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# Observations about Holistic Care from the Experience of a Medical Student Shadowing a Chaplain

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**Abstract:** The project was initiated when a medical student expressed interest in shadowing a chaplain during their third-year clinical rotations. The Hospital Library Service supported this inquiry by providing readings about intentional programs and a medical practitioner spiritual screening for both the chaplain and student to review. By coordinating with the student's medical supervision, different times were found throughout the day such that a variety of pastoral care instances could be observed. As part of the welcome extended to each patient, the chaplain introduced the medical student and obtained consent for them to be present during the care conversations that followed. These visits occurred over two months in the spring of 2024. This experience provided an opportunity for both the chaplain and student to reflect on the process of acknowledging, confirming, affirming, and encouraging patients and their families. Additionally, through these visits and subsequent conversations, a holistic health and wellness model was used to emphasize compassionate and spiritual patient care.

**Keywords:** chaplain shadowing; medical student; physician–patient education; chaplain; pastoral care; holistic health; chaplain rounding; holistic health

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## 1. Introduction

Spiritual care is a necessary component of medical care. Medical care in a hospital is provided by the doctors, nurses, and medical staff who observe, diagnose, treat, and attend to the patients. Excellent medical care integrates the physical, emotional, and spiritual dimensions of an individual, with a focus on returning them to physical and psychiatric health. While spiritual care is a component of the care provided by the medical team, it is the focus of the pastoral department. Spiritual care is a dynamic and subjective concept that broadly encompasses the care addressing a patient's existential and incorporeal needs in connection with illness and crisis (Murgia et al. 2020). The chaplain uses tools, such as the HOPE approach to spiritual assessment (Anandarajah and Hight 2001) to work with the patient and family in identifying the beliefs, practices, and resources that might contribute to their overall sense of wellness and shape their perceptions of the future. Combining medical treatment and spiritual care is essential for facilitating holistic healing and has been linked to better health outcomes (Lichter 2013).

Indeed, there are many established national and international medical curricula on spiritual care (Wenham et al. 2021) that seek to ensure that medical and spiritual care are integrated together. However, the extent to which spiritual care is included in clinical rotations varies widely. This article describes the experience of implementing an independent learning experience focused on spiritual care as a medical student shadows a chaplain at an acute care medical and surgical hospital. The impact of the experience, presented in four scenarios (End of Life, Transition, Pediatric, Palliative/Hospice), was captured in the student's reflective writing exercise, then synthesized with the chaplain's observations and

the results of a brief literature review. Ultimately, this project will help inform the design of future spiritual care learning experiences, as well as establish a baseline for what can come from the experience of a medical student shadowing a chaplain while they facilitate or perform pastoral care.

This learning experience occurred at a large, community, acute care medical and surgical hospital located an hour outside a large city in the Northeast. The hospital provides clinical rotations for medical students, which consist of 4–8 weeks working with clinicians in different hospital departments and contributing to patient care while learning about the different specialties in medicine. The Director of Pastoral Care speaks annually with the incoming class of medical students to educate them about the role of a chaplain and to provide tools for students to consider for their holistic health practices and resilience. In the past, individual students have followed up with questions, or asked for time for pastoral care, but never requested a shadowing experience.

As early as 2002, Graves described efforts to integrate spirituality into the medical school curriculum through lectures, taking/crafting of spiritual histories, and on-call experiences with hospital chaplains (Graves et al. 2002). As spiritual care moves from the medical school curriculum to the hospital, Piscitello and Martin (2020) have described a single-site intervention for internal medicine residents at a hospital with a lecture and discussion-based curriculum that covers spirituality, religion, and medicine. Chow et al. (2021) identified additional methods for including a spiritual care curriculum in resident training through case presentations/conferences, integrating teaching within chaplain and clinical rounds, reflective writing, Objective Structured Clinical Observation (OSCE), theatre improvisation, and role play.

