

SPIRITUAL CARE NOTES

Providing Spiritual Support to Patients, Family Members, and Staff

STANFORD HEALTH CARE, 300 PASTEUR DRIVE, ROOM HG004, STANFORD, CA 94305

RESPECT AND SOLACE FOR ALL

By Darla K. Watanabe, RN, BSN, PHN, Patient Care Manager of B1/C1/ATIC/PICC

Patient Care Unit B1 is a general medicine unit, with patients who are chronically ill or are in comfort care, where we make them comfortable in their last few hours or days of their life and provide comfort to their families as well. We ease the pain for patients who cannot leave the hospital and for patients preparing to go into hospice or home care. Most of the B1 nurses graduated 2-5 years ago, and they may not have experienced end-of-life care, or seen a patient die. They are working through the transition of taking care of a patient, then losing that patient, all the while staying strong for the family, and putting their own grief on the back-burner. I've worked closely with Spiritual Care Service to help the nurses and me deal with the stress of working through these end-of-life situations, and how to let go, especially with patients who we all became very emotionally involved with.

See RESPECT, page 3



Jenifer Werning, Darla Watanabe, and Barb Nagy, RNs in Patient Unit B1

WHO WE ARE

Stanford Spiritual Care Service serves the spiritual and religious needs of the patients and families who come to Stanford Health Care. We are committed to providing compassionate and respectful care and to honoring religious, spiritual, and cultural preferences with dignity.

Spiritual Care Notes is designed to keep you abreast of the services we provide as well as new programs and developments.

Your support will help us continue to offer compassion and care to people of all faiths. For your convenience, a return envelope is enclosed.

If you have any questions, please contact us at 650-723-5101, email us at spiritualcare@stanfordhealthcare.org, or visit our website at stanfordhealthcare.org.



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SURFING THE WAVES OF CHANGE WITH GRATITUDE

By Rabbi Lori Klein

Each of us surfs the waves of change, wanted and unwanted, big and small. Change associated with loss creates the most stress, but even positive shifts in our lives unsettle us.

The Spiritual Care Service is experiencing tremendous transition. After twenty-six years as Director, the Rev. George Fitzgerald retired this summer. In our most recent issue, several of us shared memories about George mentoring us and nurturing our competence. This winter, Father John Hester will retire after forty years of ministering to our Catholic patients, providing spiritual support to our most critically ill patients and their families in the ICU, supporting, teaching and advising hospital staff, baptizing and marrying so many in the SHC community, and building one of the world's largest and most diverse spiritual care volunteer corps. John taught me how to create emotionally evocative bedside prayer and blessing services, and how to translate the gifts of my own "religious zip code" (John's words), to patients of all and no faith tradition. John speaks always about the centrality of love, God's love and our own. We will miss him dearly.

We are experiencing positive change as well. We are working toward new goals and projects (more on that in our next issue). Today, I write about two ways of thriving through the stress of change: social networks and gratitude.

Facing them alone, change, stress and loss can feel overwhelming. Studies show that when we connect with social networks: family, friends, co-workers, volunteer and faith communities, we remain more resilient. Gratitude awakens us to what is positive in our days and our lives, and strengthens our bonds. As the year's end approaches and we put exercise days on our calendars to counteract our feasting, let us also find balance by deepening emotional ties and expressing gratitude.

I am grateful: to John and George for their years of inspired leadership in spiritual care, to our dedicated staff, hard-working Chaplain Residents and on-call chaplains, our contractors, our amazing spiritual care volunteers, and our donors who enable our efforts to train spiritual care providers and support patients and families in need. Some of you fall into several of these categories; all of you are a necessary part of our caring web.

I invite all of you to continue your support of the Spiritual Care Service and help honor the work of Father John Hester and the Rev. George Fitzgerald. Please use the enclosed envelope to donate to the Spiritual Care Service during this season, and tell us if you are giving in their honor. Happy Thanksgiving! ❖

Rabbi Lori Klein, is the director of Spiritual Care Service. You can reach her at lklein@stanfordhealthcare.org.



