

SPIRITUAL AND PASTORAL CARE PROCEDURES

1. REASON FOR ISSUE. This Veterans Health Administration (VHA) Handbook provides the procedures for ensuring the availability of spiritual care for all persons receiving Department of Veterans Affairs (VA) care.

2. SUMMARY OF MAJOR CHANGES. Major changes include the following:

a. Subparagraph 7a(1). The use of all other spiritual screening instruments currently being used as part of the patient admission process is to be discontinued.

b. Paragraph 20. A limited exception to chapel policy is created for historic facilities.

c. Subparagraph 25a. Information regarding spiritual and pastoral care may be posted on Veterans Integrated Service Network (VISN) and facility Intranet websites only after it has been reviewed and approved by the National Chaplain Center staff. VISN and medical centers are not to post information regarding spiritual and pastoral care on their Internet websites.

3. RELATED DOCUMENTS. VHA Directive 1111 and VHA Directive 4721.

4. RESPONSIBLE OFFICE. The Office of Patient Care Services, Chaplain Service (111C), is responsible for the contents of this Handbook. Questions may be addressed to (757) 728-3180.

5. RESCISSIONS. VHA Handbook 1111.2, dated March 3, 2005, is rescinded.

6. RECERTIFICATION. This VHA Handbook is scheduled for recertification on or before the last working day of July 2013.

Michael J. Kussman, MD, MS, MACP
Under Secretary for Health

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SPIRITUAL AND PASTORAL CARE PROCEDURES

1. PURPOSE

This Veterans Health Administration (VHA) Handbook provides the procedures for ensuring the availability of spiritual care of all persons receiving Department of Veterans Affairs (VA) care. Chaplains work with the Veterans Benefits Administration (VBA) and the National Cemetery Administration (NCA) to ensure that veterans who need medical care (including counseling for their religious and spiritual needs) are referred to VHA.

NOTE: Nothing in this Handbook is intended, nor should be construed, to suggest or direct any policy, practice, or action that is contrary to the doctrine or practice of any faith group. Nevertheless, VHA's mission to care for veterans is paramount, and VHA may restrict or prohibit any practice that it deems detrimental to the health or safety of patients. The choice to receive spiritual or pastoral care, the choice to complete a spiritual assessment, and the choice to participate in a religious or spiritually-based treatment program always remains the private choice of the veteran.

2. BACKGROUND

- a. The official title for VA clergy is "Chaplain." In official capacities the clergy person is addressed as "Chaplain," and must use this designation in signing official communications.
- b. Chaplains provide religious, spiritual and pastoral care to veterans and, in limited situations, their families in accordance with VHA policy.
- c. The mission of the National Chaplain Center (NCC) is to empower VA chaplains to achieve excellence in meeting any religious or spiritual care needs of VA patients in all inpatient and outpatient settings.

3. DEFINITIONS

- a. **Spiritual and Pastoral Care.** VHA spiritual and pastoral care is the total program of assessment and care, administered and overseen by chaplains, which identifies patients' religious and spiritual needs and desires, addresses spiritual injuries, and enhances patients' spiritual health, utilizing the full spectrum of interventions.
- b. **Patient.** A patient is an individual who is receiving VHA care.
- c. **Chaplain.** A VA chaplain is an individual meeting the qualification requirements of VA Handbook 5005, Part II, appendix F1, who is employed (including those with fee basis appointments), or appropriately works under contract, to provide spiritual and pastoral care and counseling in VA.
- d. **Clinical Chaplain.** A clinical chaplain is an individual who meets all VA qualification requirements for chaplain, whose spiritual and pastoral care and counseling is characterized by in-depth assessment, evaluation, and treatment of patients; a high degree of integration into the

total care and treatment program of a health care facility; and close working relationships with staff members of other professional health care disciplines.

e. **Spiritual.** "Spiritual" has to do with that which is related to the "Spirit of Life." Spirituality may be used in a general sense to refer to that which gives meaning and purpose in life, or the term may be used more specifically to refer to the practice of a philosophy, religion, or way of living. The word "spiritual" is derived from the old Latin word "spiritus." The English words "inspire," meaning to breathe in and "expire" meaning to breathe out, come from the same Latin root. The concept of breathing captures the meaning of the word "spiritual" in relation to that which is or is not "life giving." Therefore, spirituality may positively or negatively affect one's overall health and quality of life.

f. **Pastoral.** "Pastoral" is an adjective derived from the image of the shepherd and is used to describe a relationship characterized by expressions of compassionate care, including spiritual counseling, guidance, consolation, empathetic listening, and encouragement. Describing care as pastoral may refer to the motivation or attitude of the caregiver. In VA, pastoral care refers to care provided by a chaplain, professionally-educated and endorsed by a particular faith tradition to provide such care.

g. **Holistic Care.** "Holistic care" is whole-person care tailored for the individual patient's needs and requests, which emphasizes the balance of the physical, environmental, mental, emotional, social, and spiritual aspects of human experience.

h. **Proselytize.** To proselytize is to attempt to influence or change an individual's beliefs about religion or religious expression.

i. **Religious Expression.** Religious expression refers to all types of worship, sacrament, ceremonies, prayer, meditation, traditional observances, etc., by which individuals carry out their religious beliefs or through which they maintain or enhance their relationship with the focus of their religion. This includes wearing religiously significant clothing or jewelry, dietary customs, and carrying or displaying religious artifacts, symbols, pictures, or scripture.

j. **Spiritual Screening.** Spiritual screening consists of a question designed to be answered voluntarily by the patient for the purpose of determining whether the patient has spiritual concerns that affect their health care, has needs for accommodation of free exercise of religion, or desires immediate spiritual care. At any time the patient may request spiritual or pastoral care, and the facility chaplain must be notified immediately.

k. **Spiritual Assessment Instrument.** A spiritual assessment instrument is a set of questions designed to comply with The Joint Commission (TJC) Accreditation Standards and to be answered voluntarily by the patient for the purpose of determining:

(1) Whether a patient wishes to receive spiritual and pastoral care, and

(2) If spiritual and pastoral care is desired, to obtain the information necessary to determine the patient's needs, hopes, spiritual resources, or spiritual injuries for the purpose of planning care (see par. 7).

