

CLINICAL PASTORAL EDUCATION (CPE)

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Report on a course of study undertaken on sabbatical: August – September, 1999

This is a report of one month's sabbatical leave spent on a course of Clinical Pastoral Education (CPE) offered by the Republic of South Africa CPE Association, in Cape Town, RSA. I attended this course because I only had one month of leave available and this was the only one month course I could find. Because of the exchange rate, it was probably no more expensive than a course nearer the UK, had such a course been offered. (There is no CPE course or its equivalent, offered in the UK, although there is in Ireland).

The course was for chaplains, trainee chaplains or seminarians. It ran for either one month or three months. A full-time chaplain in South Africa is expected to take two three-month courses. There were 14 students, ranging in age from 28 to 65 years, man and women, ordained and lay, religious and secular, Roman Catholic and three different kinds of Protestant, of whom I and two others were Anglicans. Seven of the participants enrolled for one month and the other seven for three months. It was an international group of students, with people from Scotland, USA, Mauritius, India and South Africa and we were taught together for the first month. There were three **excellent** supervisors. The course was taught in English (!) and the venue was Groote Schuur Hospital, famous for being the place where the world's first heart transplant was performed by Dr Christian Barnard. It is a State hospital, catering for those who do not have (and mostly cannot afford) private health insurance. (Most of those who can are white). As in Cape Province, the languages spoken are English, Afrikaans and Xhosa. I spoke only English and most people were generous in trying to use English with me, when it was quite clearly their second or third language. Where this was not possible, I improved my non-verbal communication skills!

The days began with worship, led by each of the students in turn, followed by notices and then 'ver-

batim' reports of pastoral visits. These were highly structured accounts of conversations with patients with a request by a presenter for a particular 'learning outcome'. The request we addressed to the small group of eight (including a supervisor) with whom we worked at this for the whole month. We were required to write two verbatim per week. After a coffee break, we went to the wards to which we were assigned for the month. My placement was with a cancer ward. After an hour and a half on one ward, we stopped for lunch, followed by a 'teaching session'. Coffee break came next, then a further hour on the ward and then up to an hour of debriefing so that we were able to 'leave the patients behind', knowing that God had not left them.

This structure continued for the duration of the course, only occasionally being changed for specific reasons, such as an external teacher coming in or a visit to specific wards such as neo-natal and intensive care wards.

The value of the course lay in the professionalism which was required of the students and the professionalism given by the supervisors. Although we began at 8.00 am, they had already been meeting for an hour before we arrived. Their care of us was often rigorous but also careful. We knew after a while that we were not only being taught but also prayed for individually. Each one had an individual supervisor on whom we could call if necessary (and for every one it did at times become necessary). For example, it did not dawn on me that I had mentioned my best friend who had died some years ago, of cancer until I returned home and re-read my letter of application for the course. That, of course was why I was assigned to a cancer ward. My first verbatim brought up these memories for me and my tears flowed. My supervisor asked me if I needed a hug and I did! As we said 'good-bye', I thanked her for her supervision and also her spiritual direction. "Oh, so you noticed!", she said. I had! We were also

enjoined to be careful of ourselves and to be as fully prepared as possible before each visit. We were told never to go into the ward without our co-chaplain, who would remain there after we had left. It took one of us several days of looking for this person before he was informed with much mirth that the co-chaplain was Christ!

Part of my education took place outside the course. Cape Town is not the whole of South Africa, but it is a very interesting part of it. I lived in the hospital residence, with doctors, nurses, radiographers, occupational therapists etc. I was given an en-suite room with a heater and five other people on the course lived in the same corridor. The hospital staff all cooked in their own rooms or ate out. There was a kitchen with a fridge but no cooker. For the first two weeks, the fridge was padlocked as the nurse with the only key was on holiday! We were lent an electric frying-pan and a kettle and we mostly ate communally and became very good at one-pot cooking and using yoghurt pots and other plastic containers as dishes. Towards the end of the first week, I bought some cutlery and plates, to make life easier in the mornings. Into the second week, someone else bought a frying pan, a saucepan and a two-ring hot plate. Luxury!

At the beginning of my stay, I was un-nerved by mini-buses going along the road with young men inside shouting at passers by. I was soon told that they were not yelling at me personally, but hoping I would ride in the 'taxi' the destination of which they were hollering. Within a day or two, I was riding in them. The only thing which did curtail my exploration of the city was the fact that the advice I was given (by patients and others) was that it was not safe to be out after dark on my own or even with a man if we looked like tourists). Also, Cape Town is the pick-pocket capital of the world, or so it claims.

Having been warned, I am glad to say I lost nothing. I was living in a part of the city which was quite racially mixed and vibrant. Even so, there were bars on everyone's windows and grills in front of all the doors. Kalashnikov rifles are illegal but I am told that they can be heard firing in certain parts of the city. Fortunately, I never heard them, though there were victims of gang warfare in the hospital.

I hope and expect the course to be useful, as well as educational and an aid to personal growth, both of which I take to be professionally valuable as well as personally satisfying. I am moving into a phase in my part-time work in Community Mental Health Chaplaincy, in which I envisage offering training in Pastoral Care, particularly of those who have suffered from mental illness and are living mostly in the community. This training, along with on-going support to individuals and groups, will be offered initially to faith groups and ministers, congregations and clergy, to enable them to be a trained and informed resource to the communities in which they are placed and to which they minister. My experience both of the content and manner of my training via CPE will, I am certain, inform and direct my future training task.

After the course ended for me, I was able to stay on in the accommodation, while taking time to explore a bit further, going to Roben Island and Cape Point nature reserve, to view the Cape of Good Hope and the Simonstown penguin colony. I also had a good view of two southern right-whales. No lion, hippo, water-buffalo, elephant etc. I had been too busy and besides I can see them next time!

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