STAFF CARE

In the Midst of Traumatic Events

HENRY LUCE FOUNDATION

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CHAPLAINCY Innovation Lab

INTRODUCTION

Traumatic events bring upheaval and uncertainty. Yet not all difficult or jarring events are experienced as distressing, "traumatic," or morally injurious by those present, the latter of which in military contexts involves an experience that violates one's moral code or betrayal by once-trusted sources.[1] Trauma has a certain subjective quality to it, as we learn from military personnel who may witness the same event and interpret or internalize it differently. Exposure to a potentially injurious event does not necessarily lead to post-traumatic stress or moral injury for all who witness the event.[2]

So, how do we define a traumatic event for the purposes of this eBook? Trauma overwhelms a person's capacity to make meaning. Healthcare staff may experience traumatic events that tax their ability to respond, such as when a situation overwhelms their capabilities or when the details of an event intersect with current or past experiences, amplifying a common event to a traumatic level.

The chaplain writers of this eBook chose a compilation of vignettes that incorporate multiple types of traumatic events. Some of these encounters are with individual staff members, while others occurred in staff groups. Some of these events are personal and individual, like a particularly jarring patient encounter, or intersection of personal story with professional experience; other events represent societal trauma such as experiences of racism, COVID-19, or attempts to disrupt activities of the federal government. Each traumatic event includes a particular chaplain's approach to staff care, recognizing the contextual features of the encounter. Some vignettes are compilations, and details have been changed to protect privacy.

A certified educator once described staff as the primary congregation the healthcare chaplain serves; in this metaphor, patients and families are visitors to the congregation. Though the specific words used for "staff" vary by setting (healthcare workers, team members, care partners, care receivers, professional caregivers, front line workers, employees, and so on), those who work and serve alongside chaplains are the metaphorical "regulars." These co-laborers clean rooms, prep supplies, sterilize equipment, prepare food, compound medications, administer breathing treatments, process labs, perform surgeries, and manage conditions; each does their part to contribute to patients' healing.

With staff being integral to the flow and function of the setting, chaplains have a meaningful role in providing care to professional caregivers. Each vignette includes structural similarities: background about the encounter, the chaplain's assessment (or, at times, the recipient's self-assessment), chaplain-provided support or intervention, outcome or staff response, and the chaplain's reflection or concluding thought. Recognizing a single setting has limitations and that no resource is exhaustive, the chaplain writers anticipate readers will adapt and modify these approaches to the benefit of other settings.

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Many chaplains led reflection exercises with staff in the early surges of the COVID-19 pandemic and intermittently thereafter. Recognizing that staff were overwhelmed when asked to reflect generally on their well-being, a chaplain asked a more focused question: "What is this moment like for you?"

In March 2021, the chaplain did a follow up exercise with the same staff. The question that he asked was "What represents this past year to you?" Unlike the previous iteration a year earlier, staff members did not struggle to respond. Many of them shared particular, poignant, and often personal images.

As the team approached the one-year anniversary of the COVID crisis, the chaplaincy staff developed a series of ways for hospital staff to recognize the moment and honor the effort. One of these activities was a structured, unit-based conversation facilitated by a chaplain.

The conversation was focused around the question "What has this past year been like for you?" At each step in the process, the chaplain encouraged participants to notice similarities, differences, and connections across their responses. The chaplains did this exercise as a team and facilitated it for staff on multiple medical units and services, including Intensive Care Units, pre-surgery assessment, and extracorporeal membrane oxygenation (ECMO) teams.

For more information about the conversation tool, see the resources listed under Guides: **What Has This Past Year Been Like for You, Guidance for the Intentional Conversations about the COVID Crisis.**

"We patch them up, and it happens again and again."

Keywords: Individual Intervention, Patient Trauma, COVID-19 (Early Surges)
The chaplain responds to yet another call for a trauma situation in the Emergency Department, and this time it was a case of a young adult who sustained a gunshot wound at a family gathering. This was one of the instances of the rising rate of domestic violence during the COVID-19 pandemic.

As the chaplain is waiting by a corner as the first responders make their initial assessments and provide treatment, the chaplain notices the facial expression of the Emergency Medical Services (EMS) responders and one of them saying, "we patch them up and it happens again and again." This drew the chaplain's attention to EMS responders, who are usually in and out of the hospital quickly with little or

no time for any interaction with other team members. Like other medical professionals, the EMS and Paramedics undergo serious stress resulting from critical cases that have significant impact on them, including stress that comes from escalating rates of domestic violence and other traumatic events they handle daily.

The chaplain provided an empathic presence by approaching the EMS personnel and asking if he would like to talk. As is typical, there was not enough time for such a conversation to take place, but the person expressed gratitude that someone noticed and was ready to offer support. This move by the chaplain also highlighted the importance of first responders and other healthcare staff seeking assistance before things get out of control. The chaplain realized that even when time is short, a gesture of care and concern can be meaningful.

"Just take a deep breath."

Keywords: Individual Intervention, Patient Trauma

A chaplain resident initiated a Quality Improvement project to provide chaplains with additional, simple, and holistic spiritual care inventions to help care receivers return to the body and calm the mind during the pandemic. The chaplain resident recorded brief videos to demonstrate the mind-body intervention and shared the videos with the chaplain team.

By incorporating these interventions, chaplains hypothesized care receivers would feel less emotionally distressed and more at ease in their bodies. A particular breathing exercise of elongated exhales, utilized below with a nurse in a tense moment, has research-supported benefits of calming the mind, deactivating the flight-or-flight response, and activating the parasympathetic nervous system.[3]

Observing a trauma nurse who was assigned to care for multiple trauma victims that presented to the Emergency Room in a two-hour period, the chaplain selected the elongating exhales to practice with the nurse, if receptive.

While on duty, the chaplain received a page to come to the Emergency Room. As the chaplain entered a trauma room, the nurse began to state, "This is unsafe. I don't feel comfortable. I'm ready to walk out of this [expletive] place." She walked back and forth from her workstation, pacing.

Chaplain: *(Her name was gently called.) "(Nurse's name), put your pen down."*
Nurse: "I'm walking out of this place; this is ridiculous. This isn't safe."

Chaplain: *(softly) "(Nurse's name), put your pen down and take a deep breathe before you do anything else. Breathe deeply. You've got time. I want you to take a deep breath, inhale and exhale. This won't take long."*

Nurse: *(Puts her pen down. She looks at me, then closes her eyes. She takes a deep breath.) "I'm so mad."*

Chaplain*: "Okay, it's understood. Just take a deep breath. As you inhale, hold it for five seconds then let it out slowly. Next time as you inhale hold it ten seconds then exhale. You're doing good. One last time, inhale, hold it ten seconds then exhale."*

The nurse was able to relax and return to work. She did not walk out that day, and she has been seen at the hospital since that time.[4] She smiled, seemingly a gesture of appreciation, and stated the breathing exercise helped tremendously.

Many times, the effect of chaplaincy care is not known. Chaplains intend to ease the stress or distress of team members and staff, especially during traumatic events.[5] On this occasion, the chaplain's intervention contributed to employee retention – no small matter when faced with a nursing shortage during a pandemic.[6] Beyond a statistic, a smile was exchanged between the chaplain and nurse as they greeted one another for weeks afterwards.

"I'M STILL HOLDING ON"

Luther Barnes –

There were many that started out with me,
But now, they've gone astray.
But I'm still holding on.
I'm still holding on.

"We need an exorcism done on bed 5."

Keywords: Group Intervention, Patient Trauma

The Emergency Department (ED) had four code blue deaths in 24 hours. Three of these deaths had been on the day shift. Two of the day shift deaths had been in the same hour and in the same room. A chaplain had been present in the room for every one of these deaths. These chaplains supported family and prayed with family and staff after the deaths. Later that day, the unit chaplain had made extra rounds, checking in with nurses, physicians, and respiratory therapists.