While shadowing a chaplain is not typically included in the standard curriculum at most medical schools in the United States, there are documented benefits in the development of future physicians to observe spiritual and compassionate patient care in a clinical setting. Suda et al. (2023) found that after 6–8 h of shadowing a trauma chaplain, the reflections of 90 first-year medical students demonstrated enhanced insights into patient suffering, personal and professional growth, and recognition of the shortcomings of medical education and clinical medicine. This study concluded that even this short shadowing experience gave students insight into the role that spirituality plays in medicine and promoted the development of a strong physician identity. Similarly, Perechocky et al. (2014) developed a pilot program in which medical students shadowed a chaplain at an urban level 1 trauma center, in the emergency department and intensive care units. Surveys completed after the experience showed that more than 90% of the students agreed or strongly agreed that "(1) the program provided them with a greater understanding of how to engage patients and families in difficult conversations; (2) they learned about the chaplain's role in the hospital; and (3) the experience was useful for their medical education, careers, and personal development." Two-thirds of the students felt they had a stronger ability to discuss spirituality with patients and families. All students recommended the experience be part of the medical school curriculum.

Given the limited duration of this learning experience, it was not feasible to implement a formal curriculum with lectures or a pre-/post-assessment of changes in the student's knowledge, skills, or beliefs (Piscitello and Martin 2020). Instead, the learning experience was structured such that the medical student would first learn about how the chaplain facilitates and provides care for patients and families, his theology of ministry, and how care is documented, before shadowing the chaplain on a sample of cases during their free time after rotations (Chow et al. 2021; Crozier et al. 2022; DeFoor et al. 2021; Frazier et al. 2015; Gomez et al. 2020; Perechocky et al. 2014; Suda et al. 2023). Drawing on the prior experience of the chaplain in leading writing groups with veterans, the medical student captured observations in reflective writing after each patient encounter. Clergy in the Pastoral Care Department were consulted to ensure that they would be receptive to being shadowed by a medical student. The spiritual care learning experience occurred over two months and is described in more detail below.

## 2. Background

While the structure of the spiritual care learning experience was guided by the literature on shadowing chaplains during rounds, early discussions between the chaplain and medical student shaped the substance of the experience based on a shared approach to holistic health.

The chaplain was trained as a Lutheran Minister and had previously served as a military chaplain, both experiences that emphasize health from a wellness and holistic perspective, where health is impacted across several domains. This background easily transferred to working with those in a hospital setting. From the chaplain's experience, many physical ailments are accompanied by mental, spiritual, and moral distress. Indeed, trauma, operational stress, and moral injury often go hand in hand with physical illness and injury and can be multiplied and exacerbated by addiction. The medical student's motivation to pursue a spiritual care learning experience stemmed from a desire to provide patient-centered, holistic care to future patients. Prior to attending medical school, the student worked in several communities that had limited access to healthcare, which often impacted their health outcomes. However, the student observed that these barriers to care could be overcome through strong familial support, community ties, and a trusting patient–provider relationship. From these experiences, the student grew to believe that while physical health plays a large role in the overall health of a person, the balance of emotional and mental health is equally as important. As a result, the student pursued a career in osteopathic medicine.

### *2.1. Medical Student's Motivation*

As a medical student, clinical rotations are a time for significant hands-on learning. To facilitate this learning, while rotating through the different fields of medicine, patients are introduced to students as cases to be studied in the pursuit of applying knowledge and growing understanding. As a student, it can be easy to forget the humanity in the patients seen every day in the pursuit of knowledge. While to the student, individual cases can blur together, to the patient, their time at the hospital often stands out as one of the most frightening, painful, and memorable experiences of their lives. The intensity of these experiences underlies the importance of the patient–physician relationship. While a physician may see many parturitions and deliveries a day, a mother may only experience childbirth up to a few times in their life; therefore, how the physician acts towards the patient in these environments is impactful and will be remembered.

