

Outline of
Chaplaincy with intubated patients: “A sort of salvation”
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- I. Overview (with connections to conference theme, “*Re:Imagine: The Art and Business of Chaplaincy*”)
 - A. As the business of critical-care medicine shifts toward less sedation, intubated patients are more likely to be awake, alert, and fully oriented—and distressed.¹ They are also more able to engage with staff, including hospital chaplains. So, chaplains should find themselves re-imagining spiritual care of intubated patients. By seeking out patients with mechanical ventilation,² employing best practices around this communication barrier, and integrating a communication board specific to chaplaincy, we can help patients artfully express their “own way of looking at things,” which poet William Stafford called “a sort of salvation.”
- II. Best practices of communication
 - A. The ICU trend toward less sedation and early mobilization is an opportunity to integrate further with the interdisciplinary team.
 1. “The most common stressful experience reported in mechanically ventilated patients is being nonvocal.”³
 - a. Using, adapting, and modeling best practices of communication (per speech-language pathologists)
 - i. Prepping the environment
 - ii. Mouthing
 - iii. Writing
 - iv. Binary
 2. Many care providers admit to “becoming frustrated, giving up, and avoiding contact with patients with whom communication is difficult.”⁴
 - a. Chaplaincy support for staff who are taxed in new ways (e.g., speech, respiratory, physical, and occupational therapists)

¹ See, for example, Rabia Khalaila et al., “Communication Difficulties and Psychoemotional Distress in Patients Receiving Mechanical Ventilation,” *American Journal of Critical Care*, November 2011, volume 20, number 6, pp. 470-479, <http://ajcc.aacnjournals.org/content/20/6/470.long>.

² Including patients intubated either orotracheally (with an endotracheal tube, or “ETT”) or “trach’d,” i.e., through a tracheostomy/tracheotomy tube (known as “trachs”) or using a CPAP (continuous positive airway pressure) mask.

³ Khalaila et al.

⁴ Mary Beth Happ et al. “Nurse-Patient Communication Interactions in the Intensive Care Unit,” *American Journal of Critical Care*, March 2011, volume 20, number 2, pp. e28-e40, <http://ajcc.aacnjournals.org/content/20/2/e28.long>. See also idem, “Communication Ability, Method, and Content among Nonspeaking Nonsurviving Patients Treated with Mechanical Ventilation in the Intensive Care Unit,” *American Journal of Critical Care*, May 2004, volume 13, number 3, pp. 210-18, <http://ajcc.aacnjournals.org/content/13/3/210.long> and Lance Patak et al., “Patients’ Reports of Health Care Practitioner Interventions that Are Related to Communication During Mechanical Ventilation,” *Heart & Lung: The Journal of Acute and Critical Care*, September 2004, volume 33, issue 5, pp. 308-20, <http://www.heartandlung.org/article/S0147-9563%2804%2900046-9/fulltext>.

III. Spiritual-care communication board

- A. Adapted from other disciplines' best practices⁵
- B. Intended to deepen our care and make communication easier for our patients, their families, staff, and ourselves
- C. Tour of the board and how it was developed
- D. How to use it well (e.g., folding/covering parts to limit information overload, leaving it with patient/family at end of visit)
- E. Clinical study of its feasibility and efficacy

IV. Seeking out intubated patients

- A. Ventilator plus mental status as a positive screening criterion for chaplaincy referral and chaplaincy triage

V. Conclusion

- A. Practical next steps
 1. Ask about getting involved with ICU early mobilization
 2. Teach new screening criterion to colleagues/department
 3. Stay in touch about communication boards to be distributed
- B. Questions, comments, responses from participants (and throughout)
- C. Poem:

When I Met My Muse

I glanced at her and took my glasses
off—they were still singing. They buzzed
like a locust on the coffee table and then
ceased. Her voice belled forth, and the
sunlight bent. I felt the ceiling arch, and
knew that nails up there took a new grip
on whatever they touched. “I am your own
way of looking at things,” she said. “When
you allow me to live with you, every
glance at the world around you will be
a sort of salvation.” And I took her hand.

William Stafford⁶

⁵ See idem, “Communication Boards in Critical Care: Patients’ Views,” *Applied Nursing Research*, November 2006, volume 19, issue 4, pp. 182–190, <http://www.appliednursingresearch.org/article/S0897-1897%2806%2900082-6/fulltext> and Happ, SPEACS-2 algorithm, 2009, http://www.pitt.edu/~speacs/doc/assessment_planning/Large_Algorithm_10.07.09.happfootnote.pdf.

⁶ William Stafford, *The Way It Is: New & Selected Poems* (Minneapolis: Graywolf Press, 1998), 222.