Spiritual Care Meets Social Media and Technology

An Epic year in review
By Judith F. Hornbeck, RN, BSN, MHSA, MAPS................................................................. 3

iSpirit helps chaplains reach patients in new ways
By Mary Davis, BCS, MTS........................................................................................................ 5

Upcoming upgrades: Using tools to make connections
By Philip Paradowski.................................................................................................................. 7

Resource-packed chaplain apps can enrich ministry
By Austine Duru, MDiv, MA, BCC................................................................................................. 9

How can chaplains explain what we do?
By Elaine Chan, BCC, MDiv, MSW.......................................................................................... 11

Technology indispensable, social media helpful in promoting chaplaincy work
By Elaine Chan, BCC, MDiv, MSW......................................................................................... 12

In-house media access system brings prayer, music, relaxation to patients
By Carey Landry, BCC............................................................................................................. 13

Chaplains interact, learn from each other on new online network
By Caterina Mako, ThM, BCC................................................................................................. 14

Email conversations in CPE lead to deepened connections, friendship
By Patricia Regan, BCC ........................................................................................................... 15

The rise in social media about end of life and its impact on chaplaincy knowledge and practice
By Sue Wintz, BCC.................................................................................................................. 16

2014 National Conference

‘Meet me in St. Louis’ in May 2014
By Angie Vorholt-Wilsey, BCC, MA......................................................................................... 17

News & Views

Today’s professional chaplain must stay current, set new goals as ministries evolve
By Mary Davis, BCS, MTS........................................................................................................ 18

New palliative care certification, interviewing concerns discussed
By Rev. John J. Bucchino, OFM, DMin................................................................................... 19

Regular Features

David Lichter’s column: May we be pioneers in discovering social media benefits................. 2
Research Update - by Austine Duru, MDiv, MA, BCC......................................................... 20
Seeking, Finding: Journey home: A dying man’s honored guest - by Richard Heatley, BCC 23
Featured Volunteer: Linda Ann Bronersky............................................................................. 24
Featured Volunteer: Fr. Timothy F. Bushy............................................................................. 26
Book review: A Different Dream for My Child - by Laura Richter, Mdiv............................. 27

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Read Vision online at www.nacc.org/vision/
May we be pioneers in discovering social media benefits

Recently I received an advertisement from AT&T Insider that showcased its new electronic tablets. One of AT&T’s eight customers from all walks of life was a 95-year-old grandma, Rose Pietruskia, who uses a tablet to Skype with family, communicate on Facebook, send emails, and play games. The author (who also happens to be a granddaughter of Rose ☺) quotes Rose, “I could use it all day but I wouldn’t be able to get up and exercise!”

The theme of this Vision issue is “Spiritual care meets social media and technology.” I suspect for many of you, especially the Baby Boomers (1946-1964), Silent Generation (1925-1945), and the GI Generation (1901-1924), who comprise nearly two-thirds of our members, this topic is a challenging one. However, it is a vital topic for the future of chaplaincy. I hope that, like Rose, we embrace the challenge to learn about its potential, even discover how a patient and his/her family might already use it and incorporate it into our care plan if needed.

This issue includes a recent “From the Editor” column from the PlainViews issue of Aug. 7, 2013, Vol. 10, No. 14, (The Rise in Social Media About End of Life and its Impact on Chaplaincy Knowledge and Practice). In it Sue Wintz, MDiv, BCC, writes about “The Rise in Social Media About End of Life and its Impact on Chaplaincy Knowledge and Practice.” In Sue’s usual insightful and challenging way, she reflects on chaplaincy practice in light of social media. Reflecting on the live tweets by NPR’s Scott Simon as he sat by his dying mother’s hospital bed in Chicago, Sue notes how “their interactions, his thoughts and feelings, and ultimately her death all in 140 character snippets,… provided a glimpse into his very personal grief process in a very public way.” She also gives us links to helpful articles in Chicago, Sue notes how “their interactions, his thoughts and feelings, and ultimately her death all in 140 character snippets,… provided a glimpse into his very personal grief process in a very public way.”

This topic overall highlights an important point: all this social exposure to the usually private and mysterious experience of dying and death provides a larger audience, even society as a whole, the privileged opportunity to witness and reflect on what we all will experience. However, the important questions for ourselves in the chaplaincy profession are: How familiar are we or will we be with social media? How will we embrace and utilize these media ourselves? Will part of our spiritual assessment with patients and families include inquiring about how social media is part of their lives now? For many, use of the social media tool, CaringBridge, has been a positive community-building effort that links friends and relatives far and near during times of distress.

A very recent study published in April 2013, in The Journal of Medical Internet Research entitled, “A New Dimension of Health Care: Systematic Review of the Uses, Benefits, and Limitations of Social Media for Health Communication,” (www.ncbi.nlm.nih.gov/pmc/articles/PMC3636326/) provides us a glimpse into the pioneering nature of social media in healthcare. This research article scanned peer-reviewed, published research in this field with the following aims: 1) to identify what was studied and written about social media’s usage, benefits, and limitations as employed within health communication among patients, health professionals, and the general public, and 2) to find the gaps in the literature and provide recommendations for the field. The abstract of this research stated that seven main uses of social media for health communication were identified, including focusing on increasing interactions with others, and facilitating, sharing, and obtaining health messages. The six key overarching benefits were identified as (1) increased interactions with others, (2) more available, shared, and tailored information, (3) increased accessibility and widening access to health information, (4) peer/social/emotional support, (5) public health surveillance, and (6) potential to influence health policy. Twelve limitations were identified, primarily consisting of quality concerns and lack of reliability, confidentiality, and privacy.

The study’s conclusions were not surprising as they note that social media offers a “new dimension” to healthcare, bringing a “powerful tool” that could make possible greater communication and social interaction and collaboration around health issue among users with “the possibility of potentially improving health outcomes.” Along with benefits, the study cautions that “the information exchanged needs to be monitored for quality and reliability, and the users’ confidentiality and privacy need to be maintained.” The study goes on to recommend several improvements to research studies.

I note this research to highlight the newness of the use of social media. As chaplains and spiritual care professionals we, too, can be part of the pioneering efforts to discover the benefits of social media for our patients, families, and staff. I believe this can give us the courage and impetus to be partners with other professionals in the field. We can share with one another what we are doing and learning.

David A. Lichter

An Epic year in review: The positive and negative in terms of electronic health records

By Judith F. Hornback, RN, BSN, MHSA, MAPS

There is no perfect software system. If there were, all hospitals and healthcare organizations would be using that one. As it is, there are several different systems. As chaplains, we use these systems to both inform and be informed. Chaplains don’t get to choose the systems that are used as those decisions are generally made above our pay grade, but we can certainly choose to use these systems to the best of our ability, making sure that our voice is heard and our involvement on the healthcare team is not only appreciated, but also required.

At Franciscan Alliance, our software vendor, Epic Systems Corporation from Verona, WI, was selected because of its electronic health record (EHR) and integration abilities. Allowing patients to be followed throughout the continuum of care in one electronic record system is certainly advantageous, especially in this evolving market of Accountable Care Organizations (ACO) and the impetus to keep people out of the hospital.

Healthcare is on the cutting edge (or is it the bleeding edge) of the electronic health record and there is opportunity for the Pastoral Care Department to be more involved. Unfortunately, pastoral care is not typically invited to the table during planning and sometimes may not be given enough information to be able to offer constructive comments. In addition, pastoral care staff may not have sufficient IT background or experience to be able to offer constructive comments during the analysis, design, and building of these systems, even if invited.

The experiences we have had are probably not unique. The people that build the systems don’t have the practice knowledge and experience of chaplaincy, while the people that practice (chaplains) don’t have the systems’ knowledge and experience. At our multi-hospital system, there was a plan for standardization across all facilities as well as sharing of processes and documentation. We are all familiar with the idiom, “The best-laid plans of mice and men oft go astray” ... well, they did. Standardization did not occur and processes/documentation were not shared. Reasons why include lack of one oversight and coordination person/committee for all facilities, lack of operational involvement to a detail level, and reluctance to change.

Integration is achieved because Epic is one large database. From a corporate view, that sounds wonderful. From a detail, staff level, it presents challenges. Usually integration means sharing, however, when you are in essentially five different markets or locations, it really isn’t sharing as much as including. To accurately document patients’ religious affiliations and churches/parishes, for example, all the churches from each area and all denominations need to be added to the database. Originally, in our case, the additions were done by each chaplain. Although there was a specific way to do this, with so many people entering data, we were unable to achieve a standardized format, which led to a lack of control of the process. For instance, do you abbreviate ‘Saint’ or spell it out? Do you use a period or comma? Do you use upper or lower case? Do you add the specific way to do this, with so many people entering data, we were unable to achieve a standardized format, which led to a lack of control of the process. For instance, do you abbreviate ‘Saint’ or spell it out? Do you use a period or comma? Do you use upper or lower case? Do you add the specific way to do this, with so many people entering data, we were unable to achieve a standardized format, which led to a lack of control of the process. For instance, do you abbreviate ‘Saint’ or spell it out? Do you use a period or comma? Do you use upper or lower case? Do you add the specific way to do this, with so many people entering data, we were unable to achieve a standardized format, which led to a lack of control of the process. For instance, do you abbreviate ‘Saint’ or spell it out? Do you use a period or comma? Do you use upper or lower case? Do you add the specific way to do this, with so many people entering data, we were unable to achieve a standardized format, which led to a lack of control of the process. For instance, do you abbreviate ‘Saint’ or spell it out? Do you use a period or comma? Do you use upper or lower case? Do you add the specific way to do this, with so many people entering data, we were unable to achieve a standardized format, which led to a lack of control of the process. For instance, do you abbreviate ‘Saint’ or spell it out? Do you use a period or comma? Do you use upper or lower case? Do you add the specific way to do this, with so many people entering data, we were unable to achieve a standardized format, which led to a lack of control of the process. For instance, do you abbreviate ‘Saint’ or spell it out? Do you use a period or comma? Do you use upper or lower case? Do you add the specific way to do this, with so many people entering data, we were unable to achieve a standardized format, which led to a lack of control of the process. For instance, do you abbreviate ‘Saint’ or spell it out? Do you use a period or comma? Do you use upper or lower case? Do you add the specific way to do this, with so many people entering data, we were unable to achieve a standardized format, which led to a lack of control of the process. For instance, do you abbreviate ‘Saint’ or spell it out? Do you use a period or comma? Do you use upper or lower case? Do you add the specific way to do this, with so many people entering data, we were unable to achieve a standardized format, which led to a lack of control of the process. For instance, do you abbreviate ‘Saint’ or spell it out? Do you use a period or comma? Do you use upper or lower case? Do you add the specific way to do this, with so many people entering data, we were unable to achieve a standardized format, which led to a lack of control of the process. For instance, do you abbreviate ‘Saint’ or spell it out? Do you use a period or comma? Do you use upper or lower case? Do you add the
year now, it remains to be seen as to whether or not our non-chaplain colleagues read those flow sheets/assessments and notes. Just because they are there doesn’t mean they are used, let alone valued. The visibility and physical presence of chaplains, along with taking every opportunity possible to educate the rest of the healthcare team about the work that we do, are still critical and more important than just documenting our work in a patient record. As the shift from inpatient to outpatient becomes more apparent, pastoral care needs to find ways to engage more of that population, and chaplains’ documentation in the health record may need to change. It remains to be seen how inpatient and ambulatory referrals or consults are integrated.