The medical student reached out to the hospital chaplain because they wanted to further cross the chasm between the medical student/provider's experiences and the experiences of the patients. When providers enter a patient's room, it can be to provide comfort and communicate with loved ones, but always with the goal of tracking symptoms, trending progress, and ultimately returning them to their life "before". As the chaplain states, they have "the best job in the hospital," because they have no other goal when entering the patient's room apart from being with them in whatever way brings the most comfort. The medical student wanted to see patient care from this perspective, where interactions are not solely provider–patient, but rather human-to-human.

Emphasizing a patient's humanity is essential in practicing holistic health and is very much in line with the medical student's training as an osteopathic medical student. Indeed, the first tenant of Osteopathic Medicine, which expresses the underlying philosophy by which all Doctors of Osteopathic Medicine (DOs) are trained, states:

> The body is a unit; the person is a unit of body, mind, and spirit.

Throughout the medical student's third-year clinical rotations, they have seen this principle in action as patients often struggle to heal unless their physical, emotional, and metaphysical needs are addressed. The medical student is hoping to take with them the lessons they have learned from this shadowing experience as they progress toward their goal of becoming an empathetic, holistic physician.

*2.2. Chaplain's Motivation*

Being able to share with a medical student the strong emotions felt by a patient or family member after hearing a diagnosis, or after a conversation about a challenging treatment course, can be valuable in further developing empathy and the communication skills of future physicians. By allowing the student to observe the dance that occurs when the patient explores the limits of their relationship with pastoral care, the medical student is able to witness how the chaplain builds relationships, even in times of crisis. One of the roles of the chaplain is to sit with patients and their families, hear their cares and worries, and hold space for their story as they develop what the narrative for "next" will be. These conversations can have elements of a formal or informally practiced faith tradition, as patients reflect on their new reality. Throughout these reflections, the chaplain listens without any judgment or attempt to answer, respond, justify, or explain. Often just by being with the patients and their families, the chaplain offers a temporary respite and place where reflection and speech can lead to acceptance, contentment, and continuing the healing journey. Herman (1992) summarizes the trauma experienced by many patients as follows:

> "Traumatic events are extraordinary, not because they occur rarely, but rather because they overwhelm the ordinary human adaptations to life. Unlike commonplace misfortunes, traumatic events generally involve threats to life or bodily integrity, or a close personal encounter with violence and death. They confront human beings with the extremities of helplessness and terror and evoke the responses of catastrophe." (p. 33)

Trauma is not always evident or presented at the onset of the care process. While providing care, the chaplain fosters conversations that open the door for regret, shame, discomfort, doubt, and failure to be examined, reflected upon, and, in some instances, cleansed and moved away from. For example, those who are hurting can present as manic because they are not able to find someone who will listen to them regarding their hurt or injury. Thus, being aware of the whole person can assist with holistic healing.

As patients progress through the stages of their healing or disease processes, they often discuss questions about life and meaning with the chaplain. For patients who are advancing toward a discharge, the chaplain works with the patient to explore spiritual or emotional barriers that may be hindering their discharge and discusses reintegration back into their lives outside the hospital. For patients at the end of life, there are often two different types of care being provided, one for the patient and another for the loved ones. In a form of spiritual triage, the chaplain screens the census each day for patients in palliative care and hospice in order to get ahead of a terminal event, so that the patient can be consulted on their spiritual care needs. For patients who cannot speak and are in a terminal decline, the chaplain focuses on caring for the family. In these instances, it is important to respect the family's wishes—sometimes, families do not want their loved one to hear anything about their prognosis, and other times, families ask for the Commendation of the Dying and to sit with the patient until they die.

Regardless of the patient's prognosis, these discussions often yield insight into the heart and values of the patient and their families. This information can prove helpful for the treatment team as they work with the patient in a model of shared decision-making and discuss the next steps. For a future physician, observing these conversations can strengthen their abilities to gain insight into a patient, thereby strengthening the patient–physician relationship.

