



Educator's Final Evaluation: Level IA

M Health Fairview Southdale CPE Center

Educator: Jay Hillestad

Student: Ally Reitz

Type: Internship; Fall

Unit Dates: 8/26/2024 - 12/16/2024

Outcome: Full Credit: Advances

About This Evaluation

What is being evaluated.

CPE is a method of learning spiritual care under supervision as developed by ACPE. It is a process model of education, based on the actual care of individuals and/or groups predicated on students' individual needs and goals that are compatible with program objectives. ACPE Educators evaluate students on objectives across five areas: Spiritual Formation and Integration, Awareness of Self and Others, Relational Dynamics, Spiritual Care Interventions, and Professional Development. Various indicators for each of these areas are evaluated below.

How this evaluation is scored.

Each item on this evaluation is scored on a four-point scale as follows:

- A rating of 1 – The student did not engage with this indicator in this unit. 4 points.
- A rating of 2 – The student is beginning to engage. 6 points.
- A rating of 3 – The student meets expectations. 8 points.
- A rating of 4 – The student exceeds expectations. 10 points.

The total score is calculated by adding the corresponding number of points (above) and dividing by the total number of points possible. To advance, a student must score at least 80%. To receive 1 credit, a student must score at least 70%. To get a half credit, a student must score at least 50%. If a student scores less than 50%, no credit is given.

Introduction

M Health Fairview
Southdale Hospital CPE Center

ASSOCIATION FOR CLINICAL PASTORAL EDUCATION, INC.

Confidential Educator's Final Evaluation

STUDENT: Alexandra (Klug) Reitz

EDUCATOR: Jay B. Hillestad

TYPE OF PROGRAM: ACPE Level IA

CPE UNIT PROGRESS: %

CPE UNIT CREDIT: 1.0 for Level IA

UNIT DATES: 8/26/2024 – 12/13/2024

INTRODUCTION : Program and Unit Requirements

The Program & Unit Requirements

M Health Fairview is a health system that includes two hospital sponsored CPE programs. This level IA unit was offered through the M Health Fairview Southdale CPE Program in Edina, MN, a program of ACPE. The Southdale Hospital CPE Program is accredited to offer IA, IB, IIA, IIB, and CEC education.

This CPE internship program included students who were placed at three locations:

- M Health Fairview Southdale Hospital (Edina)
- M Health Fairview Ridges Hospital (Burnsville)
- Ebenezer Ridges Senior Living (Burnsville)

The M Health Fairview hospitals are each in different geographic areas, but have similar clinical foci, especially with regard to student placement and clinical exposure. They each have comprehensive services for adults. Areas of specialization within these community hospitals include cancer, heart disease, stroke, neurosciences, orthopedics and rehabilitation services, medical and surgical specialties, general surgical care, ICU, IMC Intermediate Care, emergency care, labor and delivery/maternity care, and observation care. Each hospital operates a Level III Trauma care Emergency Department.

Ebenezer Ridges Care Center (long-term care campus) includes long-term skilled nursing care, transitional care, assisted living, respite day care, and independent living for seniors and for those who qualify based on a disability status.

All four members of this CPE Internship peer group all served in the on-call rotation at both M Health Fairview Southdale Hospital in Edina, and at M Health Fairview Ridges Hospital in Burnsville. On-call work was off-site, on-call; on-call chaplains are required to be able to arrive at the hospital within ~30 minutes of a page to an actively dying patient or at time of death. Most other care requests are triaged until the next regular daytime shift, with rare exceptions.

Student's Ministry Placement

Ally was assigned to the Orthopedic Care Unit and Orthopedic Care/Spine Care Unit, and provided some backup support in the Intensive Care Unit (ICU) for M Health Fairview Southdale Hospital in Edina, and provided on-call chaplaincy coverage at both M Health Fairview Ridges Hospital in Burnsville and M Health Fairview Southdale Hospital in Edina.