Healthcare systems that have not forgotten about including chaplaincy, even if there are challenges, still need to be applauded. It is always better to make improvements than to start from nothing. One of the biggest challenges we have, however, is financial. Pastoral care is a non-revenue generating department. The value of what we offer to the healthcare team cannot be measured in finite terms, which makes pastoral care, in some cases, more expendable. As doctors and nurses are working hard to maintain IV lines to give medications or are providing wound care, the focus is not always on patients’ feelings, beliefs, or ritual practices, even though many nurses and physicians recognize that as a critical dimension in the holistic healing process.

In evaluating charting and systems, whose expectations are being adopted? Although regulatory and quality organizations recognize holistic care and even base their evaluations upon it, care planning around this is still in infancy stages. Even in an integrated EHR such as Epic, goals, interventions, and outcomes related to physical care still take priority over those regarding relationships and meaning-making. The paradigm shift from “acute care” to “patient site/outpatient/home” or from “come to us” to “we meet you where you are” can only change this in a more positive way. This new care delivery priority is going to need pastoral care even more to help bridge gaps and work within the existing context of community and an interdisciplinary structure.

Judith F. Hornback, a nurse with IT experience, is associate chaplain at Franciscan St. Margaret Health in Dyer/Hammond, IN.
iSpirit helps chaplains reach patients in new ways

by Mary Davis, BCS, MTS

Visiting a young adult patient hospitalized for his ongoing cystic fibrosis treatment, the chaplain found him engaged in keeping up with his employment through his laptop. Though his initial response to a chaplain visit was somewhat tepid, when the chaplain mentioned that he might be interested in accessing some spiritual care apps and websites that had been gathered by the department to share with others for healing, he showed interest. Receiving the iSpirit brochure following the visit, he eagerly began reviewing the listings, and engaged the chaplain with more interest. On a subsequent admission, he requested a chaplain visit and wanted to know “if there were any new updates to that spiritual app list.”

Use of technology within spiritual care visitation is an effective approach and alternative for patients and families in isolation or who prefer corresponding through electronic means. It also serves to enhance experiences for patients and families during times of serious illness and death by providing on-the-spot spiritual applications such as music, images, prayers and other rituals resulting in memorable and dignified experiences for the patients and families through the sharing of their faith tradition practices.

CHRISTUS Santa Rosa Health System’s Spiritual Care Department recently implemented the iSpirit program. The purpose of the iSpirit program is twofold: integration of technology within spiritual care delivery at the bedside or in outreach visits for immediate access to helpful resources related to spiritual care practice, and an intranet website for CHRISTUS Santa Rosa’s associates containing emotional, spiritual and social resources to enhance their own lives and ministry.

The iSpirit program grew out of a CPE residency group’s experience of communicating with a member of the peer group when she was unexpectedly hospitalized and relatively isolated. Calling, texting, and sharing music CDs proved so helpful to her that it occurred to the group that such outreach would likely be equally advantageous and healing for others who were hospitalized and possibly isolated from their usual supports and resources.

Thus began a brainstorming session of ideas that would prove to be expansive and multi-faceted. Realizing that a more focused, simple start was needed, the group moved toward gathering websites and apps to add to the spiritual care intranet page, and seeking funds to secure technology for chaplains to use in their ministry. Initially a CPE resident was retained for a period of time with support from our hospital's foundation to build the intranet website, research the best materials for use in our system, and submit grant applications for future funding. The information for the intranet grew to be extensive enough to merit its own page, named the iSpirit page. It contains information related to in-house spiritual care resources, links to daily devotions, guided meditations, and social services, reflections for use in meetings, healing modalities, religious organizations, community-based programs, educational/spiritual video presentations, Scripture and interfaith resources.

A staff chaplain now works to update and maintain the intranet page and revise the iSpirit materials used by staff chaplains. The foundation supported the purchase of iPads to be used by chaplains at each site within the CHRISTUS Santa Rosa Health System. Some chaplains remain on a technology learning curve, while others have become adept with integration of its use in ministerial practice.

The following are examples of how technology has been used to enrich the patients’ spiritual and healthcare experiences at CHRISTUS Santa Rosa through chaplains’ use of personal smart phones and iPads.

- **Family members**, having made the difficult decision to withdraw care for their mother, shared with the chaplain her love of the Chaplet of Divine Mercy. Within less than a minute, the chaplain was able to access the song version of the Chaplet, with the use of YouTube. The family, nurse, and chaplain prayed together, and the patient took her last breath at the very end of the Chaplet prayer. This was a blessing for all who were present and, most importantly, for the soul of the patient.

- **In another instance**, when a chaplain visited a 15-year-old girl hospitalized after her kidney transplant, the patient said she missed “rocking out” to K-Love, the Christian music station. The chaplain immediately pulled up the K-Love application on her phone and the patient beamed with joy as she sang a few praise and worship songs with the chaplain. The patient commented, “the songs we heard helped me through the next few days of my hospital stay.”

- **Another example** involved a 14-year-old girl hospitalized for meningitis who was unable to communicate or walk. The chaplain learned that the patient was a big fan of the pop star Justin Bieber and played YouTube videos of the singer using an iPhone. The patient immediately responded with a big smile, and began using her hands and making gestures of happiness. Through the music, the chaplain was able to connect with the patient who was unable to talk, and helped bring the patient a feeling of community and moments of joy, which contributed to her spiritual healing.

- **A chaplain visiting an elderly patient learned** that she had not been able to attend church services in some time due to her illness and frailty. The chaplain asked if the patient would like to pray some prayers from her denomination specific to health and healing. The chaplain, after receiving an affirmative response, accessed prayers from an interfaith application for use with the ill, choosing prayers listed there from the Lutheran tradition and worship services, and shared them with the patient. The chaplain later printed some of the prayers in large print for the patient’s use at home.

- **A patient being discharged mentioned her desire to quit smoking**; her sister stated they would do so together, and wondered if there were any support groups to assist them. The chaplain “googled” information, and was able to send them home with a list of support groups in the area, as well as tips for getting started on their own, including seeking the advice of their physician.

A future goal is to have a laptop with a webcam that will be secured to a Computer on Wheels station (COW) that can be checked out by patients during their hospital stay enabling them to explore various healing and spiritual resources and to assist with spiritual and wellness goal setting for successful outcomes during and after their hospital stay. The Spiritual Care Department at each site will also be equipped with a workstation that will include a webcam enabling chaplains to connect and perform spiritual assessments with patients via video chat to meet the needs of those patients who prefer corresponding through this type of medium.
Knowledge and use of technology within spiritual care visitation may also carry over into the patients’ spiritual practices at home and in their community. In this way, the program will extend the healing ministry of Jesus Christ and has the potential to have a far-reaching, lasting effect in the lives of the patients and families. The iSpirit program at CHRISTUS Santa Rosa meets an ever-growing need and expectation of patients and families and is reflective of the culture and times in which we live and serve. It is incumbent upon spiritual care providers to stay current with patients’ needs, available resources and growing trends so that we can continue to "meet them where they are" and provide meaningful, timely spiritual care support.

Mary Davis, director of spiritual care and CPE supervisor at CHRISTUS Santa Rosa Health System in San Antonio, TX, is a member of the NACC’s Certification Commission.

Some applications that have proven helpful at CHRISTUS Santa Rosa Health System are noted here. For an expanded list of applications and websites, contact md.davis@christushealth.org

- Interfaith Care for the Ill
- Islamic Prayer and Compass
- The Torah Bible Pentateuch
- Sabbath app
- Rosary Guide
- iMissal
- 3 Minute Retreat
- Free Candle
- Fluid
- Roman Catholic Calendar
- Mandala Lite
- iPause (labyrinth with music)
- Relaxation Melodies
- YouVersion Bible
- Children’s Bible Daily Prayer
- Meditation (candles you can blow out)
Upcoming upgrades: Using tools to make connections

by Philip Paradowski

We are connected.

Our website, www.nacc.org, is not a simple “about our organization” affair with only a few pages of information. The NACC website is large (well over 2,000 pages at last count, those pages in turn linking to hundreds of documents and media files) and active as well. We show up on all sorts of Google searches, our “Positions Available” (job board) page is far and away one of the most popular job boards for chaplains on the Internet (despite it being aimed specifically at our members), and at least one hundred or so sites link to the NACC site. Leading back out are a host of other links. Connection, online, is already the name of the game. The question is how those connections will develop, not whether they will.

Our Facebook page now provides another avenue for news and networking. We use YouTube to highlight and share videos that are particularly re

Admittedly we haven’t seem to have found a use on Twitter for the association, perhaps because our news/updates don’t occur quite at the pace reflected on that site, but maybe it will prove useful in the coming months and years. We do plan to make more use of LinkedIn, specifically its professional groups.

In the sidebar to this article you can read about our website upgrade and the introduction of WebLink Connect software, both ways we are branching out and improving on the more technical side of things.

As an organization that strives to be pastoral, we know that whether the technological tools we use are web-based software that helps us manage tasks and store crucial data, or social media tools that facilitate human connection by using technology, care needs to go into the development of these tools so that they “do what they do” without requiring extra attention that needs to be devoted elsewhere, whether to work, the care of others, self-care, or some other equally important task.

We all want – we all need – the tools that we use to not only work, but also to make our work and life a bit easier. So the tools and resources we offer to chaplains (and their colleagues) should be as useful as possible, but also they should facilitate and improve the ways that the NACC advocates, educates, certifies, and supports our membership. They should make chaplains’ jobs better. They should make better chaplains. They should make a better NACC.

So how do we select and optimize these tools, these technologies, to do all of these things and do them well? By listening to the members and their needs, their experiences with technology, how they need it to work, and, more to the point, how we’re doing. Let us know – please stay connected!

Philip Paradowski is a member of the NACC Association Support Team. He is the IT network administrator and the webmaster for the NACC site. In addition, he provides clerical and computer support in all matters and activities relating to special projects, including the national conference, annual appeal, and other tasks/projects within the NACC Strategic Plan.

References

1 youtu.be/KSN1j_STJuE [Ready, Get Set, Enroll!]
2 For example, the Professional Chaplains Group: www.linkedin.com/groups?home=&gid=120613&trk=anet_ug_hm

Website takes giant step forward using powerful technology

In the first part of this year our website was redone from the inside out. While it may not be readily apparent (the colors, style, and graphics of the site haven’t changed), the code that runs the website behind the scenes was overhauled and rewritten, moving from Microsoft Classic ASP to ASP.NET. The .NET platform is a much more powerful technology that allows for more robust web-based programming and database usage while optimizing both security and interoperability with various hardware and software systems. So far the most visible change, for members, has been the rebuild of our member login system. The new system has a more robust range of functions (many not yet implemented!) and is significantly more secure than the old system. It is, however, still in development, as further changes will be coming. Foremost among those changes is the planned introduction of WebLink Connect, web-based association membership software created by WebLink International, which will be integrated with the NACC website and membership database in 2014. WebLink Connect will provide several new ways for NACC members to use the website, including (but not limited to):

- Updating and viewing of member contact information (email, mailing address)
- Updating other pertinent information like diocese of ministry, diocese of residence, workplace type/environment (hospital, hospice, correction facility,
etc.), areas of speciality (palliative care, music ministry, interfaith ministry, community outreach)

- Payment of dues
- Registering for local gatherings and educational events
- Keeping and updating a record of CEHs for renewal of certification.

Moving forward, the inclusion of WebLink’s features on a .NET-based website will provide a wealth of new features and a solid base on which to build the organization’s future online.

— Philip Paradowski

1. www.microsoft.com/net
2. msdn.microsoft.com/en-US/vstudio/aa496123
3. www.weblinkinternational.com

More to explore

Links to the NACC’s pages on social media sites. Stop by for a visit!

