

CPE Unit 4 Syllabus

Unit: ICPT CPE Unit 4

Prerequisites: ICPT CPE Unit 1, ICPT CPE Unit 2, ICPT CPE Unit 3

Clock Hours: 400 (100 clock hours didactic study and class time and 300 clock hours clinical/applied learning)

Unit Length: 12 weeks (full-time)

Instructional Methods:

- Didactic Study and Class Time (Instructor-led Onsite and/or Interactive Distance Learning*)
- Clinical (applied learning)
- Customized Coaching
- Peer-to-Peer Projects and Assessments

***Interactive Distance Learning** course content is accessed in the ICPT Learning Center where students work through weekly modules that include readings, research and other articles, case studies, and activities in which they reflect upon and apply the information learned.

Unit Requirements:

- **100 hours of Didactic Learning:** Students are required to participate in 100 hours of didactic study and class time offered live and/or via interactive distance learning(IDL).
- **1 Orientation Paper:** Students must submit an orientation paper the first week of the unit that is no more than 2 pages that discusses their position on one of the following subjects:
 - a theology of person;
 - how do you picture and talk about illness;
 - how you picture human suffering especially among the innocent;
 - how do you picture pain and destruction; or
 - a subject of your own choosing in discussion with your supervisor.

The orientation paper must be submitted by file upload, in the ICPT Learning Center for the CPE Supervisor(s) review and academic feedback.

- **10 Reflection Reports:** Students must submit 10 reflection reports that detail what they experienced, learned, and thought about regarding ministry during their training. Reflection reports are due each week starting the 2nd week of the unit and completing the final report in the 11th week of CPE training. Reflections should be no more than two pages in length. Topics may include but are not limited to:
 - Significant events that occurred with patients, peers or the CPE Supervisor;
 - Steps taken to meet learning contract and CPE objectives; and
 - Significant learning events in the student's personal and professional life.

All reflection reports must be submitted by file upload, in the ICPT Learning Center for the CPE Supervisor(s) review and academic feedback.

- **6 Case Studies:** Students must submit a minimum of 6 case studies that reflect interactions with patients or clients. Case studies help students understand their strengths and weaknesses during visits with patients or clients. Case studies are written in a specific format outlined in the appendix of this handbook. Students must present at least 1 case study to their classmates in their cohort. Smaller cohorts may require students to present additional case studies.

- All case studies must be submitted by file upload, in the ICPT Learning Center for the CPE Supervisor(s) review and academic feedback.
- Students must also review and evaluate other classmates case studies and provide peer-to-peer feedback.
- Students must upload case studies 2 days in advance of the scheduled due date for peer review in the ICPT Learning Center.
 - Onsite students may provide in person peer-to-peer feedback.
 - Interactive Distance Education (IDL) students must engage in live case study discussion forums and post peer-to-peer feedback in the interactive chat-board. All IDL students must evaluate peer case studies during each unit.
- **Customized Coaching/Supervision:** Students are responsible for scheduling a weekly coaching/supervision meeting with their CPE supervisor. The weekly supervision meetings allow students to discuss, one-on-one, with their supervisor, any concerns they have, reflection reports, and how they are progressing with their learning contract. All supervisory meetings are held in the strictest confidence. Please note, sessions may be recorded or transcribed to ensure compliance with ICPT academic standards.
- **Group Discussion:** Students must participate in group discussions. Group discussions may be live or via computer mediated live conferencing such as Zoom. Note, these sessions may be recorded or transcribed to ensure compliance with ICPT academic standards.
- **Mid-Unit and Final Unit Self-Evaluations:** Students must complete mid-unit and final unit self-evaluations. The peer review portion of the evaluations may be shared with classmates. These evaluations are codified in a specific format detailed in the appendix of this manual. Students must submit evaluations by file upload, in the ICPT Learning Center for the CPE Supervisor(s) review and academic feedback.
- **Didactic Modules:** Students must complete the didactic modules denoted on the unit syllabus. There will be one test at the end of each module within each unit. Each unit includes at least two or more required modules. Participants will receive a Pass/Fail notification after completing the test in each module. Participants have a total of three attempts to pass the test at the end of each unit with a score of 80 or better. The three attempts must be made within seven days of the unit completion date denoted on the syllabus.
- **300 hours of Clinical/Applied Learning CPE Units:** Each student is responsible for completing a minimum of 300 hours of clinical ministry during the unit. Clinical hours may be completed at your current place of ministry (if you are currently employed as a Chaplain or Pastor of a church), or any number of institutions including but not limited to; hospitals, hospice houses, corporate settings, prison systems, skilled nursing facilities, nursing homes, assisted living facilities, and community services. Your hours may be paid or volunteer. Each student is responsible for keeping track of these hours on the *CPE Weekly Clinical Hours Log* provided in the appendix of the student handbook, and having this form signed by the proctor at the clinical site. The form must be submitted by file upload, in the ICPT Learning Center for the CPE Supervisor(s) weekly verification.

