

FIELD EDUCATION
The Log



Week # 5

Hours This Week: 10 Total Hours: 270 / 360

HOURS SPENT / TASKS & ACTIVITIES	REFLECTIONS JOURNALING THOUGHTS PROCESSING
<ul style="list-style-type: none"> - Classroom: 4-8pm / Monday - Clinical Visit 8-5pm / Saturday - Cross worship experience - Verbatim 	<p>Every day in RGH is unique, one of the first things I would have to do is go to the computer and look at all the patients there, I tried to see the patients who had not been seen yet. First, I thought, you know, it is just a chaplain and the patient and the family members. However, it is important to acknowledge that I am part of the health team.</p>

MEETING(S) WITH MENTOR(S) || TOPICS OF DISCUSSION || REFLECTIONS

ROCHESTER
REGIONAL HEALTH
Rochester General Hospital

Verbatim Presentation

Clinical Pastoral Education

Motivation: Transition from hospital to a nursing home without his wife.

Verbatim No. 1

Verbatim on Pt. XXX

Visit # 2

Pt. Initials: W

Chaplain: Hervé Talom

Unit: 680

Date of Admission:

Length of Visit: 30 minutes
80

Gender: Female **Age:**

Marital Status: Married

Number of Children: 2

Ethnicity/Culture: German

Religious Preference: Christian
Pneumonia.

Admitting Diagnosis:

Unit Location: Rochester General Hospital's (RGH) Orthopedic

Factual Information:

An 80-year-old male presents to the emergency department with symptoms of pneumonia.

Pneumonia is an infection that inflames the air sacs in one lung. The air sacs may fill with fluid or pus (purulent material), causing cough with phlegm or pus, fever, chills, and difficulty breathing. A variety of organisms, including bacteria, viruses, and fungi, can cause pneumonia.

Pneumonia can range in seriousness from mild to life-threatening. It is most serious for infants

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and young children, people older than age 65, and people with health problems or weakened immune systems.

Symptoms may include:

Cough with mucus or phlegm

Fever is usually of high grade with chills

Fast breathing

Shortness of breath

Chest pain while coughing

Fast heartbeat

Feeling very tired or very weak

Nausea and vomiting

Diarrhea

Loss of appetite

Body pain

Severely affected patients may cough up blood or show cyanosis (have a blue color around the mouth due to lack of oxygen)

Causes

Complications

Pneumonia is usually treatable with antibiotics (if bacterial). If it is untreated, it can lead to severe complications, such as:

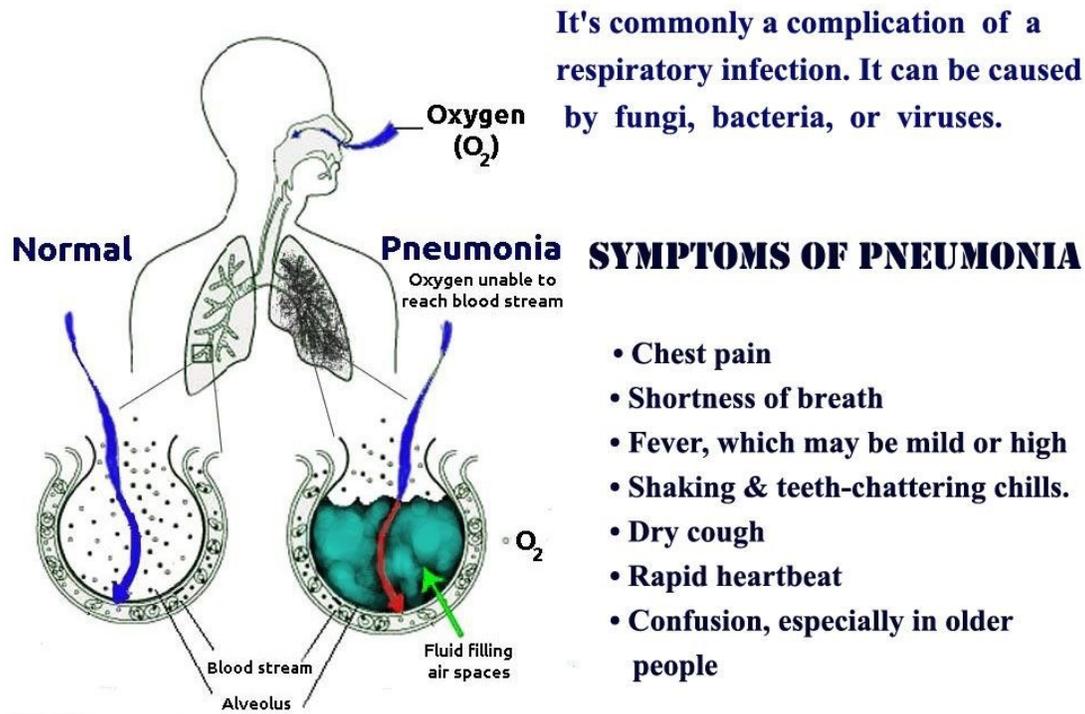
Bacteremia: infection that spreads to the bloodstream