During the following morning, a chaplain was walking through the ED when she was approached by the charge nurse who said, "We need an exorcism done on bed 5." The chaplain listened to what had happened on the previous day and collaborated with the unit chaplain about the request. The chaplain thought to himself, "They have never made this request before."

The chaplain located the shift coordinator to discuss the request. He explained that a spiritual cleansing and blessing of the room could be done that day. He described the blessing as a way of caring for the room itself and for the staff. A blessing was a way of reminding people that God was already and always present and that this was dedicated to the purpose of healing. The shift coordinator agreed that this was a good idea.

The chaplain walked through this part of the ED, an area that had been converted from an observation area into six negative pressure critical rooms. All of these rooms were empty on this morning. The nurses looked up from their computers and the chaplain made eye contact with them. They nodded in response.

The chaplain began in Bed 1. He stood in silence in the middle of the room for a minute. He then walked around the room and touched each of the walls as he prayed. He stepped out of the room and touched the top, both sides, and the bottom of the doorway. The chaplain then repeated this process in four more rooms.

> ***"The chaplain then went into the room that had two deaths on the previous day."***

The chaplain then went into the room that had two deaths on the previous day. He found a chair and then sat in silence in the room for five minutes. He spoke out loud the names of the patients who had died, the names of the family who had been present, and the names of the staff who provided care.

The chaplain gave thanks for the people who had taught the physicians, nurses, and therapists. He visualized gentle light coming into the room from all directions: east, south, west, north, above, and below. He concluded by touching the walls and part of the door frame. When he stepped out of this last room, the nurses nodded and smiled.

What did this blessing of the room mean to the staff? First, the reactions and feelings of a staff member were the reason why the chaplain did the blessings. This nurse knew that the chaplain had done the blessings and thanked him. Second, the nurses in this area appeared relieved after the chaplain had completed the blessings.

Third, the manager of the ED told the chaplain, "I know the team appreciates it, as we definitely see more death than we did before COVID." Finally, the staff has continued to ask that these rooms be blessed.

As a new practice, the chaplain now blesses the rooms every week at the beginning of a shift when the rooms are empty. In other words, these blessings are part of the "standard work" of the unit, the way spiritual care is provided to the unit as a whole.

"Can you join me for lunch?"

Keywords: Individual Intervention, COVID-19 (Later Surges)

Throughout the COVID-19 pandemic, leaders at all levels have particularly focused on the wellbeing of their team members. Because leaders were not immune from the emotional and spiritual distress of the time, it also was very crucial for these leaders to make time for their own self-care. It is not an overstatement that a leader that is experiencing unresolved compassion fatigue or burnout is likely to pass that on to her or his team,[8] unless the leader is intentional about self-care. Chaplains have utilized their skills in facilitating caring conversations to assist team members process and make meaning of their emotions and experiences, especially at this time of unprecedented emotional and moral distress.[9,]
[10]

A particular chaplain already had a lot on his plate for day, but he got a lunch invitation from a Unit Manager: "Can you join me for lunch today? The chaplain was about to decline the invitation because of his patient care workload for the day,[11] but on second thought, he reasoned that there may be more to this invitation than just having lunch together, and if that were the case, he could triage.

Rightly so, as it turned out that the invitation to lunch was a great opportunity to provide care and support to a busy team member in a leadership position. The chaplain actively listened as this staff member talked about several issues regarding the level of stress among the team, shortage of staffing, burnout, impact of new and emerging policies on the staff, and dealing with emotionally struggling staff.

The manager was able to talk about how the difficult decisions had impacted them emotionally, morally and psychologically. There were other lunch invitations to follow, and each one ended with the manager saying, "thanks for listening to me." The manager expressed feeling listened to, validated, supported and in a better mental state to continue with a difficult job.[12]

"Maybe something is wrong with me."

Keywords: Individual Intervention, Patient Trauma

People who have had traumatic experiences, among other symptoms, tend to stay away from anything associated with the trauma event, may engage in negative thoughts about themselves, lack interest or concentration in activities they used to enjoy, or may even quit such activities.[13,14,15] This was the case with a staff member (called "M" here).

M has been in nursing practice for about two decades. She loves what she does and enjoys bringing a calming presence to her patients. One morning while attending to a patient, M had an experience that left her questioning her competence. About to start an IV on a patient, the patient suddenly started shouting in excruciating pain. This caught everyone's attention, and some staff members rushed into the room to find out what went wrong and what could be done to address the situation. M came out of the room, hands folded, visibly shaking, looking traumatized and embarrassed.

"Maybe something is wrong with me, and if that is the case, I doubt if I will continue with this job."

She stood at a corner alone. The chaplain walked up to her and, with her permission, held her hands, saying, "I am here for you." After a while, M spoke up: "I have never had something like this happen to me before. I must have done something terribly bad to him. Maybe something is wrong with me, and if that is the case, I doubt if I will continue with this job." She was obviously overwhelmed with guilt and shame.

Trauma can sometimes lead to guilt, shame, self-doubt, and loss of confidence. Did she do something wrong? Later, we learned that the patient had a severe phobia for needles, which gave rise to their screaming. M was incredibly grateful to the chaplain for bringing a calming presence when she needed it the most, and she went back to continue with her shift.

This encounter demonstrates how chaplains play significant roles in the clinical flow of caregiving on the units and other settings. As other staff members concentrated on the patient and family, the chaplain reached out to the staff member who benefited from attentiveness, validation, and reassurance.[16]

"I can't concentrate."

Keywords: Individual Intervention, Staff Personal Trauma

J is a hardworking hospital staff member; she works long shifts and sometimes picks up more hours to supply for the shortage of nursing staff. She is also a caring and busy wife, mother, and grandmother. Although she would love to, it was hard to make more time for other things or people. One morning at work she got a call that her elderly parents had been in a bad accident. As soon as the chaplain walked into the unit, J approached the chaplain and said, "I have been anxiously waiting for you to show up. I can't concentrate - it feels different when it hits you directly."

J was thinking deeply of not only how short and delicate life can be, but also of the importance of making more time for the people she cared about. Following the debriefing with the chaplain, J described feeling

much better to go back to work for the day and resolved to start making concrete plans on creating quality time with loved ones.

How open are caregivers to receiving care when they are on the receiving end? How far can a chaplain go in extending care to team members? Although it is standard practice to begin and end caregiving relationships at the hospital, here the chaplain showed more compassion by checking in on J after work and while on her trip to visit parents who were hospitalized out of state. Through text messages, the chaplain acknowledged how difficult this moment was for J, affirmed her decision to take the time to be with her family, and validated how her presence would bring hope, comfort and strength to the family.

The chaplain also assured J of continued availability and prayers for her to find the strength she needed at this point. J expressed gratitude, saying that the text messages and prayers meant a lot and helped her to cope. J also agreed with the chaplain's suggestion to consider reaching out to the chaplaincy services of that hospital for more support as needed.

One of the chaplain's goals in this encounter was to demonstrate how family emergencies can become traumatic for healthcare providers. This explains why chaplains make themselves available to staff on the units to provide much-needed support – not just to patients and their families, but also team members.[17]

Healthcare workers may sacrifice their self-care and time from their own families in order to provide consistent care and support to others, especially during times of healthcare worker shortages. This decision can contribute to emotional and moral distress, which underscores the importance of striking a balance between work and family life.[18, 19]

"Can we pray together?"

Keywords: Group Intervention, COVID-19 (Early Surges)

On the last day of December 2019, a cluster of cases of pneumonia were reported by the Wuhan Municipal Health Commission in China. The novel coronavirus SARS-CoV-2 to almost 20 additional countries within a month.[20] By March 11, 2020, the World Health Organization (WHO) characterized the outbreak as a pandemic.

