

Spiritual Care

SPRING 2006


A ministry of vulnerability

When we or someone we love is ill or concerned about health, we often feel vulnerable, unsure of the future and unable to control what will occur. We may be faced with situations and decisions that cause anxiety or fear. It is difficult to find people to talk to who are not personally threatened by such situations of vulnerability. Chaplains must be willing to confront their own anxieties in order to be present to vulnerable persons in need of care and companionship. Such ministry requires self-awareness and on-going reflection, as well as attention to self-care and personal spirituality. Conversations about dying, loss, physical pain, doubt and confession are not for the timid. The temptation is to try to solve the problem, even if it is unsolvable, or to offer advice and focus on what is positive. Yet it is only amidst moments of honesty when we are in touch with our human vulnerability that new life of faith, grace, hope and love can bloom.

The chaplain felt an inner dread as the man's story unfolded. He was a similar age, and they shared several common life experiences, e.g.

number and age of children, college majors and career experiences. Their personalities seemed similar. Yet this patient and his wife were overwhelmed with the news of a devastating diagnosis and struggling to find a foothold in faith to hold on amidst the storm. It took every ounce of courage the chaplain could muster to truly stay in the room. He had no easy answers nor words that could make it all go away. He simply allowed himself to be swept along into their vulnerable world, confronting the truth, in the process, that nothing protected him from similar danger. The chaplain's own personal fears began to raise their voices, and he knew that they would need to be addressed along the way. As their relationship developed, however, the shared vulnerability became the primary source of intimacy and empathy.

Ministry in a health care setting means accepting vulnerability, of others and of ourselves.



*"To be
alive
is to be
vulnerable."*

– Madeleine L'Engle

"When we were children, we used to think that when we were grown-up we would no longer be vulnerable. But to grow up is to accept vulnerability. To be alive is to be vulnerable." – Madeleine L'Engle, "Walking on Water: Reflections on Faith and Art," 1980

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Parish Nurse Network – focus on the whole

<http://www.healtheast.org/parishnursenetwork>

Parish nursing is an idea born out of the understanding of the healing ministry of the church and the need to return to health care that focuses on the whole person. Because parish nurses focus on wellness, disease prevention and health promotion, they often provide health screenings for congregations. Sometimes called the Minister of Health, a parish nurse is a registered nurse with additional training who serves members of the congregation and often people in the community as well. The role of a parish nurse is not primarily to deal with sickness but more significantly to be:

- A health educator and teacher to promote healthy lifestyles and to help people understand the relationships between lifestyle, faith and well-being
- A personal health counselor to help people sort out health problems and make appropriate plans for handling them
- A communication link and support for community health resources and services, to provide referrals and to be a liaison for the church and its members
- A teacher of volunteers to recruit members and to train them to carry out a range of supportive services
- An organizer of health support groups to assist groups in the congregation with particular concerns
- A resource to assist with the assessment of congregational and community health needs.

The parish nurse program affirms the church as a place for prevention of illness or disease, as it teaches and supports living in balance physically, spiritually, emotionally and socially.

Excerpt from <http://www.pcusa.org/health/usa/parishnursing/index.htm>

HealthEast Parish Nurse Network	Parish Nurse	Members
Arlington Hills Lutheran Church, St. Paul	Open position	1,100
Central Baptist Church, St. Paul	Open position	580
Central Presbyterian Church, St. Paul	Open position	233
Church of St. Thomas Aquinas, St. Paul Park	Maureen Dillon, RN	4,575
Corpus Christi Catholic Church, Roseville	Eileen Stack, RN	1,475
Peace United Methodist Church, Shoreview	Open position	
St. Mary of the Lake Catholic Church, White Bear Lake	Bonnie Wek, RN	7,600
St. Pascal Baylon Catholic Church	Open position	
St. Paul's Lutheran Church, Minneapolis	Arlis Bresnahan, RN	150
St. Thomas the Apostle Catholic Church, St. Paul	Carol McKenna, RN	1,500
Woodbury Baptist Church, Woodbury	Lee Cummins, RN	250



In partnership with HealthEast, parish nurses are experienced registered nurses who have additional education in parish nursing. Parish nurses work with pastoral staff, promoting health and wellness in a faith community, through five primary roles: health educator, health counselor, volunteer coordinator, advocate and integrator of the faith/health relationship. For additional information on the HealthEast Parish Nurse program or to receive a copy of the parish nurse brochure, call Lori Anderson, RN, Parish Nurse Coordinator, at 651-232-5521.

