

SPIRITUAL AND PASTORAL CARE IN THE VETERANS HEALTH ADMINISTRATION

1. REASON FOR ISSUE: This Veterans Health Administration (VHA) directive provides policy and procedures for ensuring the availability of spiritual and pastoral care for all persons receiving VHA care.

2. SUMMARY OF MAJOR CHANGES:

a. Amendment, dated June 3, 2019: Added language requiring the accessibility of religious materials, updated related issues, and updated signature block.

b. Added responsibilities of Chief Chaplains in VA medical facilities and incorporated VHA Handbook 1111.02:

(1) Adds definitions of “spiritual resources;” “patient’s family;” “community clergy;” and “visiting clergy”.

(2) Adds training requirements for supervisory chaplains.

(3) Adds elements to be included in spiritual assessment instruments.

(4) Allows VA medical facilities to approve non-competitive Chaplain staffing actions.

(5) Provides additional instructions for the supervision of Clinical Pastoral Education students.

(6) Requires VA medical facilities to announce Supervisory or Chief Chaplain positions by merit promotion prior to or concurrent with requesting outside recruitment.

(7) Permits VA medical facilities to maintain files of applicants eligible for consideration without rating and ranking.

(8) Requires approval by the National Program Director, Chaplain Service of any additional spiritual screening questions

(9) Requires an annual report regarding the facility's Spiritual and Pastoral Care Program to be prepared, signed by the facility Director, and forwarded to the National Chaplain Center (NCC) through the Chief Network Officer (10N).

(10) Adds responsibility to the Director of the National Chaplain Center to advise VHA and VA officials regarding free expression of religion in VA facilities.

(11) Adds responsibility to Chief Chaplains at VA medical centers to advise local management about free exercise of religion.

3. RELATED ISSUES: VHA Directive 0022.

4. RESPONSIBLE OFFICE: National Program Director, Chaplain Service is responsible for the content of this VHA directive. Questions may be referred to 757-728-3180.

5. RESCISSIONS: VHA Directive 1111, dated May 30, 2008, VHA Handbook 1111.02, dated July 18, 2008, and VHA Manual M-6, Part II, Chapter 2, dated October 24, 1966, are rescinded.

6. RECERTIFICATION: This VHA directive is scheduled for recertification on or before the last working day of November 2021. This VHA directive will continue to serve as national VHA policy until it is recertified or rescinded.

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SPIRITUAL AND PASTORAL CARE IN THE VETERANS HEALTH ADMINISTRATION

1. PURPOSE

This Veterans Health Administration (VHA) directive provides policy and procedures for ensuring the availability of spiritual care for all persons receiving Veterans Health Administration (VHA) 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 Chaplain Service. **AUTHORITY:** Title 38 United States Code (U.S.C.) 7301(b), 7305, 7306.

NOTE: *Nothing in this directive 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. In accordance with 38 U.S.C. 7301, VA provides a complete medical and hospital service for the medical care and treatment of Veterans. VA includes spiritual and pastoral care as part of this care and treatment for Veterans. The type and extent of spiritual and pastoral care provided must be commensurate with the needs, desires, and voluntary consent of the individual Veteran. VA medical facility Directors are responsible for maintaining a Chaplain Service and sufficient staff employed to ensure that patients' diverse spiritual health care needs are met. Clinical chaplains (see definition paragraph 3.b.), as the subject matter experts in spiritual and pastoral care, must be employed at each VA medical facility to develop and implement a program which:

(1) Ensures every patient's constitutional right to free exercise of religion;

(2) Provides opportunities for religious worship, sacramental ministry, pastoral counseling, and clinical pastoral care; and

(3) Protects all Veterans from proselytization (see definition paragraph 3.l.) from any source while in a VA medical facility.

b. The official title for VHA chaplains is "Chaplain" (see definition paragraph 3.a.). In official capacities the chaplain is addressed as "Chaplain," and must use this designation in signing official communications.

c. 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 paragraph 5.d.(19)).

d. Spiritual and pastoral care must be available to Veterans wherever inpatient care or outpatient medical services are provided through the Veterans Health Administration. The type and extent of spiritual and pastoral care provided must be commensurate with the needs, desires, and voluntary consent of the individual Veteran. VA medical facility Directors are responsible for maintaining a Chaplain Service and sufficient staff employed to ensure that patients' diverse spiritual health care needs are met. Clinical chaplains (see definition paragraph 3.b.), as the subject matter experts in spiritual and pastoral care, must be employed at each medical center.

e. Each Veteran's preference for spiritual and pastoral care must be screened (see definition of spiritual screening, paragraph 3.t.) as part of a complete evaluation of the individual's health care needs. When a more in-depth spiritual assessment (see definition of spiritual assessment, paragraph 3.q.) is indicated, a clinical chaplain is the only subject matter expert authorized to conduct the spiritual assessment, devise a spiritual care plan, and provide appropriate spiritual and pastoral care as desired by the patient. Chaplains collaborate with other VA health care professionals in the provision of holistic care throughout a full spectrum of interventions and services as appropriate to an individual's needs and desires, including:

- (1) Conducting worship services, rituals, rites, religious sacraments and ordinances
- (2) Providing clinical pastoral care for individual patients;
- (3) Providing clinical pastoral counseling with individuals and immediate family members during crisis situations;
- (4) Facilitating spirituality and therapeutic groups;
- (5) Conducting funerals and memorial services, as authorized; and
- (6) Coordinating spiritual care for VA patients in all inpatient and outpatient treatment settings.

f. 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 paragraph 3.k.). In addition, Chaplains train VHA health care providers about the role of chaplains and the importance of spiritual and pastoral care's contributions to the holistic care of Veterans.

3. DEFINITIONS

a. **Chaplain.** A VA Chaplain is an individual, meeting the qualification requirements of VA Handbook 5005, Part II, appendix F1 at: <http://vaww.va.gov/ohrm/Directives-Handbooks/Documents/5005.docx> (**NOTE:** This is an internal VA Web site that is not available to the public), who is employed (including those with in-facility fee basis appointments), or appropriately works under contract, to provide spiritual and pastoral care and counseling in VHA. Chaplains provide religious, spiritual, and pastoral care to Veterans receiving inpatient or outpatient care from VHA facilities; and care for their families, as authorized by 38 USC 1781, Medical Care for Survivors and Dependents of Certain Veterans; 38 USC 1782, Counseling, Training, and Mental Health services for immediate family members and caregivers; and 38 U.S.C. 1783, Bereavement Counseling.

b. **Clinical Chaplain.** A clinical chaplain is an individual who meets all VA qualification requirements for Chaplain, and whose spiritual and pastoral care, and counseling is characterized by:

(1) In-depth assessment, evaluation, and treatment of patients;

(2) A high degree of integration into the total care and treatment program of a VA medical facility; and

(3) Close working relationships with staff members of other professional health care disciplines.

c. **Community Clergy.** Community Clergy are representatives of religions or faith groups that are contacted by VA Chaplain Service when a hospitalized or residential (Domiciliary, Community Living Center, Spinal Cord Injury) patient requests a visit by a clergy person of a particular faith group, no local VA chaplain is endorsed by that faith group, and the patient is not a member of a local religious organization from which Visiting Clergy (see definition paragraph 3.v.) can be invited. Community clergy are contacted by VHA Chaplains to meet an individual patient-specific request. They cannot and do not substitute for VA chaplains as their care is faith-group specific, not clinical. Information about the visit by community clergy can only be documented in the patient record by a VA chaplain.

d. **Ecclesiastical Endorsement.** Ecclesiastical endorsement is defined in the VA Qualification Standard for Chaplain, VA Handbook 5005, Part II Appendix F1. Ecclesiastical endorsement is a condition of employment. A Chaplain must maintain a full and active ecclesiastical endorsement to continue employment with VA.

e. **Ecclesiastical Endorsing Organization.** An ecclesiastical endorsing organization is a religious faith group that meets VHA's requirements and has properly designated a national endorsing agent for VHA in accordance with VHA Handbook 1111.01, Ecclesiastical Endorsing Organizations.

