

Notes

Spiritual Care Service Newsletter

PROVIDING SPIRITUAL SUPPORT TO PATIENTS, FAMILY MEMBERS, AND STAFF

FALL 2015

Volunteer Spotlight | Mahesh Bhavana

by Rev. Libby Boatwright



Since 2003, Mahesh Bhavana has faithfully served as a Spiritual Care volunteer to our Hindu/Sikh patients as well as a member of our Volunteer Coordinating Council. I had the privilege of speaking with him about his time here at Stanford Health Care.

How did you get involved volunteering at Stanford?

I met two of my Spiritual Care mentors at Stanford Hospital while visiting a family member. Mr. Ramasamy and Mr. Jagjit Singh were Spiritual Care volunteers and I was inspired by their spiritual practices. I joined the Spiritual Care Service program to serve the greater community of Hindus and people of Indian origin with other faith practices such as Jainism and Sikhism.

What are some of the blessings of being a Spiritual Care Volunteer?

The gratitude expressed by patients, families, and friends is heartwarming; genuine; addictive; indescribable; uplifting; invigorating; encouraging; humbling; and fulfilling. As a volunteer, I get to witness

the love and sacrifice from the families and friends of the patient. The dedication and care given by the nurses and other hospital staff is incredible. The connection to patients, families and friends, and hospital staff is extremely enriching and creates a unique bond.

Are there any stories you wish to share that were especially meaningful?

I remember a patient's dedicated wife who sacrificed her days and nights to be with her husband. She would spend every possible moment providing company and care to the man during the months he spent in the ICU and later in a regular unit. The parents of young children, friends of the couple, helped by taking the children into their home and took care of the children as their own. After several months, the patient's health improved greatly and he was discharged.

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Stanford
HEALTH CARE

Connected and Interdependent

by Rabbi Lori Klein, Director



Working in a hospital inspires me to think about how we are all inter-connected and inter-dependent. No patient recovers without the combined efforts of many staff members and volunteers, as well as the love and care of any loved ones

in that patient's life. In Spiritual Care Service, we nurture our inter-connectedness to provide spiritual and emotional support to the diversity of patients, loved ones, and staff who flow through Stanford Health Care. Some of that diversity is also reflected in our growing and changing staff chaplains. In this issue, we welcome four new staff voices to Spiritual Care Notes: Libby Boatwright, Frederico Borche-Gianelli, Jen Dillinger, and Taqwa Surapati, each of whom will open a window onto their practice as

spiritual care providers and educators.

Our interdependence and connectedness is also reflected in our donors, many of whom have also served as hospital volunteers, received spiritual care here, or been inspired by our work. Your support helps us train tomorrow's chaplains; provide extra training and education for the entire program; enables us to give our patients religious or ritual items they may not have been able to bring here to the hospital; and fund hospital-wide religious observances on holy days that fall throughout the year. At this season of Thanksgiving, I say, "many thanks" to our donors, who support us faithfully year after year. Many thanks as well to our devoted volunteers who visit with patients, assist with Advance Directives, and help out in our office. Without each other, without all of us, we could not serve half as well. ■

Beyond Religion | The Spiritual Dimension

by Frederico Borche-Gianelli



Cecily Saunders, the founder of the modern hospice and palliative care holistic compassionate approach, encourages all care providers to address a patient's "total pain." This includes many different dimensions—

physical, social, emotional, and spiritual. A chaplain's role is to address the spiritual dimension as it relates to the patient as a whole person.

The spiritual dimension is the human capacity to

transcend oneself and connect with the "other" outside of us. Other people, nature, and/or a higher power all become sacred land where a profound encounter happens. These encounters can be protected, supported, and encouraged through the compassionate presence of a professional chaplain who practices the art of active listening, embracing the most precious, and the most singular and unique, in the adventure of an individual's daily journey. This includes the greatest joy, grace, and happiness, but also the greatest torments and all the experiences in between. It is an inner world with

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all the accumulated experiences processed and unprocessed clamoring, imploring to be known, be named, be claimed, and maybe eventually integrated. Integration of all these experiences can provide healing, peace, happiness, and above all a dignified quality of being alive.

Spiritual pain is used to describe the spiritual dynamics causing suffering. It may include a lack of hope, meaning, or connections, a need to forgive or be forgiven, or unprocessed experiences perceived as negative, hurtful, traumatic, unjust, or unfair. Stop

and ask yourself:

What worries me the most right now?

