

MENTORING MISSION LEADERS OF THE FUTURE

Program Prepares Laity For Ministry Leadership

BY SR. MARY
ELIZABETH CULLEN,
DC; SR. SHARON
RICHARDT, DC; &
ROSEMARY HUME

Sr. Cullen was formerly vice president, mission services, at St. Vincent Hospitals and Health Services, Indianapolis. Sr. Richardt currently serves in that position, and Ms. Hume is director, educational services.

The position of sponsors in Catholic healthcare has changed from a role of absolute control to one of influence. One way sponsors have preserved their influence is through the mission integration position, which in Catholic healthcare institutions and health systems is staffed primarily by women religious.

Now the time has come for that position to pass to the laity, who are carrying out the majority of the work in the ever-expanding healthcare arena. Sponsors must find a way to educate and prepare lay leaders to carry the Church's healing ministry into the future.

PASSING THE TORCH

At St. Vincent Hospitals and Health Services in Indianapolis, sponsored by the Daughters of Charity of St. Vincent de Paul and a member of the Daughters of Charity National Health System—East Central, we developed the Mission and Mentoring Program in 1993 to help prepare laypeople for the roles and responsibilities involved in furthering the Church's healing ministry. Not only does the program enable laypeople to experience the ideas and activities that define Catholic healthcare; it also gives our

regional system a pool of mission-driven candidates for upcoming vacancies throughout the organization.

Before the Mission and Mentoring Program, the mission integration efforts at St. Vincent's had been fairly representative of what other Catholic providers were doing nationwide. As women religious relinquished their administrative positions to the laity, the mission "effectiveness" position came into being as a way to keep the ministry culture going. Data gathered by the Catholic Health Association in the fall of 1993 indicated that 86 percent of the mission integration positions in Catholic facilities were held by women religious.¹

EVER-EXPANDING RESPONSIBILITIES

Now mission integration leaders are being stretched as their organizations grow. At St. Vincent's, for example, the mission leader has responsibility for six major facilities and more than 100 additional entities, such as occupational health centers, wellness centers, and physician-owned practices. By 1994, it had become impossible for one person to single-handedly maintain effective mission leadership. It was time to bring the laity into ministry leadership positions.

Summary As religious sponsors increasingly relinquished their CEO positions throughout the 1980s and early 1990s, they established mission integration positions—staffed primarily by women religious—to help ensure the Catholic identity of their facilities.

Now that role, too, is undergoing change as sponsors seek to empower the laity in their organizations with responsibility for carrying on the Church's healing mission.

At St. Vincent Hospitals and Health Services in

Indianapolis, the Daughters of Charity of St. Vincent de Paul, the organization's sponsor, has developed a mentoring program to train the laity in the roles and responsibilities involved in mission. The year-long program has 11 modules that present theory on such topics as ethics, spirituality, the sponsor's history and charism, and the relationship of the healthcare organization to the Church. Participants also attend committee meetings, complete a mission integration project, and gain practical experience in mission-related activities.

Our goals for the Mission and Mentoring Program were threefold:

- To inform employees about the major roles and responsibilities of mission services
- To create a way individuals in leadership positions might become involved in various mission-related tasks and committees
- To develop a cadre of potential candidates for future mission positions in the system

We limited the first class to eight participants from the major entities that make up our regional health system in Indianapolis. Since the program's inception, we have had a total of 162 participants, including four hospital CEOs, seven physicians, a newly appointed vice president of mission from another state, various other vice presidents, department directors, managers, nurses, and educators. They represent diverse religious faith traditions.

Participation has increased each year, from 8 persons in 1994 to 33 persons this year, with an attrition of two or three persons in each of the last three classes.

Each July, applicants are asked to submit a letter stating their reason for wanting to participate in Mission and Mentoring. Applicants must have approval to attend classes from their immediate supervisors. They must agree to attend class one day a month and to devote three hours each month to outside assignments. The program, which begins in September, lasts a year.

