An Easter people will gather in Milwaukee

By Michael J. Doyle, BCC

As our planning task force for the May 21-24 national NACC conference continues to work, plan, "meet" by phone and prepare the way for Easter celebrations, one idea consistently keeps us going: we gather by Lake Michigan this spring to be renewed by Easter grace, to renew friendships and to meet new colleagues. Chaplains will come from all parts of North America and Canada to deepen their learning about chaplaincy, to celebrate Easter sacraments and holy anointing, and to feast at the banquet table of the Risen One himself, our Lord and Savior, Jesus Christ. Will you be in Milwaukee this year to celebrate Easter joy and new life in Christ?

This year's conference is indeed a special time for us as chaplains – we allow the Easter waters of our baptismal renewal in Christ to overflow from within as we reach outside of ourselves to embrace new friends and old, as fellow members of the risen body of Christ. Will you come to Milwaukee, a city nourished by the waters of Lake Michigan, and allow the parched parts of your soul to be blessed with Easter waters and perhaps anointed with heavenly oils? Will you join chaplains across North America and come to Milwaukee to let your winter doldrums spring into new Easter life?

This year's conference liturgies will come alive with symbols of water, glowing Glorias, abundant Alleluias and Easter songs proclaiming joy, hope, new birth, and life after death. We are an Easter people indeed.

It is true that spring is sometimes slow to come to the Midwest – but winter's wrath is surely behind us now and as Easter draws near so, too, does our time to gather together once again as chaplains. This year Easter joy and new life beckon us and call to us as we tend the Easter vigil fires within and share with others our passion for ministry. Whereas most years we gather during the lenten liturgical season, this year paschal rebirth shapes our liturgies more than ever. We are an Easter people year-round, of course, and this year we can make Alleluia our song wherever we are in the hotel and around Milwaukee! This year's conference liturgies will come alive with symbols of water, glowing Glorias, abundant Alleluias and Easter songs proclaiming joy, hope, new birth, and life after death. We are an Easter people indeed.

Milwaukee is said to mean "gathering place by the waters," and we will take that meaning seriously this spring in Milwaukee when we gather as baptized Christians for six unique times for worship, song and Easter celebrations filled with joy, hope and rebirth. What memories do you hold of past conferences when you allowed yourself to enter into the lenten liturgies of sung prayer and Scriptures prophetically proclaimed and preached by many of our peers? Do you remember standing to lay hands on a fellow chaplain who was asking for anointing? Do you remember your own certification as you watch the newly certified chaplains and supervisors answer their call to serve? What do you remember as you gaze back over the years and reminisce about leaving the conference after Tuesday morning's closing Eucharist? Is there a sense of a renewed mission and perhaps a deeper desire to serve as chaplain wherever you may go by train, car, plane or bus as you leave Milwaukee, the city by the lake?

As a planning team we all look forward to celebrating Easter liturgies with our fellow chaplain members from all over North America. We can't wait to celebrate Easter joy and new life in Christ as we sing, pray and worship together during the conference. We are blessed in Milwaukee this year to have our sung

prayer and daily worship led by Milwaukee's own gifted liturgist and musician, Randy Hilgers. All are welcome, as the song proclaims.

Will you…

…come to Milwaukee this spring and experience the grace of a new season, an Easter conference, and a springtime of renewal?

…come to this year's NACC conference and renew your baptismal vows at the Easter font, as we bless ourselves and bless each other with the water pouring forth from the side of the Risen Christ?

…come on an adventure to the Midwest, to the heart of America, to have your winter longings blessed by Easter abundance, to have your lenten thirsts quenched and your ancient aches anointed?

The one who calls us to worship, the one who always calls us together as children of God and as the Body of Christ, is the Risen One himself. We are an Easter people. We are the Body of Christ. The Risen Christ himself calls us to gather and promises where two or more are gathered…I am with you.

This Easter the Resurrected Christ himself calls us to worship, to gather, to bless, to anoint, to pray, to sing and to feast together as chaplains from across the continent. Milwaukee is the place to be from May 21-24, 2011. As our theme song asks, "Will you come and follow me…?"

Michael Doyle, chaplain at Resurrection Medical Center in Chicago, IL, is liturgy chair for the 2011 NACC National Conference in Milwaukee.

Related resources:

National treasures of Lake Michigan available to all
www.onmilwaukee.com/visitors/articles/lakefun.html

The water that made Milwaukee famous: WUWM interviews historian John Gurda
www.wuwm.com/programs/news/view_news.php?articleid=5466

Great Lakes Water Institute
www.glwi.uwm.edu

SOURCE: *Vision*, May/June 2011

Visit www.nacc.org/vision

NACC continues to seek 'progressively higher ideals'

This issue of *Vision* is dedicated to certification. In the past two *Visions*, my column reflected on the first half of the NACC mission statement, *advocates for the profession of spiritual care*. This column will address the second half of our NACC mission statement: *educates, certifies, and supports chaplains, clinical pastoral educators, and all members who continue the healing ministry of Jesus in the name of the Church.*

Recently I received a phone call from a newspaper reporter who was following up on a lead about chaplaincy. When the topic of certification came up, he asked me, "Were there abuses going on that required NACC to begin certifying members?" "What a curious but understandable question," I thought to myself. When headlines abound that highlight abuse of office by public officials and notorious unethical practices by some business leaders, it is understandable to ask such a question. I was glad to share that NACC certification is not a recent reaction to misconduct but a decades-old professional practice to ensure the highest standards of ministry.

On the 10th anniversary of NACC in 1975, in "A History of the National Association of Catholic Chaplains," the author, Catherine Elliot, noted that the general objective of the NACC, as written in the NACC 1965 application for charter membership, was "to assist the chaplain toward the realization of progressively higher ideals, with attendant spiritual, intellectual, and personal characteristics, in pastoral care of patients and staff of the institution" (Quoted in the NACC's "Wellsprings of the Journey: 40th Anniversary Reflections"). "Progressively higher ideals" is a beautiful expression of our ongoing commitment to ministry, as well as a worthy foundational purpose for certification.