That is your spiritual pain. You can decide to avoid it and not deal with it, or you can decide to take action by going through the uncomfortable process of naming, claiming, and integrating that spiritual pain. This will stop the continuing transmission of spiritual pain by transforming it into an experience of healing, peace, and happiness. ■

Volunteer Spotlight continued from page 1

Several months later, I was greeted by a “stranger” near the hospital garage. It took a couple of minutes of conversation before I realized it was the same person who had not only recovered completely, but was already back at work. The lessons of sacrifice and service remain with me to this day.

Have there been challenges to your work?

Indians speak many languages in addition to many more dialects, which can make communicating with patients and/or families challenging at times. Even though I speak Telugu and Hindi fluently and can follow Punjabi quite well, it is a challenge many times to communicate with the entire Hindu and Sikh patient population.

There is also the suspense of learning the outcome of a patient’s treatment. Even though volunteers see the benefits and blessing of the Spiritual Care Service on the weekly visits, not knowing about the well being of the patients after they leave the hospital is a powerful lesson in letting go.

What are some dreams/hopes you have for the ministry?

I would like to see more Hindu and Sikh volunteers. This is an enriching community service. There is especially a need for female volunteers since currently there are no Hindu or Sikh volunteers

who are women. Additionally, Indians are more comfortable opening up and sharing their feelings and emotions with someone of the same gender - both men and women. One of my intentions is to visit some local temples and places of worship to educate the community about the Stanford Spiritual Care Service.

As the coordinator for Hindu and Sikh volunteers it is my goal to hold more gatherings to celebrate the holy days at the hospital. This will not only increase awareness of the ministry, but educate the visitors and staff about the Indian religions and culture. This year, we held a Diwali celebration on November 12th in the hospital. Like the previous Diwali celebration held several years ago, this year’s event was quite successful and I was fortunate to have a large team of volunteers help me with the preparations. We received compliments from doctors, residents, staff, and medical students as Diwali is a major Hindu festival celebrated in most Hindu homes all over the world. The event gave them an opportunity to celebrate even though they couldn’t be with their families.

Thank you Mahesh for your faithful service to our patients, staff, and fellow volunteers! ■

Thank You to our Volunteers

We wish to acknowledge the incredible contributions of our 183 Spiritual Care Volunteers during this past fiscal year. As is our custom, we have highlighted the top volunteers for their 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.

TOP SPIRITUAL CARE VOLUNTEERS

NAME	PATIENT VISITS
Penny Barrett	1,689
Teresa Budzich	1,582
Elaine Hanley	1,390
Serena Salomon	1,324
Tony Iraci	1,204
Gladys Leon	1,141
Bart Miaullis	1,128
Suzanne Sweeney	1,119
Lucila Iglesias	1,046
Mark Busbin	1,043

NAME	PATIENT VISITS
Isabel Tagle	1,036
John Arnold	1,025
Mike Flynn	1,013
Doris Hoffman	933
Gail Cannis	883
Jesus Santillano	779
David Rolandelli	773
Edwin Ehmke	753
Anthony Hanley	718
Harv Galic	680

Clinical Pastoral Education Program | 2015

by Rev. Landon Bogan



Story is an important component of Clinical Pastoral Education (CPE), a process model of education that draws upon personal story, religious heritage, and theological understanding to foster professional competence. As such, it has

become our tradition each year to introduce the new CPE residents in the Fall issue of Spiritual Care Notes. Many of us look forward to seeing the faces of those who will be joining our Spiritual Care team.

We enjoy hearing their stories filled with hopes, dreams, and aspirations for a year at Stanford. You will note how diverse the group is. The composition of the residency cohort is as significant to the learning experience as the environment of care. In this respect, among others, we are fortunate to have students represent diverse theological and religious views that originate from a range of cultures, communities, and language groups. I hope you will have the opportunity to meet the residents in person, to welcome them, and become part of our collective story together. ■

Clinical Pastoral Education Residency Bios



Kelechuku (KC) Anyalebechi, whose first name means “Thank God,” and last name means “Trust in the Lord” was born to two Nigerian parents in Houston, Texas. He

received a BA in Practical Theology from Southern Adventist University, and later a Masters of Divinity at Andrews University (Berrien Springs, MI), a Seventh-day Adventist Theological Seminary. After finishing seminary, KC was fortunate to return to Houston and serve as a Seventh-day Adventist pastor. He has been serving as a minister in different capacities since 2000. From preaching and teaching throughout the nation, to traveling and learning Spanish in South America, KC loves meeting new people and hearing their personal story.