LinkedIn:  www.linkedin.com/company/national-association-of-catholic-chaplains
YouTube:  www.youtube.com/user/CatholicChaplains/videos
Facebook:  www.facebook.com/pages/National-Association-of-Catholic-Chaplains/161494008252
Resource-packed chaplain apps can enrich ministry

by Austine Duru, MDiv, MA, BCC

One of the greatest gifts that chaplains bring to their ministry is the gift of pastoral presence. This allows chaplains to offer an active listening ear to the story of the patient or individual they are ministering to, thus making it possible to listen and minister with intentionality and empathy. Mobile technology in ministry can, in some instances, appear to be antithetical to the idea of active listening presence; yet, the evolving use of mobile technology in ministry settings could be a valuable resource in the hands of a discerning chaplain. One example is the growing use by chaplains of mobile application software commonly known as “apps.”

I recall a couple of instances where the use of apps enhanced my ministry. In one instance, I was visiting the family of a patient who was dying. A few minutes into my visit, one of the patient’s daughters asked if I could pray with them; she wanted me to read Isaiah 43. The only Bible in the room was a New Testament Bible. On a second thought, I pulled out my mobile phone and opened my Bible app. I was able to incorporate the readings in my prayer with this family tailored to members’ needs without the distraction of looking for a Bible elsewhere on the unit.

In another instance, I was called to see a Catholic patient who had some questions about the saint of the day. She wanted to know about St. Margaret of Cortona, who is the patron saint of our hospital, and the nurses thought surely the chaplain would know. I had read a few things about the life of St. Margaret of Cortona, but I was not sure of all the relevant facts about her life, work, ministry, and death. Once again, I turned to my “Patron Saints” app and pulled up the story of St. Margaret. The story of the saint stirred a few memories for this patient and what followed was an intense discussion of some of the challenges the patient was facing and the similarities in the saint’s life story. It was an opportunity that reinforced my learning and helped provide useful ministry to this patient who felt it was important for her to know about the patron saint of our hospital.

I got more interested in apps that could be used in pastoral care after reading two significant articles on the topic in February 2011. One was Rev. David W. Fleenor’s “Smartphone Apps for Chaplains” published in PlainViews, the publication of the New York-based Healthcare Chaplaincy. Another article was written by a former army chaplain, “The Best Catholic Apps” by Jack McLain, SJ, and was published in America magazine. Since the publication of these articles, hundreds, if not thousands of new apps have been launched. It occurred to me that if the assessments of Rev. Fleenor and Rev. McLain were correct, many chaplains would by now have found mobile apps to be useful as a new tool in their ministries and daily lives. As a matter of curiosity, I decided to do a small informal survey of about two dozen chaplains to find out what apps they are using in their ministries and why. The response was quite interesting. I have compiled a list of some of the best apps that most of the chaplains identified and use consistently in different ministry settings. These apps run on a variety of platforms and can be used on mobile phones, tablets and iPads. Most can be downloaded for free, but some cost a small fee. When used appropriately, these mobile apps can be a good pocket-sized tool for continuing education, and can definitely enhance the chaplain’s ministry and faith life while keeping the chaplain informed and resource-connected.

Holy Bible: (Free) There are several Bible apps available for free. However, the majority favored the free “YouVersion” Bible by Life Church TV. This is available for free for android, iPhone and iPad. It is customizable to help you choose a Bible reading plan to fit your schedule and has lots of features including audio-bible for some select translations. There are more than 50 different translations available. play.google.com/store/apps/details?id=com.sirma.mobile.bible.android

The Truth & Life Dramatized Audio New Testament Bible: (Free) This free app from EWTN features a $19.99 value dramatized audio Bible. It is unique, featuring award-winning actors and internationally-recognized actors. It brings the New Testament to life. This app comes with the Bible text and lots of other free features. Some of the hospice chaplains loved this app. It is also suitable for anyone working in acute care or geriatric care settings where listening to the Scripture rather than reading it is an option. It is also great for pediatrics units or for personal use. This is a good app to have when you do a lot of driving and enjoy listening to the Scripture or praying in your car. www.ewtnapps.com

Pastoral Care: ($19.99) This app by Concordia Publishing House has a selection of devotions and prayers for over 60 ministry situations. It also features prayers and a selection of Scripture readings, hymns and commentaries. Although this app could certainly use some improvement, it is one of a few apps dedicated to chaplains, ministers and caregiving for the sick. It is also a handy cheat-sheet (cheat-app) for any chaplain who might find it useful in unfamiliar situations. This is available for android and Apple devices. The $19.99 price tag could be a challenge though. play.google.com/store/apps/details?id=org.cphp.pastoralcare

Divine Office: ($14.9) This offers both an audio and a text version of the public prayer of the Christian community – the Divine Office. It also features the readings of the day. This is popular among Catholic chaplains and is available in android, iPhone and iPad platforms. If you are on the go and don’t want to haul the four-volume, hard copy edition with you, it may be worth the $14.99 price tag. Compared to the cost of the hard copy, this price appears to be a huge bargain. But there are some free options, including the “iBreviary Pro,” “Catholic’s Companion” (for Windows Phone,) and “Laudate.” play.google.com/store/apps/details?id=com.surgeworks.divineoffice

Laudate: (Free) This provides a free alternative to the Divine Office. It has a sizable amount of great features for a free app. It comes with daily Mass readings, Liturgy of the Hours, New American Bible and Douay-Rheims Bible, rosary, stations of the cross, Divine Mercy prayers, prayers for various occasions, podcasts, and church documents such as the Catechism of the Church. It is also customizable; the user could add their favorite prayer to the app. It is available in several languages including, English, Spanish, Portuguese, Italian, Bahasa, and Polish. www.appbrain.com/app/com.aycka.apps.MassReadings

Classical Music for Meditation: (Free) For those who enjoy a few minutes of relaxation and meditation, this free audio app by MonstersApp offers a selection of 16 suitable samples of classical music. The app is free and can be programmed to play in the background while you read from the Bible or just sit in prayer as the music washes over you. This is available in android and Apple platforms. play.google.com/store/apps/details?id=com.appmakr.app185914
Discerning Hearts: (Free) This app has been described by its developers as a "spiritual retreat stop for those who travel on the digital sea." An app designed with Catholics and other Christians in mind, it offers a wide range of resources and links. Its features include prayers, teachings, blogs, podcasts, YouTube links, audio books, lives of the saints, and numerous video recordings on Christian spirituality from renowned and emerging Catholic scholars and speakers. It is a versatile app. play.google.com/store/apps/details?id=com.soundstrue.DIS}

A Year with the Church Fathers: (Free) An app by Tan Books that features excerpts from the book, A Year with the Church Fathers: Patristic Wisdom for Daily Living, by Mike Aquilina. This app has a reading, a reflection, and a closing prayer for each day of the year. There are 365 entries to choose from. It offers a quick dose of daily reflection for those who are on a busy schedule. Like the wisdom it holds, this app is uniquely simple and user-friendly. play.google.com/store/apps/details?id=com.soundstrue.DA

PrayNow! ($8.99) This app by Concordia Publishing House is similar to "A Year with the Church Fathers." The striking difference is that it features Scripture, psalms and readings arranged in Martins, Vespers and Compline. It also features a broader library of writings of church fathers, both Catholic and Lutheran. It has a feature for bookmarks and notes. It also has customizable font size, night mode, and other neat features. If you do not want to carry around the tried and true True Daily Prayers, this is a light and cheaper alternative. This app is available in android, iPhone, and iPad. play.google.com/store/apps/details?id=com.compraynow

iMissal: ($4.99) This app features the third edition of the daily missal with the daily readings for Mass. It also offers Scripture verses for everyday use, in addition to the order of the Mass, videos of Mass, and a rich collection of Catholic prayers for various occasions. The app is available in ios (Apple), android, and Blackberry formats. A free alternative is the "Liturgical Calendar" (available only on android devices), which features the readings for the day, liturgical feast days, celebrations, and liturgical colors for each day. Also the "Lectio Divina" app is another free alternative for those who enjoy breaking open the word of God. It offers the readings of the day, Liturgy of the Hours and a list of saints for each day.

www.imissal.com

3-Minute Retreat: ($0.99) If you enjoy prayer but have little time to pray you no longer have any excuse, thanks to this app from Loyola Press. This app takes you through a quick prayer arch using the Ignatian method in three short minutes (or more, if you wish). It features daily reflections with music and Scripture reading. It makes your prayer and Scripture reading effortless and helps keep you on track. A must-have for busy chaplains who wish to integrate prayer and ministry. www.loyolapress.com/3-minute-retreats-mobile-app.html@hash.BTwVwhv.6jYKoV7.dbp

Recordatio: ($1.99) This is a quintessential Catholic app. It is only available for iPhone and iPad platforms. It is a rich treasure of all the papal encyclicals from the last 50 years. It also includes numerous official church documents, such as the Vatican II documents, and Catholic social teachings. New updates feature the pastoral letter to Irish Catholics and Anglicanorum Coetibus on Anglicans who seek full communion with the church. www.appato.com/alberto-fraire/recordatio-catholic-documents-prayers

Mass Times: (Free) This app has saved my skin and sanity a number of times, especially around Ash Wednesday and other major church solemnities or days of obligation. On those occasions, we get calls from outside the hospital asking for Mass times or whether we are still distributing ashes, or if we are going to have an Easter vigil or Christmas vigil Mass at the hospital. Simply enter the caller’s zip code and this app will tell you where Masses will be celebrated close to the caller’s location. This app is also handy if you are travelling and want to know the parishes on your route and related Mass times. play.google.com/store/apps/details?id=com.catholic.mass

Transforming Trauma: ($36.99) This app, by Sound True Inc., looks at the source of trauma as the beginning of the healing process. It combines contemplative and clinical practices to achieve healing of the whole body. It is a good resource for chaplains and therapists, and those who work in trauma situations. It is also a handy resource to help chaplains deal with the root causes of burn-out in their ministry and prevent work-related burn-out. play.google.com/store/apps/details?id=com.com.soundstrue.DA03650W

Learn to Meditate: (Free) This is an app that trains you how to meditate. This Buddhist-inspired app features meditation classes using various techniques, including meditating with mantra, breathing, music, focusing on an object, and concentration training. The classes run through five sessions that offer introductory training on the mechanics and meaning of good meditation. There are several meditation apps out there. Other free alternatives are the popular "Buddhist meditation" and "Dharma meditation trainer." play.google.com/store/apps/details?id=com.com.soundstrue.DA03402W

Children in Grief: ($6.99) This app by Giese Communications ApS is designed with children (ages 2-11) in mind. Chaplains know breaking bad news is difficult, and breaking bad news to a child is more challenging. Sometimes chaplains are at a loss when grieving parents turn to them for advice on how to communicate about tragedy to their minor children. This app helps bridge that gap. It offers resources that can help parents in coping with a grieving child. It is also a good resource for the chaplain’s education on age-appropriate grieving interventions in ministry.


The Art of Presence: ($36.99) This app by Sounds True Inc. explore the art of presence based on the work of Eckhart Tolle of Vancouver, BC, a renowned best-selling author, spiritual writer and inspirational speaker. This app offers an opportunity to deepen your self-awareness and listening skills. It is useful for chaplains and chaplain educators who want to hone and sharpen the fine art of pastoral presence.


