Alumni News . . .

Rev. Michelle Chapman-Campbell, DMin
by Brenda Brown
Administrator of Educational Programs

“The mountains are calling and I must go”
John Muir

I invited an alumna of our Clinical Pastoral Education program to talk about her CPE experiences as an MS resident chaplain at Virginia Commonwealth University/VCU Health and share some of her insights for how CPE has been a part of her ministry story. Dr. Michelle Chapman-Campbell completed her Doctor of Ministry at Samuel DeWitt Proctor School of Theology in the spring of 2018. This is an account of her ongoing journey to answer her call and set her eyes towards her mountain top.

Michelle began her CPE work as an intern at Mary Washington Hospital in Fredericksburg, Va. She completed that program in 2012, and in the fall of 2013, began a year-long program in CPE at VCU as a Master of Science resident chaplain. Following CPE, Michelle worked as a hospice chaplain at United Health and Compassus, and loved it. This work helped her see that there are some people transitioning from this life to another who are more alive than those not facing imminent death. She spoke about her service model for hospice work as active ministry to a community of people by providing listening in love and sensitivity. “I valued the opportunity to sit with people with long-term illnesses,” she said, “and had the great privilege to watch them discover their relationship with God. I’ve listened as agnostics and believers, through pain and suffering, realize this latent relationship.”

She is currently employed as a staff chaplain at Novant Hospital, Manassas, Virginia, where she works with a variety of patients and families, the behavioral health community, and a recovery group for substance abuse disorders focusing on restoration and mindfulness. The emphasis in this setting is helping people have conversations that foster restoration and healing. “People need to be able to say what they need to say as it relates to their faith beliefs or not,” she said. Michelle expressed her vulnerability and fear when initially called to ministry and her hesitancy to sit with people in their pain and suffering. Seminary and CPE helped her take ownership of her role as a minister. As a black woman juxtaposed in a Eurocentric construct/world view of religion, she struggled. “God has always been active in my formation. However, the concept of salvation through Jesus was a progression of thought, action, and an “Aha!” moment,” she said.

She was searching for self and a deeper understanding of God when she found historical images of Jesus as a black man. “I discovered historical Afrocentric images of Christ in the possession of European institutions such as the Vatican and other museums around the world… I finally had confirmation that the historic biblical story was my story, set on the continent of Africa.” It is because I have wrestled with my understanding of Christ, that I have used my affinity for learning to explore various faith traditions to discover what works for me,” she said. She was able to heal and be reconciled in her faith tradition. “CPE helped me to become a facilitator, to help others discover their relationship with God, the cross, and a higher power.” When asked about her pastoral authority, Dr. Chapman-Campbell prescribes a responsibility to
show up and facilitate an opportunity for hope to take root in the midst of adversity. She said, “showing up authentically, and asking the question, ‘may I sit with you?’ is the beginning of the conversation. CPE experiences will teach you that showing up and being present is most important.”

“The power of being present as a chaplain, walking into a room with no expectation, with only the desire to be there is the gateway for connection. Connection is key to being aware of what the patient is telling you they need, not necessarily with words. Sometimes they cannot express needs in words,” she said, “so using other tools to help them communicate is vital.” Michelle gave an example of a patient who was non-verbal due to the progression of dementia. “For a while I just sat there. Then, I began to think about what era the patient grew up in… and I took a guess at the genre of music that would be familiar to the patient.” Michelle began to play Vaughn Monroe, an American baritone singer from the 1940’s and gradually the patient began to respond.

Eventually the patient sang along to the music. “I was elated,” she shared, “music can be the medium of connection when a patient is non-verbal/verbal… Connection to community, faith, hope, memories is what you offer as a chaplain.”

I asked Michelle to talk about her struggles in CPE and some insights she learned. “I had to learn to use my life experiences; good, bad, and indifferent to connect with patients,” she said. “I learned to allow the patient to lead me, and show me how I could connect with them. I learned to take my pain into the room and listen. CPE taught me the value of colleagues, and that there is a process when listening to another person’s story,” she continued. “I learned to show up whether I’m prepared or not. Often times it is our collective life experiences that prepares a chaplain to sit with and be present with others.”