The world watched with trepidation as the novel coronavirus circled the globe. In some cities, the dead lined the streets; hospitals were overwhelmed with victims of the deadly virus; mortuaries were filled beyond capacity; economic and social life was brought to a halt. The psychological trauma was exacerbated beyond measure because there were no precise conventional treatments to fight the virus in its early inception.

As healthcare institutions around the world (these authors included) were overburdened with patients battling the virus, healthcare workers were faced with the danger of being infected themselves with the virus. It was apparent that institutions were not well-prepared for this scenario and, consequently, there was a severe shortage of personal protective equipment (PPE) such as surgical masks, N95 respirators, gowns, and gloves. Testing kits for COVID-19 were also very limited. The fear and anxiety among healthcare workers soared, especially when some would learn that the patients they attended to a few hours earlier had tested positive for the virus.

Such exposure led to a significant number of team members going into mandatory quarantine for two weeks, isolated from work and from family to avoid possibly infecting colleagues or family members. As an increasing number of staff became infected, some decided to suspend work and shelter-in-place with their families. Others showed up for work each day. There were, at times, tensions between those who kept working in-person and those who sheltered-in-place or worked remotely.

Meanwhile, the chaplains had their fair share of the emotions of fear and anxiety that had gripped the entire world. Even so, the Chaplaincy and Spiritual Care Department became more intentional and pro-active in acknowledging, validating, addressing, processing, and debriefing among the chaplains, a daily exercise that strengthened the chaplains.

"Increasingly, team members became more aware of the benefits of having chaplains as part of the clinical flow…"

This daily practice equipped the chaplains to be in a better position to provide a calming presence on the units as they responded to the stress, fear, and anxiety of their unit staff, individually or collectively. Increasingly, team members became more aware of the benefits of having chaplains as part of the clinical flow of their units, and many started taking advantage of this resource.[21]

One morning the staff on a particular unit came up to the chaplain with the request: "Can we pray together?" The chaplain checked in with the unit manager at this faith-based hospital, and consent was given with the proviso that praying together must be optional. The next day, a Wednesday morning, the staff who desired to pray stood in a circle, and the chaplain led them in prayer.

The chaplain also provided the staff with a laminated prayer card which could be added to their name tags to use as needed. The staff who participated reported experiencing greater peace, a surge in their courage to show up for work the next day, and increased sense of purpose and value.

Praying together once a week has become a tradition on the unit. This exercise has helped not only to improve appreciation for the value and purpose of work, but also the cohesion of the team.

Recognizing that different regions of the country have differing levels of religious identification, this prayer was deemed appropriate for the context of a Midwest faith-based hospital.

A non-religious blessing or mindful moment might be more appropriate in other contexts.[22] You may modify as needed.

"GRANT US"

This was the prayer provided and used:

Holy One, grant us the strength and endurance for this day's work.

Grant us clarity of mind as we care for the sick.

Grant wisdom and help us to be sensitive to the one who is especially in need of our services.

Place the right words in our mouths to soothe the hurting soul.

May we show compassion and gentleness to all who cross our paths today.

Amen.

"You matter."

Keywords: Individual Intervention, COVID-19 (Early Surges)

A team member stated, "Are you talking to me?" The chaplain pushed the refreshment cart through the hallway on her way to the elevator and replied, "Yes, you matter, you are important." The chaplain extended an invitation to the Environmental Services team member who was also in the hallway on her way to an assignment.

The team member seemed shocked and reluctant to take anything from the cart.[23,24] *As their eyes caught a glimpse of one another, there was a slight smile, a recognition of one another's humanity. After a few seconds she selected a piece of candy. The chaplain encouraged her to take a second or third item and to tell her coworkers they were welcome to partake.*

"You Matter" is a slogan of our healthcare system that encompasses everyone: team members, patients, families, and all who come through the door. As part of that mission, chaplains are called to come alongside patients and their families, and we are also called to come alongside the team members who are instrumental in keeping our hospitals clean and operable twenty-four hours a day.

The refreshment cart, referred to as the Tranquility Cart, was the idea of management to let each team member know that they are valued, and that their weariness is seen during the ongoing pandemic. The Cart is loaded with snacks, tea, water, sodas, energy drinks, stress reliever gadgets, puzzles and various other items. While it is not the stress reliever we were introduced to with the "Calgon, Take Me Away" commercial of the 1980s, this is our version of "You Matter," letting staff know that they deserve to relax in some way.

Chaplains are ambassadors of the Tranquility Cart, assessing when, where, and how to connect with team members and staff. Chaplains utilize input from unit managers and team leaders, along with their own assessment of staff stress level to discern opportunities to take the cart to various teams. Some reasons are multiple deaths or a particularly difficult death on a unit, low or short staffing, changes in leadership, and/or a sense of heaviness among the team.[25]

From this encounter the chaplain gained the insight that this valued worker did not feel comfortable with this small act of recognition. This is evidence that much work is needed to make all persons feel equal and included.[26] As a follow-up to this interaction, the chaplain recommended an intentional next step to place the Tranquility Cart in the break area for Environmental Services team members on a rotating basis.

"You matter too."

The Food Ambassador pushed her cart down the hall to deliver a food tray on a medical-surgical unit. It was Nurses' Week, and the chaplain present was carrying a pitcher with water and a basin. The young woman looked at the basin and pitcher with curiosity.

The chaplain anticipated the question as it formed on her face. "Hello," said the chaplain. "Would you like to have your hands blessed? It's a non-denominational ritual that symbolizes commitment to care, healing, and relief of pain and suffering." She instinctively held out her hands and received her blessing. Her countenance changed.

"Blessings of the Hands" took on new meaning during the pandemic as healthcare workers' hands did metaphorically heavier lifting. Infection prevention concerns also meant that typical processes for administering blessing of the hands had to be reimagined.[27]

One option was to use a pitcher to pour water over an individual's hands, with a bowl underneath to catch the runoff.

Disposable towels are draped over the arm of the chaplain to dry hands. The pitcher is refilled with clean water each time it is emptied.

Water has religious imagery,[28,29,30] and water is a key component of human bodies. The sound of water can be calming, like a gurgling stream that is steady and rhythmic, and has been used in mindfulness and meditation practices.

Water can also form rapids and carve canyons. Water can cleanse, rehydrate, and promote new growth.

"Bless These Hands"

As the chaplain poured the water, they had recited a blessing:*

Holy One, bless these hands that serve many times that are not noticed,

Provide strength when weak and understanding where there is none,

May that see themselves as You see them and as part of this team,

Bless these hands and give them peace.

Amen.

**Most of the blessings of hands are extemporaneous, based upon the role and needs of the recipient.*

"They're in the breakroom."

Keywords: Group Intervention, Patient Trauma

The patient had had chronic heart disease for more than a decade. They had been catheterized multiple times and had been on a changing regimen of cardiac medications that caused regular nausea. The current hospitalization was longer than two weeks. The nurse reported that the patient had said, "I am just done with all this." During a conversation with the cardiologist, the patient had changed their code status to Do Not Resuscitate/Do Not Intubate (DNR/DNI).

While the patient did talk about the change with the nurses, the patient did not tell their spouse about the decision. One afternoon, the patient collapsed on the floor in front of the spouse and went into cardiac arrest. The nurses knew that the patient was "DNR" and did a pulse check. The spouse asked, "Why aren't you doing anything?" and the charge nurse responded that the patient had requested a change to code status. The spouse looked at them in disbelief. A physician arrived, and the spouse asked for the patient to be resuscitated. A "code blue" was called, resuscitation was attempted, and the patient died shortly thereafter.

They all sat in silence until the charge nurse said, "What were we supposed to do?"

At that time, the unit manager asked the four nurses who were a part of the code to step out of the room. Some other nurses took over post-mortem tasks. When the manager saw the chaplain, she said, "Can you go talk to the nurses from that code? They are in break room." The chaplain located and entered the small break room on the back corner of the unit.

