

FIELD EDUCATION
The Log



Week # _ 8

Hours This Week: _ 10 Total Hours: ___ 300/ 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>Ecumenical Sunday. This week was focused on learning other religions and their approaches towards providing clinical pastoral care.</p> <p>In addition, we reviewed FACT note.</p>

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

ROCHESTER
REGIONAL HEALTH

Rochester General Hospital

Herve,

I am co-signing notes and giving feedback to everyone this week... my thoughts are in-text and in red...

FACT Spiritual Assessment	
PATIENT'S NAME: Joanne M Pineiro	
Referral source: Patient List	
Chaplain	Religion (if applicable)
Herve Talom	None

F: FACTS OF ILLNESS - FAITH BACKGROUND - BELIEF STATEMENT

Writer and Chaplain Jill meet with the patient, she was in bed resting with her left foot banded and wrapped up after the surgery and the amputation of her picking *I think you mean "pinky" toe.* *Nice description of illness but what is her faith or did she make any statement about her beliefs or worldview that you could include here as a quotation?*

A: ACTIVITY WITH - CONNECTION TO SPIRITUAL SUPPORTS

According to the patient she claimed that she start and finish her day with prayer, in addition the patient also stated that *...looks like you forgot to finish your sentence here.* *This mention of her use of prayer is better filed under C as one of her spiritual coping strategies.* *The A category is for sharing her connections to support... does she have a specific congregation, is she a part of a club, does she get visits from family or neighbors?*

C: COPING STRATEGY - PRESENTATION - FEELING STATEMENT

The patient is grateful to God and Dr Wool- Cottone for the successful surgery and amputation of her picking *pinky* toe and further express her gratitude, patient pulled out her phone and for us to witnessed the process of the surgery and the recovery process. *There seems to be something spiritually significant for her to want to show and tell, bear witness to her wounds.* *Overall, this category is nicely done.* *I would just also add her use of daily prayer here.*

T: TREATMENT - ASSESSMENT - INTERVENTIONS - PLAN

Based on the pictures we saw from the patient's phone, and her comment and satisfaction on Dr. Wool- Cottone's work the patient is comfortable *I would challenge the idea that just because you believe someone is physically "comfortable" means they are not in "any form of distress",* the patient did no express any form of distress or attention for spiritual care. No further visit needed except requested by the patient *Good job coming down on an opinion about spiritual distress and including your plan of care... "no further visit..."*.

Primary Concern: Someone to listen to her *and see her wounds!*

Interventions/Plan: *Listening to the patient*

Encounter with: *Patient*

Staff Contact with: *Staffs on the floor*

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Herve,
My thoughts are in-text and in red...

FACT Spiritual Assessment	
PATIENT'S NAME: Jennifer Morris	
Referral source: Patient list	
Chaplain	Religion (if applicable)
Herve Talom	Baptist

F: FACTS OF ILLNESS - FAITH BACKGROUND - BELIEF STATEMENT

Chaplain met the patient on the bed *the way you worded this makes it seem like you both were on the bed together... is that true? Did you sit on her bed?* relaxing. According to the patient she said had several surgery in past but was doing well until recently when she slipped on the ice. *This whole section is too long and wordy and could be condensed into a phrase- "Chaplain met patient who was resting in bed, hospitalized because of a recent fall on the ice"*

A: ACTIVITY WITH - CONNECTION TO SPIRITUAL SUPPORTS

The patient is coping with the situation with positive affirmation and full of faith , hope and expectation that she will walk again. *This does not belong under A but should be filed under C for coping. A is for identifying the patient's support network... specific congregation, social club, family, neighbors, family pets, nature, etc.?*

C: COPING STRATEGY - PRESENTATION - FEELING STATEMENT

The patient is coping with the situation hoping to get well soon and return to work. *This is basically redundant to what you already said under A.*

T: TREATMENT - ASSESSMENT - INTERVENTIONS - PLAN

The patient expressed gratitude. The patient requested prayer and after the prayer the patient was thankful . *No further visit requirred unless requested by patient.*

Primary Concern: Getting better and walk again

Interventions/Plan: Provided prayer , No Follow up visit required unless required by the patient

Encounter with: Patient

Staff Contact with: RN

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Herve,

PATIENT'S NAME: Jo Anne B Minerd	
Referral source: Patient	
Chaplain	Religion (if applicable)
Herve Talom	Catholic

F: FACTS OF ILLNESS - FAITH BACKGROUND - BELIEF STATEMENT

Patient said she fall and was admitted at RGH since July 2021 via an ambulance . Patient needed rehab and was transferred to TCC on 1/24 **Please do not use abbreviations in the medical record.** Also, while I appreciate the brief snapshot of illness I also would like a little information on her faith background (F). This is where you should mention she is Catholic. Did she ever make a belief statement, or express a basic spiritual perspective/worldview? If so, then this F category is where you would include a quote to represent her belief... for example, "I believe St. Francis will help me walk again" or "I know Jesus healed the lame and He can heal me" or something similar.

A: ACTIVITY WITH - CONNECTION TO SPIRITUAL SUPPORTS

The patient was a little bit afraid of the situation and she kept wondering if she is going to able to walk again. **This information is better filed under C for coping. When patient's express feeling/emotion or demonstrate ways of dealing with their circumstance then that information should be filed under C. Instead, use this A category to demonstrate her connection to a social or spiritual network... like, mention the specific congregation. If she is Catholic under F then what church does she belong to under A, i.e. St. Pauls or St. Johns, etc. Also, is her bowling team a support or her family or her neighbors? What is her community context of support?**

C: COPING STRATEGY - PRESENTATION - FEELING STATEMENT

She is hoping for the best and that she would be able to see her grand children again. She is missing her family , and her son who is making room to accommodate her with her condition.

T: TREATMENT - ASSESSMENT - INTERVENTIONS - PLAN

She is missing her family , and her son who is planing to buy a house with parent suite to accommodate her when she leaves the hospital. Patient was grateful and thankful for the chaplain visit. Patient welcome the spiritual care and prayer and requested for further visits from the spiritual care unit.

Primary Concern:

The patient is afraid that she would not able to walk again **This is a good use of Primary Concern... correct!**

Interventions/Plan:

She is hoping for the best and that she would be able to see her grand children again **This category is for explaining to the reader what you did to care for her. For example, "provided pastoral presence", "reflective listening", "shared prayer", etc.**

Encounter with:

Patient

Staff Contact with:

Staffs

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Herve,

This FACT note is short and sweet but right on target in terms of the categories... great job Herve!

FACT Spiritual Assessment	
PATIENT'S NAME: Isabel Cirino	
Referral source: Patient List	
Chaplain	Religion (if applicable)
Herve Talom	Pentecostal

F: FACTS OF ILLNESS - FAITH BACKGROUND - BELIEF STATEMENT

Visited patient who stated that she is Christian pentecostal. She was visiting with her daughter. Patient is spanish speaking. Chaplain able to communicated on the basic level.

A: ACTIVITY WITH - CONNECTION TO SPIRITUAL SUPPORTS

Family actively supporting patient

C: COPING STRATEGY - PRESENTATION - FEELING STATEMENT

Patient expressed that she receives strength and joy from her faith

T: TREATMENT - ASSESSMENT - INTERVENTIONS - PLAN

Chaplain offered supportive listening and presence. Patient was receptive to offer of prayer and asked that chaplain return. Chaplain will follow up if patient remains in hospital.

Primary Concern: Patient expressed desire to get better and go home.

Interventions/Plan: Supportive listening, presence, and prayer. Will follow-up if patient remains in hospital.

Encounter with: patient and daughter

Staff Contact with: NA