

# A Collaborative Formation Program for Sponsors

## Public Juridic Persons Have Now Developed and Tested a Program for the “Next Generation”



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**T**rends in sponsorship of Catholic health care have opened the door to lay members of the church to become the ministry’s canonical stewards. That sponsorship role can be described as “to guarantee or ensure that the healing . . . mission of Christ continues within the church through particular ministries.”<sup>1</sup> In 1983, Fr. Kevin D. O’Rourke, OP, JCD, STM, correctly predicted that lay board membership would lead to lay sponsorship.<sup>2</sup> Even at that early date, he was urging the development of educational programs to help laity become effective sponsors.

Many other calls for Christian formation of potential lay sponsors followed over the years.<sup>3</sup> The basic Christian training that Catholic health care leaders may have received in their youth is incomplete; if such leaders are to become lay sponsors, they will require more than a good institutional pastoral education program.<sup>4</sup> Strong governance of ministries comes from a deep understanding and experience of Catholic identity and values. Theology grounds an understanding of stewardship that drives sponsors to ensure care of the poor, needy, and ill. It incorporates ecclesiology in which a community of committed people is bound by the Gospel, personal and mutual accountability, commitment to the health care ministry, and fidelity to the mission.<sup>5</sup>

Sr. Patricia Vandenberg, CSC, once asked the critical question concerning lay sponsors: “Do we have people who are capable of doing this?”<sup>6</sup> In their book, *After We’re Gone: Creating Sustainable Sponsorship*, Sr. Patricia and the late Mary Kathryn Grant provide a beginning

response to that question by urging the conscious and intentional identification and formation of the “next generation” of sponsors.<sup>7</sup> They described the succession-planning skills that current religious sponsors of Catholic health care will need, beginning with the identification of competencies necessary to ensure sustainable sponsorship in the future. They also warned against insufficient preparation of new sponsors.

Catholic health care systems have made a number of efforts in the past five years to prepare the next generation of sponsors. Conscious that sponsorship is an invitation to cocreate a future—thereby ensuring that the organization continues to carry out the healing ministry of Christ—these systems have taken two steps recommended by Grant and Sr. Patricia. The systems have:

- Identified the next generation of sponsors
- Developed a formation program to prepare this next generation for the sponsor role<sup>8</sup>

The next critical question is: How will we know whether this transition in roles has been successful?

### THE PROGRAM AND ITS EVALUATION

Between 1991 and 2000, five Catholic health ministries—Catholic Health Care Federation (Catholic Health Initiatives, Denver), Covenant Health Systems (Covenant Health Systems, Lexington, MA), Catholic Health Ministries (Trinity Health, Novi, MI), Hope Ministries (Catholic Health East, Newtown Square, PA), and Bon Secours Ministries (Bon Secours Health System, Marriottsville, MD)—adopted a public juridic person (PJP) model of sponsorship (see **Box 1**, p. 17). In 2003, following a pilot program, the organizations launched what they called the Collaborative Formation Program for Public Juridic Persons to train potential PJP sponsors.

seminars that are held over an 18-month period. Thirty-five people made up the program's first cohort, the training of which was conducted between 2003 and 2005.<sup>9</sup> (A pilot group had undergone a version of the program in 2001-2003.) In 2005, St. Joseph Health Ministries (St. Joseph Health System, Orange, CA), which is awaiting Vatican approval as a PJP, joined the program's founders in the training of a second cohort.

A coordinating committee composed of representatives of each PJP was formed to evaluate the program's successes and to discern opportunities for improvement. For this evaluation, the committee sent a survey questionnaire to each member of the first cohort. Insights from this survey were incorporated into the curriculum for the

current cohort, which will complete the program in March 2007.

The evaluation was based on competencies identified by the coordinating committee, with the approval of the committee members' respective system sponsor leadership groups. These competencies were classed as either "theological" or "personal." The theological competencies included an *understanding of and commitment to*:

- The healing mission of the church
- Church tradition and teachings, especially the social and medical-moral teachings and the *Ethical and Religious Directives for Catholic Health Care Services*
- Mission/ethical discernment
- Social justice and advocacy
- Systemic transformation