The student's training in Osteopathic Medicine is complementary to how the chaplain facilitates and performs pastoral care, which is informed by the Common Qualifications that align with the Standards for Chaplains, (BCCI 2024). As the patients share about their lives, whether it is in the emergency room, the patient rooms, or within spirituality groups in the Behavioral Health and Inpatient Addiction Recovery Units, the chaplain approaches the conversation through a biopsychosocial framework. This framework leaves room for understanding the hurt and traumas the patient may have carried physically,

mentally, and spiritually that are inhibiting their ability to flourish. The chaplain hopes to demonstrate the use of this framework in patient care for the medical students to use in their future practice.

## 3. Materials and Methods

The Hospital Pastoral Care Department serves people of all faiths, as well as those without a formal faith community, attending to the religious and spiritual needs of patients and families during their stay. While there are growing numbers of people in the United States who identify as being "spiritual" and "not religious", the "nones", rather than identifying with a denomination (Kenneson 2015; Wiertz and Lim 2021; Wittberg 2021; Saunders et al. 2020; Mosqueiro 2021; Gullickson 2018), in the hospital, the vast majority of the patients identify with a faith tradition (Table 1). In response to the diverse beliefs and faith traditions of the patient population, the Pastoral Care Department consists of the hospital chaplain, a per diem chaplain, as well as volunteer Roman Catholic priests, an Orthodox priest, an Imam, a Rabbi, and eucharistic ministers who visit daily. A variety of other services are provided, including anointing and blessing, daily visits from the chaplain, provision of religious reading material, Shabbos rooms, and support in times of ethical decision-making.

**Table 1.** The faith traditions present from 1 April 2023 to 1 May 2024, according to hospital's electronic medical records.

| Religion | Percentage of Total Count of Religion |
|---|---|
| Baptist | 3.59% |
| Catholic | 47.01% |
| Christian | 7.97% |
| Episcopalian | 0.4% |
| Evangelical | 0.8% |
| Jehovah's Witness | 0.4% |
| Jewish | 8.76% |
| Lutheran | 1.59% |
| Methodist | 0.8% |
| Muslim | 1.99% |
| None | 10.36% |
| Other | 7.17% |
| Pentecostal | 1.2% |
| Protestant | 2.39% |
| Seventh Day Adventist | 0.4% |
| Unknown | 5.18% |
| No Value | 0.0% |

Patients are referred for pastoral care through the hospital's electronic medical records, a thorough daily screening of the census for referrals, palliative care, and hospice consultations, fetal demise, and by identifying patients receiving comfort care or hospice care in the hospital. Additional referrals happen in person, by email and phone, and during rounds via patient, family, or staff requests.

In early 2024, six months into their third-year clinical rotations, the medical student began exploring the possibility of a spiritual care learning experience. The Medical Staff Continuing Medical Education Department facilitated the connection with the Pastoral Care Department, and since this was a novel request, the Director of Pastoral Care consulted with

the medical librarian to gather information about best practices to guide this experience. The medical librarian systematically searched PubMed and Google using terms from the project scope, characteristics of the hospital, and details from the chaplain's rounding plan; however, the intent was not to conduct a formal literature review.

The medical student's motivation and goals for the experience were first explored in an introductory meeting between the student and the chaplain. During this time, the student was also introduced to the structure and philosophy of the Pastoral Care program at the hospital. After this initial meeting, the shadowing process was initiated by the student after the completion of their other clinical responsibilities. The student connected with the chaplain via text while the chaplain was rounding and making pastoral care visits. Before each patient visit, the student and chaplain would engage in a dialog about the process of pastoral care at the hospital, and the chaplain would also review the Spiritual Care Assessment tool used at the hospital, HOPE (Spiritual Resources, Organized Religion, Personal Spirituality, Effects on Care (Anandarajah and Hight 2001). After each visit, the chaplain and medical student would debrief about the care provided to the patient. Throughout the experience, the medical student was encouraged to write reflections on each patient encounter. These reflections informed the Results and Discussion sections of this paper.