By 1968, the NACC had already set these "higher ideals" in standards for certification of chaplains working in general and mental health care institutions, and begun the predecessor of *Vision*, the *Camillian*. By 1970, it was in professional relationship with the Association for Clinical Pastoral Education (ACPE), the Catholic Hospital Association (later Catholic Health Association), and the American College of Chaplains (that was renamed such in 1968 from being the Chaplains' Division of the American Protestant Hospital Association – APHA – and merged in 1998 with the Association of Mental Hospital Chaplains - AMHC – to form the Association of Professional Chaplains). These relationships stay strong today, 40 years later, in order to ensure the professionalism of chaplaincy across denominational and faith traditions. In 1973, the NACC members voted to include sisters, lay people, deacons, and brothers in becoming certified. NACC has a long, rich history!

In 1978 the Congress on Ministry in Specialized Settings (COMISS) began and NACC participated in the collaborative working relationship among the diverse cognate groups and denominations representing specialized ministries. Ten years later (1988) a major gathering in Minneapolis entitled Dialogue 88 occurred. This COMISS-led gathering included dialogue among diverse pastoral care and education groups and, at this meeting, foundation documents of COMISS were signed. Six years later a similar event, Dialogue 94, took place in Milwaukee.

Over the next several years dialogue among several cognate groups continued, including joint work by APC, NACC, Association for Clinical Pastoral Education (ACPE), The National Association of Jewish Chaplains (NAJC), and The Canadian Association for Pastoral Practice and Education (now called The

Canadian Association for Spiritual Care – CASC) to write "The White Paper," which was officially titled "Professional Chaplaincy: Its Role and Importance in Health Care" (©2001). In 2003, these five cognate groups along with American Association of Pastoral Counselors (AAPC) committed to formulating Common Standards. A year later in fall 2004 at the ACPE national conference in Portland, ME, these six cognate groups unanimously agreed to the four documents that comprised the Common Standards and created an organization called The Council on Collaboration that in 2007 formally became an LLC as The Spiritual Care Collaborative (SCC). The Spiritual Care Collaborative, over the past year, has initiated a regular review of each of these four documents beginning with the Common Standards for Professional Chaplaincy.

The NACC adopted and added to these SCC common standards specific standards that reflected core elements of our Catholic tradition. These NACC standards were approved in 2007 by the United States Conference of Catholic Bishops Commission on Certification and Accreditation (USCCB/CCA).

I find it helpful to reflect back on this rich history. It paints the picture of growing professionalism of professional chaplaincy and extraordinary efforts to present a united voice on behalf of chaplaincy and a common front of the highest quality of ministry.

As you can see, these many professional relationships helped NACC gradually raise its requirements for certifying chaplains so they were on par with those of the other associations, culminating with the SCC Common Standards for Professional Chaplaincy. Chaplaincy ministry moved from being viewed as a predominantly sacramental ministry to one that meets the spiritual and emotional needs of the person being ministered to. In the early years, certification was considered to be held for life, but by the early 1980s a peer-reviewed formal renewal of certification process began as a requirement (as it is for all spiritual care associations), superseding informal continuing education. Later, getting an up-to-date endorsement from the bishop/major religious superior was also added as a requirement. Over the years, the requirements of additional units of CPE and a higher level of formal education gradually raised the level of professional preparation for initial certification. Even the requirements for renewal have been gradually upgraded. In recent years the Ethics Procedures and the Ethics Accountability Statement also improved the professional stature of chaplaincy. These are all signs of "progressively higher ideals."

Are you dizzy yet? I find it helpful to reflect back on this rich history. It paints the picture of growing professionalism of professional chaplaincy and extraordinary efforts to present a united voice on behalf of chaplaincy and a common front of the highest quality of ministry. "Progressively higher ideals" is captured in the standards, explored and assessed in the certification process, and lived out in every member of the NACC. It is amazing and humbling when you think about the hours and hours of time committed by our members over the decades, and so many of you today to formulate, define, and refine these standards, and to participate in and improve the certification process to make it and related documents of highest quality and integrity! Thank you!

Last August 2010, at a planning meeting for the 2011 Collegeville National Symposium on Lay Ecclesial Ministry, Susanne Chawszczewski, our Education and Certification Coordinator, was seated at a table with one of our U.S. bishops when the topic of certification came up. The bishop remarked that NACC was the "gold standard" for certification in the church. Thanks to all of you make it so, and thanks to all of us who continue to pursue the "progressively higher ideals" of the profession.

David A. Lichter
NACC Executive Director

Resources

Catholic Health Association (CHA): www.chausa.org
Association of Professional Chaplains (APC): www.professionalchaplains.org
Congress on Ministry in Specialized Settings COMISS: comissnetwork.org
Association for Clinical Pastoral Education (ACPE): www.acpe.edu
National Association of Jewish Chaplains (NAJC): www.najc.org
Canadian Association for Pastoral Practice and Education (now called The Canadian Association for Spiritual Care – CASC): www.cappe.org
"Professional Chaplaincy: Its Role and Importance in Health Care" (©2001) ("The White Paper"): www.healthcarechaplaincy.org/userimages/professional-chaplaincy-its-role-and-importance-in-healthcare.pdf
American Association of Pastoral Counselors (AAPC): www.aapc.org
Common Standards: www.spiritualcarecollaborative.org/standards.asp
The Spiritual Care Collaborative (SCC): www.spiritualcarecollaborative.org
Common Standards for Professional Chaplaincy: www.spiritualcarecollaborative.org/docs/common-standards-professional-chaplaincy.pdf

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SOURCE: *Vision*, May/June 2011

Visit www.nacc.org/vision

Q&A with Mary Lou O'Gorman, MDiv, BCC

By Laurie Hansen Cardona
Vision editor

For Mary Lou O'Gorman, personal involvement in the development of chaplaincy standards across denominational lines has been exciting as she witnessed the resultant community-building and advancement of the qualifications for professional chaplaincy.

