THE READING HOSPITAL SCHOOL OF HEALTH SCIENCES CLINICAL PASTORAL EDUCATION PROGRAM POLICY NO. 53

SUBJECT: Agreement for Training

Responsibility of: CPE Program Coordinator
Originated: May, 1996 Revised: June, 2012 Reviewed: June, 2012

Purpose:

To establish an agreement for training at the ministry site which includes, but is not limited to: authorization for visits to patients, parishioners, or clients; access to appropriate clinical records and informed consent regarding the use of student materials, and agreement by the student to abide by center policies protecting confidentiality and the rights of clients/patients/parishioners.

CPE is conducted as an "education for ministry experience." This document and acceptance into The Reading Hospital Department of Chaplaincy Services and the School of Health Sciences, authorizes you to visit patients, patient families, and staff as a Chaplain Intern or Chaplain Resident, to be informed of their situation (physically, spiritually, emotionally, psychologically, and sociologically) have access to appropriate clinical materials (patient's chart and recording pastoral care notes in chart) and to write materials that would be most beneficial to your educational process based on your visits under the direct supervision of an assigned ACPE Supervisor, Associate Supervisor, or Supervisory Education Student. Confidentiality is basic to professionalism and any communication regarding patients outside our professional treatment and/or educational circles is prohibited, except as required for the safety of patients, patients' families, visitors, staff or others. A violation of professional confidentiality is determined by the hospital management and may result in your immediate termination.

Intern/Resident Initials: _____

The material submitted to your assigned supervisor concerning you and your ministry as a Chaplain Intern/Resident may be used in the learning process of Supervisory Education Students and/or discussion among the supervisors with the understanding that these persons are part of the professional education circle. Your materials may also be used by your assigned supervisor with other ACPE Supervisors and other professionals from whom he/she may seek consultation as a part of her/his professional development or as part of research intended to contribute to the field of clinical pastoral education and/or clinical pastoral care. In all instances of use beyond this center's professional education circle, and/or your supervisor, unless full disclosure of the documents is required by law or by an ACPE body seeking information concerning professional practice or the result of a complaint will attempt to sufficiently alter the material to obviate your being identified as the Chaplain Intern/Resident.

Intern/Resident Initials: _____

Your written evaluation and your supervisor's written evaluation of each unit of your education may be shared with individuals invited by your supervisor to participate in your unit and/or final evaluation process. All other instances of sharing your or your supervisor's written evaluation(s) or your educational experience require a written release signed by you, unless 1) the evaluations are being used exclusively within the professional education circle of the center or 2) your supervisor, unless full disclosure of the documents is required by law, will attempt to sufficiently alter the evaluation(s) to obviate your being identified as the Chaplain Intern/Resident.

Intern/Resident Initials: _____

You have received and reviewed the Student Handbook and have been informed where the complete ACPE Standards governing ACPE Clinical Pastoral Education are stored. You have received a copy of the ACPE Standards that identify the Program Components and Outcomes for Levels I, II, and Supervisory CPE. You have had opportunity to review the policies and ACPE Standards with your supervisor during orientation and understand their importance to you as a Chaplain Intern/Resident.

Intern/Resident Initials: _____

In all of your activities during your Chaplain Internship/Residency you agree to function professionally and within the Code of Professional Ethics as contained in the Reading Hospital School of Health Sciences CPE Handbook. This document has been reviewed with you during your orientation so that you now understand its intentions and requirements of you professionally.

Intern/Resident Initials: _____

I agree to the Video or audio taping of my individual or group sessions. They will be used for educational purposes only and will not be available to others without my written consent. I understand that I may request termination of taping at any time. The tapes may be kept on file for a period of no longer than two (2) years and then will be destroyed.

Intern/Resident Initials: _____

I understand and agree to the conditions of this Agreement for Education

_____ _____

Signature of Chaplain Intern/Resident (Date)

_____ _____

Signature of Primary Supervisor (Date)

_____ _____

Signature of Director of Chaplaincy Services (Date)

The Reading Hospital and Medical Center
School of Health Sciences
Orientation to Clinical Pastoral Education Policies

IN ACCORDANCE WITH THE STANDARDS OF THE ASSOCIATION FOR CLINICAL PASTORAL EDUCATION, INC. AND THE ACCREDITATION GUIDELINES, THE FOLLOWING POLICIES WERE PRESENTED AND DISCUSSED.

_____ ADMISSIONS TO CLINICAL PASTORAL EDUCATION

_____ SCOPE OF SERVICE

_____ FINANCIAL POLICY

_____ COMPLAINT PROCEDURE

_____ MAINTENANCE OF STUDENT RECORDS

_____ PROFESSIONAL CONSULTATION PROCEDURE

_____ DISCIPLINE, DISMISSAL, WITHDRAWL FROM CLINICAL PASTORAL EDUCATION

_____ CODE OF PROFESSIONAL ETHICS

_____ STUDENT RIGHTS AND RESPONSIBILITIES

_____ EDUCATIONAL AGREEMENT

_____ COMPLETION OF AN ACPE UNIT

_____ SUPERVISORY EVALUATIONS

_____ STANDARDS OF ACPE, INC.

PRESENTED BY:_____(SIGNATURE)

SIGNED:_____(STUDENT SIGNATURE)
DATE:_____/_____/_____