The chaplain determined which visits would have value for the student to observe. On two occasions, the student was not brought to visits with patients who were not able to communicate. While determining which patients would be shadowed for the day, the chaplain also demonstrated how to annotate patient records using the Spiritual Care tab in the hospital's medical records and shared the pastoral care triage process. After the new referrals had been seen, rounds were conducted in the following order: (1) new palliative care referrals, (2) new hospice care referrals, (3) new comfort care patients, (4) patients of school age or younger, (5) patients over 90, (6) continuing care visits, and (7) care for patients known from previous admissions. Ultimately, the student shadowed the chaplain on visits to patients who were receiving palliative care, rapid decision, pediatric care, and intensive care.

The scope of this learning experience involved exploring the roles of a chaplain in a clinical setting for a limited duration of 1–2 months. The important factors that contributed to the success of this experience included the following: the willingness of patients and family members to allow for pastoral care while a medical student was present, and support from the hospital administration, attending physicians, and the Director of Ambulatory Medicine.

## 4. Results

### *4.1. Experience 1: Patient with Multiple Admissions*

The palliative care shadowing experience was with a patient who had experienced multiple admissions, was under contact isolation due to illness during the visit, and who did not have a discharge date. Pastoral care had been provided to this patient over a period of years as they became bedridden and unable to speak. During earlier admissions, the patient shared their faith tradition and their habit of reading Psalms while praying to God. During the patient's many hospital stays, the chaplain would visit daily and read biblical scripture from the patient's devotional tradition, Psalms 4, 13, and 16. The chaplain added readings from Psalms for loneliness (142, 38, and 88), psalms that may bring comfort to those who are sick (16, 27, 25, 28, 103), and the Gospel of John. The chaplain would routinely end with prayers from the Lutheran Service Book Pastoral Care Companion.

After this experience, the student observed that for patients with repeat admissions or who have been admitted to the hospital for a long period, the chaplain brings not only psalms or words of healing but also checks to see if there is anyone to contact on the patient's behalf, such as their place of worship or their family, and even assists with coordinating care for their pets left at home. The outcome of these seemingly small acts

helps the patient maintain connections to their faith and their life outside the hospital and can be a comfort for their worries and fears.

During this shadowing experience, the student further observed that the patient's contact isolation left them alone in a hospital room and that medical staff were unrecognizable in the same uniform of a disposable yellow gown, face mask, and gloves. To an elderly patient already disoriented by their illness, this isolation and lack of recognizable human contact, while necessary, can severely impact emotional and spiritual health.

Although this patient was nonverbal and seemed unable to understand what was spoken, the student observed that they immediately relaxed when the chaplain came in the room, knelt next to the bed such that their faces were at eye level, and held the patient's hand. As the chaplain read a psalm, the patient's eyes closed, their breathing slowed, and their movements became less agitated. Even though the patient was isolated both in a physical place and mental state from the world, the patient's reactions showed that they understood these words and the chaplain's presence to be those of comfort. During this spiritual care experience, the student observed a temporary balance of mind, body, and spirit in real-time. This experience demonstrates how pastoral care can authentically continue with someone who is no longer able to communicate. Upon later reflection, the student thought about how they could incorporate the observed relationship building into their own future care of patients where communication may be limited due to illness, disability, or language barrier. The student noted how important body language, tone of voice, and energy are in these interactions, in addition to speaking to and orienting the patient, regardless of whether there is a response.

### *4.2. Experience 2: Patients in the Rapid Decision Unit*

The second group of patients seen were waiting in the "Rapid Decision Unit". This unit is for patients who require further evaluation to determine whether they need to be admitted to the hospital or if they can go home. A theme in the conversations that occur with these patients is the uncertainty surrounding their treatment and discharge. With patients in the Rapid Decision Unit, these feelings of uncertainty and exasperation can be intensified as they wait to find out how their symptoms can be treated and if they need to be admitted. The chaplain often stops by this unit in an attempt to relieve anxiety and introduce himself. While these visits are often only introductory, they can lead to longer and more intentional pastoral care when the patient has been admitted for a procedure or recovery.

