Level 1A Final Self-Evaluation Form

Ochsner Health System
CLINICAL PASTORAL EDUCATION
CONFIDENTIAL

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Unit Dates: December 7, 2023-May 16, 2024
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Clinical Sites: Ochsner-LSU Shreveport
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Instructions:

On a scale from 1 to 4 rank yourself on each *indicator*:
1 (Not Yet Engaging) 2 (Needs Improvement) 3 (Meets Expectations) 4 (Exceeds Expectations)

For each category write a *narrative* describing your learning related to that category and how your learning goals helped you meet that category of outcomes (a total of 5 narratives). Address your progress with your learning goals under the category they are connected to. When speaking about students and patients please use initials.

Category A: Spiritual Formation and Integration

Outcome 1: Narrative History

- **Indicator**: Identify formative and transformative experiences in one's narrative history and their significance to one's spiritual journey.

Rank:4

I have had formative experiences taking classes at DTS which helped me examine my own spiritual life and theology. In the MACP program (Master of Arts in Chaplaincy and Ministry Care), I have also taken classes on pastoral care, emotional and spiritual care, and practical life counseling. I have found great fulfillment in studying these and found I have found my niche in ministry.

Transformatively, I have had the privilege of engaging in individual, family, and group therapy when an immediate family member had a severe mental health crisis. Hours (and years) of self-examination, learning new strategies, and listening to others' stories opened my mind to and heart to the inner and relational struggles humans face and how it affects their behavior, relationships, self-esteem, thought processes, spiritual strength, and emotional well-being. The experience has given me insight and compassion for others.

- **Indicator**: Articulate awareness upon reflection of when a care encounter intersects with elements of one's narrative history

Rank:3

I met with a male patient in January who struggled with depression. Just as his life seemed to be getting on track as he was gainfully employed, sober, and achieving independent living, he was in a tragic car accident and lost these opportunities, along with the use of his legs. His demeanor, personality, and even facial expressions reminded me of the family member who leans on me in a similar "struggle with adulthood". It felt overwhelming and as if I, personally, needed to help him feel better and fix things. I shared the experience with the CPE group and was able to see what I needed to work on from their feedback. While this is something I continue to work on, I am addressing it and am aware of it.

Outcome 2: Socio-cultural Identity

- **Indicator**: Demonstrate a knowledge of one's social identity as related to spiritual care.

Rank:4

ADDRESSING Self-Assessment
(taken from DTS Social and Cultural Foundations class)

Cultural Influences	My current profile	Dominant (D) or Minority (M) cultural Identity?	Implications I'm currently aware of prior to and after taking this class
Age and generational influences	53, Generation X	D	Too old to be in school. Out of touch according to my kids.
Developmental or acquired **D**isabilities	Some dyslexia, shyness, Psoriasis, weight, arthritis	M	Bad at directions, have to push myself to be social, embarrassed of psoriasis, have to limit exercise b/c of arthritis. Weight is frustrating. Beginning to experience agism as I am seen as out of it in modern young culture and technology.
Religion and spiritual orientation	Consider myself a mutt but go to a Baptist church. Love Jesus.	D	Some pushback about Baptists being hypocritical, Worry about Kids not following Christ Christianity is no longer assumed in America. It is important to be curious about other's religions such as Islam and Hinduism.

Ethnicity	White, Caucasian	D/M	As a short, white woman, I am not intimidating– I don't feel powerful at all, but feel like I am trusted in general. However, do feel white people are being "put in their place" in society today I am now aware of white privilege and the fact that it has blinded me to thinking it is the "norm" to be white and how American society was set up by European Americans and we do not realize the challenges this causes for minorities.
Socioeconomic status	Middle Class	D	Live comfortably and have access to many resources Had opportunity to go to college. Had parent backing to begin adulthood such as help with down payment for housing. Have access to good medical care and had very good schools growing up.
Sexual orientation	Heterosexual	D/M	Married for 29 years, has its struggles (still agree with this!) But, also more easily accepted in society and within family and friends. Not discriminated against because of my sexual orientation.
Indigenous heritage	----------	-----	Lack of identity to a culture. Independent success and self-reliance expected. Also more self-centered rather than family/community focused.
National origin	American	M	Grateful for freedom, Have privileges women from other countries do not have Did not have to struggle to get here. Have assumed the privileges from birth. Do not know what it is like in other countries as they struggle with oppression, famine, dictatorship, etc.