Student Demographics & Background

Ally identifies as a cisgender heterosexual female and is married to her husband Drew. She is on her way to becoming a Candidate for Ordination into Ministry of Word and Sacrament with the Northwest Wisconsin Synod of the Evangelical Lutheran Church in America (ELCA). Ally completed her Bachelor of Arts (B.A.) degree in Psychology and Religious Studies in 2016 at Luther College in Decorah, Iowa. She has completed all of her classes in the Masters of Divinity (M.Div.) degree program at Luther Seminary in St. Paul, Minnesota, and is soon interviewing for her Parish Internship placement. Ally currently serves as a Children, Youth and Family (CYF) Director with Good Shepherd Lutheran Church in Wayzata, MN (Sept., 2021- Present). Prior to this, she was an Interim CYF Director with Ezekiel Lutheran Church in River Falls, WI (Jan., 2021- April, 2021); and CYF Director with Faith Lutheran Church in Waconia, MN (Sept., 2017 – Dec., 2020).

Educator and Peer Group Description

The Educator for this CPE unit has been ACPE Certified Educator Jay B. Hillestad.

This group included four individuals. They provided the following demographic identity information: Group members range in age from twenties to mid-sixties, with two identifying as cisgender heterosexual married individuals who identify as male, and two cisgender heterosexual married individuals who identify as female. Two group members are ELCA Lutheran seminarians pursuing parish ministry; one is a Hmong Episcopal priest seeking to transition into professional chaplaincy; and another is a Ukrainian Orthodox Roman Catholic priest seeking to expand into professional chaplaincy in addition to his role a parish priest.

Curriculum

The unit started with a two-week full-time orientation to the CPE educational process and to the clinical aspects of the CPE experience. During orientation each student was assigned a staff chaplain clinical coordinator who served as a clinical resource for the semester.

Didactics during orientation and during the unit included the following:

- CPE Roles & Responsibilities (Dustin Crawford and Jeffrey Challberg)
- Intro to CPE and Adult Learning (Jay Hillestad)
- Intro to Group Process (Jay Hillestad)
- Intro to Spiritual Care in the Healthcare Context (Jay Hillestad)
- Death and Dying (Jay Hillestad)
- Spiritual Care Essentials (Brent Derowitsch)
- Working with Emotions (Kristin Langstraat)
- Introduction to Spiritual Assessment (Jeff Challberg)
- Spiritual Assessment Through a Narrative Lens (Jay Hillestad)
- Hospital On-Call & Pre-Surgical Ministry (Paul Quinlivan)
- Reproductive Loss (Kathryn Ostlie and Lisa Simonson)
- EPIC Training I, II, III (Brent Derowitsch and Sarah Schroerlucke)
- Infection Prevention (RN infection control staff)
- Grief & Loss (Steph Stovall)
- Pastoral Voices (Jay Hillestad)
- Intro to The Enneagram, (Jay Hillestad)
- Professional Ethics and Boundaries (Jay Hillestad)
- Family Systems (Jay Hillestad)
- Introduction to Research Literacy for Chaplains (Jeanine Dorfman)
- Introduction to Narrative in Spiritual Care (Joretta Marshall)
- Introduction to Spiritual Care with Christians (Jeffrey Challberg)
- Diversity, Cultural Competency & Inclusivity: Field Trip to Hockata Ti Mdewakanton Cultural Center
- Diversity, Equity, Inclusion and the Enneagram (Deborah Edgerton)
- Forgiveness and Spiritual Care (Joretta Marshall)

Written Requirements

During the semester, CPE Interns completed and presented the following written assignments or presentations (per student, unless otherwise noted):

- Story sharing with presentation of one's Tree of Life
- Learning Contract/Goals (subject to change w/student's learning)
- Group Covenant (created as a group)
- Weekly Reflections and/or outcome tracker for Individual Supervision
- Cultural Life Map
- Metaphor of Care paper
- One-Page Encounter (Summary Verbatim)
- Three Verbatim presentations
- Student-Led Role-Play
- Final Self-Evaluation

LEARNING GOALS AND OVERALL LEARNING PROCESS

The Learning Contract is created using the five categories listed in current ACPE Standards. Ally, you listed the following goals:

- A. Spiritual Formation and Integration Goal: "Explore various spiritual practices surrounding death, dying, and mourning and reflect on how my own experiences (and inexperience) impact my encounters."
- B. Awareness of Self and Others Goal: "Develop and implement a self-care routine that includes meditation (at least once a week). Through meditation, I want to find a way to reflect on and learn from my encounters/experiences during CPE."
- C. Relational Dynamics Goal: "Create a safe space that evokes inclusive grace and contagious love for those whom I encounter during CPE, regardless of how brief that encounter may be."
- D. Spiritual Care Interventions Goal: "Rely less on pre-written or scripted prayers, become better at listening and assessing a patient's emotional and spiritual needs, and integrating these needs into a more personal prayer."
- E. Professional Development Goal: "Learn how to grow as a chaplain professionally, while also remaining personable and approachable to those I encounter."

Ally, you effectively addressed each of these goals, working diligently with strategies, obstacles and measures in consultation with your CPE Educator and CPE Intern peer group in congruence with ACPE Level IA Outcomes.

A. Spiritual Formation and Integration

Spiritual formation as a spiritual care provider includes the awareness and integration of one's narrative history, socio-cultural identity, and spiritual/values-based orienting systems. ACPE defines the word "spiritual" as inclusive of theistic and non-theistic/values-based orientations. The following indicators measure student success in the area of spiritual formation and integration.

- 3 IA.1 Identify formative and transformative experiences in one's narrative history and their significance to one's spiritual journey.
- 4 IA.2 Articulate awareness upon reflection of when a care encounter intersects with elements of one's narrative history.
- 3 IA.3 Demonstrate a knowledge of one's social identity as related to spiritual care.
- 4 IA.4 Articulate awareness upon reflection when a care encounter intersects with elements of one's social identity.
- 4 IA.5 Describe how one's values and beliefs about spiritual care are part of one's orienting systems.

Educator Comments

Narrative Assessment:

Ally, you evidence ease of access to your narrative, and you are keenly aware of your socio-cultural identity and spiritual/values-based orienting systems. Your spiritual care encounters and reflective process with your peers and CPE Educator yielded and validated awareness and insights about yourself that are informing your ministry with insights into empathy and compassion, valuing diverse ways of meaning-making, understanding how to build bridges of connection, with attunement to the impact of intrapersonal and familial dynamics. Your sharing through individual and group reflective times evoked support and empathy, while validating your insights and awarenesses. Sharing your story, reflecting on your Tree of Life and your Cultural Life Map also yielded insights.

You have reflected upon ways your parents have deeply supported and loved you and your siblings, and the deep bonds you continue to share. You have reflected upon how your mother's heavy criticism, judgment, and abuse has wounded and impeded you. You have been reflective of how living in Woodbury, MN and Spring Valley, WI shaped your development and growth in identity and confidence in yourself, and the many ways you experienced validation and growth in confidence through music, friendships, and overall school and church involvement. You have spoken of how living, studying, and serving in Italy and Japan have opened for you spiritual and cultural awarenesses that changed your

path in life. You have named how vital musical performance has allowed you to feel like yourself, and allows you to connect with your own emotions and others. And you have named the primacy of your marriage with Drew, and how you find strong love and mutual support with him.

You have experienced fruits of support, healing, growth in knowledge and awareness of yourself, God, and people in the contexts of their lives, along with the power of grace and forgiveness in your life and ministry. You are also keenly aware of self-limiting patterns of people-pleasing, judging of self and others, self-doubt, perfectionism, and overthinking things as growing edges for you. You expressed awareness of how you are rooted in the ELCA and Christianity, with "inclusive grace" and "contagious love" being core values that inform you and your care. You have named ways that Zen Buddhist practice aids in struggles to internalize God's grace and forgiveness for yourself, as well as to make better sense of suffering. You have shared how much support you have experienced at Good Shepherd Lutheran, at St. John's Lutheran, and at Faith Lutheran.

B. Awareness of Self and Others

The CPE process helps build awareness of self and others as a vehicle for greater spiritual care. Awareness includes learning about oneself and developing greater awareness of the experiences and values of others. The following indicators measure student success in self- and other-awareness.