1. **Spiritual Assessment.** Spiritual assessment is:

(1) An ongoing evaluation responded to voluntarily by the patient, performed by a clinical chaplain, based on information commonly obtained by use of a spiritual assessment instrument that defines a patient's desires, needs, hopes, spiritual resources or spiritual injuries for the purpose of planning care. This evaluation may be conducted by a pastoral conversation.

(2) The process of administering a Spiritual Assessment Instrument, or of evaluating the patient's answers along with other available information.

m. **Spiritual Injury.** A "Spiritual Injury" may occur as a result of an event caused by self, or an event beyond a person's control that damages one's relationship with self, others, or God (for persons of faith), and alienates one from that which gives meaning to life.

n. **Ecclesiastical Endorsement.** An ecclesiastical endorsement is a written official statement, by the official national endorsing agent of the religious faith group, certifying that an individual is in good standing with that individual's religious faith group, and stating that the individual is, in the opinion of the endorsing agent, qualified to perform the full range of ministry required in the VA pluralistic setting (see VA HK 5005, Pt. II, App. F1).

o. **Official National Endorsing Agent.** The Official National Endorsing Agent is the individual designated by an ecclesiastical endorsing organization to issue official ecclesiastical endorsements to VA of individuals within that particular religious faith group.

p. **Ecclesiastical Endorsing Organization.** An ecclesiastical endorsing organization is a religious faith group, which has properly designated an ecclesiastical endorser for VA in accordance with VHA policy (see VHA Handbook 1111.1).

4. SCOPE

a. VA chaplains have a three-fold responsibility to the patients at every VA facility:

(1) First, to ensure that patients (both inpatients and outpatients) receive appropriate clinical pastoral care, as desired or requested by the patient;

(2) Second, to ensure that hospital, domiciliary, and nursing home patients' constitutional right to free exercise of religion is protected; and

(3) Third, to protect patients from having religion imposed upon them.

b. Because spirituality is an important dimension of health for many patients and their families, it must be addressed in all components of the VHA mission, including patient care, research, emergency preparedness, and health care education. Chaplains provide expertise in health care ethics and meet with, and in limited situations provide care to, the patients' families and loved ones (see subpar. 14d(5) and 14d(6)).

c. Chaplains train VHA health care providers in the importance of spiritual and pastoral care's contributions to the holistic care of veterans.

d. When Chaplain position descriptions are classified the classifier must correctly identify the competitive level to which the position is assigned. Positions which carry responsibility for providing for the complete religious needs of patients of a specific faith group are not to be in the same competitive level with positions that provide for the needs of a different group. (see Title 5 Code of Federal Regulations [CFR] 351.403; VA Handbook 5005, Part IV Chapter 2, Section C; VA Competitive Level Code Handbook, online at: http://vaww1.va.gov/ohrm/Classification/Archives/CLC_Handbook/CLCHandbook.htm)

5. INTEGRATING SPIRITUAL AND PASTORAL CARE IN VA HEALTH CARE

a. VHA recognizes that spiritual and pastoral care must be integrated into the total program of health care provided to veterans and made available to all patients and, in limited circumstances, to their immediate family members (caregivers) who desire such care. The Veterans Integrated Service Network (VISN) Directors and facility Directors are responsible for making available spiritual and pastoral care and counseling to patients. VA chaplains are the professional health care providers on the interdisciplinary teams that are qualified, employed, and endorsed by their faith group endorsers to provide spiritual and pastoral care. VA Chaplains implement the Spiritual and Pastoral Care Program on behalf of the VISN and facility Directors throughout VHA.

b. Voluntariness demonstrated by the patient's desires or requests lies at the heart of each and every aspect of VA's Chaplaincy Program. VA chaplains do not incorporate religious content into either their pastoral care or spiritual counseling unless that is the patient's wish. VA chaplains provide spiritual and pastoral care to both religious and non-religious patients, but only if patients desire such services. The choice to receive such care remains the private choice of the patient.

c. All VHA staff need be sensitive to patients' desires, if any, for spiritual support. VHA interdisciplinary team members provide essential information to clinical chaplains, who provide spiritual care to patients in promotion of health and wellness; however, clinical chaplains are the only health care professionals authorized to conduct official Spiritual Assessments at any VHA facilities.

6. RESPONSIBILITIES OF THE FACILITY DIRECTOR

The facility Director is responsible for ensuring:

a. Facility staff, volunteers, contract personal, fee-basis staff, and without compensation (WOC) employees, do not coerce any patient into religious activity against the patient's desires.

b. The Spiritual Screening Question and Spiritual Assessments are used appropriately (see par. 7).

c. That no chaplain is assigned tasks that may require them to render judgment on the guilt, innocence, or character of an employee or patient. Such duties include, but are not limited to: narcotics inspections, Equal Employment Opportunity (EEO) investigations, and investigations of employee conduct.

d. All new chaplains, including part time, intermittent, fee basis, and contract chaplains complete the Chaplain Orientation Course presented by the NCC Training Center, no later than 90 days from their initial starting date.

(1) The Orientation Course for new chaplains covers the basics all chaplains need to know about VHA regulations, Chaplain Service policies, and appreciation of diversity and pluralism.

(2) Special emphasis is placed on VHA policy prohibiting proselytization and chaplains' responsibility for safeguarding patients' rights.

e. If chaplains are assigned to service or product lines, coordination and continuity of the Spiritual and Pastoral Care Program must be ensured.

f. If the organization does not have a supervisory chaplain, there must be careful, explicit delegation of authority and responsibilities for duties, such as:

(1) Scheduling use of the chapel or worship space;

(2) Contacting community clergy when necessary to meet a specific patient need;

(3) Scheduling on-call coverage;

(4) Coordinating professional Chaplaincy input into facility decisions and policy-making;

(5) Providing expertise on committees such as health care ethics committees; and

(6) Orienting and training staff, students, and volunteers in the Spiritual and Pastoral Care Program.

g. That no information regarding spiritual and pastoral care is to be posted on any Intranet web site without the prior approval of the Director, NCC (see subpar. 25a).

h. Where no chapel exists, but where a room or hall allocated for other purposes is used for religious or spiritual services, every effort is to be made to have this room furnished to provide an atmosphere conducive to the services; and for providing assistance to the chaplains in the rearrangement of this room for services and returning it to its general function afterwards.

