Capturing the Soul: Narrative Notes for our Healthcare Culture

NACC Annual Conference 2015
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WELCOME
Opening Reflection

Visitation by Carrie Newcomer

Presentation of Theme

..Capturing the Soul…in Narrative

- Why this theme/topic now?
- What about our (Gordon, Anne) individual work experiences to date cause us to lean into this topic more intentionally?
- What does this topic have to do with:
  - “charting and the new technology”
  - with our capacity to hold and befriend Mystery
  - with the “value added” that we bring to our life and ministry
  - With the transformation of each other and our healthcare system
Objectives

- Appreciate the value of narrative in retelling one’s own story
- Appreciate the value of narrative in medicine
- Introduce the creative use of narrative in “capturing the soul” in chaplain charting.
- Review existing principles & guidelines that support qualitative/credible charting practice.

A Guiding Conviction

Writing in the medical record is a primary way of improving a chaplain’s contribution as an integral member of an interdisciplinary team.
Risking Clarity

The effort really to see and really to represent is no idle business in face of the constant force that makes for muddlement.

Henry James

A Humanist Understanding of Spiritual

Whatever works to enhance and maintain the beauty and resilience of the human spirit.
The Health Care Culture as Context for Charting...

- Humanistic
- Pragmatic
- Decisive
- Egalitarian
- Busy
- Driven by organizational (financial) pressure
- Diverse with inter-dependent care-giving disciplines
- Awash with administrative focus on measurement
- Increasingly technological

Patient Encounter
Story of Mr. B

“I want to tell you what I love and what I will miss before I let go.”
Qualitative Chaplain Charting (what some say…)

- “Why bother, nobody reads our notes anyway”
- Feeling isolated, perception of not being valued in role and/or organization
- Time constraints
- Limitations of EMR structure
- Fear of liability, HIPPA regs, PHI (protected health information)

Who Reads Chaplain Chart Notes?
Chaplain Clueless of the Value of His Notes

Who Seeks Chaplain Notes for Patient Care
Who Reads Chaplain Chart Notes When They See One?

Perceived Quality of Chaplain Chart Notes

Understandable

Substantive

Useful
Who reads chaplain chart notes at Massachusetts General Hospital?

- 50% of nurses often or almost always seek chaplain chart notes for insight into patients.
- 70% of nurses often or almost always read a chaplain chart note when they see one.
- Overall IDT members see usefulness of chaplain chart notes as 7 on a scale of 1-10.

Gently Turning Together...
Narrative invites the soul into dialogue with oneself – to enter the Mystery of the unknown.

Holding Mystery

“Contemplation – a long, loving look at the real”
Walter Burghardt, SJ
Mystery does not require action; Mystery requires our attention.

“We have not been raised to cultivate a sense of mystery. We may even see the unknown as an insult to our competence, a personal failing.

Seen this way, the unknown becomes a challenge to action. But Mystery does not require action; Mystery requires our attention. Mystery requires that we listen and become open.

When we meet with the unknown in this way, we can be touched by a wisdom that can transform our lives.”

Rachel Naomi Remen

“If service is the work of the soul and meaning the language of the soul, then mystery is the presence of the soul.”

Rachel Naomi Remen
Narrative Medicine
Rita Charon, MD

- Deductive reasoning has a way of silencing and reducing stories.
- We’ve been so long into problem solving and often science without soul
- Ways of thinking that we find comfortable – detachment is often less demanding and removes us from the “gray”?
- Telling stories time and time again to help patients begin to heal from trauma (both real and imagined)
- Consequences when we are only trained to think in a linear fashion. Our brain forms habits of mind around certainty.

Attention
Representation
Affiliation

As we together (health care professionals and patients) delve into the challenges and rewards of serious storytelling in illness, we see with new clarity deep aspects of the illness, the sick person, the situation of care, and the person who cares for the sick.

We see, too, new avenues opening toward the human affiliations that alone can ease suffering, those bonds that indeed unite us...with all who have suffered.

Rita Charon, MD
The Power of Story and Storytelling

Life is an activity and a passion in search of a narrative…Our life is the field of a constructive activity, by which we attempt to discover…the narrative identify which constitutes us.