LORI KLEIN NAMED DIRECTOR OF SPIRITUAL CARE SERVICES

**By Christina Saint Martin,
Vice President, Patient Experience**

Following an internal and external search, it is our pleasure to announce the new Director of Spiritual Care Services, Lori Klein.

Rabbi Klein comes to this new role with an array of education and experience. She has served as Stanford's interfaith CancerCare oncology chaplain for the past seven years. Klein has served in leadership roles on the boards of several non-profits, honing her skills at orchestrating culture change, engaging management, unifying splintered organizations and increasing fundraising. Prior to this, she had

a twenty year career as an attorney, where her Juris Doctor degree strengthened her analytical and communication abilities.

She is an experienced speaker, making public appearances for over thirty years and has written for professional journals. Klein is Board Certified through the Association of Professional Chaplains. In addition, she recently completed certification on the Stanford Operating System and Lean. Klein brings a balanced portfolio of compassion and caring with business acumen to the department. We are excited to have her leading Spiritual Care at Stanford into the future. ❖

RESPECT, continued from page 1

Spiritual Care Service provided our staff with a session where the nurses could talk about their grief and experiences and share their story if they wished. Mark, a chaplain, came in with some beautiful blue stones and a glass bowl filled with water. We all received our own stone. When we shared our feelings of frustration or anger or just extreme grief, Mark told us that we could put our stone in the bowl as something to let go of, or we could keep our stone and hold onto it as something to remember and cherish. It was a wonderful way to find resolution and solace, and to realize that we were all grieving in our own different ways. He was very sweet and gentle as he led us through that journey together.

I remember one patient who was nearing the end of her life, she was a young girl with her husband, and her parents were flying in. It was literally the end of her life as her parents arrived at the hospital. Mark and I went in and held hands with the family and said

a prayer as she was dying. It was very powerful. The chaplains are here for the patients, but they are also here for us as caregivers and they play a very important role in helping us look after each other. They take the time to see us through our grief and to give us solace as well. They provide a wonderful program called "No One Dies Alone." My staff reaches out to them for that frequently, as we often have patients with no family nearby or who haven't arrived yet. My nurses won't leave their side until they know someone else can come be with them, and it's been phenomenal to have volunteers from the No One Dies Alone program come to our unit and be with our patients. It's just beautiful and comforting.

The Spiritual Care Service staff is there out of respect and solace for the patients and the patients' families, and out of respect for my staff, and it's an incredibly important role. ❖

FOR THE WELLBEING OF ALL

By The Rev. Landon M. Bogan

As an educator, this time of year is always brimming with hope and promise because the Fall brings with it a new crop of bright, imaginative, and courageous individuals beginning their year-long residency. This year, we are delighted to welcome Lora Baxter Warren, Nancy Ross, Liz Hamill Howard, Christian Choi, Mark Goodwin, and Neil Vargas-Gladen.

I feel fortunate to teach clinical pastoral education (CPE) at an academic medical center on the campus of one of the world's most renowned centers of education. This is a place where the beginnings of hope and promise become realized every day in ways that have positive transformative impacts in the world. Just this past week, Stanford announced another Nobel prize winner in Chemistry, for his microscopy techniques that allow scientists to envisage inside living cells. His work is changing the way life can be studied.

When I think about what brings the students in the (CPE) program to Stanford, I know it is not the technique we use to study life through living human documents. The form of case review we use is a technique developed in a larger effort to move theological education out of the classroom and closer to the clinic where ministers encounter a concentration of suffering. We continue to use this tool to learn not only about the patient, but about the chaplain and what s/he hopes will result from a spiritual care visit.

However exciting the case study might be, spirituality students are enrolling in this kind of education for another reason. It is the hope and promise of being able to help others. While personal and professional development is core to our educational model, what is core to those who enter the program is the



desire to participate, in meaningful and significant ways, in furthering the wellbeing of others. This is something that connects us across the helping professions and makes our work full of meaning and purpose.

