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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February 2024 Board of Chaplaincy Certification, Inc. This page is intentionally left blank.

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<u>Introduction</u>

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). This rubric may also be used by the NACC for the certification of Associate Chaplains.

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." 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. 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." 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.

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" (<a href="https://www.aamu.edu/academics/colleges/education-humanities-behavioral-sciences/research-outreach-centers/regional-inservice-center/documents/guide-to-nb-certification.pdf); etc.

Chaplain certification committees have never used rubrics per se: 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 interviewcommittee 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." And "many participants speculated that a wide range of discrepancy existed among committees." 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.

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.

Mentors can use the rubric to guide their Applicants, ITEs/Interviewers 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

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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 reliability 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" and may this iteration of our BCC competencies be one such move.

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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

	Does not demonstrate competency	Needs clarification	Demonstrates competency	Exceeds competency
ITP1: Articulate an approach to spiritual care rooted in one's spiritual tradition and integrated with a theory of spiritual care.	☐ Does not name the chaplain's own spiritual tradition, and/or ☐ Does not identify a theory/theorist of chaplaincy, and/or ☐ 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	□ Names the chaplain's own spiritual tradition but does not link it to spiritual care, and/or □ Merely mentions but does not explain a theory/theorist of chaplaincy, and/or □ Describes these ideas about spiritual care without any actual example from the chaplain's own work.	☐ Describes the chaplain's perspective on spiritual care in terms of the chaplain's own spiritual tradition, and ☐ Describes at least one theory/theorist of spiritual care that the chaplain applies in their practice, and ☐ Gives at least one example of the chaplain's caregiving that is congruent with their stated approach to spiritual care.	Demonstrates competency, plus Applies multiple chaplaincy theories/theorists, and/or Gives multiple diverse examples, and/or Analyzes the limitations of their own spiritual tradition and/or primary theories/theorists on their particular approach to spiritual care, and/or Generates an especially novel approach to spiritual care.

	Does not demonstrate competency	Needs clarification	Demonstrates competency	Exceeds competency
ITP2: Provide spiritual care that incorporates a working knowledge of the academic study of religion/spirituality (e.g., psychology, sociology, anthropology, history).	☐ Articulates only a religious/spiritual perspective on religion/spirituality, without also a broader academic lens, and/or ☐ 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.	☐ Merely names disciplines/ideas, without describing insights into religion/spirituality, and/or ☐ Describes ideas without an illustration from the chaplain's own work, and/or ☐ Gives only examples that do not address a spiritual affiliation, practice, nor belief of the care recipient(s).	☐ Articulates insight into religion/spirituality from at least one academic discipline that is not explicitly religious/spiritual (e.g., psychology, sociology, anthropology, history), and ☐ 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 Articulates multiple insights from multiple religious-studies perspectives, and/or Gives multiple diverse examples, and/or Compares, contrasts, criticizes, and/or evaluates the contributions of various religious-studies perspectives to the chaplain's spiritual care.

	Does not demonstrate competency	Needs clarification	<u>Demonstrates</u> <u>competency</u>	Exceeds competency
ITP3: Incorporate the spiritual and emotional dimensions of human development into one's practice of care.	□ Describes giving spiritual care that does not vary at all across developmental differences, and/or □ Names but does not draw on a particular developmental theory/theorist, or does not even mention one, and/or □ 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.	□ Describes developmentally tailored spiritual care in general/theory without specific illustration from the chaplain's own work, and/or □ Illustrates only one phase of development, and/or □ Addresses only spiritual or only emotional development—not both.	☐ Articulates at least one framework for understanding human development over time, and ☐ 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 Analyzes and/or evaluates an entire theory of human development, and/or Cites multiple theories of human development, and/or Gives examples from three or more phases of development, and/or Interprets the interplay of the chaplain's own phase of spiritual/emotional development with the chaplain's practice, and/or Argues for or against specific theories of human development for spiritual-care purposes today.

