



Starting out in Health Care Chaplaincy 2017

Reflective Learning Log

Name.....

Placement.....

Reflective Log

Reviewed December 2016 DJH/KM

The purpose of this course is to -

- Enable you to explore if Chaplaincy in a health care setting is for you.
- Develop an awareness of Health Care Chaplaincy in the 21st century.
- Explore ways of accessing chaplaincy opportunities from volunteering to full time substantive posts.

This placement will enable you to develop in terms of your personal identity, your pastoral/professional identity (potential role and work as chaplains) and your spiritual / faith / belief identity.

Placement

This Placement you will enable you to experience the work of chaplaincy as part of a chaplaincy team and explore issues of faith and belief in relation to healthcare chaplaincy.

You are expected to complete a minimum of 4 to a maximum of 20 hours spread over a period of about 8 weeks.

During this period you will explore aspects of chaplaincy practice that relate to the following:

- Healthcare provision
- Faith / belief-based teachings on caring for the sick and dying
- Beginning and end-of-life care and related faith / belief-based ethical and moral considerations

This experience will be recorded in the Reflective Learning Log.

During this period you will meet for with your faith community tutor to reflect on practice and explore issues raised by the experience, and you can make contact with your course tutor:

- Debbie Hodge (tel: 020 3651 8337)
- Nigel Goodfellow (tel: 0191 282 1510)
- Keith Munnings (tel: 07931 532006)

You will also share your learning with the Chaplaincy team and have support from a designated Chaplain in the team.

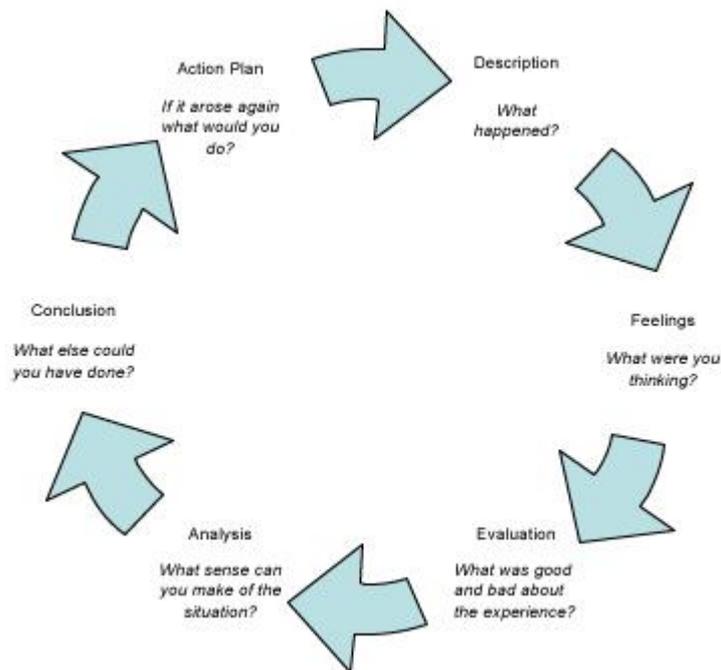
Reflective Practice

Reflective practice is the key to good professional practice!

Moon - "reflective practice as "a set of abilities and skills, to indicate the taking of a critical stance, an orientation to problem solving or state of mind" (1999: 63).

Biggs - "reflection in a mirror is an exact replica of what is in front of it. Reflection in professional practice, however, gives back not what it is, but what *might* be, an improvement on the original" (1999: 6).

The process of Reflection can be seen in the example below:-



Gibbs Reflective Cycle (1988)

Why is this important in Chaplaincy?

'Reflective practice is not only about reflecting on our chaplaincy work to inform how we engage with others in the future and to help us explore the theology, world view and values that underpin our approach. It also fundamentally helps us to develop our self-awareness and the understanding.' (Kelly 2012)

Sometimes we are Novices in new situations, we need to try out ideas, discuss how we work and learn not only from our mistakes but from our successes. If we reflect on our actions we can learn something of ourselves, if we reflect with others we can learn more! Learning from others is crucial, because chaplaincy is about team work, not just the chaplaincy team but the multi-disciplinary team that care for the patients.

By reflecting on practice we are acting in a professional way, and should be able to identify our learning and developmental needs in this process

References

- Iain Colthart & E Kelly (2012) *Reflective practice*. The Scottish Journal of Healthcare Chaplaincy, Vol. 15 (1) 2012 27
- Moon J (1999) *Learning journals: a handbook for academics, students and professional development*. London: Kogan Page.
- Biggs J (1999) *Teaching for quality learning at university*. Buckingham: Open University.
- Schoen D (1983) *The reflective practitioner: how professionals think in action*. Boston: Arena Publishing.
- Gibbs, G. (1988). *Learning by doing: A guide to teaching and learning methods*. Oxford: Further Education Unit, Oxford Polytechnic.

Other useful literature

- Boud D, Cohen R and Walker D (1985) *Reflection: turning experience into learning*. London: Kogan Page.
- Fitchett G & Nolan S (eds) (2015) *Spiritual Care in Practice: Case Studies in Healthcare Chaplaincy*. London: Jessica Kingsley.
- Leach and Paterson (2010) *Pastoral Supervision*. SCM.
- Lyll, David (2001) *Integrity of Pastoral Care*. London: SPCK.
- Nash P, Parkes M & Hussain Z (2015) *Multifaith Care for Sick and Dying Children and their Families: A Multidisciplinary Guide*. London: Jessica Kingsley.
- Orchard, Helen (2000) *Hospital Chaplaincy: Modern, Dependable?* Lincoln: Lincoln Theological Institute.
- Pye J, Sedgwick P & Todd A (eds) (2015) *Critical Care: Delivering Spiritual Care in Healthcare Contexts*. London: Jessica Kingsley.
- Swift C (2009) *Hospital Chaplaincy in 21st Century*. Surrey: Ashgate.
- Swinton, John (2001) *Spirituality and Mental Health Care*. London: Jessica Kingsley.
- Ward, Frances (2005) *Lifelong Learning*, London: SCM.

Reflective Log

Please complete the two pages of details and send one to your Course Tutor

Your Name and contact details

Name of Chaplaincy link person and contact details

Faith / Belief Tutor and contact details

Course Tutor and contact details

Place of placement

Address

Brief description (Acute / Mental Health/ Hospice/ teaching hospital)

Reflective Log

Please complete the two pages of details and send one to your Course Tutor

Your Name and contact details

Name of Chaplaincy link person and contact details

Faith / Belief Tutor and contact details

Course Tutor and contact details

Place of placement

Address

Brief description (Acute / Mental Health/ Hospice/ teaching hospital)

Reflective Practice

From your experience / observations and utilising the Reflective cycle:-

1. Note how the Chaplaincy team contributes to the provision of Health Care within the care setting.
2. Explore how your faith / belief, tradition and teachings impact on the care of the sick.
3. Explore your own reaction to those who are dying and what your faith / belief tradition speaks into such situations.
4. Explore a moral / ethical situation noting any dissonance between that which was observed and the view of your faith / belief tradition.

These reflections will form the basis of some shared learning in the second part of the course. Please remember to anonymize the narrative so that patient confidentiality is maintained.