

FIELD EDUCATION The Log



Week # 6

Hours This Week: 10 Total Hours: 280 / 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>Verbatim on Patient 3 Explore patient feelings and his understanding of God's forgiveness</p>

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

Verbatim Presentation Oct 12th, 2022

Clinical Pastoral Education

The motive for presenting:

To identify nonverbal communication methods and how to communicate with patients with no verbal expression.

Verbatim No. 4
Verbatim on Pt.3
Visit # 1
Pt. Initials: D

Chaplain: Herve Talom

Unit: Sand

Length of Visit: 45-50 minutes **Gender:** M **Age:** 62

Marital Status:

Ethnicity/Culture: Caucasian

Religious Preference: Catholic

Diagnosis: Tongue cancer.

Factual Information:

What Is Tongue Cancer?

Cancer starts when cells in the body begin to grow out of control. Cells in nearly any part of the body can become cancer cells and can then spread to other areas of the body. Tongue cancer is a type of head and neck cancer. Cancer is when abnormal cells start to divide and grow uncontrolled. Symptoms can include a spot or lump on your tongue that doesn't go away.

The symptoms of tongue cancer might include:

- a red or white patch on the tongue that won't go away
- a sore throat that doesn't go away
- a sore spot (ulcer) or lump on the tongue that doesn't go away
- pain when swallowing
- numbness in the mouth that won't go away
- pain or burning feeling over the tongue
- problems moving your tongue or speaking
- a lump in the neck
- unexplained bleeding from the language (that's not caused by biting your tongue or another injury)
- pain in the ear (rare)

What causes tongue cancer, and what are the risk factors?

Some people develop cancer of the tongue with no risk factors. Other risk factors are:

- Smoking and drinking alcohol. Smokers are five times more likely to develop tongue cancer than nonsmokers.

What are the symptoms of tongue cancer?

- Oral Tongue Cancer
- A lump on the side of the tongue that touches the teeth.
- The lump often looks like an ulcer and is grayish pink to red.

There are few symptoms in the early stages.

In later stages, cancer may cause pain, a sense of fullness in the throat, difficulty swallowing, the feeling of a lump in the neck or throat, voice changes, or ear pain.

How is tongue cancer treated?

- Surgery,
- Chemotherapy and radiation therapy

Surgical removal of the primary tumor might be the only treatment for small oral tongue cancers. Surgery for large tumors also affects speech and swallowing. Our doctors can restore most speech and swallowing problems with the latest reconstructive techniques.

Tongue cancer is treated with surgery, radiation therapy, and chemotherapy.

The patient I visited was undergoing surgical removal treatment.

Patient's Initial Concern:

The Patient's past (sins) is still hurting him, and is struggling with the present because he seems to equate his current situation to the result of the bad things he did; the patient is still living in the past, constantly talking about how wrong, how terrible his life was: "***I am looking at a 1000 years in hell no matter what.***"

Observation:

The patient's large room door was opened, but it had no window. As I entered, the patient was sitting in a chair with the gown on, legs straight out, looking at the TV; the patient seemed to enjoy action movies. Light deemed down. The patient had finished his daily personal hygiene. The patient was wide awake. The patient desk looks like a classroom desk with a paper pad and makers. The patient was connected to several medical devices to monitor his health and provide food because he could not eat through his mouth due to his medical condition and ongoing treatment. When I entered the room and got closer to the patient. A hole immediately struck me on his lower neck "Tracheostomy" [\[1\]](#)

Tracheostomy (tray-key-OS-to-me) is a hole that surgeons make through the front of the neck and into the windpipe (trachea). A tracheostomy tube is placed into the hole to keep it open for breathing. The term for the surgical procedure to create this opening is tracheotomy. A tracheostomy provides an air passage to help you breathe when the usual route for breathing is somehow blocked or reduced. A tracheostomy is often needed when health problems require the long-term use of a machine (ventilator) to help you breathe. In rare cases, an emergency tracheotomy is performed when the airway is suddenly blocked, such as after a traumatic injury to the face or neck. The patient is diagnosed with tongue cancer. In the next section, I will explore the causes of tongue cancer from various medical research engines.

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Pastoral Intention:

Explore patient feelings and his understanding of God's forgiveness

The Visit:

Narrator

Patient: D

Nurse: N

Chaplain: C

I knocked and entered.

C1: Hello, D? My name is Hervé; I'm a chaplain here at the hospital. I understand you wanted to speak to a chaplain. Is this a good time for a visit?

There was a long silence and no response from the patient. The patient tried to reach out to the paper clip and maker on his desk. After five minutes of silence and writing, the patient pointed the paper clip to the chaplain.