Unit 4 Learning Center Courses:

Unit 4 is comprised of the following required courses:

1. ST3HAC - What to do with Information: HIPAA Compliance
2. F5SAD - What We Hear and Say: Spiritual Assessment and Documentation

Unit 4, Course 1 - Overview:

ST3HAC - What to do with Information: HIPAA Compliance

In 1996, the United States Congress passed The Health Insurance Portability & Accountability Act (HIPAA). This federal law was originally intended to establish three desired outcomes: a uniform standard for processing electronic healthcare claims and records across the United States; standards to protect the security of patient information; and privacy rules that all Healthcare Providers, Covered Entities, and Business Associates must follow. It is one of the most asked about and misunderstood issues in health care. This course gives a history of HIPAA, focuses on its implications of HIPAA for the health care industry, healthcare chaplains and spiritual care providers, and patients.

Course Competencies:

ST3HAC - What to do with Information: HIPAA Compliance aligns with the following Quality Indicators in [What is Quality Spiritual Care in Health Care and How Do You Measure It? \(HCCN. 2016\).](#)

- **Structural Indicator 1.A.** Chaplains as certified or credentialed spiritual care professional(s) are provided proportionate to the size and complexity of the unit served and officially recognized as integrated/embedded members of the clinical staff.
- **Process Indicator 2.B.** All clients are offered the opportunity to have a discussion of religious/spiritual concerns.
- **Process Indicator 2.C.** An assessment of religious, spiritual, and existential concerns using a structured instrument is developed and documented, and the information obtained from the assessment is integrated into the overall care plan.

Module Descriptions and Learning Objectives:

ST3HAC - What to do with Information: HIPAA Compliance

1. What is HIPAA?

HIPAA was the first Congressional attempt to reform health care. Prior to HIPAA, no generally accepted set of security standards or general requirements for protecting health information existed in the health care industry. It was created to set the standards for privacy in an electronic age and strikes a healthy balance between the competing interests of the health industry, government, and the public. It continues to move in the direction of protecting the patient's rights and need for privacy and confidentiality.

Module Learning Objectives:

- Define the meaning of HIPAA and the purpose of the regulations
- Articulate the history of the HIPAA Legislation
- Understand the legalities and applications for health care providers

2. Privacy Rights and HIPAA Myths

Those directly affected by HIPAA are called "covered entities". There are two types of health information protected under HIPAA, and HIPAA establishes two rules for access to patient information along with a list of patient's rights that continues to evolve with each new iteration of the regulations. HIPAA is comprised of many policies and laws that can be confusing and too easily misunderstood by patients and health care providers alike. In the early days of HIPAA's release, the confusion got in the way of providing the best medical care of a patient. The same still occurs today. Several myths surround how HIPAA can be interpreted.

Module Learning Objectives:

- Identify ways HIPAA is applied to protect patient privacy

- Understand the legalities and applications for health care participants/patients
- Describe myths that surround HIPAA regulations and ways to correctly interpret the regulations.

3. **How HIPAA Impacts Chaplains**

Knowing, understanding, and implementing HIPAA practices are essential to the work of chaplains and spiritual care providers. There are very practical applications of the HIPAA Privacy Act that chaplains as health care providers must adhere to.

Module Learning Objectives:

- Demonstrate the capacity for creating strategies for compliance for chaplains and Spiritual/Pastoral Care Departments

4. **Lessons to Continue Learning from HIPAA**

It is instructive for chaplains to know what historically was done to keep chaplaincy viable as a result of the implementation of HIPAA, because we will, likely, need to re-visit and re-purpose those strategies. Several steps should be taken by chaplains and their departments.

Module Learning Objectives:

- Articulate a strategy by which chaplains should maintain knowledge of and changes to the HIPAA regulations, ways in impacts chaplaincy departments, and plans to address them effectively

Unit 4, Course 2 Overview:

F5SAD - What We Hear and Say: Spiritual Assessment and Documentation

This course discusses the importance of chaplains and spiritual care providers incorporating into their practice an intentional, informed, and skilled assessment process, along with thorough and clear documentation of their chaplaincy and spiritual care.