	Does not demonstrate competency	Needs clarification	Demonstrates competency	Exceeds competency
ITP4: Incorporate a working knowledge of at least one ethical theory appropriate to one's professional context.	☐ Only names the ethical theory, or does not name it, and/or ☐ 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 ☐ 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.	☐ Discusses but does not apply the ethical theories, and/or ☐ Illustrates the ethical theory with examples from a context other than where the chaplain has served.	□ Describes at least one ethical framework (e.g., consequentialism, biomedical ethics, virtue ethics, deontology), and □ Gives at least one example of applying that framework to a situation in the chaplain's work setting.	Demonstrates competency, plus □ Evaluates and selects the more fitting of multiple ethical theories for a given case, and/or □ Applies more than one ethical framework, and/or □ Adapts an ethical framework to support the chaplain's particular practice setting(s) and challenges.

	Does not demonstrate competency	Needs clarification	Demonstrates competency	Exceeds competency
ITP5: Articulate a conceptual understanding of group dynamics and organizational behavior.	□ Names but does not describe theory/theorist, or does not name theory/theorist at all, and/or □ 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	☐ Describes a theory of individuals in groups or a theory of groups in organizations—but not a theory of each/both—and/or ☐ Summarizes a framework but does not illustrate by example.	☐ Describes a framework that interprets/predicts how individuals function in groups (e.g., members in a family) ☐and how groups function in organizations (e.g., teams in an institution), and ☐ Illustrates that theory with the chaplain's work.	Demonstrates competency, plus Applies more than one framework for understanding groups/organizations, and/or Models spiritual-care interventions at the group/organizational level, and/or Adapts existing group/organizational theories across cultures.

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

Section II: Professional Identity and Conduct Competencies

	Does not demonstrate competency	Needs clarification	Demonstrates competency	Exceeds competency
PIC1: Identify one's professional strengths and limitations in the provision of spiritual care.	□ Does not discuss the chaplain's strengths and limitations, and/or □ Describes personal strength(s) and/or limitation(s) but not their professional import, and/or □ Names strengths and/or weaknesses but does not give examples, and/or □ 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.	□ Demonstrates awareness of only the chaplain's strengths □or only the chaplain's limitations, and/or □ Demonstrates and even names but does not analyze (i.e., reflect upon) the chaplain's strengths □ and/or limitations.	☐ Analyzes the chaplain's strengths and ☐ limitations ☐ with examples from the chaplain's work.	Demonstrates competency, plus Gives examples from a range of administrative and clinical contexts, and/or Exhaustively determines the personal and social roots of the chaplain's strengths and limitations, and/or Develops strategies for building on the chaplain's strengths and redressing the chaplain's limitations.

	Does not demonstrate competency	Needs clarification	Demonstrates competency	Exceeds competency
PIC2: Articulate ways in which one's feelings, values, assumptions, culture, and social location affect professional practice.	□ Does not identify the chaplain's feelings (distinct from thoughts), and/or □the chaplain's values (distinct from others' values), and/or □the chaplain's assumptions (distinct from universal truths), and/or □the chaplain's culture (distinct from individual personality), and/or □the chaplain's social location (distinct from common humanity), and/or □ 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.	☐ Identifies but does not give an example of the impact on the chaplain's work of an identified feeling, and/or ☐value, and/or ☐assumption, and/or ☐cultural aspect, and/or ☐aspect of social location.	□ Names at least some of the chaplain's feelings, and □ some of the chaplain's values, and □ some of the chaplain's assumptions, and □ some of the chaplain's culture(s), and □ some aspects of the chaplain's social location (e.g., race, ethnicity, class, gender, sexual orientation, age, disability, nationality, immigration status), and □ Illustrates impacts on one's chaplaincy of the identified feelings, and □ values, and □ assumptions, and □ culture(s), and □ aspects of social location.	Demonstrates competency, plus Illustrates additional feelings, values, assumptions, cultural aspects, and elements of social location, and/or Demonstrates an ability to explore in the moment previously unrecognized feelings, values, assumptions, culture, and aspects of social location.