MENTORING IN PROGRESS

The faculty is made up of previous Mission and Mentoring graduates, with two graduates serving as program coordinators. Participants have been instrumental in guiding development of more in-depth programs that would help them prepare for a role in mission services.

Graduates also volunteer to be matched with a current participant to help tailor the program to

The introductory module focuses on the value of heritage and history.

individual needs. Evaluations are completed after each of the 11 modules, and an oversight committee—made up of the vice president of mission services and several past participants—makes curriculum improvements as needed.

CURRICULUM

The 11-module curriculum has been altered somewhat from the pilot program, which was based on materials developed by CHA.² The introductory module focuses on the value of heritage and history. Participants bring with them a symbol of their own heritage and history, as a way of introducing themselves to the group. The history, heritage, and international character of the Daughters of Charity as the sponsoring religious group are then presented in various ways, culminating in small group review and presentation of several narratives of the international missions sponsored by the Daughters of Charity.³

Module 2 covers the history, scope, and planned trajectory of mission services integration throughout the Daughters of Charity National Health System, particularly that concerning St. Vincent's own network of healthcare services.⁴ Module 3 is devoted to the "Enneagram," a self-awareness tool through which nine different personality styles are reviewed.⁵ The afternoon session focuses on the spiritual implications of this tool. Module 4 is a spiritual day meant to provide students with a more formative experience of the elements of spirituality identified in *The Final Report of Spirituality and Spiritual Formation*.⁶

Modules 5, 6, and 7 focus on pastoral care and the holistic dimension of health; on ethics; and on advocacy for the poor and community benefit and healthier communities. In one of Module 5's highlights, the students accompany a chaplain on rounds, thereby getting first-hand experience in pastoral care. This "shadowing" has reportedly had some life-changing effects. In the most

recent pastoral care module, five clinical pastoral education (CPE) residents were asked to describe episodes from their careers so that students in the Mission and Mentoring Program might gain insight into the dynamics of learning and sharing experiences in pastoral care ministry.

The ethics module typically provides basic education in ethical reflection, followed by case studies. More recently the case studies have included managed care and end-of-life decisions.

Besides getting an overview of the organization's commitment to assess, plan, budget, evaluate, and communicate the advocacy of the poor and community benefit plan, the class travels to the inner-city neighborhood outreach centers. A presentation on the focus of "building healthier communities" and its implication for advocacy has been featured.

In Module 8 the students take a trip to the health system's regional office in Evansville for an orientation and to hear stories from five or six retired sisters. This module also shows the group that the sisters have, along with their healthcare duties, ministries in parish work, social services, and education.

Module 9 introduces students to the delicate balance that must always be maintained between mission concerns, on one hand, and business concerns (which make mission possible) on the other. The students spend Module 10 at the archdiocesan center learning about the hospital's connection with the Catholic Church and the various interfaces between St. Vincent's and the Church. More recently, the students in this module have been introduced to a program that helps educate parish nurses; an abstinence program aimed at sixth graders (complete with high school role models); partnerships between St. Vincent's and Catholic social services agencies; and some inner-city schools and agencies.

Module 9 introduces students to the balance between mission and business.

In Module 11, the students review case studies and reports of various mission projects, including recently completed ones and others planned for the near future. A commissioning ceremony at the end of the program officially welcomes the graduates as members of the mission team.

Other additions to the initial pilot program include requesting that participants attend committee meetings so that

they may better understand the processes and outcomes of the ethics, philosophy, values integration, advocacy, and spirituality committees.

Participants also complete a mission integration project. For example, one student constructed a guideline for network development based on mission and values. Another combined the mission content she was learning with the work she was doing with the Joint Commission on Accreditation of Healthcare Organizations' patient rights committee. Still another student brought a group together to discuss the results of an opinion survey conducted with St. Vincent's staff. These staff members said the organization was too complex, even though simplicity is a St. Vincent value. With staff members' help, the group made a video illustrating the virtues of simplicity and constructed a "simplicity garden," which people can use for periods of quiet reflection and meditation.

