Bedside Manners for the Psychosocial Team

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Starting Point

Starting a conversation at the bedside can be tough. This difficulty might come from not knowing how to approach unfamiliar colleagues or feeling disconnected. The one common denominator in any encounter across the spectrum is humility. Here are some conversation starters to help reduce anxiety when beginning discussions with patients and their families. These strategies will improve our understanding of the patient and promote meaningful interactions.

It's important to recognize that beginning a conversation at the bedside is not a one-size-fits-all approach. Various factors, such as diversity, personal history, and underlying fears on both sides—the Chaplain and the patient—must be considered. By taking these elements into account, we can ensure a more impactful visit for families at bedside.

Strategies for Starting Bedside Conversations

1. Acknowledge your faith when necessary.
2. Review the chart to determine whether the patient has any pain.
3. Observe ADLs in the chart and see if any decrease in eating, walking, or talking may give you talking points.

4. Use connecting words- Just wanted to come by and check on you today.
5. Hello, my name is... and I'll be taking care of you/your loved one today."
6. "What is your preferred way of being addressed?"
7. I am here to support you and your family.

Each conversation is unique; the way you initiate a discussion may vary from visit to visit. However, being genuine and open during these interactions can lead to more authentic connections and deeper conversations. The study of bedside manner offers a variety of examples to help us feel more comfortable initiating challenging conversations.

Ultimately, the goal is to foster bedside conversations that reflect genuine care for the patient and their family. The most important quality we can bring into these interactions is integrity.

During my time working for a major hospice company, there was an incident that I still reflect on. One night, while I was on call, I was asked to visit a patient who was nearing the end of her life but could still communicate a little. As I prepared to leave for the visit, I noticed that my gas tank was very low. With payday approaching, I was uncertain about how I would make it to the patient's home and back. Despite my hesitation, I decided to take the chance and went to see her.

Upon my arrival, I learned that the patient was Muslim. After I spoke, her family asked me to pray for her. As I approached her bedside with a genuine smile and softly greeted her, I reached for her hands to pray. She lifted her eyes slightly, held my hand, and placed a $20 bill into my palm, saying, "Please take it." I was aware that as a chaplain, I was not supposed to accept any money, but given my low gas tank, I felt torn. Initially, I considered refusing the money, but ultimately decided to accept it because it was important to her while she was at her bedside.

This situation made me question whether I was violating any ethical guidelines. Later, I decided to mail the $20 to corporate to ensure I was following the rules. Fortunately, I was able to get gas on my way home, and once I got paid, I sent the money to corporate.

Throughout this experience, I learned that sharing my faith through prayer with the family at bedside and receiving theirs in return created a comforting bond. I believe a humble approach was key to meaningful bedside conversations. The kindness reflected in their faith, and mine, seemed to harmonize beautifully in that moment.

It is important for chaplains and psychosocial teams to recognize that patients do not come to the hospice Arena due to a lack of faith, inherent beliefs, or simply emotional reasons. Rather, they arrive at the facility for medical treatment to their

conditions. As we approach patients at their bedside, we must understand that their spirituality may not be their primary focus; instead, their medical concerns are likely to take precedence.