



NCCA Fall Newsletter 06

You Make A Difference To NCCA

It's been a year since I sat in bumper to bumper traffic on the I-10 Bridge at Pascagoula, Mississippi writing an article for our newsletter. It was a week after Hurricane Katrina and I was headed to Biloxi Regional Medical Center.

Right before I headed south I discovered a quote by Ann Frank. I wrote it on a sticky note and took it with me. It continues to guide my life. The quote is this: "It is wonderful that no one need wait a single moment to begin to improve the world."

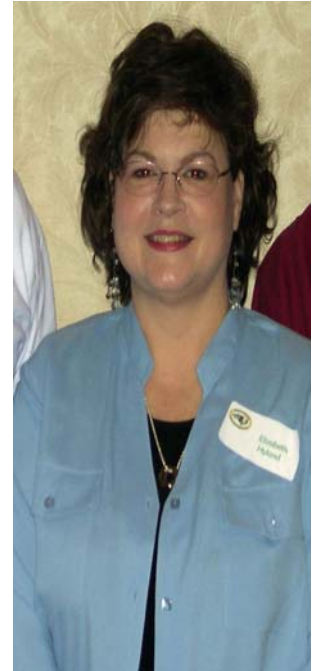
I challenge you to start right now and make a positive difference in NCCA! Join me, the board and committee leaders in improving *our* already strong organization!

I hear you thinking: my schedule is full; I don't know what I could offer; no one officially asked me to help; what difference can one person make!

Four years ago those were my thoughts! I was fairly new to NCCA and didn't know much about the organization. I mentioned to Jane Litzinger, a long time member and one of my CPE supervisors, that folks didn't seem very friendly. She immediately volunteered my services to Richard Hunt, the incoming president. Soon I was membership chair!

Now, I'm inviting you to participate more actively in NCCA!

- Make it a priority to attend the fall and spring meetings. You'll have ten CCEU's for the year. Get to know other members.
- Let us know how we can better meet your needs. Email me and the board!
- Check the web site regularly. We're updating all the time.
- If you're qualified to teach or know of a great speaker, contact Debby Bradley, the education chair.
- Be bold & network with colleagues! Call a colleague to say hello. Invite someone who isn't a member to join us. Invite a group of chaplains for an informal lunch.
- Make sure your CPE site has an information/application packet available for residents.
- Post your education events and job openings on our web site.



Inside this issue:

<i>2006 Chaplain of the Year</i>	2
<i>2006 Fall Speaker</i>	3
<i>New members</i>	4
<i>A Day in the Life of..</i>	5
<i>Disaster articles</i>	6
<i>Agenda</i>	8

President's Address con't

- Update address changes with Marcia McQueen, the membership chair. Check the web membership list for errors.
- Write and submit an article for the newsletter or web site. Share what works with others.
- Buy logo wear. Polo shirts, t-shirts, sweatshirts, caps and canvas bags are available on line.
- Renew your membership annually!

NCCA needs you, your participation, and your ideas! It *is* wonderful that we don't need to wait a single moment to make NCCA the best it can be!

Shalom!

Elizabeth Hyland ~ President
ehyland@ctc.net

Jane Litzinger: NCCA 2006 Chaplain Of The Year

The Chaplain of the Year for 2006 is Jane Litzinger, a CPE supervisor at Wake Forest University Baptist Medical Center. In her personal and professional life, Jane raises the bar a little higher and encourages all of us to strive to be better chaplains.

Jane is a gifted chaplain, educator, mentor and spiritual director. A quote from one of her nomination letters describes this amazing woman:

“What really recommends Jane for this award is her spirit- that intangible quality called ‘pastoral presence’ that makes her a leader in our field, someone whom persons far and wide seek out for advice and wisdom. She is a person with a far-reaching intellect, a fierce commitment to truth and justice, a sincere compassion, and the grace to hold these really quite amazing gifts together with a sense of her own limits.”

Jane is a strong advocate for professional chaplains and a long time participant in NCCA. She served as vice president and education chair. She regularly attends meetings, helps with education, and encourages new chaplains to get involved with NCCA and APC.