The charge nurse and three bedside nurses were sitting in a small circle. All of them had cups of water and were staring at the floor. Two of them were crying. A nurse educator was sitting on a low table. The chaplain sat in an empty chair. They all sat in silence until the charge nurse said, "What were we supposed to do?"

The nurse educator and chaplain made eye contact with each other and let the question hang in the air unanswered. All four of the nurses were now crying, and the tears continued for a few more minutes. The chaplain waited until this shared reaction had started to subside.[31]

"Staff Care for Code Blue"

For more information about the conversation tool that informed this encounter, see the resources listed under Guides: ***Staff Care for Code Blue.***

The chaplain encouraged them share how they were feeling. All of them felt sad and frustrated. They had had difficult codes the past. The chaplain had been with them for those codes. The reaction of the staff in response to this code felt stronger. To locate this event in their personal and shared professional history, the chaplain asked, "How was this code different from other codes?"

The nurses felt very conflicted. They knew what the patient had wanted. But they did not know that the spouse did not know the patient's wishes. They wanted to do the "right thing." The chaplain asked if they felt powerless, and they agreed. The chaplain looked at the nurse educator, and she described to the nurses what she had seen them do: acting on the information they had, asking other people to help them figure out what to do, and changing what they were doing when they had new information.

They had done the best they could in a very difficult situation. They had supported the patient's autonomy before and during the code.[32] *The gathering ended with the chaplain getting permission to follow up with each of them.*

"What are your greatest needs during this pandemic?"

Keywords: Group Intervention, COVID-19 (Early surges)

Environmental Services is an integral part of our health system. This group of persons are in-house twenty-four hours a day, seven days a week. Without them the health system would not be the highly-regarded organization it is. To show that they are valued, the chaplain spoke with one of their supervisors to determine their greatest needs during this pandemic. We brainstormed and thought about the power of prayer; the Prayer Box was birthed.

The Prayer Box sits on a table in the Environmental Services check-in area. To draw attention, the box is decorated in a light teal color with gold and green flowers. The box contains a pen and 3 X 5 cards for written requests: whatever is on the heart of the person making the request. The box is not locked; it is an honor system.

The Prayers are confidential and only retrieved by the chaplain. Most of the prayers are personal, with requests related to encouragement, health concerns, or job-related issues. The cards are retrieved and the chaplain prays based upon the request. This is done in private.

Because the requests are private, no conversation takes place between the chaplain and the requestor. The Environmental Services team has expressed appreciation for the chaplain's prayerful support.

"Thanks for giving us space to share."

Keywords: Group Intervention, Racism and Other Societal Trauma

Corporate chaplains, also known as workplace chaplains, hold increasingly visible roles in diverse types of organizations, including healthcare.[33] Supporting the well-being of system team members in non-patient-facing roles, the corporate chaplain conducts outreach to various system leaders and supports a rotating schedule of in-person and virtual support at huddles and team meetings.

As part of a routine check-in, the corporate chaplain spoke with a leader who wanted to address team members' experiences of racial unrest outside the workplace that might be affecting morale and team communication; the leader hoped these conversations would drive more conversations about diversity and inclusion in the workplace.

The leader asked the corporate chaplain for assistance to facilitate such a conversation, identifying the chaplain as a trusted resource.[34] The chaplain already had a relationship with the Diversity, Equity & Inclusion (DEI) office and reached out for additional resources.

These were the days of Breonna Taylor, George Floyd, Dreasjon Reed, and Christian Cooper; many others before them were treated unjustly. In the summer of 2020, racial injustice was front-and-center on social media and in the news. For many, current events hit close to home and reopened past trauma.[35]

Teams within the health system had varied life experiences: some had their own first-hand experiences of racial bias or violence; some were afraid for a daughter, son, sister, brother, or nephew or niece; some had children or grandchildren with questions about race; and others had family members who were police officers, including some who were officers of color, straddling multiple realities. Some were numb, others were angry and fed up, still others were afraid or uncertain. At that time, former Minneapolis police officer Derek Chauvin had not been convicted.[36]

A system services leader invited the corporate chaplain to meet with their workgroup to create a space for dialogue about difficult social issues. With COVID work-from-home restrictions in place for that workgroup, the chaplain facilitated the conversation virtually.

Soon, requests from additional workgroups accrued. The corporate chaplain put together a small team of chaplains with roles in clinical care, chaplaincy education, and corporate chaplaincy; he dubbed them the "I Have a Dream Team." Their purpose: to facilitate brave conversations among workgroups about racial and social unrest. The corporate chaplain introduced the guest chaplain co-facilitators on each virtual call, extending by association the rapport and trust he previously had built.

Some workgroups opted to address only what was happening "out there," outside of work. Other workgroups expanded the conversation to include intra-workgroup civility and bias. Chaplain co-facilitators modeled vulnerability, asked curious questions, and responded with humility by using spontaneous examples from their interpersonal interactions with a chaplain from the team.

Doing so required the chaplain co-facilitators to have a clear mutual agreement about their willingness to use personal examples, displaying a level of trust and vulnerability with one another. As a group, the "I Have a Dream Team" facilitated no fewer than twenty such conversations.

Several prompts became "standards":

Initial Conversations

- What's been hard these past weeks?
- Where do you feel it in your body?
- What feeling(s) or emotion(s) have you been experiencing?
- Who would like to elaborate on their feelings?
- Is there anyone who has not spoken yet who would like to share a comment, insight, or thought?

Follow-up Conversations

- How have you used what you learned from the earlier conversation(s)?
- Have you done anything differently or approached any conversations differently since the last time we met?

Conversation leaders closed each session with words of affirmation and a challenge to keep doing the work of having brave conversations. Chaplains encouraged teams to utilize supportive resources, such as the Employee Assistance Program (EAP) and a resource list provided by the health system. Participants gave feedback such as: "thanks for giving us a space to share," "this really helped me," "thank you for putting this together – my heart and soul needed it," "this platform is definitely needed."

Following each session, the "I Have a Dream Team" held a debriefing among the chaplain co-facilitators to discuss any concerns or feedback. This process was necessary for defusing any emotionally charged moments and provided a space for peer review and peer support. Chaplain co-facilitators quickly learned that brave conversations required individual "buffer" time after each session before moving on to other tasks.

To account for the corporate chaplain's time coordinating with various system leaders, including organizing the groups, collaborating with the DEI office, and providing follow up check-in conversations with leaders, the chaplain created a spreadsheet with several pieces of

information: date and time of the session, duration of the session, approximate number of attendees, the name of the system team hosting the conversation, the leader's name who was the point of contact, the names of the chaplains who co-facilitated the sessions, referrals to resources such as EAP, and de-identified participant quotes from the group chat at the conclusion of virtual sessions, particularly about what participants appreciated or found helpful. This report could then be shared with the chaplain's leader to account for chaplain's time.

For a copy of the conversation tool, see the Resources listed under Guides: "I Have a Dream Team" Conversation Guide.

"I know this is going on."

Keywords: Group Intervention, Racism and Other Societal Trauma

In some crisis situations, chaplains arrive as unknown entities with particular skills to leverage in the moment. Chaplains can assist with defusing, stabilizing, and normalizing – all important skills. In other crisis situations, chaplains are integrated into the teams alongside whom they work, having fostered connections and built rapport through day-to-day interactions over time. It is precisely in the "showing up" that trust is built. Both approaches can be effective and meaningful.

The routine support provided by the chaplain provided an "open door" when critical external events occurred. In early 2021, the chaplain recognized the potential impact of various current events, like the public responses to police-involved shootings and the attempted disruption of activities of the federal government at the U.S. Capitol.