Ms. O'Gorman, recently elected to the NACC Board of Directors, is director of pastoral care and CPE at Saint Thomas Hospital in Nashville, TN. She is chair of the NACC's Finance Committee, a past member of the NACC Standards Commission, the NACC liaison to the USCCB/CCA and previously served on the NACC's Vision and Action Task Force charged with drafting the organization's strategic plan. Experienced in caring for persons who are critically and chronically ill as well as their families, she writes and speaks nationally and internationally on improving end-of-life care and addressing spiritual needs at the end of life. Ms. O'Gorman agreed to an interview with *Vision*.

Q What has been your involvement in the development of chaplaincy standards?

A In 2003 and 2004, I co-chaired the committee that drafted the Common Standards for Professional Chaplains, a project sponsored by the major pastoral care organizations in North America. D.W. Donovan and Mary E. Johnson were the other NACC representatives. We began our work by laying the the standards of each organization side by side. We identified the standards that we could hold in common and retain, and expanded that document with the inclusion of additional standards that further delineated the role and function of the certified chaplain.

This collaboration strengthened the partnership of the cognate groups that formed the then-Council on Collaboration, which became the Spiritual Care Collaborative. This work also provided a platform from which to advocate for the provision of spiritual care by certified chaplains to other major organizations, including the Joint Commission.

Once the common standards were completed and accepted, each cognate group was charged with implementing the standards. In 2005, I became a member of the NACC's newly formed Standards Commission. Our first task was to add specific standards requisite for a Catholic chaplain's identity and practice. Development of policies and procedures for all aspects of certification followed.

Over the last few months, I have participated with a group including John Gilman and members of CAPPE (now called The Canadian Association of Spiritual Care, CASC) and NAJC, under the leadership of David Lichter, in revising the common standards. Unfortunately, this time APC absented itself from the discussion. I found this troubling professionally and personally as I had treasured the collegial relationships that developed during the work on the common standards. Nonetheless, the revision process was collaborative and the current draft provides some needed clarifications and updates.

Q What do the standards mean to the NACC and its members?

A The standards recognize the chaplain's skills and training, role and function. They also illustrate the

competencies that equip chaplains to be effective leaders at all levels of an organization.

When I was certified in 1985, it seemed that the certification process varied greatly by region, perhaps because of the more regional nature of the interview process. I have been impressed by the work of the ITEs to implement the standards and to systematize the process. That process appears to be more consistent and effective in facilitating the certification of men and women prepared to assume the role of professional chaplain.

Q Can you recall in your work on the standards one particular issue that caused a lot of debate and where you stood on that issue?

A Members of the common standards committee had different philosophies about documenting one's ministry in the patient's medical record. After a lengthy discussion, written documentation of one's care became a standard. I personally believe that every encounter should be recorded in the medical record and documented in a manner that conveys the pivotal role of the chaplain in addressing the needs of the spirit.

Q Why was being involved in development of the standards something you chose to do?

A I was one of nine members of the NACC invited to participate in development of common standards. For me, that opportunity was a culmination of some unique collaborative experiences with pastoral care colleagues in other cognate groups. In 2000, with other members of the NACC's Board of Directors as well as leaders from the NAJC, ACPE, APC and CAPPE, I engaged in the ratification process for the document "Professional Chaplaincy: Its Role and importance In Healthcare" (often referred to as the "The White Paper"). Two years later, I served on the planning committee for the EPIC conference, which was a gathering of the NACC, CAPPE, NAJC and APC in Toronto in 2003. At that conference, the commitment to collaborate seemed to gain momentum. Within a few months, ACPE agreed to join these four organizations and the plan to create what was at first called "universal standards" for chaplains, supervisors and in ethics was solidified. In September 2003, the work on the standards commenced at a meeting in New York.

At these series of gatherings, the passion for and commitment to what we might accomplish together was extraordinary. There was the sense that it was "about time." For many of us, the ensuing collaboration and networking contributed to the formation of strong and valued relationships across cognate groups.

Q You have written and spoken nationally and internationally on improving end-of-life care and addressing the spiritual needs at the end of life. What do we need to learn in those areas?

A As a chaplain, I have been involved in countless situations in which families could not accept the reality of death. Dying is part of the life cycle, of who we are as human beings and as people of faith. For many, death has become something to ward off at all costs. As chaplains, unfortunately, we too often see the ravaged bodies of persons whose families will not let them die.

As chaplains, we have the opportunity to raise the critical questions that give rise to crucial conversations that include the patient's wishes, values and hopes for the time remaining. In the midst of crisis and illness, courageous and skilled chaplains facilitate such conversations that can be a gift to patients and their families.

SOURCE: *Vision*, May/June 2011

Documenting the story: Communication within a healthcare team

By Lisa Burkhart, PhD, RN, Marie Coglianese, BCC, and Jerry Kaelin, BCC

You receive a referral from a nurse working on the telemetry floor to see an 84-year-old female patient, Roman Catholic, scheduled tomorrow for open heart surgery to repair a valve. You knock on the door, enter the room, and approach the patient.

Patient: *Come in, and who is it?*

Chaplain: *Hello, my name is Marie. The nurse contacted me that you wanted to see me.*

Patient: *Yes, pull up a chair and sit next to me. I do not have that great of eyesight so sitting close helps me to see your face.*

Chaplain: *Sure, you sound concerned about something, what is it you would like to talk with me about?*

Patient: *I want to be sure that what I tell you is confidential, and it stays between you and me. Can you do that for me?*

Chaplain: *I can keep confidential what you share with me and I need you to know that there are several issues that I would not be able to keep confidential. (Patient interrupted chaplain)*

Patient: *What I am going to tell you has nothing to do with taking someone's life or my illness; it has to do with relationships.*

Chaplain: *That's fine….*

Patient: *I have been married for over 60 years to the same wonderful man and there is something I have been carrying in my heart for those many years. When we were in the early years of our marriage, my husband went overseas for the war. I was a young mother, scared and our families were on the West Coast and I was in Chicago with a new baby and my husband far away. I was young and stupid and it did not mean one thing to me … but I was lonely and I had a one-night relationship with a man who was our next door neighbor… a bachelor. I regret it, I went to confession and I never ever repeated this behavior again.... Do you think God has a list of all the good I have done with my family and my husband since that one indiscretion?*

Chaplain: *You have been carrying this for 60 years and even though you have done good things, went to confession, and have lived a good life with your husband, you are still struggling for peace with it?*

Be sure to read Rev. Beth Collier's response, "Applying this research to our ministry", immediately following this article.