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

g. **Native American Traditional Practitioner ("Traditional Practitioner").** A Native American Traditional Practitioner (henceforth referred to as "Traditional Practitioner") is an individual who provides Native American traditional practices to meet the spiritual needs of patients who desire them. In this directive, the term "Native American" includes American Indians, Native Hawaiians/Pacific Islanders, and Alaska Natives. Traditional Practitioners are not chaplains. They do not have to meet VA chaplain qualification requirements.

h. **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 (see paragraph 11.g.).

i. **Pastoral.** The term "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.

j. **Patient.** The term patient refers to any individual receiving VA care in any setting, venue, or program.

k. **Patient's Family.** Patient's family members include individuals eligible to receive medical care, consultation, professional counseling, marriage and family counseling, training or mental health services under 38 U.S.C. §§ 1781, 1782, 1783 and 1720g (see paragraph 9).

l. **Proselytize.** To proselytize is to attempt to impose religious beliefs or practices on an individual without the individual's consent. See Guidance on Religious Exercise and Expression in VA Facilities and Property Under the Charge and Control of VA, which was issued by the Assistant Secretary for Human Resources and Administration on November 7, 2014 and updated on August 19, 2016.

m. **Religion.** Religion 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, carrying or displaying religious articles, symbols, pictures or scripture.

n. **Religious Expression/Activity.** Religion can be expressed as thoughts, beliefs, activities, and by relationship to a community. Religious expression refers to all types of worship, sacraments, rites, ordinances, 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 articles, symbols, pictures, or scripture.

o. **Spiritual.** “Spiritual” means that which is related to the “Spirit of Life.” Spirituality may be used in a general sense to refer to that which gives meaning, purpose, and hope 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.

p. **Spiritual and Pastoral Care.** Spiritual and pastoral care is a total program of assessment and care, administered and overseen by clinical chaplains, utilizing the full spectrum of professional interventions. The program:

- (1) Assesses patients’ religious and spiritual needs, resources, and desires;
- (2) Addresses spiritual strengths and injuries; and
- (3) Enhances patient's spiritual health and well-being.

q. **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 and/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.

r. **Spiritual Assessment Instrument.** A spiritual assessment instrument is a set of questions designed to comply with The Joint Commission 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, and/or spiritual injuries for the purpose of planning care (see paragraph 6 and appendix A).

s. **Spiritual Injury.** A "Spiritual Injury" may occur as a result of an event or series of events caused by self, or events beyond a person's control that damage one's

relationship with self, others, or God (for persons of theistic faith). A spiritual injury resides deep within and alienates one from that which gives meaning to life.

t. **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 the patient's 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. When this occurs, the facility Chaplain must be notified immediately.

u. **Spiritual Resources.** Spiritual resources give meaning, purpose in life, hope, and connectedness to something greater than oneself (e.g., connectedness to God, religious resources, family, "Higher Power," or a cause such as world peace or eradicating homelessness). Spiritual resources may be religious or secular. These resources are what the patient finds personally meaningful, and are greater than the Veteran as an individual person. Spiritual resources strengthen the person to cope with adversity, including illness, injury, trauma, and end of life, issues. These resources range from basic human ideals to specific values and beliefs which can serve as major spiritual guides in life.

v. **Visiting Clergy.** Visiting clergy are clergy who at the request of the patient (or during their own routine community rounds) come to VA facilities to visit members of their own church, parish, synagogue, temple, meeting, or other local faith organization who are hospitalized. Visiting clergy are not chaplains. They do not provide clinical pastoral care, and they are not substituted for clinical chaplains.

4. POLICY

It is VHA policy that spiritual and pastoral care must be integrated into the comprehensive health care, medical benefits package under Title 38 Code of Federal Regulations (CFR) § 17.38 made available to Veterans. VHA prohibits proselytization [see paragraph 2.a.(3)] and does not promote, favor, or prefer any particular religion or faith group, nor does it promote, favor, or prefer religion over non-religion.

5. RESPONSIBILITIES

a. **VA Medical Facility Director.** The VA medical facility Director or designee is responsible for ensuring that:

(1) Spiritual and pastoral care commensurate with the needs, desires, and voluntary consent of the Veteran patient is provided as part of holistic health care by VA chaplains.

(2) Veterans in VA medical facilities are provided with opportunities for religious worship, or personal meditation, in accordance with their needs and desires, in appropriate settings.

(3) Facility staff, volunteers, contract and fee basis personnel, and without compensation (WOC) employees, do not coerce any patient into participating in any spiritual or pastoral care activity or religious expression against the Veteran patient's desires.

(4) The Spiritual Screening Question and Spiritual Assessments are used appropriately (see appendix A).

(5) 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. The VA medical facility Director may assign Chaplain Services to conduct inquiries of chaplain-related activities or incidents. Chaplains may serve as mediators, may serve on standing EEO committees and other local and national committees, and may serve as liaisons with VHA stakeholders. **NOTE:** *Chaplains must be perceived as non-judgmental by patients, families, and by VA staff. If chaplains are assigned tasks which require them to investigate, report on, and/or render judgment on the guilt, innocence, or character of an employee or patient they may be perceived as agents of VHA management. This can compromise patients' and employees' confidence that information that they confide to a chaplain will remain confidential, and that the chaplain will not make value judgments about individuals' guilt, innocence, or character. This relationship of trust between patient and chaplain is characteristic of most relationships between individuals and their religious leaders. Without this relationship, VA patients may be inhibited from accepting ministry and counseling from a chaplain. In that case, VA has not provided the full opportunity for free exercise of religion to which patients are entitled.*

(6) Clinical Chaplains are employed as the designated subject matter experts for spiritual and pastoral care for patients, and for the management of chapel facilities.

(7) Clinical Chaplains are members of the professional interdisciplinary teams available to provide holistic care to Veteran patients.

(8) All new VA chaplains, including full-time, part-time, and intermittent, complete the Chaplain Orientation Course presented by the NCC Training Center, no later than 90 days from their initial starting date. Chaplains appointed on a fee basis and contract chaplains must complete NCC-approved orientation training within 30 days of beginning work.

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

and additional training in the Clinical Model of chaplaincy in the VHA health care setting.

(b) Special emphasis is placed on Chaplains' role in implementing VHA policy prohibiting proselytization and chaplains' responsibility for safeguarding patients' rights to free exercise of religion.

(9) A certified Chaplain Service Annual Report is forwarded to the National Program Director, Chaplain Service through the Chief Network Officer (10N) by the established deadline.

(10) The Chaplains' office is officially designated at the facility level as "Chaplain Service (125)" regardless of how it is organizationally aligned.

(11) Discipline-specific supervision for the chaplain staff is provided by a Chief Chaplain or Lead Chaplain. There must be careful, explicit delegation of authority and responsibilities to the Chief or Lead Chaplain for duties, including:

(a) Scheduling use of the chapel or worship space.

(b) Contacting community clergy when necessary to meet a specific patient need.

(c) Scheduling chaplain coverage to ensure that spiritual and pastoral care is available 24-hours-a-day, 7-days-a-week.

(d) Coordinating professional Chaplaincy input into facility decisions and policy-making.

