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## CHAPTER 3. CHAPLAIN'S PROGRAM AND WORK

### 3.01 GENERAL CONSIDERATIONS

a. The facility chaplain represents the religious community. By virtue of the training and experience as a health care specialist, they are aware of the spiritual and moral dimensions which often arise from the anxieties, problems and fears which accompany illness and disabilities. The chaplain will provide the kind of religious ministry and pastoral care that seeks to meet the needs of the whole person in their struggle for health and peace of mind. The chaplain should be sensitive to the variety of religious and cultural backgrounds of the patients to whom ministry is provided.

b. The chaplain may be involved in specialized programs for individuals and groups.

c. The chaplain will provide for public and private worship for inpatients in an appropriate setting.

d. The chaplain will be available to patients and families, especially in times of crisis.

e. The chaplain will recognize the necessity of prioritizing pastoral care responsibilities.

f. Chaplains who have special training and experience may be assigned to programs such as Drug Abuse, Alcohol Rehabilitation, Spinal Cord Injury, Hospice, HIV/AIDS, Day Treatment, and Mental Health.

g. Chaplains will attend regular Chaplain Service staff meetings for information and coordination of administrative and pastoral activities.

### 3.02 COORDINATION

The Chief, Chaplain Service, will assist the individual chaplains in coordinating and fulfilling responsibilities in the therapeutic and administrative programs in the facility.

### 3.03 USE OF VISITING CLERGYPERSONS

a. It is the duty of the assigned chaplain to make pastoral care available to all patients. When the ministry of a specific denomination or faith group, not represented by the appointed chaplains, is required, the appropriate clergyperson in the community will be notified.

b. Under no circumstances will visiting clergypersons, volunteer ministers or faith representatives be used as a replacement for the chaplain. Individual clergypersons are welcome to visit patients who are members of their parishes or congregations. The visiting clergypersons will be guided by the regulations of the facility and by the provisions of this manual.

c. All visiting clergypersons will be encouraged to clear their visits in the facility with Chaplain Service. This will enable the Chaplain Service to assist the clergypersons and the patients. They should see the patients in a central or easily accessible location when possible.

d. General ward visitation by other than the Chaplain Service the general distribution of religious literature is prohibited.

e. National endorsing agencies having a sacramental or other unique religious ministry should certify representatives to provide such ministry. This ministry is an augmentation to pastoral care provided by the staff of the Chaplain Service. Certification from the clergyperson's official national endorsing agency will be sent to the Director, Chaplain Service, VA Central Office, who will forward the authorization to the facility Director to recognize the representative for the purpose of individual calls upon patients of the clergyperson's denomination or faith group. The Chaplain Service will extend cooperation to such representatives consistent with established religious programs of the facility.

f. An up-to-date listing of patients by their particular denomination should be available to certified clergypersons visiting under the provision of paragraph c.

### 3.04 SCHEDULE OF WORK

a. A work schedule will be established for each chaplain based upon the needs of the facility.

b. A part-time chaplain, within the annual limitation of hours, will fulfill the normal duties of a chaplain.

c. All chaplains assigned to the facility shall be included in the planning and programming of the Chaplain Service.

d. The pastoral care needs of each facility may vary, but experience at most medical centers indicates the following general distribution of time:

(1) Fifty-five percent of the total workweek is directly related to the individual patient. The following is a breakdown of the average individual contacts.

(a) Visits to newly-admitted, seriously ill, pre- and post-operative patients. All patients in this category should be visited daily. Fifteen percent of the workweek or a total of 6 hours is devoted to this purpose.

(b) General pastoral visitation on units. The chaplain should visit these patients on an average of 1 1/2 times per week. Thirty percent or 12 hours of a 40-hour workweek will normally be devoted to this area of pastoral care.

(c) Personal counseling will require about 4 hours (10 percent) of the chaplain's workweek.

(2) Forty-five percent of the chaplain's time will involve a ministry to patients in group settings. The following is a suggested breakdown of time and activities:

(a) Conduct of services: 4 hours (10 percent) of the workweek.

(b) Conduct of group activities, services on units: 6 hours (15 percent).

(c) Consultations with staff and others: 4 hours (10 percent).

(d) Community and family contacts: 2 hours (5 percent).