See related articles on chaplaincy and charting in the March-April 2011 *Vision*.

Patient: *Yes, I cannot go to surgery tomorrow without knowing that my God remembers the good and forgives my sins.*

Chaplain: *What you have shared with me this evening is most sacred … and it is a conversation of which our God is a part of and through your words and asking for peace I believe in a merciful and forgiving God that has always been with you. What would help you prepare for surgery tomorrow?*

Patient: *A prayer that includes my asking for forgiveness and thanking God for the blessings in my life. I am grateful for all that I have been given. (Patient began to pray and chaplain joined with her. Chaplain also offered to arrange for anointing and the patient refused, but she did receive Communion and a blessing for surgery).*

Chaplain: *I will see your family in the surgery waiting area tomorrow, and I will make sure to follow up with you after your surgery. Are you feeling peaceful at this time?*

Patient: *Yes, I feel ready to go to surgery, not burdened, and I thank you for allowing me to share this very personal issue of my life.*

Chaplain: *You are most welcome and it was my privilege.*

Next day: Patient died in surgery. Chaplain paged to be with physician when news of patient's death was given to husband. After two hours of being present with husband in deep grief and in viewing his wife's body, the chaplain walks with husband out of the hospital.

Husband: *I know you said you were with my wife last night. And she was so grateful for your visit. Did she tell you anything that I should know?*

Chaplain (smiling):*…She told me that she had loved you for over 60 years and you were a blessing in her life.*

Husband: *Thank you, again, for being with my wife last night.*

Chaplains have always understood the importance of spirituality and spiritual care. In the above story, the chaplain was called in by the nurse during a time of crisis. The nurse recognized a need that she could not meet, knew that chaplains' expertise was needed, and made the referral. This has traditionally been the communication pattern. Chaplains are clearly recognized as the experts in providing spiritual care. They tap into the spiritual connection – that intimate connection – to promote health and healing. This is the chaplains' "domain of practice."

Chaplains are in a position to promote spiritual care within the institutional culture. The Electronic Health Record has the capability to integrate chaplain care with nursing and physician care – creating holistic care.

Other healthcare providers have recognized the importance of spirituality and spiritual care over the past few decades as research has demonstrated the positive influence of spirituality on patient physical and psychosocial health. These research findings have led to a Joint Commission requirement to provide spiritual care within a multidisciplinary environment. The good news for chaplains is the broad recognition of the importance of spiritual care; the challenge is in integrating that care within a healthcare team. There is little in the literature guiding the process of operationalizing that level of collaboration among healthcare providers

within a healthcare system.

> *Marie returns to her office after visiting with the husband. The phone rings. It is the chief palliative care physician. He states, "Where are your notes? I know you are seeing patients. I've seen you on the units talking to patients. I just don't know what you do. This is a Catholic healthcare system…. We treat the human spirit. Given what I read in the chart, it looks like spiritual care is the least addressed issue in patient care. I need to know what you do so we can work together to help the patient."*

The challenge for chaplains is to communicate their role within a multidisciplinary team to promote spiritual care. Rather than chaplains being called in during crises in insulated instances, chaplains can hold a more integral role within the healthcare team and environment of spiritual care. This role expansion requires chaplains to change how they communicate with and relate to other healthcare professionals.

Communication through documentation

With the growth and expansion of the electronic health record (EHR), chaplains have an opportunity to integrate the spiritual care of the patient (and family) into the totality of patient care. Historically, in terms of documentation, chaplains have often been "siloed" or split off from the healthcare team. In addition, chaplains have met minimal documentation requirements for a variety of other reasons, including concern to maintain confidentiality, lack of time, and inadequacy of documentation systems to support or reflect the ebb and flow of spiritual care.

Then there's a prime question: Why should a chaplain spend time describing the complexity of patient spiritual issues if no one on the medical team reads it and, therefore, the documentation does not contribute to an integrated plan of care? Why should a chaplain spend time charting – valuable time – in lieu of spending time with the patient? Meeting legal and institutional policy requirements are compelling arguments for documenting, but can present painful dilemmas when chaplains have to make the difficult decision of whether to spend time with patients or chart or sometimes need to stay late to document. These situations can be quite frustrating.

> Progress notes provide the opportunity to tell the story in a brief narrative format. Also, physicians tend to read progress notes, rather than flowsheets.

The purpose of documenting in an electronic health record has shifted from only meeting legal, regulatory, and accreditation requirements to an opportunity to promote more holistic patient care, identify best practices, and contribute to research. Documentation has taken on a new meaning. It is no longer just "a requirement." "If it wasn't documented, it didn't happen." Today, documentation is the essential means to both indicate and help create the integration of pastoral care into healthcare. For chaplains, documentation demonstrates and measures the impact of spiritual care on patient outcomes. Documentation is also a process of data collection for research to indicate more effective pastoral and patient care and thus determine valuable resource allocation like number of staff chaplains, number of shifts covered, and prioritization of chaplain time and energy.

In the ebb and flow of patient care, the electronic health record (EHR) becomes a central point of communication. To document in the EHR, chaplains must tell the story in a format that is compatible with the EHR. The story is not necessarily told in a narrative story format, but in a combination of flowsheets and progress notes. The challenge for chaplains is first to understand how the documentation system is structured. Subsequently, chaplains need to develop strategies that communicate patient need and

chaplain ministry. The benefits of electronic documentation is to share important aspects of the ministry to the rest of the healthcare team while also having the capability of aggregating statistics that reflect patient issues and chaplain workload.