#### BOX 1: CHRONOLOGY OF FORMATION PROGRAM DEVELOPMENT

| Date                        | Program       | Participants | Format  | Health System  | Public Juridic Person   |
|-----------------------------|---------------|--------------|---|--|---|
| June 2001 - July 2003       | Pilot program | 14           | 6 weekend sessions over 2 years; 1.5 days each        | Trinity Health   | Catholic Health Ministries (2000)   |
| November 2003 - March 2005  | First cohort  | 35           | 4 full-weekend sessions over 18 months; 2.5 days each | Catholic Health Initiatives<br>Covenant Health, Inc.<br>Trinity Health<br>Catholic Health East<br>Bon Secours Health System, Inc.                                  | Catholic Health Care Federation (1996)<br>Covenant Health Systems (1996)<br>Catholic Health Ministries (2000)<br>Hope Ministries (2000)<br>Bon Secours Ministries (request submitted 2004)  |
| September 2005 - March 2007 | Second cohort | 44           | 4 full-weekend sessions over 18 months; 2.5 days each | Catholic Health Initiatives<br>Covenant Health, Inc.<br>East Trinity Health<br>Catholic Health East<br>Bon Secours Health System, Inc.<br>St. Joseph Health System | Catholic Health Care Federation (1991)<br>Covenant Health Systems (1996)<br>Catholic Health Ministries (2000)<br>Hope Ministries (2000)<br>Bon Secours Ministries (2006)<br>St. Joseph Health Ministries (request submitted 2004) |

## BOX 2

**EVALUATION CATEGORIES:  
OVERALL PROGRAM RATING*****The call to serve***

- a. Your personal vocation in relationship to health care sponsorship
- b. The biblical tradition that is the foundation of and grounds the health care ministry
- c. The meaning of mission and its relationship to ministry
- d. The spiritual foundation that underlies the healing mission of the church.
- e. Elements and scope of Catholic identity; relationship to church, historical tradition
- f. The history and development of Catholic health care sponsorship

***To serve within the church***

- a. Models of the church and how ministry is viewed in each
- b. The church's social teachings
- c. The church's moral teachings
- d. The purpose of canon law, how it relates to civil law

***Living our sponsorship***

- a. Centrality of care for the poor to the ministry; challenges of caring for those who are poor in today's environment
- b. The role of advocacy
- c. Relationships between the ministry and governments/social agencies
- d. The social responsibility of the health care institution
- e. Ethical decision-making processes

***Celebrating sponsorship***

- a. Reflect on the meaning and call of sponsorship in the church today
- b. Explore the challenges and hopes of the role of health care sponsor
- c. Deepen your desire to engage in the ministry of sponsorship
- d. Understand a sponsor's leadership role in engaging and supporting others in the health care ministry
- e. Understand sponsors' canonical roles and responsibilities

***Governance, fiduciary responsibility experience***

- a. The structure and responsibilities of a public juridic person
- b. The governance and sponsorship of your health care system public juridic person
- c. The differing roles of governance and sponsorship
- d. Stable patrimony
- e. Understand the language of sponsorship, church structures, and canon law

The personal competencies weighed participants in accordance with their possession of:

- An integrated apostolic spirituality
- A commitment to justice for people who are poor or otherwise disenfranchised
- An ability to handle ambiguity
- A commitment to, and the skills to seek, win-win situations
- A commitment to work as a member of a community of people committed to a common mission
- An ability to think in new ways, not in old paradigms
- Competency in ministry (having a personal sense of ministry and a personal desire to engage in it)
- An ability to mentor others

The curriculum was based on an adult education model that combined lecture and selected readings with discussion, personal reflection, ritual, and informal interaction in a reflective setting. Each competency was woven into several of the four program sessions. Comments returned in the survey of the first cohort supported the committee's belief that integration of the competencies into several sessions would help participants integrate practice of them into real life.

The themes of the first cohort's four seminars were:

- *The call to serve*
- *To serve within the church*
- *Living our sponsorship*
- *Celebrating sponsorship*

The subtopics of these themes were later used as categories in the survey questionnaire (see **Box 2**). (Content concerning governance and fiduciary responsibility was presented in all four weekend sessions.)

**SURVEY RESULTS 2003-2005**

The coordinating committee received survey responses from 26 of the 35 of the first cohort's participants. Not every responding participant answered every question. Of the 25 who completed the section seeking demographic information, 16 were Catholic and the others were Protestant or declined to identify themselves in religious terms. Nineteen were laypeople, and six were members of religious orders. Professionally, most participants identified themselves as health care managers (13). Five were mission integration

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leaders, three were clinicians, and three others were businesspeople. Some said they had multiple professional affiliations.