Course Competencies:

F5SAD - What We Hear and Say: Spiritual Assessment and Documentation aligns with the following Quality Indicators in [What is Quality Spiritual Care in Health Care and How Do You Measure It? \(HCCN. 2016\)](#):

- **Structural Indicator 1.A.** Chaplains as certified or credentialed spiritual care professional(s) are provided proportionate to the size and complexity of the unit served and officially recognized as integrated/embedded members of the clinical staff.
- **Process Indicator 2.A.** Specialist spiritual care is made available within a time frame appropriate to the nature of the referral.
- **Process Indicator 2.B.** All clients are offered the opportunity to have a discussion of religious/spiritual concerns.
- **Process Indicator 2.C.** An assessment of religious, spiritual, and existential concerns using a structured instrument is developed and documented, and the information obtained from the assessment is integrated into the overall care plan.
- **Process Indicator 2.E.** Families are offered the opportunity to discuss spiritual issues during goals of care conferences.
- **Process Indicator 2.G.** End of life and Bereavement Care is provided as appropriate to the population served.

Module Descriptions and Learning Objectives:

F5SAD - What We Hear and Say: Spiritual Assessment and Documentation

1. Introduction and Definitions

Spiritual assessment is an area of potential improved practice for many professional chaplains which requires considerable post-training study and practice to become adept at this crucial helping skill. Part of the challenge is that there has been a practice of using terms imprecisely and interchangeably, however in the past decade each term has emerged to have distinct meanings within the profession. Definitions will add clarity to the knowledge process in learning how to do an effective spiritual assessment and the follow-up documentation.

Module Learning Objectives:

- Demonstrate knowledge and understanding of the differences and methodologies of spiritual screening, spiritual history, and spiritual assessment
- Articulate the various terms used in spiritual assessment and define their meanings.

2. History of Chaplaincy/Spiritual Assessment

Many of the early spiritual assessment tools were developed were Christian- oriented because of the influence of the early pioneers of chaplaincy, primarily within Protestant hospitals. There have been numerous assessment tools developed in the decades since chaplaincy became a profession. Depending on when and where a chaplain or spiritual care provider received his or her clinical training, there are several models that may have been taught as a foundation for developing a sense of spiritual assessment. Today the call for evidence-based and outcome-oriented practice demands not only an understanding of the history of spiritual assessment, but the knowledge of what is required for the present and future of chaplaincy care.

Module Learning Objectives:

- Describe the history of chaplaincy and spiritual assessment and its influence on current demands for evidence-based and outcome-oriented practice.

3. Assessing Assessment Formats

The historical and most-widely used method of evaluating one's current assessment practice and/or considering alternative approaches includes examining three issues: concepts of spirituality, concepts of norms and authority, and needs and preferences related to the process of assessment. In addition, any assessment model must be practical and facilitate the process of chaplaincy care.

Module Learning Objectives:

- Articulate the steps involved in evaluating a spiritual assessment model.

4. Assessment Models – Part 1

The review and understanding of published assessment models developed by professional chaplains is an important step. The work of Paul Pruyser, George Fitchett, and Art Lucas will be examined.

Module Learning Objectives:

- Demonstrate knowledge of currently accepted models of spiritual assessment and apply the models appropriately with patients and families within the required timeframe of setting.
- Effectively articulate the spiritual, religious cultural, existential, emotional, and social needs, resources, and risk factors assessed as well as identify any needed referrals.
- Understand and demonstrate the characteristics of spiritual reassessments.

5. Assessment Models – Part 2

The review and understanding of published assessment models developed by professional

chaplains is an important step. The work of James Lewis, Michelle Shields, and Allison Kesterbaum will be examined.

Module Learning Objectives

- Demonstrate knowledge of currently accepted models of spiritual assessment and apply the models appropriately with patients and families within the required timeframe of setting.
- Effectively articulate the spiritual, religious cultural, existential, emotional, and social needs, resources, and risk factors assessed as well as identify any needed referrals.
- Understand and demonstrate the characteristics of spiritual reassessments.