When asked about the rigors of chaplaincy work and self-care, Michelle said that the role of a chaplain can be stressful. She said that more often than not, she was responding to people in crisis, therefore self-care was critical to her success during her CPE residency. She said, “a chaplain must be able to discern their own triggers and know how to get out of the room gracefully and professionally.” She went on to state that if a chaplain authentically engages in the work of the CPE internship, utilizing targeted readings, group process work, residency encounters and individual supervision then the chaplain will be adequately prepared for full-time chaplaincy. She said, “The chaos of life does not stop and we can have peace during the storm when we intentionally choose an attitude of hope.”

Michelle’s ongoing preparation for ministry/chaplaincy includes but is not limited to prayer, meditation, reading, regular exercise, getting enough rest, journaling and participation in corporate worship. She also utilizes diverse literature, good stories, and reflections as self-preparation. She said there is so much to learn, and she is grateful for the opportunity. “I am amazed at the volume of resources out there, she said.” Some of Michelle’s favorite books and reflections are The Book of Joy: Lasting Happiness in a Changing World, by the Dalai Lama; Desmond Tutu by Douglas C Abrams; The Gospel According to Cancer, by Patricia Gould-Champ; The Prophetic Imagination, by Walter Brueggeman and Radical Reconciliation, by Allen Boesack.

Michelle and I visited one of the units she’d been assigned to while serving as a resident on the Women’s Health unit: Main 8 West. As soon as we arrived on the unit Michelle was recognized and began a “catching up” conversation with a unit staff person. I asked her what memories she had of working on that unit. She remembered working with patients struggling with mental health issues and how chaplaincy work gave her additional perspective about that particular patient population. She discovered that some mental health issues are tied to
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spiritual miseducation or a lack of in-depth counseling versus medication management. She said the patient has to do the work.

Michelle recalled a patient who was extremely agitated, and she had been paged to provide a chaplain visit. Quickly using her model to assess what is in the room, she noticed the overhead light was off. She switched the light on and the patient began to calm down, so they were able to have a conversation. The presence of light in the midst of a dark experience for this patient was needed in the moment. Michelle said she relies heavily on the power of prayer, but she said an answer does not always show up when expected or hoped for.

On the emergency unit, Michelle felt a level of sadness as she recalled a mother’s experience of not being able to let go of her deceased child. She remembered how she had to figure out how to be useful in the ER environment. “So much is going on at such a fast pace and everyone is in motion; I wondered, how did I fit into what was going on, what was my role?” She began to check in on the ER staff periodically. When that space seemed to be extremely busy she sought to facilitate calmness for the nursing staff so they could focus and do their jobs. Sometimes she accomplished this when negotiating with a large family presence, helping everyone to hear one another. “The VCU Health system will inform your call to chaplaincy; it will show you what you are made of,” she said.

Michelle was prompted to talk about times when crisis moments challenged her skills to provide ministry. She recalled one time she was supporting a family during the extubation of the patient who was alert. The daughter was the medical power of attorney and made the decisions. The family dynamic was somewhat contentious and according to Michelle, something did not feel right. Michelle made her concerns known to the medical staff and was advised that all appropriate protocols were being followed. She stepped out of the room, gathered her thoughts, and returned to the family, having corralled her emotions. “It was during individual supervision that I was able to work through my own pain and emotions regarding this patient, case and experience,” stated Michelle.

CPE supervision, according to Michelle, provided a safe space for her to reflect, face, and incorporate the challenges of patient encounters and personal experiences into opportunities for growth in ministry. Her CPE learning goals served as growing edges that individually and collaboratively were selected by herself and her CPE supervisor Angie Flack, an ACPE Certified Educator. Michelle said, “CPE supervision was great because I was challenged to face my emotions good, bad or indifferent through facilitated discussion, reading, journaling and sitting with what I was feeling.” She said it was important to have someone to unpack what happens in challenging situations. The reflection model of CPE supervision gave her the opportunity to grow and learn. She said, “It is like looking in a multidimensional mirror, which allowed me to discover, learn and correct before moving forward to engage in patient visits.”

Michelle remembered one of her growing edges was to stay in the room even when communication was difficult. As a result, she learned to read body language, listen more attentively, use music to connect, and to slow down her pace so non-verbal communication has a chance to happen. Michelle recalls how charting after visiting patients was a valuable CPE process. “The main thing to remember is to be brief (when possible) yet provide the medical team with pertinent information including but not limited to: whether the patient’s pain is being managed, if faith beliefs are important to the patient or family, what are the family dynamics that might affect the patient’s care and safety, is the patient and/or family on board with the plan of care, and
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what are the psycho/social/spiritual factors that may affect patient care?”

