

Verbatim Reflection Format

Chaplain:

Your Race/Ethnicity:

Your religious tradition:

Date of visit:

Location of patient (Include hospital and unit):

Verbatim (# ___/7)

Your age (optional):

Date written:

Length of Visit:

I. What are you hoping to learn by bringing this verbatim to your supervisor and peers? How does this connect with your learning goals? Be as clear as you can, and refer to your specific learning goals, as appropriate. While you might write this section last, it is the most important part of your verbatim.

II. Data about the patient and goals: provide a brief summary of the relevant information about the patient and/or the person you are ministering to if it is someone other than a patient

- A. Demographic information: pseudonym for the person, age, gender, religion, race and ethnicity
- B. Physical dimension -- date of admission, diagnosis, brief medical history as appropriate
- C. Your goals: any specific results you wanted from the encounter, anything you wanted to avoid

III. Your awareness of self: Prior to the ministry encounter, what was your own cognitive, emotional, and physical state? Were you tired, apprehensive, angry, excited, etc? During the ministry encounter itself you may become aware of physical, emotional, cognitive changes within yourself. Indicate these in the right-hand column as you record your conversation.

IV. Your first impressions and observations: Describe briefly the person and her/his environment. What is going on in the area? What is the person's physical appearance? What non-verbal messages are you receiving? What are your assumptions based on your impressions and observations?

V. Your ministry encounter: This is to be as nearly verbatim an account as possible. Report pauses, interruptions, facial expressions and any other clues which may reveal something about relationships within the situation. Include also--in the right-hand column--what you experience within yourself (feelings, questions, etc).

Your main purpose in presenting your verbatim is to present your ministry encounter in such a way that you and your peers and supervisors can understand it. This requires careful attention to detail, honesty, and a fair amount of vulnerability on your part. Your verbatim represents a privileged conversation which must be treated with respect and handled in a professional manner.

Use the following as a sample format for recording your pastoral encounter.

Please identify the speakers; for example: C=Chaplain, P=Patient, N=Nurse.

C1	D?	I asked while I knocked at the doorway.
P2	Yes, come in.	Her voice is weak; I wonder how strong/well she is. She was fairly strong the other day when I saw her.
C3	Hi, it's Chaplain _____. I'm here to see how you are doing.	
P4	Who?	Oh, oh! I feel anxious. Does she remember me? I'll tell her again who I am so that she doesn't have to guess.
C5	Chaplain _____. I visited with you yesterday.	Good! There's a glimmer of recognition. I feel more confident.
P6	Oh yes. Thank you for coming.	She is saying more but I can't understand because she is very quiet and the TV speaker is quite loud. I feel annoyed. I've got to get that TV turned down.
C7	Do you mind if I turn down the TV volume because I can't hear very well.	I'd like to turn it off but at least turn it down.
P8	Go ahead. I am not sure how to work those things so I am never able to do things like that.	So many people have that trouble. Maybe I should remember with elderly patients to ask them about the TV and radio.
C9	That's OK. So, how are things going today?	I turn down the volume.
P10	Not very well. I don't want to be here anymore. They just won't let me go. They come in and do therapy with me. They try to have me walk but I tell them that it won't do any good because I don't need it. I don't want to be here any more.	What's she talking about? Going home from the hospital? Dying? Is she tired of living? Is she depressed? She doesn't sound as if she's just complaining about things. Therapy is difficult and many people complain about it. But this seems to be more than that. Is she with it? Or is she just rambling? Seems to be with it. I feel afraid.

VI. Process Assessment

- A. Summarize the dynamics and flow of the visit. Did it have a question and answer feeling to it, or was it a dialog? Where did the direction of the conversation change, and who changed it?
- B. What kinds of responses did you use? (e.g., summarization, empathy, interpretive, reflective, question, self disclosure, teaching affirmation, challenge, etc.) Assess the strengths and weaknesses of your responses based on the other person's responses.

VII. Your Self Assessment

A. Spiritual assessment: What feelings did this person seem to be experiencing, and how did you know? How would you describe the spiritual needs or “main message/concern” of the patient? Regarding the person’s situation and main message/concern, what spiritual/theological issues do you see? (e.g., faith, doubt, temptation, sin, guilt, shame, despair, pride, blaming, conflict, judgment, estrangement, punishment, works righteousness, self indulgence, humility, confession, penance, forgiveness, repentance, discernment, transformation, rededication, hope, communion, love, joy, peace, patience, kindness, goodness, gentleness, self-control, grace, etc.) Did you identify any spiritual resources the patient already has? How did you address the spiritual needs of the patient? Do you have any thoughts about how you might contribute to the overall care of the patient? What is going to be your pastoral care plan for this person/family?

B. Psychological/mental/emotional/social dimensions: Comment on congruencies or incongruencies in the person’s situation, thoughts, feelings, and behaviors. What social conditions, systems and structures did you see affecting the life of your patient and how were they affecting them? How did you address this in your ministry?

- C. Self-evaluation:** (As you write this part of your reflection indicate in parentheses where you see yourself doing whatever it is you are talking about; e.g. C1, C2, etc.)
- a. **Connections:** Where did you feel a connection with the patient? Where did the patient seem to feel a connection with you? Did you feel yourself disconnecting or wanting to leave the room at any particular time? If so, what was happening then?
 - b. **Strengths and Weaknesses:** What were your strengths and weaknesses in this ministry encounter? What went well? What can you celebrate? What might you try to do differently next time? Did this verbatim activate a desire to learn more about particular issues related to self-awareness, interpersonal awareness, pastoral concepts, functioning as a pastor, or ministry development and management?
 - c. **What major life events, relationships, assumptions, values** of yours are you aware of as you reflect on this visit? How did your life history influence your ministry practice?

VIII. Theological Reflection: How did you experience being connected to God during this visit? Were you able to help connect the patient with God? Discuss any spiritual/theological issues that this visit raised for you. Where did you see God connecting with you and the patient? What theological understanding led you to do what you did in this visit? Write about stories, passages, themes, and images from Holy Scriptures or any other source of truth that come to mind for you.

IX. Your chart note – what did you chart? If you could write more freely, what would you chart?

X. Please go up to section I and further reflect and write on what you’d like from the group.