Flowsheet documentation – sharing information with the nurses

Flowsheets are helpful in that they are easy and quick to complete, provide a snapshot of data, and are the foundation for summary statistics. Figure 1 provides an example of a flowsheet assessment format for chaplains, which is divided into three sections: clinical encounter type, religious encounter, and spiritual encounter. The clinical encounter type section briefly describes who is seen and the scenario. The religious encounter section itemizes the specific religious rituals and resources needed in a drop-down box format. The spiritual aspects of the encounter are more difficult to capture, as the interventions are more related to discussion, reflection, and presence. Standardized terminologies can help capture this dimension. One system of standardized terminologies, called the Systematic Nomenclature of Medicine Clinical Terms, or SNOMED CT, is a database of healthcare terms accepted by professional healthcare organizations (www.ihtsdo.org/snomed-ct/). There are many terms and associated measurement systems available related to spirituality and spiritual care. For example, SNOMED CT includes terms (e.g., spiritual assessment, fear, coping, hope, grieving) that also can be measured on a 5-point Likert scale, where 1 is the worst state and 5 is the best state. In this case, a number can communicate a global status related to a spiritual issue. Sharing these "snapshots" can communicate if there is a spiritual concern and the nature of it (Burkhart & Androwich, 2008; Moorhead, Johnson, & Maas, 2008).

Figure 1: Daily Flowsheet

		4/5/2011 0700	4/6/2011 1400
Clinical Encounter Type	Visited with	Patient	Family, Health care provider
	Routine visit	intro	
	Surgical visit	Preop	Postop
	Crisis		Death
	Referral from	Nurse	Page
Religious Encounter	Religious Needs	Prayer	Prayer
	Communion given	Yes	
	Sacrament of Sick/Anointing	Chaplain offered, patient declined	
Spiritual Encounter	Spiritual Assessment	2⟶4	
	Suffering	1⟶4	
	Fear	2⟶4	
	Hope	3⟶4	
	Coping	3⟶5	
	Family coping		2⟶4

Consider the patient's story described in Figure 1. From the flowsheet, one knows that the patient was seen once and the husband was seen the following day. One can also recognize that the patient is

religious and had some spiritual needs and died the following day in surgery. This is important information to share with other healthcare providers to heighten the awareness of those professionals who care for this patient.

For this level of communication to happen through documentation, chaplain flowsheet data need to appear on flowsheets used by other healthcare professionals. A technique, called "shared rows," allows multiple healthcare providers to document on the same row. For example, both chaplains and nurses can view and document on the row, "Spiritual Assessment." This allows for chaplains and nurses to share snapshot information virtually and asynchronously.

Another benefit of using flowsheets is that summary statistics can be aggregated in a variety of permutations. For example, reports can identify high-risk patients (i.e., with spiritual assessments of 1 and 2) per hospital unit, medical service, or the entire hospital. This can help determine chaplain scheduling and workload to meet these trends in spiritual needs. Statistics can also be generated to measure how often patients are seen by chaplains (calculated by how many patients have chaplain entries), and how many times chaplains visit patients (calculated by how many encounters are documented per chaplain). These statistics can be calculated per hospital unit, medical service, shift, or chaplain. Flowsheets are helpful to communicate global patient spiritual information, but are limited in that *they do not tell the full story.*

Progress notes documentation – sharing information with the physicians

Progress notes provide the opportunity to tell the story in a brief narrative format. Also, physicians tend to read progress notes, rather than flowsheets. To document in progress notes, chaplains need to structure the story in the progress notes format. Each EHR uses a specific format for structuring information. A common format is PIE, which stands for Problem Intervention, Evaluation. Problem describes the patient's issue that the chaplain is addressing, for example, spiritual distress, fear, grieving, etc. Intervention is what care was provided, for example, prayer, presence, active listening, etc. Evaluation is the patient's response to your intervention, for example, patient stated they felt more at ease, patient thanked chaplain for spending time with them. The following is an example of a PIE note based on the story.

Day 1:
P: Spiritual distress related to experiences 60 years ago
I: Discussed forgiveness, prayed with patient, provided Communion
E: Patient stated that she felt peaceful

Day 2:
P: Grieving husband after patient death in surgery
I: Presence and informed husband that patient stated he was a blessing in her life and she loved him for 60 years
E: Husband thanked chaplain for being with wife before surgery

The importance of progress notes is to present factual information about chaplain care to other healthcare providers clearly and concisely. The above entry in a short narrative format that clearly describes the nature of the visit without revealing confidential information, that is, information that may be important for you and the patient, but is not important to share with other healthcare providers. These entries clearly state that the patient had spiritual issues and the chaplain intervened and left the patient in a peaceful state. It also indicates that the chaplain followed up with the grieving husband after the patient died in surgery, and he was also left with good memories.

Opportunities and challenges

Documenting spiritual care in the EHR is a cultural shift for chaplains. The challenge is in first integrating spiritual terminology into the EHR while also incorporating documentation procedures in the ebb and flow of the chaplain's day. Chaplains need to learn how to sift through the story and extract only the information others on the healthcare team need to know to improve patient care. This is a skill that has a steep learning curve and requires time and energy to learn.

The opportunities are great. Chaplains are in a position to promote spiritual care within the institutional culture. The Electronic Health Record has the capability to integrate chaplain care with nursing and physician care – creating holistic care. An added benefit is to be able to generate reports and research the impact of spiritual care on patient outcomes. It can be a method to provide the legitimacy of spiritual care in the multidisciplinary team. Integrating chaplain services into the EHR communicates spiritual care to other healthcare professionals, provides a method to aggregate statistics to measure spiritual issues among patients, and guides resource allocation in pastoral care departments. This can also create a cultural shift for the institution.

This manuscript represents collaborative, interdisciplinary work between Loyola University Chicago and Loyola University Health System. Lisa Burkhart is associate professor in the Marcella Niehoff School of Nursing at Loyola University in Chicago, IL. Chaplain Marie Coglianese is director of pastoral care and education at Chicago's Loyola University Health System, where Jerry Kaelin is a chaplain as well.

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Applying this research to our ministry

This very succinct, descriptive article puts front and center the issue of chaplain documentation that affects many chaplaincy departments. Especially in departments that see a continual flow of students, teaching chaplains the necessity, value, and art of writing good notes is a constant challenge. This article can be useful in providing a case study of how and why chaplains should document. Even experienced chaplains, however, sometimes get jaded regarding the reason for their documentation. Using the rationale of the further integration of spiritual care into the overall healthcare of the patient may present a more compelling argument to chaplains for valuing what they sometimes believe to be an exercise in administration when that time seems better spent with patients.

