1. Context

IMPROVING YOUR CHART NOTE NARRATIVES

PERSON (HEALTHCARE VIEW)

Mind

Body

HUH?
CHAPLAIN CLUELESS OF THE VALUE OF HIS NOTES

WHO READS CHAPLAIN CHART NOTES AT ONE WORLD CLASS 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

OBJECTIVES FOR PARTICIPANTS TO

- Appreciate the value of narrative in chaplaincy
- Design quality first sentences in your chart notes
- Expand and humanize your spiritual assessment frameworks and process
- Decide to try capturing the soul descriptions in your charting.

THE STRENGTHS OF CLINICAL CHAPLAINCY

No Physical Care Agenda or Assumed Treatment Capability

Free Access to Patients and Families

Dedication to Personal Listening

Religious Background, Sensitivity and Interest

Universal Positive Human Regard (egalitarian)
A GUIDING CONVICTION

Writing in the medical record is a primary way of establishing membership in and 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

THE HEALTH CARE CULTURE AS CONTEXT FOR CHARTING...

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

INTERDISCIPLINARY CONTEXT

Nurses – Chart what alerts us to the current support of this person’s human spirit, issues regarding discomfort of the patient or whatever interferes with the natural healing process

Physicians – Chart what will emphasize the patient and family experience (particularly attitudes) of what it is like for them to have this condition, and what may help them eventually integrate it into their lives with acceptance
“Humanism in all its simplicity is the only true spirituality.”

Albert Schweitzer

The human spirit –
the élan, liveliness, enthusiasm, resilience and wholeness of an individual’s core

BENEATH CULTURE
Aspects of life common to all cultures:
- basic emotions
- efforts at survival
- human relationships
- sexuality
- hunger for love
- parenting
- religious beliefs and practices

A PRAGMATIC UNDERSTANDING OF SPIRITUAL
Whatever works to enhance and maintain the beauty and resilience of the human spirit.

SPIRITUALITY - DEFINITION
All that an individual values, does, practices, believes, and decides in order to cope with, enjoy, and find meaning in what can’t be controlled –

(including the natural world and relationships with oneself, other people, transcendence and communities of importance)

(How a given person cares for her own human spirit)
NARRATIVE INVITES THE SOUL INTO DIALOGUE WITH ONESELF – TO ENTER THE MYSTERY OF THE UNKNOWN.

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 stories. 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
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.

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.

Rita Charon, MD
(2006)