

SPIRITUAL CARE NOTES

Providing Spiritual Support to Patients, Family Members, and Staff

STANFORD HOSPITAL & CLINICS, 300 PASTEUR DRIVE, ROOM HG004, STANFORD, CA 94305

A NETWORK OF CONNECTIONS FOR THE ISLAMIC COMMUNITY

By Taqwa Surapati and Sherifa Ibrahim

Northern California is home to an abundance of Islamic institutions and learning centers, with a large number of Islamic organizations and religious leaders residing in the area. For many years, despite this large population, there was a lack of Muslim spiritual services at Bay Area hospitals.

In 2001, the Spiritual Care Service program at Stanford Hospital & Clinics established a Muslim volunteer group. Today, thanks to the guidance of our diverse local Muslim community, the group has become a valued resource for hospital patients and their families.

Over the years, the Stanford Muslim Spiritual Care Program has developed strategies to strengthen and improve its services, and now shares its expertise through networking and training outreach. The group advises other area hospitals that are expanding or launching a similar program and trains volunteers from medical centers alongside Stanford trainees or through a month-long on-site program.

Stanford's initial group, led by the Rev. John Hester, consisted of 12 individuals, including Rahinah Ibrahim from Malaysia and Doha Hamza and her husband Ahmad Sultan from Egypt. Under their leadership, the Muslim volunteer group grew in number and activities.

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Muslim community members participate in a Muslim volunteer-sponsored event at Stanford Hospital & Clinics.



WHO WE ARE

Stanford Spiritual Care Service serves the spiritual and religious needs of the patients and families who come to Stanford Hospital & Clinics. 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.

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

If you have any questions, please contact us at 650.723.5101 or visit our Web site at stanfordhospital.org/forPatients/patientServices.



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Stanford University Medical Center

A TIME TO SPRING FORWARD

By the Rev. Dr. C. George Fitzgerald, S.T.D.



At Stanford Hospital & Clinics, the changing of the seasons is most apparent in the stunning display of the hospital gardens, made possible by the caring generosity of **Peter and Helen Bing**.

On a sunny day there is nothing quite as breathtaking as the shimmering cherry blossoms wafting over a sea of iris, hyacinths, daffodils, delphiniums, and roses, parading their unique colors and shapes. It is not unusual for passersby, especially first-time viewers, to stop, gazing in wonder as they take in the glory of it all. Many patients and family members regularly express appreciation for this unexpected contribution to their healing, and I cannot help but think how blessed we are to have these lovely chapels of nature.

Were a poll to be taken to determine the favorite of the four seasons, I am inclined to think spring would be the hands-down winner. It is the time of light emerging out of darkness, of new life springing from seemingly barren ground, of cold giving way to warmth.

Although I have never heard the winter-to-spring metaphor used in relation to hospitalization, it strikes me as an apt and appealing analogy. I like to think of

patients and family members seeking medical care for winter-like concerns, such as an unexpected symptom, a recent accident, or a debilitating chronic condition.

While in the hospital, the care and compassion they receive—along with an array of diagnostic resources, medical treatments, and surgical procedures — enables them to experience their discharge from the hospital as something akin to a “spring” renewal of life. Often new possibilities seem to open: life becomes a bit warmer and more satisfying.

The most fulfilling aspect of spiritual care is the gift of being able to journey with our patients, often through a difficult “winter” and emerging to a “spring” of healing. Of course it would be naïve and unrealistic to ignore the quite obvious fact that death will not be denied and that a great many other spiritual care resources must be called upon at such a time. But the fact remains that for the majority of patients, the experience eventuates in a period of healing and new life.

I hope that spring was a joyful time for you and your family, and may the sultry days of summer provide special times of rest and renewal for you as well. ❖

The Rev. Dr. C. George Fitzgerald, S.T.D., is the Director of Spiritual Care Service. You can reach him at cfitzgerald@stanfordmed.org.

NEWS AND NOTES

Rabbi Lori Klein and Father John Hester bless the Cardiac Cath area, along with Cathy Boulos, a visiting VA chaplain (far left), and Mary L. Marcellus, RN (far right).