Austine Duru, a member of NACC’s Editorial Advisory Panel and NACC’s Research Task Force, is staff chaplain at Franciscan St. Margaret Health in Dyer, IN. He is also adjunct professor of philosophy at Calumet College in Whiting, IN.
How can chaplains explain what we do?

by Elaine Chan, BCC, MDiv, MSW

Explaining what we do as chaplains can be a challenge since folks often associate us with death. Also folks may be concerned that our work is about proselytizing or indoctrinating people into a particular faith. How do we convey what we do in a brief, but meaningful elevator pitch or at a new staff orientation or a business or social gathering? Below is a reprint of an article by Jim Siegel, vice president and director of marketing and communications, HealthCare Chaplaincy, about a new chaplaincy promotional tool.

Earlier this year HealthCare Chaplaincy announced the launch of a new and very short video (just one minute and 17 seconds long) about professional chaplains' role in today's complex healthcare world. To view it, go to http://youtu.be/Ox3NplKyAPI.

When chaplains use the video, they may wish to introduce it with words like this:

“I welcome the opportunity to introduce you to chaplaincy services here at NAME OF YOUR INSTITUTION. This short video highlights the role of professional chaplains in today’s complex healthcare world. It was produced by the nonprofit HealthCare Chaplaincy organization in New York.”

A second tool has been created to distribute after the video is shown: it's a one-page Word document that explains spiritual distress, summarizes how and why the chaplain helps patients in spiritual distress, urges referrals to the chaplain, and provides contact information. Chaplains can customize it for their institution, print and hand it out at the orientation session. It can be found at: http://ce.healthcarechaplaincy.org/CT00035509MTIxMAAA.HTML?D=2013-07-15

When the chaplain distributes this document to new hospital employees, he or she may wish to say a few words about spiritual distress, about how he, she and chaplain colleagues can help a patient in spiritual distress, encourage the audience to refer them to the chaplaincy services department, tell them how that is done in their organization, and that this should be a protocol that becomes second nature for those in their care.

Chaplains who show the video and distribute the Word document, in three minutes or fewer, have presented information that will get chaplaincy services on the radar screen of more hospital staff and help their institution provide truly patient-centered care to more people.

This easy-to-do recommendation recently was published in HealthCare Chaplaincy's online professional journal PlainViews® and on LinkedIn chaplains' discussion groups.

If you find this three-minute orientation package useful, please email your comments to comm@healthcarechaplaincy.org.

Elaine Chan, a member of the NACC’s Editorial Advisory Panel, is chaplain at New York Hospital Queens in Flushing, NY. She works as a hospital chaplain through a contract with HealthCare Chaplaincy.
Technology indispensable, social media helpful in promoting chaplaincy work

by Elaine Chan, BCC, MDiv, MSW

About 30 years ago I got my first desktop computer. I would like to tell you that I opened it immediately like an excited child on Christmas Eve. Instead I felt a bit intimidated and waited for a colleague to help me set it up. Since then a computer has proven indispensable including communicating with others through email and looking things up on the Internet! I have used technology and social media to support and promote my work as a chaplain in various ways.

A while back I was visiting some patients when I noticed that a public relations consultant was doing some videotaping to promote programs in the hospital. I mentioned to her that I would be visiting with a 104-year-old patient. Before I knew it, she asked to videotape the patient and me. This is how I ended up in a video presentation that played in the lobby a month or so later. In addition to this short clip of the patient and me, there was also a slideshow in the lobby with information on how to contact a chaplain. The video and slideshow are some of the ways that I sought to promote the pastoral care department in the last hospital I worked at.

A little more than two months ago I contacted the public relations department in my new workplace to inform them that a Bishop Molloy High School student, who serves as an Extraordinary Minister of Holy Communion in the hospital, was elected valedictorian of her class. She was recently featured in the hospital’s bimonthly newsletter, noting her work in both the radiology and pastoral care departments. The newsletter helps staff learn about what is happening in various departments.

I work in a hospital with about 200 Roman Catholic patients spread over more than a dozen units. I make rounds on the various units, and Extraordinary Ministers of Holy Communion regularly visit patients and make referrals to me. I also rely on colleagues to make referrals but these can be few and far between.

Earlier this summer my chaplain colleagues and I made a presentation to the palliative care team and geriatric fellows. I noted that chaplains are usually called when a patient is dying and a request is made for the “last rites.” I explained that chaplains can be called for various situations other than impending death. Whenever possible it is best to have a conversation with the patient and family before we get to that moment.

I spoke about when and how to make a referral to a chaplain. I distributed a handout titled, “10 Good Reasons to Contact a Chaplain,” including identifying patients who seem to be having a difficult time coping with the stress of illness and hospitalization, need support in coping with a difficult diagnosis or prognosis, are hospitalized and therefore have to miss an important event – a wedding, funeral, birthday or anniversary celebration, have questions about end-of-life issues. I noted that it is beneficial for chaplains to work with family and friends who need emotional or spiritual support during a code, a long hospitalization, a difficult situation, etc. The presentation was well received. In the future, I hope to set up a slideshow presentation.

Another potential resource for chaplains is an online group that relates specifically to chaplaincy. Several years ago I attended a NACC annual conference that was held in collaboration with other chaplaincy organizations including The Association for Clinical Pastoral Education, Inc. and the National Association of Jewish Chaplains. One of the affinity groups that I attended was for one-chaplain departments. Through this group I learned about a Yahoo group for one-person chaplain departments or small chaplain departments.

The one-chaplain group connects me to chaplains across the United States and beyond. I learn about chaplains in different settings and their challenges in ministering to families and loved ones in a natural disaster, death due to violence, a car accident, etc. The group can be a support to chaplains who are alone and may be dealing with difficult situations either professionally or personally. I have appreciated the prayers, Scripture and reflections that have been shared by other chaplains. The group also shares information about different volunteer opportunities for responding to natural disasters. The moderator, Rev. Tim Brooks, is retired and can be reached at theveryrev@gmail.com

I have a LinkedIn account, a social networking website for people in professional occupations. My social media network includes several chaplains as well as other colleagues, friends and family. LinkedIn helps me keep abreast of colleagues and developments in the healthcare field.

Keeping up with all the latest technology and information one gets can be daunting. The challenge is to evaluate what is useful and set boundaries on the time spent going through some of these resources. Just as I relied on a colleague to help me set up my first computer, I rely on others to help me make the best use of technology and social media. I pray that it becomes a valuable resource for you as well!

Elaine Chan, a member of the NACC’s Editorial Advisory Panel, is chaplain at New York Hospital Queens in Flushing, NY.
In-house media access system brings prayer, music, relaxation to patients

by Carey Landry, BCC

At St. Vincent-Carmel Hospital in Carmel, IN, where I have been chaplain for 17 years, we have used various forms of media in our ministry — relaxation CDs for those about to have surgery or who are experiencing restlessness, comforting music in the mother-baby unit, the sounds of a few measures of Brahms Lullaby announcing the birth of a newborn, prayer over the intercom system every morning (to name a few), but nothing can compare to the success we have had with the Skylight Care Navigator (originally called Skylight Access).

The Skylight Care Navigator's primary focus is to deliver a patient engagement platform that addresses the entire continuum of a patient's journey of care. This includes planned events, unplanned events requiring hospitalization, disease and condition management along with wellness opportunities. It is designed to partner with patients and their families at the hospital bedside, physician's office, clinic, outpatient center, or directly at home.

In this report I will concentrate only on using the Skylight Care Navigator (SCN) in the hospital, with specific emphasis on its pastoral care dimension. SCN reaches out to patients at the bedside. Through engaging messages and content, direct connection with service departments, real-time feedback, and alert notifications, it engages patients to be active participants in their own care. With interactive, evidence-based health education, SCN is a medium of learning and interaction between the patient and the hospital.

I have provided slides of the SCN system (Slide 1) as it applies to pastoral care. If you are able to reprint those slides (three pages - see www.nacc.org/media/landry-pp.pdf), you will find it easier to follow my further description of each slide, which I will now provide.

Note: to view the slideshow or PowerPoint, see the online version of this article at www.nacc.org/vision/2013-sep-oct/In-house-media-access-system-by-Carey-Landry.aspx

- Slide 2...Main Menu: As you can see the Main Menu provides all the possibilities for access. The pastoral care menu items that are most relevant are Relaxation Videos, Inspirational Videos and Prayers, and the “Request Services.”
- Slide 3...Inspirational / Prayers: When a patient clicks on this link, he/she is given four possibilities for access.
- Slide 4...Video Prayers: These video prayers are short, one-minute, spoken prayers with scenic views in the background.
- Slide 5...Inspirational / Prayers: The second choice a patient is given is for Inspirational Music.
- Slide 6...Inspirational Music: I am pleased to say that three of my own songs are part of this format — the “Be Still and Know” Music/Meditation from the O HEALING LIGHT OF CHRIST cd (OCP), “Come and See” from the COME HOME cd (OCP), and “Isaiah 49: I Will Never Forget You” from our newest collection, ALL IS WELL WITH MY SOUL (OCP).
- Slide 7...Inspirational / Prayers: The third choice is for Pastoral Care Information.
- Slide 8...Pastoral Care: This particular slide is for our smaller hospital, St. Vincent-Carmel Hospital, which does not have a chaplain in-house 24/7. That is why we use the phrase, “If you would like a Bible or to speak with a Chaplain, please ask your nurse.” The nurse will either page me during the day shift or call the Chaplain-on-Duty after hours. We rely on Chaplains-on-Duty for Pastoral Care support during evening hours and on weekends. I take my turn, along with other chaplains in our system, in providing that on-call duty. You also notice the “Mass on Wednesday” invitation to family members on this slide. We do not have Mass on the weekend. Our priest-chaplains are based at the Main Hospital in Indianapolis and one of them comes for Mass every Wednesday at our Carmel Hospital. They celebrate Masses on the weekend at the Main Hospital. Patients have access to the Mass on their television by way of a channel that televises the Sunday Mass celebrated at the Main Hospital. Patients' families can attend a Sunday liturgy at a nearby local parish.
- Slide 9...Internet - Bible on Line: This allows a patient or family member to access any passage from Scripture, and to search for a passage related to any need they have. If a patient requests a paperback Bible, we provide them with one. Due to Infection Control issues, we are no longer allowed to keep a Bible in the patient’s room. Upon discharge, the patient keeps the Bible that was given to him/her.
- Slide 10...Service Requests: This slide and Slides 11, 12. and 13 pertain to the Main St. Vincent Hospital in Indianapolis, which has 24/7 Chaplains-on-Duty. As you can see on the slide, patients may request a Bible or chaplain directly, without having to go through a nurse. As explained on the slide, patients select a service option, and an ALERT is immediately sent to the COD (Chaplain-on-Duty) pager, which includes the request and the room/bed number.
- Slide 11...Alerts used...: Patient may click on either of these.
- Slide 12...Bible Request: Sufficient time is given for the COD to respond to this request for a Bible.
- Slide 13...Requesting a Member of the PC Dept.: Again the patient is given options and this request is sent directly to the COD’s pager.
- Slide 14...Notification Screen: This screen shows the information the COD receives on his/her pager when the patient’s request is sent in.
- Slide 15...Relaxation Videos: The slide is self-explanatory and these are very helpful, especially for pain management.
- Slide 16...Health Education: This final slide takes a patient beyond the pastoral care framework and shows the wide access patients have to various forms of health education.

None of the other media forms that we have available to patients and their families compares with the SCN. We are able to track the number of times a patient accesses the Inspirational Videos and Prayers, etc., that are part of the pastoral care dimension, and the numbers are consistently in the 400 to 500 range per month. We feel this is remarkable in our small 125-bed hospital.

We see this as a part of our total pastoral care service to our patients and their families, and I consistently encourage patients to make use of the system. If you would like more information concerning the Skylight Care Navigator system, please feel free to e-mail me at jclandry@stvincent.org If I am unable to answer your question, I will refer you to the SCN representative who will likely be able to do so. May God’s peace lead and guide your ministry always.

