

## Verbatim Seminar Level F

Student: Nicholas Zanders  
Educator: Deborah Whisnand  
Seminar Date: 11/06/2025

Patient: Mr. W  
Visit Date and Length: 11/3/2025  
Age/Gender/Ethnicity: 58/Male/African-American/Black  
Diagnosis: Abdominal Pain  
Clinical Unit: 24 Tower Bed 6  
Religious/Faith Affiliation: Jehovah's Witness  
Family Members, Friends, or Significant Others Present: No  
Healthcare Staff Present: No

### Part I: Introduction

**Patient:** Using a pseudonym, give demographic information for this patient: age, sex, race, marital status, religious affiliations, etc. Give the primary diagnosis, location of visit, and circumstances of your visit. Give a brief picture of the patient's health situation and other important details you had *before you made the visit*.

Mr. W is an 58-year-old African American male, married, and identifies as a Jehovah's Witness. The patient's primary diagnosis was abdominal pain. Mr. W had been admitted into the 24th Tower on October 29, 2025, for a total of six days. However, Mr. W received his new kidney transplant on August 26, 2025, from ESRD (end-stage renal disease) , the final stage where the kidney virtually loses its ability to function and is unable to meet the body's needs.

**Chaplain:** What was your personal context preceding this visit? What elements of your social-identity were you aware of before you entered the room (IIB.2)? Write anything else regarding yourself and your well-being at that time that might be relevant in the context of this visit (IIB.4). What, if any, significant events happened before you entered this room? What was going on with you as you entered this room? Did you have any wishes, fears, expectations, etc.?

On Monday morning, I attended MDRs with the kidney transplant team, including the care coordinator, social worker, nurse practitioner, and general surgeon. As we approached the patient's room, the social worker (AS) provided me with a context for the patient's social evaluation. She shared that the patient was a Jehovah's Witness and was separated from his wife. Furthermore, the patient longed to be with his faith community (Kingdom Hall). I told her that I would follow up with the patient in the afternoon.

Before visiting, I was aware of my social identity. Both the patient and I are African-American males, which created a mutual understanding of shared struggles within

the healthcare system. However, the patient was a Jehovah's Witness, and I'm an Evangelical Non-Denominational Christian. This difference created a tension I carried before entering. Usually, a visit with a Jehovah's Witness patient is short-lived when I inform them that I'm a chaplain. Still, I hoped that our encounter would be meaningful, where the patient could share his life post-transplant stage.

With all things considered, I was cautiously optimistic when I entered and relied on the Holy Spirit to guide the conversation. By doing so, I availed myself to be used as a conduit of God's comforting love and light to the patient during his hospitalization.

### **Part II: Setting**

What kind of room was it? How did the patient look?—describe. Was the room light or dark? Were there cards and flowers in evidence? What was your response to the setting? How did you feel about what you saw? What did the setting tell you about this patient? What kind of perceptions were you formulating? What assumptions/biases were you making (IIB.5)?

The room was a typical room for a clinical unit on the 24th floor. It was located on the even side (far left) of the floor. Inside, the room was dimly lit with minimum natural light peering through the windows, and the curtains drawn back. The patient was reclining in bed with his sheets covering the lower half of his body as he donned a hospital gown. The TV was playing, and his eyes were transfixed on the screen. He didn't have a table with cards or flowers on it.

The patient was alert but looked exhausted. I assumed that the patient did not want to be bothered, and judging by his exhausted look, our visit wasn't going to be as impactful as I thought. Nevertheless, I desired to remain open to see where the encounter would lead.

### **Part III: Learning Concerns**

Why are you choosing to present this verbatim? What do you want to focus on? Identify the learning concerns for which you are seeking feedback. What do you hope to learn about yourself, ministry, etc.?

I'm choosing to present this verbatim because the patient is in the post-transplant stage revolving around my specialty in kidney disease and transplant. Additionally, the patient shared his beliefs as a Jehovah's Witness in light of receiving his new organ. I invite my peers and educators to assess how I'm able to create a safe, non-judgmental space for the patient to explore his personal theology without imposing my beliefs. I welcome any feedback or suggestions of where I can learn from other faith traditions about how they cope with their illness through their beliefs.

### **Part IV: Body**

*Record as accurately as possible the entire conversation and spiritual care provided. Include, in the right column, nonverbal observations, assessments, periods of silence, and your thoughts and feelings during the encounter in parentheses. Include verbatim any prayers and scripture if used.*