The CPE learning model, protocols and procedure in the Pastoral Care office were also important for Michelle’s process of learning. She learned to be a team player, provide a listening ear for other team members, pass on pertinent information during shift change, taking accurate messages when answering phone calls and keeping a tidy communal workspace.

Michelle loves the work of chaplaincy. It continues to engage her in meaningful ministry and conversations with patients about life and death and how to honor both. It allows her to be open and available to learn about all types of faiths. There is so much to learn, and she is grateful for the opportunity. Michelle spoke of this work as requiring a lot of physical and emotional presence. When asked how she feeds her spirit, she responded, “I ask myself what am I listening to, what am I watching, and what activities do I engage in?” She is careful to know her limits. If she feels she is not emotionally or physically available for a visit to provide care, she does not go. In those times, she relies on peers and colleagues to facilitate the visit. “You have to know the resources you have, and then be open to relying on them. After handing off a visit, I check in with colleagues to follow up and see how they are doing. I want to make sure they are OK.”

Michelle is excited about her recent accomplishment of receiving her doctorate. She stated that her CPE training had an impact on her ability to successfully move through her DMin program. She described her time with her doctoral cohort as transformative, restorative, intentional and mindful. As a doctoral candidate she was part of the global leadership cohort at Samuel DeWitt Proctor School of Theology, Virginia Union University. The cohort was made up of eight members and they visited 4 cultural contexts in Canada, Zimbabwe, India, and Haiti. The cohort members were sent in pairs to one of the four countries, Michelle was assigned to Canada. She hopes to reconnect with her cohort in the near future to work on projects addressing trends and issues related to developing leadership capacity for 21st century ministry/mission. Michelle is also interested in developing community ministry opportunities which explore moving barriers between people that prevent communication and healing.

When asked what makes her smile; she replies, a beautiful day, spending time with her family & friends, seeing people enjoy themselves, a good meal, reconnecting with old friends, receiving a card of inspiration, reading a good book, engaging in theological discussions with her Pastor, the Rev. Dr. John W. Kinney, and the Ministry team at her church, Ebenezer Baptist Church, Beaverdam Va. I asked Michelle what makes her sad. She replied, “so many sad things going on around the world and when my loved ones are negatively challenged.” When asked what makes her feel empowered, she said worship and prayer. The completion of her doctorate, also affords her this feeling of accomplishment and empowerment. She ascribes feelings of strength to situations when she is able to think outside the box when approaching different and difficult situations. Michelle describes her weakness as being her own worst enemy.

Reflecting on my time with Michelle I attest that her most notable strength is knowing who she is. She is careful not to give credit to one particular experience to define her as a woman, a chaplain, a minister, and friend. She gives each life experience its own merit and weight in equal measure for having shaped her for ministry and the way she lives. Michelle actively participates in navigating her divine path and seems open to each day as her journey unfolds.
VCUHS Acute Care Oncology Team
Member of the Month: **Erin Burt**

*The Acute Care Oncology Unit would like to congratulate Erin Burt on Team Member of the Month in the category of Excellence in Interprofessional Collaboration. Erin’s sweet spirit enhances CCH2 tremendously. Erin’s conversations with patients and staff members are truly genuine and compassionate.*

Erin is a Chaplain Resident assigned to CCH2. Erin moved to Richmond from her hometown of Atlanta, Georgia. She received her undergraduate degree in psychology and sociology from Georgia State University. As Erin completed her Master’s degree in Business Administration, she worked in Student Affairs at Georgia State. Ultimately, Erin moved to Richmond to attend Seminary at Union Presbyterian.

In her spare time, Erin enjoys being outdoors. She loves all that Richmond has to offer, such as the South of the James Farmer’s Market and kayaking on the James. Also, Erin is currently in the process of hiking a section of the Appalachian Trail!

As a chaplain, Erin builds relationships with patients and staff. Erin more than exceeds with this role. She makes you feel like the most important person when communicating with you and really makes you feel heard. Erin finds a person’s story a great way to learn how to care for and support them. She finds it important as chaplain to adapt her approach to caring for patients and families to their specific needs, which helps her to support and advocate for them. This has allowed her to grow and learn new things here on CCH2 daily. Her ability to advocate and adapt care is very special, and leaves lasting impression. Erin’s insight on CCH2 has made has a positive impact on the staff of C2.

Thank you for showing us compassion and love, and how to positively display that to our patients and families.