“Measures of Chaplain Performance and Productivity”

“Measures of Chaplain Performance and Productivity,” by Rabbi Dr. David J. Zucker, BCC, PlainViews 3/1/2006, Vol. 3, No. 3 www.plainviews.org

This superb document published by the Catholic Health Initiatives in 2002 “addresses concerns regarding how chaplains value their ministry. There we read: One common complaint among chaplains is a widespread dissatisfaction ‘about the ways in which their performance and productivity [is . . .] measured and evaluated.’ Chaplains know that they bring added value but due to the complexity of chaplaincy work, metrics simply based on volume of patient visits or clocked hours simply does not reflect the intricacy and subtleties of their ministry.”

Professor Kristen J. Leslie, Professor of Pastoral Care and Counseling at the Yale University Divinity School, has noted that unlike physicians, chaplains are trained in disciplines that rely on mystery, history, ambiguity and metaphor. Their goal is healing through insight, reconciliation and community. Stated succinctly, medical personnel attend to pain while pastoral caregivers respond to suffering. While the desired end is the same as that of medical professionals — health — the chaplain’s restorative and transformative approach is different.

To make matters worse, the intuitive and theological language of chaplaincy is not readily understood by those in other disciplines who are trained and reach conclusions based on the science of empirical evidence or behavioral measurement.

Realizing both the value of chaplaincy and the need to document it, Catholic Health Initiatives set up a study which monitored and recorded data from more than 35,000 pastoral interactions of 56 chaplains at nine pilot sites.

They found that when “performance expectations (outcome measures) for chaplaincy services are made specific through a process of interview and dialogue . . . there is a surprising congruence among diverse constituencies (e.g., nurse managers, chaplain referral sources, the bereaved, administrators and chaplains themselves).”

- Chaplains are available to meet others’ needs, without an agenda of their own.
- Chaplains provide comfort and support in a variety of circumstances.
- Chaplains assist in practical details.
- Chaplains participate in interdisciplinary case conferences.
- Chaplains help coordinate a more holistic approach to care delivery.
- Chaplains “walk the talk” as symbols of their organization’s identity.

This publication outlines the process through which Catholic Health Initiatives reached their conclusions and offers clear recommendations how to document “Measures of Chaplain Performance and Productivity” in one’s institution. The 14 appendices include the templates used, as well as sample instruments for chaplain self-reports, and instruments for spiritual care assessments, and some suggested resources for professional development. Though developed by and a study of Catholic institutions, the learnings are widely applicable, irrespective of institutional religious orientation or lack thereof.

To obtain a copy of this report, contact Rev. Scott W. Hinrichs, shinrichs@healtheast.org.

Recommended reading

“In ‘Searching for Home,’ M. Craig Barnes draws on Dante’s pilgrimage as a parallel to our own search for paradise. Never sidestepping the difficult truth of our situation, Barnes begins with the disconcerting news that paradise is lost and we can’t go home again. Our great comfort and hope, however, is that we are never lost to God; in fact, he travels with us in our sojourning, and all roads belong to him. Barnes shows how we can move from being transient nomads to pilgrims who are at home with God.”

Author M. Craig Barnes is the former pastor of the National Presbyterian Church in Washington DC and is a professor of leadership and ministry at Pittsburgh Theological Seminary. He has also authored Sacred Thirst, Hustling God, When God Interrupts and Yearning.