(e) Providing expertise on committees such as Integrated Ethics Council or Veterans Integrated Service Network (VISN) Integrated Ethics Advisory Board, Employee Assistance Program, Institutional Review Board, Research.

(f) Orienting and training staff, students, and volunteers about the Spiritual and Pastoral Care Program.

(12) No information regarding spiritual and pastoral care is posted on any Intranet or Internet Web site without the prior approval of the National Program Director, Chaplain Service at the NCC (see appendix G, paragraph 1).

(13) Where no chapel exists, but where a room or hall allocated for other purposes is used for religious or spiritual services, every effort is 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.

(14) Advance approval is obtained from the National Program Director, Chaplain Service of the design of a new chapel or alteration of an existing chapel.

(15) Adequate Chaplain Service staffing is provided to identify and meet the spiritual and pastoral care needs and desires of Veterans (see appendix B)

(16) Maintaining appropriate relationships with NCA and VBA (see paragraph 7).

(17) Establishing medical center written policy regarding chapel usage by other than VHA patients. Such policy is to be reviewed, signed, and dated annually.

b. **National Chaplain Center (NCC).**

(1) **Field Support.** The mission of the National Chaplain Center (NCC) is to empower VHA chaplains to achieve excellence in meeting any religious or spiritual care needs of VHA patients in all inpatient and outpatient settings by:

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

(b) Performing succession planning for VHA Chaplaincy to anticipate and respond to long-term workforce needs.

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

(d) Maintaining liaison with VA Central Office, the Department of Defense (DOD), VISN and VHA medical center directors, Employee Education Service (EES), endorsing organizations, Veterans service organizations, Native American tribes, and religious communities.

(e) Supporting local chaplain services by:

1. Developing policies.

2. Providing guidance regarding standards and criteria.

3. Developing management competence.

4. Networking.

5. Promoting (in accordance with VHA policy and the Office of Research and Development) clinical research and communicating relevant research findings to the field.

6. Providing professional career development opportunities and training, including mentoring and succession programs.

7. Providing the spiritual dimensions of specialized programs, such as:

a. Posttraumatic Stress Disorder (PTSD) and moral injury,

b. Military Sexual Trauma (MST),

c. Suicide prevention,

- d. Veteran Homelessness,
- e. Hospice and Palliative Care,
- f. Mental Health,
- g. Substance Use Disorders,
- h. Grief and Bereavement,
- i. Polytrauma,
- j. Health Care Ethics,
- k. Patient Rehabilitation and Recovery,
- l. Conflict Resolution and Mediation.

(f) Providing consultation to the Assistant Deputy Under Secretary for Health for Patient Care Services regarding all spiritual and pastoral needs of patients, families, staff, VISNs, and facilities.

(g) Supporting field station chaplains, field administrators, and managers. This support is demonstrated by the following functions:

1. Facilitating communication between VA chaplains for the purpose of sharing ideas and opportunities for ministry that enhance the field of spiritual and pastoral care.
2. Disseminating information to chaplains regarding trends and changes within VHA that may affect their ministry.
3. Providing guidance on programmatic pastoral care issues and resources related to spiritual care for patients and immediate families.
4. Providing training opportunities to enhance the knowledge and clinical skills of chaplains. Training opportunities include both on-site and distance learning modules.
5. Providing guidance regarding documentation of workload and clinical events.
6. Maintaining the NCC Web sites and SharePoint sites.
7. Identifying, recognizing, and promoting excellence in chaplaincy.
8. Reviewing and approving requests from VISN's or medical centers to place information regarding spiritual and pastoral care on their Intranet Web sites (see appendix G, paragraph 1).

9. Providing guidance for and educational materials in support of local chaplains' efforts to partner with local clergy and educate them about the needs of returning Veterans and their families.

(2) **Spiritual Health Care Education.** The NCC provides a program of spiritual health care education for chaplains and interdisciplinary health care providers. The goal is to provide comprehensive spiritual health care education including, but not limited to:

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

(b) Promoting appreciation of diversity and pluralism among chaplains and the VHA workforce.

(c) Sharing information regarding health care research in spirituality and religion.

(d) Educating VHA professionals about topics including:

1. The Joint Commission, Commission for the Accreditation of Pastoral Services (CCAPS), and Commission on the Accreditation of Rehabilitation Facilities (CARF) Standards for Spiritual Care, and the role of the Chaplain on the interdisciplinary health care teams.

2. Spiritual care standards.

3. Ethical decision making in health care.

4. Mediation and conflict resolution.

5. Pastoral care and counseling for patients with specialized needs.

6. Alternative Dispute Resolution (ADR).

(3) **Orientation, Leadership, 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 VA facilities. NCC provides specialty career development classes at the National Chaplain Training Center, and by webinar or V-Tel to enhance the expertise of the chaplain to work with specialized patient populations. VA medical facilities may request specialized field trainers to come to their location. NCC will continue to develop and provide distance education opportunities for specialty career development.

(a) All newly assigned Chief Chaplains or Lead Chaplains are encouraged to complete the Chaplain Leadership Course within 90 days of assuming the Chief or Lead Chaplain position. The Chaplain Leadership Course provides knowledge and

resources needed for Lead and Chief Chaplains to effectively manage a Chaplain Service within the VHA health care environment. This course of instruction includes leadership and supervision, event capture, workload reporting, budgeting, risk management, and human resource guidance specific to Chaplain Service.

(b) All incumbent Chief Chaplains are encouraged to complete the Chief Chaplain Management Course after 1 year of assuming responsibility for Chaplain Service.

1. The Chief Chaplain Management Course builds on the Chaplain Leadership Course by expanding on successful management concepts practiced by senior chaplains and other supervisory practitioners, and ends with each Chaplain's development of an individualized Personal Development Plan. The purpose of the Chief Chaplain Management Course is to provide experienced Chiefs and Lead Chaplains with advanced knowledge and resources necessary to lead and manage a Chaplain Service.

2. Working in an interactive seminar format, Chief Chaplains work with a variety of leaders and subject matter experts in higher-level management to develop personal leadership and problem-solving skills.

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

(a) All selections for permanent appointment and re-appointment as a VHA chaplain are made from certificates issued by the BESE with the exception of selecting applicants eligible for non-competitive consideration in accordance with paragraph 5.b.(4)(f).

(b) VA medical facilities may select permanent VHA chaplains to fill chaplain positions in accordance with local merit promotion procedures. No BESE action is required for these actions (promotion, reassignment, change to a lower grade, and change in work schedule).

(c) Supervisory and Chief Chaplain vacancies must be announced by merit promotion prior to or concurrent with requesting the BESE to announce these to the public. The National Program Director, Chaplain Service may make exceptions on a case-by-case basis when the VA medical facility Director submits a request with justification.

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

(e) VA medical facility Directors may make time-limited and temporary appointments of chaplains without BESE announcement.

1. 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 VA medical facility Director, or designee, may approve extensions of previously verified individuals.

2. 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.

(f) Individuals who have completed a 1-year (four units) Clinical Pastoral Education (ACPE CPE) Program in a VA medical facility and who meet all other VHA qualification requirements for chaplain are eligible for appointment without rating and ranking (i.e., non-competitive consideration) under the authority provided by 38 U.S.C. 7403(g) and 5 CFR 213.3102 (a). This eligibility lasts for 1 year after the date of completion of the program. Individuals who complete a second year ACPE CPE or an inter-professional fellowship in a VA medical facility are eligible for a second year of consideration without rating and ranking. Veteran's preference is applied in accordance with Federal regulations.