Having previously built rapport with leaders, the chaplain reached out to leadership of the healthcare system's police and security and asked, "What do you need right now?" The leader suggested attending afternoon shift changes to check in with security guards and police officers. The chaplain did so, and some of these check ins occurred as one-to-one conversations, while other check ins involved group processing with Employee Assistance Program (EAP) present.

Each interaction began with an acknowledgement and an invitation: "I know this is going on. How are you doing?" Some spoke about vandalism of their personal property and not feeling safe in their homes. Some spoke about concerns for their family or loved ones. Fear and anger were prominent emotions. The chaplain prompted for how the team could support one another, and the team began discussing what they could do to feel safer, cover for each other, and be one another's back up.

"Got your six," a military term for "I've got your back," quickly became the mantra, a reminder to one another that they were not alone. They reported that discussing these concerns as a team and making a plan to "cover" one another helped them feel less anxious and allowed them to be more focused on their duties.[37]

When external events occur, employers have an opportunity to support workers as people. Chaplains can promote psychological safety and assist with emotionally containing the situation. In turn, these strategies help people to be authentically present to the difficulty they are facing. One approach to this type of support is for a chaplain to join team huddles to provide staff care, utilizing brief touchpoints to assess needs and provide resources. Additionally, chaplains can collaborate with other system resources such as EAP. Conversations may be with individuals or a group.

Knowing the culture of the workgroup makes a meaningful difference, and in this case with the clear hierarchy of police command structures, the leader's support helped others feel empowered to speak more freely about their experiences.

Utilizing chaplaincy skills in these types of situations might involve holding two opposing truths in balance: availability and sustainability. On the one side, workgroups and teams might have a chaplain's contact information to reach out at times of critical events; from the other side, chaplaincy often is not staffed at a level to be present at every team huddle on a regular basis. One aspect of chaplaincy's support for staff will be learning more about the supply side and demand side of chaplaincy and finding ways to hold these in tension creatively and sustainably.[38]

"Come and meet with us."

Keywords: Group Intervention, Staff Death

Traumatic events can occur not only at the community level, such as a pandemic or a natural disaster, but also at the team level.

One morning, the chaplain was contacted to provide support to a system services team who had experienced the sudden death of one of their team members at work due to natural causes. Most of the team were not present during the shift the death occurred. The supervisor reported feelings of shock, distress, and concern from those team members with whom they had spoken. "Come and meet with us, chaplain," they said.

The chaplain arranged to be present at the team's offices at their shift change with the intention of being available to those ending their shift and to assist with notification for those arriving to begin their shift. The chaplain arrived with extra time prior to the shift change, deliberately connecting with the supervisor as well. The supervisor and chaplain spoke in the empty breakroom while waiting for others to come and go. The conversation first focused on the present moment: "How are you handling this person's death?" "What is going through your mind right now?"

The chaplain remained in the breakroom and checked in with individuals or small clusters of people as they came and went. "How are you taking this news?" "Are there things you enjoyed about working with

the person?" It was clear the team looked out for one another: "I knew they struggled with health issues, but I didn't expect this. It feels so sudden. Maybe I should have tried harder to encourage them to seek more medical care. I think I could have done more." A sense of guilt weighed heavily in the air. Others also said they wish they had done more, bargaining that they might have somehow prevented this awful moment. The chaplain acknowledged the weight of the question and normalized it, though delicately so as not to suggest the outcome could have been changed.

The bloated silence lingered for a few moments. In a transition to further meaning making, someone asked: "Anyone know anything about their family?" Slowly a few aspects of the deceased came together: "I met their family member when they were being dropped off at work." "I gave them a ride home once." The time was spent weaving together meaningful connections and sharing touchpoints of one another's humanity.

"The departing chaplain gave a word of blessing to the next chaplain, anticipating the difficult conversations that were ahead."

When the breakroom no longer seemed like the team's natural gathering location, the chaplain shifted to the computer stations where people logged in and out on the time clock. The chaplain asked guided questions, acknowledged the current situation, and acknowledged responses to difficult experiences. They closed the day with a debrief with the supervisor, expressing appreciation for the invitation and acknowledging the team's connectedness and support of one another.

Then the chaplain provided handoff to the assigned chaplain scheduled to provide support the following day: "This is the scenario. This person seemed to be handling things okay. This person may benefit from a follow up conversation. This person called off their shift." The departing chaplain gave a word of blessing to the next chaplain, anticipating the difficult conversations that were ahead.

Following these intense encounters, chaplaincy's reflective practice[39] suggests conducting informal self-debriefs, in addition to any more formal debriefing that may be warranted. Just as the chaplain facilitated a debrief for others, so the chaplain also needs space to debrief.[40]

Here the chaplain took time to reflect on meaningful aspects of connection, supportive interventions, and missed opportunities. One missed opportunity was a blessing of the space where the death occurred. This may have helped the team ritualize their grief and reclaim the physical space associated with loss.[41] The blessing may have included spoken words,[42] objects (such as anointing oil or sage), or both. Blessing a space may assist staff with transitioning from the event that occurred to entering the space with renewed focus on and hope for the future.

"The 'twisties'"

Keywords: Individual Intervention, COVID-19 (Later Surges)

The "twisties" is a gymnastics term that became familiar as a result of Simone Biles's plight at the 2021 Olympics as she explained why she chose not to participate in certain events.[43] Many gymnasts have since stated this is a common phenomenon that can happen when they are in the middle of their routine, and they lose awareness of where they are in the skill execution and in relationship to the ground.

COVID-19 could be seen as a form of "twisties" for the medical staff. Many staff members wonder how long they will be in the air, when they will land, and if they will land safely. In conversation with staff members during this pandemic, many have openly shared their feelings and emotions. Many seem to feel like a gymnast as they run to a traumatic event, perform their significant part, and wait to see the results, disorientation notwithstanding.

Below are excerpts from conversations with staff members. As the pandemic continues to menace, chaplaincy has become a place to hold vocational discernment conversations for staff. COVID was, at one point, an acute event that has since become chronic. This change has had effects that no one could have imagined. [44]

"How are you?" Expression on her face says, "I'm tired," as she continues to pull medications and gather supplies needed for her patient.

Many do not have time to stop for more than a few minutes to talk. They must stay on task. Time is of the essence.

"Is nursing what you thought it would be?" "I don't want to answer that question." With some encouragement, he answered, "No."

"What does your future look like?" "I'm searching for what's out there."

Many registered nurses have transitioned from the downtown hospitals to a suburban location.

The chaplain states, "Thank you for all that you do. It is appreciated by not only the patient, their families, but by chaplaincy as well."

Over the last two months, we have had nine nurses leave a single intensive care unit (ICU) for another assignment.

One nurse stated, "I'm thinking about going into the military." The chaplain responded with surprise: "Really? What branch?" Nurse: "The Army. Benefits are great," as he looks at the chaplain for a reaction.

In all cases gratitude for their service is stated. Affirmation that they make a difference is stated. Many are grateful for the recognition and will acknowledge with a smile and a "thank you." The staff have stated that chaplaincy presence is noted and makes a difference.

Like most bad situations, if one knows how long it will last then one knows how long one will have to endure and can do the mental preparation. With COVID-19, the timeline is unknown, and breakthrough cases have increased. The medical staff feels they are in the air, twisting and turning to complete the rotation, and they must land upright, without a hop or deviation from planned routine.

Verbal acknowledgement that the staff has been heard seems to be what is most needed., coupled regularly with affirmation. Staff need to know their words are heard and their suffering is understood, anxieties are noticed, and the heaviness of the moments are felt. As a result, the chaplain now rounds on the unit more frequently. A visible presence makes a difference.

"We need something, but we don't know what it is."

Keywords: Group Intervention, COVID-19 (Early surges)

They were standing in the hallway of the intensive care unit (ICU) after a patient had died without any family present. Nurses, nursing students, respiratory therapists, and the chaplain were gathered in a loose circle in front of the patient's room. It was the end of a long week at the end of a long and stressful month. There had been an increase in the number of acute patients and in the number of deaths. They were wondering out loud about why there had been so many deaths in this period of time.