“Searching for Home: Spirituality for Restless Souls” by M. Craig Barnes, Brazos Press, 2003

2006 faith and health seminar

The fifth annual faith and health seminar, *Soulful Aging: Developmental Stages in Later Life*, is an exploration of the faith and aging journey with a focus on healthy mind, body and spirit

April 27

8:30 am: Check-in and refreshments

9 am to noon: Conference

Location: Woodwinds Health Campus Auditorium

This conference invites clergy, lay ministers and nurses to receive foundational information on normal physical and mental aging processes. Attendees will receive tips for supporting seniors who are living with complex physical, mental and social situations.

Cost is \$20. Register with HealthEast Care Connection by phone at 651-326-2273 or fax at 651-232-1313.

For additional information on the conference, contact De Granstrom at 651-232-5104 or dgranstrom@healtheast.org or Sr. Marian Louwagie, CSJ, at 651-232-0062 or mlouwagie@healtheast.org.

Presenters

Alvin Holm, MD, internist/geriatrician and Medical Director of Bethesda Hospital's Medical Behavioral Care, is an Associate Professor of Medicine in the Department of Family Practice at the University of Minnesota.

Rev. Scott Cartwright, M. Div., Spiritual Care Coordinator, Cerenity Care Center of White Bear Lake, has ministered in long-term care settings since 1988.

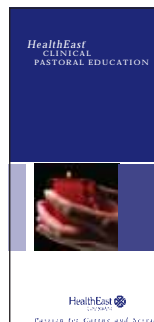
Rev. Jerry Storm, M. Div., HealthEast Spiritual Care Coordinator at Bethesda Hospital – St. Paul, has developed an expertise in ministry to the geriatric behavioral and brain-injured patients.

Shirley Mertens is a Stephen's Ministry Leader and a heart transplant recipient.



Clinical Pastoral Education: Learning the art of spiritual care

Clinical Pastoral Education (CPE) is experience-based theological education that combines the practice of pastoral care with qualified supervision and peer group reflection. Using a case-study style of learning, CPE learning goals include self-awareness, pastoral skills and pastoral formation.



Applications are currently being accepted for the 2006-2007 residency year. Comprised of four units of CPE, the residency curriculum features emphases on pastoral identity and theological reflection, spiritual assessment and intentional ministry, bioethics and ministry leadership and systems theory. This program is partially funded by HealthEast Foundation.

For additional information on HealthEast's CPE program, call Rev. Allen Dundek at 651-232-3612 or send him an e-mail at adundek@healtheast.org. For information on the Association for Clinical Pastoral Education, go to www.acpe.edu.



The 2005-2006 CPE extended unit students completed their studies this spring. From left to right: Chris Steubing (ELCA), Diamond Lake Lutheran Church, Minneapolis, MN; Diane House (ELCA), New Hope Lutheran Church, Sand Creek, WI; Beth Wilkie Horsch (ELCA), Oak Grove Lutheran Church, Richfield, MN; Julia Rajtar (RC), Holy Family Hospital, New Richmond, WI; Mary Camber (RC), St. Bridget's Roman Catholic Church, River Falls, WI; Laura Paradis (RC), Cerenity Senior Care, Dellwood Care Center

HealthEast Hospice Care welcomes new chaplain

We are pleased to announce that Rev. Timothy Nelson has been selected to fill the vacant full-time chaplain position in HealthEast Hospice Care. He is a Lutheran minister and has most recently been Pastor of Living Waters Lutheran Church in Lino Lakes. In addition to his theology degrees from Luther Seminary, he completed a Clinical Pastoral Education residency at the University of Minnesota Hospitals and is certified in spiritual direction. Rev. Nelson began at HealthEast in March. Please join us in welcoming him to our Hospice Care chaplain staff.