The student observed that two patients seen in this unit did not engage with the chaplain in his spiritual care role, but rather as a representative from the hospital checking in on their wellbeing. These visits were short but both patients appeared grateful to be seen and understood that if admitted, they would always have someone to talk to. These interactions demonstrate how care can be offered, and that each interaction is one step in building relationships. The chaplain is in a unique position to listen to the patient and be a multiplier to facilitate resources with the case manager and social worker.

### *4.3. Experience 3: Pediatric Patient and Parent*

On a visit with a pediatric patient, the medical student was able to observe the range of situations where spiritual care could be provided during daily pastoral rounds. The pediatric patient was preschool aged and had been admitted for a few days. On entering the room, the chaplain and student found the patient was sitting in bed with their mother, clearly ill. The patient only acknowledged the medical student and chaplain's presence with a glance.

The student observed how the chaplain adapted the type of spiritual care provided. The patient and parent were experiencing a great amount of uncertainty, like patients in the Rapid Decision Unit, but unlike the non-verbal palliative care patient, the chaplain did not have a prior relationship. On this visit, the chaplain approached the patient and parent by relaying a personal story about when his own child had to stay in the hospital

for an extended period. The student observed that the parent seemed relieved to have this personal connection with someone from the hospital who had a similar experience. The chaplain then offered to bring some activities to pass the time. When the bag of paint sets, coloring books, and art supplies was given to the patient, they sat up in bed and expressed delight. The parent seemed surprised at this sudden energy and thanked the chaplain for his thoughtfulness. The student reflected that although the act of giving a coloring book to a child is small, one could imagine the impact it had on the patient and their family. This visit demonstrated the chaplain's approach to holistic spiritual care.

### *4.4. Experience 4: Palliative Care and Hospice Patients*

Every day, the chaplain reviews a list of patients receiving palliative care, hospice care, and comfort care. The focus of these visits with patients and families is to ensure that their end-of-life spiritual needs are being met. The chaplain ensures that patients are connected with the appropriate members of the Pastoral Care Department. These visits are annotated in the patient's medical record, allowing nursing staff to share with family members that their loved one has been seen and, when appropriate, anointed or had been given end-of-life rituals according to their beliefs.

Throughout the spiritual care learning experience, the student visited and heard about some of the patients that they were simultaneously following in their Internal Medicine rotation. The student reflected that it was incredibly valuable to see these patients from the chaplain's perspective, receiving a different kind of care. These visits provided an opportunity for the chaplain and student to share and reflect on their experiences with patients and families grappling with death.

The student observed that a common challenge during their Internal Medicine rotation was discussing care with the patient and their family when it came to the end of life. For some very ill elderly patients who were unable to make decisions for themselves, the family elected that all measures be taken to extend their loved ones' lives. However, in patients past a certain point in their disease course, these measures were often futile; a peaceful passing became a prolonged and painful process. The student observed that this extended suffering was upsetting for everyone involved—from the patient to the family, physician to medical student.

The chaplain's holistic approach to providing spiritual care during the end-of-life transition involves meeting patients and families "where they are" in discussing and accepting death as the natural progression of a patient's disease. Sometimes, the chaplain leads the Commendation for the Dying at the patient's bedside, which provides comfort to family members. Sometimes, families request only prayers for healing because their religious beliefs encompass the possibility of miraculous healing or because they do not want death spoken about in the patient's room. The student reflected that seeing the chaplain support and comfort patients and their families at a time when they needed it most brought the student some solace knowing that they did not have to experience this devastating process alone.

## 5. Discussion

### *5.1. Medical Student's Reflection*

Prior to working with the chaplain, the student had a limited understanding of the role of a chaplain in a hospital setting, aside from providing comfort to those who request the presence of a spiritual advisor. Seeing patients being cared for by a chaplain allowed the student to observe the breadth of a chaplain's duties in the hospital, as well as the comfort a chaplain may bring to all types of patients.