(e) Administrative matters: 2 hours (5 percent).

e. The schedule of work will include the time and place of services, ordinances, sacramental services and religious broadcasts. It should also include the schedule for ward visitation, time for official counseling, special programs and administration. This schedule is understood to be flexible to provide for unforeseen situations. A chaplain will be readily available for emergency calls at all hours, and this responsibility should be shared by all chaplains and rotated equally. A roster of chaplains and times of their availability should be placed with the switchboard operator and other appropriate persons. The chaplain should be provided a pager in order to be reachable through an emergency call system during duty and non-duty hours (see M-1, pt. I, ch. 14, pars. 14.09 and 14.10).

f. The Chief, Chaplain Service, will maintain an operational and procedural manual. This manual will list detailed information on the total program including the following areas:

(1) Schedule, location, and physical setting of all services, including seasonal or special services.

(2) Storage places for essential chapel and chaplain's equipment.

(3) Available organists, choirs, soloists and others.

(4) Volunteers and arrangements with them for their services.

(5) Persons and organizations interested in the chaplain's program.

(6) Chaplain's schedule of meetings with staff and others.

(7) Local ministerial groups and special contacts as well as other community relationships.

(8) Any information that the chaplain believes will contribute to the continuity of the program and which will prove helpful to a successor or replacement in an emergency.

### 3.05 TOUR OF DUTY

a. Full-time and part-time chaplains are required to work a regular tour of duty which meets the needs of the patients and the facility, established in advance and approved by the Chief, Chaplain Service.

b. All full-time chaplains shall be on duty on a given day each week to provide for a formal chaplains' staff meeting at least once a month. All non-full-time chaplains shall be encouraged to attend this monthly meeting. Informal staff meetings should be held weekly to build communication, staff relationships and deal with other needs and problems on a regular basis.

c. Established tours of duty and changes will be properly authorized and recorded on VA Form 4-5613, Time and Attendance Report, reflecting periods of duty and absence in accordance with provisions of M-4, part II, chapter 1, section C.

d. When required to make emergency calls outside scheduled duty hours, such time will be recorded on VA Form 4-5613. Overtime and compensatory provisions of the Federal Employees Pay Act and applicable provisions of MP-5 will apply. Compensatory time will be treated judiciously by chaplains with full recognition of their professional responsibilities to patient coverage. Compensatory time should be used as soon as possible after being earned, but not later than the end of the 7th pay period following the pay period in which it was earned (see MP-5, pt. I, ch. 610, par. 7b.).

### 3.06 WORSHIP

#### a. Chapel Services

(1) The conduct of services of worship and administration of the sacraments and ordinances in the facility are the responsibility of the Chaplain Service. The form of worship will be determined individually by the chaplains, keeping in mind the varied religious backgrounds of the veteran population. Chaplains may provide denominational type services after meeting the general worship needs of their faith group. Chaplain Service will guarantee the free exercise of religion for all patients.

(2) When necessary the Chaplain Service will make adequate arrangements for providing services for other faith groups.

(3) Weekday, afternoon and evening services, both in the chapel and other areas of the facility, should be effective, desirable and creative.

(4) When consecutive religious services are held in the same chapel, it is necessary to provide a reasonable time interval between services. This is especially important when services of different faith groups follow an earlier service.

(5) Chapels should be arranged with easy access for all patients and adequate space provided for wheelchairs and litters.

(6) Services shall normally be no longer than 45 minutes.

(7) Chaplains shall arrange for appropriate music for services.

(8) The use of worship bulletins is encouraged.

b. Other locations. When difficulty exists in bringing patients to the chapel, arrangements should be made to hold services in other locations. Chaplains should seek appropriate space and proper ecclesiastical appointments for such services.

### 3.07 GROUP ACTIVITIES

a. The Chaplain Service may arrange instruction classes, Bible Study, devotional and discussion groups, visual aid programs and other suitable activities.

b. The Chaplain Service shall participate in the multidisciplinary approach to patient care. This may involve chaplains in their leadership and/or participation in various group activities.

### 3.08 PASTORAL CARE AND MINISTRY

a. The chaplain will visit newly-admitted patients as a priority ministry. Visitation within the first 24 hours of the patient's admission is encouraged.

b. The chaplain will be available to all patients during regular ward visitations.

c. In the initial interview the chaplain will offer to establish a relationship with the patient which may lead to pastoral counselling or care. The patient should receive all pertinent information regarding the Chaplain Service Program and location of chaplains' offices and chapel(s).

d. Pastoral care of the seriously ill is paramount. The chaplain will record the initial visit to seriously ill patients in the medical record, e.g., the nurses' "Kardex," VA Form 10-2911, Patient Care Summary, as appropriate. The chaplain's notation should be easily identified. When attending the dying, the chaplain will provide pastoral care to the patient and any relatives and friends who may be present.

