

# FORMAT DUTCH CASE STUDIES PROJECT IN CHAPLAINCY CARE

Prof. dr. Martin Walton, Protestant Theological University, Netherlands (mwalton@pthu.nl)

Dr. Sjaak Körver, Tilburg School of Theology, Netherlands (j.w.g.korver@uvt.nl)

EN 180426/20

## PHASE 1. DESCRIPTION *Chaplain/Submitter*

### Abstract

Provide in a few sentences a brief narrative of what the case study is about, e.g.:

- *Who was the client? What was the setting? What is the subject or problem?*
- *How did the chaplaincy care take form? Was there a significant outcome or noteworthy characteristic?*
- *What was the reason for selecting the case for description?*

### 1. Background variables of the person(s) in question

Sex / Age / Living situation / Children / Education / Occupation / Religious or world view background / Present religion or world view / Diagnosis/Needs / Department / Size of organization / Size and composition of chaplaincy team

### 2. Background & context

- a. Context: setting; institutional and physical surroundings.
- b. Occasion for contact: client request, professional referral, chaplain initiative, or otherwise, including prior knowledge of the chaplain.
- c. Person(s) in care: client, client system, relevant biographical information.
- d. Chaplain: age, sex, education and training, position, cultural and faith background, experience, profile professional position, other relevant antecedents, preferences.
- e. Other parties involved: who and in what manner?
- f. Informed consent? In what manner was it received? If not possible, why not?  
*If in written form, include as appendix.*
- g. Appendices: Number? Names?

### 3. Accompaniment process

- a. Initial contact, introduction, reason for contact
- b. Exploration of the question or situation: anamnesis, assessment, assessment instruments.
- c. Clarification of the question or situation: analysis, pastoral or spiritual diagnosis, models used.
- d. Physical observations (especially non-verbal aspects): mimicry, motoric movement, intonation, appearance, posture, eye-contact, manner in which client made contact, moods, emotional expressiveness, etc.
- e. Interactions, interventions, responses, including moments of choice, intuitions and key decisions by chaplain.
- f. Chaplaincy care plan and appointments.
- g. Outcomes, results, effects:
  - sense observations of posture, attitude and behaviour;
  - reports of effects by client, client system or other professionals (caregivers);
  - degree to which intended goals (e.g. bereavement processes, new perspective, improvement of relations, etc.) were realized.
- h. Important experiences of the client and/or chaplain, or other important aspects, not yet mentioned.

### 4. Communication on the case

- a. Reporting, charting, (interdisciplinary) meetings; coordination.
- b. Evaluation with any or all parties involved.

## **5. Reflections and feedback**

- a. Reflections by the chaplain.
- b. Feedback on (the description) of the care process from the client or someone from the client system.
- c. Feedback on the description from one or more other professional/caregiver(s) who had contact with the client.

## **6. Summary**

- a. What has the chaplain done, or intentionally not done (interactions, interventions, approaches)?
- b. Why and for what reasons (intentions, motivations, theoretical reasons)?
- c. What goal or goals did the chaplain have (purposes)?
- d. What was the effect (results, outcomes)?

## **PHASE 2. EVALUATION *Case Studies Research Community***

### **7. Observations on the description (*maximum of 20 minutes*)**

- a. Clarification. Informative questions.
- b. General comments.

### **8. Dimensions of meaning, faith and world views**

- a. What kind of *existential* experiences or questions are central to the case study?
- b. Are there *spiritual* needs, desires or perspectives that play a role?
- c. Are there *ethical* issues that play a role?
- d. In what ways do *esthetical* aspects play a role?

### **9. Relation of theory and practice**

- a. In what manner, i.e. with the help of what kind of approaches or methods, was care provided?
- b. What role does the faith or world view of the client, the chaplain and/or the context play in the case?
- c. What use was made, explicitly or implicitly, of theories?
- d. How did the theories work in practice, and/or what reflection on theory is possible from the viewpoint of the case in question?

### **10. Goals and outcomes**

- a. What is the result or effect? How can that be ascertained?
- b. What was the intention of the chaplain?
- c. Was there congruency or discrepancy between (a) and (b)? What is its significance?

### **11. Reflection on the analysis in the research community**

- a. Did critical issues arise for further discussion or research?
- b. Are there notable observations on the discussion in the research community?

### **12. Brief summary by the research community**

- a. What has the chaplain done (interactions, interventions, approaches)?
- b. Why and for what reasons (intentions, motivations, theoretical reasons)?
- c. What was the effect (results, outcomes)?
- d. What can be said retrospectively on the reasons for selection of the case study? What type of case study is it?
- e. What would be a good title of the case study?
- f. What suggestions emerge for good practices: examples, criteria, challenges?