People were offering some explanations, but none of them accounted for everything that they had seen. The explanations did not address how they were feeling. A nurse said, "We need something." Another nurse responded, "But we don't know what that is." At this point, the chaplain wondered how he might support his colleagues in discerning what they needed.

Over the next few weeks, the chaplain had a series of intentional one-on-one conversations with the front-line staff and leaders of the ICU. He began each conversation with a patient care giver by recalling the events of the past month. He then asked them if and how they had experienced distress. Their responses consistently included a sense that they did not feel closure after a patient death and that they were "taking it home" after a shift. The chaplain provided the nursing leaders with a verbal summary of what staff had been describing.

The unit manager's response was to request that the chaplain create something that the staff could do together after a patient death. After some more consultation with some senior staff, the chaplain proposed the development of a "Moment of Silence."[45] The hope for this process was two-fold. First, the process would meet the needs of any staff member who might participate. Second, this "Moment" would be open and flexible in nature.

A month later, the chaplain shared a draft of this "Moment of Silence" with the manager, shift coordinators, and charge nurses. They expressed approval for what had been composed. They also gave four specific additions and changes. First, they wanted to have some kind of visual sign that a death had happened in the room. Unit team members decided that an electronic candle outside of the patient's room was the most appropriate visual sign of a death, and unit team members purchased the candles, signifying their investment in the process.

Second, they were willing to facilitate the process with each other, but they felt strongly that a chaplain should serve as the facilitator whenever possible. Third, they wanted a "script" of what to say at the beginning and end of the moment of silence.

Fourth, they identified various kinds of patient deaths (e.g., planned terminal wean, code blue) and how the "Moment" might be done differently in those situations. After including their changes, the chaplain presented the "Moment of Silence" to the unit's professional practice council and received their approval.

Over the next several weeks, the chaplain facilitated the "Moment of Silence" four times, and a handful of nurses and therapists participated. Staff appreciated doing it together, and the "Moment of Silence" provided the chaplain with more opportunities to care for staff. But the chaplain was still not sure if the process was meeting staff needs.

"…the charge nurse called the chaplain and informed him that a patient was going to be terminally weaned."

While on call for the whole hospital on a Saturday, the charge nurse called the chaplain and informed him that a patient was going to be terminally weaned. Many staff members had provided care for this patient over a period of two months. They described their care as both distressing and meaningful. After the family had departed and before the staff had started their post-mortem tasks, the charge nurse and the chaplain told the nurses, therapists, technicians, and secretaries that a moment of silence would be held in an hour. The electronic candle in the window of the patient's room served as a reminder.

When the time had arrived, the charge nurse and the chaplain slowly walked the unit and invited people to participate. Fifteen staff members gathered in the hallway. One respiratory therapist came to the hospital to be present on his day off. The chaplain thanked them for their work and invited them to observe two minutes of silence. The first minute would be to honor the patient, and the second minute was to honor their efforts. Staff closed their eyes or stared at the floor or looked at the curtain of the patient's room.

Some people were tearful and others looked like they were far away. The chaplain did twelve intentional breaths per minute to time the moment and a final audible breath to indicate that the moment was coming to an end. When the moment was complete, they hugged each other and slowly went back to their tasks. To the chaplain's surprise, some of them continued to observe silence as they worked.

Did they have their needs met? Did they get closure? Some of the nurses did report that it was easier to go home and to care for the next patient during a subsequent shift. When the chaplain was orienting some new nurses, a nurse preceptor asked, "Why do we do a moment of silence?" The chaplain responded, "So that we can be fully human together."

For more information about the conversation tool, see the Resources listed under Guides: A Moment of Silence.

"Hey, can we do this in a group?"

Keywords: Group Intervention, Patient Trauma

When the chaplain walked on to the intensive care unit (ICU) at 8:30 am, he could feel that something had changed in the past 12 hours. The nurses and therapists of this ICU were a fairly verbal and interactive group. But they were quiet today and staring at the floor or a computer. Some of them were silent. They were not looking at each other. The air felt dense.

The chaplain said to himself, "Why does everything feel like it is moving in slow motion?" If the unit was a collective "person," then the primary observable emotion of this person was deep sadness. What had happened? When he stopped in the hallway, the unit secretary stood up and nodded towards a patient room.

The patient had been in care of this ICU for several months. The patient had received the highest level of life support for more days than could be remembered by the more seasoned staff members. Every appropriate medicine and technology had been used. Slowly, the patient recovered enough to wake up, require less support, and begin rehabilitation. Every staff member on the unit had been this patient's direct caregiver or had helped with care. They learned this patient's specific needs and established a depth of relationship that was not common. An opportunity that presented itself one day brought hope to everyone. Two days later, the patient was progressing rapidly towards death. By the middle of the day, the patient was gone.

The chaplain reviewed in his mind what had been done in the past when this ICU had a traumatic death. First, the ICU physicians had facilitated a case study to review the process of caring for a complex patient. These were scientific and technical discussions. Staff members increased their medical knowledge and felt more prepared for similar patients in the future. Second, the unit manager planned and held a meeting a week or so after the patient's death.

While appreciated, many staff members could not attend these daytime meetings. The chaplain sensed that the unit staff needed care as soon as possible. After talking to the unit manager, the chaplain decided to begin having individual conversations with the staff starting the next day.

By the middle of the next morning, the chaplain had already spoken to five nurses. In the middle of his conversation with a physician who had cared for this patient, the physician said, "Hey, can we do this as a group?" The chaplain agreed that this was a good idea: "That makes perfect sense. We cared for this patient as a team." Within ten minutes, the physician and chaplain had set a time and place and told everyone on the unit.

They gathered in a semi-private "fishbowl" on the back hallway of the unit. There were physicians, nurse practitioners, nurses, respiratory therapists, a unit secretary, and the chaplain. A dozen people were sitting shoulder to shoulder in chairs, four more were perched on desks, and a few more were standing. Two nurses stood in the entrance and listened for patient alarms. The feeling was as heavy as it had been on the day of the patient's death.

> ***"The tears started, and eventually, some of them found their words."***

The physician welcomed everyone and asked the chaplain to facilitate the conversation. The chaplain set some expectations for safety and confidentiality and then paused and waited. After looking around the circle and making eye contact with each person, the chaplain asked, "I am wondering how each of you is feeling right now." The tears started, and eventually, some of them found their words. Some staff members felt surprised at how their colleagues felt, and others were relieved that other people had similar feelings.

As a follow up to the initial question, the chaplain asked, "What is the image from this situation that keeps coming up in your mind?" They shared their "internal pictures" and made comparisons without prompting. The chaplain also asked, "What has been the most difficult part of this for you?" The gathering concluded with an encouragement to practice self-care and a "Moment of Silence."[46]

The staff members were not less sad about the patient's death. But they did seem to be more at ease. They gave the physician and the chaplain positive feedback about the meeting. The chaplain asked himself, "Why did this work for people?" and discerned four reasons:

1. This debriefing happened within 24 hours of the patient's death. The experience and the feelings were still poignant and immediate.
2. The gathering happened on the unit. The debriefing was in the same context in which the care had been done.

3. The physician and chaplain had taken shared responsibility for the event. They represented more of the whole experience of the staff together than they did individually.
4. The debriefing was an expanded and more structured version of the kind of conversation that the chaplain had with unit staff every day. The group meeting fit with the way the chaplain already provided care to staff. The chaplain translated the event and his reflections into a semi-structured process that can be done in about thirty minutes.

For more information about the process, see the Resources listed under Guides: Immediate Debriefing Process.