Page 1

Long pause

Page 2

Patient pull out his tablet and opened the bible

Page 3

N: Do you want more papers

C: Yes

P: Yes

Page 4

Long pause

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Chart Note: Visit #4 (6/11/22)

Summary: Spiritual Care

FACT Spiritual Assessment	
PATIENT'S NAME: D. E	
Referral source:	Date of Admission:
Chaplain	Religion (if applicable)
Herve Talom	None

F: FACTS OF ILLNESS - FAITH BACKGROUND - BELIEF STATEMENT

Patient was in the recliner Chair, Patient expressed his inability to communicate verbally due his medical condition. Patient reach out to the note pad and marker on his desk and initiate the communication. Patient quickly became tearful, explaining "I know I'm going to hell because of the bad things I did."

A: ACTIVITY WITH - CONNECTION TO SPIRITUAL SUPPORTS

Patient stated that he grew up as a "bad kid - always stealing, even from the collection basket at church." Patient is wrestling with forgiveness and he think there is no forgiveness for his sins.

C: COPING STRATEGY - PRESENTATION - FEELING STATEMENT

Patient appeared anxious and unsure about God's love. Patient stated: " I am going to hell because I blasphemed God"

T: TREATMENT - ASSESSMENT - INTERVENTIONS - PLAN

Patient demonstrated extreme spiritual distress, "I'm going to hell "Writer provided reflective listening and explore the meaning of God's love about the patient seeking for forgiveness but still wrestling with self-righteousness. Follow up visits will be planned

Primary Concern: God's forgiveness for the bad things I did

Interventions/Plan: Reflective Listening, Prayer of forgiveness offered with Biblical verses On God's love Follow up visits throughout patient hospitalization.

Encounter with: Nurse

Staff Contact with: N/A

Reflection:

A. The Patient

Theological/Spiritual Concerns: The Patient's eternity is essential to him, and he seems to equate his current condition to his lifestyle of rubbing from God. The first statement or question was: "***Just looking for God's forgiveness for being a bad person.***" he was struggling with unforgiveness.

Several research studies have found how unforgiveness correlates with mental and physical health issues. People who suffer from low self-esteem and negative self-worth don't readily accept themselves and their own mistakes, leaving less room for them to forgive others.

How Does God Forgive Us?

Forgiveness is not just something we must muster up the strength to give, but it is first given freely so that we may be healed.

God Initiates Forgiveness from Beginning to End

We never initiate the forgiveness of God. It is always first initiated by Him. God repaid our evil with His mercy. He provided grace upon grace, forgiving them for the first initial sin and promising that one day, He would set all things right through the ultimate sacrifice and Savior, Jesus.

Jesus Forgives First and Finally

Our forgiveness part is an act of obedience, but it is never ours to muster and initiate, to begin with. God bore the weight of Adam and Eve's sin from the garden, just as He bears the importance of our sin. Jesus, the Holy Son of God, was mocked, tempted, threatened, betrayed, doubted, whipped, and left to die alone upon a cross. He allowed Himself to be ridiculed and crucified without justification. Jesus received what Adam and Eve deserved in the garden, and He received the full wrath of God as He took the penalty for our sin. The most painful act in human history came upon the Perfect man, pulling Him away from His Father for the sake of our forgiveness. As John 3:16 says, this forgiveness is offered freely to all who believe:

"For God so loved the world that he gave his one and only Son, that whoever believes in him shall not perish but have eternal life. God did not send his Son into the world to condemn the world but to save the world through him. Whoever believes in him is not condemned, but whoever does not believe stands condemned already because they have not believed in the name of God's one and only Son."

Jesus offers forgiveness freely through faith in the gospel. Jesus, on the cross, did not just die for the singular sin or past sin that I wrestle with, but He offered forgiveness fully and finally as He rose from the grave, defeating sin, Satan, and death for good. His resurrection provides both the freedom to be forgiven and the abundant life that comes with it.

How Do I Receive God's Forgiveness?

There are no magic words we must say for God to forgive us. We receive God's mercy in humility by admitting we are sinners in need of His grace. In Luke 8:13 (AMP), Jesus gives us a picture of what praying for God's forgiveness looks like:

"But the tax collector, standing at a distance, would not even raise his eyes toward heaven, but was striking his chest [in humility and repentance], saying, 'God, be merciful and gracious to me, the [evil] sinner [that I am]!'"

Receiving God's forgiveness begins with admitting our sin and asking for His grace. We do

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this in the act of saving faith, as we first believe in Jesus' life, death, and resurrection, and as a continued act of obedience in repentance. John 1:9 says:

"If we say we have no sin, we deceive ourselves, and the truth is not in us. If we confess our sins, he is faithful, forgiving us and cleansing us from all unrighteousness."

