ACPE
The Standard for Spiritual Care & Education

Certified Educator's Confidential Evaluation Cover Sheet

Student's Name: **Nicholas Zanders**	
Student's Faith Affiliation: **Nondenominational**	
CPE Program *(check all that apply)*: ■Residency ☐ Extended ☐ Summer ☐ Single unit	
Year: 2025-2026 ■ **Fall** ☐Winter ☐ Spring ☐ Summer ☐ Other:	
Program Type: ■ **CPE Level IIF** ☐ Supervisory CPE	
Completion Rate: received credit for ■ 1 unit ☐ ½ unit ☐ No credit	
Number of previous units completed in this center: 0	ACPE units completed in other centers: 4
CPE Center: **Baylor St. Luke's Medical Center**	
Address: 6720 Bertner Ave., Houston, TX 77030	
Certified Educator(s) Name(s): **Deborah Whisnand**	
Certified Educator Candidate (if applicable): N/A	
Date of Unit Evaluation: **Nov. 19 & 20, 2025**	
Start and End Dates of CPE Unit: **Aug 25 – Nov. 20, 2025**	
Date *evaluation* was sent to student: 11/11/2025	Within 21 calendar days: X Yes ☐ No
Date *Student Unit Report* was submitted to ACPE: 11/09.2025	Within 21 calendar days from the end of the unit X Yes ☐ No

Student's Rights and Responsibilities:

- This CPE unit wascomprised of at least 400 hours combining no less than 100 hours of structured group and individual education with supervised clinical practice in ministry..
- This report has been made available to me within 21 calendar days of the completion of the unit.
- I can respond formally by writing an addendum, if I choose, only after discussing this report with my Educator. This addendum (written response) then becomes part of my student's record
- If I have chosen to respond formally by writing an addendum, my response is attached to this report. If I have attached an addendum, I will indicate this (at the place of signature in this document), sign the document, attach my addendum, and return all items to the CPE Center. I will return the signed evaluation to the center according to center policies.
- The timeline and deadline for student response and return of the supervisor's evaluation are established by the center's policies.
- I understand it is my responsibility to retain copies of this report and all evaluations written by my Educator and me.
- The CPE Center will retain copies of both documents for 10-years from the date the evaluation was sent to the student (10-year suspense date). After 10 years, the center's record retention policy will determine what will happen with the documents.
- These evaluations will not be available to anyone else except with written permission from the student. Exceptions: see ACPE Accreditation Manual, Appendix 7B.
- I have received this report, read it, and have been given an opportunity to respond to it informally and/or formally. My signature confirms acknowledgement of these rights and responsibilities and receipt of the educator's unit evaluation.

Signature: Nicholas Zanders — 12/11/2025 (Date Received) — 12/11/2025 (Date Signed & Returned)

CPE Student

Addendum: ☐ Yes ☐ No

Signature: **N/A**

Certified Educator Candidate *(if applicable)* — Date Signed

Signature: Deborah Whisnand — 12/11/2025

ACPE Certified Educator — Date Signed & Sent to Student

Baylor St. Luke's Medical Center
Clinical Pastoral Education
Second Year Residency 2025-26
CPE Level IIF Evaluation

Name: Nicholas Zanders
ACPE Credit/Level: Level IIF
Unit I - 2025-26 Second Year CPE Residency
Unit Dates: August 26 - November 21, 2025
Educator: Deborah Whisnand

Introduction

Nicholas Zanders successfully completed Residency Unit I of Level IIF Clinical Pastoral Education in a Second Year CPE Residency at Baylor St. Luke's Medical Center, which is accredited by ACPE - The Standard for Spiritual Care & Education (We Work, Floor 4, 120 West Trinity Place, Decatur, GA 30030, www.acpe.edu). He addressed his learning goals and education requirements while providing faithful and competent spiritual care.

The Learning Center

Baylor St. Luke's Medical Center (BSLMC) is an adult care hospital jointly owned by the Baylor College of Medicine and St. Luke's Health, a part of CommonSpirit Health. BSLMC is a 850-bed teaching hospital located on the campus of the Texas Medical Center with an average daily census of 620. The hospital's major programs and service lines are Cardiology & Heart Surgery, Gastroenterology & GI Surgery, Neurology & Neurosurgery, Oncology, Orthopedics, Pulmonology, and Transplant Services.