7. SPIRITUAL SCREENING AND ASSESSMENT

a. **Spiritual Screening Question.** The facility Director is responsible for ensuring the following spiritual screening question is utilized as a Spiritual Screening Question in the

Computerized Patient Record System (CPRS) Screening Record as part of the patient admission process in compliance with TJC Accreditation Standards:

*"Are there religious practices or spiritual concerns you want the chaplain, your physician, and other health care team members to immediately know about?
Yes or No"*

(1) A "yes" answer will trigger an electronic referral in the CPRS to the chaplain service. The use of all other spiritual screening instruments currently being used as part of the patient admission process is to be discontinued.

(2) A "no" answer allows for routine visitation and follow-up as desired by the patient.

b. **Spiritual Assessments and Spiritual Assessment Instruments.** Only NCC-approved spiritual assessment instruments or procedures are to be used. TJC makes the following statement and gives the following examples of elements that could be, but are not required, in a spiritual assessment directed to the patient or the patient's family:

(1) Spiritual assessment should, at a minimum, determine the patient's denomination, beliefs, and what spiritual practices are important to the patient. This information would assist in determining the impact of spirituality, if any, on the care and services being provided and identifies if any further assessment is needed.

(2) The TJC elements are:

(a) Who or what provides the patient with strength and hope?

(b) Does the patient use prayer in the patient's life?

(c) How does the patient express the patient's spirituality?

(d) How would the patient describe the patient's philosophy of life?

(e) What type of spiritual or religious support does the patient desire?

(f) What is the name of the patient's clergy, minister, chaplain, pastor, priest, rabbi, imam, or traditional practitioner, if any?

(g) What does suffering mean to the patient?

(h) What does dying mean to the patient?

(i) What are the patient's spiritual goals?

(j) Is there a role of church or synagogue (religious worship) in the patient's life?

(k) How does faith help the patient cope with illness?

(l) How does the patient keep going day after day?

(m) What helps the patient get through this health care experience?

(n) How has illness affected the patient and the patient's family?

(3) Although there is no single standardized spiritual assessment instrument required for use throughout VHA, each VHA facility chaplain needs to establish an official spiritual assessment instrument or procedure for patient care. The chaplain may administer the instrument or procedure by documenting the patient's responses to a template of formalized questions or, alternatively, by engaging in and documenting responses to a pastoral conversation that identifies the patient's religious or spiritual concerns.

8. RESPONSIBILITIES OF THE CHIEF CHAPLAIN

The Chief, Chaplain Service, or designee, is responsible for:

- a. Planning, developing, and directing a program of spiritual and pastoral care and counseling consistent with the overall mission of health care delivery in VHA.
- b. Conducting a periodic (quarterly or annual) evaluation of the spiritual and pastoral care needs of the ever-changing veteran patient population served by the facility. **NOTE:** *VA Handbook 6310.2, Collection of Information Procedures, should be consulted prior to conducting a survey.*
- c. Developing a program of spiritual and pastoral care based on the periodic survey, which must include a plan for offering spiritual assessment, providing care, and evaluating the effectiveness of the care provided. **NOTE:** *This process of continuous quality improvement of the Spiritual and Pastoral Care Program ensures that veterans' health care incorporates spiritual and pastoral care for those who desire it.*
- d. Ensuring chaplains participate in new employee orientation and, as appropriate, in inter-professional education and training.
- e. Ensuring the annual report regarding the facility's Spiritual and Pastoral Care Program is prepared and forwarded to the NCC.
- f. Ensuring the spiritual assessment instrument or procedure is approved.

(1) Each Chaplain Service is required to submit the spiritual assessment instrument or procedure, desired for use at the facility, for concurrence to their facility Director and then forward it to the NCC for review and approval. Only NCC-approved spiritual assessment instruments or procedures are to be used.

(2) When an approved spiritual assessment instrument or procedure is used, the veteran patient's permission must be obtained prior to the assessment being administered.

(3) The chaplain is responsible for documenting the patient's consent, the spiritual assessment, and the care plan in the patient's electronic health record.

g. Ensuring appropriate documentation is maintained.

(1) Chaplains must follow the guidance of the Decision Support System (DSS) Office and the VISN offices regarding workload documentation. Specific Event Capture Codes have been developed for documenting the Chaplain's spiritual and pastoral care activities.

(2) Chaplains must record spiritual care information, including patient needs and preferences in the computerized patient medical record. **NOTE:** *This is essential to the interdisciplinary team for patient care.* Communication covered under the religious sacrament of confession must never be recorded in a medical record.

(3) Facility policy regarding the specific format for recording progress notes must be followed.

(4) Documentation of spiritual assessments is required in Extended Care, Long-term Care, Spinal Cord Injury, Hospice and Palliative Care, Medical-Surgical Care, and in Mental Health Care. These are as follows:

(a) Spinal Cord Injury and Extended Care Units within the first 14 days of admission with reassessment every 90 days.

(b) Seriously Ill, Intensive Care, Hospice, and Palliative Care within the first 24 hours with reassessment every 14 days.

(c) In the area of Behavioral Health:

1. Acute and Sub-acute Mental Health within the first 48 hours of admission with reassessment every 14 days

2. Residential care within the first 7 days of admission with reassessment every 28 days.

(d) General Medicine, Surgery, and Outpatient, as needed, based upon the patient's initial response to the spiritual screening question regarding immediate spiritual care needs.

h. Establishing a procedure at the facility to identify and orient visiting clergy. **NOTE:** *This enables the chaplain staff to provide assistance with directions, personal safety, distribution of literature, and other pertinent concerns.*

i. Ensuring the chaplain position descriptions indicate the major faith group (if any) to which the chaplain provides complete ministry. **NOTE:** *Chaplain positions must be assigned to competitive levels in accordance with Title 5 Code of Federal Regulations [CFR] 351.403; VA Handbook 5005, Part IV Chapter 2, Section C; VA Competitive Level Code Handbook, online at: http://vaww1.va.gov/ohrm/Classification/Archives/CLC_Handbook/CLCHandbook.htm*

- j. Training and supervising of volunteers assigned by the facility Voluntary Service (see par. 16).
- k. Providing the NCC with current accurate facility data necessary to maintain the NCC database.
- l. Arranging for the comfort of patients in the chapel, or facility's place of worship.