I appreciate the encouragement of the authors around documentation and the value of the electronic health record (EHR) in integrating spiritual care more fully in overall healthcare. The EHR, however, does not on its face promote the integration of spiritual care; and the brand of EHR varies from one hospital to another, with different accommodations for spiritual care notation in each one. If there is not a measure of integration already present in the hospital or system, chaplains may have little opportunity to utilize the EHR in a meaningful way. Moreover, it is possible for spiritual care to be marginalized rather than integrated through the EHR, depending on how it is designed and the interface that is used. When the chaplain's progress notes are easily found and viewable, and when physicians as well as other members of the interdisciplinary team use the EHR (including progress notes) and are educated to the presence of chaplain documentation, then chaplain notes can be a valuable tool for further integrating spiritual care in the overall care of the patient. As the article points out, the opportunities are great, perhaps even greater than the authors describe, for chaplains to promote our contribution to the care of patients.

Rev. Beth Collier, MDiv, ThD, BCC
Coordinator Chaplain
Alexian Brothers Medical Center
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SOURCE: *Vision*, May/June 2011

Letter to Certification Commission reveals young mother's struggles, growth

By Teresa Sullivan, MA, BCC

In preparation for my first certification renewal, I wrote this reflection to the committee in order to communicate the struggles I had completing the continuing education hours in the traditional required way. The process of re-certification was a time of sincere reflection and growth for me and I am grateful for the opportunity it gave me to continue to explore the living document of life experience as the most profound tool of education.

– Teresa Sullivan, MA, BCC

Dear Members of the Certification Commission,

When I applied for certification five years ago, my husband and I had recently begun our family and I was working part time at a suburban hospital near Boston. Although I was uncertain of the road ahead, I was encouraged by many of my chaplain peers at the time to apply for certification soon after I had finished my CPE residency. I understood the wisdom in this and was grateful to have attained certification even though I was not sure how I would be integrating my call to chaplaincy with my call to motherhood. During my year of part-time work I became pregnant with our second son and soon after he was born our family moved to South Bend, IN, to be closer to our extended families. I was fortunate the following year to find an as-needed position, working almost exclusively on weekends covering overnight shifts (which I continue to do). I know that I am not the only young chaplain struggling to balance family and work life, but there are relatively few of us. In addition to the typical demands of raising a growing family, I have had difficult life experiences that have also made it challenging for me to make time for traditional educational opportunities. Many of these experiences have provided exceptional formation for me as a chaplain. I have spent much time processing all that has happened in the last few years and I know that when I enter a room as a chaplain now that I feel much more competent and empathetic than I did several years ago, having navigated through illness, suffering and death with my own loved ones. I have included information about these times in my personal life as part of my education report form.

Two months after we moved, my mother was diagnosed with lung cancer. Knowing her prognosis was not good, I spent as much time with her as I could, accompanying her to as many treatments and appointments as possible, all in Chicago. She had a brief remission before the cancer metastasized and she died in August 2008. There is no way for me to attach numerical value to the time I spent struggling along with my mom as her body, mind and spirit reacted to the cancer and all of her treatments. I do know now, however, what it is like to be a child of someone waiting in a crowded waiting room for news of whether or not their biopsy was going to reveal cancer. I know what it means to have your loved one's appearance totally change when that person loses weight from chemotherapy and loses all her hair. I know what it's like to have to receive and share news that is absolutely devastating. I know what it's like to get a phone call in the middle of the night from the hospital saying that your mother is in respiratory arrest and to arrive as quickly as possible, but not before she is intubated. I know what it's like to have the chaplain come to see you because of the seriousness of the situation surrounding you, and to be left without the chaplain to deal with your own feelings and the dynamics of your family. I know what it's like to sit outside the ICU in the waiting room with more family members than you necessarily want present,

to sit next to your loved one's bedside holding her hand while she vomits up blood, to be the designated person to sign papers making your loved one DNR/DNI and to meet with hospice personnel and agree to comfort care only for someone who never wanted to stop fighting. I know what it's like to make all the arrangements for a funeral and to prepare and deliver a eulogy, all while trying to care for two little boys who don't quite understand that their grandmother has died and that they won't get to play with her anymore. There is no doubt in my mind that being led through this journey has forever changed who I am as a person and particularly as a chaplain, sensitizing me toward illness and death in ways no other experience possibly could. I learned what it is like to be on the "other side" of the bed, as a family member struggling with so many issues that illness, dying and death bring.

The same year my mom died I became pregnant with our third son, my husband was laid off from his job, and my oldest son was diagnosed with sensory integration disorder. Thankfully, my husband found a new job here in town and we were able to find great care for our son, which has included weekly occupational therapy sessions. The months leading up to his diagnosis were filled with worry and heartache as he seemed out of control, impulsive and aggressive at many times in school and at home. Seeking explanations for what might be wrong we took him to a variety of different doctors and put him through many tests before we started getting some answers and help. Living through such a lengthy diagnosis taught me again about the challenges of navigating through the uncertainty, frustration and disorder that illness can bring. Journeying with my son through the acknowledgment that he has something that makes him different, accompanying him weekly to therapy and adjusting our entire family's way of living to incorporate a new diet for him are a few ways that I have been educated in what it can mean to have a sick family member and has given me a broader sense of awareness of the impact that illness can have on families.

There is no doubt in my mind that being led through this journey has forever changed who I am as a person and particularly as a chaplain, sensitizing me toward illness and death in ways no other experience possibly could. I learned what it is like to be on the "other side" of the bed, as a family member struggling with so many issues that illness, dying and death bring.

I preface my application with this personal information because I have found as a young mom that it has been difficult to incorporate many additional learning experiences into a very full life with three young, active children. I have made it a priority to re-connect at the NACC National Conference and have sought out local opportunities when available, but my home life has made it very difficult to incorporate as many traditional education hours as are required (or as I would like to pursue). I know that I have learned more in my roles as daughter of a dying mother and mother of a sick child that have informed my pastoral identity than any other experience I've had thus far. I look forward to continuing my education in both traditional and non-traditional ways, and I hope I am re-certified so as to enjoy the privilege and joy of continuing to work and grow as a chaplain.