Baylor St. Luke's is accredited by ACPE to offer programs of Clinical Pastoral Education (CPE) Levels IA, IB, IIA IIB and IIF. BSLMC's current CPE programs are First and Second Year Residencies and six-month Internships (Extended Units). The CPE Faculty included Deborah Whisnand, CPE Manager, BCC, and Jim Duke, part time CPE Educator for the Internship.

The CPE Program collaborates with the Mission Spiritual Care department of BSLMC. Housed in the same office suite. CPE Faculty and Students serve in tandem with the Spiritual Care department Director, six Chaplains and four PRN's to provide round-the-clock spiritual care coverage. CPE Students participate in most activities of the department, including weekday morning and afternoon On Call Report and mid-week prayer services. Residents plan and lead the Sunday Ecumenical Christian worship service when serving as the Sunday On-Call

Chaplain.

The Residency Peer Group included one woman and three men. Two are Second Year Residents:
- Nicholas, "29 year-old, Non-Denominational Evangelical deacon who is African-American. 2nd-Year Chaplain Resident with clinical specialty in kidney disease and transplant. He was a first year resident at Houston Methodist Hospital at the Texas Medical Center."
- "62 year old Anglican priest from Nigeria. Before going into the ministry, he was an Engineer for Oil & Gas Energy companies for 25 years. He is married and has four children. He is the Pastor of a multiracial Anglican church here in Houston and the Archdeacon of Houston churches in the Anglican Diocese of All Nations (ADAN) under the Province of Anglican Church in North America (ACNA)"

The two first year Residents are:
- "57 y.o. Non-Denominational, female pastor is originally from South Korea, with an M.Div. from Fuller Seminary. She has been a missionary and did a CPE Internship at Memorial Hermann."
- "55 year old Nigerian-Born Evangelical Pastor & Public Policy Scholar, ordained minister with 20+ years of bi-vocational pastoral leadership; holds a graduate degree in Public Policy Analysis (University of St. Thomas, Houston). He had an extensive stint in public-sector governance and healthcare administration, and is a champion of interfaith dialogue and religious liberty"

Unit Curriculum

The seminars included the following:
- Orientation
- Reading and Discussion "Becoming Story Companions"
- Unit Goals Presentation
- Spiritual Care to the Jewish Population, Chaplain Hope Lipnick
- Conversation Micro Skills, Deborah Whisnand
- Reading and Discussion "The Nature of Loss," *All Our Losses All Our Griefs*
- Webinar "Ambiguous Loss and Its Impact on Spiritual Healing," APC
- Genogram Presentations
- Reading and Discussion "The Dynamic of Grief," *All Our Losses All Our Griefs*
- My Grief Narrative Presentation
- Spiritual Care to the Muslim Population, Chaplain Ali Candir
- Asking & Responding Exercise
- Tracking Exercise
- Reading and Discussion "Health and Spirituality," Jim Duke
- Webinar "The Grieving Voice of Pregnancy Loss," APC
- Unconscious Bias
- Hospice Documentary "The End Game"
- Social Identity, Deborah
- Personal Needs and Self Care

- Research Article "The Taxonomy"
- Webinar "Chaplains as Midwives to Reorientation: A Narrative Approach to Spiritual Care" APC
- Discussion about Self-Evaluation Document
- Second Year Residents' Research Presentations
- Spiritual Care Retreat, Two Days at Camp Allen
- 9 Interpersonal Relation Seminars (IPR)
- 15 Verbatim Presentations
- Movie "The Piano Lesson"
- 4 Evaluation Sessions.

Introduction

Nicholas Zanders is a bright and compassionate member of a Nondenominational church. He claims a strong set of values from his Christian faith and tradition. He has a firm sense of his identity as an African/Black American man.

Nicholas enjoys learning and has relished being a Second Year Resident with a clinical specialty in kidney disease and transplant. His self-evaluation document is a thorough record of his research and activity as the specialized chaplain that I commend to the reader. He did research, summarized and presented his learning and applied it to his spiritual care encounters.

I Learning Goals

Nicholas' Professional Goal was "to deepen my competence in caring for patients with kidney disease and transplant by engaging in research on the psychosocial and spiritual dimensions of kidney disease and transplant, and by integrating insights from research into my clinical practice." He engaged in various activities to learn about the kidney clinical specialty. He met in one-on-one meetings with healthcare professionals, such as the kidney inpatient coordinator, a nephrologist, kidney transplant social worker, and kidney transplant nurse practitioner. He began attending the Multidisciplinary Kidney Rounds three times a week. He consulted and worked with the Preceptor, Chaplain Marlon Heard, to find research articles. He found other articles and watched videos on dialysis and kidney transplantation. He bought and is reading a book entitled *Thriving with Kidney Disease.* He presented a summary of four of the research articles.