9. RELATIONSHIPS WITH THE NATIONAL CEMETERY ADMINISTRATION (NCA) AND THE VETERANS BENEFITS ADMINISTRATION (VBA)

Health care facility managers are responsible for:

- a. Establishing methods to inform veterans and their families who are served at NCA and VBA locations that VA medical care includes spiritual and pastoral care provided by clinical chaplains who are trained and employed to address patients' spiritual and pastoral needs.
- b. Ensuring that Chaplain Service at each VA health care facility maintains close, continuing relationships with NCA and VBA officials who are responsible for serving veterans in the catchment area conveying awareness of the services provided by chaplains.

NOTE: Spiritual and pastoral care provided as part of VHA medical care may be of value to many veterans who seek benefits from VBA and families seeking benefits from NCA. VBA and NCA beneficiaries interested in receiving such care should be referred to VHA for needed care.

10. FUNERAL AND COMMITTAL SERVICES

a. VA chaplains may perform funeral or committal services for VA beneficiaries who died while receiving VA care, subject to the availability of chaplains for adequate spiritual care coverage in the facility. When interment is made in a National Cemetery, unless arrangement has been made by the next-of-kin for another clergy person, the chaplain may conduct a committal service. Facility Directors must be notified when a chaplain is performing committal services at a National Cemetery for a deceased veteran who was not receiving VA care at the moment of death. VA chaplains will not displace community clergy at funeral or committal services, but are to coordinate arrangements for the use of facility chapel(s).

b. Funerals at VHA facilities are permitted only with the approval of the facility Director. VA chaplains may conduct interment services in a National Cemetery. *NOTE: United States casket flags are to be folded and presented according to military procedure.*

11. SCOPE OF PRACTICE

Each VA chaplain must work under a written Scope of Practice, which describes pastoral, clinical, and administrative functions the individual can provide by virtue of the individual's professional qualifications. The minimum Scope of Practice reflects the professional education, training, and experience required for employment as a VA chaplain. Each chaplain is responsible for continuing to meet the requirements as established by certification, and other

relevant professional and ethical requirements as specifically applied to chaplains within the VA health care system.

12. STAFFING

a. VA health care facilities must provide adequate staffing to identify and meet the spiritual and pastoral care needs and desires of veterans. Each medical center Director must ensure that:

(1) Clinical chaplains are utilized to plan and oversee the Spiritual and Pastoral Care Program. The Spiritual and Pastoral Care Program includes:

(a) Interconnected responsibilities for planning and overseeing spiritual and pastoral care, typically in a variety of service lines or clinical specialties;

(b) Integrating the program with other disciplines;

(c) Training and orienting interdisciplinary staff; and

(d) Liaison with community organizations.

(2) The total human resources needed to provide high-quality spiritual and pastoral care must be determined based on the following considerations:

(a) The Scope of Practice statements, which clearly define the depth and complexity of a chaplain's involvement with patient care in each clinical setting.

(b) Spiritual assessment and re-assessment, as required by TJC Accreditation Standards for specific clinical settings and patients' requests, are available for all patients.

(c) Spiritual and pastoral care must be available for all patients who desire it including, but not limited to those in nursing homes, domiciliaries, outpatient clinics, vet centers, transitional residences, and hospital-based home care.

(d) Spiritual and pastoral care is available to veterans with specialized health care needs who have unique spiritual needs that require care from clinical chaplains with specialized competencies. For example, patients with post-traumatic stress syndrome may have unique spiritual injuries, as may veterans who have experienced sexual trauma.

(e) Chaplain coverage must be 24 hours-per-day, 7 days-per-week to ensure a chaplain is always available to respond to emergencies.

(f) Utilization of chaplains' expertise to support medical center-wide programs and committees, such as health care ethics, employee assistance, and mediation or alternative dispute resolution.

(g) The amount of travel time between sites of care, the patient turnover rate, and the proximity and activity of a national cemetery.

(h) Orientation of new employees and volunteers.

(3) At least one full-time clinical chaplain is employed to ensure that the preceding responsibilities are assigned and implemented.

(4) Students supplement, but do not perform independently of, or are substituted for, qualified employed chaplains.

b. Educational programs require qualified educational personnel in addition to patient care staff (see par.17). A facility with an accredited Clinical Pastoral Education (CPE) Program must have, in addition to a certified CPE supervisor, a chaplain responsible for the ongoing Spiritual and Pastoral Care Program.

c. Guidelines concerning American Indian and Alaska Native Traditional Practitioners are given in Appendix N to the VHA-Indian Health Service (IHS) Collaboration and Sharing Implementation Guide, which can be found at:

www.ihs.gov/nonmedicalprograms/ihsvha/documents/implementation%20guide.pdf.

13. DIVERSITY

The representation of faith groups in the population of veterans served must be evaluated to determine the appropriate proportion of faith groups in chaplaincy. Although it is impossible for a facility to employ a chaplain of every faith group represented in its patient population, every facility must strive to achieve a workforce representative of the diversity of veterans served. This includes integrating American Indian and Alaska Native spirituality into VHA chaplaincy provision of care (see subpar. 12c).

14. RESPONSIBILITIES OF THE CHAPLAIN

a. Full-time chaplains are not allowed to accept commitments outside of the facility that conflict with their responsibility to provide spiritual and pastoral care duties within the facility.

b. Chaplain responsibilities must not include duties that conflict with their role of pastoral caregiver.

c. Chaplains may conduct inquiries of chaplain-related activities or incidents, may serve as mediators, may serve on EEO and other local and national committees, and may serve as liaisons with VA stakeholders.

d. Chaplains are responsible for:

(1) Upholding the right to free exercise of religion by all medical, domiciliary, and nursing home patients in the health care facility. This includes providing or facilitating appropriate worship opportunities.

(2) Ensuring that religion is not imposed on any patient either overtly or subtly.

(3) Assessing a patient's desire or lack of desire for spiritual and pastoral care as part of the total evaluation of their health care needs.

(4) Visiting seriously ill and pre- and post-operative patients according to the patient's individualized treatment plan.

(5) Being available to meet with immediate relatives and visitors of patients during regular and emergency visits.