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

	Does not demonstrate competency	Needs clarification	Demonstrates competency	Exceeds competency
PIC4: Respects the physical, emotional, cultural, and spiritual boundaries of others.	□ Demonstrates willful, unrepentant, and/or careless violation of another's boundary, and/or □ 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	□ Does not identify at least one physical boundary set by another person,, and/or □at least one emotional boundary set by another person,, and/or □at least one cultural boundary set by another person, and/or □at least one spiritual boundary set by another person, and/or □at least one spiritual boundary set by another person, and/or □ Identifies but does not give examples of all identified boundaries. □ Demonstrates mistaken violation of another's boundary and an effort to repair.	☐ Identifies a physical boundary set by another person (i.e., not [only] the chaplain's own physical boundary) and ☐an emotional boundary set by another person, and ☐a cultural boundary set by another person, and ☐a spiritual boundary set by another person, and ☐a spiritual boundary set by another person, and ☐ Illustrates how the chaplain respected each boundary.	Demonstrates competency, plus Recognizes both explicit and implicit boundaries of others.

	Does not demonstrate competency	Needs clarification	Demonstrates competency	Exceeds competency
PIC5: Use appropriately one's professional authority as a chaplain.	☐ Does not discuss the chaplain's authority, and/or ☐ Gives example of the chaplain over-stepping the chaplain's authority, and/or ☐ 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	☐ Illustrates standing up to the institution but not serving the institution, or ☐ Illustrates serving the institution but not standing up to the institution.	☐ Identifies at least one legitimate source of the chaplain's authority as a chaplain, and ☐ Gives an example of when the chaplain drew on that authority to serve an institution that employs/employed the chaplain, and ☐ 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 Illustrates multiple sources of the chaplain's authority, and/or 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.

	Does not demonstrate competency	Needs clarification	<u>Demonstrates</u> competency	Exceeds competency
PIC6: Advocate for the persons in one's care.	□ Does not describe advocating as a chaplain, and/or □ 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	☐ Attests to advocating but does not give examples, and/or ☐ Gives examples of purported advocacy that express the chaplain's own needs but not the needs of the care recipient(s).	☐ Illustrates the chaplain speaking up for the needs of their care recipient(s).	Demonstrates competency, plus Gives additional such examples, and/or Spells out the chaplain's criteria for when (and when not) to advocate, and/or Illustrates how the chaplain has helped care recipients advocate for themselves.
PIC7: Function within the APC/NAJC Code of Ethics.	□ Demonstrates violation of any aspect of the APC/NACC/NAJC Code of Ethics, and/or □ 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.	☐ 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.	☐ 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 Illustrates compliance with more than one section/subsection of the APC/NACC/NAJC Code of Ethics, and/or Demonstrates grappling with a difficult ethical issue using the APC/NACC/NAJC Code of Ethics as a guide.

Section III: Professional Practice Skills Competencies

	Does not demonstrate competency	Needs clarification	Demonstrates competency	Exceeds competency
PPS1: Establish, deepen, and conclude professional spiritual-care relationships with sensitivity, openness, and respect.	□ Labels or explains these values without any specific example of relationship, and/or □ Conveys insensitivity, inhospitality, or disrespect in either or both cited examples, and/or □ 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.	☐ Does not specifically address each of these three phases of relationship.	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: ☐ in the beginning/establishing of the relationship, and ☐in the middle/deepening of the relationship, and ☐in the ending/concluding of the relationship.	Demonstrates competency, plus Breaks down sensitivity, openness, and respect into each individual value and illustrates each, and/or Compares and contrasts the specific values, phases, and relationships from each other, and/or 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.

