



2019 PCN Conference

Sacred Stories: The Role of Narrative in Medicine & Ethics

Tuesday—April 30	Wednesday—May 1	Thursday—May 2	Friday —May 3
	7:30 – Morning Meditation	7:30 – Morning Meditation	
	8 - Breakfast	8 - Breakfast	8 - Breakfast
Contacts: <u>Lavender Kelley</u> – 773-899-5253 <u>Lindsay Bona</u> – 734-812-2372 <u>Serra Retreat Center</u> – 310-456-6631	9:00 — Hearing the Narrative: All Ethics Begins with a Story - Dane R. Sommer	9:00 — Peace in the Storm: A Case Study of Picking up the Pieces - Pam Krinock	8:45 — Finding My Story in Prayer: Using Re-Imagined Ancient Practices with Children for Expression and Connection - Amanda Borchik
	10:15 — BREAK	10:15 — BREAK	
	10:30 — Stories that Matter: The Use of Narrative in Staff Support - Eliza Stoddard Leatherberry, Tracy Nolan, Staycie Flint	10:45— Wonder with Me: Empowering a Children to Tell Their own Story - Jessica Shannon	10:00 – CEU certificates handed out and checkout process begins
	Noon - Lunch	Noon - Lunch (Mark Bartel facilitating a lunch conversation on APC BCC support)	Interest Groups <i>(Time slots to be determined based on registration demand)</i> <ul style="list-style-type: none"> • Serving Families Who Hope for a Miracle - James Henrich • Using Art to Facilitate Meaning Making for Palliative Patients and Families - Kirstin Springmeyer • Stories that Matter: The Use of Narrative in Staff Support - Eliza Stoddard Leatherberry, Tracy Nolan, Staycie Flint • Listening to Other Voices: Utilizing Narrative to Foster Awareness of Spirituality in a Pediatric Palliative Care Program - Elizabeth Hawkins • Interwoven Narratives: The roles of Pediatric Chaplains in Organ and Tissue Procurement - Tracey Y. Woods • Scenario Training in the NICU and Ethics Committee-Making Difficult Conversations Better by Addressing the Whole Story - Connie Beemer • What the Wind Can Tell You - Michele Torres
9:00-4:00 – PCI One-day Intensive (pre-registration required)	Applications in Self Care (see description on following pages)	1:00 — Business Meeting	
1:00—Conference Check-in begins	Facilitated Activities for CEU’s: 2:30 - Hike with Guided Imagery	2:00 — BREAK	
	3:45 - Meditation Methods in A Clinical Setting	2:15 — Interest Groups 1	
	5:00 - Art and Theology Praxis	3:15 — BREAK	
4:45 – First Time Attendee Meeting		3:30 — Interest Groups 2	
		4:30 — BREAK	
6:00 —Dinner	6:00 —Dinner	4:45 — Interest Groups 3	
7:00 – More than an Anecdote: Narrative in Advanced Clinical Practice – Lavender Kelley	7:30 - Movie & Theological Reflection	6:00 —Dinner	
7:45 – How Rocks Can Create Space for Story - Courtney Webb & Cassidy Wohlfarth		7:00 – Narrative Chaplaincy: Hope and Liminality in clinical practice - Jennifer Prechter	

Presentation Descriptions

Tuesday—April 30

7:00 – More than an Anecdote: Narrative in Advanced Clinical Practice – Lavender Kelley M.Div., BCC

Conference theme exploration by PCN President that welcomes, casts the vision of the conference, and opens the door to new ways of thinking about the use of narrative in clinical practice. This examination includes useful taxonomy for translating patient experience into clinical language, ethics of engaging “the other”, and invite questions that can be used to reflect both during the conference and in clinical practice.

7:45 – How Rocks Can Create Space for Story - Courtney Webb & Cassidy Wohlfarth

This presentation focuses on the intersection of story and the role of a chaplain in transplant evaluations. We hope to share our own stories, case studies of our patient’s stories, and how we have incorporated the ideas of Holy Listening Stones (Leann Hadley), future story (Andrew Lester), and the chaplain’s strange language (Jerome Berryman) into our practice. This perspective focuses on the power of inviting others to share their narrative and being the holder of their story (Kerry Egan) within the care team. This allows us as chaplains to build relationships with patients and families and fosters professional collaboration with the transplant team/care team.

