

Weekly Field Placement Journal

Name: Tim Burton **Hours worked this week:** 19.5
Week of: April 1-7, 2019 **Total hours this semester:** 202.17 **Grade:** 10

Please include the following when journaling:

1. Using the journal rubric on eclass, describe *learning activities/experiences* for this past week. Specify the date and time of your required supervision as well as what you did for self care. (Please start at the beginning of the week and describe events chronologically covering each day. Quantity of the description should match total hours accrued. See journal example on eclass.)

I started my practicum this week on Tuesday morning with a call in conference call to get the night nurse update report while driving to my agency. Once at my agency, I learned that someone from my church had become a hospice patient this week. This person and her spouse are actually in my Sunday School class. I have known them for almost 30 years and gone out to eat with them on several occasions. The husband gave me a book written by their son last fall that still sits unread on my bedside table. I knew that things have gotten worse, and they haven't been able to come to church since last fall. But this was my first experience with someone that I have known for years, talked to on the phone several times, etc to become a patient/client at my hospice agency. I was relieved that the social work psychosocial visit from the social worker and intern had been made the day before when I wasn't there. As a hospice social worker, I am sure that these situations come up sometimes and make the social work practice experience more difficult. I have had this family on my mind all week now. This is when confidentiality is extremely important. Just last week I was talking with a friend at church about this person, wondering how things were going. This situation brings up the question in my mind- if the social worker who gets a case like this, do they give it to someone else?

My field instructor informed me on Tuesday morning that we were going to visit a new hospice patient that is a very difficult situation. It was a woman a few years younger than I am now who has advanced Alzheimer's. This was my first experience seeing someone younger than me with Alzheimer's. We needed to do a safety sweep of the home because of the risk for suicide. The family has other members with serious health conditions, and they are dealing with a lot of extreme financial problems due to the patient's illness. The visit actually went pretty good considering everything, but it was still a very sad situation. After paying bills each month, they don't have much money left over for food and utilities. I love to garden, cook, and always have a big appetite; and I hate the thought of someone not having enough to eat. Maybe this is why I volunteer feeding the homeless in downtown Chattanooga. I got an idea to get vouchers from the Chattanooga Area Food Bank to have on hand for circumstances such as these. I thought of it as a type of intervention to help the family. I know from previous experience that these food boxes are suppose to feed a family of four for two weeks. Later I called the Food Bank and found out that only non-profits can purchase food vouchers. My agency is for-profit. So I am brainstorming ways to intervene when a hospice family is facing food scarcity issues. I wonder if we could partner with a local culinary school to have meals made ahead of time to freeze.

I also did the documentation in the system for this psychosocial assessment visit on Tuesday. Between my friend from my church becoming a hospice patient and visiting the person younger than me with Alzheimer's, Tuesday was the first day that I have left my practicum feeling really, really sad. These visits often linger in my mind for days, but these two weighed me down long after I got home.

Wednesday I re-worked my Learning Plan. Doing this got me to thinking about more details of my plan,

now that I have been at my practicum site for awhile now. I am working on a Diversity in Death and Dying project and plan to focus on it a lot this summer when my school work load is less insane. I am also now thinking about this food/meal intervention idea. I also have an idea about a way to write down hospice patients stories: what they value in life, how they want to be remembered, what they would like their survivors to know, etc. I researched this idea last month and found an article about the therapeutic benefits of doing this for hospice patients. Families sometimes prefer a written account of their loved one instead of a videotaped Legacy video that shows the person emaciated and not how they want to remember them. I actually wanted to do something similar to this with people in my church a few year ago after listening to a Story Corps interview on NPR. Later Wednesday I walked 4 miles on the Riverwalk for self-care. After being an avid runner for 40 years, I had to give up running in 2016 due to an injury and have switched to walking. Now I love walking. While I was out walking on this beautiful April day, I began thinking about nature and how hospice patients are stuck inside and miss out on the beauty of the seasons. I wish there was a way to have a plant inside for them to enjoy for therapeutic purposes. Some already do this, I'm sure. Anyway.... my mind was running everywhere trying to think of ways to help. One of the benefits of self-care for me is this is when I get my best ideas.

