HISTORY OF THE CHAPLAINCY CENTER

The Chaplaincy Center founded in 1975 as Interfaith Health Care Ministries (IHCM) serves healthcare institutions by providing board certified professional chaplains and clinical pastoral education. The 2003 name change reflected a clearer marketing statement of The Chaplaincy Centers (TCC) mission. Incorporated in 1976 physicians, hospital administrators, educators, and community clergy dialogued about the many needs for professional chaplaincy within the healthcare community resulting in the incorporation of the organization.

Dr. Stanley Aronson, Dean of Medicine at Brown University and the Reverend Charles Baldwin, Chaplain at Brown University discussed the need for spiritual training of medical personnel and spiritual care for hospitalized patients in the early 1970’s. The communication among physicians, clergy, and other allied health professionals was virtually non-existent throughout the Brown-affiliated Hospitals. The desire to address the deficiency was based on newly published research documenting the statistical value of enhanced professional chaplaincy services decreasing patient stay, increasing communication between patient and physician which enhanced assessment as well as treatment protocols and personal experience of those involved in the conversations.

After a proposal circulated identifying the needs in the healthcare community, support for serious conversations to address these issues came from The Hospital Association of Rhode Island, Rhode Island Hospital, Roger Williams Hospital, St. Joseph’s Hospital, and Women and Infants Hospital (then Providence Lying-In Hospital), the Rhode Island State Council of Churches and the Roman Catholic Diocese of Providence, and the Episcopal Bishops.

The proposal delineated the need for Board Certified clinically trained hospital chaplains. Persons who could fulfill the needs would need to have specific training and education in the following areas:

• Spiritual and psychological insight,
• Clear understanding of the connection between spiritual and the physical, as well as the “physical-emotional impact of disease;”
• Experience with patient advocacy,
• Ability to liaison with local clergy,
• An understanding of the needs to medical staff.

With their history of leadership and collaboration, Dr. Aronson and Rev. Baldwin led the project. In 1973, the project received additional support from the Rhode Island Board of Rabbis and Rhode Island’s largest health insurer, Blue Cross. The conclusion of the project was a two-pronged educational proposal. To hire a Certified Clinical Pastoral Education Educator (ACPE) to create an accredited program who could also have Faculty status to work with medical students and faculty.

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Brown Medical Program, the Rhode Island State Council of Churches, the Roman Catholic Diocese of Providence, and the Jewish Community incorporated the was supported by all the stakeholders. The decision to incorporate without individual healthcare institutions was due to the conflict between Women and Infants Hospital and the Roman Catholic Diocese of Providence. The group believed having the support of the Diocese was important enough, changed strategy.

**EDUCATIONAL ACCREDITATION**

TCC sought national accredited status from The Association of Clinical Pastoral Education in 1976. The Reverend Duane Parker, the first executive director, set up the educational paradigm in Rhode Island, and TCC became the first educational institution in the country to be receiving accreditation as a stand alone educational center.

In 1985, Rev. William Nisi became the second executive director. Under his leadership, the organization matured into a socially active and highly competent educational system. This took the form of integrating CPE residents into healthcare institutions who provided professional chaplaincy services. It was not uncommon to have Medical residents and CPE residents collaborating on difficult cases.

In 2000, the Rev. MaryBeth Hayes was hired as the third Executive Director. She brought to the organization a new educational, organizational, development and strategic philosophy and vision. Since then TCC instituted an emergency response network that is a part of the ESF state emergency response system, has become more integrated into the health care system through the development of professional chaplaincy positions, and further refined the educational program. The Chaplaincy Center’s first 5-year review occurred in 2001, its ten-year accreditation commission review visit in 2006 both resulting in final reports with no notations (perfect report).

**Summary**

The Chaplaincy Center exists to support healthcare institutions in their pursuit of providing excellent clinical care. The areas of expertise that hospitals utilize include:

**Employee satisfaction, education and improved patient care**

Through a variety of programs we have seen staff satisfaction improve, through the *CPE for healthcare providers program*, consistent *chaplain presence* on the team lowering stress and increasing staff response to patients, and sensitivity to the stresses different events bring through the *Code Lavender* program.

**Cultural Diversity and Culture Change**
Education and enhancement of how to honor spiritual and religious elements that influence patient and staff values that directly influence patient care, the transfer of information that is key to treatment progress.

**Risk Management**

We have seen when spiritual care aligns with risk management suits decrease proportionately with an increase in compassionate communication.

**Communication**

Use of *Myers Briggs personality inventory* education (assessment, overview and application) works well with Staff-staff relationships, Staff – patient, and staff-administration communication styles.

Use of *SAVI – the System for Analyzing Verbal Interaction* as a tool for improved communication, decrease in reactivity, and increased information and communication transfer is a tool for institutions and staff to markedly improve.

The goal of The Chaplaincy Center is to engage the institutions we serve in the areas in which we have expertise in order for them to achieve their goals, and our goal of improving the care and treatment of patients – in the manner in which we have expertise. We believe this service is a cost effective and a unique service for healthcare institutions.

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¹The education of medical professionals for with the goal to increase skill development in the area of listening, compassionate communication, and holistic care for the patient with increased differential diagnosis testing and an increase in active listening or motivational interviewing techniques of communication.