BULLET POINT CHARTING FOR INTERDISCIPLINARY EFFECTIVENESS
PART II: FASHIONING SUMMARY POINTS

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http://www.spiritualclinician.com
Family visited?

Patient enjoyed...?
PART I SUMMARY

- Context
- Concept
- Capture
- Courage
1 - **Context** - The humanistic, highly pragmatic context of health care culture calls for crisp and pointed descriptive statements from chaplains seeking integration onto teams.
PART I SUMMARY

- **2 – Concept** - Broad definitions of spirituality and religion, emphasizing the resilience, joy and challenges to the human spirit, minimize jargon and can be instructive to IDT staff.
3 - Capture the Current Soul - A framework of the primary aspects of human living can serve as a listening framework for fashioning brief narratives that capture the current soul of patients.
PART I SUMMARY

- 4 - **Courage** - Including specific observations and patient quotes, along with your best impressions of what they mean, adds usefulness to medical record charting and thus further includes yourself into the IDT’s umbrella of confidentiality.
BULLET POINT CHARTING - PART II

June 12, 2014

1 – Results from last week’s homework
2 - **Dual Focus**: Personal and Diagnostic
3 - Twenty One Common **Spiritual Needs**
4 – Defining and Refining Summary Points
   - Chart Note Evaluation Exercise
   - Q & A
5 – A Few Charting Taboos
6 – Wrap-up
Narrative + Bullet Points

(Two or five sentences that capture the soul)

(Two to five summary points that give practical focus to specific, current spiritual needs and plans)
Key First Sentence

Plan re: Spiritual Needs

"Capture the current soul" narrative

Bullet point summaries
"Sorry I'm late. I was talkin' to Mrs. Wilson, an' she couldn't stop listenin'!"
COMBINING PERSONAL WITH DIAGNOSTIC

Four Distinct Kinds of Listening:

- **Diagnostic** (cognitive, conceptual, decisive)
- **Personal** (integrative, facilitative, emotional)
- **Collegial**
- **Intimately Loving**
- **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
To Assess:

- From the Latin:
  
  *sedio* (to sit) + *ad* (next to)
Spiritually assessing another person is a confluence of two functions: gathering impressions and conversational facilitation.
SPIRITUAL NEEDS PRACTICALLY DEFINED...

... unpleasant or painful experiences of having difficulty finding meaning and purpose.
KEEPING A FOCUS ON NEEDS

- Patient/family oriented
- Care Centered
- Humanistic, practical
- Religious jargon light
- Professionally discussable
- Connected more easily with pragmatic, humanistic staff
A basic structure with which to organize spiritual care work for enhancing patient care through interdisciplinary and intra-disciplinary communication.
DOCUMENTING SPIRITUAL NEEDS

A list of 21 such needs that tend to emerge in the face of hospitalization can be useful in communicating spiritual assessment to interdisciplinary teams.

http://www.spiritualclinician.com/spiritual-needs
ONE FRAMEWORK:
FOUR ORGANIZING QUESTIONS

- What does this person need emotionally right now?
- What has this person lost, recently and historically?
- What are the ways this person maintains and nurtures her own human spirit?
- What does this person need that may be beyond my relationship with him? (Referral)
- Are there “spiritual pathologies” that have severely damaged or even precluded this person’s spiritual development?
Spiritual Needs Framework

1. Careful Listening
2. Empathic Reflecting
3. Gentle Query
4. Supportive Validating
5. Intuitive Interpreting

1. Need To Talk
2. Minimizing Fears and Anxiety
3. Assuaging Resentment and Hostility
4. Meeting Sadness, Discouragement, Despair
5. Addressing Deep Hurt
6. Empowerment
7. Current or Recent Loss
8. Prior Loss
9. Dying
10. Life Adjustment
11. Estrangement
12. Religious Support
13. Spiritual Validation
14. Spiritual Counseling
15. Self-Forgiveness
16. Instructing
17. Ethics Confusion
18. Addiction/Mental Illness Concerns
19. Advocacy
20. Family Conflict
21. Love Life Pain

Axis 1: EMOTIONAL SUPPORT
Axis 2: MAJOR LOSS
Axis 3: RELIGIOUS/SPIRITUAL PRACTICE
Axis 4: REFERRAL NEEDS

Establishing Rapport
When the universal negative human emotions anger, hurt, fears, sadness, and guilt become problematic they can benefit from being shared in the context of a caring interaction.
1. THE NEED TO TALK

“Needing to cry, yell, share, or just tell somebody how you feel about what is happening to you.”
Tension at the probability of harm
2. HOSTILITY AND RESENTMENT

- Signaled by edginess, verbal sniping, personal challenging, criticizing, threatening, and sometimes violence, “old anger” exacerbates the natural levels of discontent that emerge from being hospitalized for a condition we simply don’t like.
Feeling somewhere on a continuum between:
- Disappointed,
- Discouraged,
- Defeated,
- Sorrowful,
- Apathetic and
- Giving up
5. DEEP HURT