	Does not demonstrate competency	Needs clarification	Demonstrates competency	Exceeds competency
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.	☐ Eschews any orientation to outcomes of spiritual care, and/or ☐ Demonstrates care that is largely ineffective and/or largely harmful, and/or ☐ 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.	□ Does not articulate any particular desired outcome, and/or □ Does not address the chaplain's contribution to said outcome, and/or □ Gives examples of the chaplain's positive impact on only one or two of these three kinds of care recipients.	☐ Articulates at least one desired outcome of the chaplain's care, and ☐ Speculates on how the chaplain's care contributes to said outcome(s), and ☐ Gives one example involving a patient (or inmate, student, service member, frontline worker, etc.), and ☐ Gives another example involving the patient's (or analogue's) family/friends, and ☐ Gives a third example involving (additional) institutional staff (e.g., nurse, doctor, guard, support staff, management).	Demonstrates competency, plus Goes beyond speculation to actually illustrate empirically the positive impact of the chaplain's care, citing feedback from care recipients or observed changes, etc.

	Does not demonstrate	Needs clarification	<u>Demonstrates</u>	Exceeds competency
	competency		<u>competency</u>	
PPS3: Provide spiritual care that respects diversity, relative to differences in race, culture, gender, sexual orientation, etc.	□ Demonstrates care that largely imposes the chaplain's own understanding over the care recipients' self-understanding, and/or □ 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.	□ 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: □ care recipients of different racial identities from each other, and/or □ care recipients of different cultural identities from each other, and/or □ care recipients of different gender identities from each other, and/or □ care recipients of different sexual orientations from each other. □ 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 care recipients of different racial identities from each other (i.e., not just care of someone who is different from the chaplain in terms of race, but rather two or more care recipients of different races), and care recipients of different cultural identities from each other, and care recipients of different gender identities from each other, and care recipients of different sexual orientations from each other.	Demonstrates competency, plus 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.

	Does not demonstrate competency	Needs clarification	Demonstrates competency	Exceeds competency
PPS4: Triage and manage crises in the practice of spiritual care.	□ Does not discuss competing spiritual-care needs, and/or □ Does not discuss the chaplain's prioritization/ranking decisions, and/or □ Does not describe the chaplain's response/actions, and/or □ Does not evaluate the chaplain's triage decisions, and/or □ 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.	□ Alludes to but does not lay out the competing spiritual-care needs, and/or □ Prioritized/ranked the competing needs inappropriately, and/or □ Took largely ineffective action to address those needs, and/or □ Largely misevaluated the outcomes of their crisis management.	□ Describes at least one moment at which the chaplain accurately assessed there to be competing spiritual-care needs, then □prioritized/ranked them appropriately, then □took effective action, then □realistically evaluated the outcomes of those choices.	Demonstrates competency, plus Gives additional examples, and/or Analyzes systemic determinants of crises and works to remedy them toward avoiding/minimizing crises.

	Does not demonstrate competency	Needs clarification	Demonstrates competency	Exceeds competency
PPS5: Provide spiritual care to persons experiencing loss and grief.	☐ Merely names loss and grief without describing the chaplain's care around it, and/or ☐ Demonstrates a largely harmful response to loss and grief (e.g., ignoring, badgering, bright siding, minimizing, spiritualizing), and/or ☐ 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.	☐ Limits understanding of loss and grief to death per se, and/or ☐ Misses multiple opportunities to provide grief support.	☐ Demonstrates the chaplain's understanding of loss and grief as wider than just about death per se, and ☐ Models best practices of loss and grief support.	Demonstrates competency, plus Compares and contrasts at least two different experiences of loss and grief paired with correspondingly different spiritual-care interventions, and/or Integrates multiple frameworks/models of loss and grief (e.g., ambiguous loss and anticipatory grief).