“I want to thank you from the bottom of my heart for the beautiful blessing you did this morning in the cath lab. I feel that all of our patients are blessed now, not to mention the doctors and staff that work so hard.”

— Mary L. Marcellus, RN, Interventional Neuroradiology Nurse Coordinator, Stanford Hospital & Clinics



PARTNERSHIP FROM A SOCIAL WORKER'S PERSPECTIVE

By Chere Taylor, LCSW

While many institutions offer both chaplaincy and social work, Stanford Hospital & Clinics offers a unique collaboration between these two services, enhancing the quality of care for patients and families.

Social Workers interact directly with patients in the Emergency Department and throughout the hospital, offering psychosocial support and connecting them to resources and community services that help them deal with chronic, acute, or terminal illnesses. We create a plan for their needs in the hospital and prepare them for when they are discharged. Our job is to help maintain the highest standards of care, while seeing to all the needs of the patient—mind, body, and soul.

An important part of the job is to recognize when a patient needs spiritual care. When patients or their families are seeking spiritual or religious support, or relief from sadness, fear, and worry, I call Spiritual Care Service and together we work by their side to address specific concerns. Spiritual Care Service, in turn, will call a Social Worker whenever they see opportunities to partner in more tangible ways.

Chere Taylor, LCSW



This partnership has granted me unparalleled opportunities, such as joining in a prayer at the bed of a man being resuscitated, helping a family as a child said goodbye to his mother, and participating in a wedding of a terminal cancer patient and her partner. Together, members of Spiritual Care and Social Work have helped people forgive, complete life reviews, and let go, all the while helping them find comfort in prayer and understanding.

It is essential that we listen to and assess the needs of our patients and families so we give them the most appropriate and comprehensive care.

By bringing together resources to satisfy the needs of patients and their loved ones, SHC Social Workers and Spiritual Care staff cultivate an extraordinary relationship that allows patients to experience the best possible care, unparalleled communication, and coordinated personalized attention. ❖

Chere Taylor, LCSW, is a social worker at Stanford Hospital & Clinics.

You can reach her at ctaylor@stanfordmed.org.

Honoring Earth

This spring, for the first time, Stanford Spiritual Care Service scheduled an Earth-based spirituality service, which was held in the Hospital atrium on April 30. The service is deeply rooted in many cultures (Gallic, Celtic) and is associated with festivals such as the Maypole dance. Sarah Haq, one of our CPE residents, suggested and orchestrated this celebration of spring.

Moving On

The Rev. Ngan Ling Lung, who has been pursuing certification as a CPE supervisor at Stanford, was certified as an Associate Supervisor in April. She is supervising her last unit of the CPE resident group this summer as she pursues employment in the U.S. We at Spiritual Care Service thank her for the many gifts she brought to our program and send her forth with our prayers and good wishes when she departs in August.

REFLECTIONS ON MY SPIRITUAL CARE ROTATION

By Melissa Mills

As part of my training in the Medical School's genetic counseling program, I asked to do a rotation with Stanford Hospital & Clinics' Spiritual Care Service. I spent four weeks with several of the Spiritual Care chaplains, shadowing them, and discussing their work.

My interest in Spiritual Care Service came from discussions of grief and loss during the course of my genetic counseling studies. I realized that, as a genetic counselor, I will often be dealing with families in crisis and may be sharing bad news with them. Our interactions generally are fairly brief, but genetic counselors are the ones giving the sometimes devastating results of genetic testing.

Providing Comfort

I felt I needed to devote time and energy to helping those dealing with grief and loss. I wanted to learn how to be present for people in their time of sorrow. Little did I know that my education would start immediately and would be intense.

On my first day with Spiritual Care Service, I shadowed Rabbi Lori Klein, Stanford Hospital's Cancer Care Chaplain. While we were seeing patients on the oncology floor, we discovered that one of the patients had just been given very little time to live. She was dying, and her family was looking for a way to say goodbye. The patient had been raised in one religion but had moved away from her faith, while her children had continued in that faith. The needs in the room were complex, and I wasn't sure how we could comfort this family.