Rape, combat, violent attack, sexualizing in childhood, and any form of abuse as a child, can result in spiritual wounding that shows itself in resultant inner turmoil and maladaptive behavior all through life. The need cannot be filled, nor even helped much by short term relationships. In the immediate situation, acceptance, presence, and bits of warm understanding wherever it can be found, help a wounded person endure and keep seeking perspective and healing. Sometimes referral may be timely.
Need to find and implement your own best ways of dealing with difficult times.
Spiritual Needs Framework

1. Careful Listening
2. Empathic Reflecting
3. Supportive Validation
4. Gentle Query
5. Intuitive Interpreting

Establishing Rapport

ASSESSING

1. Need to Talk
2. Minimizing Fears and Anxiety
3. Assuaging Resentment and Hostility
4. Reducing Sadness, Discouragement, Despair
5. Addressing Deep Hurt
6. Empowerment

7. Current or Recent Loss
8. Prior Loss
9. Dying
10. Life Adjustment
11. Estrangement

12. Religious Support
13. Spiritual Validation
14. Spiritual Counseling
15. Self-Forgiveness
16. Instructing

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EMOTIONAL SUPPORT Needs

MAJOR LOSSES

RELIGIOUS/SPRITUAL PRACTICE Needs

REFERRAL Needs
What has this person lost, recently and historically, that still disturbs her/him at times?
Five Major Loss Needs

7. Acute Grief
8. Prior Grief
9. Dying
10. Life Adjustment
11. Estrangement
7- CURRENT GRIEF
MAJOR LOSS IN PREVIOUS 48 HOURS

Saying goodbye to somebody you are losing
8 - PRIOR GRIEF
MAJOR PAST LOSS BEING CURRENTLY GRIEVED

Warm-sad memories from reminiscing about past losses
Saying goodbye when you’re dying
Getting used to the new way things will be
11 - ESTRANGEMENT
NEED TO RE-CONNECT WITH RELATIONALLY SEPARATED LOVED ONES
Establishing Rapport

1. Careful Listening
2. Empathic Reflecting
3. Supportive Validation
4. Gentle Query
5. Intuitive Interpreting

Spiritual Needs Framework

Assessing

1. To Talk
2. Fears and Anxiety
3. Resentment and Hostility
4. Sadness, Discouragement, Despair
5. Deep Hurt
6. Empowerment
7. Current or Recent Loss
8. Prior Loss
9. Dying
10. Life Adjustment
11. Estrangement

Religious/Spiritual Practice Needs

12. Religious Support
13. Spiritual Validation
14. Spiritual Counseling
15. Self-Forgiveness
16. Instructing
17. Ethics Confusion
18. Addiction/Mental Illness Concerns
19. Advocacy
20. Family Conflict
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Referral Needs

EMOTIONAL SUPPORT NEEDS

1. To Talk
2. Fears and Anxiety
3. Resentment and Hostility
4. Sadness, Discouragement, Despair
5. Deep Hurt
6. Empowerment

MAJOR LOSSES

7. Current or Recent Loss
8. Prior Loss
9. Dying
10. Life Adjustment
11. Estrangement
AXIS THREE:
RELIGIOUS/SPRITUAL SUPPORT NEEDS

How does this person uniquely maintain and nurture her own human spirit?
The Need to feel the immediate positive presence of Transcendence.
(Classic examples are Eucharist and individual or shared personal prayer, directly addressing a Deity not merely with words, but from the soul.)
13 - SPIRITUAL VALIDATION - NEED TO SHARE UNIQUE WAYS ONE NURTURES ONE’S HUMAN SPIRIT
THE NEED TO DISCUSS ULTIMATE MATTERS, QUESTIONS, ISSUES, OR RELIGIOUS WOUNDS OF PAST LEADERS OR ORGANIZATIONS
15. SELF-FORGIVENESS

Need for relief from guilt or shame
16 - RELIGIOUS INSTRUCTION

NEED TO LEARN, RELEARN, OR AUGMENT RELIGIOUS OR OTHER SPIRITUAL SELF CARE MODALITIES
What does this person need that may be beyond my relationship with her/him?
Spiritual Needs Framework

Establishing Rapport

1. Careful Listening
2. Empathic Reflecting
3. Supportive Validation
4. Gentle Query
5. Intuitive Interpreting

ASSESSING

1. To Talk
2. Fears and Anxiety
3. Resentment and Hostility
4. Sadness, Discouragement, Despair
5. Deep Hurt
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7. Current or Recent Loss
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EMOTIONAL SUPPORT NEEDS

12. Religious Support
13. Spiritual Validation
14. Spiritual Counseling
15. Self-Forgiveness
16. Instructing

RELIGIOUS/SPIRITUAL PRACTICE NEEDS

17. Ethics Confusion
18. Addiction/Mental Illness Concerns
19. Advocacy
20. Family Conflict
21. Love Life Pain

Referral Needs

MAJOR LOSSES

Current or Recent Loss
Prior Loss
Dying
Life Adjustment
Estrangement
Referral Needs

17. Medical Ethics Confusion
18. Mental Health/Addiction Concerns
19. Advocacy
20. Family Conflict
21. Love Life Pain
17 - ETHICS CONFUSION