Gender	Female	M	Women have more rights and opportunities than ever before. I don't' like male bashing. Love being a woman – wouldn't want to be a man. I am a mom, daughter, sister, and love my girl friends. Still agree with this, but see now more clearly the glass ceilings women have and continue to have to break such as voting rights, equal pay, etc.

- **Indicator**: Articulate awareness upon reflection when a care encounter intersects with elements of one's social identity.
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Rank:4

I worked with a mixed-race couple in the hospital. The husband was the patient, an African American, and the wife was Caucasian. They were close to my age and were in a heterosexual relationship like me. They were expressing concerns over racism from some of the staff. I was able to recognize our similarities and differences in social identity and that there are also variations of personal experience and values of each individual person. I also learn in class to ask questions and not to assume I understand their individual perspective. It also does not help to act "color blind". I practiced curiosity and was able to understand where their complaints originated and how certain interactions were personally offensive to them. My effort to have genuine understanding and acknowledge their value and rights were gratefully accepted by them. I was able to communicate their concerns with the staff.

Outcome 3: Spiritual/Values Based Orienting Systems

- **Indicator**: Describe how one's values and beliefs about spiritual care are part of one's orienting systems.

Rank:4

My values about spiritual care are that all human beings are made in God's image and as such, have great value, are to be respected, and deserve quality care. My beliefs about spiritual care are that they should be individualized to meet the person's current need, giving them emotional and spiritual support as accepted and needed by the patient despite their religious background or social identity. My orienting system, therefore, is to honor each person and their beliefs, ask permission to interact with them, listen well to their needs, and treat them as I would like to be treated (respectfully, openly, kindly, and positively.) I find most often, people need someone to

listen to them without judgment and validate their struggles, and offer encouragement and support.

Spiritual Formation and Integration Narrative:

Category B: Awareness of Self and Others

Outcome 1: Self-Care

- **Indicator**: Demonstrate knowledge of the varieties of self-care and initiate the use of self-care practices.

Rank:3

Varieties of self-care include getting proper sleep, healthy eating, exercise, taking breaks during the day, going for walks, getting massages, self-reflection, getting support from other chaplains, talking to family and friends, good hygiene, preparedness, self-awareness and kindness, and knowing when a situation is overwhelming and the need to remove myself from it. Shopping and manicures are also helpful.

In initiating the use of self-care in the CPE setting, I have tried to get good sleep and be in a good place mentally when I begin my day. I take breaks when I get overwhelmed or physically tired. I get support from the other chaplains in my CPE group. I go for walks with my dogs and occasionally go shopping, or get a manicure. What I need to work on is scheduling time for healthy meal prep and regular exercise. I also need to add some fun activities that will fuel my spirit and boost my serotonin levels.

Outcome 2: Justice-seeking awareness of biases

- **Indicator**: Demonstrate an awareness of implicit and systemic bias including cultural and value/belief- based prejudice and its impact on spiritual care.

Rank: 4

An implicit bias was demonstrated when a resident made fun of a patient who came into the ER with a drug overdose. The resident referred to him as a "piece of work" and a "loser". When the patient heard these remarks, they shut down and did not speak to the resident even about vital medical information. This made the patient feel less than human and like a complete outcast. As a spiritual care provider, I tried to validate the patient as a valuable human being undergoing a crisis so that they would be empowered to tolerate the distress of the situation and desire to get better.

A systemic bias was demonstrated when a patient told me about her experience with the hospital having sickle cell anemia. She told me about having to wait for *days* in the ER waiting area before being taken back for treatment. She explained that hospital staff stereotype sickle cell patients as pain medicine abusers. They assume she is there for meds because of addiction, and not for relief of pain. Even on the floor, the disregard demonstrated by staff can be so harsh, she tries to stay on facetime with a family member for support. This encounter impacted my practice of spiritual care as I was sensitive to this bias in future sickle cell patients. It made me become watchful for these patients and careful to give them validation and support during their stay.

Outcome 3: Intercultural and Interreligious Humility

- **Indicator**: Demonstrate respect for the orienting systems of others arising out of a sense of common humanity.