The desire to help is the very thing that connects students of clinical pastoral education to the nurses, aids, physicians and other healthcare workers we encounter every day. It also connects all of us to our patients. More and more, patients and family members are being recognized as the experts of their own care. It is truly empowering to shift from being the one receiving help to being a helping partner, just as it is to move from student to teacher, or patient to healthcare practitioner. It is my hope that this Fall, we might witness and be inspired by the hope and promise that lies at the heart of all our work and so very close to the heart of being a patient. ❖

Landon Bogan directs the CPE program at SHC and can be reached at lbogan@stanfordhealthcare.org.

Stanford's Clinical Pastoral Education (CPE) program helps to teach interpersonal and professional skills to theological students and ministers of all faiths. While most hospitals have a chaplaincy, not all are accredited to provide clinical pastoral education, which must meet standards set by the Association for Clinical Pastoral Education Inc. **Please see the following page for our residents bios.**

WELCOME TO OUR CPE RESIDENTS



Lora Baxter Warren

Lora Baxter Warren graduated from San Francisco Theological Seminary in May 2014 with her Masters in Divinity. After graduating she completed a summer unit of CPE at Alta Bates hospital in Berkeley California. She has concurrently served as Pastor of Raynor Park Christian Church, Disciples of Christ in Sunnyvale, California and continues to serve as Pastor today. She is also 1st Vice President of the Inter-Denominational United Fellowship located in the City of Palo Alto. She is the mother of two and grandmother of three, and currently raising two of her three grandchildren. It is her passion for ministry and desire to care for others at their most critical times that has brought her to chaplaincy.



Nancy Ross

Nancy Ross is a New Yorker transplanted to the Bay Area over a decade ago. She has a B.A. in journalism and an MFA in music and has just earned her Master of Divinity degree from the Church Divinity School of the Pacific at the Graduate Theological Union in Berkeley. She is a nominee for ordination in the Episcopal Church. Her career has been in Communications for nonprofit organizations, most recently as Director of Communications for the Pacific Institute, a leading think tank on water and sustainability. In her volunteer work, Nancy serves on the Advisory Board of Project Grace — service trips for mothers grieving the death a child — and she is a member of the Family Partners Program at Lucile Packard Children’s Hospital, which helps families going through losing a child. She and her husband Jim are proud parents of the late comic and tattoo artist Pat “Hetic” Herrmann and of aerospace engineer Kelsey Herrmann.



Liz Hamill Howard

Liz Hamill Howard has trained in Tibetan Buddhist philosophy, meditation and ritual arts for seventeen years with the Chagdud Gonpa Foundation, principally in Brazil where she managed Dakini Music, an audio publisher and archive of Tibetan cultural and Buddhist educational materials. She holds a BA from Dickinson College and a Masters of Music from the New England Conservatory. She is pursuing an M. Div. Equivalency in Buddhist Studies with the Association of Professional Chaplains. Her interests are disability and aging in the LGBT community, folk music in hospital and hospice chaplaincy, and Palliative and End of Life Care



Christian Choi

Christian Choi is a California native, hailing from Riverside, CA where he grew up in a family of 5. He spent his formative years in New York City as a college undergrad, and later became a classroom teacher with Teach For America. After being called to the ministry, he completed his Masters of Divinity degree at Andrews Seventh-Day Adventist Theological Seminary in Michigan, and then spent 2 years as a missionary in Laos. He has 6 years of pastoral experience in youth ministry in Detroit, New York, and most recently, Sacramento. He has a passion for studying Hebrew, missions, and youth ministry, but in his off-time you can find him cooking (he makes a mean salsa), running (he’s planning to run his 2nd marathon in Bakersfield this fall) or blogging.