On Friday I attended an 8-hour continuing education conference on “Demystifying Death” that is organized each year by Welcome Home. I attended last year and was excited to get the opportunity to go again. I helped set up the Hearth Hospice booth before the conference began. The keynote speaker was so, so good. She was a nurse practitioner from a VA hospital in FL and four years ago started a non-profit with four other nurses that deals with “Soul Injury”. I had never heard of “soul injury” before. She explained that it is an overlooked, un-assessed and penetrating wound that separates someone from their own sense of self and causes them to feel personally defective, inadequate, or unworthy. In working with dying veterans with PTSD, these nurses began to witness their patients’ soul injuries as they surfaced on their deathbeds. Everyone has a soul injury at some point in their life. She talked about how trauma often changes at the end of life and can complicate peaceful dying. People who have been victims of crime, abuse, violence, bullying or have experienced loss due to personal health, betrayal, or death are at risk. As a culture, we are afraid of emotional pain, and she spoke about the need to stop being afraid of it but to validate it instead. Their non-profit, Opus Peace, helps people to re-own and re-home the part of their self that is carrying guilt and pain. She recounted stories of dying veterans who were able to do this and often asked the question, “Why didn’t I learn how to do this years ago?”. It was a fascinating opening session, and I scribbled lots of notes. Throughout the rest of the day, there were four breakout session periods with three different sessions in each to choose from. I wanted to go to all of them but tried to pick sessions where I felt like I had the most to learn. The first breakout session that I attended was on “Ethical Considerations in End of Life”. It was very good and looked at ethical terminology and the history of medical ethics, such as the cases of Karen Ann Quinlan and Terri Schiavo. The second session I went to was “A Day in the Life of a Funeral Home Director”. It was very interesting and even touched a little on my diversity in death and dying topic that I am researching. The local funeral home director who led it encouraged the audience to come and take a tour of the “behind the scene rooms” of his funeral home. Since it is about two minutes from my house, I plan to take him up on this soon. After a delicious lunch, I attended a session on “Stories of Grief and Healing” that turned out not to be exactly what I thought it was going to be. I was hoping for something that dealt with telling the life stories of hospice patients as a means of therapeutic healing. This breakout was more on us telling stories about people we love who have died. My fourth session choice was “Demystifying Hospice and Palliative Care”, and I hoped it would fill in the gaps somewhat with my hospice knowledge. The speaker was unprepared and I did not really learn anything new in this session. But overall the conference was well worth the time. Sometimes I get the impression that having to get continuing education hours in can be a chore for social workers. Going to this event makes me look forward to continuing education.

2. For each learning activity/experience, describe how you implemented learning from the coursework. Reference each competency and practice behavior that applies to the learning activities/experiences described (i.e. 1:2 = competency #1 and practice behavior #2). You must cover a minimum of four competencies each week to earn full credit. Please see the rubric and sample on eclass.

COMPETENCY	PRACTICE BEHAVIOR #	DESCRIPTION OF LEARNING (1-2 SENTENCES)
Competency 1:	C	I attended an 8-hour continuing education conference on "Demystifying Death and Dying".
Competency 2:		
Competency 3:		
Competency 4:	B	After returning home from the Demystifying Death conference, I researched the topic of "Soul Injury" online to learn more about this and how it can be incorporated with social work practice.
Competency 5:		
Competency 6:	B	I visited a hospice patient this week and engaged with both them and their caregiver.
Competency 7:	A	I did the psychosocial assessment of a new hospice patient who has hinted of committing suicide. A safety sweep of the house was needed in this challenging hospice situation.
Competency 8:		
Competency 9:		

3. Describe areas of growth or concern to address during supervision (2-3 sentences):

Next week I would like to discuss policy issues and their implications with hospice social work with my supervisor.

Task Supervisor's Comments:

Field Instructor's Comments:

2nd (If Applicable) Task Supervisor's Comments:

Director of Field Education's Comments:

TIM, THANK YOU FOR THIS JOURNAL AND FOR COVERING ALL AREAS APPROPRIATELY. REGARDING YOUR CASE WITH THE CHURCH MEMBER, REFERRING OUT WOULD PROBABLY BE THE BEST BUT DISCUSS THIS IN SUPERVISION BECAUSE IT WILL COME UP AGAIN.