Rev. Timothy Nelson

Spiritual Care Endowment

The HealthEast Spiritual Care Endowment exists to support the provision of spiritual care services to patients, clients, residents, staff members, physicians and community members/groups associated with HealthEast Care System. The endowment supports such programs as:

- Clinical Pastoral Education – Spiritual Care education for ministers and theological students, including a yearlong residency program
- Spiritual Care staffing – Financial support for Spiritual Care staff in areas of health care for which funding is not available, such as HealthEast Hospice Care and HealthEast Home Care

- Worship materials/supplies – Funding for chapel supplies in HealthEast hospitals
- Spiritual Care literature – Inspirational and comforting brochures designed for specific clinical situations
- Community education/support groups – Funding for educational programs on subjects such as bereavement, faith and health and perspectives on suffering

Your gift via the enclosed envelope or by means of the HealthEast Foundation Employee Giving Campaign is much appreciated.

Thank you to all who donated to HealthEast Spiritual Care in 2005.

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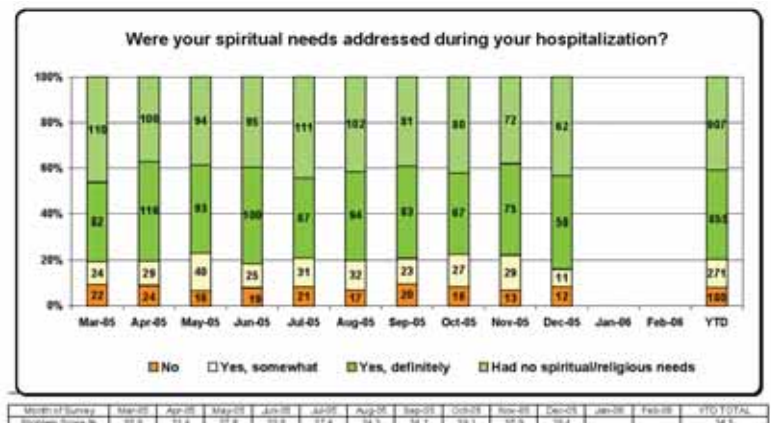
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Spiritual Care at HealthEast – Picker Survey

HealthEast monitors how patients perceive their spiritual needs were addressed during hospitalization. The three questions on the Picker Survey are:

1. Were your spiritual needs addressed during your hospitalization?
2. Who spoke with you about your spiritual/religious health during your stay?
3. Did you find discussion of your spiritual/religious well-being helpful in your recovery?

Results for question No. 1 through December 2005 were 39 percent “yes, definitely,” 12 percent “yes, somewhat,” 8 percent “no” and 41 percent “no spiritual needs.”



Notes

- **Inside:**
“Vulnerability”
2006 faith and health seminar announcement
Thank you to 2005 donors
- **Spiritual Care volunteers**
For information call:
Rev. Nancy Wigdahl,
Bethesda Hospital,
651-232-2041;
Rev. Ted Hein,
St. John’s Hospital,
651-232-7397
Rev. Stephen LaCanne,
St. Joseph’s Hospital,
651-232-4155
Sr. Marian Louwagie,
Woodwinds Health Campus,
651-232-0062.

HealthEast Mission Month 2006

- **April 3 to April 14**
HealthEast Foundation Employee Giving Campaign

- **April 11**
Presidents’ Prayer Breakfast, 7:30 am at the Prom Center in Oakdale featuring Jeremiah and Vanessa Gamble (Theater for the Thirsty) and HealthEast staff members sharing their faith stories



- **April 11**
“One of Our Best” Celebration, 2 pm, Town and Country Club

- **April 23 to 29**
HealthEast Volunteer Recognition Week

- **April 19**
Mission Month Seminar at Minnesota History Center (7:30 am breakfast, 8 to 9:30 am program) Featuring Emily Friedman, speaking on, “Why Mission Matters: Heritage, Challenge and Keeping the Faith”



For information about the President’s Prayer Breakfast and Mission Month Seminar, contact De Granstrom at 651-232-5104 or dgranstrom@healtheast.org.

Spiritual Care

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