6. Peery’s Approach

Building on the work of Art Lucas in outcome-oriented chaplaincy, Brent Peery has developed a framework for understanding and organizing insights from existing chaplaincy assessment models, spirituality, theology, and philosophy, the behavioral and social sciences, and medicine. His approach seeks not to oversimplify, but to identify the core truths that form the infrastructure around which more complex ideas and processes are built

Module Learning Objectives

- Demonstrate knowledge of currently accepted models of spiritual assessment and apply the models appropriately with patients and families within the required timeframe of setting.
- Effectively articulate the spiritual, religious cultural, existential, emotional, and social needs, resources, and risk factors assessed as well as identify any needed referrals.
- Understand and demonstrate the characteristics of spiritual reassessments.

7. Overview of Chaplaincy Documentation

Chaplaincy documentation practices have evolved over time. Variation in practice remains. However, the trend in the profession is toward the expectation that chaplains will document their care. There is also increased expectation regarding the content of that documentation. The who, what, where, when, how, and why of chaplaincy documentation. In addition, two models for chaplaincy documentation will be examined.

Module Learning Objectives

- Demonstrate an understanding of the importance of documentation and the requirements of organizational and regulatory guidelines.
- Summarize best practice for chaplaincy and spiritual care documentation.

8. Documentation Models

Outcome-oriented documentation is clear in providing the information gained through a chaplain’s spiritual assessment. It has a framework that identifies core components that identify the needs of the patient and/or family, the interventions provided by the chaplain, and the information needed by the entire interdisciplinary team to ensure that the patient receives whole-person care.

Module Learning Objectives

- Demonstrate an understanding of the importance of documentation and the requirements of organizational and regulatory guidelines.
- Summarize best practice for chaplaincy and spiritual care documentation.

CPE Unit 4 Schedule – Full-time Student:

Week	Topic	Assignments
1	Group Introduction to Course 1: ST3HAC - What to do with Information: HIPAA Compliance	1. Introduction to course and requirements; Q&A <ul style="list-style-type: none"> • Getting Started • Welcome to the Course • Pre-test

	<p>What is HIPAA?</p> <ul style="list-style-type: none"> • What is HIPAA and Why Was It Created? • History of HIPAA • 1996 Original Act • 2003 Privacy Rule • 2005 Security Rule • 2006 Enforcement Rule • 2009 Health Information Technology for Economic and Clinical Health Act • Top HIPAA Violations • 2016 Audit and Modifications • HIPAA Outcomes 	<ol style="list-style-type: none"> 2. Student Introductions 3. Review material, required articles, videos, the application activities. 4. Case study and/or group discussion <p>Videos:</p> <ul style="list-style-type: none"> • HIPAA: Your Health Information, Your Rights Video Series. U.S. Office for Civil Rights. 2012 • Don't Mess with our Patients' PHI. Cleveland Clinic. 2015. <p>Articles:</p> <ul style="list-style-type: none"> • Individual Access to Medical Records: 50 State Comparison. Health Information and the Law. George Washington University's Hirsh Health Law and Policy Program and the Robert Wood Johnson Foundation. 2013. • Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule and the National Instant Criminal Background Check System. Federal Register. United States Government. January 6, 2016. • Hospital Chaplaincy under the HIPAA Privacy. Tovino. 2005.
2	<p>Privacy Rights and HIPAA Myths</p> <ul style="list-style-type: none"> • Who, What, and How of Privacy Rights • HIPAA Myths 	<ol style="list-style-type: none"> 1. Review material, required articles and videos, and submit assignments. 2. Case study and/or group discussion <p>Videos:</p> <ul style="list-style-type: none"> • Busting HIPAA's Myths. Pigott C. 2015. <p>Articles:</p> <ul style="list-style-type: none"> • Patients want Granular Privacy Control over Health Information in Electronic Medical Records. Caine and Hanania. 2012. • Governance through Privacy, Fairness, and Respect for Individuals. Baker, Kaye, and Terry. 2016.
3	<p>How HIPAA Impacts Chaplains</p> <ul style="list-style-type: none"> • HIPAA and the Work of the Chaplain 	<ol style="list-style-type: none"> 1. Review material, required articles and videos, and submit assignments. 2. Case study and/or group discussion <p>Articles:</p> <ul style="list-style-type: none"> • How HIPAA Misunderstandings Impede Transitional Care. Levine. 2012. • Misunderstandings about HIPAA. Wintz. 2012. • Documentation and Confidentiality in Chaplaincy. Handzo and Wintz. 2013. • Delivering Professional Chaplaincy Care That is Personal While Not In. Strano. 2015.
4	<p>Continued Learning and Planning Regarding HIPAA</p> <ul style="list-style-type: none"> • Steps for Chaplains and Chaplaincy Departments <p>Post-Test</p>	<ol style="list-style-type: none"> 1. Review material, required articles and videos, and submit assignments. 2. Case study and/or group discussion 3. Course Post-Test <p>Articles:</p> <ul style="list-style-type: none"> • How to Stay HIPAA Compliant When Using Social Media for Healthcare. Kalthoff G. Medical Web Experts. Web. 2017. • Do You Want to See a Chaplain? Carlson J. Vision. National Association of Catholic Chaplains. 2002.
5	<p>Group Introduction to Course 2 F5SAD - What We Hear and Say: Spiritual Assessment and Documentation</p> <p>Introduction and Definitions</p> <ul style="list-style-type: none"> • Broader Context of Outcome-Oriented Chaplaincy (OOC) • Key Issues • Definitions 	<ol style="list-style-type: none"> 1. Review material, required articles and videos, and submit assignments. 2. Case study and/or group discussion <p>Articles:</p> <ul style="list-style-type: none"> • Improving the Quality of Spiritual Care as a Dimension of Palliative Care: The Report of the Consensus Conference. Puchalski, et.al. 2009 • FICA History Tool. Pulchalski. 1996. • The Spiritual History. Maugans. 1996.