Participants expressed very high satisfaction with the Collaborative Formation Program, both in responses to quantitative questions and in comments made throughout the survey. Concerning satisfaction, the range of responses was 4.0 to 3.4 on a scale of 4 (high) to 1 (low). Every responding participant agreed that the program achieved the highest possible score (4) on helping them understand and articulate the spiritual foundation that underlies the healing mission of the church.

The participants' comments greatly aided interpretation of the survey scores. Responses to the program were generally positive, but several were of particular interest (see **Box 3**).

### Positive Comments on Specific Program Elements

Participants complimented the program's design, logistical arrangements, location (a hotel in Oak Brook, IL, that sits in a natural, retreat-like setting), and instructional methods. They said they appreciated the instruction on topics such as personal vocation, church history, the biblical foundations of ministry, the church's social teachings, and canon law. "Each session built on the previous one, building basic competencies and prompting inquiry/questions," one participant wrote. Many mentioned presenters by name, often describing them as "strong," "excellent," and "outstanding." Participants said their understanding of the historical and current role of religious congregations had improved as a result of the program and described the process as "inclu-

### BOX 3: GUIDANCE FOR FUTURE COLLABORATIVE FORMATION COHORTS

| Survey Findings                       | Considerations   | Suggested Actions   |
|---------------------------------------|--|---|
| Positive responses to program content | <ul style="list-style-type: none"> <li>■ Basic program delivery approach is solidly supported by participants</li> <li>■ Both the instructional process and program content is helpful</li> </ul>  | <ul style="list-style-type: none"> <li>■ Keep basic intensive program design</li> <li>■ Keep roster of presenters</li> <li>■ Keep inclusive, nonthreatening instructional methods</li> <li>■ Keep collaborative approach</li> </ul>   |
| Minor program changes                 | <ul style="list-style-type: none"> <li>■ Canon law cannot be adequately covered in the time allotted</li> <li>■ Participants seek integration of spirituality and access to resources for deepening faith and spirituality and for understanding sponsorship</li> <li>■ Participants question what sponsors actually do (e.g., how to address justice issues)</li> </ul>   | <ul style="list-style-type: none"> <li>■ Expand the instructional time for canon law content; provide additional resources outside the program to reinforce learning</li> <li>■ Invite participants to establish a personal goal regarding spirituality and/or understanding their call to sponsorship</li> <li>■ At the end of the program, individuals evaluate progress toward that goal</li> <li>■ Consider simulating a sponsor meeting; include successful justice strategies in program content</li> </ul> |
| Cohort composition and "alums"        | <ul style="list-style-type: none"> <li>■ The program goal of preparing PJP members seems contradicted by invitation of participants that do not meet the PJP member criteria</li> <li>■ Consider participants past and present to be a community</li> <li>■ Next steps for individuals are not clear at the end of the program; sponsor roles are only available by appointment by each health system sponsor group</li> </ul> | <ul style="list-style-type: none"> <li>■ Clarify program goals; if there is a role for those not likely to serve as PJP members, identify it</li> <li>■ Identify the pool of trained potential PJP members as resource community</li> <li>■ Gather past and current participants at the final session of each cohort</li> <li>■ Collaborating systems share as much as possible with one another and with participants</li> </ul>   |

## It is clear that participants see the Collaborative Formation Program as a valuable experience.

sive” and “nonthreatening.” Several said they thought collaboration among the sponsoring health systems had enhanced the program.

**Concentration of Lower Scores (in One Area)** The only scores falling below 3.7 on the 4.0 scale were in the area of governance and fiduciary responsibility, including the understanding of sponsors’ roles and responsibilities. One should note, however, that these scores were low (3.4-3.6) *only in relation to* the other, very high scores. Participants were careful to say that the low scores were not related to the quality of the presentation or the skills of the presenter (who received high praise from many) but, rather, had to do with the topic, canon law. Participants described canon law as a “huge” topic that required more time to comprehend. Some suggested that the topic might be covered more effectively over a weekend, rather than in a single day.

**Substantive Suggestions for Consideration** Survey respondents suggested three substantive areas to be considered for future programs:

- *Should program goals be further clarified?*

One respondent perceived a “disconnection” between program goals (to prepare individuals to participate in alternative forms of sponsorship) and the composition of the cohort. Not all participants, this respondent noted, were eligible to be PJP sponsors. Another respondent expressed the hope that PJP potential members who had participated in the program would form a pool from which health care systems might draw new sponsors.