While on my Spiritual Care visits with the chaplains I believe our patients could tell that we would hold them in our hearts in their time of sorrow.

Lori offered to have a blessing in which each family member could say goodbye in his or her own way and still respect the needs and wishes of the patient. We waited until all her children and grandchildren could be there to bless her and share their thoughts.

I was amazed at how moving the entire scene was, and I wept because I could see how much they all loved her and would miss her physical presence in their lives. There was so much love in that room—love that people were having difficulty expressing until Lori helped them find their voices. I know that this experience was crucial for the patient and her family, and I hope it also helped her be more at peace with her situation.

Making Connections

After such an emotional first day, I wondered what could lie ahead. My time with Spiritual Care was accentuated with human connection every day. Each simple visit, each hand I held, each time I said the Lord's Prayer helped me feel a connection that we often forget exists.

Would the elderly gentleman in the ICU have ever held my hand so tightly had we met in passing? Just being with him in his time of need made all the difference and allowed us to transcend some of the day-



Melissa Mills

to-day boundaries we tend to construct. I prayed for him and this reconnected me to my own spirituality. I felt that my prayers mattered for the first time in years. By reaching out to others I reawakened something deep inside myself.

In genetic counseling we talk about having genuine positive regard for our patients because they can tell if you are truly there for them and want to help. While on my Spiritual Care visits with the chaplains I believe our patients could tell that we would hold them in our hearts in their time of sorrow.

The challenge in Spiritual Care is to determine what the patient needs, and those needs often can change. Sometimes we had clues because the patient had indicated a religious preference that guided us with a set of rituals for times of difficulty and loss.

Other times we simply offered our presence. In those cases, some patients would say thank you and indicate in their own way that we should leave. Others would ask us to stay with them for a bit. Through a kind word, Lori's explanation of her work, or even through silence we would let them know that we were there for them, and they felt safe enough to let us into their world.

With my newfound experience and the knowledge I gained during my short time with Spiritual Care, I know I will be a better genetic counselor and also a better person. I look at this experience as an important part of my growth as a caregiver, and I plan to continue my connection with Spiritual Care Service as a volunteer with the No One Dies Alone program. ❖

Melissa Mills is a graduate student in the Department of Genetics. You can reach her at meliss@stanford.edu.

VOLUNTEERS MAKE A DIFFERENCE

By the Rev. John Hester

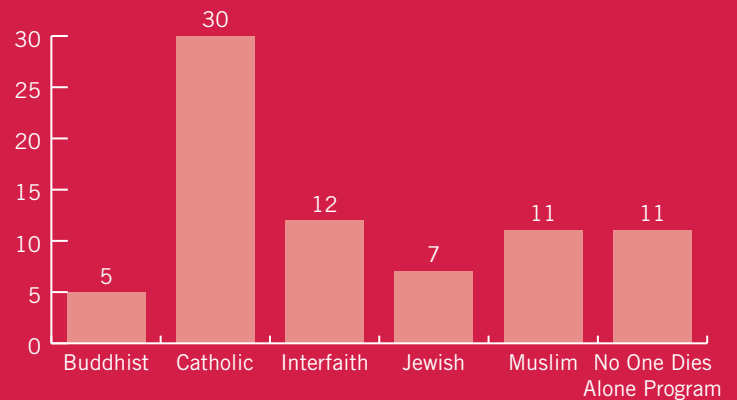
Spiritual Care volunteers help us reach out to the community in a meaningful and compassionate way. From visiting patients to offering support to families and assisting with behind-the-scenes activities, our volunteers serve an important and meaningful role in the busy units of Stanford Hospital & Clinics.

Because of increasing demands on our services, we recently sent out a call for new volunteers. The outpouring of responses was phenomenal, and we are proud to welcome 76 new volunteers to the Spiritual Care training program—our largest program to date. Our volunteers help people of all denominations and participate in our program No One Dies Alone.