- 3** IA.6 Demonstrate knowledge of the varieties of self-care and initiate the use of self-care practices.
- 4** IA.7 Demonstrate an awareness of implicit and systemic bias including cultural and value/belief-based prejudice and its impact on spiritual care.
- 4** IA.8 Demonstrate respect for the orienting systems of others arising out of a sense of common humanity.

Educator Comments

Narrative Assessment:

Ally, during this semester you have practiced attunement to your own self-care pattern challenges and opportunities. When challenged, you have done well to negotiate for your needs to be met while seeking to fulfill your responsibilities. Your ongoing commitment to self-care and cultivation of your physical, emotional, and spiritual well-being is evident, and as you have acknowledged, remains a pivotal source of concern for you as you balance life and ministry demands with self-care.

To your credit, you have readily acknowledged when you notice judgments of others or yourself arise, reflectively working with how this can impact you within patient care encounters. While you bring with you a broad appreciation for cultural and religious differences, you still recognized ways you could move deeper toward humility in meeting and supporting people in ways they could experience as supportive. Your demonstrated capacities for empathic listening, sensitive use of inclusive language, and a willingness to let patients teach you their meanings and needs for support, prayer, and ritual. Practice some grace with yourself gave you space to be a learner and to practice new ways of praying and providing ritual support. It was no accident that you consistently received affirmations of your supportive patient care.

C. Relational Dynamics

Spiritual care and education require empathy and healthy relational boundaries grounded in warmheartedness for self and others. Empathy includes caring about and taking the perspective of others' experiences, values, beliefs, and practices. Healthy relational boundaries include respect for differences in spirituality. Empathy and relational boundaries work in tandem to ensure helpful, rather than harmful, spiritual care. The following indicators measure student success in relational dynamics.

- 4** IA.9 Demonstrate knowledge of and initiate use of empathy in spiritual care contexts.
- 3** IA.10 Demonstrate knowledge of and initiate use of healthy relational boundaries in spiritual care contexts.

- 4 IA.11 Demonstrate an understanding of group dynamics as it relates to spiritual care encounters and the learning process.

Educator Comments

Narrative Assessment:

Ally, you bring natural emotional intelligence to your spiritual care practice, as evidenced through your clinical presentations and by your presence as a leader in your CPE peer group. You have a natural sense of how to engage empathically, you are growing in your awareness of how to initiate spiritual care visits and how to establish healthy boundaries, and you evidence an ability to perceive systemically what is happening in group contexts.

Your ability to listen well, and to engage empathically, while being able to provide guidance and support when called for, was altogether evident. Feedback about your spiritual care as paralleled in your peer group, is that your compassionate care and wise insights are greatly impactful and appreciated. You evidenced an ability to "read the room" with a knack for initiating and responding to care needs effectively.

Where you evidenced challenge was in your self-perceptions, at times. Carrying some of the internalized messages of self-doubt, old beliefs in your own ineptness, and inhibition at the risk of failing people, or of not pleasing people. To your credit, you have much self-awareness and facility in working with these inner "parts" or "voices," with growing savvy in challenging and not accepting these old voices and patterns. You evidenced learnings in creating clear boundaries in spiritual care encounters, in getting clear with yourself, and at times, explicitly with patients. You are learning how to "contract" with people, noticing what is yours and what is not yours to take on, while seeking to meet people where they are. You recognize that you cannot "fix" or heal for others, but rather, are learning to trust the powerful impact of your true presence and emotional availability to people as being experienced as healing and supportive in itself.

Ally, it seems to me that a key to your use of self in relation to others is your ongoing practice of self-differentiation. To me, this includes practicing compassion, curiosity, creativity, and courage toward and for yourself. Doing so fortifies your capacities for claiming who you are and exercising your authority and voice without self-doubt. Getting clear within yourself and being true to yourself about your own "rules of engagement" with people can further ground you and guide you in what you expect of yourself in any given spiritual care encounter. You are clearly aware of where the inner sense of what you are doing not being "good enough" comes from. You have learned, and are learning, that your true voice and sense of call is informed by your true heart and mind, by Holy Spirit guidance in the moment, by the wisdom of community, and by your understandings of scripture, Lutheran confessions and teachings, by Zen Buddhism, by Drew, and by your own sound heart, mind, and gut/body.