Rank: 3

I visited a patient who looked biologically male and had a masculine name. After referring to him as "he" and as a "man" during the visit, I found out that she is trangender and goes by a feminine name. I was embarrassed and decided to go back and apologize the next day I was there. My apology was graciously accepted and I was informed she looked masculine because she had been in the hospital for so long, she had facial hair and wasn't wearing her wig or make up. She showed me a picture of the "real me." After this interaction, she began telling me her history and her spiritual beliefs. I related so much to her human experience of rejection, pain, and solace in God. I got to visit with her many times as she was unfortunately readmitted several times due to cancer. This common humanity experience was precious to me and made me love chaplaincy even more.

Category C: Relational Dynamics

Outcome 1: Empathy

- **Indicator**: Demonstrate knowledge of and initiate use of empathy in spiritual care contexts.

Rank: 4

In CPE class, we are encouraged to practice curiosity and listen well to patient's stories, facial expressions, and emotion words and metaphors. I initiate the use of empathy by engaging the patient (or family or staff) in a non-judgmental curiosity. For instance, a patient in pre-op was having extreme anxiety. I sat with her and asked her to tell me about her concerns. She shared that her mother died of a complication of this same surgery when she was a twelve year old girl. The experience was triggering to her bringing back those memories as well as fear for her own children if something were to happen to her. Understanding this, I was able to empathize with her anxiety and stayed with her until she was taken back to surgery.

Outcome 2: Relational Boundaries

- **Indicator**: Demonstrate knowledge of and initiate use of healthy relational boundaries in spiritual care contexts.

Rank: 3

In a couple of situations, patients asked me for my cell phone number. I was uncomfortable giving this out, but did because I did not want to offend the patient. I brought this up in CPE class for discussion. It was suggested that I give the phone number of the hospital chaplain office instead, and relate that I am unable to share my personal cell phone. This was a great help to me,

because when asked, I was able to provide an easy way for them to reach out to me and be available to them without crossing the boundary of giving out my personal contact information where they could call me during all hours.

Outcome 3: Group Dynamics

- **Indicator**: Demonstrate an understanding of group dynamics as it relates to spiritual care encounters and the learning process.

Rank:4

I am in a CPE group where we share verbatims and discuss our experiences. For instance, I shared about speaking to my first patient about end of life decisions for his mother. My colleagues went through the scenario step by step with me and gave me advice, validation, and new perspectives on how the conversation evolved. It helped me to have a framework of how to address these situations, and how to make sure I am not giving advice, but helping them process their own decision.
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Category D: Spiritual Care Interventions

Outcome 1: Develop Spiritual Care Relationships

- **Indicator**: Demonstrate the ability to represent one's role and function when initiating spiritual care relationships.

Rank:4

In this unit, we read *Taking Up Your Role* by A.L. Sundlin & P. Sindlin. This book was helpful to me as I had never walked into a patient's room as a chaplain before. It took time, and I felt the imposter's syndrome and quite awkward at first. The book helped me to proactively accept my role and function with the identity of a chaplain. I have become used to be referred to as "Chaplain Wendy" by staff, but more importantly, I have learned to leave my personal insecurities at the door and walk in focused on providing spiritual care for the patient. It has become comfortable to me and I have been encouraged by feedback from the patients expressing their gratitude for the job that we do.

- **Indicator**: Demonstrate an understanding and initiate use of communication styles and skills in spiritual care relationships.

Rank: 3

My initial formational goal was "to overcome my shyness with staff and learn to interact with them in a way that provides support to them and not to be afraid to ask for things I need from them." I really worked on this during this unit. I exercised being more assertive when I had a question or just walking up and asking the staff how they are doing. One thing that has really helped is time. The staff and I have gotten to know each other and I feel

welcome. I always try to communicate a positive, supportive attitude with my words, tone, body gestures, and facial expressions. About a month into being at the hospital, I began having staff flag me down and ask me to go see certain patients. This boosted my confidence and made me feel more like a part of the team. I give myself a three, because I have not been comfortable with assertive communication since I was born, and I have to purposefully initiate communication everyday, but I am pleased with my progress in this environment.

Outcome 2: Use of Cultural, Religious and Spiritual Resources

- **Indicator**: Demonstrate an understanding and initiate the use of spiritual resources that address spiritual wellbeing.

