkbox"/> Gives a related example of the chaplain's own work that in some additional way does not meet the Standards of Practice for Professional Chaplains. | <input type="checkbox"/> Advocates/initiates but does not facilitate/assist ethical decision-making, or <input type="checkbox"/> Facilitates/assists but does not advocate/initiate ethical decision-making, and/or <input type="checkbox"/> Cites only examples from outside the chaplain's own service context. | <input type="checkbox"/> Gives an example of the chaplain prompting/encouraging their organization's member(s) to consider ethical principles in making a particular choice (i.e., <i>advocating for</i> ethical decision-making), and <input type="checkbox"/> Gives an example of the chaplain assisting in the actual process of discerning and applying ethical principles to a particular choice (i.e., <i>facilitating</i> ethical decision-making). | Demonstrates competency, plus <input type="checkbox"/> Gives examples both within and beyond the chaplain's own department. |

²⁹ This is a revision to the latest/previous version of this competency, which reads "Promote, facilitate, and support" rather than "Advocate for and facilitate." The proposed revision basically defines "promote" as "advocate for" and assumes that support comprises just advocacy and facilitation.

| | <u>Does not demonstrate competency</u> | <u>Needs clarification</u> | <u>Demonstrates competency</u> | <u>Exceeds competency</u> |
|--|---|---|---|---|
| OL5: Foster a collaborative relationship with community clergy and faith-group leaders. | <input type="checkbox"/> Demonstrates largely disrespect to any community spiritual leader, and/or <input type="checkbox"/> Largely squanders existing or potential collaborations with spiritual leaders in the community. <input type="checkbox"/> Gives a related example of the chaplain's own work that in some additional way does not meet the Standards of Practice for Professional Chaplains. | <input type="checkbox"/> Gives no specific example. | <input type="checkbox"/> Illustrates the chaplain liaising with spiritual leaders outside the chaplain's institution to serve care recipients within the institution. | Demonstrates competency, plus <input type="checkbox"/> Proactively recruits new community contacts to increase resources available to care recipients... <input type="checkbox"/> ...especially from underserved populations. |

| | Does not meet standard | Needs clarification | Meets standard | Exceeds standard |
|---|---|---|---|---|
| JPQ1: Familiarity with and ability to integrate sacred Jewish texts and studies with spiritual care practice (e.g.: Liturgy, Traditional and modern texts, Theology and Philosophy, History, and Hebrew language and literature). | Does not name even one text, and/or Does not articulate even one way a text was used in spiritual care practice | Names at least one text, but Does not name the way the text was used in spiritual care practice | Names and articulates a specific Jewish text, and demonstrates familiarity with its context, and Demonstrates a way in which the text was applied in an interaction in spiritual care practice | Names and articulates two or more texts from different sources, and Demonstrates ways the texts were used in different spiritual care practices |
| JPQ2: Familiarity with and ability to facilitate and/or officiate at Jewish life cycle events, holidays, and communal observances. | Does not name even one life cycle event, holiday, or observance, and/or Does not name even one way a holiday, event, or observance was or might be integrated into the spiritual care practice | Names at least one life cycle event, holiday, or observance, but Does not name a way the holiday, event, or observance was or might be integrated into the spiritual care practice | Names and articulates a specific Jewish life cycle event, holiday, or observance , and Demonstrates a way in which the event, holiday, or observance was or might be integrated into the specific spiritual care setting or practice | Names and articulates two or more life cycle event, holiday, or observance, and Demonstrates the ways a holiday, event, or observance was or might be integrated into different spiritual care practices |
| JPQ3: Familiarity with and ability to engage patients, families, and staff of all backgrounds and Jewish identities | Does not name even one type of Jewish background, and/or Does not name even one way knowing the background was important in spiritual care practice | Names at least one type of Jewish background, but Does not name a way knowing the background was important in spiritual care practice | Names and articulates one type of Jewish background, and Demonstrates the way knowing the background was important in spiritual care practice | Names and articulates two of more different types of Jewish background, and Demonstrates ways knowing the background was important in different spiritual care practice |

| | Does not meet standard | Needs clarification | Meets standard | Exceeds standard |
|--|---|---|---|--|
| JPQ4: Knowledge of and ability to select a variety of spiritual interventions, including spontaneous prayer and other strategies that closely track the client's spiritual needs during the encounter. | Does not name even one spiritual intervention, and/or Does not name even one way an intervention was used in spiritual care practice | Names and articulates at least one spiritual intervention, but Does not name the way the intervention was used in spiritual care practice | Names and articulates a spiritual intervention, and Demonstrates a way in which the intervention was applied in an interaction in spiritual care practice | Names and articulates two or more different spiritual interventions, and Demonstrates the ways in which the intervention was applied in an different types of interactions in spiritual care practice |
| JPQ5: Ability to integrate Jewish theology with spiritual care practice. | Does not name even one Jewish theology, and/or Does not name even one way a Jewish theology was or might be integrated into the spiritual care practice | Names and articulates at least one Jewish theology, but Does not name a way the theology was or might be integrated into the spiritual care practice | Names and articulates at least one Jewish theology, and Demonstrates a way the theology was or might be integrated into the spiritual care practice | Names and articulates two or more Jewish theologies, and Demonstrates the ways different Jewish theologies were integrated into different spiritual care practices |
| JPQ6: Ability to draw upon the knowledge of Jewish and general resources in one's community and ability to utilize them in one's spiritual care practice | Does not name even one Jewish or general communal resource, and/or Does not name even one way the resource was or might be integrated into the spiritual care practice | Names and articulates at least one Jewish and one general communal resource, but Does not name even one way the resource was or might be integrated into the spiritual care practice | Names and articulates at least one Jewish and one general communal resource, and Demonstrates a way the resources were or might be integrated into the spiritual care practice | Names and articulates two or more Jewish and general communal resource, but Demonstrates the ways the resources were integrated into the spiritual care practice |

| | Does not meet standard | Needs clarification | Meets standard | Exceeds standard |
|---|---|--|---|--|
| JPQ7: Ability to facilitate decision-making skills based on an understanding of Jewish religious and theological values, as well as behavioral sciences, networking and systems thinking. | Does not name even one Jewish value, and/or Does not name even one behavioral or systems process | Names and articulates at least one Jewish value and at least one behavioral or systems system, but Does not name the way the values and/or systems process was used in decision making in spiritual care practice | Names and articulates at least one Jewish value and at least one behavioral or systems system, and Demonstrates the way the values and systems process were used in decision making in spiritual care practice | Names and articulates two or more Jewish values and behavioral or systems system, and Demonstrates the way the values and systems process were used in decision making in spiritual care practice |