



# Sentara RMH Hospice

## Placement Description

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- Support for terminally ill and their families
- Grief and loss issues.

## Intern or Field Placement Responsibilities/Opportunities

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- Assist in organization and implementation of projects, conferences, groups, volunteer training
- Attend team meetings, volunteer support meetings, volunteer training, staff inservices
- Research projects (potential)
- Direct patient and family contact (after complete training)
- Attend grief support group and assist with phone calls to bereaved family members
- Office duties

## Other Notes

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Good to do training the semester before placement

## Contact Information

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- Contact Person: Peggy Brubaker (Volunteer Coordinator)
- Address: RMH Atrium, 2000 Beery Rd. Harrisonburg, VA 22801
- Telephone: 540/564-5755
- Email: [mabrubak@sentara.com](mailto:mabrubak@sentara.com)
- Website: <http://www.sentara.com/aboutus/careers/volunteers.aspx>

**Read about students' experiences at this site below:**



*Fall 2086 – Sierra Swanson*

My field placement took place at Sentara Hospice Fall of 2018. Sentara Hospice's mission is to improve health everyday through providing palliative care. This care is specifically geared towards the hospice patients, who are suffering from a terminal illness and have a projected life expectancy of six months or less. They place their values around people, providing quality care, patient safety, their service to the public, and integrity. Their hospice program provides a lot of services, which include but are not limited to: home care aides, providing medical equipment, bereavement services, spiritual services, volunteers, and medications. These services are available to anyone in the program, but are not required to have if the patient doesn't need or want them. Throughout my time with Sentara, I had the opportunity to be involved in many of these provided services. Most notably, I was able to visit one-on-one with patients in the program, shadow people from different departments in the field, participate in a grief therapy group, and make 13-month bereavement calls.

Visiting with patients most often took place in the facilities where the patients were receiving their long-term care. I would be assigned a patient or two at a time who had expressed their want for a volunteer to come visit them, and then I would go and spend time with them once or twice a week. What I did with a patient would vary depending on their state of decline, the time of day, and other factors. For example, one patient that I visited was confined to her bed and could not speak very well. In this case I would just sit with her, hold her hand, and talk to her about little things. Above everything else, she just liked the company. Another patient was more cognitively present, and I was able to do a little more activity with her. In this case the Hospice team bought supplies for a scrapbook and I sat with her and put it together during our visits. While visiting with the patients was always rewarding, there were times I struggled with it as well. There was always the possibility of a patient passing away, and there were a few times when this occurred throughout the semester. Another point of struggle came from visiting patients who were in a lower quality facility where the care was not up to standard. As a result, I witnessed some elder abuse and neglect.

I was able to visit with patients when I shadowed different hospice departments as well. In particular, I shadowed the chaplain and two social workers. Shadowing people from both of these departments allowed me to visit with more patients and their families, before and after the death of a patient. This experience sometimes brought me out of the facilities and into people's homes, where some of the patients chose to be taken care of. This brought a whole new perspective to hospice care. Shadowing the chaplain showed me how religion can be a huge part in the dying process, and how it effects a person's mindset. When following him for a day, I got to see him interact with patients and families. Some just wanted to pray with him, others wanted more spiritual guidance. Shadowing the social workers was the opposite of the spiritual presence that the chaplain brought. The social workers are more there to guide the families through the process that is hospice. They provide the education necessary, and have the resources to direct the patients and families to financial, legal, and community help. When following the social workers around I got to go on several different types of visits, one being a death visit. A death visit involved going to the family's home right after the death of their loved one to discuss what



moves needed to be made next. It was here that the social worker introduced the bereavement services provided by hospice.

Both of my other two notable experiences involved working closely with bereavement services and their coordinator. A few weeks into the semester I had the opportunity to sit in on a six-week long support group for widows that was run by the bereavement coordinator. This experience gave me a real look into homogeneous group therapy and what being a counselor running the group entails. I also learned a lot about grief and its different stages throughout those six weeks. Another task the bereavement coordinator assigned to me was making the thirteen-month bereavement calls. These calls are made thirteen months after a patient's death to check in on the family members that were present in the last few months before passing. I personally found this task to be challenging because I didn't want to bring up this old hurt to anyone who has finally come to terms with the loss.

These most notable experiences, among others, made this past semester one full of learning and growth. I personally have two top advantages and one clear disadvantage in choosing to work in hospice. The first advantage was how much this experience has made me grow as a person and as someone who wants to go into the psychology field. I learned a lot about death and grief, along with the struggles that may lead up to it. I like that I now feel better equipped to help someone else cope with their own grief, and recognize that it will touch everyone at some point in their lives. This experience gave me the thicker skin to get through the harder struggles that may be presented before me. The second advantage has to be the range of opportunities I had. From shadowing to sitting in on group therapy I got to see all sides of hospice and it gave me a well-rounded picture. Despite what I got from this experience, there were some limitations too. One of these limitations being the unstable hours. Visiting with hospice patients can be hard to do for long periods of time, and I found myself struggling to make up for it. With that being said, other opportunities were presented to me to help make up for this deficit.