*At the beginning, identify the persons in the verbatim:*

*C = Chaplain*

*P = Patient*

*I sanitize my hands....knock... enter the room.*

*Skip a space between each person's comments. Number each response as follows:*

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| <p>Interview</p> <p><i>(I arrived at the patient's room. Per usual, I sanitized my hands and knocked on the door three times.</i></p> <p>C1: Hello, Mr. W?</p> <p>P1: Yes, sir.</p> <p>C2: I'm Nicholas, the kidney disease and transplant chaplain, and I wanted to visit to see how you're doing because it can be quite a journey</p> <p>P2: Yes. It's been quite a journey, man. Thanks for coming by. I enjoy having spiritual people come.</p> <p>C3: It's always a pleasure to come to visit with you.</p> <p>P3: I appreciate it, man. ( voice a bit groggy)</p> <p>C4: Congratulations on receiving your transplant!<br/><i>(wanted to acknowledge his achievement).</i></p> <p>P4: Thank you, thank you.</p> <p>C5: How does it feel to be on the other side of this?</p> <p>P5: You know... I'm just glad to have a second chance.</p> <p>C6: A second chance <i>(reflecting)</i></p> <p>P6: Yeah. I've waited so long to get this new kidney. Being on the waitlist was stressful, but it took about eight years, and then I finally got it.</p> <p>C7: It sounds like that's a relief.</p> <p>P7: It was.<i>( chuckingly)</i>. I mean, the dude who donated gave his kidney and his liver —can you believe that? That's an amazing sacrifice, you know.<br/><i>(patient seemed to be in disbelief)</i></p> <p>C8: It seems like you're impacted by it.</p> | <p>Thoughts (T), Feelings (F), Observations (O), and Assessments (A)</p> <p>(F) I was happy that he welcomed me in with open arms</p> <p>(T) An interesting choice of words</p> |
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| <p>P8: After all that I've been through, I'm just grateful that I'm still here. Thank you, Jehovah!</p> <p>C9: You give thanks to Jehovah for your transplant. <i>(probing)</i></p> <p>P9: I give all glory to him. You know, this was a choice that I made. As believers, we receive the organ as a gift from Jehovah.</p> <p>C10: Please tell me more <i>(becoming inquisitive)</i></p> <p>P10: It's a matter of our conscience before Jehovah to rather we receive this gift. But as long as the blood is removed from it, we can accept it.</p> <p>C11: Wow, it's amazing how you find value in your kidney through your faith.</p> <p>P11: I used to be a government inspector. Phew... I would oversee what was happening in the slaughterhouse and how the blood would come out. I couldn't take that anymore. The blood is to be pure.</p> <p>C12: It seems like receiving a gift like that should be cherished.</p> <p>P12: I just believe in what the good book says. Jehovah said in Genesis that we aren't to eat flesh with life in it, it's forbidden.</p> <p>P13: Jehovah said that the blood has life and it shouldn't be tampered with.</p> <p>C13: The blood is life ( <i>seeking to affirm his belief</i>)</p> <p>P14: What I have right here is a gift.</p> <p>C14: It seems like Jehovah has blessed you.</p> <p>P15: He has, and it feels so good. <i>(he glared up with a smile.)</i></p> | <p>(T) I wonder if the patient will transition to talking about his faith</p> <p>(T) I'm interested to learn more about what the patient believes as a Jehovah's Witness</p> <p>(T) I became more curious to explore</p> <p>(A) It appears that the patient is drawing parallels between his beliefs and organ donation.</p> <p>(A) The patient believes that blood is symbolic for life.</p> <p>(T) Similar to what's spoken in Leviticus 17</p> <p>(T) Assuming he's referring to his new kidney.</p> <p>(F) I felt excited for the patient as he cherished the gift that was provided for him.</p> |
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| <p>(Pause)</p> <p>C15: Mr. W, thank you for sharing your story with me.</p> <p>P16: Thank you for stopping to check on me. I enjoy being around spiritual people. It's good to know that they send you guys over here.</p> <p>C16: It's always a pleasure.</p> <p>P17: I'm supposed to be discharged by tomorrow. I'm waiting for the doc to confirm that everything's alright so I can go home.</p> <p>C17: Fingers crossed for that ( <i>with laughter</i>)</p> <p>P18: Take care, sir, and have a good day.</p> <p>C18: Likewise, bye.</p> <p>P19: Bye</p> <p>(<i>Visit concludes</i>)</p> |  |
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### Part VI: Analysis

The purpose of this analysis is to provide an opportunity for you to reflect critically on the dynamics present in the relationship so that you may provide spiritual care more effectively as a chaplain.

1. **Patient (IIB.12):**

- Utilizing your spiritual assessment tool, what is the *primary spiritual concern/need* of the patient in the care encounter visit, and why? How did your interventions and/or plan of care, if a follow-up visit, address the care receiver's spiritual needs and strengths?
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**Your comments:**

2. **The Chaplain (Narrative History, Awareness of Self and Others) :**

- **Evaluate your integration** of how knowledge of behavioral sciences informed the encounter through the lens of your narrative history. Name at least one theory that helps you understand your experience or that of the care receiver, and evaluate how you used it in the visit or in reflection after the visit (IIB.1).

