

Deacon Candidacy Progress Report to Charge Conference
November 2020

Grace and peace to you in the name of Jesus Christ,

From my last report on December 9, 2019, I have accomplished several goals that I shared with the Charge Conference. I have passed the National Counselor Exam for licensed professional counselors and on-time completing two courses required by the District Committee on Ordained Ministry, UM Polity, and Theology of Evangelism by December 2020. Additionally, I have been recertified as a deacon candidate by DCOM on August 29 to continue my ordination journey. I would be applying for the provisional membership in 2021 for commissioning in 2022.

My ministry location is UnityPoint Health - Finley Hospital in Dubuque, Iowa. My hospital roles include providing spiritual care to patients, families, and staff, making new connections, strengthening existing relationships with local faith communities, and leading the ethics committee. The pandemic challenged my pastoral ministry and allowed me to be more aware of God's presence in non-traditional ways. There are three areas I would like to share with you:

1. Evangelization in the land of the nones and cultural Catholics
2. Reference Christian Ethics in Ethics Committee and Cultural Committee in the city with a history of racism during the pandemic.
3. Provided Ethics education for nursing residents using Trauma-Informed Care with Resiliency strategies

For 1. evangelization, the first example is the utilization of technology. By now, most people have experience with Zoom meetings and telehealth. However, many seniors and people with disabilities did not have the equipment or skills to virtually visit their loved ones. Due to HIPPA concerns and prevention of hospital network security breaches, I worked with the IT director and staff educator to find resources for patients to stay connected with their families. I reached out to prospective families and explored their resources. I requested additional software programs from the corporate level with visitation restrictions in the hospital to allow clinical meetings. Using a telehealth device, I was able to bring the physician, patient, and the family into the cyber meeting room. Several families shared that they had not been able to see their loved ones due to the pandemic. The telehealth meeting was the first visual connection that helped them feel comforted and talk about difficult medical decisions. The exacerbation from a lack of connection between patients and families during the pandemic was relieved by the "love our neighbors" expressed through staff referrals for me to reach out. Evidence of the fruit is that the request for spiritual care has grown more than double since the pandemic.

2. Before the first COVID-19 case in Dubuque was reported to the community, the Ethics Committee discussed and recommended guidelines to the management team for resource

allotment using research-based materials. In November, when the positive cases surged in the area, our discussion included ethical concerns for justification of scarce resource allocation guidelines. We addressed the bias in medical research, which underestimated systemic racism, ageism, and ableism. These groups of people often have a higher risk of infection and lack of resources for long-term care. Therefore, any cases challenge equal opportunity to the resource would be evaluated with another group of physicians who are not the providers for those patients following ethical consideration.

3. The stress among medical staff has only increased as time goes by; they also have personal lives impacted by the pandemic. I believe psychoeducation is vital for patients and staff. I first introduced trauma-informed care with resiliency strategy to the ethics committee and then offered ethics education to nursing residents who would be the charge nurses. My goal is the more staff can learn and identify insufficient coping strategies in our lives. We begin to experience God's compassion through one another. In an interactive presentation, I invited the participants to see each patient as a mirror for us to grow more fully into the image of God and to be healed by our patient encounters.

I have been blessed to have Rev. Bob Eagle as my mentor during this year. To care for me physically and spiritually, I have a health coach at the hospital, a chiropractor, a psychotherapist, and a yoga instructor. I also have a spiritual director from Shalom Spirituality Center to process patient care experiences. My husband John has become more understanding of what it takes to stay healthy in the ministry. I have found a spiritual care volunteer who has completed a CPE residency willing to provide additional hospital ministry support. I also hope in 2021 I will be getting local seminarians as student chaplains. It would be a new learning opportunity for me to mentor new CPE students as their preceptor and support them in the process of pastoral formation and development of pastoral competency under Sioux City St. Luke's College CPE program.

Watching FUMC Services online has been critical to my spiritual nourishment since I have not been able to leave the hospital for Sunday worship, and there is no chapel service in the hospital either. Your thoughts and prayers have fueled the fire in me, and I am blessed to have your partnership in this ministry. I look forward to the continuation of this joint adventure.

With gratitude,

Claudia Dorsch