From a patient care standpoint, the medical student observed the benefits that arise when a patient is treated from a holistic perspective, with body, mind, and spirit considered. To the student, it became evident how important it is to meet patients where they are, depending on their specific needs. The student reflected that although physicians are not always able to dig into the details of every patient's needs, this experience has been a

valuable reminder to look for the humanity in all future patients, understanding that behind even the most challenging patient is an individual looking for support. Even small gestures, such as physical contact with a patient or speaking to a patient at eye level can improve not just the provider–patient relationship but the human–human connection. Going forward, a lesson underscored for the medical student is how impactful it can be to validate the patient's experience, knowing it is likely a significant life event. In that same vein, just like everything else in medicine, the student observed how patient care is a "team sport". Physicians can further contribute to the spiritual and emotional healing process for patients by speaking with and adding consults for the chaplain. From the perspective of a current medical student and future physician, this experience has emphasized that in working with chaplains, the whole person can be treated mind, body, and spirit. After this experience, the student is planning on incorporating pastoral care into their future patient care plans.

While the initial expectation of the medical student in this experience was to work on improving their skills for patient care, an unexpected gain was also picking up tools for self-care. The chaplain's work with trauma in the military and at the hospital brought up the discussion of moral injury and the wear and tear of operational stress. These discussions allowed the student to reflect on past, and potentially future, experiences in healthcare that might have been distressing, and what steps can be taken for self-care in processing these emotions. Fruitful discussion occurred between the medical student and chaplain about boundary setting, secondary trauma and trauma exposure, recovery, and post-traumatic growth, and how to cope with stress and grief. The student appreciated the chaplain's mentorship in processing experiences and advice on how to maintain humanity while providing care for others.

Ultimately, the student reflects that observing the chaplain was a valuable and formative experience. The lessons learned during these visits, as well as the resources provided by the chaplain, will significantly inform future patient and personal care. The student believes that learning about Pastoral Services in healthcare and shadowing a chaplain in a clinical setting would benefit medical students at all levels of training.

### *5.2. Chaplain's Reflection*

"There is no agony like bearing an untold story inside you", a line from the autobiography of novelist, folklorist, and anthropologist Zora Neale Hurston (Hurston 2006). In her writing, this is followed by the story of the Spartan youth who carried a fox, and instead of setting it free, allowed it to gnaw on him while he stood in place, a characteristic seen as admirable in Spartan values, and perhaps by those who do not seek care for trauma and illness. This sentiment becomes clear when caring for patients in a hospital setting. As listeners, chaplains can provide a safe and confidential environment for patients and families to process emotions, bringing the patient peace and room for healing. Without exposure to how pastoral care can provide strength and hope, pastoral care consults may not be considered by the physician for their patients and the patient might miss out on the benefits of this care. The chaplain believes that this learning experience was an important step in educating future physicians about the value pastoral care can add to treating a patient holistically.

Those who are sick are already socially isolated. Through his professional experiences, the chaplain has observed that among the patient's greatest fears are abandonment and alienation. He has seen this fear may lead to patients making health decisions based on outside pressure to please their family or even their physician. Without discussions exposing and exploring this fear, patients and their families might question and distrust the care team because they feel left out of their care. The chaplain felt that this was an important point in the medical student's learning for understanding their future patients. The chaplain demonstrated how collaborating with the treatment teams and allowing the patients and families to voice concerns lead to shared decision-making and a stronger patient–provider relationship.

The chaplain has also seen the importance of spiritual and emotional care in a patient's healing. This care goes along with Christ's words of what is perhaps the most important commandment of all, Mark 12:31: "... You shall love your neighbor as yourself". Loving thy neighbor in the hospital as a chaplain often means sitting beside them at the bedside, holding hands, listening to lamentations, and hearing what is hoped for by patients and their families. While physicians may not be able to spend as much time as a chaplain listening actively and deeply to their patients, the chaplain demonstrated the benefits of this attention and encouraged the student to incorporate some of these practices into their future patient care.