	<ul style="list-style-type: none"> • Spiritual Screen • Spiritual History • Spiritual Assessment • Chaplaincy Assessment • Spirituality 	<ul style="list-style-type: none"> • What is Spirituality? Evidence from a New Zealand Hospice Study. MacLeod, et al. 2011. • Spirituality as a Scientific Construct: Testing its Universality across Cultures and Languages. MacDonald, et al. 2015. • Spiritual Care: What It Means, Why It Matters in Health Care. 2016. HealthCare Chaplaincy Network.
6	<p>History of Chaplaincy/Spiritual Assessments</p> <ul style="list-style-type: none"> • Current State of Chaplaincy/Spiritual Assessment • Nine Approaches to Chaplaincy/Spiritual Assessment: Fitchett • Chaplaincy/Spiritual Assessment as Unconscious and Intuitive • Common Standards for Professional Chaplaincy (2004) • Standards of Practice for Professional Chaplains (2010, 2012, 2014 & 2015) • International Quality Indicators and Scope of Practice (2016) • Importance of Chaplaincy/Spiritual Assessment 	<ol style="list-style-type: none"> 1. Review material, required articles and videos, and submit assignments. 2. Case study and/or group discussion 3. Mid-unit Self-Evaluation 4. Course Post-Test. <p>Video:</p> <ul style="list-style-type: none"> • Carl Jung Explains Sensing vs Intuition. Personality Hacker. 2014 <p>Articles:</p> <ul style="list-style-type: none"> • The Analytical Psychology of Carl Gustav Jung. Daniels. 2001. • What Is the Myers-Briggs Type Indicator? An Overview of the MBTI. Cherry. 2017. • The Common Standards for Professional Chaplaincy. Spiritual Care Collaborative. 2004. • Standards of Practice for Professional Chaplains. Association of Professional Chaplains. 2015. • Scope of Practice. HealthCare Chaplaincy Network. 2016. • What is Quality Spiritual Care in Health Care and How Do You Measure It? HealthCare Chaplaincy Network. 2016. • Guidance on Quality Indicators. HealthCare Chaplaincy Network. 2016. • Spiritual Assessment and Health Care Chaplaincy. Rumgold B. 2013. • Pastoral Assessment in Hospital Ministry: A Conversational Approach. Lewis. 2002
7	<p>Assessing Assessment Formats</p> <ul style="list-style-type: none"> • Fitchett's Guidelines for Evaluating Spiritual Assessment Models • Lewis' Guidelines for Evaluating Spiritual Assessment Models • Assessment Formats • Questionnaires • Continuum Scales • Diagnostic Schema • Conversational • Research vs. Clinical • Unconscious/Intuitive Assessments • Complexity of Assessment • Assessment as a Dynamic Process • Chaplaincy/Spiritual Assessment and the Scientific Method 	<ol style="list-style-type: none"> 1. Review material, required articles and videos, and submit assignments. 2. Case study and/or group discussion <p>Articles:</p> <ul style="list-style-type: none"> • The Functional Assessment of Chronic Illness Therapy (FACIT) Measurement System: Properties, Applications, and Interpretation. Cella and Yost. 2003. • Validity of the FACIT-Sp to Assess Spiritual Well-Being in Elderly Patients. Monod, et al. 2015. • The Brief ROCPE: Current Psychometric Status of a Short Measure of Religious Coping. Pargament, et al. 2011. • Creating and Using a Spiritual Wellness Assessment. Thomas. 2010. • What is the DSM-5? Purse. 2017. • A Proposed Diagnostic Schema for Religious/Spiritual Concerns. Brun. 2005. • The Role of Conversation in Health Care Interventions: Enable Sensemaking and Learning. Jordan, et al. 2009. • Not Well Known, Used Little and Needed: Canadian Chaplains' Experience of Published Spiritual Assessment Tools. O'Connor, et al. 2005.
8	<p>Assessment Models – Part 1</p> <ul style="list-style-type: none"> • Pruyser' s Categories of Pastoral Diagnosis (1976) • Lucas' "The Discipline" (2000) • Fitchett's 7x7 Model (2002) 	<ol style="list-style-type: none"> 1. Review material, required articles and videos, and submit assignments. 2. Case study and/or group discussion <p>Articles:</p> <ul style="list-style-type: none"> • Introduction to The Discipline for Pastoral Care Giving. Lucas. 2000. • The 7 x 7 Model for Spiritual Assessment: A Brief Introduction and Bibliography. Fitchett. 2002. • Wondering if it's Time to Give Up: A Case Example of the 7 by 7 Model for Spiritual Assessment. Fitchett. 2005.