(g) VA medical facilities may accept applications from individuals who meet the requirements for non-competitive consideration in paragraph 5.b.(4)(f) and maintain them in an applicant supply file.

(h) VA medical facility may select individuals who meet the requirements in paragraph 5.b.(4)(f) for chaplain positions subject to the following conditions:

1. An applicant without Veteran preference may not be selected if there is a qualified applicant in the applicant supply file with Veteran preference, unless the National Program Director, Chaplain Service approves a request to pass over the individual(s) with Veteran preference.

2. The medical facility must forward the selectee's application documents to the NCC for verification that the individual meets VA chaplain qualification requirements before making a final job offer.

(5) Liaison with Religious, Professional, and Veterans Service Organizations (VSO), 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 VHA chaplain activities with VSOs, as appropriate.*

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

1. Endorsers Conference for Veterans Affairs Chaplaincy (ECVAC).

2. Military Chaplains Association (MCA).

3. Armed Forces Chaplains Board (AFCB).
4. Association of Professional Chaplains (APC).
5. Association for Clinical Pastoral Education (ACPE).
6. American Association of Pastoral Counselors (AAPC).
7. Neshama Association of Jewish Chaplains (NAJC).
8. National Association of Catholic Chaplains (NACC).
9. Native American Organizations.
10. The COMISS Network.

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

1. National Association of VA Chaplains (NAVAC).
2. Department of Veterans Affairs National Black Chaplains Association (DVANBCA).
3. National Conference of VA Catholic Chaplains (NCVACC).
4. VA Women Chaplains' Network.

(6) **Clinical Pastoral Education (ACPE CPE).** ACPE CPE is multi-faith professional education for spiritual and pastoral care providers in health care settings. It is the specialized clinical training, for clergy and chaplains to become Board-certified Chaplains, required by professional organizations, such as APC, NAVAC, NACC, NCVACC, and NAJC.

(a) ACPE CPE programs are established in VHA according to VHA Directive 1400, Office of Academic Affiliations, or subsequent policy issue, and VHA Handbook 1400.04, Supervision of Associated Health Trainees, VHA Handbook 1400.08 Education of Associated Health Professions, or subsequent policy issues, and the annual program announcements from the Office of Academic Affiliations (OAA) for trainee support in associated health professions. VHA clinical education and training programs meet or exceed elements or standards for accreditation and adhere to VHA's goal of providing patient focused inter-professional education and training. **NOTE:** *In VHA, ACPE CPE programs may be established at the facility level based upon administration determination of need. ACPE CPE programs must be aligned under the organizational and administrative authority of Chaplain Service.*

(b) Each facility training program must adhere to requirements set forth by accrediting and certifying bodies, including the amount and type of supervision provided.

(c) The program must have a core training faculty and a certified ACPE CPE Supervisor or ACPE Associate CPE Supervisor who is responsible for adherence to established VHA and accrediting body standards. For facilities offering year-long residency programs, the ACPE CPE Supervisor must be a full-time employee in VHA Chaplain Service.

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

(e) The Staff Chaplain ACPE CPE Supervisor is responsible for all aspects of the ACPE CPE Program, administration and student supervision. This includes scheduling, clinical assignments, program curriculum, and evaluation. The CPE Supervisor works under the administrative supervision of the Chief Chaplain who is accountable for all aspects of the Chaplain Service program.

(f) ACPE CPE residents who have completed a 1-year (four units) ACPE CPE Program in a VHA 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. Veteran preference applies in making selections from these certificates (see paragraph 5.b.(4)(f)).

c. **National Program Director, Chaplain Service.** The National Program Director, Chaplain Service is responsible for:

(1) Developing and implementing policies for the provision of spiritual and pastoral care by:

(a) Ensuring that spiritual and pastoral care is made available to all Veterans who desire or request such care.

(b) Planning, developing, and directing a Spiritual and Pastoral Care Program consistent with the overall mission of health care delivery in VHA.

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

(d) Organizing, analyzing, and improving programs that reflect the distinctive and contributory role of spiritual and pastoral care within VHA.

(2) Advising officials in VHA Central Office and in VA facilities regarding policies and procedures for the provision of spiritual and pastoral care.

(3) Advising officials in VHA Central Office and VA facilities regarding the free expression of religion in VA facilities.

(4) Ensuring there are appropriate training and career development opportunities for VHA chaplains pertaining to the provision of spiritual and pastoral care.

(5) Ensuring all educational programs for pastoral counseling are:

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

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

(6) Ensuring there is on-going evaluation of the effectiveness of spiritual and pastoral care in VA facilities using site visits, the annual report from VA medical facilities, and other forms of communication.

(a) Ensuring that the NCC Associate Directors conduct Spiritual and Pastoral Care Program reviews of every VA medical facility in their assigned areas each year to ensure compliance with this directive.

(b) Assigning NCC staff to conduct in-person visits to VA medical facilities on an as needed basis or upon the request of the VA medical facility Director. Travel funding for site visits is to come from the Office of Patient Care Services if the visit is initiated by the NCC or from the facility if the visit is requested by the VA medical facility Director.

(7) Approving, in accordance with Federal and VA regulations and policies, requests for:

(a) Selective or quality rating factors for examining applicants for employment as VHA chaplains, and

(b) Passing over or objecting to applicants for employment on certificates issued by the Board of Excepted Service Examiners, except for Veterans with service-connected disability of 30 percent or greater.

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

(9) Maintaining liaisons with religious organizations, professional organizations, the Department of Defense, NCA, VBA, and other stakeholders that contribute to accomplishing VHA's mission.

(10) Establishing a Board of Excepted Service Examiners (BESE) to issue vacancy announcements when recruitment from the public is desired; and to rate all applicants for these announcements in a timely fashion.

(11) Issuing BESE certificates (see paragraph 5.b.(4)).

(12) Assignment of an Associate Director of Chaplain Service to work with each District, VISN, and each facility to coordinate needs and conduct site visits.

(13) Consultation with District and VISN directors to identify field chaplains to serve on the NCC's Field Advisory Committee.

(14) Approving the design of new chapels and alteration of existing chapel space prior to any construction or alteration (see paragraph 10.a.(2)).

d. **Chief, Chaplain Service.** The Chief, Chaplain Service at each VA medical facility is responsible for:

(1) Planning, developing, and directing a program of spiritual and pastoral care and counseling; and supervising the chaplain staff members who provide the care and counseling, consistent with the overall mission of health care delivery in VHA.

(2) Assessing the religious and spiritual needs and desires of the patient population served and ensuring that patients (both inpatients and outpatients) receive appropriate clinical pastoral care, as desired or requested by the patient.

(3) Advising the facility director about the best strategies to meet the religious and spiritual needs of the patient population, individual patients and their families.

(4) Ensuring that hospital, domiciliary, and Community Living Center (CLC) patients' constitutional right to free exercise of religion is protected.

(5) Ensuring patients are protected from having religion imposed upon them without the patients' consent (proselytizing).

(6) Advising facility management about free expression of religion and religious symbols and displays in the VA medical facility.

(7) Designing, implementing and directing a program of spiritual and pastoral care.

(8) Locating, orienting, and properly utilizing individuals in the community to meet specific religious and spiritual needs of patients that cannot be met by the employed chaplains. These community individuals may include: clergy, Traditional Practitioners, faith group representatives, and others at the request of the patient.

(9) Training chaplains to provide orientation to other health care providers pertaining to spiritual and pastoral issues in patient care.

(10) Accepting gifts, cards, and other items with religious content, that are presented to the medical center by organizations, volunteers, or individuals, and that are intended for distribution to Veteran patients. The Chief Chaplain Service will

determine the appropriate distribution of such items so that no patient will be given any unwanted items.