(6) Counseling, as appropriate, members of a veteran's immediate family, a veteran's legal guardian, or the individual in whose household the veteran lives or certifies an intention to live, if:

(a) The counseling is essential to the treatment and rehabilitation of a hospitalized veteran or the outpatient treatment of a veteran's service connected disability;

(b) The counseling was initiated during a veteran's hospitalization and its continuation on an outpatient basis is essential to permit the veteran's discharge from the hospital; or

(c) The counseling was being provided at the time of a veteran's unexpected death or a veteran's death while the veteran was participating in VA hospice or similar program and its continuation is provided, as determined by the chaplain, to be reasonable and necessary to assist the individual with the emotional and psychological stress accompanying the veteran's death.

15. VISITING CLERGY

At each facility, the overall responsibility for spiritual and pastoral care rests with the assigned chaplain. However, as a matter of respect and courtesy, arrangements need to be made, with the patient's consent, to allow community clergy to visit members of their church (or parish, congregation, synagogue, temple, mosque, etc.). A facility chaplain must obtain and document the patient's permission before contacting community clergy on the patient's behalf (see VHA Directive 1605 and VHA Handbooks 1605.1 and 1605.2).

a. When no chaplain staff member represents the specific faith group of a patient, with the patient's consent, every effort must be made to canvass the community or draw from organized resources to provide the appropriate clergy, or traditional practitioner, to meet the patient's specific requests or needs. Attention must be given to ensure the community clergy or traditional practitioner has the appropriate credentials of the religious faith community to provide the religious service desired by the patient.

b. Under no circumstances may community clergy be used in lieu of an employed chaplain. All visiting clergy are required to comply with the policies of the facility and by the provisions of this Handbook.

c. Visiting clergy must be informed that patient information must be kept confidential in accordance with the Health Insurance Portability and Accountability Act (HIPAA) and other applicable statutes and policies.

16. VOLUNTEERS

VHA does not authorize “volunteer chaplains” or any volunteer to provide spiritual and pastoral care and counseling activities. Volunteers assist and augment the chaplain staff, but they do not replace them.

a. Volunteers who work on behalf of Chaplain Service must be registered and oriented by the facility’s Voluntary Service. Each volunteer must be screened and trained by the chaplain staff to ensure patients are protected from proselytization. These volunteers must perform their assigned duties in accordance with VHA Handbook 1620.1.

b. Roman Catholic Extraordinary Ministers of Holy Communion, commonly referred to as Eucharistic Ministers, may only perform the duties for which they are commissioned by the Roman Catholic Archdiocese for the Military Services. They may distribute communion to Roman Catholic patients under the supervision of a Roman Catholic VA Chaplain. Roman Catholic Extraordinary Ministers of Holy Communion may not begin work until the NCC verifies that it has received the proper commissioning documents.

17. CONTRACT AND FEE-BASIS PERSONNEL

a. Chaplains may work on a fee-basis appointment or under contract to supplement the full-time and part-time employed chaplain(s) when it is not feasible to obtain the needed services by employment of permanent full-time and part-time staff. When regular on-going participation in patient care is required, fee-basis or contract personnel are not to be used.

b. Before a fee-basis or contract chaplain may perform any work, the fee-basis or contract chaplain's application must be submitted to the facility Director, or designee, who submits it to NCC for verification that such chaplain meets minimum qualification requirements. Extensions of appointments or contracts of previously verified individuals may be approved by the medical center Director, or designee.

c. Fee-basis and contract personnel are appropriate when the work to be performed can be clearly defined as a service that is not compensated on the basis of time and is otherwise not appropriate for full-time or part-time employees. Examples of appropriate (but not required) utilization include:

(1) Providing for on-call coverage;

(2) Covering specific religious needs of patients when a staff chaplain is not available; and

(3) Providing support services, such as: playing music at worship services, leading religious ceremonies or providing sacraments for patients of a specific faith group.

c. A VA-employed chaplain must supervise the work of all fee-basis chaplains, and must monitor the work of all contract chaplains to ensure that professional standards of care are maintained.

d. Native American Traditional Practitioners may work under contract or on a fee-basis to provide spiritual services to patients who request them (see subpar. 12c). Again, application and other credentials must be sent to NCC for verification before making a fee-basis appointment or finalizing a contract.

e. Roman Catholic Deacons may only perform the duties that they are authorized under the faculties given by the Roman Catholic Archdiocese for the Military Services. They are supervised ecclesiastically by the Roman Catholic VA Chaplain. Again, application and other credentials must be sent to NCC for verification before making a fee-basis appointment or finalizing a contract.

f. Roman Catholic Extraordinary Ministers of Holy Communion may serve as chapel volunteers or as contract or fee-basis personnel (see subpar. 17b).

18. USE OF STUDENTS OR TRAINEES

Trainees may supplement the employed staff, but they may not perform independently of, and may not be substituted for, fully-qualified employed chaplains.

a. Trainees (e.g., students or CPE residents) may be assigned to Chaplain Service to further their clinical education and to gain experience in a health care setting, providing they are enrolled in a program accredited by an organization recognized by the United States Department of Education. The trainee must be supervised by an assigned chaplain qualified to assist with the trainee's specialized educational needs, such as health care ethics or another clinical area related to chaplaincy and in accordance with TJC Accreditation Standards.

b. Trainees in CPE programs may provide supervised pastoral care including providing call-back coverage.

c. Trainees may be appointed as either paid or without compensation (WOC) staff. **NOTE:** *Paid trainees will be based upon the availability of training funds.*

19. CHAPLAIN SERVICE AND ETHICS

a. Chaplains must comply with all standards of ethical conduct for employees of the executive branch; they are not to accept personal gifts or gratuities where such acceptance would violate the Standards of Ethical Conduct for Employees of the Executive Branch (see Title 5 CFR Part 2635). Additional information about the Federal employee standards of conduct may be obtained from the Regional Counsel or the Ethics Staff in the Office of General Counsel, VA Central Office. For example, Federal employees generally may not:

(1) Become personally involved in the business affairs of a patient or ex-patient.

(2) Have custody of the funds of any patient or ex-patient. Chaplains are not to take custody of, or maintain patients' funds.

(3) Become the guardian of any patient or ex-patient or be the conservator of the estate of any patient or ex-patient unless the employee and the patient or ex-patient had a personal relationship that pre-dated their VA contact.

b. Chaplain Service is qualified to offer leadership and guidance to patients and VHA staff regarding health care decisions having ethical implications; therefore, each chaplain needs to stay abreast of health care ethics issues and be familiar with:

(1) Both religious and secular resources, such as those from the facility's local ethics advisory committee and VHA's National Center for Ethics in Health Care.