Wednesday —May 1

9:00 — Hearing the Narrative: All Ethics Begins with a Story - Dane R. Sommer, D.Min., M.Div., BCC

This lecture originated as a Grand Rounds at Children’s Mercy through the collaborative efforts of a chaplain, neonatologist and palliative care physician. It focuses on the mantra that ALL ethics begins with narrative, with a story. It is important for all practitioners – and especially chaplains – to know how narratives are created and how we become part of the narrative. This impacts our ability to support and communicate with families in situations that involve crisis or conflict.

10:30 — Stories that Matter: The Use of Narrative in Staff Support - Rev. Eliza Stoddard Leatherberry, BCC, Rev. Tracy Nolan, BCC, & Chaplain Staycie Flint, BCC

This staff support team will share our Resiliency Rounds intervention, an 8-week model for small group staff support, in a way that allows PCN participants to experience a sense of our curriculum. While many chaplain teams are using the title “Resiliency Rounds” for more informal sessions facilitated by a chaplain, what we have created is a detailed curriculum and structure that is designed to help staff build their capacity for resilience over time.

This curriculum integrates research in the fields of resilience and neuroscience and adheres to a trauma-informed approach. It is created to honor the narratives that each staff person carries. With diligence and care we’ve developed an evidence-based model that is holistically designed with respect for a diversity of backgrounds, beliefs, and world views that honorably integrates the narrative and story of the Resiliency Rounds’ participant. Further, we will be highlighting Resiliency Rounds in the context of our staff support framework and our understanding of the research literature about the impact of institutional demand on clinician experiences, empathic distress, burnout, and the strength-based factors of trauma informed approaches to care, resilience, and wellbeing.

7:30 - Movie & Theological Reflection

This evening a movie will be shown in an intimate setting where afterwards a moderated discussion will ensue. The dialog will be used as a mode of practical exploration of theological matters but will also model advanced techniques for discussing theodicy, hardship, and the experience of suffering with patients and families.

Wed Afternoon - Applications in Self Care

Attendees are invited to choose activities and outings that will help cultivate rejuvenation, relationships, and resiliency. A list of offsite options will be included in an email closer to the time of the conference. In addition to offsite offerings, on site activities will be offered that include additional CEU's.

- 2:30 - Hike with Guided Imagery Prompts – Attendees will learn and experience how guided imagery prompts and walking meditation may be used to foster wellbeing. Note: terrain may be rough and requires hiking appropriate footwear and moderate stamina.
- 3:45 - Meditation Methods in A Clinical Setting – Participants will experience multiple meditative styles that include adaptive technology for participants of varying abilities. This can be exceptionally useful in clinical practice due to the limitations illness imposes on experience.
- 5:00 - Art and Theology Praxis – This session is an experiential exploration of art and theology such that participants are invited to go deeper and identify underlying needs that are often difficult to uncover through general conversation. The practical applications include staff debriefings, self-reflection, patient/family explorations, and more.

Thursday—May 2

9:00 — Peace in the Storm: A Case Study of Picking up the Pieces - Pam Krinock, MA, BCC

Unidentified spiritual and psychosocial issues often pose barriers to medical decision-making and end of life care for families as well as perceived mixed messages between the patient, family and medical providers. Ongoing communication and coordination of goals among the providers, a combination of individual and family oriented therapeutic interventions and regular patient/family team meetings can lead to increased clarity regarding medical status and timely re-direction of care. Providing support for resolving emotional and spiritual issues prepares the patient for difficult decisions and a “good death.” In this case study , a social worker and a chaplain teamed up to support a teenage male with very high risk leukemia and his mother who were both struggling with issues of trust, resentment, abandonment, unresolved anger/grief, poor communication and inter conflict. Cross-cultural dynamics and many social issues were also in play. Several other services were also involved as needed including Child Life, Medical Legal Partnerships, Candlelighters, home hospice, etc. As the result of the interventions provided and the opportunity to tell their sacred stories, this patient and his mother were able to salvage their relationship, build a stronger line of communication, offer and receive forgiveness, and create trust, which ultimately provided a narrative of redemption when the disappointment of unsuccessful treatment outcomes were imminent. Thus, an increase of quality of life was made possible during the journey through end of life, comfort measured care, and a peaceful death.

10:45— Wonder with Me: Empowering Children to Tell Their own Story - Jessica Shannon

In empowering children to tell their own story, we give them an active voice in their healthcare. Through play, we can connect with children in a powerful way by speaking their language and entering their worlds. Their stories guide them in finding hope and meaning, develop

coping skills, and find the language to articulate how they feel emotionally, spiritually, and physically. We will wonder and play together, allowing us to discover the power of a pediatric chaplain's unique tool: spiritual play.