I hope this makes sense. All of this can, I believe, support you in letting your "yes" be "yes" and in letting your "no" be "no," knowing what yours is to do and not do. Also, compassionately noticing your anxiety without judgment may give you greater leeway in attending yourself, in claiming "good enough" sometimes, and in being OK with the limits of your humanity and your capacity to care that good boundaries protect. I see that you have all of this working for you! And my sense is that when those "old voices" or "parts of you that fail to see you or honor you for your maturity, wisdom, insights, instincts, and emotional savvy emerge, it will continue to serve you well to be curious and compassionate with yourself, and to find creative and courageous ways to be true to yourself while remaining effectively engaged with people as you are able within your wonderful humanity!

D. Spiritual Care Interventions

Spiritual care providers inhabit a role that necessitates specialized knowledge and skills to address spiritual care needs. The following indicators measure student success in using spiritual care interventions.

- 3 IA.12 Demonstrate the ability to represent one's role and function when initiating spiritual care relationships.
- 3 IA.13 Demonstrate an understanding and initiate use of communication styles and skills in spiritual care relationships.
- 3 IA.14 Demonstrate an understanding and initiate the use of spiritual resources that address spiritual wellbeing.

- 4 IA.15 Demonstrate an understanding of the difference between spiritual assessments and spiritual histories/screens.
- 3 IA.16 Demonstrate an understanding of the role of documentation in the provision of spiritual care.

Educator Comments

Narrative Assessment:

Ally, your clinical presentations, weekly reflections, and peer group involvement evidenced growth from initial hesitancy and uncertainty about your role, to a sustained confidence in yourself and clarity about your role and purpose in spiritual care visits and crisis encounters. While you initially felt concern about imposing or saying or doing the "wrong thing," you swiftly found your stride and established spiritual care patterns that worked well for you and your patients. As noted above, your natural relational capacities became more evident with practice, and you naturally attuned to people with great care and compassion. Your sensitive awareness to peoples' ways of communicating verbally and nonverbally, and your care to follow peoples' cues about what they needed from you, and simply listening for how people were making sense of their situations, invited a sense of caring attunement.

As became your practice, you sought to be ready to respond to the particular emotional, spiritual, and ritual needs people might present you with. Your readiness with resources to meet patient needs has been commendable, from ritual needs to needs for grief and loss resources and religious texts, to community resources, as appropriate.

Practicing assessments and care planning, you learned to explore patients' histories in order to assess emotional and spiritual needs and resources. You picked up on the work of documenting your spiritual care quickly, with consistent EPIC charting practices congruent with Spiritual Health Services and Interdisciplinary Team expectations and needs. Overall, your assessment and documentation efforts were nicely complimented by your effective utilization of staff consultation to verify and validate your work, as well as to process how you worked to support patients and families.

E. Professional Development

Success in the formational and reflective process of CPE requires an engagement with one's own learning process and what it means to be a professional in spiritual care. Professional Development in the CPE process includes engaging the Clinical Method of Learning, abiding by Ethical Practice and Professionalism, growing through Consultation and Feedback, investing in Teamwork and Collaboration, and becoming Research literate. The following indicators measure student success in this professional development.

- 3 IA.17 Demonstrate an awareness and initiate use of the clinical method of learning (action-reflection-new action).
- 4 IA.18 Demonstrate an awareness of and adherence to mandatory reporting requirements and professional codes of ethics relevant to one's context.
- 3 IA.19 Demonstrate through one's behavior the attributes of integrity and honesty in one's spiritual care practice and learning process.
- 4 IA.20 Represent and conduct oneself in a manner that is appropriate to the context.
- 3 IA.21 Demonstrate knowledge of the role of consultation in the learning process of spiritual care.
- 3 IA.22 Demonstrate awareness **of one's ability to receive and engage feedback** related to one's learning process of spiritual care.
- 3 IA.23 Demonstrate awareness of one's ability to offer **feedback** related to the learning process of spiritual care.
- 3 IA.24 Demonstrate an understanding of how spiritual care interacts with and is part of the larger care team.
- 3 IA.25 Demonstrate an awareness of how research is relevant to spiritual care.

