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Ending a Visit
The average hospital visit is 3 to 10 minutes. A visit during a crisis situation may be shorter or much longer. In a routine visit, keep the visit short, unless a person brings up significant content that they obviously wish to discuss.

There are many ways to conclude a visit:
• Thanksgiving. “Thank you for your time today. I look forward to seeing you again.” If there is anything that you admire about the person from your visit or from the larger relationship, mention it. Concrete and specific affirmations are helpful.
• Comment on something they have shared that you want to follow up on at a later time.
• Make a summary comment of significant themes with any actions that were going to be taken. “We have talked about your concern about your mail while you are away. I said I would call your daughter and let her know of your concern.”
• Let them know people are thinking about or praying for them.
• Ask if there are any people who need to know they are in the hospital.
• Ask if there are other things they want to discuss.
• Be direct. “It’s time for me to go. I will be leaving now.”

By Rev. Laurie Garrett-Cobbina

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The Two Most Common Complaints About Hospital Visits:
• No One Visits
• The Visitor Stays Too Long

Preparation for a Visit
• Each hospital has unique security and parking procedures. To avoid much “parking/paying” frustration find out about the clergy parking procedure. Obtain the appropriate badge and parking sticker/parking garage access card.
• Know the legal name of the person you are visiting. Spouses and children often have different last names and/or commonly use a nickname.
• Plan the timing of your visit. Clergy can visit outside of visiting hours. Be aware that the family is often protective of the limited time in places like the Intensive Care Unit. Hospital visitation hours are intended to protect the person’s rest. There will be fewer interruptions for your visits in the late afternoon and the early evening.
• Call ahead for the location/room, but don’t assume that it is correct. Ask about the visiting hours for that particular unit. When you arrive, check at the reception desk again for location/room. When you get to the floor try to check the location/room again with the unit secretary or receptionist.
• If the door says “no visitors” or has a sign about “precautions” speak to the person’s nurse. She or he can direct you about what precautions are required to visit. Remember, precautions are often for the protection of the hospitalized person. Do not ignore “precaution” signs. If there are “precautions” you may need to wear a mask, gown, gloves and booties.

• It is important to wash your hands before and after each visit. This protects you and the person you are visiting from the dangers of infection. Wash your hands at a sink in the hallway, in the room, or bring a waterless cleanser. Almost all patients and every new parent will appreciate seeing you are attentive to hand-washing.

• If possible, sit or stand so the person can see and hear you without assuming an awkward position or staring into a bright light.

• In general, do not sit on the bed or use the toilet in the room. Infection.

3 ENTERING THE HOSPITAL ROOM

If the door is closed, knock quietly. Listen for a response. If no response comes and if it is a heavy door such that you do not believe you could hear a response, open it slightly and knock. If you still don’t hear any response, you may try calling out something like, “Hello, Ms. Smith? You have a visitor.”

If you still get no response, you have several options depending on your relationship with the person and your comfort level with the unexpected. You can retreat, introduce yourself at the nursing station and ask if the person you want to visit is in the room. If not, you may leave a note in the person’s room.

If you decide to enter a room without consent, be prepared to surprise someone half dressed, sitting on a bedpan, exposing a surgical wound or injury, or coming out of the bathroom.

2 GREETING THE PATIENT

Learn how to say “Hello” in a tone that is neutral, confident, and open to moving in several directions. Cheerful people can wear out their welcome almost as fast as those with a gloomy demeanor. Do not expect them to remember your name or who you are. Pain, illness, medicines and disorientation can disturb memory. Practice an introduction that is short and clear about who you are and the purpose of your visit. Do not quiz them, do not ask too many questions.

Example. “Hello, Ms. Smith. I am Pat Jones. I am the pastoral associate who visits on behalf of First Church. Your daughter called the church to say you were in the hospital for surgery. Is this a good time to visit?”

As you enter, slow down and take notice of what is going on in the room, with the person and with yourself - these are relevant. You can learn a lot by observing.

• Are they “indisposed” in some way such as on the bed-pan, in physical discomfort, or talking with a medical professional? It is up to you to take the initiative to help protect their privacy by excusing yourself. You say “This seems to be a bad time for a visit. I can step out and come back later.”

• Are the curtains drawn? Are there flowers or cards in the room? Are there signs that indicate the person has a supportive social network?