(11) Preparing, for certification of the Medical Facility Director, a complete, accurate and timely Chaplain Service Annual Report, to be submitted to the National Program Director, Chaplain Service through the Chief Network Officer (10N).

(12) Conducting a periodic (at least annual) evaluation of the spiritual and pastoral care needs of the ever-changing Veteran patient population served by the facility. **NOTE:** *Because many surveys must be pre-approved by the Office of Management and Budget, VA Handbook 6310.2, Collection of Information Procedures, or subsequent policy issue, must be consulted prior to conducting a survey.*

(13) Developing a program of spiritual and pastoral care based on the periodic survey, which must include a plan for offering spiritual assessments, providing care, and evaluating the effectiveness of the care provided. **NOTE:** *This process of continuous quality improvement of spiritual and pastoral care ensures that it is incorporated into the overall treatment plan.*

(14) Ensuring chaplains participate in new employee orientation and, as appropriate, in inter-professional education and training.

(15) Providing all new chaplains and support personnel with required documents, including position description, performance standards, scope of practice statement, and competency list.

(16) Ensuring that spiritual assessment instrument(s) or procedure(s) are approved by the National Program Director, Chaplain Service.

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

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

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

(17) Ensuring appropriate documentation is maintained.

(a) Chaplains must follow the guidance of the Managerial Cost Accounting Office/ Decision Support System (MCA/DSS) and the National Chaplain Center to assure uniform reporting of workload across VHA. Event Capture Codes have been

developed for documenting the Chaplain's spiritual and pastoral care. All chaplain service workload, both inpatient and outpatient, must be recorded using the uniform DSS Event Capture System.

(b) Chaplains are responsible for documenting care in medical records in accordance with 44 U.S.C. §§ 3101 and 3102 and VHA Handbook 1907.01, Health Information Management and Health Records, along with any other applicable laws and VA policies. Questions as to whether information communicated by a VA patient to a VA chaplain is considered to be confidential and privileged, such that it is protected from disclosure in connection with any VA administrative or other legal proceeding, should be referred to the Office of General Counsel or Regional Counsel.

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

(d) Documentation of spiritual assessments is required within specific time frames in Extended Care, Long-term Care, Spinal Cord Injury, Hospice and Palliative Care, and in Mental Health Care. These are as follows:

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

2. Intensive Care, Hospice, and Palliative Care within the first 24 hours with reassessment every 14 days.

3. In the area of Mental Health:

a. Acute inpatient mental health services within the first 48 hours of admission with reassessment every 14 days.

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

4. General Medicine, Surgery, and Outpatient, as needed, based upon the patient's initial response to the spiritual screening question regarding immediate spiritual care needs. General Medicine and Surgery patients will be visited within the timeframe stipulated in local station Chaplain Service policy.

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

(19) 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 5 CFR 351.403; VA Handbook 5005, Part IV Chapter 2, Section C).*

(20) Training and supervising of volunteers assigned by the facility Voluntary Service (see appendix D, paragraph 1).

(21) Providing the NCC with current, accurate facility data necessary to maintain the NCC database.

(22) Arranging for the comfort of patients in the chapel or facility's place of worship.

(23) Ensuring full-time chaplains do not accept commitments outside of the facility that conflict with their responsibility to provide spiritual and pastoral care duties within the facility.

(24) Ensuring chaplain responsibilities do not include duties that conflict with their role of pastoral caregiver.

(25) Reviewing all donated or purchased religious literature for appropriateness and determining its placement and/or distribution.

(26) Ensuring 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 Chaplain Service must strive to achieve a workforce representative of the diversity of Veterans served.

e. **Facility Chaplains.**

(1) Full-time chaplains must not accept commitments outside of the facility that conflict with their responsibility to provide spiritual and pastoral care within the facility Chaplain Service.

(2) Chaplain responsibilities must not include duties that conflict with their role of pastoral caregiver.

(3) Chaplains may conduct inquiries of chaplain-related activities or incidents, may serve as mediators, may serve on standing EEO and other local and national committees, and may serve as liaisons with VHA stakeholders.

(4) Facility Chaplains are responsible for:

(a) Upholding the right to free exercise of religion by all medical, domiciliary, and community living center patients in the VA medical facility. This includes providing or facilitating appropriate worship opportunities.

(b) Supporting the religious and/or spiritual belief system and practices as requested by patients.

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

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

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

(f) Meeting with immediate relatives and visitors of patients during regular and emergency visits.

(g) Providing spiritual counseling for Veterans' immediate family members, legal guardians, family caregivers and others who are eligible for consultation, professional counseling, marriage and family counseling, training, and mental health services in accordance with 38 U.S.C. 1782.

(h) Providing bereavement counseling for individuals who received services under paragraph 5.e.(4)(g) (above) in the case of a death that was unexpected, or that occurred while the Veteran was participating in a VA hospice program or similar program run by VA and for family members, including parents, of members of the Armed Forces who die in the active military, naval, or air service in the line of duty and under circumstances not due to the person's own misconduct (see 38 U.S.C. 1783).

(i) Providing spiritual counseling as desired by approved family caregivers of eligible Veterans in accordance with 38 U.S.C. 1720G(a)(3)(A)(i)(III).

(j) Providing spiritual care for eligible survivors, dependents, and caregivers of certain Veterans, as appropriate and in accordance with 38 U.S.C. 1781.

6. INTEGRATING SPIRITUAL AND PASTORAL CARE IN VHA HEALTH CARE

a. VHA recognizes that spiritual and pastoral care must be integrated into the total program of health care and be made available to all patients and, in limited circumstances, to their immediate family members and caregivers, who desire such care (see paragraphs 3.a., 5.e.(4)(g), and (h)). VISN Directors and VA medical facility Directors are responsible for making available spiritual and pastoral care and counseling to patients. VHA chaplains are the professional health care providers on the interdisciplinary teams that are qualified, employed, and authorized to provide spiritual and pastoral care. VHA Chaplains implement the Spiritual and Pastoral Care Program on behalf of the VISN and VA medical facility Directors throughout VHA.

b. Voluntariness demonstrated by the patient's desires or requests lies at the heart of each and every aspect of VHA's Chaplaincy Program. VHA 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 must be sensitive to and respectful of patients' desires, if any, for spiritual support. VHA interdisciplinary team members provide essential information to clinical chaplains who provide spiritual care to Veterans in promotion of health and wellness; however, clinical chaplains are the only health care professionals authorized to conduct official Spiritual Assessments and to provide religious, pastoral and spiritual interventions at any VA facility. Visiting clergy and community clergy can provide patient-requested ministry according to their specific faith group traditions (see definitions in paragraphs 3.v. and 3.c. respectively).

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

Methods must be established to:

a. Inform Veterans and their families who are served at NCA and VBA locations that VHA medical care includes spiritual and pastoral care provided by clinical chaplains who are trained and employed to address patients' spiritual and pastoral needs.

b. Ensure that Chaplain Service at each VA medical 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 VA 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 Chaplain Service.*

c. Chaplains may perform funeral or committal services for Veteran patients who died while receiving care, in VA facilities subject to the availability of chaplains for adequate spiritual care coverage in the medical facility. When interment is made at a National Cemetery, unless arrangement has been made by the next-of-kin for another clergy person, the VA chaplain may conduct a committal service. When a request is made for a VA chaplain to perform a committal service, permission from the VA medical facility Director must be obtained. Although VA chaplains do not displace community clergy at funeral or committal services, they may coordinate arrangements for the use of facility chapel(s), in accordance with local facility policy.

d. Funerals at VA facilities are permitted only with the approval of the VA medical facility Director. Chaplains may conduct interment services in a National Cemetery.

e. Chaplains, as government employees, must comply with Federal standards of ethical conduct regarding the receipt of gifts, or compensation in exchange for performing funeral or committal services (see paragraph 9).

f. VHA Handbook 4721 authorizes the Chief Chaplain Service to accept gifts or donations to be used for the benefit of the religious needs of patients and to support all Chaplain Service activities at the facility. Donations must be deposited to the General Post Fund (see appendix E, paragraph b.).