Paul Ricouer

Our very selves are perpetually recreated in stories. Stories do not simply describe the self; they are the self’s medium of being.

Arthur Frank

Story is the mind’s way of molding a seeming whole from out of the messiness of the distributed, modular brain. At the same time, shared stories are the only way anyone has for escaping the straightjacket of self. Good medicine has always depended on listening to histories. So any attempt to comprehend the injured mind naturally inclines toward all the devices of classic storytelling…Only inhabiting another’s story can deliver us from certainty.

– Richard Powers
Being Mortal
Atul Gawande

Our most cruel failure in how we treat the sick and the aged is the failure to recognize that they have priorities beyond merely being safe and living longer; that the chance to shape one’s story is essential to sustaining meaning in life;

and that we have the opportunity to refashion our institutions, culture, and conversations to transform the possibilities for the last chapters of all of our lives.

Patient Encounter: Story of Mr. D

Chaplain note:
“Pt appears quite disturbed and declining my invitation to offer a prayer. No need for further visit at this time.”

Patient’s words: “I need to tell someone this before I die...I need to get these words out, they have been like an albatross around my neck for my entire life!”

Sample of Chaplain Notes

- Patient does not seem to speak or understand English therefore unable to provide full spiritual assessment. Said prayer softly at bedside.

- Patient appears not interested in praying, requesting more information about living wills. Will contact nursing staff.

- Patient does not appear religious, seems very agitated. Contacted nursing staff to address patient’s agitation.

- Patient requested to talk to someone about “putting him out of his misery” – will notify nursing staff of patient’s concern. Gave patient booklet to read on “finding spiritual peace”.

“What you encounter, recognize or discover depends to a large degree on the quality of your approach. Many of the ancient cultures practiced careful rituals of approach. An encounter of depth and spirit was preceded by careful preparation.

When we approach with reverence, great things decide to approach us. Our real life comes to the surface and its light awakens the concealed beauty in things. When we walk on the earth with reverence, beauty will decide to trust us. The rushed heart and arrogant mind lack the gentleness and patience to enter that embrace.”

— John O’Donohue

Beauty: The Invisible Embrace
Bearing Witness

It is true that many people with or without religious affiliation who are facing death find the need to “narrate” their experiences as a part of the search for meaning that in some ways characterizes the essence of our human condition.

The best chaplains speak little but listen intently, becoming a container for all that the patient needs to share and then with great care sifts through and captures the “pearls” that the larger medical team need to know and weaves a narrative note that is full of deep listening, reverence and truth. Charon, R (2006)

Listening as CARE

"Sorry I'm late. I was talkin' to Mrs. Wilson, an' she couldn't stop listenin'!"
The Ear of a Spiritual Caregiver

- **Personal Listening** – patient oriented alertness for inner concerns and delights

- **Diagnostic Listening** – Discovering needs, either felt or latent, according to the listeners framework of understanding

Cultivating soul in narrative

Creating a brief narrative summarizing a persons unique, current human reality and life situation...

is especially important given our emerging method of documenting in the electronic medical record.

Checked boxes in charting formats may be organizationally necessary for data collection but are routinely ignored by IDT members.
Narrative Sentences to Consider for Relevance

- Key first sentence – “This is a ....
  - Stories! - of admission, course of the condition, recent medical events, family attitude vignettes....
- How the patient/family related with you
- Current moods, attitudes, values
- A quote – “What’s on his mind/heart right now?”—with chaplain interpretation
- Relationships of support and concern (Who loves him and what disturbs him?)
- Brief religious comments if relevant (minimize jargon)

Bullet points for efficiency

- Factual comments
- Patient Impressions
- Observations
- Plans
- Quotes -interpretation
- Family impressions
Chaplain Chart Note 1-A

*****

Sat quietly with pt as he retold the “pain of his past life” and expressed a desire for renewed peace in “the time remaining”. Expressed clear understanding of his severity of illness – “it seems like this cancer has caused my heart to be very weak and therefore I want to die without the assistance of machines and all the bells and whistles.” Pt requesting to see his life long friend of many years who is due into town within the next 48 hours. Provided update to medical team of above conversation. Will continue to accompany patient and collaborate with medical team in honoring patient’s expressed wishes.