Lung abscesses: Pus formation in the lung cavities

Impaired breathing: trouble getting enough oxygen; ventilator may be required

Acute respiratory distress syndrome: a severe form of respiratory infection

Pleural effusion: fluid build-up in tissue that lines the lungs



It's commonly a complication of a respiratory infection. It can be caused by fungi, bacteria, or viruses.

SYMPTOMS OF PNEUMONIA

- Chest pain
- Shortness of breath
- Fever, which may be mild or high
- Shaking & teeth-chattering chills.
- Dry cough
- Rapid heartbeat
- Confusion, especially in older people

Patient's Initial Concern:

Coping with his hospitalization

Patient's Primary Concern:

Not able to see his wife and moving into a nursing home from hospital without her

Observations:

Upon entering the room, the Patient was looking and waiting patiently for his discharge paper when a nurse came and told the Patient that he had a therapy session in 30 minutes. The Patient's belongings were bagged, and his bed was cleaned up. The Patient was dressed in casual instead standard hospitalization 'clothing.

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Pastoral Intention:

I intended to help the patient make good decisions that will improve his health and post-hospitalization by speaking the same language with the medical team.

The Visit:

C1: Chaplain

P1: Patient

N1: Nurse

T1: Christine: Therapist

C1: Hello,

P1: Hello

C2: My Name is Hervé; I am from the spiritual care unit, Chaplain

P2: Okay.

C3: Are you okay with a brief visit?

P3: No problem

C4: How are you doing?

P4: I am not doing okay; I was brought to the hospital by an ambulance. I have chest pain and other shortness of breath, and I am still waiting for the diagnosis from the doctor.

C5: I see that you are connected to an oxygen pump?

P5: Yeah, the doctor said it would help my breathing until they know the best medication.

C6: How is your family?

P7: I missed my wife. She misses me too. When I come out, she will see me really kiss you.

C7: Wow.

P8: So, she is stuck with me till death

C8: I can only imagine how that feels

P9: It seems she has a good sense of humor.

C9: I think we need a sense of humor sometimes in life, if not most time. I am struggling with that aspect of life. I am always serious (Work-study – church)

C10: So, what activities did you guys do to bring a sense of emotional connection?

P10: planning game, talking, making jokes. My wife loves to cook, but she cannot cook anymore because of her age and medical condition.

C11: I see you have a beautiful cross on your neck

P11: Yes, my wife gave it to me, and whenever I feel it, that keeps me closer to her, I wear it all the time. I miss her so much, and I want to go home. But we do not have a home now. We lost our apartment because we got sick. We lost everything. We lost everything, the money we spent in our apartment. We lost everything because we both got sick simultaneously, and there was nobody to take care of the house. We could not afford the house again.

C12 I cannot imagine the stress and the pain of being without a home after being a homeowner? Do you have a new apartment? Did you secure a new apartment now?

P13: I am moving from here to live in the community, for now, without my wife. I missed her

N1: William, you have a therapy session in 30 minutes.

P14: The driver is waiting, I am discharged, and the nurses do not want me to go home.

N2: William, you cannot go home today.

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C14: when was the last time you had a conversation with your wife?
P15: since I came to the hospital, I do not have a phone, so I cannot remember her number. It is not very easy. I have a foot problem,
C15: Sorry, that could be the reason the nurse wants you to do therapy
N3: Who is picking up William?
P16: The social made arrangement for a driver.
C16: I can see your bed is made, and it appears that you are ready to leave
P17: So, I do not know. It complicated. I missed my wife.
T1: Christine: Your driver will be here on Monday at 10:30 now. Let us get ready for your therapy session
P18: Thank you, Christine.
N3: Well, your discharge was canceled, honey. It was a mixed-up with a nursing home; we have got it all straightened out. You are going home on Monday.
P19: Good. Okay,
N4: It would be best to keep your strength up if you were still doing physical therapy.
P20: I know
C18: I appreciate it. Thank you
N5: You are welcome
C19: They want to be sure that you are okay before sending you home.
All right, William, thank you for your time. Enjoy your therapy session.