Rank: 3

At the Shreveport hospital, I have been the only chaplain on campus for most of the time. There are several religions represented on the floors on any given day. I treat them all with openness and respect, and try to provide resources for things outside of my abilities. For instance, I am not a priest who can provide sacraments to the Catholics. I found out which Priest was over the parish the hospital was a part of and identified Father M. He has been such a blessing and resource! He came on Ash Wednesday and rounded with me and provided ashes for those who desired them. He also speaks spanish! I had a Catholic couple from South America that had just arrived in the United States and had no friends or family. The wife had a brain aneurysm. Father M. came and saw them *everyday* for three weeks! He also opened the church kitchen for the husband to cook cultural food for her and welcomed him to mass. He was able to speak to them in Spanish, which was so helpful and comforting to them.

Outcome 3: Use of Spiritual Assessments and Care Plans

- **Indicator**: Demonstrate an understanding of the difference between spiritual assessments and spiritual histories/screens.

Rank:4

When a patient is admitted to the hospital, they are asked to identify their religion. This is an example of a spiritual screening, done by a staff member of a hospital. However, a chaplain seeks to gain understanding of their spiritual beliefs and practices and what spiritual support is wanted by the patient. I may ask a patient what spiritual practices are important to them. That way, I can respectfully support them in whatever spiritual journey they are on. When I see multiple patients in pre-op, I ask them about their religious background/preferences. Even if they tell me they are “not religious”, I continue to encourage them to talk to me and we discuss any anxiety they are feeling, what support they have, etc. and I care for them as a whole person.

Outcome 4: Documentation

- **Indicator**: Demonstrate an understanding of the role of documentation in the provision of spiritual care.

Rank:4

As a CPE chaplain, I have access to the electronic records and document all significant encounters under the Spiritual care tab under flowsheets. On this record, I am able to record who I saw (patient/family/patient and family together), how long the encounter was, the number of family members present, and the spiritual care provided such as prayer support and reflective listening. I am also able to document concerns or notes about the patient's request, coping, etc.

Category E: Professional Development

Outcome 1: Clinical Method of Learning

- **Indicator**: Demonstrate an awareness and initiate use of the clinical method of learning (action- reflection-new action).

Rank: 4

The CPE model supports the clinical method of learning extremely well. I practice spiritual care in the hospital setting. I write verbatims about instances that I need support or advice in and share that with my chaplain peers. There is plenty of time designated to discuss these as a group - line by line of conversations. It allows me to reflect on how I could approach the situation differently or care for the patient from a new perspective. I then go back to the hospital setting with these new tools and skills and practice them with the next patient that comes across with a similar circumstance. The verbatim forms also provide questions for personal reflection which helps me process the experience and learn from it.

Outcome 2: Ethical Practice and Professionalism

- **Indicator**: Demonstrate an awareness of and adherence to mandatory reporting requirements and professional codes of ethics relevant to one's context.

Rank: 3

As of yet, I have not had to do mandatory reporting myself. However, in the PICU, there is a 17 year old male patient with down syndrome who was brought to the ER weighing 42 pounds. He was assessed as being severely malnourished. The mother brought him and was taken aside and informed that CPS would be investigating. I provided spiritual care and support for this young man for a month while he was a patient in the hospital. He was eventually transferred elsewhere.

I advocate for patients who communicate poor quality of care by being an ally for staff, while serving as a liaison when a patient expresses a complaint I deem necessary to advocate for. I am aware of the need to report if someone indicates a risk of injury to self or others as well as sexual or physical abuse.

- **Indicator**: Demonstrate through one's behavior the attributes of integrity and honesty in one's spiritual care practice and learning process.

Rank: 4

I strive to be a gold-standard chaplain at Ochsner-LSU Shreveport. I show up for work on time everyday I am expected and communicate well with my supervisors and colleagues in the Chaplaincy department. I am also careful to demonstrate integrity and honest with the patients and staff. When I tell staff I will visit a patient, it is my first priority. When I tell a patient I will come back to see them, or bring them a Bible they requested, etc., I make sure that I do that.

I am also honest with patients when I know their situation is dire. I never reveal any diagnoses, etc., but when they share a difficult one with me, I do not say "you will be fine." I am honest when they are facing challenges and pain.

I also try to show integrity and honesty with my CPE group. I attend classes consistently and I am honest about my growth and areas I need support in.

- **Indicator**: Represent and conduct oneself in a manner that is appropriate to the context.