Carey Landry is a chaplain at St. Vincent-Carmel Hospital in Carmel, IN. He and his wife, Carol Klinghorn-Landry, are composers of Catholic liturgical music.
Chaplains interact, learn from each other on new online network

By Caterina Mako, ThM, BCC

The national NACC conferences are great. Once a year we chaplains get together for a few days and talk about what and how we do what we do. There is usually great energy around sharing our experiences and struggles. I often wished we could continue the interaction after we return to our institutions but I could not see myself setting up a Facebook page for chaplains. It felt too superficial.

Recently a good friend of mine told me about a site called Psychwire.org. This free Internet site looks to promote professional interface specifically in the area of mental health and the human experience. I decided to finally confront my complicated feelings about social media and investigate it. I found the site in Beta phase, which means it is still under construction, but I continued to follow the prompts on the site beginning with the orange button that invites people to “Sign up now.” Gradually I was able to set up a personal profile and create a Network for Spiritual Care Research and Practice.

I must admit there was some hand-holding by the technical team at Psychwire as we navigated the usual technical glitches of any new website combined with the limits of my outdated Windows software, but the outcome was more than worth the effort. I found Psychwire’s communications team very responsive as they are continually working on the feedback from the users. At this point the system does not work on Windows systems that are 12 years old or older. However, Psychwire does work using XP with Google Chrome or Firefox.

My goal is to build a network for us to come together in a professional context to share our experiences, resources, and ideas about effective pastoral care. It is important that good work, such as NACC member Robert Mundie’s work on embodied listening, finds its way into our daily consciousness in a quick and efficient manner. Social media is efficient at delivering information.

One of the best features of this site is that “one-click” files are collected for easy access and posting. For example, I found an interesting article titled “Engaging Transcendence in Clinical Relationships” (RMundle, 2011). I can copy and paste the link to the article on the Spiritual Care Research and Practice Network, and it instantly becomes available to everyone who joined the network. The site can locate research articles, documents, books, media, PowerPoints, protocols, etc.

I’ve added a few papers and books to the network that reflect my interest in spiritual pain. My hope is that chaplains join the site and add resources they have found useful or share personal interests in the area of pastoral care.

The site also has an excellent feature that facilitates “Closed Research Groups” that are invisible to everyone not involved in the research. It has the ability to organize files and data in a collective library. This makes it possible to collaborate easily on national and international research projects. I am imagining a cross-sectional study of spiritual pain, and this feature will facilitate easy collaboration with colleagues around the world.

The network has piqued some curiosity. I sent an email invitation to the chaplains on the New York State roster to join the site, and I am happy to say that there was a good response. Technical glitches aside, at last count we had 15 members.

_Caterina Mako is director of chaplaincy at Catholic Health Services of Long Island in Melville, NY. To find out more about the network, go directly to Psychwire.org._
Email conversations in CPE lead to deepened connections, friendship

by Patricia Regan, BCC

Tony B was the unofficial greeter I first encountered at Mary Immaculate Hospital in Jamaica, Queens, NY. On nice days he left the extended care section in his wheelchair and sat out in the sun greeting people and soaking in the sunshine. This was the fall of 1999. Tony was about 60 years old and had experienced a major stroke three years earlier.

It was my first unit of CPE. I was assigned to Tony’s floor, and soon he was proudly showing me his computer and the wall of pictures of his family. I asked him for his e-mail address and it was broT731. He told me it meant “Brother Tony Birthday July 31. I told him my birthday was July 30. We began communicating by e-mail as long as his computer worked.

Soon I met Tony’s wife, Camille, a nurse educator, and every Tuesday afternoon we spent time together. Tony and Camille shared stories about their lives, children, stresses and faith. Their son, Abby, had died a few years earlier. He was in his 20s.

When the couple celebrated their 40th wedding anniversary in the hospital chapel, my husband and I attended. Father Benedict Groeschel was the celebrant and there was a reception afterward in the lounge. We met some of the children and grandchildren.

Time went by. On May 28, 2000, our 27-year-old son, David, died in a line-of-duty accident as a police officer in New York City. Camille recognized us in the newspaper. She came to the wake and later shared with us books and things that helped her when Abby had died.

I transferred into another CPE program closer to my home. One Saturday, Father Groeschel was speaking at a nearby conference. My husband, Tom, and I attended. Tom had an opportunity to speak to Father. As Tom came to find me, I saw he was very upset. “Tony’s had another stroke. He’s dying. Camille and the children are with him. Father Groeschel gave me Camille’s cell number and said to call her. She can use any help she can get.”

I called the number and Camille said: “Please come.” I explained that Tom had to distribute Communion at our church but we would come as soon as we could. Camille said she had not been able to go to daily Mass because she had been staying with Tony. Could we bring her and her son Eucharist? We did.

In the private room Tony now occupied, he was surrounded by his family: wife, children and several grandchildren. Camille and her son took Communion. I spoke to Tony about our sons, saying that Abby and Dave would be there to welcome him into Heaven. Tony blinked his eyes. Then his daughter and I sang some songs for him. He loved music. The last song we sang was “Surely the Presence of the Lord Is in This Place.” There is no doubt God was there.

Father Groeschel arrived soon after we left. Tony died that night. Tom and I attended the funeral Mass.

God works in amazing ways … in and through his people, in song, and by way of technology.

Patricia Regan and her husband, Thomas Regan, are retired chaplains. This article was written July 31, 2013, on Tony’s birthday.
The rise in social media about end of life and its impact on chaplaincy knowledge and practice

By Sue Wintz, BCC

Like many others, I was fascinated last week by reading the live tweets by NPR’s Scott Simon (twitter.com/nprscottsimon) as he sat by his mother’s hospital bed in Chicago. As he shared the two-week experience of his mother’s decline — their interactions, his thoughts and feelings, and ultimately her death — all in 140 character snippets, he provided a glimpse into his very personal grief process in a very public way.

An article in Forbes, "Death in the Age of Social Media," (http://onforb.es/13kWza0) asked whether persons should utilize social media outlets such as Twitter and Facebook to express their grief and memorialize their loved ones. The author, Natalie Robehmed, described how many families keep their loved one’s Facebook accounts active as a way to continue to remember and engage the person who has died, not only by re-reading their posts and viewing photos, but keeping it as a place where others can share remembrances, remember anniversaries, and post some simple lines such as "I’m thinking of you" to offer ongoing support.

An even more powerful pair of articles was published in the international edition of e-hospice: Palliative care news, views, and inspiration from around the world. In a two-part series writer Rosie Brown examines "Starting the Conversation on Social Media." Part 1 (http://bit.ly/13uxOV6) tells the story of Kate Granger. She writes a blog, drkategranger (drkategranger.wordpress.com), which she describes as “a doctor & terminally ill cancer patient musing about life & death.” Recently Dr. Granger also took to her Twitter account (twitter.com/GrangerKate) to announce her “cancerversary” as she reached the two-year mark following diagnosis, tweeting: “It’s my 2-year cancerversary today.”

e-hospice looks at the phenomenon of increased use of social media in a bit of a different way than the Forbes article. The emphasis is on the way in which posts such as Scott Simon, Kate Granger, and others have brought the conversation about end-of-life issues out into the open, providing new ways of encouraging persons to consider and start the conversation with themselves and their loved ones. Rose Brown writes:

"The ability to share the experience of either the end of one’s own life, or as the witness of the death of another, has the potential to profoundly shift the way that the rest of society conceptualizes death and dying. We are suddenly exposed to stark, honest accounts of parts of life that up until recently have been shrouded in myth and misconception."

Part 2 (http://bit.ly/1aYQNwq) of the e-hospice article opens with a description of the evocative work of photographer Kim Ryder who has developed a professional end-of-life and after death photographic service. After her mother died in 2008, Kim realized the importance of remembering loved ones in the last moments of their lives, so when her aunt became terminally ill she embarked on photographing images of her during and after the dying process. Her images can be found on a blog entry on the The GroundSwell Project (thegroundswellproject.com/?s=kim+ryder).

One question that the e-hospice author was wondering when she wrote the article was whether the social media outlets were useful, that is, are they being accessed by persons already grieving and those with a keen interest in end-of-life issues, or are they a new way to open the conversation for those who had not considered the impact of illness, death and dying? So they turned to experts to ask the question.

Now the disclaimer: the experts they came to were HealthCare Chaplaincy staff. In Part 2 you’ll read quotes from Jim Siegel, George Handzo and myself.

I realize that this column has several links for you to follow to grasp the story, but I believe it is essential for us as chaplains to read them and think about the questions being raised. Social media is changing how we interact with others in numerous ways, and these articles point out that it is impacting not only how those facing end-of-life issues are sharing their experiences, but how those reading them may be led to begin thinking about the impact on their own lives.

As usual, the question is what does this mean in terms of application for chaplaincy practice?

- First, if you are not involved in social media, particularly Twitter, LinkedIn, and in following palliative care and other blogs that address medical issues in your chaplaincy setting, start doing so. Previous articles in PlainViews have provided a list of blogs to follow. Learn how to use Twitter and its hashtags (for example #hpm for hospice and palliative medicine).
- In your assessment conversations with patients and families, when you ask about where they find their sense of community, don’t forget about social media. While chaplains typically ask about family, friends, and a religious community, we often forget to ask about other sources of support — even when the person in front of us is sitting with a computer open or nearby.
- When reading the posts and blogs mentioned above, I wondered where spiritual support came in. Scott Simon referred to a priest friend coming by to provide ritual for his mother, yet later on his posts appeared to express a sense of spiritual distress. How could that be addressed in an appropriate way, and should it? Many of his followers offered words of support and sympathy. Where were the chaplain words?
- How can spiritual issues and the contributions of professional chaplaincy care be highlighted in blog posts and articles that talk about end-of-life issues?

I’d be interested in hearing your thoughts once you’ve had a chance to read and reflect on the articles. Social media is changing the way illness and end-of-life conversations are being done. Will chaplaincy be a part of that?

Sue Wintz is managing editor of PlainViews. This content is made available by HealthCare Chaplaincy, the publisher of PlainViews®, the online professional journal for chaplains and other spiritual care providers. Information about PlainViews, including subscriptions, can be found at http://plainviews.healthcarechaplaincy.org. Information about HealthCare Chaplaincy, an international leader in the research, education, and practice of spiritual care and palliative care, can be found at www.healthcarechaplaincy.org.

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‘Meet me in St. Louis’ in May 2014

by Angie Vorholt-Wilsey, BCC, MA

"Meet Me in St. Louis," and attend the annual conference of the National Association of Catholic Chaplains! I am so excited that NACC has chosen the "Gateway to the West" for its May 17-20, 2014, meeting. There is so much to see and do in St. Louis. I hope you can find some extra time to visit.

Our conference will be at the historic St. Louis Union Station, a National Historic Landmark. Once the largest train station in the world, go back in time to 1875 and create memories of your own. While there, take a friend to visit the Whispering Arch. Whether you love trains, history or are a hopeless romantic, a tour of this grand building will transport you to a former time.

St. Louis, often referred to as the "Rome of the West," is steeped in Catholicism. St. Louis is home to DePaul Health Center, the first hospital west of the Mississippi and the longest continuously running business in St. Louis. The Daughters of Charity of Vincent de Paul travelled to St. Louis by horse in 1828 to create the original hospital — a four-room log cabin that was located not too far from the Arch grounds. Two hundred fifty parishes, schools and agencies call the Archdiocese of St. Louis home. If you can arrive early or leave late, attend the 12:05 p.m. Mass at the Old Cathedral on the Riverfront, or take a tour of the Cathedral Basilica and its mosaics.