8. SCOPE OF PRACTICE

Each 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 endorsement, certification, and other relevant professional and ethical requirements as specifically applied to chaplains within the VA health care system. The chaplain's scope of practice should be reviewed, signed and dated annually by the chaplain's supervisor.

9. 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 5 CFR 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.

(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 VHA 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.; and,

(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 counseling 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 (see paragraph 9).

d. Chaplains serving on or chairing local ethics committees help formulate and implement ethics standards and criteria and educate staff in the Integrated Ethics decision-making process.

10. CHAPELS AND OTHER WORSHIP FACILITIES

a. **Chapels.** 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. When VHA Chaplains are not providing or facilitating a religious service for a particular faith group, the chapel must be maintained as religiously neutral, meaning it cannot be viewed as endorsing one religion over another. Religious literature, content, and symbols must be made readily accessible to VA patients and visitors in a chapel at their request. 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. In these cases, the VA medical facility Director must also designate an appropriate size room or construct a religiously neutral chapel, which is maintained in accordance with this VHA directive and VA Space Planning Criteria Chapter 208.

(1) At the conclusion of a religious worship service in the chapel, the chaplain, or designee, must prepare the chapel for private use by patients.

(2) 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 National Program Director, Chaplain Service, NCC. Existing chapel space is not to be altered without approval of the National Program Director, Chaplain Service at the NCC.

(3) When patients' religious needs cannot be appropriately met in the chapel, the VA medical facility Director may designate, on an as-needed-basis, a small room or space (indoors or outdoors on the VA medical facility property) in which to accommodate sacramental, liturgical, religious, or spiritual practices; however, this space is not to be identified as a VHA Chapel.

(4) All spaces to be used for religious or spiritual purposes must be fully accessible to persons with disabilities.

(5) The use of candles, lights, draperies, etc., must be in accordance with local safety policies.

(6) All Chaplain Services are to have a chapel use policy in place (see paragraph 5.a.(17)). VHA Chapels must remain available at all times for use by Veterans and their families.

b. **Offices.** Office space for chaplains that ensures privacy in counseling patients, families, and staff must be provided (see VA Space Planning Criteria Ch. 208).

11. REFERENCES

- a. 5 CFR 351.403.
- b. 5 CFR 213.3102(a).
- c. 38 U.S.C. §§ 7301 7403(g); 1720G; 1781; 1782; 1783.
- d. 44 U.S.C. §§ 3101 and 3102.
- e. VA Handbook 5005, Part II, Chapter 2, Section C, Paragraph 6.
- f. VA Space Planning Criteria Chapter 208.
- g. VHA Handbook 1111.01, Ecclesiastical Endorsing Organizations.
- h. VHA Handbooks 1605.01, Privacy and Release of Information.
- i. VHA Handbook 1605.02, Minimum Necessary Standard for Protected Health Information.
- j. VHA Handbook 1907.01, Health Information Management and Health Records.
- k. VHA Handbook 1400.04, Supervision of Associated Health Trainees.
- l. VHA Handbook 1400.08, Education of Associated Health Professions.

SPIRITUAL SCREENING AND ASSESSMENT

1. SPIRITUAL SCREENING QUESTION. The VA medical facility Director is responsible for ensuring that 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 The Joint Commission Accreditation Standards. **NOTE:** *This refers to the CPRS Screening record on the patient's admission.*

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

(1) A "yes" answer triggers an electronic referral in the CPRS to the facility Chaplain Service.

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

b. Additional spiritual screening questions must be approved by the Director, NCC.

2. SPIRITUAL ASSESSMENTS AND SPIRITUAL ASSESSMENT INSTRUMENTS.

Only NCC-approved spiritual assessment instruments or procedures are to be used.

a. Spiritual assessment instruments must at a minimum, include the following:

(a) The patient's ability to respond or participate.

(b) The patient's permission to complete this assessment tool.

(c) The patient's permission for the chaplain to contact or talk with family.

(d) The patient's permission for the chaplain to contact their local clergy.

(e) The patient's request for the chaplain to initiate a change of faith group or denomination in his/her health record.

(f) The patient's consent to receive Spiritual Care from VHA Chaplain(s).

b. Spiritual assessments must, at a minimum, include the following information, which assists in determining the impact of spirituality, if any, on the care and services being provided and identifies if any further assessment is needed.

(1) The patient's faith, belief, or philosophical system.

(2) The patient's faith tradition, if any.

- (3) Spiritual or religious practices which are important to the patient.
- (4) What will spiritually or pastorally assist or support the patient.
- (5) The patient's major spiritual or emotional supports/resources.
- (6) Spiritual issues that will impact medical care.
- (7) Spiritual injuries the person wants to address.

c. The Joint Commission 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) Who or what provides the patient with strength and hope?
- (2) Does the patient use prayer in his/her life?
- (3) How does the patient express his/her spirituality?
- (4) How would the patient describe his/her philosophy of life?
- (5) What type of spiritual or religious support does the patient desire?
- (6) What is the name of the patient's clergy, minister, chaplain, pastor, priest, rabbi, imam, or Traditional Practitioner, if any?
- (7) What does suffering mean to the patient?
- (8) What does dying mean to the patient?
- (9) What are the patient's spiritual goals?
- (10) Is there a role of religious worship with a particular faith tradition in the patient's life?
- (11) How does faith help the patient cope with illness?
- (12) How does the patient keep going day after day?
- (13) What helps the patient get through this health care experience?
- (14) How has illness affected the patient and the patient's family?

d. Subject to prior NCC approval, each VA facility Chaplain Service needs to establish one or more official spiritual assessment instruments or procedures for patient care. Chaplains may administer the instrument(s) or procedure(s) or engage in a pastoral conversation that identifies the patient's religious or spiritual concerns.

All responses must be documented in the medical record as a part of the patient's care.

e. The NCC establishes procedures for submitting spiritual assessment instruments for approval (See NCC SharePoint via NCC Intranet site).

STAFFING

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

(1) Clinical chaplains are utilized to plan and oversee the Spiritual and Pastoral Care Program. Their duties under the Spiritual and Pastoral Care Program include:

(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) Serving as liaison with community organizations.

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

(a) The depth and complexity of chaplains' involvement with patient care in each clinical setting as documented in the Scope of Practice statements

(b) Spiritual assessment and re-assessment, as required by The Joint Commission, and Commission on the Accreditation of Rehabilitation Facilities (CARF) 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. Special competencies may be required for chaplains who provide care for Veterans with unique spiritual needs. 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-a-day, 7 days-a-week to ensure a chaplain is always available to respond to emergencies.

(f) Chaplains' expertise is to be utilized 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, nor are they substituted for, qualified employed chaplains.