Teresa Sullivan is a PRN chaplain at Saint Joseph Regional Medical Center in Mishawaka, IN, and a full-time mother to A.J., 6, Gabriel, 5, and Lucas, 21 months. Her certification was renewed in fall of 2010.

SOURCE: *Vision*, May/June 2011

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Featured Volunteers

May/June 2011

Challenge of chaplaincy drew her to profession

Name: Georgia Gojmerac-Leiner
Work: I am coordinator of pastoral care and hospital chaplain at Emerson Hospital, Concord, MA.
Member since: 1999
Volunteer service: Contributor to Vision, workshop presenter, certification interview team member, choir (NACC National Conference in Indianapolis), miscellaneous duties at NACC conferences.
Books on your nightstand: "The Christian Prayer: The Liturgy of the Hours," published by the Catholic Book Publishing Co.; "The Workbook for Lectors, Gospel Readers, and Proclaimers of the Word," by Mary A. Ehle and Margaret Nutting Ralph; "The Poetry of Zen," by Sam Hamill and J.P. Seaton; "This Odd and Wondrous Calling: The Public and Private Lives of Two Ministers," by Lillian Daniel, Martin B. Copenhaver and Peter Gomes; and "Rilke's Book of Hours: Love Poems to God," by Anita Barrows and Joanna Marie Macy.
Books you recommend most often: Most recently I highly recommend: "The Immortal Life of Henrietta Lacks," by Rebecca Skloot.
Favorite spiritual resource: Nature
Favorite fun self-care activity: Taking extended walks
Favorite movies: Bambi
Favorite retreat spot: A spot on the nature trail within walking distance from my house
Personal mentor or role model: Rev. Dr. David Boulton, SJ, CPE supervisor
Famous/historic mentor or role model: Nathaniel Hawthorne
Why did you become a chaplain? I became a chaplain because it was a challenge, and, as it turned out, a calling.
What do you get from NACC? I get support, inspiration, sense of belonging, professional identity, a forum in which to participate, and a place where I can make a contribution.
Why do you volunteer? I just like to do what excites me and makes life meaningful.
What have you learned from volunteering? Volunteering is like having a good relationship; it is mutually beneficial.

In her case, self-care means zumba with a smile

Name: Bonnie McCulley, PC, BCC
Work: Director of chaplain and mission service at St. Joseph Hospital and Medical Center in Phoenix, AZ
Member since: 1990
Volunteer service: I started in 1991 as a certification interviewer, and I also served as Secretary for one term when we had our Regions (VI). For the past few years, I am serving as our NACC Arizona Representative. I am also an NACC Interview Team Educator (ITE).
Books on your nightstand: "A Little Daily Wisdom: Christian Women Mystics," and "The Cloud of Unknowing: A New Translation," both by Carmen Acevedo Butcher. I have a lot of books that I keep on my end table in the living room.
Book you recommend most often: Usually it is based on our conversation. Recently I've

recommended: "You Don't Need a Title to Be a Leader: How Anyone, Anywhere, Can Make a Positive Difference," by Mark Sanborn

Favorite spiritual resource: Lately it has been Celtic spirituality. I enjoy "Listening for the Heartbeat of God: A Celtic Spirituality" and " Sounds of the Eternal: Meditative Chants and Prayers," both by J. Philip Newell.

Favorite fun self-care activity: Zumba. I smile through the entire exercise routine. I love dance. I also love massages two times a month.

Favorite movie: "Nell"

Favorite retreat spot: I love to be by mountains, woods and water. The Franciscan Renewal Center in Scottsdale, AZ, is nice, but I miss the retreat centers I attended in Ohio and Missouri.

Personal mentor or role model: Fr. Richard Rohr and Sister Colleen Settles, OP.

Historic role model: Saint Teresa of Avila and Hildegard.

Why did you become a chaplain? I was on a journey to become a counselor or psychologist that integrated spirituality and behavioral sciences in one's care. Back in 1988 I decided to take a unit of CPE and I found that I could integrate the two in this vocation. I ended up working simultaneously on CPE units and a master's in pastoral counseling.

What do you get from NACC? Professional support and networking with my peers.

Why do you stay in the NACC? I love our spirituality and faith traditions. NACC understands, supports and maintains our values and beliefs within our faith tradition. I am grateful for the support and the many opportunities to serve.

Why do/did you volunteer? I want to make a difference in our organization by empowering, supporting and sharing my gifts and talents. I also enjoy meeting so many wonderful professional peers.

What volunteer activity has been most rewarding? I love working with the certification process. I am a better person and chaplain since I started in 1990. I am proud of our process, our professionalism, and of every one of my peers who I have served with in various capacities.

What have you learned from volunteering? Servant leadership!

SOURCE: *Vision*, May/June 2011

Visit www.nacc.org/vision

In Memoriam:
Fr. John Alphonsus Madigan, OP

Please remember in your prayers:

Fr. John Alphonsus Madigan, OP, 88, who died after a brief illness Feb. 16 at Mercy Hospital in Rockville Centre, NY.

Fr. Madigan entered the priesthood and became a chaplain after serving in the U.S. Army, where he earned the rank of staff sergeant, and working in the corporate world. He obtained an MBA from New York University in 1958, then studied for one year at Providence College before entering the Dominican Novitiate in Somerset, OH, where he made his profession in 1960. He completed his philosophical training at St. Stephen's Priory in Dover, MA, and his theological studies at the Dominican House of Studies in Washington, DC.

On June 9, 1966, he was ordained a priest at St. Dominic Church in Washington, D.C. After ordination, Fr. Madigan received additional training from the NACC (1971) and the Pastoral Institute of the Diocese of Brooklyn (1976-1978).

From 1968-1974, Fr. Madigan served as a hospital chaplain at St. Catherine Priory in New York City. While there he assisted with business ethics seminars as part of the "Wall Street Ministry." In 1974, Fr. Madigan took up residence at Molloy College, Rockville Centre, NY, where he ministered until his death. He served as chaplain to the college and to the Dominican Sisters. He also was an adjunct lecturer in the Department of Business Management, the Department of Philosophy, and the College of Business Administration.