Afternoon Sessions – Interest Groups (times will be set after registration closes based upon demand)

Serving Families Who Hope for a Miracle - James Henrich

This interest group presentation will: (1) define “miracle,” “hoping for a miracle,” and summarize literature on populations/religions that affirm belief in miracles; (2) describe two case studies for reflection and discussion; (3) discuss practical ways pediatric chaplains can assist medical/ancillary staff who serve families hoping for miracles in end-of-life or medically futile cases. Participants will have opportunity to comment on and suggest additional ways of working with these families.

Using Art to Facilitate Meaning Making for Palliative Patients and Families - Kirstin Springmeyer

Art washes from the soul the dust of everyday life.—Pablo Picasso. “Where is God in all this?” is a common wondering that patients and families ask while trying to make sense of their illness. Using art helps to facilitate meaning making builds rapport with patients and families. This presentation uses two case studies as examples of the benefits of art and its application as a simple coping strategy. The art forms are poetry and creating a god's eye.

Stories that Matter: The Use of Narrative in Staff Support - Eliza Stoddard Leatherberry, Tracy Nolan, Staycie Flint

This is a continuation of the previous day's presentation in small group setting that offers a chance to go deeper in exploration and development of staff support skills.

Listening to Other Voices: Utilizing Narrative to Foster Awareness of Spirituality in a Pediatric Palliative Care Program - Elizabeth Hawkins

As pediatric hospital chaplains flex into roles of staff care and staff education on spirituality, we are often called to lead didactics with staff. This session will begin with a brief overview of pertinent publications which highlight the efficacy of humanities in medical training (see attached list).

After that, we will share several relevant pieces of narrative expression which have been used to teach palliative care fellows about pediatric spirituality (also attached). Participants will be invited to engage in the same exercises as the medical fellows and share original poetry with the group.

Interwoven Narratives: The roles of Pediatric Chaplains in Organ and Tissue Procurement - Tracey Y. Woods

At Children's Mercy Hospital in Kansas City, Missouri, the Spiritual Services department plays an integral role in the organ and tissue procurement process. Since their participation and advocacy, there has been an increase of donor participation. I will also share how chaplains have fostered an effective interdisciplinary team and professional collaboration with the local procurement organization; Midwest Transplant Network. I also will discuss the successes and moments of opportunities to improve our process. The chaplains have often used sacred stories and rituals as ways to connect and influence donors' participation by honoring their narratives before and after retrievals.

Scenario Training in the NICU and Ethics Committee-Making Difficult Conversations Better by Addressing the Whole Story – Rev. Connie Beemer

Creative scenario training strategies that improve addressing the whole narrative will be discussed using the two examples of video “even better if” online training and the use of actors from the simulation center to improve ethics consult conversations.

What the Wind Can Tell You – Rev. Michele Torres

Dialogue between fiction and real life with the story of two brothers, one typical and one who is medically complex. I will read passages from “What the Wind Can tell you” in dialogue with Johnny and Mateo's imovie.

7:00 – Narrative Chaplaincy: Hope and Liminality in clinical practice - Jennifer Prechter

How do the concepts of narrative medicine and narrative ethics intersect with our discipline of chaplaincy? We are present during “the waiting” with families. As the team works to convene medical facts, we are the holders of sacred space and too often hope gets diminished. The waiting needs to be part of the story and our goal is to foster hope within it. Using literary ideas and a diagram, I want to help chaplain’s better conceptualization to themselves (and the medical team) where the case is and where it is going. If we can show the family’s movement in a visual way, I believe we can impact the language and communication style of the team. Ultimately, we want to hold space for both medical language and spiritual language.

Friday—May 3

8:45 — Finding My Story in Prayer: Using Re-Imagined Ancient Practices with Children for Expression and Connection - Amanda Borchik

How can we invite children and adolescents to connect with their unique story and their source of hope when words are hard to find or hard to share honestly? Through the use of two re-imagined sacred practices, visio divina (Latin for “divine seeing”) and lament, we can open a wide space for wonder, exploration, and authentic expression in prayer. We will take a fresh look at these practices and how to creatively use them with patients from diverse spiritual and religious backgrounds, including an opportunity to engage and experience them ourselves during the session.

