



Julie Lepianka, assistant professor in Cardinal Stritch University's Ruth S. Coleman College of Nursing and Health Sciences, is a registered nurse who has devoted over two decades of her life to working with patients and health care providers in hospice/end-of-life care and home health care. Lepianka has developed some groundbreaking programs in the field, pulling in collaborations that go across the university and into the medical community. As a result, nursing graduates at Stritch have developed their soft skills through spiritual care simulations as well as opportunities for group-based reflection that emphasize patient healing while strengthening the emotional resilience of these future nurses.

PROFESSOR SPOTLIGHT

by Rachel Clevenger

Spiritual Care in Nursing at Cardinal Stritch University

Spiritual Health and Inventive Collaborations

Lepianka believes that spiritual care, as it relates to health care, is often neglected by focusing on patients' physical well being to the point that their emotional and spiritual needs are not being met. She set out to address that problem through several inventive collaborations with both colleagues at Stritch and medical professionals at Aurora Health Care.

The Spiritual Health course she developed focuses on the core components of spirituality: relationships, a sense of meaning, purpose, and connectedness. Students are trained to use spiritual screening tools and identify spiritual cues in patient work; they also have the chance to practice approaches to spiritual care via monitored simulations with feedback. Finally, they get a chance for powerful self-reflection that focuses on their own spiritual health and wellbeing as they embark on a challenging professional path.

Shadowing Chaplains and Palliative Care Providers

As one part of Lepianka's programming, the Stritch nursing students engage in classroom exercises with Aurora Health Care chaplains and shadow either a chaplain or a physician, nurse, or nurse practitioner in palliative or hospice care. As Supervisor of Clinical Pastoral Education at

Aurora, Michelle Oberwise-Lacock has been shadowed by several of Lepianka's students to see the wide variety of duties served by chaplains in a medical setting.

Oberwise-Lacock praises Lepianka's creativity for recognizing what was missing in nursing education and admires her drive in adding that missing element, which she calls a "gift" for Lepianka's students.

As one of the Stritch students who benefitted from shadowing a chaplain, Brenna Griffith grew to realize how invaluable chaplains were as partners in a hospital. In an environment that is constantly hectic and overwhelming, these moments allowed for something "peaceful" and "moving," a reminder of why they were called to the field in the first place. "People can be lonely in hospital settings," Griffith explains, "especially if they have been there for an extended stay and may not have family to visit them."

Though Griffith recalls everyone being a bit hesitant about the Spiritual Health course at first, she recognized early in the course that this addition to her education was inestimable. Based on her studies with Lepianka, she realized that a patient's spiritual and emotional health could be improved by any moment to step in and connect as humans, even for what may seem like "the littlest thing." She notes that one of Lepianka's most oft-repeated refrains is that these

are "people—not patients." This reminder helps Griffith move past the idea of checking boxes on a nursing assessment.

Stritch student Matt Zietlow had a similar awakening after the Spiritual Health Class and clinical reflections. Zietlow notes that because Lepianka is focused on recognizing the person, and not the disease, he has been trained to watch both patients and their family members to see what they might need from him. Lepianka reminds them that nurses and doctors are in positions of power in a hospital room, so Zietlow works to situate himself as more of a partner in patient care, taking a moment to pull up a chair and sit down to have a conversation or answer questions. He believes that adding just one moment per interaction can make the difference in a patient feeling seen, heard, and valued—leading to better patient outcomes and improved hospital reviews.

Nikki Hembel is a palliative care Nurse Practitioner who works on a team with Dr. Timothy Jessick, Lead Palliative Care Physician at Aurora Health Care. Several nursing students shadowed the palliative care team and learned about the impact palliative care has on patient outcomes." Hembel explains that students were able to learn about patient-focused care, patient advocacy, and supporting the families of patients. They also discussed the importance of self-care



and work/life balance, including relying on colleagues and the importance of boundaries. She believes that Lepianka's facilitation of this shadow offered students not only a good understanding of palliative care but also the desire to serve as advocates for their future patients. She's also seen firsthand how students can be empowered to educate a patient and a patient's family on what palliative care can offer.

Far too familiar with nurse turnover and burnout, Sally Turner, in the Office of Patient Experience at Aurora Health Care, has spoken to Lepianka's class about the importance of providing compassionate care. Turner has seen how providers are often pushing the spiritual components of their work aside to focus on efficiency and expediency. Because "all decisions are emotional," she also sees this disconnect impacting patient outcomes; if patients aren't taking their medications or following medical advice, there is something missing in the relationship between the medical provider and

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the patient, some communication that isn't happening. Luckily, Lepianka—who Turner describes as a "transparent, authentic person"—is impacting nurse training in powerful ways.