(5) Students must be appropriately supervised by permanently employed chaplains (see appendix D, paragraph 3.d.). If the Clinical Pastoral Education (CPE) Supervisor position becomes vacant or the employed CPE Supervisor is not available during part of a training period, centers may contact the National Chaplain Center to see whether temporary coverage can be provided by a CPE Supervisor at another site. Alternatively, centers may provide interim coverage by using the services of a qualified CPE Supervisor on a fee basis appointment or in accordance with a contract. The qualifications of the individual chosen must be verified by the National Chaplain Center prior to any work being performed (see appendix D, paragraph 2). The appointment or contract period must cover the entire student unit period.

b. Educational programs require qualified educational personnel in addition to patient care staff (see appendix D, paragraph 3). A VA facility with an accredited ACPE CPE Program must have, in addition to a certified ACPE CPE supervisor, a chaplain responsible for the ongoing Spiritual and Pastoral Care Program. The Chief Chaplain has overall responsibility for both the ACPE CPE Program and the pastoral care of the Veterans.

c. Non-competitive personnel actions for Staff Chaplains, including promotions, reassignments, changes in work schedule, or changes to a lower grade may be approved at the facility level. Facilities must follow local merit promotion procedures to promote permanent chaplains, or to reassign permanent chaplains to positions with higher promotion potential.

VISITING CLERGY, COMMUNITY CLERGY, AND TRADITIONAL PRACTITIONERS

Services by all the clergy groups listed below take place in VHA facilities:

a. **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 Visiting Clergy (as defined above) to visit only members of their specific parish, congregation, synagogue, temple, mosque, etc. A facility chaplain must obtain and document the patient's permission before contacting clergy on the patient's behalf (see VHA Directive 1605, VHA Privacy Program, VHA Directive 1605.01, Privacy and Release of Information, and VHA Handbook 1605.02, Minimum Necessary Standard for Protected Health Information, or subsequent policy issues).

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

(1) If a community clergy person requests compensation or reimbursement for a non-recurring visit, the Chaplain Service, working through the local contracting office, will establish a contract with the Clergy Person to provide the specific services. The Chief or Lead Chaplain will be the Contracting Officer's Technical Representative. Payment may be made from General Post Funds restricted for Chaplain Service, or from the general medical appropriation under the medical benefits package.

(2) The distance traveled and time required to provide the services should be considered in determining the amount of the compensation.

c. **Traditional Practitioners.** Traditional Practitioners provide for the spiritual and religious needs along with appropriate cultural healing practices as desired by patients who are receiving care in a VA medical facility. If Veterans can identify or have their own Traditional Practitioner, the Traditional Practitioner is welcome to visit the Veteran and provide spiritual care services. If a patient requests traditional practices and does not already know of a Traditional Practitioner to call upon, the VA Chaplain will facilitate locating such services. Every effort needs to be made to honor specific requests of patients as traditions and ceremonies vary from tribe to tribe.

(1) Chaplain Services should consult with local subject matter experts for assistance in locating Traditional Practitioners in the community. These experts include the local Native American Coordinator, the Native American Indian Special Emphasis Program (NAISEP) Manager (Office of Equal Employment Opportunity), and the Minority Veteran Coordinator (MVC).

(2) If a Traditional Practitioner requests compensation or reimbursement, the Chaplain Service, working through the local contracting office, will establish a contract with the Traditional Practitioner to provide the specific traditional services. The Chief or Lead Chaplain will be the Contracting Officer's Technical Representative. Payment may be made from General Post Funds restricted for Chaplain Service, or from the general medical appropriation under the medical benefits package as part of spiritual care. The distance traveled and time required to provide these services should be considered in determining the amount of the compensation.

(3) VA facilities may also contract with one or more of the Indian Nations which approve traditional spiritual and cultural healing practices being furnished on sacred tribal grounds. Payment for these off-site services may be made through the contract with the Indian Nation which in turn will compensate the Traditional Practitioner(s). These contracts shall be managed through Chaplain Service as a provision of spiritual care for the Native American Veterans in conjunction with the local contracting office.

d. Local Chaplain Services will provide orientation regarding VHA and facility policies and procedures; patient safety and privacy issues; scheduling and use of facilities, and other matters as appropriate. All visiting clergy are required to comply with the policies of the facility and with the provisions of this directive.

e. Under no circumstances may community clergy be used in lieu of an employed chaplain.

f. Visiting clergy, community clergy and Traditional Practitioners 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.

VOLUNTEERS, CONTRACT AND FEE-BASIS PERSONNEL**1. 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 1620.01.

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 VHA Chaplain at the same facility. Roman Catholic Extraordinary Ministers of Holy Communion may not begin work until the NCC verifies that it has received the proper commissioning documents.

2. CONTRACT AND FEE-BASIS CHAPLAINS

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 chaplain may provide any service under a fee-basis appointment or contract, the medical center must submit the fee-basis appointment or contract candidate’s application to the NCC for verification that such individual meets minimum qualification requirements. Extensions of appointments or contracts of previously verified individuals may be approved by the VA medical facility Director, or designee.

c. Fee-Basis appointees and contract personnel are appropriate when the needed services can be clearly defined as services that are not compensated on the basis of time and are otherwise not appropriate for full-time or part-time employees. Examples of appropriate (but not required) utilization include:

- (1) Providing coverage when employed chaplains are not on duty.
- (2) Covering specific religious needs of patients when a staff chaplain is not available; and
- (3) Providing pastoral support services, leading religious ceremonies or providing sacraments for patients of a specific faith group.

d. A VHA-employed chaplain must supervise the work of all non-VA appointed chaplains and must monitor the work of all contract chaplains to ensure that professional standards of care are maintained.

e. Traditional Practitioners may provide spiritual services to patients who request them. If compensation is required to obtain these services, it must be provided for by contract. Applications and other credentials of these individuals will be sent to NCC for verification prior to awarding the contract.

f. Roman Catholic Deacons may only perform the services that they are authorized under the faculties given by the Roman Catholic Archdiocese for the Military Services USA. They must be supervised ecclesiastically by a Roman Catholic VHA Chaplain. The Deacon's application and other credentials must be sent to the NCC for verification before any services are provided.

g. Roman Catholic Extraordinary Ministers of Holy Communion may only provide services for which they are specifically authorized by the Archdiocese for the Military Services USA, and must be under the direct supervision of a VHA Catholic chaplain. The medical center must obtain verification from the NCC of appropriate authorization before any services are provided.

h. Other non-chaplain functions, such as providing music during worship services and media assistance may be obtained by contract.

FUNDS

a. **Appropriated Funds.** Each VA facility is responsible for ensuring that all governmental office operations necessary for the support of the Spiritual and Pastoral Care Programs are funded with appropriated money.

b. **General Post Funds (GPF).** GPF accounts exist, both at the national and local levels, for support of patient care programs. All use of GPF monies must be in accordance with VA purchasing/contracting policies and procedures and VHA Directive 4721, VHA General Post Fund, and VHA Handbook 4721, VHA General Post Fund Procedures, or subsequent policy issues. An annual allocation to the local GPF (account 8180A) may be distributed to each facility from the national GPF for the benefit of VHA patients. Chaplain Service, Voluntary Service, and Recreation Therapy Service are authorized to use these funds. Local gifts may also be designated by the contributor for support of spiritual and pastoral care needs of patients. All donations given to chaplains for acceptance by the Chief Chaplain or placed in donation receptacles in the chapel should be deposited to the local GPF accounts restricted to or designated for Chaplain Service. These monies are restricted by the intentions of the donor to be used for spiritual care. 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), wood to be burned for Native American traditional ceremonies, and other religious articles.

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

(3) Compensation for community clergy, who provide services on a non-recurring basis.

(4) Compensation for Musicians for worship services.

c. **Donations to the GPF.** VHA Directive 4721 sets forth the policies and procedures for accepting, managing, and expending donations to the GPF. It states that:

(1) VHA Chief Chaplains are authorized to accept gifts and donations on behalf of VHA and to expend money in GPF accounts specific to Spiritual and Pastoral Care uses.