The 1904 World’s Fair, the Louisiana Purchase Exposition, left a mark on St. Louis and its history. New foods introduced included the hamburger, hot dog, iced tea and ice cream cone. The architecture was grandiose. Two buildings still stand from the Fair – the Bird Cage at the St. Louis Zoo and the St. Louis Art Museum, both located in Forest Park. Many museums in St. Louis are still free to enter – the Art Museum, History Museum, Science Center and St. Louis Zoo, among them.

A song from the 1970s said that St. Louis has it all, from A-Z, and I hope you find that to be true. If it is art that your spirit needs, the St. Louis Art Museum covers a large expanse of Forest Park. The Kemper Museum at Washington University, the Museum of Contemporary Religious Art at St. Louis University and not far from there, in Grand Center, the Contemporary Art Museum and the Pulitzer Foundation for the Arts, offer art from centuries past to present-day pieces. If you like sculpture, Laumeier Sculpture Park, Sunset Hills, and Citygarden, downtown, offer architecture, water, plantings and design. "Man's best friend" is depicted in art in a major way at the American Kennel Club Museum of the Dog, located in Queeny Park, not far from a Frank Lloyd Wright home.

If you would like to take some time to relate to nature in order to deepen your relationship with God, the Dog Museum, St. Louis Zoo, Grant’s Farm (yes, General Grant), World Aquarium at the City Museum, Purina Farms in Gray Summit, Endangered Wolf Sanctuary, World Bird Sanctuary, Butterfly House (visit the Carousel for a spin right next door), Lone Elk Park, Mastodon State Historic Park, Powder Valley Conservation Area and Suson Park provide a connection with the creatures who share our planet. Flowers and plants also abound at the St. Louis Botanical Garden, home of Henry Shaw, the Shaw’s Garden Arboretum in Gray Summit, the Jewel Box in Forest Park, Forest Park and Tower Grove Park. They provide colorful spaces for contemplation. And, just outside our hotel, you will be able to feed goldfish in a lake surrounding the Hard Rock Cafe.

Theater is present in St. Louis! As we get closer to the conference weekend, I will provide information on evening entertainment. We have the largest outdoor theater in the world, the Fabulous Fox, and several smaller venues. The St. Louis Symphony is also world famous. And it is possible Chuck Berry will be playing in the Loop at Blueberry Hill.

Yes, we have sports – the Rams, Blues, basketball, golf and the St. Louis Cardinals. The baseball schedule for 2014 is not posted yet, but there are bound to be games here during our conference – maybe with your own home team.

The Science Center has a beautiful planetarium and so much more. Anheuser-Busch, a brewery tour, the Magic House, Holocaust Museum, Kemp Auto Museum, Jefferson Barracks National Cemetery, Old Courthouse – site of the Dred Scott case emancipating slaves, all offer special exhibits for things that might interest you.

Two hundred years ago, the explorers Lewis and Clark set out on their great journey. Today, the Gateway Arch stands as the iconic monument symbolizing the westward expansion of the United States. If you’ve never seen the grandeur of this architectural wonder or the breathtaking views of St. Louis from 630 feet in the air, now is your chance. And you can visit the Museum of Westward Expansion at the base of the Arch.

I hope you embark on a great journey to St. Louis to feed your spirit. As you prepare, if I can provide information or assistance, please email me: avorholt@aol.com. I am happy to help in whatever way I can!

Angie Vorholt-Wilsey, who lives in Florissant, MO, is local arrangements co-chair for the 2014 NACC National Conference in St. Louis, MO. She is also coordinator of compliance with the Safe Environment Program in the Archdiocese of St. Louis, a position she has held for nearly four years. Formerly director of pastoral care at DePaul Heath Center in St. Louis, Ms. Vorholt-Wilsey finds her pastoral skills are put to use each day in her current role.
Today’s professional chaplain must stay current, set new goals as ministries evolve

by Mary Davis, BCS, MTS

Imagine going to have blood work done, and having the health professional remark, “Oh, I hope I remember how to do this – the last time I took blood was in my lab rotation 10 years ago.”

The NACC office frequently takes calls from NACC certified members who question the requirement for renewal of certification every five years for Board Certified Chaplains. Likewise, I was on a conference call with chaplaincy peers when a peer remarked that she was “not sure why anyone would need (palliative care) certification if they were already certified by the NACC or APC.”

Professional chaplains are just that – professionals. In our daily ministry, we are peers with other professionals e.g., in the medical setting, we are peers alongside physicians, nurses, therapists, etc. Our professional peers are required to keep up their training. I would not want to be the patient with the health professional mentioned above. I expect that the professionals from whom I seek healthcare will be up-to-date in their competency and methodology. Chaplains cannot shirk similar updating, time for retreat and education, and renewal of competencies for certification.

Most of us embrace the changes that rapidly define our lives and our work practices. We’ve moved on from typewriters, rotary phones, cassette tapes, etc. in favor of the increased quality we now experience through computers, cell phones, and music available through CDs, online and on phones. Technology is only one aspect of the world of today’s certified chaplain. Competence in addressing medical ethics situations has become more complex in the last 20 years, along with growing awareness of unique ministry needs and responses related to age, gender, faith traditions, culture, ethnicity, and healthcare specialties.

The NACC’s first Manual of Standards was presented in 1984. Since then, we have embraced and exceeded the Common Standards, having 35 competencies for prospective chaplains to meet. We exceed the Common Standards with the addition of our standards particular to Catholic identity, realities, sensitivities, and theology.

It is, therefore, incumbent on today’s certified chaplain, to stay not only current with ministry skills and competencies, but to stretch for further learning through the annual Continuing Education hours’ requirements. Chaplains are moving into many new and evolving ministries, and even today, the NACC competencies may not adequately address the practice areas of chaplains. Palliative care competencies are being added and, in the future, competencies related to ministry within mental health, elder care, pediatric specialties, wellness/social settings etc., may need to be explored to round out the overall skills and competence of what constitutes a professional chaplain.

A side benefit to the requirement of renewal of certification is the opportunity to sit with an NACC peer and review the personal and professional challenges and highlights of your last five years, the progress you made on goals set at that time, and your hopes for the future. Professionals need both personal and professional renewal; mark every five-year anniversary in a way that honors your competence and encourages your ongoing professional growth.

Mary Davis, director of spiritual care and CPE supervisor at CHRISTUS Santa Rosa Health System in San Antonio, TX, is a member of the NACC’s Certification Commission.
New palliative care certification, interviewing concerns discussed

by Rev. John J. Bucchino, OFM, DMin

The certification commissioners met in Milwaukee July 11-13, 2013. Part of the meeting was a joint session between the Interview Team Educators (ITEs) and members of the Certification Commission. After an initial gathering for team building, the commissioners covered these issues:

- Ongoing concerns with the application and interview process What do we do when we are short an ITE? Can we utilize someone from the Appeals Panel? Discussion ensued as to how to address this, keeping the integrity of the process and the applicants’ need to have qualified people at all levels during their process.
- Palliative care specialty certification The ITEs shared with the commissioners their recommendations for the prospective interview process for those seeking palliative care certification. The ITEs and commission reviewed the general requirements proposed. The Standards work group will be moving ahead with developing competencies. The commission shared its work in progress with David Lichter, NACC executive director. More work needs to be done with the palliative care standards and competencies.
- Strategic Plan Goal IV update and discussion The Certification Commission discussed the need to look at alternate methods and practices to best serve our members. The ITEs brainstormed ways to reduce costs and created a long list for the commission to consider, ranging from NACC having a travel agent, to offering more audio conferencing and ongoing education for interviewers. Further questions: would it be useful to survey our volunteers as to their needs? Rather than attempt to cut costs, how can we increase revenue? How can we identify “our own” chaplain colleagues and bring them home to NACC, thus gaining more clout and financial resources?
- New interviewer resources Thanks to Mary Davis, sample Presenter’s Reports and Guide Questions will be implemented in October 2013. Carollane Hauck is in charge of creating a new manual for interviewers.
- Team building process for interviewers As part of the team building, how do our interviewers take time to foster a sense of community and team building? What happens prior to the interview? Is there more encouragement we could be offering?
- Creating a culture of ministry How do we elevate the volunteer work of interviewing to be more like a specialized ministry? Could we offer a missioning ceremony for our volunteers at the national conference? Could we offer a PowerPoint with their pictures to acknowledge them?
- Standard international degrees As part of a professional process, the NACC will continue to require transcript analysis for all international degrees.
- CASC: Recognition process The commission approved a proposed reciprocity process with the Canadian Association for Spiritual Care (CASC).

In addition to this work, the commission also reviewed and voted on pending initial and renewal of certification applications.

The meeting provided a great time for the commission to discuss ongoing issues in the certification area and to plan for the future of NACC.

Rev. John J. Bucchino, pastor of Blessed Sacrament Parish in Manchester, NH, is a member of the National Certification Commission, both with NACC and ACPE. Until recently, he was CPE supervisor at St. Vincent's Hospital in Worcester, MA.
Research Abstracts

by Austine Duru, MDiv, MA, BCC

In this issue of Vision, in lieu of publishing a research article, we present eight resources in hopes of assisting readers to sample a broad range of research and research related topics by chaplains and non-chaplain collaborators. Each resource is related to our current Vision theme, "Spiritual Care Meets Social Media and Technology." A link to a safe, open access site has been included to aid in further detailed reading.


Social media has been variously identified as a powerful means of communication among young people. Most families will agree that the "sacredness" of dinner time and other family gatherings has been routinely violated by teenagers who continuously text or check their Facebook profile during meal time. Little wonder then that the authors of the study chose to track the Facebook profiles of these young people in an effort to glean some helpful information regarding mental illness. In their study, Megan Andreas Moreno, et.al. believe that social media play a vital role in the life of young college-age people. This work draws on available research that shows young people display higher levels of self-disclosure when chatting on the computer, partly due to the sense of anonymity it offers.