In 1996, the president of Molloy College awarded him the college's Distinguished Service Award. He also lectured in business at St. Johns University in Queens, NY.

SOURCE: *Vision*, May/June 2011

Book on end-of-life practices is excellent resource

By John Gillman, PhD

Living Well and Dying Faithfully: Christian Practices for End-of-Life. John Swinton and Richard Payne (eds.). Eerdmans, Grand Rapids, MI, 2009. Paperback, 287 pp. $25.

Ten years ago, in 2001, the NACC held an engaging conference at its annual meeting in Baltimore on the Sacrament of the Sick. Two themes stood out: the centrality of this ritual for the sick and dying in the Catholic tradition and the pastoral problem of the insufficient availability of ordained ministers for the sacrament. The sacrament of the sick is one of several Christian practices that is touched upon, though not sufficiently explored, in the collection of articles in "Living Well and Dying Faithfully," the result of a three-day symposium organized by John Swinton and Richard Payne at Duke University in 2006.

The book's organizing theme is that the key task for Christians is to learn how to face suffering and death faithfully "with the assurance that God is with us and for us even as we suffer" (Swinton, pp. 108-109).

The 12 international contributors, five of whom hold positions at Duke, bring together experiences as pastor, chaplain, physician and theological educator to address the richness of the Christian practices for the end of life. Among them are a number of Roman Catholics, including M. Therese Lysaught, whose contribution, "Suffering in Communion with Christ: Sacraments, Dying Faithfully, and End-of-Life Care," reflects on how the faithfulness of Chicago Cardinal Joseph Bernardin to a life of prayer and the sacraments prepared him well for his struggle with cancer, especially when his pain was so overwhelming that he could not focus on prayer. And so he advised his friends: "Pray while you're well, because if you wait until you're sick you might not be able to do it."

The book is organized into three sections: Practices of Living to Die Well, Practices of Faithful Suffering, and Practices of Healing and Hope. Unlike most such collections, a number of authors relate their reflections to the work of other contributors. Some unresolved tensions, however, remain. Abigail Rian Evans, in "Healing in the Midst of Dying," asserts without elaborating that "the Incarnation, not the cross, should form the essential character of Christian life" (p. 168). In contrast, Swinton in "'Why Me, Lord?': Practicing Lament at the Foot of the Cross," champions Luther's Theology of the Cross, which he sees as a needed corrective against "glorious medicine." Further dialogue between these two authors and their divergent points of view would benefit the readers.

Several themes are explored with theological acumen and pastoral sensitivity: lament and hope, divine judgment and divine mercy (Amy Plantinga Pauw), the need to reclaim traditional Christian language about death and dying (Karen D. Scheib), ecclesial sacramentality (Lysaught), the practice of prayer for the dying (Allen Verhey), compassion (Tonya D. Armstrong, Christina M. Puchalski), hope (Richard Payne, Esther E. Acolatse), and dignity (Daniel P. Sulmasy).

A few errors escaped the editors. Boisen's name is misspelled and the period given by Evans for the founding of CPE (1940's) misses the mark widely (Boisen's first group was offered in 1925) (p. 166). An index is included; there is no bibliography. Overall, the volume is well prepared in form and content, leading this reviewer to recommend it as an excellent resource for chaplains and other healthcare providers, especially those dedicated to end-of-life care. I would go further and suggest that it be considered as a possibility for NACC's "One Book, One Association," to be read and discussed together.

John Gillman is NACC and ACPE supervisor, VITAS Innovative Hospice Care in San Diego, CA.

Chaplain questions Mayo research

With stress on religious role, can chaplains be 'spiritually available to all'

Healthcare chaplains wrestle with an identity crisis. For example, while Dr. Ira Byock (2008) assured us that we are indeed part of the team (and that we should stop asking for permission!), others, like Roberta and Erich Loewy (2007), are very forthright that we are not part of the team, and with good reasons. Even among chaplains there lies a restless uncertainty and ambivalence (Norwood, 2006) about the work we do, which has given rise to a plethora of pastoral images, like "diagnostician," "ascetic witness" and "intimate stranger," among many others (Dykstra, 2005).

This characteristic insecurity is no doubt the driving force behind Piderman et al's (2008) research, which assures us and our colleagues that our patients appreciate and expect our specifically religious role and function – that we help remind them of God's presence and care. But this identity is challenging for multi-faith chaplains who work in large multicultural cities, such as Toronto, Ontario, from where I hail. That is, while remaining necessarily grounded in a particular religious tradition of my own, how can I as a chaplain possibly be of service and be spiritually available to all?

In response to this very post-modern problem of "split professional identities" in

hospital chaplaincy (Zock, 2008), in this age of uncertainty (Graham, 2002), I venture to add my own image of pastoral care to the mix. Rather than emphasize my religious role and function, I have tried to cast off the spiritual and religious baggage I carry as a chaplain to see myself first of all as a specialized kind of qualitative researcher, one who asks questions about spiritual and religious needs, values and meanings, and who is then able to respond in various ways as required, whether it be religiously, sacramentally, spiritually, and/or humanistically. In other words, in response to various needs and in different contexts I might embody a symbolic religious presence as a (lay) "chaplain" who prays with others, or a secular humanistic role as a "professional listener." In this way I am buoyed by Kenneth Gergen's (1991/200) affirmation that there is no easy answer to the problem of identity in the post-modern world. There is no longer any concrete entity of self, but only the reconstruction of self as relationship, whereby "one's identity is continually emergent, re-formed, and redirected as one moves through the sea of ever-changing relationships" (p. 139). The pay-off, Gergen says, is that the case of "Who am I?" is "a teeming world of provisional possibilities" (p. 139).

Therefore, I am drawn in more closely to the spirit of mutual discovery in the live encounter of "co-creation" between persons in relationship, where self and other(s) reverberate in what one theologian called "consonant dissonance" (Panikkar, 1995) to produce something new, original, and unique. In this way, I can help to enhance what Piderman called the "vital importance of honoring the uniqueness of each person and assessing and responding to specific and individual needs."

Robert Mundle, MDiv, STM, PhD(c), BCC
Chaplain, Toronto Rehabilitation Institute, Toronto, Ontario

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