**Function**

To communicate meaningful information about the patient/family situation to the interdisciplinary team

**A Suggested Format**

Three Parts to an Initial Chart Note

1. A first sentence describing the patient, ending with the most salient information
2. A two or three sentence narrative that “captures the soul”
3. Two to four bullet points representing what happened in a spiritual care encounter, identifying spiritual needs, attitudes, and plan
Capturing the Soul in Narrative

Creating a brief narrative summarizing a person’s unique, current human reality and life situation…is especially important given our emerging method of documenting in the electronic medical record.

Checked boxes and lines to fill in charting formats may be organizationally necessary for data collection but are routinely ignored by IDT members.

The First Sentence is key.

This is a ... who....

1. Call me Ishmael.
2. It is a truth universally acknowledged, that a single man in possession of a good fortune, must be in want of a wife.
6. Happy families are all alike; every unhappy family is unhappy in its own way.
9. It was the best of times, it was the worst of times, it was the age of wisdom, it was the age of foolishness, it was the epoch of belief, it was the epoch of incredulity, it was the season of Light, it was the season of Darkness, it was the spring of hope, it was the winter of despair.

Most Salient First

- Work to put the most striking aspect of what you have recently discovered about this human spirit first, constituting the end of the initial sentence.
First Sentence Stories…of
• The admission – “What happened?”
• The reason you are seeing the patient, if relevant
• The course of the illness/injury
• What the patient was thinking as you entered
• The patient’s current apparent mood or attitude
• How the patient responded to you
• Attitudes about recent medical events
• Recent family happenings, attitudes, musings
• (any other story that brings either a light or a shadow to the eyes)
• __________________________

Lexicon – How Pt. related to you
• Guarded
• Chatty
• Grumpy
• Aggravated
• Sullen, taciturn,
• Suspiciously
• Forthright
• Warmly
• Openly
• Gratefully
• Critically
• Eagerly
• __________________________
• __________________________
• __________________________
• __________________________

Patient/Family
Attitude/Behavior
• Resigned
• Appreciative
• Very anxious
• Conflicted
• Divided
• Quiet
• Angry
• Resigned
• Accepting
• Knowledgeable
• Religious
• Animated
• Reminiscing
• Arguing
• Grieving openly
• Questioning
• Mutually Supporting
• Strategizing
• Calmly waiting
• Praying
• Hoping
• __________________________
• __________________________
• __________________________

Other Narrative Sentences to Consider for Relevance
• How the patient/family related with you
• Current moods, attitudes, values
• A quote – “What’s on his mind/heart right now?”— (with or without chaplain interpretation?)
• Relationships of appreciation and concern
(Who loves him and who disturbs him?)
• Brief religious comments if relevant (minimize jargon)
Bullet points for efficiency

• Factual Comments
• Chaplain’s Observations
• Chaplain’s Impressions
• Quotes (+ interpretation)
• Impressions of Family
• Plans of Care
• ______________________

Why bullet points?

Bullet points are efficient, focused, useful, easy to comprehend and the most likely way to slice through to the human side of other interdisciplinary team members who are intensely engaged in completely different professional missions and assessment frameworks.

Consider four types of bullet points

• How the patient/family related to you (today)
• Their attitudes, fears, concerns, annoyances, questions, about the troubling condition;
• Spiritual issues and any chaplain functions
• Anything significant/new about the patient in any other primary spiritual arenas

Make bullet points relevant to the IDT!!

When to consider writing an extensive assessment

• First to chart after admission
• Referred by staff
• High Acuity
• Comprehensive unit assignment
• Significant chaplain-recognized issue
• Uncommon depth of conversation
• Palliative Care consult
Continue improving use of Your **Intuition**

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