Claire Gray lives life from a place of acceptance and gratitude. She was born in England and moved to California twenty years ago. She graduated from Warwick University with

a PhD in Molecular Biology before moving to California to work in biotechnology research and administration. In 2001, Claire went back to school to study Psychology, which reflected her wish to be with people compassionately during difficult times. She received a Masters in Counseling Psychology with a specialization in Holistic Studies from John F. Kennedy University. She practices awareness with American Zen teacher Cheri Huber. Claire sees CPE as a continuation of her passion to be present with all in loving kindness.



Zhiyun (Yun) Cai is a Buddhist nun ordained in 1993 in China. She received her BA in Psychology at the University of Illinois Urbana—Champaign, and Ph.D. in Religious Studies from the University of the

West. Her dissertation focused on the comparison of the original meditation techniques taught in the Buddhist texts and those taught in the Thai Forest Tradition. Yun was trained in both the Mahayana and Theravada monastic traditions and serves as a meditation teacher and translator for several Buddhist communities. She is actively involved in translating religious books from traditional Chinese to modern Chinese, and from Thai and English to Chinese. Over the years, she has traveled extensively to provide spiritual care to many patients in the United States and overseas. Her research interests are in Buddhist psychology and meditation.



Gloria (Elsa) Thomas is an Indian American who was born and raised in Bahrain, a small island in the Middle East. Prior to starting her CPE residency at Stanford, Elsa completed two units

of CPE at Florida Hospital. She graduated from Southeastern University with a Bachelor of Arts degree in Interdisciplinary Studies. During college, Elsa also studied abroad at Oxford University as a Scholarship and Christianity in Oxford student. She holds a Masters of Divinity from Duke Divinity School and a Masters in Sacred Theology from Yale Divinity School. Her areas of interests are feminist/womanist theology, racial reconciliation, and interfaith ministry. In her spare time she enjoys reading, writing and cooking.

Clinical Pastoral Education Residency Bios *continued*



Rev. Sean E. Randall just finished his career as a Military Chaplain in the United States Air Force. Up until May, 2015, Sean lived in Germany with Sandra, his wife of 26 years. In May, his daughter

graduated from college and was married. His son is a junior at West Point Military Academy. Sean is an ordained Elder in the Church of the Nazarene, a graduate of Point Loma Nazarene University in San Diego with a degree in Philosophy and a graduate of Nazarene Theological Seminary (M.Div, 1995). Sean loves the outdoors, speaking, writing, running and traveling. Nothing is more enjoyable for Sean than spending time with his family where anyone listening will hear raucous laughter.

A Special Thanks

to Father John Hester, who has established an endowment to help fund a stipend for a CPE resident. If you would like to honor John's forty years of service to the Stanford Health Care community, we invite you to contribute to the Spiritual Care Service Clinical Pastoral Education fund by writing a check to "Spiritual Care Service" and writing "in honor of John Hester" in the memo line.

Spotlight on Clinical Pastoral Education Supervision

by Rev. Jen Dillinger



The Clinical Pastoral Education (CPE) program at Stanford Health Care trains Chaplain Interns and Residents in the art and science of spiritual care. As a Supervisory Candidate, I have the privilege of supervising and walking

alongside these students through their journeys of professional development. At the same time, I walk a parallel journey as I work towards full certification as a CPE Supervisor.

My roots in the CPE program at Stanford run deep. I started as a Chaplain Intern in the Summer of 2004. I remember my first overnight on-call shift and the feeling that I had stepped onto a roller coaster. If I could only surrender to the ebb and flow of the

calls, crises, and encounters, I could even enjoy it. And I did. Over the course of the internship, and later as a CPE Resident, I loved the diversity of people, perspectives, and the life moments that I encountered. But it was also challenging. I learned to acknowledge my own grief and self-care needs in the midst of providing spiritual care to others in times of illness and death. I grappled with both my strengths and weaknesses for ministry.