Educator Comments

Narrative Assessment:

Ally, you have spoken clearly in your self-evaluation about how you have sufficiently addressed each of these Outcomes. I commend you for your diligence in working with the action-reflection-action model of learning in the clinical arena as well as in your CPE peer group and individual learning process. You have nicely acknowledged your challenge with putting into practice your learning. I validate this, and I invite you to continue allowing yourself freedom to be a learner who is in

process, who, like all of us, needs to have freedom to make mistakes and experiment in order to learn, and who, like all of us, struggles at times to integrate into your life and practice what you know. As we have discussed, having knowledge is not the same as integration. I think this inner set of expectations that you have to figure things and put them into practice quickly sometimes preempted staying "messy" with your learning. My sense is that this did, at times, inhibit your freedom to come forward as a learner. Remaining open to the elements of surprise, and to the value of not knowing, you remain a freshly open and receptive listener not only for others, but also for yourself.

In our group process, Ally, your insights and observations were ever keen and welcomed by your peers. While you were often intentional about honoring the space of other group members to come forward and share, you were usually sitting with insights and observations you were ready to share. This is a clear area of strength for you, drawing upon the wells of your own wisdom and experience beyond your years! A more challenging part for you, as experienced by your peers and myself, was leaning in to seek consultation from others. I attribute this in part to your activated inner critic that I suspect had often worked you over already, with little more that could be said that had not already been worked through your own mind internally. One joy of teamwork and consultation, as you sometimes encountered, is that there is more grace and freedom for yourself to be, and to be yourself, and to make mistakes, than you might have imagined. And, that your humanity is entirely welcomed here in this work, and that you being you is special enough, without having to ruin it by trying to be perfect. My hope is that these words land gracefully for you, Ally.

All of my best to you, Ally! You have incredible gifts for the work of being a pastor. And if being a chaplain would be a future consideration, you have considerable gifts for this work as well. May you continue to find joy in the journey as you follow your heart and sense of holy calling, and find it life-giving to use your gifts and talents to serve God and the people in your care. – Jay

Note: This evaluation will be kept on file at the M Health Fairview Southdale CPE Center for ten years and will be released only with written permission from this student. There will be a fee for each requested copy of this evaluation. The student has reviewed this evaluation and has attached an addendum if there are desired additional comments.

This CPE Center is accredited by ACPE, Inc., 1 Concourse Pkwy, Suite 800, Atlanta, GA 30328. Ph: 404-320-1472, www.acpe.edu.

Concluding Remarks & Recommendations

Student Rights and Responsibilities

1. This report has been made available to the student within 21 calendar days of the completion of the unit. If not, this evaluation documents the extension arrangements discussed with the accreditation commissioner and the student.
2. Students can respond formally by writing an addendum, if they choose, only after discussing this report with their educator. This addendum (written response) then becomes part of the student record, and will be displayed below.
3. If the student chooses to respond formally by writing an addendum, the student is responsible for choosing "add addendum" when receiving a copy of this report, and sends the addendum to their educator, who will electronically add the addendum to this document.
4. The timeline and deadline for student response and return of the educator's evaluation are established by the center's policies.
5. It is the student's responsibility to retain copies of this report and all evaluations written by the student and

educator.

6. The CPE Center will retain copies of both documents for 10-years from the date the evaluation was sent to the student. After 10 years, the center's record retention policy will determine what will happen with the documents.
7. These evaluations will not be available to anyone else except with written permission from the student. Exceptions: see ACPE Guide for Student Records in the Accreditation Manual.

Student Addendum

Signatures



Jay Hillestad
ACPE Certified Educator
Signed: December 22, 2024

December 22, 2024