

# FIELD EDUCATION The Log



Week #   10  

Hours This Week:   20   Total Hours:   340   / 360

HOURS SPENT / TASKS & ACTIVITIES	REFLECTIONS    JOURNALING    THOUGHTS    PROCESSING
<ul style="list-style-type: none"><li>- Classroom: 4-8pm / Monday</li><li>- Clinical Visit 8-5pm /</li></ul>	Final Evaluation

**MEETING(S) WITH MENTOR(S) || TOPICS OF DISCUSSION || REFLECTIONS**

**ROCHESTER**  
**REGIONAL HEALTH**  
Rochester General Hospital

## **Final -Unit Evaluation - Level I CPE**

### **Clinical Pastoral Education**

**Student: Hervé Talom**

**CPE Unit: One**

**Clinical Assignment: MOU & ORTHOPEDICS**

#### **Learning Agreement and Goals**

List your learning goals and describe your progress and any challenges you discovered in meeting those goals.

- *Be a good communicator*
- *Be a good listener and pay attention to details*
- *Provide emotional /Spiritual support to the best of knowledge and ability with the support of other spiritual care members.*
- *Constant evaluation to improve my journey in spiritual care*

#### **Progress with Level I CPE Outcomes**

**L1.1 Articulate the central themes and core values of one's religious / spiritual heritage and the theological understanding that informs one's ministry.**

*My spiritual heritage and theology revolve around the Great commission Mandate, using every opportunity through the power of the Holy Spirit to reach out and explore the field for the harvest.*

*John 3:16 .... I believe that the ultimate desire of God is for every human being to experience the life in the fullness.*

*I remember seating in the classroom where I was asked to write my goals for this unit. Reflecting at my goals and progress throughout this unit give me an opportunity to look at my goal sheet through the lens of my growth. When my school required field education as a mandatory unit to complete a master's in divinity, I decided to venture into a different field*

*that could challenge me to think outside the box. I realized that clinical pastoral education was something that God had called me into for this season of my life because of my encountered with various patients, some clinical visits went well, some went wrong, but every clinical visit gave me an insight into what clinical pastoral education consist of. Clinical Pastoral Education has been a wonderful experience, every Saturday as I entered the hospital premises. I became more aware of the responsibility and the calling as a Chaplain, and I would try to bring some spiritual strength to prepare me for the clinical because I never knew what I am going to face that day.*

**L1.2 Identify and discuss major life events, relationship’s social location, cultural contexts and social realities that impact personal identity as expressed in pastoral functioning. Events in my life that formed my pastoral practice.**

**My wife death:**

*On the evening Felicia died, I questioned the goodness of God; for three days, I could not eat anything, I was going through pain, for two weeks I did not want to hear anything about God, I withdrew from the public and work. At the end of the two weeks, I began to go through my wife's library. I saw this: “The Holy Spirit. My senior Partner” by Dr. David Yonggi Cho, I read the entire book in a few hours. In the book, the author highlighted the significant role of the Holy Spirit. The authors stated that we could frustrate the Holy Spirit, and immediately I broke into tears, I went on my knees to repent about my attitude towards God and the Holy Spirit. As soon as I lifted my hand up in sign of complete surrender, my Joy was restored instantly, and I felt like there was a blanket around me. I gradually began to initiate conversation with the Holy Spirit every day, and today I cannot make a move or take any decision without consulting and waiting for the approval of the Holy Spirit.*

*People often wish that they could have done things differently following the death of a loved one; this can make them feel guilty. For example, bereaved persons may think that they should have done more to prevent the death or lived up to their expectations in their prior relationships with the deceased. I still wrestle with the departure of Felicia, Terrible emptiness; everything is different. She's gone. It's like part of me has disappeared forever. The world feels different and unfamiliar.*

*Where are you, God? Why did this have to happen?*

*What can separate us from the love of God. There is nothing in this world that can separate me from the love of God. The death of Felicia gave me a unique opportunity to experience grief and pain and to still see God as sovereign God.*

*I was able to connect with several patient struggling with pain and lost. Experience is different from theory there is no formula or method that can be applied in the patient room.*

**L1.3 Initiate peer group and Certified consultation and receive critique about one's ministry practices.**

- Describe your experience of initiating consultation and receiving critique from the group and supervision.

*Receiving critique is not always a pleasant feeling but with critique and feedback there is no room for growth. I see critique as a window of opportunity for growth but during the last class the critique from my classmate were constructive for me, but I perceived them as abusive.*

*I always go to my classmates for critique and consultation on how to improve I enjoyed working with my classmate everyone brough a unique approach. Thank you for your critics.*

- What was the most challenging feedback you heard and how did you respond? Agree / Disagree?

*Being on the hot seat a few times in the classroom were not pleasant. Whenever I hear "That is bawl crap" I remembered David*

*When Wes stated that he does not believes in the statement I made most of the time in the class, it was a challenging feedback.*

- Reflect on your relationship with your Educator. How did you use supervision describing the strengths and limits of this relationship?

*I equate my relationship with my supervisor with the hierarchy in the leadership structure of the most organization in the world and this hinder my development and growth in this unit.*

**L1.4 Risk offering appropriate and timely critique with peers and supervisors.**

- Evaluate your relationship with each of your peers. What did you learn about yourself in each relationship? Name two strengths and three growing edges in ministry for each peer. Use initials to protect confidentiality.
- Assess your ability to offer appropriate and timely critique in educational seminars, interdisciplinary relationships and in pastoral situations. Give examples.