Mark S. Goodwin

Mark S. Goodwin was born and raised in the state of Iowa. His employment background is rooted in the fields of restaurant management, retail management and professional transportation/logistics. He was raised in a Christian home which was very religious and very active in the church. Mark reflected “I have always felt most comfortable working in ministry; I have served in several lay and official positions, such as Sunday school teacher, Usher, President of the choir, and Deacon/Trustee. I received and accepted my call into the ministry of clergy in 2010. Since the acceptance of my call I have attended and graduated from Pacific Lutheran Theological Seminary, earning a (MTS) degree, and serve as an ordained minister at Progressive Missionary Baptist Church of Berkeley Ca. My goal is to serve in the ministry of Chaplaincy, to be used by God to bring love, hope and comfort to those who are struggling with faith, and are in despair.”



Neil Vargas-Gladen

Neil Vargas-Gladen is a minister in the Ananda Church. He is married with 3 children and 3 step-children, all but one of whom are grown and on their own. His background in psychology as well as in both Eastern and Western religious and spiritual traditions support well his work as an inter-faith chaplain resident. Over the years Neil has served as a minister in Minnesota, North Dakota and, since 2004, California.

LEADERSHIP

CPE Professional Advisory Group:

Robinetta Wheeler (Chair)
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Lynn Fraher
Josh Fronk
Carolyn Glauz-Todrank
Marita Grudzen
Beverly Hartz
John Hester
Lori Klein
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Mahesh Bhavana
Bruce Feldstein
Don Gee
John Hester
Sherifa Ibrahim
Tom Jackson
Lori Klein
Susan Scott
Taqwa Surapati
Isabel Tagle

VOLUNTEER SPOTLIGHT

Name: Penny Barrett

Religious denomination: Christian Science (working as an Interfaith Volunteer)

How long have you been a Spiritual Care Volunteer?

Twelve years. One of our daughters was at Lucile Packard Children's Hospital for seven weeks. This was a very challenging time for us — both medically and spiritually. During the first few weeks, we were visited daily by a Chaplain Resident. Although she didn't share our specific religious practice, she was respectful and compassionate which helped us through these difficult times. Fast forward eight years, I saw a flyer asking for volunteers in the Stanford Spiritual Care Service. The memory of the Resident came flooding back. Perhaps I could provide some measure of comfort for someone else who was spiritually struggling during their time at the hospital — either as a patient or family member.

What is the challenging part of the volunteer experience? Volunteers want to make connections, but not attachments, with the patients and their families. My goal is to empower the patients — to help them see that they possess the ability to find their own peace even in challenging times.

What is the most rewarding part of the volunteer experience? It's making those connections...I recently met a young man in an intensive care unit (ICU) waiting room. As we spoke, a doctor approached and told him that his wife's condition was very serious. I asked him, "What can I do?" and he said "Just pray, nothing more, just pray." And I said, "It's my privilege." Every time I thought about this young man and his wife, I prayed, expecting to see their wholeness and perfection. Several weeks later I saw the husband walking in the hall and he told me that his wife was doing much better. The next week I saw the husband and his in-laws. I had just been given a flower and I instinctively handed the flower to the wife's mother, who graciously thanked me. I learned later that the mother felt the flower was a sign that her daughter was going to fully recover. The next time that our paths crossed was when I saw them all — husband, wife, and wife's parents sitting at a table by the Fountain Entrance. The wife said, "We're going home tomorrow!" We all just quietly rejoiced in this complete turnaround. These are the rewards — witnessing the changes in patients and families. The changes can be from sickness to health, from fear to hope, from isolation to involvement, or from hurt to wholeness. These needs and their subsequent fulfillment aren't specific to any religious or doctrinal beliefs — they're universal. It is indeed a privilege to "walk" with patients of all religions or no religion.

As a Christian Scientist, I've found that my understanding of man's innate spiritual perfection and goodness, helps me focus on each patient's spiritual identity rather than their physical condition, the medical equipment, or even the diagnosis or prognosis. ❖



THANK YOU TO OUR VOLUNTEERS

We wish to acknowledge the incredible contributions of our 177 Spiritual Care volunteers during this past fiscal year. As is our custom, we have highlighted the top ten volunteers for their hours and number of patient visits. Once again we take this moment to thank each and every volunteer for your loyal dedication to our Spiritual Care Service. You bring the ministry of presence and compassion alive here at Stanford. ❖

Thank you!