(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 for spiritual and pastoral care may not be re-delegated by the facility Director or the Chief, Chaplain Service to a non-chaplain. 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) Chief Chaplains receiving gifts and donations of funds must turn such funds over to the agent cashier as soon as practical for deposit into the GPF.

(a) Chief Chaplains are to instruct the agent cashier for what purpose the donor intended the funds to be used. Donors may designate that funds be used for patients of a particular faith group. Sub-accounts should be established (in 8180S) for each faith group for which donations have been received. 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 overall activities of the facility's Chaplain Service on behalf of Veteran patients.

(b) Individuals or groups may make donations to the GPF for the religious and spiritual needs of VHA patients.

(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 secured immediately after each service and deposited at least weekly into a GPF account restricted to or 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 GPF earmarked for the religious needs of the patients to support Spiritual and Pastoral Care Program activities. At VA 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 GPF monies, except for such items distributed to patients for their personal use, are designated as VHA 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) GPF 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, including Native Americans. These items will remain under the

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custody of the chaplain of the particular faith group or denomination. At the end of their useful life, the chaplain disposes of these items in accordance with policies of the faith group.

SUPPLIES AND ARTICLES ON LOAN FROM AN ECCLESIASTICAL ENDORSING ORGANIZATION

1. SUPPLIES

VHA 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 (altar bread, oils, grape juice, sacramental wine, etc.). Such articles cannot be purchased from appropriated funds. These items may be purchased from General Post Fund (GPF) (see appendix E, paragraph c.(8)).

b. Items to be used for Native American spiritual rites or traditional ceremonies, such as wood for a sweat lodge, may be purchased with either appropriated or donated funds.

c. 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 the property of VHA.

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

2. 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.

INFORMATION RESOURCES MANAGEMENT

a. Information regarding spiritual and pastoral care may be posted on Veterans Integrated Service Network (VISN) and facility Intranet Web sites only after it has been reviewed and approved by the NCC staff. VISN and VA medical facilities are not to post information regarding spiritual and pastoral care on their Internet Web sites (including all web-based collaboration tools and other social media).

b. Chaplains and support staff must be provided with access to the Veterans Health Information System and Technology Architecture (VistA), Computerized Patient Record System (CPRS), Managerial Cost Accounting/Decision Support System (MCA/DSS), ECS and the Outlook/Exchange Server in order to:

- (1) Input and retrieve accurate patient care data;
- (2) Input and retrieve chaplain workload data;
- (3) Facilitate timely responses to local and national reports;
- (4) Participate in continuing education, distance learning, and quality improvement initiatives; and
- (5) Keep abreast of current spiritual and pastoral care standards of accrediting organizations (i.e., The Joint Commission, 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 must only use Veteran or patient information, in accordance with VHA Handbook 1605.01, and will only access the minimum amount of information necessary to perform their duties in accordance with VHA Handbook 1605.02.

RESEARCH

Field facilities are encouraged to include spiritual and pastoral care as topics for research. Chaplains may serve on facility Research Committees and Institutional Review Boards (IRB).

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 Clinical Pastoral Education (ACPE 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.

b. Trainees must receive appropriate hospital and educational program orientation at the beginning of their training. Each year-long ACPE CPE trainee (“resident”) must sign the current “Statement of Understanding for Clinical Pastoral Education Students” at the beginning of their training. This Statement informs all residents about the qualification requirements and application procedures for becoming VA chaplain. Individuals must meet the requirement in the VA Chaplain Qualification Standard for a Master of Divinity or equivalent education upon acceptance into a VA CPE Residency. If a CPE center wishes to accept an individual who does not have a Master of Divinity degree (including individuals who have a Doctoral degree without a Master of Divinity) it must submit the individual’s transcripts to the National Chaplain Center for a determination of whether the individual meets the equivalency requirements.

c. The ACPE CPE Supervisor is considered the primary provider and is responsible for all services delivered to each Veteran by the trainee. All trainees must function under supervising practitioners at all times. Responsible supervising practitioners must be readily identifiable and available when health care services are provided by trainees. The trainee may be identified as a secondary provider if allowed by local facility policy. **NOTE: No “Person Class” code exists in the Veterans Health Information Systems and Technology Architecture (VistA) for students of any discipline. Unless another person class applies to the trainee, any workload or encounters which the trainee entered would not transmit to the Financial Services Center due to lack of valid person class. Instead, patient encounters would be credited to the supervising practitioner.**

d. Trainees may be assigned a preceptor or mentor by the ACPE CPE Supervisor in coordination with Chaplain Service Leadership. This mentor chaplain must be 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 standards of The Joint Commission, CARF, OAA (see Associated Health Supervision Handbook 1400.04, 1400.08) and other organizations. In this mentor or mentee relationship it is required that the ACPE CPE Supervisor and/or the mentor must be aware of the ministry conducted by a trainee, must review the CPRS entries of the trainee, must co- sign all CPRS notes, and must record workload in Event Capture by including the trainee as an additional provider.

e. Trainees in ACPE CPE programs may provide supervised pastoral care including providing coverage when no chaplains are on duty. Trainees are not to be paid for providing coverage but may be given compensatory time off. When trainees work

additional hours providing coverage, their work schedule needs to be adjusted to ensure they do not work more than 80 hours in a pay period.

f. Trainees in residency and/or fellowship programs may be paid a stipend subject to availability of training funds. Trainees in 1-unit or intern programs are not compensated.

RELIGIOUS LITERATURE, SYMBOLS, AND DISPLAYS

- a. Religious Literature includes all written and recorded material with religious content that is purchased by or donated to a VA medical facility with the intent to be made available to or distributed to patients.
- b. "Religious content" means scripture, sacred text and writings, or excerpts thereof; written materials used during worship services or religious observances; and written materials that describe, explain, analyze, advocate either for or against; the practices and/or beliefs of a religion. It also includes material that celebrates religious holidays.
- c. Religious symbol means a text, material object, emblem, or image that is representative of a religion or spiritual belief.
- d. Religious literature may be purchased to benefit the spiritual health of patients. Various religious denominations and religious publishers offer literature free of charge. Chaplains are encouraged to take advantage of such free materials and free shipping when the Chaplain Service determines that the offered items meet the needs of Veteran patients.
- e. Upon a patient's request, a chaplain shall provide religious literature, including foundational scripture, that is representative of the patient's particular religious or denominational viewpoint or faith.
- f. The Chief, Chaplain Service is responsible for reviewing all donated or purchased religious literature for appropriateness and for determining its appropriate placement and/or distribution. VA facilities will not refuse to accept donated religious literature solely on the basis of its religious content. Any questions about whether material has religious content will be referred to the Chief, Chaplain Service for decision.
- g. Material must not be distributed or displayed that may interfere with patient care.
- h. Appropriate religious or spiritual literature may be distributed by chaplains, Chaplain Service volunteers, or staff in the Chaplain Service Office, with the approval of the Chief Chaplain. It may also be made available for selection by patients from a literature rack in the chapel or other appropriate location. Chaplain Service and Voluntary Service will collaborate to review holiday cards and gifts and distribute them in accordance with the individually expressed preferences of patients and residents. When religious literature is distributed, recipients will be informed of the name of the donor, author, and/or publisher; and will be informed that the views expressed are those of the donor, author and/or publisher, not of the Department of Veterans Affairs. A sign may be placed on the literature rack to meet this requirement.

i. Displays in public areas that contain religious symbols, imagery, or text must comply with VA Directive 0022, Religious Symbols in VA Facilities.