	Does not demonstrate competency	Needs clarification	Demonstrates competency	Exceeds competency
PPS6: Provide religious/spiritual resources that are appropriate to given care recipients, their spiritualities/religions, their contexts, and their goals.	☐ Does not explain the chaplain's rationale for providing a given resource, and/or ☐ Selects religious/spiritual resources that are largely inappropriate or only generic, and/or ☐ Does not provide any resources (i.e., relies on care recipients to supply all of their own resources), and/or ☐ 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.	Gives only a partial rationale, without establishing the appropriateness of the spiritual resource provided in terms of the care recipient's/ recipients' particular spirituality/ spiritualities, circumstances, and/or hopes/intentions/aims.	☐ Recounts the chaplain supplying a religious/spiritual resource (e.g., a text, object, service, ritual, prayer, song, meditation) to their care recipient(s), and Explains the rationale by which the chaplain intentionally selected that resource, given the care recipient's/ recipients' particular ☐ spirituality/spiritualities and ☐circumstances and ☐hopes/intentions /aims.	Demonstrates competency, plus Marshals a wide range of religious/spiritual modalities, and/or Furnishes not only customary religious/spiritual resources but spiritual resources that are customized for specific care recipients, contexts, and/or goals.

	Does not demonstrate competency	Needs clarification	Demonstrates competency	Exceeds competency
PPS7: Develop, coordinate, and facilitate public/semi-public liturgy appropriate to a range of settings and needs.	☐ Describes only a liturgy from beyond the chaplain's institution, and/or ☐ Describes only a service within a single family of care recipients, and/or ☐ Gives an example of a liturgy that is largely inappropriate to the given setting and/or needs, and/or ☐ 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.	☐ Gives only one example, and/or ☐ Gives two examples but with no difference in setting, and/or ☐ Gives two examples but addressing only the same need, and/or Asserts that but does not describe how the chaplain ☐ selected/designed the particular service/ceremony, and ☐ organized/publicized the particular service/ceremony, and ☐ officiated the particular service/ceremony.	☐ 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 ☐ selected/designed the particular service/ceremony, and ☐ organized/publicized the particular service/ceremony, and ☐ officiated the particular service/ceremony.	Demonstrates competency, plus Creates/adapts liturgies to make them even more appropriate to different settings and needs.

	Does not demonstrate competency	Needs clarification	Demonstrates competency	Exceeds competency
PPS8: Facilitate care recipients' own theological/spiritual/philosophical reflection.	☐ Explores neither the care recipient's spirituality nor lived experience, and/or ☐ Discusses only the chaplain's theological/spiritual/philosophical reflection, rather than the care recipient's/recipients' and/or ☐ 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.	☐ Supports exploration of the care recipient's/recipients' spirituality only apart from the care recipient's lived experience, and/or ☐ 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 what the lived experience of the care recipient(s) may mean to the care recipient(s) in light of some aspect of the spirituality of the care recipient(s), and/or what some aspect of the spirituality of the care recipient(s) may mean to the care recipient(s) may mean to the care recipient(s) in light of the lived experience of the care recipient(s).	Demonstrates competency, plus 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 exploration of life in terms of spirituality, and exploration of spirituality in terms of life.

	Does not demonstrate competency	Needs clarification	Demonstrates competency	Exceeds competency
PPS9: Facilitate group processes in the provision of spiritual care.	☐ Demonstrates largely avoidance of group settings for spiritual care, and/or ☐ 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.	☐ Illustrates merely passive participation/ presence. ☐ Illustrates participation not as a spiritual-care provider but in a different role (e.g., a care recipient, a manager).	☐ Illustrates the chaplain's active participation as a spiritual-care provider in group settings (e.g., support group, intrafamily meeting, staff—family meeting, aftertrauma care, team debriefing, interdisciplinary rounds).	Demonstrates competency, plus ☐ Describes taking up leadership (e.g., setting the structure) of a group process.

	Does not demonstrate competency	Needs clarification	<u>Demonstrates</u> competency	Exceeds competency
PPS10: Make and use spiritual assessments to inform chaplain interventions and contribute to interdisciplinary plans of care.	☐ Gives no example, and/or ☐ Espouses an opposition to chaplain assessment, intervention, and/or interdisciplinary communication, and/or ☐ 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.	☐ Gives no example of assessment (e.g., only "presence" without assessment), and/or ☐ Gives no example of an assessment-informed intervention (e.g., provides interventions only intuitively), and/or ☐ Gives no example of interdisciplinary communication (e.g., largely avoids sharing the chaplain's assessment with non-chaplain teammates), and/or	Illustrates the chaplain □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 □ taking an intentional spiritual-care action informed by that assessment, and □ sharing at least some aspect of that assessment with at least one non-chaplain member of the interdisciplinary team.	Demonstrates competency, plus Demonstrates facility with more than one spiritual-assessment tool. Develops/adapts a spiritual-assessment tool/framework of their own, and/or Demonstrates a practice of re-assessment over the course of a caring relationship.