Although we are forgiven and justified fully through belief in the gospel upon salvation, our sin does not miraculously leave us for good. We still wrestle with evil and will until the day Jesus returns. Because of this 'almost, but not yet' timeframe that we live in, we must continue to bring our confession to Jesus and repent of all sin.

Psychological Concerns:

The patient had a Tracheostomy (tray-key-OS-tuh-me). And his tongue was restricted from any motion. I have been to the dentist for mouth cleaning and other services, which was never a

pleasant experience: I struggle to keep my tongue and control my breathing and speech. Sometimes the dentist will pause and wait for me to clear my mouth and throat to verbalize any statement. Still, in my patient's case, I had to look for the best way to communicate in his situation, knowing that expecting a sound from him was not an option to explore during my visit.

Upon greeting the patient, I was expecting a standard reply, but nothing; I felt frustrated and a lot of negative statements ran through my mind "maybe he does not want to see a black chaplain, maybe he is a wrong time to visit, a lot of maybe instead of exploring the room and read the patient body language, I jumped into the conclusion. But I was about to step back and go out of his room I saw the patient reaching for the paper clip and maker on his desk, and he started writing down without acknowledging my presence, I was curious I decided to wait a little bit to know if the note was for the chaplain or the nurse or doctors. After five minutes, he called my attention by pointing the clip pad to me. I got closer to him and read his first sentence, "***just looking for God's forgiveness for being a bad person.***" At this point, all the preconceived answers about the patient not responding to my initial greeting vanished, I pulled a chair and sat close to him, and we started communicating with the papers and marker.

In life, Jumping to conclusions is a common issue for many people. When people jump to conclusions, they make unwarranted assumptions based on limited information. This type of thinking allows people to make decisions quickly, but it also means that these decisions are often wrong.

Sociological Concerns:

The patient was connected to his church, and he had a position that put him in charge of oversee the collection of donations every Sunday and other days of his church gathering, but due to financial hardship and his financial condition. According to the Patient, he stated that: he abused the funds and stole from the collection box often. Churches and religious groups are at a greater risk for financial misconduct because of their missions and management structures.

B. The Chaplain:

This patient brought back the memories of the first church I pastored; it was a small congregation (75 -150) with an average weekly attendance of 50 members. I oversee the finances, and as a parachute church, I had to remit the collection to the general account before Wednesday. For some reason, I always used the money (collection) to solve my financial challenge, hoping to replenish it or replace it before Wednesday. I remembered one time I used the collection, and I could not pay back the money before Wednesday. I had to delay the payment and borrow from a friend to make up the payment.

In my patient's case, maybe he had nobody to assist him, and since nobody detected that he was taking money from the collection box, he got used to the feeling like this French statement: *L appeti viend en management.*

In life, accountability is a significant attribute for me as a leader and in my role as a chaplain. At heart, accountability is **one Christian submitting to the Christ-centered admonition of another Christian in one or more areas of life.**

In the case of my patient, collecting money from the collection box could have been avoided if the church had put structures such as:

- Spread Out the Financial Duties

Nobody expects to be a victim of fraud. Nine times out of 10, people can trust those in their organization, but you still want to implement safety measures *just in case*. Start by assigning financial responsibilities to multiple people. This creates a layer of accountability among employees. If you notice someone regularly completing tasks assigned to another employee and discrepancies in the numbers, look into it.

- Implement a Code of Ethics

Create internal policies and controls to improve your fraud protection significantly. Implement a code of ethics, which will show those affiliated with your church the organization's values.

During the visit, I was aware of my current health situation and my attitude towards how I mishandled finance, using the money that I was assigned for custody for personal interests without securing the permission of the hierarchal authority. I also saw it for the first time as stealing.

It was a great time because this visit brought the Patient past and the chaplain into the present, and while the patient was asking God to forgive him, I was doing the same, asking God to forgive me for mishandling the money and the leadership position.

As a chaplain during this visit, I learned no jumping to conclusions when the situation always goes as expected; jumping to conclusions is a cognitive distortion or a cognitive bias whereby a person reaches an unwarranted conclusion based on minimal information. Humans are jumping to conclusions machines are prone to making quick judgments that are often wrong.

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Humans jump to conclusions using heuristics or mental shortcuts based on rules of thumb, emotion, experience, and memory instead of more information. Jumping to conclusions is fueled by the desire to seek closure and end uncertainty.

Pastoral Intention:

I will continue to explore other ways/ methods /gadgets available in the patient's room to initiate communication and provide spiritual care.

[1] <https://www.mayoclinic.org/tests-procedures/tracheostomy/about/pac-20384673>