Having spoken to over 8,000 nurses over her career, Turner recognizes that the spiritual care component was simply not a part of their training. "We put them through hell, and they hit the road," she adds, which means they are ill-prepared to tackle the pressures they will soon face. Turner adds, "We've made it very hard for individuals to bring their whole heart to work."

Emotionally Challenging Simulations

Three years ago, Lepianka sought out Mark Boergers, chair of Stritch's theater program, and they developed a program to enrich the educational experiences of both the nursing and acting students. A select group of theater students is trained, by both Boergers and Lepianka, as "standardized patients," and they participate in patient simulations to prepare future nurses for the emotional and spiritual side of tending to their patients in a more holistic way.

Using simulation mannequins for nurse training has removed a crucial human element needed for this type of training. Stritch student Katrina Hermann believes Lepianka has created a world where the nursing students must embrace the uncomfortable by stressing that they cannot risk panicking once this is no longer a simulation, but a real-world situation.

Boergers notes that students in the introductory course for Theater, majors and non-majors, are already undergoing training in listening and responding—improvisational skills that go beyond what we may typically imagine when we equate “improv” with comedy. He explains that this experience has been “crazy enlightening,” because he originally wondered if he would be useful in training nursing students.

Almost immediately, however, he realized the tools in the actor’s toolbox would be invaluable. For instance, in an early enactment, the actor portraying a patient mentioned that she was scared; the nurse in the simulation looked down

at her papers. When he asked the “patient” how she felt when the nurse responded that way, she explained that when the nurse looked away at that moment, she felt as though she should be ashamed of her own fear.

Because technology permeates the culture, particularly in cell phone use, Boergers believes people are more likely to avoid eye contact, especially when confronted with a difficult moment. This practice is a way to be reminded of “what a real conversation looks like.” He adds that rather than feeling like pretend, these exercises offer a great deal of emotional connectedness and emotional resonance.

While he and Lepianka are quick to remind the nursing students that they would not be going into the field if they did not care about patients, if they are not conscious of their delivery, then “the message in the portrayal” could be one they didn’t intend. He adds that Lepianka—described as “150% energy and passion at all times”—is focused on more than just developing students capable of offering high-quality care; she wants to produce “caring people of high quality.”

Laura Ellingen and Katrina Hermann were two of the Stritch students who participated as actors. Not only did this work allow for résumé development, in that acting work in simulations is lucrative, but they also had an opportunity to see the development in the nursing students they were paired with. Ellingen states, “The work we have done through the Standardized Patient Work at Stritch has had an emotional impact on everyone involved—from nursing students to acting students to professors.” In conversations that were difficult and emotional, these simulations offered students a safe space



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to immerse themselves in a real-world situation with an opportunity to receive feedback that could be useful in the future.

She recalls one simulation that held special resonance for her; she was acting as a woman who just discovered she had a miscarriage, and the student nurses had to practice how they would deliver such news. She adds, "By the end of the session, we were all in tears, and we all realized just how difficult these situations can be."

Hermann recalls that while some of the nursing students are naturals with patient interaction, others seemed to initially scoff at the simulations as pointless. While Hermann was being told about a life-changing medical diagnosis, she noticed a few of the students were not taking it seriously. Though she felt herself shut down instantly in that moment, she found a way to push through and make a connection with the student who was most dubious about the value of the exercise. She wanted them to be reminded, "This isn't real, but this is still a real person."

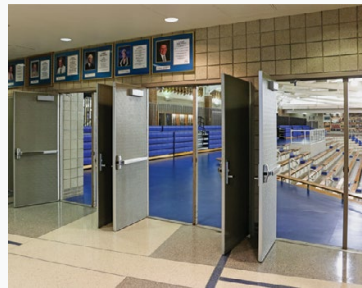


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The point, which Lepianka used these simulations to reinforce, was to help future nurses understand that someone would be paying attention to each little nuance of their behavior. Adding that using simulation mannequins for nurse training has removed a crucial human element needed for this type of training, Hermann believes Lepianka has created a world where the nursing students must embrace the

uncomfortable by stressing that they cannot risk panicking once this is no longer a simulation. By the end, any doubters in the process had become believers; with the final simulations, Hermann worked with one of the nursing students who had originally been the most skeptical. “I got to see her pull that sensitive part out of herself,” Herman notes, and I felt “really cared for in this fake scenario.”