	Does not demonstrate competency	Needs clarification	<u>Demonstrates</u> competency	Exceeds competency
PPS11: Document one's spiritual care accurately, cautiously, and usefully and in the appropriate records.	Includes in the chaplain's documentation □ significant inaccuracies, and/or □legally/ethically risky language/information, and/or □irrelevant material, and/or □ 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	☐ Provides documentation but without rationale, and/or ☐ Provides rationale without actual/hypothetical documentation, and/or ☐ Provides rationale only for what the chaplain includes, or ☐only for what the chaplain does not include.	☐ 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 ☐ 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) ☐and what not to include (e.g., language beyond the chaplain's scope of practice, superfluous details).	Demonstrates competency, plus 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).

Section IV: Organizational Leadership Competencies

	Does not demonstrate competency	Needs clarification	<u>Demonstrates</u> <u>competency</u>	Exceeds competency
OL1: Promote the integration of spiritual care into the life and service of the institution in which one functions.	□ Largely undercuts, marginalizes, or in some other way hampers the integration of spiritual care into the institution, and/or □ 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	☐ States the mission but does not describe how the chaplain supports that mission, and/or ☐ Does no harm to spiritual care's integration into the institution but does not intentionally/consciously pursue further integration.	☐ States the mission of the chaplain's primary institution served (e.g., the hospital, the prison, the university), and ☐ Describes the chaplain's sense of how their work has supported that mission, and ☐ 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 Demonstrates a variety of positive, intentional activities at multiple levels of the institution's hierarchy, and/or 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.

	Does not demonstrate competency	Needs clarification	Demonstrates competency	Exceeds competency
OL2: Establish and maintain intradisciplinary and interdisciplinary relationships.	☐ Conveys a largely solo approach to their work, and/or ☐ 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	☐ Gives examples only with chaplains, or ☐ Gives examples only with non-chaplains, and/or ☐ Illustrates beginning but not sustaining the relationships	Illustrates the chaplain beginning and sustaining professional relationships □with chaplain colleagues and □with non-chaplain colleagues.	Demonstrates competency, plus Demonstrates teamwork within and across disciplines even with especially challenging circumstances, personalities, histories, and/or dynamics.

	Does not demonstrate competency	Needs clarification	Demonstrates competency	Exceeds competency
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.	☐ Does not identify any institutional culture or systems, and/or ☐ Does not identify any management, administrative, nor customer-service aspects of the chaplain's functioning, and/or ☐ 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.	☐ Identifies an aspect of their institution's culture but not any particular system, or ☐a system but not any particular aspect of the institution's culture, and/or ☐ Demonstrates a business practice but not a best/advisable practice.	☐ 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) ☐ and at least one aspect of its culture (i.e., its characteristic norms, attitudes, beliefs, habits, values, etc.), and ☐ Illustrates how the chaplain embodies best practices of management (of self and/or others), administration, and/or customer service.	Demonstrates competency, plus Demonstrates not only navigating the existing culture and systems but working to influence/improve culture and systems.

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

	Does not demonstrate competency	Needs clarification	Demonstrates competency	Exceeds competency
OL5: Foster a collaborative relationship with community clergy and faith-group leaders.	☐ Demonstrates largely disrespect to any community spiritual leader, and/or ☐ Largely squanders existing or potential collaborations with spiritual leaders in the community.	☐ Gives no specific example.	☐ Illustrates the chaplain liaising with spiritual leaders outside the chaplain's institution to serve care recipients within the institution.	Demonstrates competency, plus □ Proactively recruits new community contacts to increase resources available to care recipients □especially from underserved populations.
	☐ 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.			