On behalf of Spiritual Care Service, we thank the staff, Volunteer Coordinating Committee, and mentors who have played such an important role in making our volunteers successful. ❖

The Rev. John Hester is the Associate Director and Volunteer Coordinator of Spiritual Care Service. You can reach him at jhester@stanfordmed.org.

NEW VOLUNTEERS BY THE NUMBERS



The Rev. John Hester with Spiritual Care Service volunteers

LEADERSHIP

Development Committee

George Fitzgerald
Marge Hildahl
Anadel Law
Joshua Thiel

CPE Professional Advisory Group

Will Masuda (Chair)	Scott McLennan
George Fitzgerald	Judy Passaglia
Carolyn Glauz-Todrank	Barbara Ralston
Marita Grudzen	Jan Roberts
John Harrison	Susan Scott
John Hester	Liza Taft
Lori Klein	Robinetta Wheeler
Will Masuda	

Volunteer Coordinating Committee

Hailey Delmas (Chair)	John Hester
Penny Barrett	Sherifa Ibrahim
Mahesh Bhavana	Lori Klein
Tom Brosnan	D'vorah Rose
Bruce Feldstein	Susan Scott
George Fitzgerald	Kathryn Stucki
Don Gee	Taqwa Surapati

NEW INTERNS

A talented group of new members to Stanford Guest Services joined the 2010 Clinical Pastoral Education summer intern class in June. Participants include:

Helen Kim (United Methodist), who is pursuing a Master in Divinity degree at Harvard Divinity School; **Rick Bender** (Episcopalian) who is enrolled in Berkeley's School for Deacons; **Deidre Green** (Latter-day Saints), a PhD candidate at Claremont Graduate University; **John Kuehner** (Lutheran), a candidate for the Pacific Lutheran Theological Seminary's Master of Divinity degree; **Tuhina Rasche** (Lutheran), also a Master of Divinity candidate at Pacific Lutheran; and **Kimberly Scott** (Episcopalian), who is pursuing a Master of Divinity degree at the San Francisco Theological Seminary. Please be sure to give them a warm welcome as you meet them around and about the hospital.

VOLUNTEER SPOTLIGHT

NAME: Rosemary Enthoven

RELIGIOUS DENOMINATION: Roman Catholic

HOW LONG HAVE YOU BEEN A SPIRITUAL CARE VOLUNTEER? Almost 10 years. I usually volunteer two or three times a month.

WHY DID YOU CHOOSE TO VOLUNTEER WITH SPIRITUAL CARE SERVICE? I came from a medical family, so I am comfortable in a medical environment. I have extensive experience in counseling children and families.



BEST PART OF VOLUNTEERING: Visiting with patients. While not easy and not always pleasant, it is spiritually enriching. I am impressed by the courage and strength that I see in the patients and families with whom I visit.

It is fulfilling to help a family come together through prayer. Together they become more present and centered, enabling them to become more focused on healing.

MOST CHALLENGING PART OF VOLUNTEERING: Volunteering in Spiritual Care Service requires a level of flexibility. You are never sure what condition a patient will be in, and what, if any, spiritual care they will seek.

AFTER A DAY OF VOLUNTEERING: I reflect on the day and the patients that I visited. I feel a tremendous sense of gratitude for my own health and feel privileged that I was able to meet and build connections with people. I see illness as an opportunity: while not something that I would wish for, it can be an opening to new understanding.

A FAVORITE STORY: Recently I visited a woman who had undergone surgery. I noticed she had a Spiritual Care Service holy card pinned to her gown. This was unusual, and I was curious as to why she had it. I learned that she had been given the card before her surgery and it had become a source of security and strength while she was staying in the hospital.

After her surgery, the patient was surprised to see the card had been pinned to the pillow beside her head. The clinical staff realized that the card had become an important symbol of hope, and a nurse wanted to make sure that the patient saw it when she awoke. Now that the patient was recovering, the card had been pinned to her gown. I was pleased that the patient was able to find a visible sign of her God's presence during a frightening time and was also appreciative of the nurses and staff who recognized and supported her beliefs. ❖

ISLAMIC COMMUNITY, continued from page 1

The team developed the program's resources and services, including a pamphlet of supplications and prayers, an article about end-of-life issues, burial rituals and services available in the Bay Area, and lists of cemeteries with Muslim sections and grounds. The group also established relations with imams (spiritual leaders) and scholars for ethical, moral, and religious consultation.