Spiritual Self-Care in “Reflection Rounds”

The rates of depression and burnout in nursing are extraordinarily high, so Lepianka wanted to ensure her future nurses could safeguard themselves against the emotional and spiritual difficulties they would soon face. She collaborated with Mary Beth Wisniewski, associate director of the Wellness Center at Stritch; they now co-facilitate Reflection Rounds, which are akin to 12-step meetings, in that everyone has time to speak—but there’s no pressure to do so—and there’s no crosstalk allowed. Every student has an opportunity to discuss how interactions with patients have impacted them emotionally, in either positive or negative ways.

In providing this sacred and safe space, Lepianka and Wisniewski ensure students won’t stay burdened with feelings from week to week or semester to semester. Wisniewski notes that typical “Grand Rounds” focus on deconstructing the patient experience, but Lepianka saw an opportunity for deeper reflection. She explains how their Reflection Rounds start in silence, and sometimes that silence can stretch—but they want them to feel the silent presence of the support in the room. She believes this group work is promoting mindfulness versus reactivity, along with an “installation of hope” and a universality of purpose when group members recognize what they are experiencing is shared by others. Wisniewski also suggests Lepianka’s drive and passion have created “beautiful, heart-centered programs” for their students.

Current Stritch student Jackie Moes believes nursing students do tend to take on the patients’ burdens as their own; they have watched patients suffer and even seen some die. Because Lepianka and Wisniewski created an “open and trusting” space for them, students are able to let go of that negative energy and, in essence, “clear the palette” in order to prepare mentally, emotionally, and physically for their next patients.

Stritch student Marie Chantal Chavez realized powerful benefits from the Reflection Rounds, both professionally and personally. Having faced some mental health challenges when she was younger, including self-harming, she recalls that she was not sure at one point if she would make it out of high school. When she was able to share this long-time secret to receive support from her peers, she realized she wasn’t alone. “In nursing, you know you can’t do it alone,” she explains. “Even patients show you other sides of yourself.” In clinicals, she always sees herself in her patients, and she wants to get them back to their loved ones, so she focuses on drawing strength through the Reflection Rounds and her peers so she can continue giving patients the support they need.

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Margaret Paulson, another Stritch student, had a profound experience with Reflection Rounds as well. At first, she did not want to participate; she was intimidated by the idea of showing that much vulnerability. Two years before she started nursing school, she delivered twins prematurely; though her son survived, her daughter did not. When she was in nursing school, she was terrified to even enter the Labor and Delivery unit.

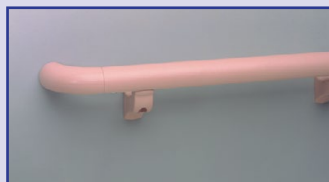
Eventually, by sharing her history with her classmates during reflection rounds, and speaking with a counselor, Paulson realized that while vulnerability is terrifying, sharing helped set her free. Now, she plans to work in Labor and Delivery, prepared to share her experience with others when needed, because she knows how powerful those connections can be. It is a way, she concludes, to “turn heartache into inspiration.”

To read more about Julie’s experiences in a guest essay she wrote for the university magazine, please visit www.stritch.edu/magazine or www.julielepianka.com.



ABOUT THE AUTHOR: Dr. Rachel James Clevenger earned her M.Ed. degree from Mississippi College. After finishing her PhD in Composition and Rhetoric, she taught and served as the University Writing Center Director for Birmingham Southern College and University of Alabama at Birmingham. Most recently, she taught Business Communications at Samford University.

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Sharpening Soft Skills

Spiritual care simulations, reflections emphasize patient healing, nurse resilience

by Julie Lepianka

I was 16 years old when one of my best friends, Becky, was diagnosed with cancer. Her immune system was so fragile that hospital visitors needed to communicate with her from an adjacent hospital room, via closed circuit video. During that hospitalization, one of Becky's nurses noticed how emotionally wrenching it was for her to not be able to talk with, or touch, anyone she loved. It was at this time that I was allowed in her room.



“By acknowledging her emotional and spiritual pain, and feeling it with her, I comforted Becky. Though her cancer could not be cured, her spirit could be healed of some of the suffering.”

Walking in, I saw clumps of Becky's long brown hair tangled in knots on her head. She was afraid to brush it, for fear of it falling out—a side effect of the chemotherapy. She asked if I would cut her hair, in hopes that by having it short, it would be less traumatic for her when it eventually fell out.

As I gently brushed and cut her hair, we both began to cry. I did not try to stop the tears; I was simply present. In that moment, I realized the power of being a compassionate presence. By acknowledging her emotional and spiritual pain, and feeling it with her, I comforted Becky. Though her cancer could not be cured, her spirit could be healed of some of the suffering.