At WFUBMC Jane is known for her laughter and compassion. The supervisory education program she developed has become “best practice” for ACPE Centers nationwide. Former CPE residents seek her guidance. She works with medical students & physicians to understand how spirituality compliments medicine and healing. She teaches pastoral care education in Africa, Europe and England!

There is much more to tell you about this remarkable chaplain, but space is limited so I leave you with this quote from another of her colleagues: “Jane Litzinger has invested herself as a pastoral educator and as a minister of the gospel and her investment has birthed



Chaplain Jane Litzinger

2006 Fall Speaker— Peter Maffly-Kipp **Introduction to Ministry and Addiction**

Studies show that 5 million people over the age of 12 needed treatment for illegal substance use in 2003. 17% of those actually received treatment at a specialized facility. Only 10% of the remainder felt they needed treatment, despite the fact that two thirds of those needing help would meet the clinical definition of addiction. This 5 million does not include those struggling with alcohol, tobacco, food, or sexual addictions. Chaplains and ministers have been described by some mental health journals as “front line mental health practitioners.” But divinity schools and chaplaincy training do not always offer information about to understand and care for this large group of individuals and their families. Addiction is a pervasive issue in our culture, one that APC is recognizing needs attention in the training of chaplains.



*Peter Maffly-Kipp,
BCC, LCSW*

On October 26th the NCCA Fall Education Day will offer a workshop “Introduction to Ministry and Addiction.” This training focus on what substance addiction is, and is not. Treatment styles and options will be presented accompanied by discussions of the spiritual dimension of struggles with addiction, especially for those trying to navigate recovery. Part of the presentation will be discussing a model of interaction that will offer clear strategies for communicating concern to those struggling with substance abuse and dependence. Handouts reflecting the content will be available online after the session, as well as resources for those in ministry.

The presenter is Peter Maffly-Kipp, a chaplain at UNC Hospitals in Chapel Hill. Peter is a board certified chaplain and a licensed clinical social worker with extensive experience ministering to people with mental health and substance use problems. He has worked with people living with HIV disease for over 20 years, and is currently running spirituality and process groups for clients struggling with eating disorders. Peter has been conducting CPE education on issues in addiction and ministry for over 15 years, as well as education to nurses, psychiatry interns, social workers and physicians about spirituality and mental illness.

Jane Litzinger con't

incalculable dividends. She epitomizes the very best of what chaplaincy and pastoral care is designed to bring to this world. Her indelible handprint is on the hearts of innumerable students, patients and their families, employees and fellow pastoral care ministers.”

Congratulations Jane!

* It's not too early to begin to think about nominations for Chaplain of the Year for 2007! Watch for information on the web site! Nominations will be due by the end of January '07.

New Members of the NC Chaplains Association

We gladly welcome new members who have been approved for membership at the Executive Council meetings in March and June 2006! They are:

Dennis M. Carey, John Umstead Hospital

Kevin Sean Cochran, Bethany Fire Department/Rockingham County Sheriff's Department,
pastor

Michael Flynn, Carolinas Medical Center

Victor A. Greene, Jr., Angel Hospice and Palliative Care

Paula Griffin, UHS, Pruitt Corporation

Rachel Hunt Hill, Duke University Medical Center

Tim E. Jackson, Moses Cone Hospital

Linwood Jarrell, Duke University Medical Center

Darek Lamar McCullers, Carolinas Medical Center

Gus Martschink, Moses Cone—Women's Hospital

Qiyamah A. Rahman, Carolinas Medical Center

Gail Wilson Smith, UNC Hospitals

Michelle Smith, First Health Hospice and Palliative Care

Carl A. Synan, Gaston Hospice

Theresa S. Thames, Duke Medical Center

Pam Watkins, University of North Carolina Hospitals

Chris Denise Williams, Nash General and Wake Med



We are always glad to have new members. If you know chaplains—paid or volunteer—who serve in any of the following settings, invite them to become a part of the NC Chaplains Association.

