ARRIVAL AT THE HOSPITAL

- Ask to use the intercom at the Information desk. Announce “I am Chaplain_______ I will be visiting in the hospital for the next hour, please let your nurse know if you would like for me to visit your room for a moment of prayer”

Read a short passage of scripture over the intercom and then offer a short prayer. Praying for patients and staff. Try to limit to three minutes.

Suggestion: If you would like to offer a service in the chapel- announce that you will be having a Seven Minute Service in the chapel for patients or staff that would like to attend.

- Check Prayer Request Box, generally found in the chapel.

PRIOR TO VISITING PATIENTS

- Prepare yourself with prayer before you make you calls on the sick.

- Wear your Chaplaincy ID Badge

- Wash hands before each visit

  - **Knock before entering.** The patient’s room is his/her home (away from home)

- Do not enter the patient’s room if a light is on over the door. Check first at the nurse’s station.

- Do not enter the patient’s room if there are “Precaution”, “Reverse Precautions” signs posted or if there are masks, gloves or IV gowns required. Check first at the nurses’ station.
• “No visitors” includes the chaplain and/or pastor too. Check first at the nursing stations.

• Check in at the nursing station, telling them your name and role (chaplain-on-call or pastor) and the persons whom you are there to visit.

• Inquire at the nurses’ station if there are any particular patients who might need pastoral care at that time.

• If you are sick (cold, sore throat, fevered, etc.) please do not visit. Switch days with another chaplain.

THE FIRST THREE MINUTES:

• Smile! Let the patient know by your smile that you are not the bearer of bad news.

• Introduce yourself by name and role (“I am a hospital chaplain”). (“I am here to visit with you.”)

• Do not apologize for making a call upon patient.

• Take a position in line with the patient’s vision.

• Do not stand in front of a window so the patient is looking into bright light to see you.

• Avoid the “sales” approach: (“What can I do for you?”)

• Generally, it is better not to sit down until you have been invited.

• Let the patient take the initiative in shaking hands.

• Do not jar or bump the bed.

• Do not sit on the patient’s bed even if invited to do so.
• If the patient offers his/her hand, grasp the hand firmly but do not squeeze or grip tightly.

• Maintain eye contact.

• Do speak clearly and firmly. All elderly are not hard of hearing. A loud voice can be upsetting to a hospitalized patient.

• Do not give the impression you are in a hurry or on a “time schedule”.

• Do not carry emotional or spiritual “germs” from one patient to another.

**REMEMBER:**

• Do not ask patient: “What is wrong with you? or “What is the nature of your illness?”

• Do not give medical advise or repeat medical information about the patient.

• Do not whisper or talk in low tones within sight or hearing of the patient.

• Do not ask medical questions.

• Do not defend hospital, doctors, procedures.

• Avoid preaching little “sermonettes”.

• Do not act as though you thought church membership and attendance the ONLY goal.

• Do not be so self-conscious of your role as pastor that you lose sight of the patient.

• Do not think of yourself as a “problem solver”.

• Do not superimpose your religious belief. Help the patient find help in his/her own religious beliefs.
• Do tell others who come in or interrupt that you will be finished in a few minutes.

**PASTORAL CONVERSATION:**

• Endeavor to be calm and relaxed. This expression of your personality is contagious.

• Give the person you are visiting your whole attention and interest.

• Make frequent eye contact.

• Be an active listener.

• Respond to the feeling that is being expressed by the patient.

• Watch your own feelings and guard against showing shock or surprise.

• Do not assume that because the patient is going home, the patient is happy about it.

• Do not believe the patient literally when he/she says, “I’m just fine.”

• Do not assume that the patient loves his/her family and the patient’s love him/her.

• Do not assume that because patient is in the hospital that he/she is having surgery.

• Do not attempt to avoid conversation about the patient’s illness.

• Do not seek to find the patient’s physical condition so much as to find the emotional and spiritual condition.

• Avoid telling patient he/she looks well or good. Looks can be deceiving.

• Avoid telling patient what his/her feelings ought to be.
When patient says, “I am afraid” don’t say, “You should not be”.

Avoid changing subject whenever patient talks of some subject filled with emotion. But watch for exaggerated emotions or response.

Do not reprimand “or scold” the patient, either directly or by implication.

Avoid premature reassurances.

Avoid telling a patient you have had the same operation and/or that there is nothing to it.

Do not be too quick to break a pause by changing the subject and talking.

Respond to patient’s feelings when he/she has opened his heart to you.

Do not agree with patient when you don’t agree.

Avoid revealing your feelings about patient’s condition: “I’m sorry, glad, etc.”

Do not become so disturbed and frightened by patient’s condition that you hurry out.

In bereavement situations, do not jump too quickly into discussion of the future.

Do not “win the argument but lose the patient”.

Do not try to “Cheer up” the patient forcefully.

Do not jump ahead of patient’s emotional need or level. Keep with him. Not too fast.

Do not respond to what patient “says” so much as to the feelings underlying what is said.

Do not make decisions or give advice. Help explore options!
• Do not reveal negative emotional reactions through voice, countenance nor manner.

• Put the patient at ease - help the person relax.

**CONCLUDING THE VISIT:**

• Visit briefly but frequently.

• Generally ten minutes is sufficient time for a visit.

• Politely offer to say grace and excuse yourself when the meal arrives.

• Announce to the patient that you are about ready to leave and then listen carefully for any “last minute” concerns.

• Ask the patient if he/she would like for you to pray with them.

• Offer a silent prayer upon leaving the room if you have not prayed with the patient.

• Offer a blessing or a word of hope or comfort as your last words upon leaving.

• Leave graciously if asked to do so or if services are not wanted.

• Record any pastoral concerns in the Chaplain Log Book for the next on duty Chaplain-of-the-Week.

**Please remember** it is the responsibility of this Hospital to demonstrate respect for a patient’s desire for pastoral care and other religious/spiritual services, and to provide necessary access to such services. Hospital staff confers dignity to the patient and family by addressing religious and/or spiritual needs throughout the hospital stay.

In certain situations, specific rituals or activities may be requested by a patient or his/her legal guardian that must be addressed in certain specific,
timely ways. This policy provides general guidelines to help safeguard the patient/family dignity by respecting their cultural, psychosocial and spiritual values. Responding to such requests and safeguards is the responsibility of all staff.

Policy: Request for specific religious/spiritual services by a patient or his/her legal guardian (when the patient cannot communicate his/her own wishes directly) should be honored, where possible and appropriate. Examples of requests may include the following:

- administration of holy communion/eucharist
- baptism of an infant or adult near death
- hearing a patient’s confession
- anointing with oil/sacrament of the sick
- prayer of commendation and blessing at the time of death or following a death
- prayer before a surgical procedure
- specific foods or foods prepared in a specific way
- to be visited by a hospital chaplain
- respect for religious objects
- native American sage and pipe ceremony
- to be visited by a patient and/or family’s own faith practitioner

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