NEED TO UNDERSTAND OR DISCUSS TREATMENT OUTCOME CONCERNS
MENTAL HEALTH/ADDICTION CONCERNS

NEED TO EXPLORE CONCERNS ABOUT ONE'S MENTAL HEALTH OR MOOD ALTERING CHEMICAL ABUSE
19 - ADVOCACY

NEED FOR SUPPORT IN FINDING NEEDED CARE

* STRAIGHT * GAY *
* LESBIAN * BISEXUAL *
* TRANSGENDER *
* QUEER * QUESTIONING *
* ALLY * ADVOCATE *
20. LOVE LIFE PAIN
NEED FOR LISTENING, ADVICE OR REFERRAL ABOUT ONE’S LOVE LIFE
Facilitating the addressing and potential resolution of family conflicts
“NARRATIVE + BULLET POINTS” FORMAT

Narrative
- 1 – Summarize the facts, observations, & fashion an intuitive description (“capture the soul”)
- 2 – Characterize the interaction

Summary Points
- 3 – Assert the identified/potential issues in (2-5) summary points
- 4 - Suggest a plan

Remain willing to accept some overlap between narrative and summary points in the interest of cohesiveness
SPIRITUAL CARE NOTES ARE:

- Human to Human (Intersubjective)
- Earthy
- Stark, Striking, Interesting, Punchy, Pithy
- Quote Oriented
- Intuitive
- Concise
BENEATH CULTURE

Aspects of life common to all cultures

- engaging the natural world
- basic emotions
- efforts at survival
- human relationships
- sexuality
- hunger for love
- parenting
- religious beliefs and practices
Consider for Bullet Points

- Medical Situation Attitudes
- Other Spiritual Needs
- Religious Heritage & Practice
- Chaplain Actions/Plan
- Spiritual Pathology
- Caregiver Engagement
- Sources of Love
Some Persistent Spiritual Wounds

- Combat/Assault
- Rape/Incest
- Resentment
- Remorse
- Residual Grief
- Religious Betrayal
- Religious Addiction
DEVELOP THE ART OF REFERRAL

- Emotion based
- Deft
- Firm
- Person oriented
- Non-Anxious
“We need to look as closely at what gives us meaning as we do at blood pressures and cholesterol.”

Larry Dossy, M.D.
Ruby shared her childhood history as a child survivor of the Holocaust. There are many tears that were not shed at the time in order to survive, and the pain and the terror of that time still surfaces. Even still, her outlook is positive, and she chooses happiness in spite of immense grief that is deeply held. Her Jewish heritage is deeply meaningful to her, however, she has lived her adult life as a Christian, having been raised in a Christian orphanage in Germany. She finds strength in doing good for others.

When the time is right, Ruby would like to try to share her narrative of the Holocaust. She fears the immense pain that it will bring her, but she desires that her history be told and recorded. I will follow up with the Holocaust Center in the city to see what resources may be able to support her in this and will follow Ruby while she is here.

Provided connection to her Jewish heritage, pastoral presence, prayer and blessing. We reflected on her life as a Proverbs 31 “woman of valor”.
Five minutes to transform this note into summary points
Pt openly shared residual memories – pain and terror of her childhood as a young Holocaust survivor and how isolated she feels by that tragic past.

Raised in a German Christian orphanage, she still cherishes her Jewish heritage and is now supported by Christian practice and belief.

Her holds a positive attitude about her life as she talks about her tragic early years, and hope to further share it communally.

Chaplain led prayer and facilitated reflection on Proverbs 31 and will make efforts to connect pt. to local Holocaust survivor groups.
PAT CAHILL’S (FIRST CEO OF THE CATHOLIC HEALTH INITIATIVES SYSTEM) SPIRITUAL ASSESSMENT QUESTIONS:

- What meaning and purpose inspire this person?
- Who loves this person?
- Who does this person love?
- Does this person want to get well? Why?
- What matters most to this person?
- What does this person believe in?
<table>
<thead>
<tr>
<th>CHART SEGMENT</th>
<th>CRITERIA</th>
<th>SCORE</th>
</tr>
</thead>
<tbody>
<tr>
<td>B – BASIC DATA</td>
<td>TITLE / DATE / TIME SIGNATURE / IDENTITY</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>I – INTRODUCTION # 1</td>
<td>Can you tell why the chaplain saw this patient?</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>I – INTRODUCTION # 2</td>
<td>Can you tell how the patient related to the chaplain?</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>A – ASSESSMENT # 1</td>
<td>How specifically and fully can you identify the chaplain’s impressions of the patient’s primary concerns and major sources of support?</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>A – ASSESSMENT # 2</td>
<td>Evaluate the chaplain’s comments on the arenas of this patient’s experience of faith community (Church, religion) and relationship to God (Higher Power, YHWH, ALLAH).</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>M – MINISTRY</td>
<td>How well can you identify what the chaplain did to be of help to the healing of this patient?</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>P – PLAN</td>
<td>Evaluate the chaplain’s comment on what he/she intends to do in response to this pastoral conversation.</td>
<td>1 2 3 4 5</td>
</tr>
</tbody>
</table>
I never realized what a bad golfer I was until somebody else kept score.
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
Q & A