His Personal Goal was to "strengthen my emotional boundaries by cultivating awareness of when I am carrying patient's or families' emotions beyond the encounter and by practicing intentional strategies to release what is not mine to carry." He addressed this goal primarily by enhancing his self-care. This included intentional breaks, debriefing of challenging visits, and physical exercise (boxing workout). He mentioned in some verbatim analyses that he was "being present without overidentifying with [the patient's] pain or becoming overwhelmed."

Nicholas' Interpersonal Goal was "practicing vulnerability by sharing at least one personal struggle or area of growth during group sessions each month." In his self-evaluation document, he reported the sharing of troubling interactions with a Staff Chaplain. In the session, he explored his reactions and possible responses in the future. He found understanding and empathy from his peers. Nicholas sought to know his peers and increased his vulnerability in the group sessions.

On other occasions, he spoke about discrimination and prejudice against Black Americans. He did not talk about his personal experiences. He regularly shared how he felt as the IPR sessions began.

II Clinical Specialty

With a clinical specialty for his Second Year Residency, Nicholas eagerly began to educate himself about the medical, psychosocial and spiritual experiences of kidney patients. I recommend his self-evaluation document for a more detailed account of his learning about the diagnoses, treatment and needs of the patient. His knowledge was reflected in some verbatim presentations.

A growing edge is his spiritual care with dialysis patients. Visiting regularly in the dialysis unit seems a challenge with other patient obligations.

III Outcomes and Indicators

Category A: Spiritual Formation and Integration

Outcome 1: Narrative History

IB.1 Demonstrate awareness in the moment when a care encounter intersects with elements of one's narrative history.

Nicholas has a firm sense of his identity as an African American man living in the United States. He has an understanding of "the historical and systemic challenges faced by minorities." He watches for this same appreciation in the patients that are Black or other minorities. He is keenly aware of who he is going into a patient room. In the written verbatim presentation with a 45 year old, African American woman who had received a kidney, he wrote:

> I was aware of the importance of honoring her experience as a Black woman,...This awareness likely influenced my approach to listening carefully and creating a space where she felt safe to express vulnerability, especially around her family dynamics and emotional struggles that might be shaped by societal expectations of Black women as caregivers and pillars of strength.

The patient cried and talked about her lack of support by her family and desire for it as he listened to her.

Outcome 3: Spiritual/Values Based Orienting Systems

IIB.3 Demonstrate how one's orienting system interacts with the care receiver's orienting systems when providing spiritual care.

Nicholas is aware in patient encounters of similarities and differences between his orienting system and that of the care receiver. In a verbatim with a 66 year old, Hispanic man that was facing an amputation of a leg, Nicholas concluded that his belief that God is "an active, sustaining presence amidst diversity" mirrored the patient's expressed faith: "I'm holding on to the Lord right now. He's the only one who has kept me." In a verbatim with a 58 year old, African American man who was Jehovah's Witness and received a kidney transplant, Nicholas used the patient's words. He affirmed the man's claim that the kidney was a "gift from Jehovah" that he had chosen to accept. Nicholas is sensitive to the beliefs of others. His growing edge is to invite a Christian patient to explore the meaning of the stated belief or practice in light of the hospitalization or illness.

Category B: Awareness of Self and Others

Outcome 1: Self-Care

IIB.4 Evaluate how one uses self-care practices, including trauma informed approaches for support of wellbeing, including when providing spiritual care.

Nicholas was and is practicing self-affirmation as he claims his gifts and strengths. With the growth of his identity as a chaplain, he sometimes experiences that his family and friends sometimes "just don't get it." He is finding it important to "speak his truth" to those persons that matter to him.

His self-evaluation document contains comments about various aspects of his self-care. He often references a self-care behavior, demonstrating his awareness of the need and his intentional practice. While he mentioned being "overwhelmed and exhausted with the demands of CPE" around mid-Unit, he seems to have found a routine that sustains him.

Outcome 2: Justice-Seeking Awareness of Bias

IIB.5 Evaluate one's ability to address bias and seek justice when providing spiritual care as appropriate to one's context.

Articulate your biases about the specialty and its patients before you became the specialty chaplain.

Nicholas identified his bias that kidney failure was the result of individual choice prior to his research into the diseases and experience with patients. He seems to have a positive bias about Christians. As noted above, he could increase his intervention to invite the Christian patient to reflect on specific beliefs or practices.