They reviewed 307 Facebook profiles of freshmen, sophomore and junior undergraduates in two large U.S. universities. Their objective was to "examine the validity of references to depression symptoms on public Facebook profiles by comparing these references to self-reported depression symptoms using the Patient Health Questionnaire (PHQ-9) depression screening tool." The results were quite impressive and revealing. "A trend approaching significance was noted that participants who scored into a depression category by their PHQ-9 score were more likely to display depression symptom references. Displayed references to depression symptoms were associated with self-reported depression symptoms." The study hints at the value of innovative ways to identify and provide appropriate mental health intervention to at-risk college-age students. (41 references)


The impact of information technology on the quality, efficiency, and cost of healthcare cannot be underestimated. Recent healthcare reform laws seem to target information sharing among clinicians as one aspect that has the potential to curtail the ballooning cost of healthcare nationally. This article is the result of a survey of mobile computing (mHealth) technologies that can allows physicians to monitor the progress of patients from a remote location, and also give individuals the opportunity to effectively take control of their own health. These capabilities, though a blessing, raise serious privacy issues and ethical questions. The authors of this survey took a stab at some of the issues raised by recent innovations in health technology. They surveyed literature on the topic and developed a conceptual privacy framework for mHealth. They itemized what they called "privacy properties" needed in mHealth systems and discussed the "technologies that could support privacy-sensitive mHealth systems." Their work uniquely includes open research questions that could take the conversation further in various settings, including a CPE training program for chaplains and chaplain educators. (132 references)


If you have been asked to adopt a new technology in the workplace, chances are you have experienced the frustration that results from poorly designed programs that tend to complicate the workflow instead of enhancing and streamlining the process. Developing reliable electronic health designs that support effective delivery of healthcare can be a puzzling adventure for healthcare providers in general. The authors of this article present a practical, holistic, multidisciplinary requirement development approach for creating eHealth that matters; this approach is holistic and human-centered. It enhances collaboration among clinicians and healthcare professionals that results in a user-friendly end product. The authors developed a five-phase requirement approach for eHealth, which aims at streamlining the development process and minimizing unnecessary mismatches that result from lack of collaboration between health, engineering, and social science departments. It is a model that merges end-user needs with the design and contextual organizational goals. It creates an opportunity for the chaplains to maintain control of their day-to-day work flow, while collaborating effectively with an interdisciplinary team. (59 references)


An aspect of healthcare benefiting from the integration of modern technology into self-care and health outcomes involves the management of diabetes in all its forms. A well-documented example is the WellDoc’s Diabetes Manager. Dr. Charlene Quinn and colleagues at the University of Maryland School of Medicine, in a year-long study, found that there is a positive correlation between access to WellDoc mobile app and low glycated hemoglobin (A1c). In effect, patients who had access to the WellDoc mobile app for treatment and behavioral coaching lowered their
glycated hemoglobin (A1c), a measure of long-term blood glucose control. This is significantly higher than those who received care only during occasional doctor visits and through self-management. The study was designed to test whether the impact of adding mobile application coaching and patient/provider web portals to community primary care would cause a reduction in glycated hemoglobin levels in patients with type-2 diabetes compared to standard diabetes management. The results led the authors to conclude that “the combination of behavioral mobile coaching with blood glucose data, lifestyle behaviors, and patient self-management data individually analyzed and presented with evidence-based guidelines to providers substantially reduced glycated hemoglobin levels over 1 year” (Quinn, et. al., 2011). This is a study that contributes to our knowledge of the relationships between mobile technology, health and coping with diabetes. It is hoped that it will trigger follow-up research. (25 references).


This study was done over a period of nine months in six emergency room departments and eight ambulatory clinics, all located in Memphis, TN. The goal of this study was to develop an in-depth understanding of how a health information exchange (HIE) fits into the work process of clinicians at multiple clinical sites. Through direct observations, the authors of this study collected information based on oral interviews during observation concurrently with the care providers used of the HIE. One of the key findings of the study was that different clinicians use the HIE differently based on the nature of their clinical work. With this insight, the authors developed two distinct workflow models – one for nurses, and another one for physicians. This made it possible to customize workflows to fit the needs of each clinical group and to ensure efficiency and ease of use. This research has significant implications for health information technology, electronic health records and associated financial implications. It also offers opportunity for chaplains to collaborate with other healthcare professionals as end-users and to develop electronic records that support accountability in pastoral care. (30 references)


Technology dependency is becoming a huge problem and health concern in our contemporary society. The rise in the complex health issues associated with technology dependency is most visible among the highly vulnerable and most likely population to use and adopt new and innovative technologies – young people and children. Among this population, too, are children with life-sustaining technological devices that support their care either at home or at the hospital. The extensive use of such devices inevitably results in life-long dependency due to serious complications related to feeding and respiration. In this clinical report, Elias Ellen Roy and colleagues present an approach that will ensure the smooth transition of a child with complex medical needs with technological dependencies, from hospital to home and also continue to address the evolving needs of the patient and family in the home setting. Most of these children require round-the-clock care and repeated hospitalizations due to infections or other complications. To maintain a continuum of care, the care team must work together to provide for the needs of such patients at all stages of their hospitalization and discharge.

The chaplain can certainly play a significant role as a member of the team in this instance. The authors identified specific pastoral care needs such as counseling, palliative and hospice care, advance care plan, out of hospital do-not-resuscitate order, etc. In spite of the awareness of these needs, the report fails to identify the chaplain as an integral part of the interdisciplinary team of care providers or community support structure. Reflecting on the study’s results, however, provides an opportunity for chaplains and chaplain educators to begin to think creatively about adapting traditional facility-based pastoral care to the medical home, or home health model, especially in the wake of the new Affordable Care Act and in the context of the Accountable Care Organization. (40 references)


This qualitative study offers good reading on how electronic personal health record systems (PHRs) support patient-centered healthcare by making medical records and other relevant information accessible to patients and physicians, aiding in better self-management and provider/patient relationships. However, fewer patients than expected seem to be motivated to fully adopt these new and innovative technologies related to top personal health records. The authors of this study aim to broaden our understanding of how patients want to engage and use such advanced information tools. It assesses factors related to the use and non-use of the sophisticated interactive preventive health record (IPHR) designed to ease the process of adopting 18 recommended clinical preventive services.

For this study, three focus groups of IPHR users and two focus groups of IPHR non-users were studied. The findings suggest that participants would prefer their personal clinicians to use the IPHR. In particular, “participants’ comments linked the IPHR use to: (1) integrating the IPHR into current care, (2) promoting effective patient-clinician encounters and communication and (3) their confidence in the accuracy, security and privacy of the information.” It is obvious that many IPHRs are physician-oriented and, as such, when applied to primary care, IPHRs may need to put into consideration patient-clinician relationships and the unique workflow of each aspect of care. The significance of these findings is relevant for a number of stakeholders, including policymakers, information technology industry workers, and clinicians, especially pastoral care providers. (62 references)


Healthcare providers are concerned about how repeated hospitalization and non-compliant patients can impact their “health grade.” If this study
is accurate, there are ways to leverage technology to ensure that patients are given the tools to monitor and report their health information utilizing mobile-phone health devices so small that they could literally fit in one’s “pocket.” Predrag Klasnja and colleagues explore the increasing use of mobile phone platforms to enhance the delivery of healthcare. To encourage physical activity and healthy diets, monitor symptoms of asthma and heart disease, to communicate reminders about upcoming appointments, to support smoking cessation, and for a range of other health problems, clinicians are increasingly turning to mobile technology as a reliable platform for executing some of these tasks. It is not, perhaps, an overstatement to conclude that mobile health devices are here to stay.

This study makes reference to the growing body of work around this topic to identify and describe the “features of mobile phones that make them a particularly promising platform for health interventions.” In addition, it identifies “five basic intervention strategies that have been used in mobile-phone health applications across different health conditions.” Finally, the authors summarize the “directions for future research that could increase our understanding of functional and design requirements for the development of highly effective mobile-phone health interventions.” Chaplains and other healthcare providers should pay attention to the developments in this aspect of healthcare delivery for clues that may help them adapt to the changing landscape of healthcare. (98 references)

Austine Duru is staff chaplain at Franciscan St. Margaret Health in Dyer, IN. He is also adjunct professor of philosophy at Calumet College in Whiting, IN.
Journey home: A dying man’s honored guest

by Richard Heatley, BCC

St. Anthony’s House in Baton Rouge is a home for people with AIDS who have neither family nor friends able or willing to look after them. Sometimes there are wonderful miracles at St. Anthony’s. Residents go into remission. Their “T” cell count climbs consistently over a period of months. Their step becomes lighter; they laugh more, and put on weight. They become much less self-absorbed and begin to think about the future. If they are able to leave St. Anthony’s and live on their own in an apartment, the staff tries to make the transition as smooth as possible. The following story is about my journey with an African-American man who resided for a while at St. Anthony’s House.

When Gregory came to the residence, I noticed his gaunt appearance. He seemed reclusive and hardly spoke to anyone. Whenever I tried to open a conversation with him, a wounded look appeared on his face. He would quickly avert his eyes and move away like a walking shadow. I observed that this anti-social demeanor was not only with me but also with the other residents and staff. I was not put off by Gregory’s behavior. I have been working continuously with people with HIV/AIDS since 1994. His reclusive manifestations were not new to me. I had encountered them many times before. Sometimes I thought he was perhaps more paranoid than withdrawn. I wondered how HIV and AIDS were daily ravaging his thought processes. Or how many times in the past he had been brutally hurt from the direct results of prolonged isolation, broken relationships, and negative manipulations that had left him unable to trust or to make friends easily.

Over a period of months I learned from the staff that Gregory was suffering from colon cancer, a pernicious phenomenon pertinent to people with HIV/AIDS. He was getting frequent doses of chemotherapy, coupled with prescribed heavy-duty medications in an attempt to control his pain. One characteristic soon caught my attention about Gregory. There was a polished neatness about him. Despite his thinness, he always appeared tidily attired when he was in the residence’s common areas. It was obvious he took pride in presenting himself to the public.

It took perhaps about three months before Gregory felt comfortable dialoguing with me. My regularity coming to St. Anthony’s and my interactions with his peers and the staff gave him the needed opportunity to verify my authenticity. It was about this time that Gregory’s health took a decided upbeat direction. He appeared happier and was interacting more with the daily running of the residence. There was definite weight gain. And there was talk about him leaving St. Anthony’s and living in his own apartment. More importantly, his tough chemotherapy regimen had been stopped for the time being.

Gregory’s Indian summer, however, was short lived. I began hearing from the staff that his cancer was back again worse than ever. His chemotherapy resumed. He quickly lost his recent weight gain, and his hair fell out in handfuls. Whenever he could come into the common areas, it was with great physical effort. He would stay for short periods and leave exhausted, barely able to walk unassisted back to the privacy of his room.

Toward the end of his stay at St. Anthony’s, Gregory was frequently hospitalized. During his hospitalization, I visited him one late evening. When I entered his room, he looked peaceful. He had the contented look of an old Egyptian pharaoh who at the end of his life knew that he had ruled long and well. For about 20 minutes we chatted back and forth. He clearly was at ease with me as I was with him. At one point I noticed a beautiful painting on the wall opposite his bed. It was of a chateau’s small secluded back garden. The house and garden were set in a lazy August afternoon when it was siesta time. The French doors were half opened. The picture, painted in subtle pinks and turquoise, exuded a spiritual tranquility. I asked Gregory if he liked the painting. He responded that it was how he would like heaven to be for him. He said he envisioned “meeting Jesus for the first time as mutual friends in such a picturesque and sacred place.”

When Gregory returned to St. Anthony’s for the last time, he was immediately placed on home hospice. It took about five days for him to die. He could only whisper and communicated more with his sunken eyes than with his voice. Daily he became more emaciated. While he lay dying, I could visualize how the prisoners in the German concentration camps must have looked to the stunned liberating Allied troops at the end of World War II. In each one of these prisoners and in Gregory, there was still a human being calling forth our respect and compassion.

Even when he was dying Gregory maintained his private space. Marjorie Ryerson, in her book titled “Companions for the Passage (2008),” emphasizes that the dying often choose those who will be at their bedside on the final days and moments before death. “As people die or go into the final death process, they might choose you as the friend they want to be there. They might not want their cousin, someone who might want to be too close, in the circle. For a dying person, the circle of acceptable people gets smaller and smaller. Dying people don’t suffer fools gladly. They pick premium people.”

I was not at St. Anthony’s House when Gregory died. When I did arrive, his remains had already been removed by the undertakers. His few belongings were in two large clear plastic bags. In respectful silence, I thanked God her letting me know this good, sensitive, and reserved man.

In the late 1960s, the British actress Maggie Smith starred in her first Academy Award movie, “The Prime of Miss Gene Brodie.” The heroine was a free-spirited teacher in a girls’ boarding school set in Edinburgh, Scotland. At the movie’s end, after Miss Brodie has left the school in disgrace, one of her more challenging students remembers with a new appreciation and understanding Miss Brodie’s observation: “If you can catch a young student and help form her impressionable mind, you have changed her for life.” I am not sure if I was Gregory’s student or his teacher. I felt, however, that I became an honored guest. I acknowledge that in his own firm, quiet way, he molded me into becoming a better chaplain.”