4 LISTENING

There are many reasons why listening is a challenging pastoral discipline. Listening is hard sacrificial work, requiring attention, maturity and skill, i.e. the ability to decentralize yourself and focus on another with a broad pastoral purpose in mind. Some people ask too many questions. Some want too many details about the situation. Others want the person to respond with religious language devoid of anger, suffering or fear. Still others do not provide direction for the conversation. Try to be active enough to assist the person in having the pastoral conversation that meets his or her spiritual needs. Minimize advice, judgments, comparisons and corrections. This is more difficult than it sounds! Do use religious resources such as sacred text, prayer and ritual, as appropriate. Do be prepared to engage loved ones, relatives and friends, and do listen with ears pastorally assessing multi-layered conversations and relationships.

People under the stress of hospitalization are different. Because of these differences it is even more important for you to be attentive to non-verbal communication. People are more anxious and less secure. Often people tire easily and non verbally communicate a need for closeness/distance or display disorganized/avoidant behavior, all of which manifest in different ways. They can be less clear about their needs and have difficulty with concentration, memory or confidence. They may be more irritable or more compliant. Adults may emotionally regress to a younger age, acting out their current illness as they did as a child.

What are the goals of your work? For example: To represent the love of God? Support? Comfort? Encouragement? Express kindness, affirmation, or honesty? Offer prayer or ritual? To be a companion?

The love of God is often communicated by a genuine interest in the person and how they are coping with this experience.

The tools of pastoral care are your awareness of self, knowledge of your and others’ community, cultural and family context; your belief system, your theological education, your experience and your relationships. Do not underestimate your own need to be reconciled with your own family/cultural story and the larger story of faith. Your wrestling with God, faith, organized religion and family system serves as a resource to deepen your awareness of God, and to companion someone else in their times of deep distress.

Part of that wrestling includes the acknowledgement and understanding of suffering, the human condition and evil. For all these paradoxes there are answers that are easy, whitewash the complexity of life, and are devoid of the song of the broken-hearted and alienated. Any healing and self awareness work you do in the world, including your relationships, faith, theology and wisdom, will enhance your ability to be a witness during pastoral visits.

Serving as a witness requires patience, maturity and the ability to tolerate confusion, anxiety and uncertainty. This is different from witnessing to the person. We are serving as a witness to their conversation with God, honoring them with our attentive listening.

People long for someone to be a witness for their stories. They need someone to attend to them with care and compassion so they can hear their own inner wisdom and story of God’s grace. Often we make new connections to themes such as grace, forgiveness, sin, repentance, gratitude, love, beauty, hope and what it means to be faithful when we share conversation with others. We gain inspiration through relationships of care, particularly in times of distress, crisis, illness and suffering. We grieve the losses and the injuries of our lives. We find perspective. We find peace. We sing and chant songs about the journey.

Your basic interest can be communicated with open-ended questions, spontaneous honest and authentic connection with your own experience, and if need be, the sacrifice of your comfort as you enter into their experience.

There are many people who have not experienced being treated as beloved in their family, wider social context, and/or country. Their capacity for empathy, clarity, listening and providing comfort may well be a new experience for those you visit in the hospital, and thus, a new encounter with a loving God. Paying attention to how well you extend empathy, and in times of crisis clarity, to yourself and those closest to you will indicate how well you are maintaining sustaining your material, spiritual and emotional resources. How well you provide yourself and loved ones with healthy boundaries, and trust yourself and others to cope with both pleasure and pain in life and relationships can be an indicator of how well you will provide pastoral care to those you visit.
You may want and need to bring a quick closure to the visit. Often, however, it is best to let the person decide when the follow-up visit should be. Unless you have pressing time constraints. If you do have constraints, tell the person when you will likely visit again.

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HOW TO MAKE A HOSPITAL VISIT
SAN FRANCISCO THEOLOGICAL SEMINARY

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“Do not hesitate to visit the sick, because for such deeds you will be loved.” — Sirach 7:35

About SFTS
San Francisco Theological Seminary is an ecumenical Christian graduate school that offers students from all walks of life a rigorous educational experience focused on critical theological reflection and innovative ministries that have a powerful social impact.

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CONTINUING EDUCATION

How to make a hospital visit

CLINICAL PASTORAL EDUCATION PROGRAM