Chaplain Chart Note 1-B

*****

Sat quietly with pt as he retold the “pain of his past life” and expressed a desire for renewed peace in “the time remaining”.

- Pt. Expressed clear understanding of his severity of illness – “it seems like this cancer has caused my heart to be very weak and therefore I want to die without the assistance of machines and all the bells and whistles.”
- Pt requesting to see his life long friend of many years who is due into town within the next 48 hours.
- Provided update to medical team of above conversation.
- Will continue to accompany patient and collaborate with medical team in honoring patient’s expressed wishes.
On initial visit, pt lying in bed with face turned to the window – not making eye contact when name is spoken. Per nursing staff pt is “very depressed” given the recent loss of his partner of 37 years. Invited pt into conversation about what matters most to him as this time in his life at which point he responded, “I just want someone to listen to me without judgment and stop telling me - “things will be alright”. I know how sick I am but lying to me is making me withdraw more from myself and everyone around me.” Offered gentle listening, pt expressed gratitude for visit and requesting follow-up chaplain visit tomorrow after his scheduled surgical procedure. Will notify on call chaplain of pt request. x6035

- Invited pt into conversation about what matters most to him as this time in his life at which point he responded, “I just want someone to listen to me without judgment and stop telling me - “things will be alright”. I know how sick I am but lying to me is making me withdraw more from myself and everyone around me.”
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When to write an extensive narrative?

- First to chart after admission
- Referred by staff
- High Acuity
- Comprehensive unit assignment
- Significant chaplain-recognized issue
- Uncommon depth of conversation
- Palliative Care consult

Learn to Use Your Intuition

- Listen to yourself, your perceptions
- Hear your inclinations
- *Intuit* the bigger picture
- *Check out* inclinations with thought
- *Strategize* best language
- Ready yourself for *critique*
Spiritual care notes are:

- Human to Human (Intersubjective)
- Earthy (vs. tidy, neat, proper, correct)
- Stark, Striking, Interesting, Punchy, Pithy
- Quote Illustrated
- Intuitive
- Concise

**Primary Arenas of the Human Spirit**

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<th>Transcendent Spirituality</th>
<th>Communal Spirituality</th>
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<td>Hobbies</td>
<td>Help Getting</td>
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Some charting taboos

- Excess verbiage
- Neat jargon (chaplain focused)
- Unnecessary rationalizations
- Pedantic over-explaining
- Superfluous self-reference
- Annoying redundancy
- Subtle image enhancement
- Justifications for your worth
- Critique of other professionals’ care

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Words That Work in my Palliative Care practice
(by invitation not invasion)
How I invite narrative...

- Help me to understand…
- Tell me more…
  - He/she is very **fragile** at this time…(to family)
- If you were to write a book about your life, what would the title be?
  - I am sensing there is something you want to tell me…
  - I would like to learn more about your story…
  - What are you hearing in what I just said…
- It saddens me to not have the news that you were hoping for…
- When one is sick, “they take to their bed”, dying is illness magnified.
  - Sometimes there are no words…
EMR Practice Guidelines

Think Quality
Think Validity
Think Relevance
Think Referral

◊ LESS IS MORE - when in doubt, keep it concise & simple.
◊ To work on the craft of note writing (narrative)…this is an art form (it gets better with experience)

Peter Kim, Ph.D., M.Div. - Pastoral Care Department
Bon Secours Richmond Health System

Narrative in Practice

LISTENING & LEARNING FROM EACH OTHER
Questions, Discussion, Wrap Up

We Look With Uncertainty

We look with uncertainty beyond the old choices for clear-cut answers to a softer, more permeable aliveness which is every moment at the brink of death; for something new is being born in us if we but let it.

We stand at a new doorway, awaiting that which comes... daring to be human creatures, vulnerable to the beauty of existence Learning to love.

--Anne Hillman