John P. Hester, Associate Director, Spiritual Care

TOP 10 SPIRITUAL CARE VOLUNTEERS

NAME	TOTAL HOURS	NAME	PATIENT VISITS
Penny Barrett	428	Penny Barrett	1143
Serena Salomon	270	Teresa Budzich.....	1125
Mark Busbin.....	247	Tony Iraci	855
Tony Iraci	242	Isabel Tagle	825
Jesus Santillano	226	John Arnold.....	821
Isabel Tagle	220	Jesus Santillano	806
Thomas Brosnan	197	Gladys Leon	790
Edwin Ehmke	192	Donna Kruep.....	775
Susan Thomas	164	Suzanne Sweeney.....	716
Suzanne Sweeney.....	161	Edwin Ehmke	712
TOTAL VOLUNTEERS	177		
TOTAL HOURS	21,834		
TOTAL PATIENT VISITS	35,647		

MARK YOUR CALENDAR

Christmas Caroling and Celebration

4:30 pm, December 17,
Stanford Hospital Atrium

Hanukah Daily Candle Lighting

4 pm, December 16 – 23,
Stanford Hospital Atrium

Hanukah Festival of Lights Celebration

4 pm, December 22,
Stanford Hospital Atrium





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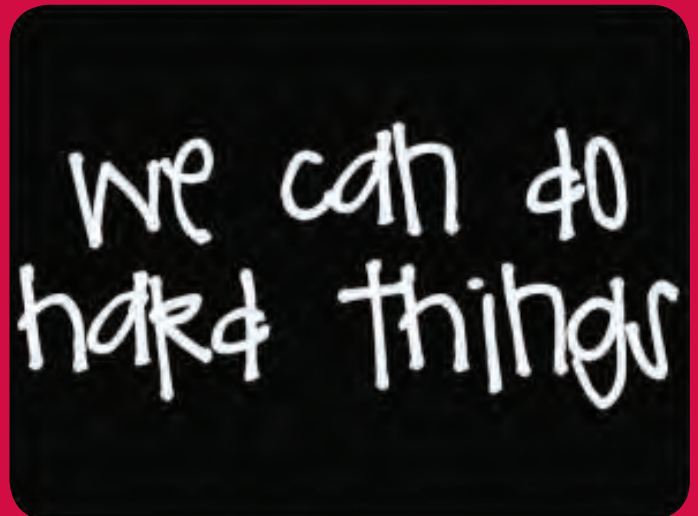
HOPE – A FUNCTION OF STRUGGLE

By The Rev. Susan Scott

Recently, as part of our ongoing education, we watched a video by Brené Brown, a social worker and professor who studies vulnerability, authenticity and shame. In this particular talk, she focused on the “upside of vulnerability.”

As part of her research, she interviewed a number of people who in the midst of our “never enough” culture, live out of a place where they believe they are enough. Words the interviewees used to describe themselves included: tenacity, strategic, surviving failure, plan B, scrappy, struggle, and perseverance. Brown discovered what all these people have is hope – not a romantic or poetic idea of hope, but hope using a thinking approach. Hope is not about how we feel, but about how we think. She learned that there are three things a person with hope has: ability to set goals, ability to cultivate pathways to reaching the goals they set or to make a plan B, and ability to “believe I can do it.”

She goes on to say that hope is a function of struggle and a product of not tying our failures to how we think of ourselves. In her house she has a sign,



“We can do hard things,” to remind her family that there is value in perseverance and in struggling to do something difficult. Here in the hospital, many people face difficult situations. Hopefulness can come from being able to set personal goals around the situation, working to reach those goals or understanding when it’s time to go with Plan B, and knowing that one’s illness or situation is not the defining factor of one’s life. ❖

The Rev. Susan Scott is the decedent care chaplain at Stanford Health Care. You can reach her at suscott@stanfordhealthcare.org.