Following several years as an oncology chaplain in Boston, I returned to Stanford in 2012 and began CPE supervisory training. Supervisory training is an intensive combination of supervisory work with students and study in the field of pastoral education and supervision. The average length of training is 6 years. The certification process includes a series of committee appearances (on regional and national *continued on page 7*

levels); independent study; the writing of theory papers (Philosophy/Theology, Education, and Personality Theory); and regular consultation with my supervisor Landon Bogan, Associate Director of CPE at Stanford and supervisory colleagues. It is

a tremendous commitment and it is tremendously meaningful. In addition to supervising students, I am a staff chaplain and member of the Palliative Care team at the Hoover Clinic. ■

Connection with Newly Diagnosed Cancer Patients

by Taqwa Surapati



During my time visiting with patients I come across patients in different phases of their cancer illness. Some received their diagnosis years ago and are now managing their health. Some have just been diagnosed and like a surfer caught up in the waves,

they are trying to orient themselves while struggling to catch their breath.

“Take a breath and trust that you are cared for.”

A diagnosis of cancer can be earth shattering. It can also be a relief to put a name to symptoms they have been experiencing for some time. A new diagnosis is a turning point in the journey that can inspire a deeper level of spirituality. I witness the most sincere acknowledgement of love, and the most courageous resolution to fight and live in

new patients. Patients and families share that they have to face it one day at a time. There are so many decisions to be made and questions to be answered. One of the greatest gifts we can give someone newly diagnosed is to offer our genuine care and support, through connection and active listening.

Connection: letting the other person know that you care about their experience. Each form of cancer is unique, just like each person is unique. A patient of mine got a text message every morning from her cousin. It put a smile on her face, and gave her something to look forward to each day.

Active listening: empathizing with the other person without taking away the focus on them. By listening deeply, we are not shying away from the main emotions that evolve from moment to moment. Deep sadness, fear, and anger can be intense and draining. Facing these emotions courageously helps alleviate the spiritual pain, and brings peace and hope after the storm. And while you do it, breathe in deeply together - shared life, shared breathing. ■



Mark Your Calendar

HANUKAH CANDLE LIGHTING

December 6–13, 4:00pm
Hospital Atrium

CHRISTMAS CAROLING

December 16, 4:00pm
Hospital Atrium

Exploring the Four Corners of Palliative Care

by Rev. Libby Boatwright



Palliative care is the management of intensive symptoms to help a patient achieve the best quality of life. The Palliative Care program at Stanford Health Care seeks to relieve physical and emotional suffering, and provide social, psychological,

and spiritual support for patients and their families. The goals of each palliative care consult are to promote communication; explore goals of care; and support patients and their families. We call this kind of care “The Four Corners of Palliative Care” and integrate these principles into our daily work. With each initial intake, we offer a helpful definition of what palliative care is and isn’t to frame the discussion. A doctor and nurse practitioner are the first corner, covering medical and symptomatic issues. A social worker handles the familial, practical, and sociological aspects of a patient’s life, completing the second corner. In the third corner, the patient’s emotional/psychological needs are

covered with either a child specialist or psychologist. I am privileged to be the fourth corner, the patient’s Outpatient Oncology Palliative Medicine Chaplain and Spiritual Care advisor, exploring meaning and purpose, assessing spiritual needs, and asking if there is a faith community or support team in place. The team works collaboratively as well. Currently the Social Worker and Chaplain see a patient together to avoid any duplication of efforts, but also to have a united voice when we share with the doctor and nurse practitioner what we have discovered. This builds on their assessment and offers insight on how to approach the patient’s medical issues. Every member of the team is on equal footing, assessing the patient as an integrated whole person. The team meets weekly to discuss our concerns, goals for better patient care, and how we can strengthen our professional skills. I am thankful to be able to blend my background in palliative care and research with this team, and blessed to be part of such a compassionate group of individuals. ■

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Our donors have helped us fund:

Assistance for needy families and patients:

- Meal cards for the hospital cafeteria
- Parking passes
- Partial coverage of cremation costs
- Hospital wedding expenses

Support for our Clinical Pastoral Education program:

- Funding for two of our chaplain residents including our Melanie Bronfman Fellowship
- Funding to help train the next generation of CPE supervisors
- Travel costs for our CPE staff to attend national and regional Association for Clinical Pastoral Education meetings

- Books and special faculty for our chaplain residents
- Meeting costs for the CPE program's Professional Advisory Group

Education for the entire department and hospital:

- Special lectures such as the one given last year by Dr. Herbert Anderson
- Webinars from the Association of Professional Chaplains

Support for our faith-based ministries including:

- Funding for the Jewish Chaplaincy Service
- Rosaries for Catholic patients
- Water from Ganges River for Hindu patients
- Eid (a Muslim holiday) celebration expenses