"Like a bird protecting its young"

Keywords: Group Intervention, COVID-19 (One-Year Anniversary)

One day in the chaplain team's mid-day huddle, a time when chaplains gather for devotion and reflection, the chaplains discussed how to support the staff at the one-year anniversary mark of the pandemic. The chaplains understood the staff were tired and could benefit from commemorating their experiences of the past year. Chaplains noticed an opportunity to develop and facilitate that process. One of the chaplains had heard of a ritual used in other healthcare settings. As a group, the chaplains brainstormed how the ritual could be modified. Each chaplain was given permission to vary from individual to individual and from unit to unit.

Team members have experienced some very dark and sad moments. Many have held the hands of their patients as they breathed their last breath when patients' loved ones could not be present. Some nurses saw this as their duty: that no one should die alone.[47] Rituals can hold sacred and solemn moments. This ritual was designed to create space for staff and team members to emote feelings. The chaplain intended for the staff to feel a sense of relief.[48]

To meet the needs of staff working various shifts, two different chaplains conducted staff COVID Anniversary reflection rituals at three different times: two consecutive day shifts, and one on the overnight shift. In preparation for a day shift ritual, the charge nurse and chaplain established an appointed time for the ritual to begin. The chaplain entered the unit and invited the team members, which consisted of nurses, patient care techs, and a respiratory therapist, to gather around the nursing station for two of the rituals.

Most of the team members did not vocalize any feelings; but their faces were pensive as if they held certain patients in their memory. There seemed to be a release of tension. The chaplain hoped this ritual would allow staff to do just that: release some pent-up tension in a safe place amongst their colleagues and a chaplain. As the ritual continued it was apparent this meant something to the staff; there was a sense of relief, if only for a few moments. A few smiled and said, "Thank you, that was nice."

For the second ritual, participants gathered just outside the entry door to the unit. A benefit of being outside the unit was being away from the distractions of the unit. Some of the most visible reminders of the pandemic – for example, PPE instructions printed on large posters – hung on the doors of COVID-positive patient rooms, intentionally obtrusive visuals to signal required protocols prior to entering the room. The change in location unit seemed to add to relaxation and reflection. A small group of two held a battery-operated candle in their hands. This time, the more intimate group seemed to be engulfed in the words, the intermittent pauses, and the questions.

The Ritual

"Welcome – this time is set aside to recognize all the hard work and sacrifice that each of you have given this past year. Each one on this ICU unit has gone above and beyond during the pandemic of COVID19. You are being acknowledged for the teamwork that has been displayed, the strength displayed, the wisdom displayed, and the caring touch provided."

The chaplain invited each participant to take a moment and reflect on some of the things that they were most looking forward to as we are closer to the end. As the chaplain asked these questions, each was invited to close their eyes so that they could visualize what came to mind.

When the pandemic is over, who will you visit first? (pause)
What will you do when you see them? (pause)
When the pandemic is over, where will you travel to? (pause)
What will you do when you get there? (pause)
When the pandemic is over, what do you want to leave behind? (pause)
What or who will you not take for granted ever again? (pause)

Closing Prayer*

O Holy One, thank you for those that are gathered to take a moment to reflect and remember this past year. Their service, dedication and commitment to their profession has not gone unnoticed. The compassion provided to the patients, family members and each other shows the love they have for their profession. I thank you for (state each person's name), and others that are not here physically but spiritually.

We also know that some patients have lost their lives to the Coronavirus. Comfort the family members and staff as they come to mind.
Many have been inconvenienced in both minor and devastating ways. Comfort them.

Like a bird protecting its young, may you be covered with God's love and His feathers and feel protected under His great wings. Amen.

Extinguish the light.

The staff continues to serve and minister. With the approval of the vaccine, we had hoped this would be over. It is believed that the Coronavirus will continue to be among us, but as we have learned to manage viruses such as chicken pox, measles, and the common cold, we will not only survive but thrive.

For a copy of the ritual, see the Resources listed under Prayers and blessings: Candle-Lighting Ritual.

*This prayer was used in a faith-based hospital in the Midwest. The prayer language can be changed to better represent your audience.

This photo was selected to speak to the resiliency and determination that is prevalent in the midst of hard times and surroundings.

RESOURCES

GUIDES

What Has This Past Year Been Like for You
Guidance for the Intentional Conversations about the COVID Crisis

Context
The COVID-19 pandemic has been one of the most impactful events of the past 100 years. Health care professionals have risen to the challenges and experienced prolonged distress.

Purpose
Human beings make and re-make meaning of any single critical event across the life span. These conversations are one moment within larger, open-ended, mutual processes. The goal of these conversations is for staff to promote their own well-being by talking with each other.

Facilitated Conversation
Preparation
When: during a regular shift.
Where: any location that provides some privacy (classroom, fishbowl)
How long: 30 minutes.
Facilitator: chaplains are available to play this role.

Expectations
This is a discussion of your experience of the past year.
This is a confidential setting.
You do not have to speak.
Speak only for yourself.

Core Question
"What has this past year been like for you?"
Encourage participants to be both descriptive and creative in their responses.
Notice similarities, differences, and connections across responses.

Three Stories[49]
Your story: "What have you learned about yourself?"
Our story: "What you learned about being a (fill in professional role)?"
The story: "What have you learned about being human?"
Notice similarities, differences, and connections across responses.

The Enduring Symbol
"Please share a word or an image or a moment that represents this past year to you."
Notice similarities, differences, and connections across responses.

Concluding
"Is there anything else that anyone wants to share?"
"Thank you for taking the time and making the effort to do this together."

Relevant to vignette: *They're in the breakroom.*

Staff Care for Code Blue

During Code Blue

The chaplain is present outside the room and visible to the code team.

Moment of Silence

The chaplain may lead a moment of silence in the room with the staff after the code is over and the patient has died.

Immediate Debrief

The chaplain may facilitate an immediate debriefing for the medical staff, esp. staff who are having an acute emotional reaction. The focus of this debriefing is the recognition of feelings, decompression, and the normalization of reactions. At the conclusion, the chaplain gets permission to do one on one follow up conversations with the medical staff.

Follow Up Conversations

The chaplain may have one on one follow up conversations with any medical staff who had an acute reaction to the code death.

Debrief in Group Setting

At the request of the unit manager, the chaplain can facilitate a debrief of the code death in a group setting such as a unit huddle, unit rounds, professional practice council, or unit leadership meeting.

Check in with Unit Manager

The chaplain may have a brief conversation with the unit manager to report on the care provided to the staff.

Relevant to vignette: *Thanks for giving us space to share.*

"I Have a Dream Team" Conversation Guide

Initial Conversations

- What's been hard these past weeks?
- Where do you feel it in your body?
- What feeling(s) or emotion(s) have you been experiencing?
- Who would like to elaborate on their feelings?
- Is there anyone who has not spoken yet who would like to share a comment, insight, or thought?

Follow-up Conversations

- How have you used what you learned from the earlier conversation(s)?
- Have you done anything differently or approached any conversations differently since the last time we met?

We encourage you to confer with Diversity, Equity, and Inclusion (DEI) and Employee Assistance Program (EAP) at your institution for additional resources.

Relevant to the vignette: *We need something, but we don't know what it is.*

Moment of Silence

Purpose

Human beings have a natural desire to recognize important transitions in a human life by intentional and communal acts.

Observing Intentional Silence

The caregivers of the Cardiovascular Critical Care unit at IUH Methodist Hospital observe a moment of intentional silence in the presence of a deceased patient's body during the shift on which the death happens.

In the Case of an Anticipated Death

The patient dies.
The curtains are pulled.
An electronic candle is placed in the window outside the room.
Bedside nurse notifies other caregivers on the unit that the patient has died.
Bedside nurse notifies the unit chaplain or on call chaplain.
Bedside nurse cleans up patient if need.
Caregivers gather in the room and circle the bed.
A caregiver volunteers to facilitate if chaplain is not present.
Facilitator invites the caregivers to observe at least one minute of silence.