- *Should the program deal with sponsorship models other than PJPs?*

- *Should the program be limited to Catholics?*

Two respondents said they had been disappointed to learn at the program’s end that they were not eligible to serve as PJP sponsors because they were not Catholic.

**Minor Suggestions for Modifications in the Program**

Although most responding participants were positive about the reflections used in the program, some suggested having fewer of them. One suggested substituting a similar reflective technique, for variety’s sake.

A number of “alums” said they wished there were some structure that would allow them to continue discussing the issues raised in the formation program. Some suggested an annual meeting. Others proposed holding additional, follow-up sessions to reinforce the knowledge learned in

the program.

Two participants wondered if there could be further assistance with personal reflection, for example, in exploring the question “Do I have what it takes?” Another suggested that future programs raise the question “What do I hope to achieve?” in an early session (rather than a later one), so that participants could give more thought to it. Several “alums” said that future participants might clarify their goals by completing the statement: “By the end of the program, I should be able to . . .”

Two participants said they would have liked a fuller discussion of the challenges involved in being socially responsible in a health care environment of the “shrinking financial margin.”

Although participants affirmed the program schedule, several suggested that the sessions be cut back to Friday and Saturday only instead of Friday through Sunday.

### LIFE AFTER COLLABORATIVE FORMATION

It is clear that participants see the Collaborative Formation Program as a valuable experience. Their comments indicate that, in addition to formation, the program provides opportunities for networking, brainstorming collaborative actions, mentoring, and access to a pool of resources.

There is some confusion about what participants might expect of themselves once the program has been completed. Their comments suggest that they would like more clarity concerning the program’s anticipated effect on them both personally and in their role as potential sponsors. Program planners could respond to such concerns by further clarifying and communicating program goals.

Several participants expressed concern about the integration of their personal and spiritual lives. It might be helpful if the coordinating committee invited participants to establish personal goals at the program’s beginning. Then, at the program’s end, participants could evaluate whether or not they have achieved their goals in terms of more focused spirituality or greater understanding of their call to sponsorship.

Some questions raised by participants revealed a desire for a better understanding of what sponsors might actually *do* in response to content covered in the formation program. Participants wanted more insight into addressing justice

issues, in responding to the poor when health system discretionary funds are limited, and in enacting ethical decision-making processes. Some participants wondered how exactly—if and when they find themselves in a sponsor role—they would be expected to carry out specific sponsor responsibilities.

Other participants asked: What if one feels called to a vocation of sponsorship but isn't invited by a health care system to be a sponsor? (Not all participants would actually have been eligible to serve as members of a PJP.) The coordinating committee leaders felt complimented by the question because it implied that the sponsor role was attractive to participants and that the program was perceived as providing adequate preparation for it.

Another question from participants may be summarized as "Now, what?" Participants seemed to be asking how the passion, knowledge, and commitment shown by those who have completed the program will be nurtured and sustained. They want to know how this community of faith will stay alive and keep growing.

### A QUESTION ANSWERED

The sponsors of six Catholic health systems with PJP structures have now identified the "next generation" of sponsors and have invited some members of that to participate in the Collaborative Formation Program. They have, moreover, prepared a program curriculum that receives top-notch reviews from "alums."

The answer to the critical question "How will we know when this transition in roles has been successful?" will emerge as lay colleagues are

appointed to sponsorship roles and the effectiveness of that sponsorship is evaluated over time.

However, Sr. Patricia Vandenberg's critical question—"Do we have people who are capable of being sponsors?"—has now been answered by the Collaborative Formation Program. The program's "alums" enthusiastically seek an opportunity to move into the sponsor roles to which they feel a personal call and for which they are actively preparing. ✧

### NOTES

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3. Arbuckle, p. 24.
4. Catholic Health Association, *The Search for Identity: Canonical Sponsorship of Catholic Health Care*, St. Louis, 1993, pp. 74-75.
5. See M. K. Grant and P. Vandenberg, *After We're Gone: Creating Sustainable Sponsorship*, Ministry Development Resources, Mishawaka, IN, 1998, pp. 117-130.
6. P. Vandenberg, Commonweal Winter Colloquium, 2002, accessed March 8, 2006, at [www.catholicsinpublicsquare.org/papers/winter2002commonweal/vandenberg](http://www.catholicsinpublicsquare.org/papers/winter2002commonweal/vandenberg).
7. Grant and Vandenberg.
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9. M. Kelly and M. Mollison, "Journey into Sponsorship's Future," *Health Progress*, March-April 2005, p. 50.

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