Overall my time as an intern at Sentara Hospice gave me many amazing experiences that further shaped my personal and career goals. When I combine the highs and lows of these experiences I only find further reason to pursue the career that I am aiming for. With my newly developed thicker skin and more open mind, I now feel readier to help give people with internal struggles a voice.

### ***Fall 2016 - Halley Barton***

RMH Sentara Hospice is a facility that provides comfort care to those with terminal illnesses with a prognosis of 6 months or less. Sentara Hospice's mission is to become the leading provider of end-of-life care in Virginia. However, the mission of all Hospice care is to provide holistic care to improve the quality of life for the patient. To accomplish this goal, RMH Hospice employs doctors, nurses, health aides, social workers, volunteer coordinators, bereavement coordinators and also uses the unique capabilities of volunteers.

While interning at RMH Hospice, I was able to learn through observation and application. I shadowed different employees on their visits to patients and got a better understanding of their positions and roles within Hospice care. While shadowing them, for the



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most part I listened, but also got to talk with the patients and families. Another role that I played was as a volunteer. Each patient is given the opportunity to have a volunteer for up to 3 hours per week. Some patients wanted companionship and talk, while other patient's caregivers needed a few hours of respite so that they could run errands. During these volunteer hours, I was able to develop relationships with the patients and caregivers and help with their care. I also was given the opportunity to attend the interdisciplinary team meetings once a week. While these meetings could occasionally run long, they were incredibly interesting because almost all employees attended it and would all figure out how to provide the best care for their patients that they could. Another opportunity that I was given was to attend the bereavement support group while both participating and observing.

A huge advantage of RMH Hospice was that it's very close to campus and was only a five-minute drive from my apartment. Everyone on the staff was very friendly and provided great information to help facilitate my education while working there. Most of the employees were happy to have me join them on their patient visits and to answer my questions. Another very helpful thing about this site is that my supervisor, the volunteer coordinator, was always looking for patients who may challenge or interest me. I was given quite a few patients who were nonverbal, or had a language barrier, or had interesting psychological application. I really appreciated that every new patient was a learning opportunity and I ended up at the library doing research to help my patients as best as possible multiple times. One disadvantage of this site is the need to drive to patients' homes, so it would be very difficult to work here and not have a car, or not have money available to pay for gas.

A unique difficulty that everyone in this position must face is that the patients are near the end of their life. I actually was with a patient right before she passed away and it isn't quite like how they portray it in the movies; it takes some time for someone to pass away. There is a period that is called actively dying that could be disturbing to some. A patient's breathing can stop for about 30 seconds before resuming again. I think that it's important to understand this aspect of dying before going into this field placement and know that being present during the end of someone's life can be very difficult for some. It is also such a rewarding and unique opportunity to help out a person and their family during this difficult stage as well. Before going into this placement, though, I would urge you to think more about death and really contemplate if this is something that you want to expose yourself to during the next semester. RMH Hospice does provide great care for its volunteers if they were with a patient at a difficult time, and almost all employees are open to talking to you about the difficulties of this job as well. I was actually surprised at how rare it was for me to leave the site leaving upset, so don't discount working here because of the difficulties you may face during it. However, I want you to have an accurate perception of what Hospice care entails.

While working here, I learned a lot about the health care system and the advantages and disadvantages that it has. One issue with a lot of Hospice care systems is that doctors tend to send patients to Hospice care very late. This can really damage how much we can improve a patient's quality of life, and also how well the patient and families are dealing with the prognosis. A patient is not normally given holistic care until they enter Hospice, and it's truly



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amazing how much it can help with a patient's psychological well-being. Being able to see this first hand really showed me that I want to change the way that our society views death and dying. Rather than avoiding the topic, I would like to see people have conversations about how they want to die with their health care providers, and their providers be able to explain the options to the patients so that they can make an informed decision for their care. I would also like to see more families talk about what they want, so that when the inevitable happens, the patient (no matter their mental and physical capabilities) can pass in the way that they would like. Changing a society's view on death will take quite a long time, and a lot of work, but I would like to try to be a part of the process.

One other piece that surprised me was the health care system as a whole. While the people I worked with were all warm and caring, there is a colder side that comes from upper management. Health care companies are still companies, and some of the rules about who is applicable for Hospice and who is not can seem a little cold, but it is still necessary to provide these guidelines. While, overall I loved my internship, this was one piece that I had not been expecting (perhaps because I can be a bit naïve about business in general) but I think it's something important to understand going into the internship as well.