- v Hospitals
- v Clinics
- v Correctional Facilities
- v Businesses or Industries
- v Law Enforcement
- v The Military
- v Hospices
- v Skilled Nursing Facilities
- v College/University Campuses

If you know of other persons, clergy or laity, who are interested in pastoral care issues and related educational opportunities, invite them to join as well. The membership application is available online at www.ncchaplains.com or I can send you a hard copy, if needed (Director of Chaplaincy Services, Morehead Memorial Hospital, 117 E. Kings Hwy., Eden, NC 27288).

Also, if you see incorrect information about members—either on the website or in this list—please inform me. (We do have some corrections which have not yet made it to the website. We're working on that, too!)

Marcia McQueen, Membership Chair
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A Day in the Life of a Community Hospital Chaplain

I enter my shared office and see the piles of papers on my desk. I remind myself that the priority is patients as I sit to check e-mails, internet and intranet, run the day's inpatient census list and check for death reports. I listen to voice mail messages and try to respond promptly to those messages. It might be a reminder of a meeting, a confirmation of lunch with the solo chaplain from the hospital in the next town over, a question about whether there are any more openings in the class on Advance Directives. I return those calls and then prepare the census list, the visitation worksheet and a meal ticket for the volunteer chaplain who will come to visit newly admitted patients today.



I then set about reviewing the day before and those for whom I am to make follow-up visits. Administrative tasks usually take up the first hour or so of the morning. I might be preparing the schedule for the next month's visitation and on-call assignments. I might be writing an article for the employee newsletter or a letter to a prospective chaplain, informing of the next hospital orientation for which he/she is scheduled. Or I might be preparing an assignment for the Ethics Committee or enlisting a notary or witnesses for the Community Session for Advance Directives. I might be making decisions and searching the internet for resources with which to decorate the new chapel . . . or preparing a prayer for the invocation of the employee service awards banquet.

I hear an overhead page: "Code Blue, second floor. Code Blue, second floor. Code Blue, second floor." By the time the operator says it the third time, I am well on my way toward that particular patient care area. Upon arrival, I inquire about whether there is family present and where they are currently situated. I introduce myself and ask for a brief explanation of what has happened, partly for my benefit but also for them to re-tell the story. In time, I ask if we need to call one's own pastor for them or other persons. I provide a non-anxious presence, periodically keep the family informed of what is happening (according to other staff involved), and offer prayer if desired. At the conclusion of the Code Blue, I accompany the family to see the patient, now transferred to the ICCU.

Making routine rounds, I realize I am in need of an energizing cup of coffee and go to take a break. I know that I have two referrals at the nursing center (which is also on our campus). I know that on my desk are three applications for membership in the Chaplains Association which I need to process. If only there was another chaplain colleague employed here. On days like this, when I rush from one thing to the next, I would love to be able to call for some back up.

Here I go again—while visiting patients, I think of the administrative things I need to do and while doing administrative tasks, I think of all the patients at the cancer center, the nursing center and within the hospital—both inpatients and outpatients. I remind myself I am a limited human being and must trust that staff will make the referrals that are priority and that my own spiritual and intuitive senses will guide.

I then proceed to visit with two residents of the nursing center. In the room, I enter—quietly introducing myself. The resident, alone in the room, to say but smiles gently when I ask if she would like for me to read scripture or pray with her. She weakly mouths the word "pray" as she lies there. I her, including scripture in my prayer and when I finish praying, she opens her eyes and smiles. I state that those scriptures offer us a "good hope" to which she says "yes." I inform her I will return tomorrow to see how she is doing.



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Disaster Training Information

At the June board meeting we discussed the problems chaplains had in responding to Hurricane Katrina. It was difficult to quickly connect with groups for deployment. I contacted the NC State Medical Assistance Team (SMAT) and the American Red Cross. Information and contacts for disaster training are on our web site.

SMAT II is a hospital based team of medical professionals established to provide patient mass medical care, alternate care facilities, decontamination and mass drug distribution points during a disaster. SMAT II includes physicians, nurses, paramedics, pharmacists, social workers, chaplains, and other support staff. The leaders are excited about partnering with NCCA to place chaplains on their teams.



I hope you will explore disaster training options and get started on the process. I've completed the on line SMAT courses and await the hands on training so I can be deployed if needed. If you have questions, let me know.