Lessons, simulations emphasize spiritual care

Often “spirit” is considered a term used only in religion. In health care, “spiritual care” means addressing what brings a sense of meaning and purpose to people's lives, and honoring the relationships that are important to them. Spiritual care can incorporate formal religious practices for some, but others might not connect it to a higher power.

In health care, we do a good job of addressing patients' physical issues, but too often we minimize or even avoid acknowledging their emotional and spiritual needs. In doing so, we miss an integral part of their stories. Research shows that when we address patients' spiritual needs, they feel more satisfied and their health outcomes tend to improve.

After attending a spiritual care training program at George Washington University in 2016, I returned on a mission to bring spiritual care education to the classroom in a way that was engaging and impactful. That fall, I began discussions with Mark Boergers, chair of Stritch's theater program, and we developed a partnership that now enriches both our nursing and acting students.

We implemented a program that involves training theater students to portray “standardized patients.” The actors participate in simulation exercises both with groups of nursing students and one-on-one to help practice methods for addressing the patients' spiritual and emotional needs (view a sample session at www.stritch.edu/magazine). One group simulation involves nursing students delivering bad news to the standardized patient while the final one-on-one exercise focuses on the nursing student addressing spiritual needs as well as end-of-life decisions. Mark and I recorded and observed the student simulations and participated in debriefing sessions with the students. Though these learning activities created stressful scenarios for the nursing students, they greatly enhanced their learning.

Beyond the benefits to the nurses, the acting students sharpened their dramatic improvisational skills and can now add standardized patient work to their résumés. Many of the actors found this to be a humbling experience as they realized the effect their work may have on patients in the future.

Beyond these standardized patient simulation exercises, the nursing students also engage in collaborative classroom exercises with Aurora Health Care chaplains. Then, classroom and simulation lessons are put to the test as nursing students shadow a chaplain or a palliative care or hospice health care provider from Aurora.

Focusing on nurses through “Reflection Rounds”

Becky died two weeks before our high school graduation. To this day, I remember giving the eulogy at her funeral and never shedding a tear. I completely shut down after her death.

I had a similar reaction after working as a hospice nurse for years. Nurses are exposed to death and trauma on a regular basis, and we do not always receive support in coping with that stress. Often we fail to ask for help and simply move on to the next patient. No one knew what to say to me when Becky died, and no one understood how to console me when I lost patients, one after another. In reality, it wasn't so much watching the patients die, as this was expected. Instead it was the heartache of being with their loved ones and witnessing their raw grief.

An extremely important focus of spiritual care is ensuring that nurses' own spirits feel nurtured. According to a 2017 National Academy of Medicine discussion paper, the rate of depression among nurses is double that of the general population. In addition, recent reports indicate 20% of nurses struggle with addiction, while anywhere from 20% to 70% of nurses report experiencing burnout. That said, future nurses need to be aware of the emotional and spiritual trials in the profession and learn how to safeguard themselves.

With this awareness and based on my own experiences, I wanted to provide a safe space for Stritch nursing students to express their feelings and struggles in hopes of building resilience and decreasing the risk of burnout. After attending a training session on a process known as Reflection Rounds, I began to incorporate this practice into my course.

With Mary Beth Wisniewski, associate director of the Wellness Center, I now co-facilitate Reflection

Rounds, which are similar to 12-step meetings. Students are given a chance to speak, if they choose, with no crosstalk or advice from others. In addition, the group respects each person's anonymity. At each session, we ask students to speak about patient or health care situations that affected them emotionally, good or bad. Typically, the student will discuss the patient with a bit of detachment, but as the silence hangs in the air, the student tends to start talking again, this time speaking at a much deeper level. This practice inspires some remarkable reflections.



Standardized patient simulation

The purpose of Reflection Rounds is to provide a safe space where people can process the feelings they may be carrying from witnessing the suffering of others. Feedback is overwhelmingly positive, with students saying the experience is “cathartic” and they “no longer feel alone.” It is incredible to be a part of something bigger than ourselves.

The most important thing in life is relationships. Whether at work or in our personal lives, relationships are what connect us to one another and make us feel that we truly matter. I believe that learning how to address spiritual and emotional needs in a compassionate manner allows us to connect more meaningfully with one another. My hope is that patients will feel that compassionate presence when they are cared for by a nursing graduate of Cardinal Stritch University.

Julie Lepianka, assistant professor in Stritch's Ruth S. Coleman College of Nursing and Health Sciences, is a registered nurse who has spent more than two decades working with patients and health care providers in the field of home health and hospice/end-of-life care. Her friendship with Becky and Becky's cancer journey ultimately led her to pursue a vocation in nursing.

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