Rank:4

I show up on time and I wear nice, business casual clothes. I speak highly of the hospital and staff to the patients. I "read the room" and consider how to initiate conversation and how long to stay based on the current environment. If a nurse is working on a patient, I step out. I always knock and ask permission before entering a room. If a patient is sleeping, undressed, etc., I do not enter the room. I try to bring a calm, supportive presence into the room, unit, or trauma bay so that I provide a compassionate, professional presence. I adhere to Ochsner's code of conduct in looking up at others as I walk by and acknowledge everyone with a smile. I have walked into a room with family members in an uproar about being neglected or perceived lack of treatment and respect, and I calmly ask them to communicate their grievances with me, validate their concerns, and advocate for them where I can.

Outcome 3: Consultation and Feedback

- **Indicator:** Demonstrate knowledge of the role of consultation in the learning process of spiritual care.

Rank:4

The role of consultation is important in this learning process as I lack time and experience in this field. When I lacked insight in interacting with a mother who was rejecting my spiritual care of her adult son, I wrote up a verbatim and received feedback from the group. This was helpful as they pointed out that the mother may have expected another chaplain (perhaps a man) and that she may have been concerned about the son sharing information with me as a lawsuit was pending. This consultation allowed me to free-up my perspective and return to see the patient the next day. Quite ironically, the mother was present, but let out a sigh of relief when I entered the second day and said she was exhausted. She asked if I could spend some time with him while she

took a break and ate in the cafeteria. I was happy to, and I was thankful for the opportunity of that consultation.

- **Indicator:** Demonstrate awareness of one's ability to receive and engage feedback related to one's learning process of spiritual care.

Rank: 3

Receiving feedback is very helpful and insightful. However, sometimes my group points out theme they are seeing in my verbatims such as dealing with people with anger issues. It is good, but sometimes stings to hear they spotted a something I need to work on. I really want to learn, however. I really want to grow and be a really good chaplain. So, I take in the perceived criticism or vulnerability and try to power through it. At the end of the day, I want to be an effective spiritual care-giver. I do not want to be stunted by my blindspots. I also know my group has really good intentions, so I let it slide. 😀

- **Indicator:** Demonstrate awareness of one's ability to offer feedback related to the learning process of spiritual care.

Rank: 3

Offering feedback is something I was reluctant in at the beginning. I knew I knew little and wanted to listen more than speak. However, I have found that most of the time, my peers need encouragement, validation, or new ideas, and I am happy to share in that. It is important to the person when they share a verbatim to have lively discussion afterwards and not awkward silence, so I try to keep that going without dominating the conversation. Some of the members of the group are quiet!

Outcome 4: Teamwork and Collaboration

- **Indicator:** Demonstrate an understanding of how spiritual care interacts with and is part of the larger care team.

Rank 3

I am so happy to report that I am engaging more and more as a part of the larger care team. I really respect the staff at my hospital, and I timidly tried to let them know that I care and I have something to offer. They are so busy and have such a patient load. They have to keep track of dosages, syringes, notes, orders, and patients pressing that call button. I spend time with each patient (who is open to it) and try to support them, give them a chance to vent and process, and speak about their experience. I try to listen well and encourage them so that they feel heard and well cared for. I consider this one of my parts of the team. As staff have gotten to know me and walked in the room or watched me from outside, they see that I care. They have begun calling for

me or flagging me down when I am on their floor and asking me to visit a patient in need. This has been so validating for me. I often have to remind patients I am *not* medical - I cannot help them sit in a different position or help them to the bathroom, as I do not know their limitations. However, I love being a part of the team!

Outcome 5: Research Based Care

- **Indicator:** Demonstrate an awareness of how research is relevant to spiritual care.

Rank 4

Research is relevant to spiritual care in two ways. First, research about spiritual care is useful from internet sites like pewresearch.org and lindsayboyer.com. Books such as *How to Get the Most out of Clinical Education* are also helpful as we sharpen chaplaincy skills. Secondly, research on medical conditions has also been helpful to me. For instance, I had never known someone with Sickle Cell Anemia before, and I was not aware of what that was like for a patient. I researched it and asked patients what it is like for them. Now, I have an understanding of the cycle of SS crisis, what the pain is like, how disrupting it is to one's life, the treatments, and the stereotypes associated with the disease. This has been invaluable for me to provide spiritual care to patients with that insight to what they are going through.