Elizabeth Hyland, President
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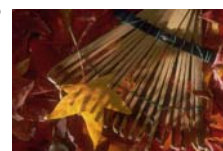
Disaster Preparedness and Response

As I write this article Tropical Storm Ernesto is hopefully on his way to South Carolina and not South-eastern North Carolina! While not a hurricane yet, the storm raises anxiety and a number of questions? Will it increase in intensity and become a hurricane? Will it change course and hit the Wilmington area again? Will the Medical Center go into lockdown meaning sleeping on the floor for two nights, losing power and air conditioning? Oh the memories and smells!!

Southeastern NC has had so many hurricanes in the last ten years that I have lost count. While this does not mean we are complacent, it does mean that we have a well tested system to deal with this disaster. Our responses and policies have been so repeatedly tested that New Hanover Regional Medical Center was just identified by the National Trauma Center as one of the five most prepared hospitals in the nation.

For me the most important step is to make sure you are personally prepared. When you are, you can focus on your part in the response. To be personally prepared, however, includes reviewing the following checklist:

1. Do you have the right insurance policies and adequate coverage?
2. Have you photographed and/or videotaped every room in your home?
3. Have you determined what valuable items to take if evacuated?
4. Do you have the originals of the above in a secure place other than the home?
5. What are you going to do with your pets?
6. Do you have plans for your family? If you evacuate, where are you going?
7. Do you have someone selected outside the region, to communicate your evacuation destination?
8. Do you have your required ID to re-enter?



Disaster Preparedness con't

9. Are your Evacuation kits ready? You need to be prepared to be on your own for 4-5 days. Items included are cash (ATMs may not work), First Aid kit, medications, food that does not require preparation, disposable eating utensils, water (1 gallon per person per day), personal hygiene, clothing, bedding, flashlights, extra batteries, etc.

The next step is following your institution and department's disaster response. At New Hanover our department has a storm team and a recovery team. During the storm our team is split into 12 hours shifts so we don't all get worn out. During the shifts rounds are made to every nursing unit informing them of our presence, assessing needs and providing spiritual care and emotional support to patients, families and staff. The recovery team comes in after the storm to relieve the storm team. They follow up on referrals and continue to make rounds to provide needed ministry and support. They also begin to collect information about losses experienced by staff so we can identify staff that we need to follow, up to a year if necessary. A key to disaster response is care for your team and staff. Without it, they will experience fatigue and burn out.

To celebrate the end of Hurricane Season, we joyfully donate whatever food we purchased to the local food pantry as a way of saying thanks.

Ron Wedekind
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A Day In The Life of con't

I proceed to the other resident's room (for whom I have a referral) and introduce myself, conversing briefly with her. She states that she is "not having such a good day" but that she doesn't want to talk about it. Not having met this resident before, I am unsure of her clarity of thought. But, I ask if she knows of anything she *would* like for me to do for her as chaplain. "Pray for me," she states, and I ask if there is something specific she would like for me to pray. She responds that she wants me to pray for "love." I prayed for this woman, including a statement of my belief and scriptures which indicate God loves us unconditionally and prayed that she would experience God's love—both within her spirit and from others around her. As I departed, the resident thanked me for coming.

As the day nears its end, I know there's much I haven't done; but, also, in this reflective moment, I realize I have done good work in this day. My compassion and my call are meaningfully expressed day to day in the obvious and the not so obvious; in the ordinary and the extreme. Moment by moment, I respond to others and myself with the hopes that the pastoral care values of availability, timely responsiveness, non-anxious and supportive presence, boundaries and self-care, professionalism and compassion are provided in the healthcare setting where I minister.

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**We're on the
Web:
www.
ncchaplains.com**



AGENDA FALL EDUCATION DAY 06 CARAWAY CONFERENCE CENTER *PETER MAFFLY-KIPP, UNC HOSPITALS*

TITLE: Introductions *Introduction to Ministry and Addiction*

8:30 Registration

9:00 Welcome

9:30 Session I

10:30 Break

11:00 Session II

12:00 Lunch

1:15 Session III