MISSION TEAM

One of the outcomes of the program has been the development of a mission team. The team, organized after the second class graduated from the program, meets approximately every four months, for three to four hours, to share experiences and discuss new mission and values endeavors. One of the program elements on spiritual formation—storytelling—has become a key agenda item of the gatherings.

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MENTORING MISSION LEADERS

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Over time, the mission team has defined itself as a core group of people committed to integrating mission and values throughout the organizations in which they serve. This commitment takes form in many ways. Team members, who usually number around 25, volunteer to mentor participants in Mission and Mentoring classes; participate on the Advocacy for the Poor Committee; conduct orientations for new physicians, associates, and physician office staff; visit St. Vincent's programs on values in action; and serve as chairpersons or members of the philosophy and ministry subcommittees.

MISSION AND MENTORING RESULTS

Four years after the Mission and Mentoring Program was launched, 162 persons have received in-depth exposure to the philosophy, mission, values, ethics, and spirituality of the organization. Five of the six affiliated hospitals now have persons prepared to facilitate mission integration in their own facilities.

Two physicians who have graduated from the program are leading medical staff projects in mission and values integration. Because they now have a Mission and Mentoring graduate on staff, several of St. Vincent's organizations, previously unaware of the need to integrate mission and values, have made significant progress. At a recent meeting of the organization's morale task force, Mission and Mentoring graduates were asked to wear identifying badges so that other St. Vincent's staff might consult with them about the practical application of the organization's values.

The Mission and Mentoring Program has grown richer, and now has a better prepared and more diverse faculty. As a result of graduates' enthusiasm, an intensive week-long summer class in Mission and Mentoring has been developed for students outside St. Vincent's; it is now in its fourth year.

The vision that motivated Sr. Mary Elizabeth Cullen, DC, to initiate the Mission and Mentoring Program has been brought to life. The original pro-

gram has been continually expanded and improved. It has awakened in participants a renewed sense of fidelity and concern. In truth, the quote from St. Louise de Marillac used to introduce each class to the program has been realized through this effort:

Reflecting on the guidance of this establishment, I have great reason to say, in truth, that it has been divine providence alone at work. Going there, I had no knowledge of what there was to do. I can say that I saw what was being done only when it was completed. In encounters where I could have met with obstacles, the same divine providence provided, totally unexpectedly, persons who could help me. . . . It also seemed to me that I was doing what I was meant to do without knowing how. May God be forever blessed for it!⁷ □

NOTES

1. A. Teresa Stanley, "Mission in a Time of Transition," *Health Progress*, March 1994, pp. 28-32.
2. Catholic Health Association, *Mission Integration in Catholic Healthcare: A Descriptive Analysis*, St. Louis, 1989; Catholic Health Association, *Mission Integration in Catholic Healthcare: A Guide to Assessment*, St. Louis, 1991.
3. These narratives are accounts written by Daughters of Charity serving throughout the world in a wide variety of works for the poor and are taken from a bimonthly periodical, *Echoes of the Motherhouse of the Daughters of Charity*.
4. The content of this module is based on the mission plan of the Daughters of Charity National Health System, St. Louis.
5. Jerome P. Wagner, "The Enneagram and Myers-Briggs: Two Windows on the Self," *New Catholic World*, May-June 1986, p. 136.
6. Spiritual Formation Study Group, *Final Report on Spirituality to the DCNHS-EC Board of Directors*, Evansville, IN, 1990.
7. Louise Sullivan, ed./trans., *Spiritual Writings of Louise de Marillac*, New City Press, New Rochelle, NY, 1991, p. 178.

ST. DOMINIC-JACKSON MEMORIAL HOSPITAL JACKSON, MISSISSIPPI

DIRECTOR OF PASTORAL SERVICES

St. Dominic Hospital, a 571-bed, acute care hospital and community mental health center, has an immediate opening for a Director of Pastoral Services. The Director will supervise a five-person department which addresses the spiritual and emotional well-being of patients, families, staff and the community.

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