(2) VHA health care ethics policies, e.g., informed consent, advance directives, end of life care, etc.

(3) The laws, religious beliefs, and practices relative to the types of ethical questions that arise in clinical settings.

c. Each chaplain must be prepared to discuss and give guidance to any staff member, patient, or patient's family requesting information regarding the relationship of ethical issues to their respective religious community's ethical and religious standards.

d. Chaplain Service aids and supports the professional staff in making ethical decisions; when requested, helps formulate and implement standards and criteria; and educates staff in making such decisions in a systematic and consistent manner.

NOTE: The Endorsers Conference for Veterans Affairs Chaplaincy (ECVAC) has written the "Covenant and Code of Ethics for Veterans Affairs Chaplains." The "Covenant and Code of Ethics for Veterans Affairs Chaplains" addresses specific ethical issues pertinent to pastoral care in VA, and it promotes pluralistic pastoral care in VA facilities. A copy is provided to each new chaplain.

20. CHAPELS AND OTHER WORSHIP FACILITIES

The chapel, or a room set aside exclusively for use as a chapel, must be reserved for patients' religious and spiritual activities, such as: worship, prayer, meditation, and quiet contemplation. Such chapels are appointed and maintained as places for meditation and worship, and when VA Chaplains are not providing or facilitating a religious service for a particular faith group, the chapel must be maintained as religiously neutral, reflecting no particular faith tradition. The only exception to the policy on maintaining chapels as religiously neutral are the chapels at VA facilities which were built with permanent religious symbols in the walls or windows before the establishment of the Veterans Administration Chaplain Service in 1945. Only these chapels and those permanent religious symbols that pre-date the Chaplain Service are allowed to remain because of their historical, artistic, and architectural significance. In these cases, the VA Medical Center Director must also designate a room or construct an all faith chapel, which is maintained in accordance with current VHA policy.

- a. At the conclusion of a religious worship service, the chaplain, or designee, must prepare the chapel for the succeeding service, if one follows immediately. Otherwise, the chapel is to be arranged for private use by patients, and all sectarian symbols must be removed or covered from view.
- b. The construction of a chapel for the exclusive use of a particular religious or spiritual group is prohibited. No permanent (non-moveable) religious symbols are to be incorporated in the construction or renovation of chapels. The design of new chapels and alteration of existing chapel space must be approved in advance by the Director, Chaplain Service, NCC. Existing chapel space is not to be altered without approval of the Director, Chaplain Service at the NCC.
- c. When patients' religious needs can not be appropriately met in the chapel, the facility Director may designate, on an as-needed-basis, a small room or space in which to accommodate sacramental or liturgical religious practices; however, this room is not to be identified as a VA Chapel.
- d. All spaces to be used for religious or spiritual purposes must be fully accessible to persons with disabilities.
- e. The use of candles, lights, draperies, etc., must be in accordance with local safety policies.

21. OFFICES

Office space for chaplains that ensures privacy in counseling patients, families, and staff must be provided (see VA Handbook 7610, Ch. 208).

22. FUNDS

a. **Appropriated Funds.** Each VA facility is responsible for providing appropriated funds for the support of the Spiritual and Pastoral Care Programs.

b. **General Post Funds.** General Post Funds exist, both at the national and local levels, for support of patient care programs. An annual allocation may be distributed to each facility from the national General Post Fund for the benefit of VA patients. Chaplain Service, Voluntary Service, and Recreation Service are authorized to use these funds. Local gifts may also be designated by the contributor for support of a particular spiritual and pastoral care function. General Post Funds may be used to purchase items, such as:

(1) Expendable items for distribution to patients who request it, such as: religious literature, copies of the Scriptures, missals, mass leaflets, prayer books, yarmulkes (skull caps), taleysim (prayer shawls), and other religious articles.

(2) Non-expendable items of equipment that are not normally equipment purchased by other VA funds.

(3) Honoraria for clergy, or musicians who provide services on a non-recurring basis. Payment for such services must be made in accordance with VA contracting policies and procedures.

c. **Donations to the General Post Fund.** VHA Directive 4721 sets forth the policies and procedures for accepting, handling, and using donations to the General Post Fund. It states that:

(1) VA Chief chaplains are authorized to accept gifts and donations on behalf of VA:

(a) For the benefit of the religious and spiritual needs of the patients at their facility and

(b) To support all Chaplain Service activities at their facility.

(2) The authority to accept gifts may not be re-delegated by the Chief, Chaplain Service. At VHA facilities that do not have a Chief, Chaplain Service, the facility Director may delegate this authority to the lead or coordinating chaplain.

(3) Chaplains receiving gifts and donations of funds must turn such funds over to the agent cashier as soon as practical for deposit into the General Post Fund.

(a) Chaplains are to instruct the agent cashier for what purpose, if any, the donor intended the funds to be used. Donors may designate that funds be used for patients of a particular faith group. Unless a donor specifically designates the purpose of the gifts and donations, gifts and donations received by chaplains are to be earmarked for support of the activities of the facility's Chaplain Service.

(b) Individuals or groups may make donations to the General Post Fund for the religious needs of VA patients. Funds donated to the General Post Fund for specific use by a particular faith group are to be earmarked as such within the General Post Fund and made available for that faith group's use when requested.

(4) Although it is not acceptable to solicit an offering by passing an offering plate during a religious service, a receptacle may be placed at an appropriate location in the chapel to permit visitors to contribute if they desire. Such funds must be collected immediately after each service, an account made of the collected funds, the funds secured, and deposited on the next working day into a General Post Fund account identified for pastoral and spiritual care of patients.

(5) The facility's Chief, Chaplain Service, may authorize the withdrawal and expenditure of funds in the facility's General Post Fund earmarked for the religious needs of the patients to support Spiritual and Pastoral Care Program activities. At VHA facilities that do not have a Chief, Chaplain Service, the facility Director may delegate this authority to the lead or coordinating chaplain, who is responsible for maintaining appropriate records of expenditures.

(6) Equipment or articles which a VA chaplain procures with General Post Fund monies, except for such items distributed to patients for their personal use, are designated as VA property.

(7) Gifts and donations received for religious purposes are not to be used for the:

(a) Employment of personnel.

(b) Remuneration of clergy to cover chaplain responsibilities during regular off-duty hours of the employed chaplain.