e. There are several different approaches of various faith groups and denominations in providing pastoral care to the seriously ill and to the families at the time of death. The Chief, Chaplain Service, will coordinate with the Chief, Medical Administration Service, procedures regarding the notification of the chaplain when a patient is placed on the seriously ill list, or in the event of death. Chaplains will assume responsibility for the decision as to the response that is required. To facilitate prompt notification, each chaplain should have a pager and be on the medical center call system. The Chief, Chaplain Service, will make certain that all involved personnel are informed of these policies (see VHS&RA Manual M-1, pt. I, ch. 14, par. 14.07).

f. Many of the chaplain's contacts will be with patients who have not previously been associated with a religious community. The mission of the chaplain is to include all patients in their ministry. A period of hospitalization is often a time of reappraisal of a person's whole life. Repeated contacts through regular visitation may give the chaplain the opportunity to provide pastoral care.

g. While the chaplain will try to serve all those who can profit from pastoral care, they will not proselytize or attempt to win patients from their established religious loyalties. Ministry will not be imposed upon those who do not desire it.

### 3.09 RELATIONSHIP TO THE RELATIVES OF PATIENTS

a. The chaplain will be readily available to meet with relatives and friends of patients when they visit the facility. Chaplains may counsel at VA facility 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 where:

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

(2) 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

(3) 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 for a limited period as determined to be reasonable and necessary to assist the individual with the emotional and psychological stress accompanying the veteran's death. (See 38 U.S.C. § 601(5)(B), (6)(E)(i)).

The Chaplain's Office will be clearly marked.

b. Inquiries concerning the patient's medical condition will be referred to the physician. The chaplain will seek to understand the underlying motives for such inquiries and will deal with them with an appropriate pastoral attitude.

c. Chaplains will not routinely send letters or make phone calls to next-of-kin or to pastors located where a patient resides to notify them of a patient's hospitalization. Should the chaplain deem a personal contact appropriate, it will be made only with the expressed consent of the patient, after consultation with the treatment team leader or the Chief of Staff. Under no circumstances will confidential information be disclosed in such communication (VA Regulations and Federal Laws).

d. When a letter of condolence is deemed appropriate, it will be written on an individual basis and will be coordinated with the official letter of condolence prepared by management.

e. A critical or censorious attitude toward the facility or toward its personnel will not be expressed to relatives. Conditions which, in the judgment of the chaplain need to be corrected, should be discussed with the Chief of Staff, facility Director or other appropriate managerial staff members.

f. Criticism of the facility or its personnel expressed by relatives or friends should be heard without argument. When such criticism is due to lack of information, it may be answered with factual statements and proper referrals made when appropriate.

g. The chaplain will not be asked to use undue influence to obtain consent for autopsies. The chaplain's role in relation to the families of deceased patients is that of interpreter of religious requirements of the particular faith group concerned. The final decision for autopsy consent normally rests with the family or guardian.

### 3.10 CHAPLAIN SERVICE AND MEDICAL ETHICS

a. Chaplain Service is best qualified to offer leadership and guidance in the field of medical ethics. To accomplish this responsibility:

(1) The Chief, Chaplain Service, must be familiar with all the multi-faceted legal, medical and religious implications relative to the ethical questions arising within the facility's clinical setting.

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

b. Chaplain Service is there to aid and support the professional staff in its difficult ethical decisions and when requested, to help formulate, educate and implement standards and criteria for making such decisions in a systematically consistent manner.

c. Chaplain Service is not to assume the role of monitor, judge or ombudsman with respect to any ethical decisions not directly related to its own professional duties and responsibilities.

### 3.11 ADJUSTMENT OF WORK SCHEDULE FOR RELIGIOUS OBSERVATION

a. To assure freedom of religious expression, field facility policies should reflect the provisions of Public Law 95-390 (September 29, 1978) which authorizes adjustment of work schedules for religious absences (5 U.S.C. Sec. 5550a, "Compensatory Time Off for Religious Observances").

b. Employees of faith groups having distinct and designated days of sacred observance should be given opportunity to observe such days in an appropriate fashion.

c. Employees may use either compensatory time and/or annual leave.

d. If the mission of the medical facility is adversely affected, an appropriate discretion should be used.

e. The Chief, Chaplain Service, will be responsible for:

(1) Maintaining a calendar of holidays.

(2) Informing management regarding the days of religious obligation.

(3) Supporting faith group chaplains in publicizing the religious programs and schedule of events.

(4) Special services and programs will be held at all facilities on Veterans Day, Martin Luther King, Jr. Day, the Day of Remembrance for the Holocaust and POW-MIA Day.

(5) Other programs as needed by the veteran population will be conducted.