**Your comments:** As an African-American male, I carry a history of living in the tension of suffering and hope. This ancestral struggle helped me identify with the patient's spiritual need. Charles Rider Snyder's *Hope Theory* is most closely aligned with what I observed from the patient. In this behavioral theory, hope consists of both cognitive elements and affective elements, which lead to goals, pathways, and freedom of choice. Essentially, the more the individual believes in their own ability to achieve, the greater the chance that they will develop a feeling of hope.

- **Evaluate your integration** of how knowledge of socio-cultural identity (race, gender identity, sexual orientation, class, age, ability, etc.) informed your practice of spiritual care (IIB.2).
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**Your comments:** Being an African-American, the way in which my culture exercises hope is through personal resilience and collective action. Specifically, our spiritual roots have remained grounded in the local church. It serves as a refuge when faced with adversity and oppression. Because of cultivating these practices, I'm able to remain grounded in hope and foster resiliency in trials. Therefore, my ability to stand in solidarity with the patient's suffering came from a legacy, both personal and cultural, of knowing what it means to be overlooked and marginalized. This lived experience sharpens my awareness of invisible pain and deepens my commitment to honoring the patient's dignity.

- **Evaluate your ability** to address bias (racial, gender, ability, culture, age, weight, etc.) and seek justice in your care (IIB.5).
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**Your comments:** Both the patient and I are Christians. I recognized this bias emerging as she discussed a scriptural verse (2 Cor 12:7-9) along with her prayer requests. Because of a shared faith, I gravitated toward exploring her personal theology. However, she is Caucasian, and I'm black. We were both young, she being in her late

30, along with me in the late 20s. Initially, I thought that because the patient was white, I had to leave my history at the door. I carried within that space the legacy of what it means to be a caregiver and a historically disenfranchised. I sought justice by ministering from a place that honors our shared humanity while being vastly different.

- What practices of intercultural or interreligious humility informed your care (check the handout Radical Respect for the Other)? **Evaluate** the contribution of these practices to the visit. (IIB.6).

**Your comments:** Primarily, a practice in intercultural humility that informed my care for Ms. H was when she shared that her condition feels like it's worsening and how chemotherapy was exhausting to her physically (S.A.H. 4 & 5). Additionally, she addressed the tension of believing that God was present while knowing that her present circumstances (bodily suffering) were telling her otherwise (S.A.H.). As a black chaplain, I was aware of the cultural differences between us and how those differences shape our experience of God, suffering, and the healthcare system. Still, I resisted the urge to compare my suffering to hers. Instead, I practiced reverent restraint, allowing her words about God's presence to stand as her own theology, not something I needed to reinterpret.

### 3. Relational Dynamics and Spiritual Care Interventions:

- **Evaluate your use** of empathy and healthy relational boundaries (i.e., overidentification vs. disconnection) (IIB.7, IIB.8).

**Your comments:** I demonstrated empathy multiple times throughout the visit with the patient. When Ms. H. stated that she felt like she was making progress, but the following week revealed something different, I felt saddened (S.A.H. 3, C5). Next, Ms. H shared that she knows that God is with her even when she couldn't feel it (S.A.H 5, C7). Following, I listened empathetically when Ms H talked about her family, namely her ten-month-old baby girl (S.A.H. 8 and C10). Last, I offered encouraging words to Ms. H by reassuring her that God is present (C15).

- **Evaluate your use** of spiritual resources (e.g., sacraments, rituals, prayer, scripture, meditation, breathing exercises, etc.) in addressing the care-receiver's spiritual wellbeing (IIB.11).

**Your comments:** During the middle of the visit, I facilitated a discussion with the patient's scripture verse (2 Cor 12:7-9) by asking what the verse meant to her ( C8, S.A.H. 7). Further, the patient asked me to pray the Lord's prayer over her to receive a blessing (C12). I identified the patient's sources of strength, which included prayer and Scripture reading.

### 4. Theological and Ethical Implications :

- **Evaluate** how your spiritual orienting system interacted with the care receiver's orienting system (IIB.3).

- In my visit with Ms. H, her spiritual framework came through clearly when she referenced 2 Cor 12:7-10, Paul's own "thorn in the flesh." She identified her own suffering with this passage, describing it as a reminder that "God sees her even amid her pain". As a fellow Christian, I recognized the Scripture, but I chose not to assume we meant the same thing. Instead, I asked her what the passage meant to her, allowing her theology to lead to interpretation. My spiritual orienting system includes a theology of suffering that empathizes God's solidarity with the oppressed and the ongoing search for meaning within pain, not necessarily redemptive suffering. While her interpretation did not conflict with mine, I was aware of the subtle differences and resisted the temptation to guide her understanding.

When Ms. H asked me to pray the Lord's prayer, I was struck by how that moment reflected both shared tradition and mutual trust. My own spirituality connects me deeply to communal prayer, and being invited into that sacred space confirmed that our interaction wasn't about agreement but companionship. In this encounter, my orienting system helped me stay grounded, present, and open, not needing to impose but fully able to support.

**5. Chart Note (IIB.13):**

- Copy and paste your chart note for review. Evaluate the chart note in terms of clear