(c) Personal or private use of any chaplain.

(8) General Post Funds may be used to purchase items to be blessed or consecrated for use in serving the religious needs of veteran patients of a particular faith group or denomination. These items will remain under the custody of the chaplain of the particular faith group or denomination for the purposes of appropriate use, and at the end of their useful life, for appropriate disposition.

23. SUPPLIES

VA is responsible for providing the equipment and supplies necessary to carry out the mission of the Chaplain Service, except for:

a. Religious articles to be used in the Chaplain Service which must be blessed, sanctified, or consecrated according to the regulations of the chaplain's religious faith group, cannot be purchased from appropriated funds except as provided in subparagraph 22c(8).

b. Vestments and ritual garments used by a chaplain. If purchased by the chaplain from personal funds, they remain the chaplain's property.

(1) If vestments and ritual garments used by a chaplain have been donated for the use of the Chaplain Service, and are not to be blessed, sanctified, or consecrated according to the practice of a particular faith group, they are property of VA.

(2) Choir robes may be purchased from appropriated funds and remain the property of VA.

24. ARTICLES ON LOAN FROM AN ECCLESIASTICAL ENDORSING ORGANIZATION

a. All articles used in the Chaplain Service which are on loan from an ecclesiastical endorsing organization are to be listed on a memorandum and forwarded to the Acquisition and Materiel Management Officer.

b. When the chaplain who is the responsible custodian of articles on loan from an ecclesiastical endorsing organization is transferred or separated from service, the Acquisition and Materiel Management Officer is to inventory these articles and provide for their proper security until a new chaplain is assigned responsible custody.

25. INFORMATION RESOURCES MANAGEMENT

a. Information regarding spiritual and pastoral care may be posted on VISN and facility Intranet websites only after it has been reviewed and approved by the NCC staff. VISN and medical centers are not to post information regarding spiritual and pastoral care on their Internet web sites.

b. Chaplains and support staff must be provided with access to the Veterans Health Information System and Technology Architecture (VistA) and the Outlook/Exchange Server in order to:

- (1) Input and retrieve accurate patient care data;
- (2) Facilitate timely responses to local and national reports;
- (3) Participate in continuing education, distance learning, and quality improvement initiatives; and
- (4) Keep abreast of current spiritual and pastoral care standards of accrediting organizations (i.e., TJC, Coalition on Ministry in Specialized Settings (COMISS) Network Commission for the Accreditation of Pastoral Services (CCAPS), Commission on the Accreditation of Rehabilitation Facilities (CARF), Association for Clinical Pastoral Education (ACPE), etc.).

c. Chaplains, their support staff, volunteers, and others will only use veteran or patient information in accordance with VHA Handbook 1605.1, and will only access the minimum amount of information necessary to perform their duties in accordance with VHA Handbook 1605.2.

26. RELIGIOUS LITERATURE

Religious literature may be purchased to benefit the spiritual health of patients.

- a. Various religious denominations offer literature free of charge. The chaplains are responsible for reviewing all donated or purchased religious literature and determining its appropriate distribution.
- b. Upon a patient's request, a chaplain may provide literature that describes a particular religious or denominational viewpoint.
- c. Material must not be distributed that may interfere with patient care, for example: material intended to proselytize, or material that makes offensive or defamatory references to race, gender, or a religious faith group.

27. RESPONSIBILITIES OF THE DIRECTOR, CHAPLAIN SERVICE, NCC

The Director, Chaplain Service is responsible for:

- a. Developing and implementing policy to:
 - (1) Ensure that spiritual and pastoral care is made available to all veterans who desire or request such care.
 - (2) Plan, develop, and direct a Spiritual and Pastoral Care Program consistent with the overall mission of health care delivery in VHA.

(3) Ensure the Spiritual and Pastoral Care Program is integrated into VHA's total care and treatment program of patients who desire or request such care.

(4) Organize, analyze, and improve programs that reflect the distinctive and contributory role of spiritual and pastoral care within VHA.

b. Ensuring the NCC conducts site visits at every VHA medical center and other care facilities at least once every 3 years to ensure compliance with VHA policy regarding the provision of spiritual and pastoral care. Funding is to come from Patient Care Services.

c. Approving, in accordance with Federal regulations and VA policies requests for:

(1) Selective or quality rating factors for examining applicants, and

(2) Passing over or objecting to applicants on certificates.

d. Establishing an affirmative action plan; conducting recruitment efforts to develop diverse applicant pools; and monitoring the representation of underrepresented groups in the VA Chaplaincy Program, increasing their representation where necessary.

e. Ensuring all educational programs for Pastoral Counseling are:

(1) Accredited through the American Association of Pastoral Counselors or the American Association for Marriage and Family Therapy.

(2) Kept current with the accreditation standards for the respective professional training.

f. Issuing Board of Excepted Service Examiners (BESE) certificates (see subpar. 28d).

28. RESPONSIBILITIES OF THE NATIONAL CHAPLAIN CENTER (NCC)

a. **Field Support.** The NCC empowers VHA Chaplains to achieve excellence in meeting the spiritual health needs of veterans receiving health care by:

(1) Facilitating employment of a diverse and quality chaplain workforce.

(2) Providing education and training to chaplains and other providers.

(3) Maintaining liaison with VA Central Office, the Department of Defense (DOD), VISN and VA medical center Directors, Employee Education Service (EES), endorsing organizations, veterans service organizations, and religious communities.

(4) Supporting local chaplain services by:

(a) Developing policies;

(b) Providing guidance regarding standards and criteria;

- (c) Developing management competence;
 - (d) Networking;
 - (e) Promoting, in accordance with VHA policy and the Office of Research and Development, clinical research and communicating relevant research findings to the field; and
 - (f) Providing professional career development opportunities, including mentoring and succession programs.
- (5) Providing the spiritual dimensions of specialized programs, such as:
- (a) Conflict resolution and mediation,
 - (b) Wellness,
 - (c) Suicide prevention,
 - (d) Health care ethics, and
 - (e) Patients rights.
- (6) Providing consultation to the Patient Care Services Officer regarding all spiritual and pastoral needs of patients, families, staff, VISNs, and facilities.
- (7) Supporting field station chaplains, field administrators, and managers. This support is demonstrated by the following functions:
- (a) Facilitation of communication between VA chaplains for the purpose of sharing ideas and opportunities for ministry that enhance the field of spiritual and pastoral care.
 - (b) Provision of a BESE to rate and rank all applicants for chaplain vacancies in VHA facilities in a timely fashion.
 - (c) Dissemination of information to chaplains regarding trends and changes within VHA that may affect their ministry.
 - (d) Guidance on programmatic pastoral care issues and resources related to spiritual care for patients and immediate families.
 - (e) Assignment of an Associate Director of Chaplain Service to work with each of the networks and each facility to coordinate needs and conduct site visits.
 - (f) Consultation with network directors to identify field chaplains from each network to serve on the NCC's Field Leadership Council.