9	Assessment Models – Part 2 <ul style="list-style-type: none"> • Lewis' Conversational Approach (2002) • Shields, Kasterbaum, and Dunn's AIM (2015) • Choosing an Appropriate Spiritual Assessment Model 	<ol style="list-style-type: none"> 1. Review material, required articles and videos, and submit assignments. 2. Case study and/or group discussion <p>Articles:</p> <ul style="list-style-type: none"> • Pastoral Assessment in Hospital Ministry: A Conversational Approach. Lewis. 2002. • Spiritual AIM and the Work of the Chaplain: A Model for Assessing Spiritual Needs. Shields, Kesterbaum, Dunn. 2015. • Discerning Patient Needs: Spiritual Assessment. Perspectives for Health Care Chaplains. Richards. 2008. • The Evolution of Spiritual Assessment Tools in Healthcare. Cadge and Bandini. 2015.
10	Peery's Approach <ul style="list-style-type: none"> • Semi-Structured Conversational Model • Common Needs, Hopes, and Resources • A Typical Initial Visit • Establishing a Relationship • Hospitality • Listening/Storytelling • Helping • Encounter Conclusion • Assessment Questions • Framework for Listening and Perceiving 	<ol style="list-style-type: none"> 1. Review material, required articles and videos, and submit assignments. 2. Case study and/or group discussion <p>Articles:</p> <ul style="list-style-type: none"> • Henri Nouwen on Hospitality. Gallagher. 2011. • The Narrative Approach to Pastoral Care Keeps Us in Touch with Our Own Stories. Hernandez. 2013. • "What Do I Do? Developing a Taxonomy of Chaplaincy Activities and Interventions for Spiritual Care in Intensive Care Unit Palliative Care. Massey, et al. 2015.
11	Overview of Chaplaincy Documentation <ul style="list-style-type: none"> • Who Reads our Documentation • What do We Document • Minimalist School • Comprehensive School • Where do We Document • When do We Document • How do We Document • Documentation and Confidentiality • Why do We Document 	<ol style="list-style-type: none"> 1. Review material, required articles and videos, and submit assignments. 2. Case study and/or group discussion <p>Articles:</p> <ul style="list-style-type: none"> • Documentation and Confidentiality in Chaplaincy Practice. Handzo and Wintz. 2013.
12	Outcome-Oriented Documentation Models <ul style="list-style-type: none"> • Outcome Oriented Documentation Model – Wintz and Lucas, 2005 • The Memorial Hermann Documentation Model – Peery, 2008 <p>Post-Test</p>	<ol style="list-style-type: none"> 1. Review material, required articles and videos, and submit assignments. 2. Case study and/or group discussion 3. Course post-test 4. Final Unit Self-Evaluation <p>Articles:</p> <ul style="list-style-type: none"> • Charting the Discipline for Pastoral Care Giving. Wintz and Lucas. 2003. • Memorial Hermann Chaplaincy Template Screen Shots. Peery. 2014. • Memorial Hermann Chaplaincy Interventions and Outcomes. Peery. 2014.

This unit schedule is subject to change at the discretion of the CPE Supervisor.