In 2002, the North Shore Medical Center, Salem, Massachusetts, was one of 3 community hospitals granted permission to perform cardiac surgery and percutaneous coronary interventions. The Cardiac Surgical program was built with the foundation of an interdisciplinary team model and relationship-based care at the core. Because the interdisciplinary care would enhance communication among health care providers and promote a culture of safety, families were invited to become active members of their loved one’s health care team. The purpose of this paper is to introduce the role of the chaplain, as a member of this interdisciplinary team, in facilitating a healing environment.

Our cardiac surgical unit (CSU) is an 8-bed, single-stay unit; patients are admitted before their operation, are cared for immediately after surgery, and recover from surgery in our unit until discharged. This unique model of care provides patient-centered care from one specialized interdisciplinary clinical team, allowing the patient and family to enter into a relationship with the team. Team members include the surgeon, the patient’s nurse, physician assistant or nurse practitioner, case manager, chaplain, dietician, exercise physiologist, pharmacist, respiratory therapist, and clinical educator. Daily, we conduct family “rounds” in which the entire care delivery team meets at the patient’s bedside with the family to discuss the hospital course, care plan, and discharge plan. Patients and families are encouraged to ask questions and to comment on the care provided.

The chaplain introduces herself with “I’m here to support you in whatever way is meaningful for you.” Although some patients may be a little taken aback by the fact that there is a chaplain on the team, she never fails to put patients and families at ease. In addition, the chaplain has been particularly wonderful helping the families of some of the unit’s sickest patients, particularly when families are struggling with the idea of end-of-life care or with withdrawal of extraordinary support and institution of comfort measures. In those situations, the chaplain has been a great source of comfort to the families and our unit’s staff.

Our Patient

Mr W was an eccentric and gruff 69-year-old gentleman who described himself spiritually as an atheist. Estranged from much of his family, forming and maintaining relationships was not without difficulty for him; trust was hard to come by. He was a man who found meaning and purpose in maintaining a simple lifestyle living alone, reading books about the universe, and helping to care for his 90-year-old mother. Mr W had a complicated medical history, which included a pneumonectomy, hypertension, diabetes mellitus, and chronic renal insufficiency, and was admitted...
W’s family was notified of his condition and visited. They were embraced by the chaplain and Mr W’s favorite nurse. Early one weekend evening, Mr W died peacefully after visiting with family members.

Our Unit
Two days later, the chaplain asked that I come quickly to the CSU for a few moments. We walked to the room that Mr W passed away in. The lights were off and the room was warm and quiet, and my entire staff for that day and other CSU clinical team members including the respiratory therapist and case manager were present. There was a welcoming circle of care providers and just outside the circle was a beautiful single red rose in a vase placed on the tabletop. The chaplain made her way to the inner circle and gently began talking about Mr W and how his presence touched each and every one of us. Through her words, she enfolded us in care, reassuring us that Mr W had a comfortable and peaceful passing. Those present offered kind, healing words; no longer was Mr W a patient but rather a gentleman that we came to know and care about.

In concert, we exited the room, leaving behind the rose as a remembrance to a man whose life intersected and touched ours. Then quietly, without notice, the chaplain closed the door. The door remained closed as a peaceful sanctuary to honor and respect the man that medicine could not save.

This scenario has left a permanent imprint on me; I remember it as if it were yesterday. Never before has a patient’s death touched me in this manner. The transformation of this room associated by a recent death to a healing environment is testimony to the spiritual healing presence of our chaplain. Our chaplain has an innate ability to intervene and comfort the patient and family as well as the health care team. Her healing approach does not stop there. She shepherds her flock to remind us why we chose the health care profession: for the caring and sharing of the human spirit.

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"I'm Here to Support You in Whatever Way Is Meaningful"
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