Category C: Relational Dynamics

Outcome 1: Empathy

IIB. Demonstrate the use of empathy when providing spiritual care.

Nicholas feels the feelings of the other person and leans into her or his world with his responses. For example, with a 45 year old, African American woman, he validated her desire for more support from her husband and family and her fear about whether the transplanted kidney would function properly. She cried as she talked. It was an effective spiritual care encounter.

Having been away from CPE and chaplaincy for a year, initially Nicholas found himself asking, "Did I do a good job?" He has explored some factors, such as "being comfortable in my own skin," his calling by God, and his gifts that affirm his role. He has reflected on his competency with the Preceptor, Marlin Heard, who is a Baptist African American Staff Chaplain.

With peers, Nicholas has been vulnerable and honest. In IPR, he expressed his feelings and gave his opinions about an issue external to the Residency group that was impacting them. He shared his perspective about societal issues and problems as an African American man. He has begun to give feedback to the peers in verbatim and IPR sessions.

Outcome 3: Group Dynamics

Comments from the peers' evaluation included the following:

- "Nicholas, you are my co-2nd year Resident and we share a lot of knowledge together. I like the passion and dedication you put into learning your specialty. Keep being focused and I see a greater you in future.
- "NZ brings outstanding energy and promise to our team, and we have developed a genuine sense of camaraderie. As a fellow Black resident, our shared cultural background has fostered mutual understanding and strengthened our connection in the clinical environment. I admire NZ's resilience as a second-year resident and his clear passion for chaplaincy, which uplifts the atmosphere and inspires others to stay engaged and enthusiastic. From NZ, I have learned the value of perseverance and enthusiasm in challenging settings. His proactive approach to teamwork encourages me to bring my best self to each encounter, and his openness about his journey sparks thoughtful dialogue.
For feedback, NZ does not make up his mind easily. He is usually very hesitant and he overthinks. I would encourage NZ to be more intentional in his decision making so as to avoid 'paralysis of analysis.' That said, his presence is invaluable to our group, and I look forward to learning more from his enthusiasm and dedication as a Chaplain resident.
- "I value the genuine curiosity and vulnerability that NZ brings to the group. I specifically appreciated his honesty in sitting next to me and sharing his true emotions, which fosters a climate of psychological safety. As a point of growth, I communicated to NZ that in moments when I am under pressure (such as when I am on call), I need practical assistance and direct action. Questions about my emotional state ("Are you stressed?")

or my personality type at that moment, while well-intended, are less helpful than direct assistance."

Category D: Spiritual Care Interventions
Outcome 1: Develop Spiritual Care Relationships –
IIB.10 Evaluate one's use of communication styles and skills, including trauma informed approaches.

Nicholas uses a variety of conversation responses, including tracking, reflecting content and emotion, asking open-ended questions and some paraphrasing. While he has a tendency to look for "happy endings," he is able to hear and affirm the struggle or distress of a patient.

He wrote one verbatim with a White individual, a female just a few years older than he. She was feeling "hopeless" about chemotherapy and her progress. Nicholas concluded that he could "stand in solidarity with the patient's suffering" because of "a legacy of knowing what it means to be overlooked and marginalized." His "lived experience [as an African American man] sharpens my awareness of invisible pain and deepens my commitment to honoring the patient's dignity."

He wrote two other verbatim with African American patients and one with a Hispanic man. A growing edge is to further define his approach and response to Caucasian patients.

Category E: Professional Development
Outcome 4: Teamwork and Collaboration
IIB.17 Evaluate one's ability to be a spiritual care presence with and for the larger care team.

As mentioned above, Nicholas has initiated relationships with other healthcare professionals in his clinical specialty. He is pursuing consultation with them as he attends MDR's and other meetings. His role as a Chaplain for them is a growing edge.

Outcome 5: Research Based Care
IIB.18 Integrate relevant research into one's practice of spiritual care in the clinical specialty.

Nicholas' self evaluation document and his verbatim presentations demonstrated his research and knowledge about the clinical specialty and his integration into his practice.

IV Conclusion

Nicholas Zanders has met the requirements for a Level IIF of Clinical Pastoral Education. He is demonstrating in his role as a Second Year Specialty Chaplain what is critical. That is, he is a competent chaplain providing spiritual care to diverse persons in

routine and critical care encounters. I look forward to working with him in the coming CPE Units.

Deborah Whetsell
ACPE Certified Educator

12/11/2025
Date