(g) Provision of training opportunities to enhance the knowledge and clinical skills of chaplains. Training opportunities include both on-site and distance learning models.

(h) Guidance regarding documentation of workload and clinical encounters.

(i) Maintenance of the NCC web sites.

(j) Identify, recognize, and promote excellence in chaplains and chaplain programs (contact NCC for further information).

(k) Review and approval of information regarding spiritual and pastoral care prior to a VISN or facility posting such information on their web sites (see subpar. 25a).

b. **Spiritual Health Care Education.** The NCC provides a program of spiritual health care education for chaplains and interdisciplinary health care providers.

(1) These educational programs are designed to:

(a) Promote awareness of the role of religion and spirituality in the personal lives and cultural expression of many veterans; they are resources for coping with illness and suffering, influencing the promotion of health and the prevention of disease.

(b) Promote appreciation of diversity and pluralism among chaplains and the VA workforce.

(c) Educate VHA professionals about TJC, CCAPS, and CARF Standards for Spiritual Care, and the role of the Chaplain on the interdisciplinary health care teams.

(2) The goal of the Spiritual Health Care Education Program is to provide a comprehensive program of spiritual health care education including, but not limited to:

(a) Information regarding health care research in spirituality and religion,

(b) Spiritual care standards,

(c) Ethical decision making in health care,

(d) Mediation and conflict resolution,

(e) Accrediting organization standards,

(f) Pastoral care and counseling for specialized patient populations, and

(g) Alternative Dispute Resolution (ADR).

c. **Orientation and Career Development Classes.** The NCC provides training for newly-employed chaplains and newly-appointed and aspiring Chiefs of Chaplain Service or the health care professionals responsible for supervision of the Spiritual and Pastoral Care Program at VHA facilities.

d. **Recruitment and Examining.** The NCC BESE has sole responsibility for examining and certifying applicants for permanent employment as VA chaplains, in accordance with applicable Human Resources policies (see VA Handbook 5005, Pt. II, Ch. 2).

(1) All selections for permanent appointment as a VA chaplain are made from certificates issued by the BESE.

(2) Based on anticipated staffing needs and administrative efficiency, BESE may elect to issue open, continuous announcements for chaplain positions of various grades or faith groups.

(3) Time-limited and temporary appointments of chaplains may be made by the facility Director without BESE announcement and evaluation of the applicants.

(a) Each individual selected for a time-limited or temporary appointment must be verified as meeting minimum qualification requirements by the BESE prior to appointment. The medical center Director, or designee may approve extensions of previously verified individuals.

(b) Time-limited and temporary appointments are only to be made to accomplish work that is for a project or of a time-limited nature. The principles of veterans preference must be followed to the extent administratively feasible.

(4) Individuals who have completed a 1-year (2080 hours) CPE Program in a VA health care facility and who meet all other VA qualification requirements for chaplain are eligible for appointment without numerical rating and ranking under the authority provided by Title 38 United States Code (U.S.C.) 7403(g) and 5 CFR 213.3102 (a). Veterans preference is applied in accordance with Federal regulations.

NOTE: The BESE is responsible for accepting applications from students, verification of the student's qualifications, and the referral of qualified candidates to VA health care facilities.

e. **Liaison With Religious, Professional, and Veterans Service Organizations (VSOs), and Other Stakeholders.** The NCC maintains contacts with ecclesiastical endorsers, professional certifying organizations, and VSOs. *NOTE: The NCC and VHA chaplains are encouraged to foster positive relationships with all VSOs, coordinating VA chaplain activities with VSOs, as appropriate.*

(1) The non-VA organizations and stakeholders with which NCC maintains liaison include, but are not limited to:

(a) Endorsers Conference for Veterans Affairs Chaplaincy (ECVAC),

(b) Military Chaplains Association (MCA),

(c) Armed Forces Chaplains Board (AFCB),

(d) Association of Professional Chaplains (APC),

- (e) Association for Clinical Pastoral Education (ACPE),
- (f) American Association of Pastoral Counselors (AAPC),
- (g) National Association of Jewish Chaplains (NAJC),
- (h) National Association of Catholic Chaplains (NACC),
- (i) American Indian and Alaska Native Tribes,
- (j) College of Pastoral Supervision and Psychotherapy (CPSP), and
- (k) The Spiritual Care Collaborative.

(2) The NCC maintains liaison with professional groups of chaplains formed solely of VA chaplains, such as, but not limited to the:

- (a) National Association of VA Chaplains (NAVAC).
- (b) Department of Veterans Affairs National Black Chaplains Association (DVANBCA).
- (c) National Conference of VA Catholic Chaplains. (NCVACC).

29. CLINICAL PASTORAL EDUCATION (CPE)

CPE is multi-faith professional education for spiritual and pastoral care providers in health care settings. It is the specialized clinical training required by the Association for Professional Chaplains, the NACC, and the NAJC for clergy and chaplains to become Board Certified Chaplains.

a. CPE programs are established in VHA according to VHA Directive 1400 and VHA Handbook 1400.01 and the annual program announcements for trainee support in associated health professions. *NOTE: In VHA, CPE programs may be established at the facility level based upon administration determination of need.*

b. CPE in VHA does not favor any religion, or favor religion over non-religion, but seeks to promote appreciation of diversity and pluralism.

c. CPE residents who have completed a 1-year (2080 hours) CPE Program in a VA health care facility and who meet all other VA qualification requirements for chaplain are eligible for appointment without numerical rating and ranking under the authority provided by 38 U.S.C. 7403(g) and 5 CFR 213.3102(a), for 1 year following completion of their residency.

30. RESEARCH

Field facilities are encouraged to include spiritual and pastoral care as topics for research. Chaplains may serve on facility Research Committees.