Chart Note: Print out separately.

Reflection:

Theological/Spiritual Concerns:

There is nothing that can separate us from the love of God. It is pastoral care's role to see that the meaning of events is understood from the patient's perspective and through his or her faith. Otherwise, pastoral care will continue to be seen as operating on the fringes of healthcare rather than as an integrated partner.

Pastoral care begins with a personal relationship that enables patients to discuss whatever gives life meaning. For the patient, the cross on his neck was symbolic and without significance for others, but it means the world to him because it helps him connect with his wife.

After becoming acquainted with the patient, I identified the patient's distress and joined other medical care teams to help the patient heal.

Psychological Concerns:

When the patient said: "They do not want me to go home," I quickly realized how much freedom and power I had to decide whatever I wanted to do while abiding by the law. When you feel that level of hopelessness or helplessness, I think it is time to consider other options. I also think that it is essential to investigate multi-options. It is challenging for older people to deal with activities of daily living. In the patient, he wanted to go home without really having a place because he lost everything during his first hospitalization. The patient was uncertain about living with his wife because of his medical condition and the limited financial power to make choices.

Sociological Concerns:

During my second visit patient was anxious and ready to be discharged and refrained from engaging in the therapy section prior to my arrival. After engaging the patient, he realized that his health was more important than leaving the hospital without full clearance from the medical team.

The patient is also concerned about his transition into living in the community. Older adults are constantly exposed to health challenges and living alone could be challenging because of their various needs and assistance due to aging. Therefore, community becomes an option to consider for most families in the west for several reasons. The first one is safety; they need to feel safe; they want to feel safe in their home, where they are. A lot of elderly folks out in the community do not feel safe. You know, they don't have anybody checking on them routinely. They do not have, you know, they do not, maybe they, you know, they don't have any way to secure their possessions. The second thing is security. Security of possession, security of medications, security of their belongings, just everything, you know everything. Everything is taken care of for you at the nursing home. You know, when you go into a facility, they have your meals, they have your snacks, they have your activities, they have your medications, they have your treatments, they have your physical therapy, they have social services tailored to the need of every resident.

In a recent report, Dr. Maria Carney of Northshore Ellijay health system says a quarter of Americans over 65 are at risk of encountering sociological challenges. Even when you have a sound support system, you can only imagine if you do not have anybody to help you with your daily chores and pay your bills. During his first hospitalization, the patient lost his home and moved into an apartment with his wife; after evaluation, the social worker

said that the patient could not return to the same apartment. In addition, the social worker told William that he would not be discharged if he did not embrace the option of going into a nursing home.

B. The Chaplain

My transition from marine engineering into spiritual care and pursuing a degree in theology was a massive disappointment for my friends and especially my family. I lost everything (Friends, lifestyle, and my family that could have been my support system disconnected from me), and being with this patient, I could connect with his situation.

The patient mentioned the cross on his neck that helped me deal with loneliness, especially when he said he misses his wife. I also kept a few items from my late wife that I use to remember the best time we spent together. As a second-generation immigrant from Germany, the patient brought back all the immigration laws and policies I encountered to live legally in the USA.

The chaplain is a central member of the care team here at RGH. They act as spiritual counselors and advocates for patients with staff. Furthermore, while chaplains have a lot of similar skill sets to social workers, they are specifically trained to support people's belief systems across faiths and cultures. Research shows that dedicated chaplains influence better care decisions. Improve clinical outcomes and enhance staff morale. Nearly half of people say their spiritual beliefs would affect their medical decisions. So having dedicated chaplains on-site to understand and advocate for a patient spiritual needs ensures that every patient gets the best care and options.

As a chaplain, I will be more sensitive and seek opportunities during conversations with patients and the rest of the medical care team, resulting in better communication and better outcomes for my chaplaincy.

One study report that 73% of intensive care physicians and nurses believe that providing comfort for staff is a vital chaplain role. As you can see, chaplains are valuable members of the hospital care team. In essence, chaplains provide critical care during life's most challenging moments. They are helping people live the healthiest lives possible through reflective and supportive listening and support.

Pastoral opportunity:

Finally, as a pastoral care professional, I must learn to speak various

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languages, including medical practitioners, administrators, rehabilitators, dieticians, and social workers.