At the hospital, they created a workshop on cultural diversity and sensitivity for social workers, case managers, and nurses. Contacts were made with the Food Service Department to explore the possibility of adding Halal prepared food to the patients' menu. Halal food is a religious requirement for practicing Muslims, who do not consume pork or its byproducts.

Members of the community and former patients donated praying beads, copies of certain chapters of the Qur'an (the Muslim holy book), recordings of recitations, and the holy book in Arabic, as well as translations in English, Spanish, French, and other languages.

Visiting patients is considered a beneficial religious duty from the Islamic perspective and encompasses a way of life for Muslims. The visiting process was meticulously documented by Doha, and her tireless work led to the *Muslim Training Manual for Spiritual Care Service*, the first manual of its kind in the United States. The guidebook was printed in 2007 and inspired the creation of a training manual for all Spiritual Care volunteers.

The Muslim Volunteer program also has introduced the observance of two religious events for the benefit of patients, visitors, and staff. The first coincides with the holy month of Ramadan—the period of fasting; the second comes around the time of the Hajj—the pilgrimage season. With the assistance of the Muslim volunteers and support from the Spiritual Care team, these events have been observed for the past six years. ❖

Taqwa Surapati and Sherifa Ibrahim are Muslim Volunteer Co-coordinators at Spiritual Care Service.

AN INTERNATIONAL PERSPECTIVE

Stanford Hospital & Clinics serves Muslim patients from around the world, including the Middle East, Africa, Asia, and Eastern Europe. Spiritual Care volunteers come from more than 12 countries and speak 10 different languages.



Ramadan

Ramadan takes place during the ninth month of the Islamic calendar, which is determined by both physical sightings of the moon and astronomical calculations. The holiday is a time for personal reflection, intensive worship, and doing good deeds. Fasting is obligatory for most people (except in certain conditions), starting at the break of dawn and ending at sunset. The fasting is intended to help develop sympathy for the less fortunate and to express thankfulness.

Hajj

Hajj is the season of the annual pilgrimage to Mecca, a religious duty that must be carried out at least once by every Muslim who is physically and financially able to so. The pilgrimage occurs from the 8th to 12th day of the last month of the Islamic calendar. At the end of the Hajj, Muslims around the world celebrate the holiday of Eid al-Adha (Festival of Sacrifice), which commemorates the trials of the prophet Abraham.

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REMEMBER TO VALUE YOUR FRIENDS AT WORK

By the Rev. Susan Scott

Every year, employees of Stanford Hospital & Clinics are asked to respond to a short survey. Of all the questions in this year's survey, one in particular was most provocative to me. It read, "True or False: I have a best friend at work."

Why does this question matter? Why would Stanford care to ask? The company preparing the survey explained that having friends at work was, in fact, a measure of employee satisfaction.

Recently I had the opportunity to see the value of this question. As Decedent Care Chaplain, I was asked to help two different hospital departments plan memorial services for co-workers who had died. We met to talk about the person who passed away and to make plans for the services.

As we gathered for the service, people came together to share memories about the individuals they had worked alongside for years. Co-workers told stories that brought both laughter and tears. It was there that it

occurred to me that "I have a best friend at work" was being lived out in these experiences. It was apparent that the staff members being memorialized were counted as good friends among their colleagues; while they lived, they considered the others as close friends.

Having a best friend at work means knowing there is someone who cares about you and for whom you care. It means being supportive when a co-worker is having a tough day and celebrating together over accomplishments and special events. It means having companions with whom you can laugh or cry. It means when you leave your home for work, you arrive at another home, to another family, to close connections.

Next year, when I complete the annual survey, I will think differently about this question. Instead of wondering why they are asking this question, I will think of my friends at work and give thanks for each of them. ❖

The Rev. Susan Scott is a Decedent Care Chaplain. You can reach her at suscott@stanfordmed.org.