When physicians are unable to form a strong bond with a patient due to time constraints, the chaplain also showed the student the benefits of following the chaplain's notes in the hospital records. Documenting the chaplain's spiritual assessment in these hospital records, which often include the patient's beliefs about the end of life, unmet spiritual or religious concerns, and conflicts that are present in their lives, are additional ways pastoral care can contribute to the treatment and healing process. The chaplain emphasized these notes to the medical student as a source of important context and information on future patients.

Based on the success of this learning experience, the chaplain will share shadowing opportunities with all incoming medical students during their hospital orientation. Future opportunities for medical students to observe and shadow care will include the Inpatient Behavioral Health and Addiction Recovery, the Emergency Department, Joint Replacement, and those in the Surgical or Medical Intensive Care Units, all showing a broad spectrum of how pastoral care is provided. Much like this experience, future students will be encouraged to reflect on their experience and may be given more formal prompts to help facilitate learning.

"The journey of illness is not a path that human beings were meant to walk alone" (Sulmasy 467). By learning more about the patient experience, the chaplain believes the medical student has gained another important perspective on their future patients' treatment journey. Discussions between the student and chaplain were significant in being able to prompt reflections, answer questions, and demonstrate the value of pastoral care. This learning experience has the potential to grow into a program that will further educate future physicians in holistic patient care, leading to better health outcomes and stronger patient–physician relationships.

## 6. Conclusions

Reflecting on the spiritual care learning experience, both the medical student and chaplain agreed that shadowing a chaplain should be a sustainable practice at the hospital for future medical students. Formalizing administrative procedures, such as ensuring student eligibility and raising awareness of the opportunity during medical student orientation, would support the continuation of this program. The breadth of the learning experience could be broadened by having students shadow clergy who do or do not have Clinical Pastoral Education training, clergy from other faith traditions, patients in other departments, and a more formalized reflection process.

Limitations in this project stem from time constraints due to the medical student's clinical rotation schedule. Although the medical student attempted to observe the chaplain as many times as possible, due to their schedule, this opportunity only spanned over two months. Thus, while the student was exposed to the role of the chaplain in a clinical setting, and the skills and techniques employed when practicing spiritual care, there was not enough time for the student to build their own practice in this setting. Additionally, the structure in which the chaplain and student coordinated these learning experiences may have limited the student in terms of observing the full breadth and depth of the chaplain's caseload. Because the chaplain determined which opportunities would be best for the student to see due to the student's time limitations, the student may not have seen a

true “day in the life” of the chaplain and the full range of skills used to practice effective spiritual care.

Future projects could involve a rotation specifically based on spiritual care, where the student is dedicated to observing, researching, reflecting, and building their own spiritual care practice. Additional future projects could involve developing intentional reflective prompts for the medical students based on the different units and types of events that were observed with the chaplain. Structuring more formalized reflections could yield individualized insight into patient care in terms of recognizing the humanity of the patient and family members, how to convey comfort and encouragement, and ways that demonstrate caring communication between the patient or family member. The hope for these reflections is that they ultimately build practices that will be incorporated into empathetic and thoughtful future medical encounters (Bylund and Makoul 2005). Longitudinal research could involve following up with a cohort of medical students who had shadowed a chaplain to see how they feel their experience prepared them for their future work as a physician.

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**Institutional Review Board Statement:** Project proposal was reviewed and approved by the Institution Medical Director prior to project execution, final paper was reviewed and approved for submission by the Institution Medical Director. Anonymity is required by the Institution for all participants who were observed while receiving pastoral care by the Hospital. All participant data was thoroughly deidentified. All participants consented to having care provided by the chaplain to be observed by the medical student.

**Informed Consent Statement:** Informed consent was obtained from all subjects involved in the study.

**Data Availability Statement:** Data is unavailable due to privacy and ethical restrictions.

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