Facilitator indicates that silence is about to end.
Facilitator thanks the caregivers for their presence.
Caregivers depart the room.
Bedside nurse conducts post-mortem tasks.
Patient's body is removed from the unit.
The electronic candle is turned off.

In the Case of a Death after Code Blue
The patient dies.
The time of death is called.
The physician who ran the code asks the team to observe a minute of silence.
Silence is observed for a minute.
Physician thanks the team for their efforts.
Code team departs from the room.
The curtains are pulled.
An electronic candle is placed in the window outside the room.
Bedside nurse does post-mortem tasks.
Patient's body is removed from the unit.
The electronic candle is turned off.

If the Family is Present
If the family is present and welcomes it, a caregiver can invite unit staff to be present at bedside in silence with the family for a couple of minutes.

Guidance for Facilitators
<u>How to Signal the End of Silence</u>
Make eye contact with most or all of the people in the room.
Softly exhale an audible breath.
Touch the patient's body or the bed.

<u>How to Facilitate the Silence</u>
For one minute, count 12 breaths.
For two minutes, count 24 breaths.

<u>Facilitator Scripts</u>

To Begin the Silence
"I invite you to observe a moment of silence."
"To honor the person for whom we have cared, I invite you to observe a moment of silence."
"To honor the time that we have been with this patient, I invite you to observe a moment of silence."

“To recognize the mystery of this moment, I invite you to observe a minute of silence.”

After the Silence
“Thank you.”
“Thank you for doing that together.”
“I give thanks for the people who taught all of you to be healers.”

Related to the vignette: *Hey, can we do this as a group?*

Immediate Debriefing Process

Purpose

Memory and meaning making are social and contextualized human processes. Effective debriefing happens as soon as possible after the event, in or near where the event happened, and for and with the people who responded.

Beginning

This is a discussion of the experience of the event.
This is a confidential setting.
You do not have to speak.
Speak only for yourself.
All are equal in this setting.

Entering

Invite people to be fully present in the moment.

Remembering

Invite the group to recall the basic facts of what happened.
Invite each person to recall what they did.

Somatic

How is your body feeling right now?

Affective

What is your primary emotion at this moment?
What is the source of this emotion?

Cognitive

What images come up in your mind as you think about this event?
Is there a moment in your past that is like this moment?
What is most difficult about this event for you?

Taking Care of Ourselves

Check in with yourself every day.
Notice spikes in sadness and anxiety.
Let your reactions arrive and depart naturally.
Exercise, watch stimulate intake, eat, and sleep.
Maintain a normal routine.
Seek help sooner rather than later.

Moment of Silence

Invite people to observe silence.
Hold silence for a full minute.
Give a non-verbal cue that silence is about end.

Closing

Thank you for giving the time and effort to do this together.
Prayers and blessings
From the vignette: *Can we pray together?*
The prayer* was worded thus:

> Holy One, grant us the strength and endurance for this day's work.
> Grant us clarity of mind as we care for the sick.
> Grant wisdom and help us to be sensitive to the one who is especially in need of our services.
> Place the right words in our mouths to soothe the hurting soul.
> May we show compassion and gentleness to all who cross our paths today.
> Amen.

*Recognizing that different regions of the country have differing levels of religious identification, this prayer was deemed appropriate for the context of a Midwest faith-based hospital. A non-religious blessing or mindful moment might be more appropriate in other contexts.[50]

From the vignette: *You matter, too.*
As the chaplain poured the water the chaplain recited a blessing*:

Holy One, bless these hands that serve many times that are not noticed,
Provide strength when weak and understanding where there is none,
May that see themselves as You see them and as part of this team,
Bless these hands and give them peace. Amen.

*Most of the blessings of hands are extemporaneous, based upon the role and needs of the recipient.

From the vignette: *Like a bird protecting its young*

Light the battery-operated candle.

The Candle-Lighting Ritual

"Welcome – this time is set aside to recognize all the hard work and sacrifice that each of you have given this past year. Each one on this ICU unit has gone above and beyond during the pandemic of COVID19. You are being acknowledged for the teamwork that has been displayed, the strength displayed, the wisdom displayed, and the caring touch provided."

The chaplain invited each participant to take a moment and reflect on some of the things that they were most looking forward to as we are closer to the end. As the chaplain asked these questions, each was invited to close their eyes so that they could visualize what came to mind.

When the pandemic is over, who will you visit first? (pause)
What will you do when you see them? (pause)
When the pandemic is over, where will you travel to? (pause)
What will you do when you get there? (pause)
When the pandemic is over, what do you want to leave behind? (pause)
What or who will you not take for granted ever again? (pause)

Closing Prayer*

O Holy One, thank you for those that are gathered to take a moment to reflect and remember this past year. Their service, dedication and commitment to their profession has not gone unnoticed. The compassion provided to the patients, family members and each other shows the love they have for their profession. I thank you for (state each person's name), and others that are not here physically but spiritually.

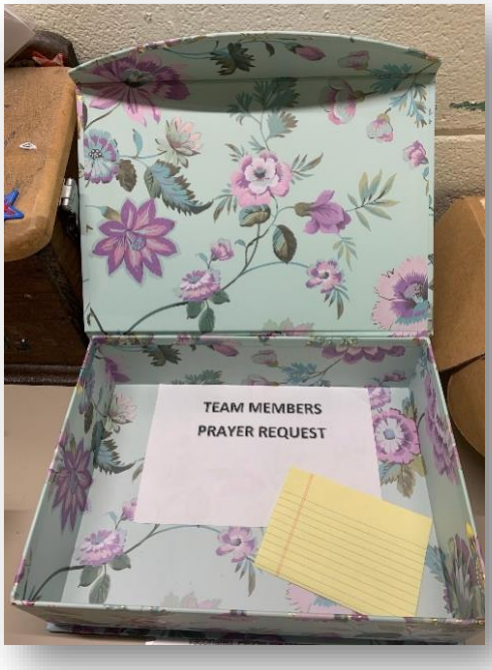
We also know that some patients have lost their lives to the Coronavirus. Comfort the family members and staff as they come to mind.

Many have been inconvenienced in both minor and devastating ways. Comfort them.

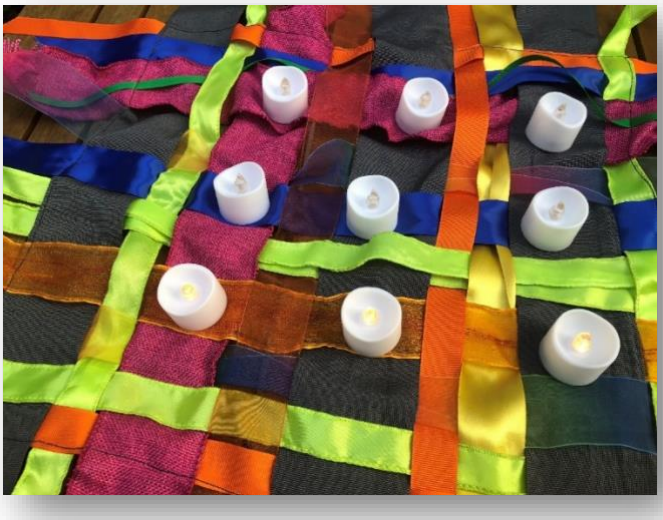
Like a bird protecting its young, may you be covered with God's love and His feathers and feel protected under His great wings. Amen.

Extinguish the light.
Illustrations

Prayer box described in the vignette "What are your greatest needs during this pandemic?"



While chaplains were going to great lengths to provide staff care, various chaplains created "internal blessings" for the chaplain team to express care for one another.



The tapestry, woven for a different occasion, illustrates the interweaving of the narratives of staff teams, as well as the ways the stories of patients and families are interwoven into the team's memories.

We light candles to honor and remember those stories.

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