In this section I highlighted the strengths and three growing edges in ministry for each peer, this is done on the separate page and hand over to my peer after the final unit review.

*My culture and personalities influenced my ability of offering appropriate and timely critique with peers and supervisors*

**L1.5 Recognize relational dynamics within group contexts.**

- What did you learn about group process and relationships during this unit?  
Describe your participation as a group member.

*Lack of bounding – Boundaries – I enjoyed the social event (Visit at Turkish Cultural Center)  
Lack of interest in building relationship*

- How did you use the group process to impact your pastoral functioning?  
Enhance my ability to

**L1.6 Demonstrate integration of conceptual understandings presented in the curriculum into pastoral practice.**

- What was your favorite component of the curriculum? Why? Give at least one example of how you have integrated this learning into your pastoral care.

*Connecting with other religion,  
Understanding how to provide care to a Jehovah witnesses patient  
The visit in the museum broadens my ability to relate with non-abstract and provide meaning*

**L1.7 Initiate helping relationships within and across diverse populations.**

- Indicate how you have worked with patients, families, and staff. Note your most rewarding and difficult encounter and what you learned from each.

*The challenge was to identify the spiritual need of war veteran and coping skill for their trauma to provide adequate spiritual care as a chaplain.*

*Initially when I was referred to visit this patient, I was not prepared to encounter his wife at bed site. During my first visit with this patient, he indicated no interest, but the wife was fully engaged throughout the first visit. When I set out of the room I was not satisfied with the visit because the patient was completely absent in the conversation. But during the verbatim I realized that providing support to the wife could have a huge impact on the patient because she was the proxy care.*

*I learned that for patient struggling with memory lost, providing support to the*

*proxy care could an option to explore.*

- Identify a patient / family with whom you worked over several visits, highlighting what skills you drew upon to determine and implement your plan of care.  
*Two weeks ago I visited a patient , and her primary concern was missing the celebration of her birthday with family member, June 19<sup>th</sup> , and it happened that we shared the same birthday , on Sunday June 19<sup>th</sup> I bough flower and a card and brough to the patient, when I entered the floor I encounter the Nurse that was in the room with me at the time the patient was stated that her birthday is June 19<sup>th</sup> , The nurse smile and also wish me Happy Birthday. Once I entered the room “I wished her Happy Birthday” and gave her the flower and the card. When the patient received the flower and the card her face conveys a message of gratitude. She thanked me and I left immediately. With some patient I learned to go the extra mile.*
- Identify a situation where you ministered to a person from a different faith tradition and / or cultural group and what you learned from this experience.

*My race and my French ascent were significant in this unit, some patients turn off, when they struggled to understand me, I observed this with older patients. I am still exploring the best way to connect with older patients. My race enhanced connection with African American patients, and immigrants.*

**L1.8 Use the clinical methods of learning to achieve one’s educational goals.**

- List your learning goals and describe your progress and any challenges you discovered in meeting those goals.

*Every day is an opportunity for me to apply my learning objective. The actual moment was when I sat down with a patient that could not communicated verbally, initially I was frustrated and quickly began to fill up the blank in my mind “Maybe the patient does not want a visit from a black chaplain, maybe it is the wrong time to visit, maybe my French ascent is turning the patient off.” After a long silence the patient turned to me with a written note. Suddenly I began to talk with the patient through writing communication, and he opened his heart and begin to share his struggle with receiving forgiveness from God. I explored the meaning of God’s love and how God loves him no matter what he did in the past that God still love him. At this point the patient was willing to ask God to forgive him for all the bad things, since the patient could not communicate verbally I told him to write out his prayer and he finished the first line , he paused and wept profusely for two minutes , then resumed the second sentence and wept again when he finished the prayer and lift up his head to look at me , I saw a different man , his appearance, his smile conveyed the message of freedom.*

***Action / reflection and reaction***

*As a chaplain I had those difficult conversations that nobody wants to have. I sat in difficult situations with patients and family members (I had patients shared and opened their heart and invite me to journey with them). It's a very humbling experience. I experience my patients when they're at their lowest. When they are vulnerable? For me these are the moment are cherished during this unit.*

*I always ask the patient how the day is going and if they are not very excited, I will just remind them that I am here to know how they are coping with hospitalization. also highlight the role a chaplain. "I am here as a friend to listen to you, talk to you and to check on you and support you. Most of the time, this brief introduction has opened the doors for me to connect with patients.*

*Every day in RGH is unique, my main objective in this unit of CPE is to be able to communicate better. In other to be a great communicator and reach my goal, I have set up a personal evaluation track to ascertain my growth throughout the unit. Often, my struggle is not because of a lack of effort but rather how my goals have been structured and the lack of proper prioritizing.*

**L1.9 Formulate clear and specific goals for continuing pastoral formation with reference to one's strengths and weaknesses as identified through self-reflection, supervision, and feedback.**

- *Be a good communicator*
- *Be a good listener and pay attention to details*
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- *Constant evaluation to improve my journey in spiritual care*

*As I move on towards the second unit.*

# FIELD EDUCATION

## The Log



***I will keep improving on my communication skill***

- Name three strengths and growing edges that impact personal and pastoral functioning.

***Becoming a better listener***

***I will stop using my logic to ascertain situation I will explore ways to connect with patient emotional and discover my feeling whenever I am with a patient***

***I eager to learn and improve upon personal and group evaluation***

***Time management***

***Eliminate procrastination***

- In what way(s), if any, has CPE influenced your path in ministry?

***Becoming a better listener,***

***Learning how to explore my feeling has improved my connection with patient and my family and ministry***