Chaplain Richard Heatley ministers at Our Lady of the Lake Regional Medical Center in Baton Rouge, LA. St. Anthony’s House is owned and operated by the Franciscan Missionaries of Our Lady, Baton Rouge.
NACC volunteering fosters relationships, reminds chaplain of people’s goodness, resiliency

Featured Volunteer: Linda Anne Bronersky

Name: Linda Anne Bronersky

Work: Vice President of Mission Services, Wheaton Franciscan Healthcare and Franciscan Ministries, Wheaton, IL.

Member since: 1980. I was certified as a chaplain in 1979 and a CPE supervisor in 1984. I also pursued ACPE certification in 2001.

Volunteer service: As a chaplain and a CPE supervisory candidate, I began my relationship with the people of NACC as an interviewer among colleagues seeking certification. It was a privilege to share in the journey of so many competent people who became NACC Board Certified Chaplains. During the days of regions, I belonged to Region VII serving on the Certification Interview Committee for three years and then as chair for an additional six years. I learned so much mentoring both interviewers and candidates for certification. Following my role as chair, I partnered with women across the Chaplain Cognate groups in planning the Women’s Pre-Conference Gatherings for Dialogue 88 and Dialogue 94! During that time I was then invited to serve on the Certification Commission for six years where I worked alongside visionary leaders within NACC as well as fellow incredible leaders who were Clinical Pastoral Educators. Next I served as chair of appeals. In 2000, NACC leadership began talking about the 2002 Symposium with the bishops on the Anointing of the Sick. I was part of the planning team and a facilitator of the symposium attended by bishops, mission leaders and chaplains. The conversations were rich and the experience was transformational as we listened, spoke from the heart and learned about the richness of the sacramental rituals within our Roman Catholic tradition. The 2007 Pastoral Symposium in Omaha was a gathering of creative colleagues embracing a new vision of the chaplain as educator, advocate, compassionate companion and professional member of the interdisciplinary team. During these days, we talked about imagining new places of clinical practice and about measurement and outcomes. I am grateful to once again serve on the Certification Commission during a time when spiritual service is both recognized and facing challenges. This time we walk as partners in healing with our many professional colleagues in medicine, nursing, case management, pharmacy, physical/occupational therapy, psychology, dietary and other fields.

Book on your nightstand: “Spiritual Literacy: Reading the Sacred in Everyday Life,” by Frederic and Mary Ann Brussat (1998), is my encyclopedia for reflective thoughts on many different topics. I use it often in creating rituals to ignite my own creative thinking.

Book you recommend most often: I often recommend “Making Health Care Whole: Integrating Spirituality into Patient Care” (2010), by Dr. Christina Puchalski, who describes a vision of spiritual care and pathways that hold the patient/family at the center. Dr. Puchalski’s model of care invites all healthcare professionals to connect personally with patients i.e., listening to fears and possibilities, hopes and dreams. The members of the healthcare team collaborate with the patient as partners in their care, providing a therapeutic relationship focused on how the patient finds solace, a comfort connection, meaning and purpose in the midst of seeking healing.

Favorite spiritual resource: I find the Word of God nourishing especially in my morning prayer. I also find nature to be a spiritual guide as every season speaks to me about listening and noticing God’s presence. Both nurture my faith and call me to pay attention to the rhythm of silence and contemplation foundational to being a healing presence within the spiritual care ministry and my work as a mission leader.

Favorite fun self-care activity: I enjoy walking in nature and spending time playing with the younger children in our extended family.

Favorite movie: “The Sound of Music” (1965) is a family favorite. My sisters and I first saw the movie on the big screen in downtown Chicago with our Mom. It was a memorable day. Since that time all the nieces and nephews have a fondness for it, too, and often put on family shows based on the story and music.

Favorite retreat spot: I found the Trappist Monastery in Snowmass, CO, my most memorable place for retreat. It is the beauty of the mountains in all seasons. The commitment to contemplation of the monks and aspen trees still fill me with a sense of God’s greatness, goodness, mystery and majesty.

Personal mentor or role model: I have been blessed with great mentors and role models at significant times of transition in my life. Mary Jo Hazard, executive coach, continues to be a woman who models compassionate leadership and focuses on the possibilities in every situation.

Famous/historic mentor or role model: Dorothy Day is a role model as a woman who remained passionate about her relationship with God, herself and people. Her personal commitment to prayer along with her heart of mercy and justice capture for me important practices, characteristics and commitments for a life dedicated to caring for people.

Why did you become a chaplain? I love people and enjoy listening to experiences of light and darkness sprinkled with life stories, be they around a healthcare crisis, a significant life event like the birth of a child, a marriage, or the blessings of special celebrations.

What do you get from NACC? I have met incredible people through the years who have each touched me through sharing their gifts, family experiences and professional goals. I have valued the professionalism of NACC that has continued to be marked by compassion and competence.

Why do you stay in the NACC? People often hear me say “NACC is my professional home.” NACC provides me with opportunities to serve as a Roman Catholic laywoman. I have had many positive experiences of ministry that welcome and bless the diverse roles and perspectives of both men/woman; ordained/non-ordained, all who bring to the profession of chaplaincy God’s healing presence.
Why do you volunteer? I always learn so much in working together with others on committees, commissions and at national and regional gatherings. I believe that the essence of ministry is grounded in relationships.

What volunteer activity has been most rewarding? Representing NACC in working with women colleagues in ACPE, APC, NAJC and NACC in planning Dialogue 88 and Dialogue 94 was incredibly rich and profoundly transformational. We met for more than 18 months, each time to plan experiences that affirmed women and acknowledged the gift of the feminine in seeking spiritual wellness and integration. In addition, I have really enjoyed working on the Certification Commission as the focus is on support of certification, professionalism, and best practice of the Board Certified Chaplain.

What have you learned from volunteering? I have learned that the richness of life and spiritual growth is born, nurtured and deepens in service to God’s people. I am always deeply moved by the goodness of people, the resiliency of the human spirit and the promise of new places and new models of ministry.
Volunteering for NACC is ‘what it means to be a disciple’

**Featured Volunteer: Fr. Timothy F. Bushy**

**Name:** Fr. Timothy F. Bushy

**Work:** Director of Mission Services, St. Jude Medical Center in Fullerton, CA

**Member since:** 2008

**Volunteer service:** I have served as an interviewer and most recently as an Interview Training Educator for the interview process for certification of chaplains.


**Book you recommend most often:** “From Wild Man to Wise Man: Reflections on Male Spirituality,” by Richard Rohr (St. Anthony Messenger Press, 2005)

**Favorite spiritual resource:** I pray the Divine Office via the Internet on my iPad

**Favorite fun self-care activity:** I like exercise and enjoy physical activity at the gym on a regular basis.

**Favorite movie:** Chariots of Fire (1981)

**Favorite retreat spot:** Serra Retreat Center in Malibu, CA

**Personal mentor or role model:** I have several professional mentors and role models in leadership positions at St. Joseph Health and am grateful for the opportunities I have to be mentored and coached.

**Famous/historic mentor or role model:** Most recently I have grown in my appreciation of Pope Francis.

**Why did you become a chaplain?** I believe that it is important that the church and I as a priest be involved in Catholic healthcare to continue the healing ministry of Jesus in our world today. I enjoy celebrating Mass and providing the sacraments to our patients, families and staff. I believe that I also am able to assist in building up our Catholic identity and also the integration and implementation of the Ethical Religious Directives by the United States Conference of Catholic Bishops.

**What do you get from NACC?** I enjoy the opportunities to network and resource with other chaplains and mission integration leaders throughout the United States and also find it to be of great assistance to improve the provision of spiritual care and the quality of our chaplains through standards and certification.

**Why do you stay in the NACC?** It is important for me to collaborate and share resources with others for the common good of all in healthcare and in the church today.

**Why do you volunteer?** I find that I am able to remain current on trends and issues in Catholic healthcare and also build networks and relationships that support me in my position and role. I like to be involved in the NACC and part of a vital part of the Catholic Church in the United States today as we engage in healthcare reform.

**What volunteer activity has been most rewarding?** I find my work as an ITE to be rewarding as it assists those involved in the interview process to provide quality interviews and helps those who apply for certification to have a meaningful and rewarding experience in their interviews. My work assists in providing certified chaplains to serve our hospitals and facilities in the United States today.

**What have you learned from volunteering?** I see volunteering as part of ministry; it is a way in which I can use my gifts and talents to glorify God and build the reign of God. It is what it means to be a disciple. I believe that if one is going to be a member of an organization, it’s important to be involved and to do your part to build up the organization and assist the organization live out its mission.

As our vision statement states: “NACC is a light of hope, whose members are persistently advocating for those dedicated to the spiritual care of people experiencing pain, vulnerability, joy, and hope.”
Jolene Philo’s book, *A Different Dream for My Child*, thoughtfully weaves together personal narratives to create a meaningful resource for parents struggling with pediatric illness. Ms. Philo’s experience with illness as her newborn son battled a life-threatening condition gave her incredible insight, which is sprinkled throughout this work. Stories from other couples experiencing chronic and life-threatening diseases with their children are also included, providing a rich experience base on which the book rests. This resource provides practical coping tips as well as inspirational material, making it a great resource for any parent struggling with the illness of a child.

The book is divided into six overarching themes, each of which centers on a different aspect of pediatric illness. The sections explore moments in the disease process including diagnosis, hospital life, juggling two worlds (hospital and home) and long-term health conditions as well as the themes of losing a child and raising a survivor. Chapters are constructed similarly, beginning with a bible quote, which is followed by a short personal narrative. Each chapter closes with a prayer to God and reflection moment, providing thoughtful questions for the reader to ponder. Each chapter is short (three to four pages) and could serve as a thought-a-day reflection or longer term read.

Ms. Philo covers the range of emotions and experiences that grieving parents may encounter after a serious medical diagnosis for their child. She explores handling the diagnosis, feelings experienced as the child progresses through stages of disease, life at the hospital, juggling competing demands once the child has returned home, the realization that a condition is chronic, the depression that can follow the loss of a child, and the unending hope a parent must nurture when dealing with a seriously ill child. Each chapter provides practical information about hospital stays, helpful advice for struggling parents and creative ideas for making it through difficult times. A strong spiritual undercurrent runs through each chapter, reminding the reader that God is present in all situations and moments, difficult or joyful.

Ms. Philo has thoughtfully woven together experience, advice and prayer, creating a meaningful resource for parents struggling with pediatric illness. Though much has changed since Ms. Philo’s experience in 1982 and support groups are more prominent, parents are often left to piece together resources as they move between the healthcare environment and home. Parents who struggle with the difficult diagnosis of a child may experience a host of intense feelings, including frustration, doubt, despair, grief and hopelessness. Ms. Philo reminds the reader that we have endless resources available to us and that God will never abandon us. God walks beside us during the most challenging of moments, working tirelessly to provide the support we need through the outstretched hand of a friend, an offer from a family member, and moments of peace during difficult times.

Readers will find a host of possible resources and inspirational themes to buoy them on the rough seas of critical or chronic pediatric illness. This book will be a great resource for the parent struggling with a recent diagnosis, as well as the parent well into the journey of chronic illness. The short chapters make the book easy to pick up — whether you have five minutes or an hour. Ms. Philo’s sharing of her own experience, as well as that of others, provides an important resource that can be useful to parents at any point on the pediatric illness journey.

*Laura Richter is director of workplace spirituality at Ascension Health in St. Louis, MO.*

**SOURCE:** *Vision*, September/October 2013

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