

Implementing a Spiritual Care Curriculum Into Pediatric Residency Training Enhanced Learning Session

March 27, 2019 – 2:00-3:00pm

Presented by Dr. Paige Stevens and Dr. Travus White

Time	Activity	Educational Materials/Handouts
10 minutes	Introduction	Slides
5 minutes	Didactic Session #1 <ul style="list-style-type: none"> • Spiritual Care – Why It Matters 	Slides Objective 1
20 minutes	Small Group Session #1 <ul style="list-style-type: none"> • 10 min – Small groups discuss a clinical case based on one world religion • 10 min - Large group discusses all cases together as each group shares highlights from their discussions 	Handout (pages 2-6) Objective 2
10 minutes	Didactic Session #2 <ul style="list-style-type: none"> • Taking a Spiritual History – The HOPE model 	Slides Article
20 minutes	Small Group Session #2 <ul style="list-style-type: none"> • 10 min - Dyads practice the HOPE model using role-play scenarios • 10 min - Group discussion of role-play experience 	Handout (pages 7-9) Slides Objective 3
20 minutes	Small Group Session #3 <ul style="list-style-type: none"> • 10 min - Small groups discuss a clinical case and the importance of interdisciplinary approach to spiritual care • 10 min - Group discussion of roles of interdisciplinary team members and how to access spiritual care resources 	Handout 3 (pages 10-11) Slides Objectives 4 + 5
5 minutes	Wrap-up <ul style="list-style-type: none"> • Within small groups, each learner will identify one learning point from this curriculum that they will take back to their home institution • Evaluation 	

Session 1: Introduction to Spiritual Care in Pediatrics and World Religions

Learning Objectives:

1. Describe the interplay between spirituality/religion and healthcare.
 2. Understand the basic tenets of several world religions and how religious principles and beliefs may affect the care of pediatric patients.
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Buddhism

Background

- Founded by Siddhartha Guatama in 6th century BC
- 4th largest religion in the world
- <5% of CHLA patients identify as Buddhist

Core Tenets

- *Dukkha*: suffering is universally experienced
- *Nirvana*: the end of suffering
- *Karma*: intentional actions have consequences
- *Samsara*: cycle of life, death, and rebirth
 - Rebirth into one of 6 realms—there are 3 fortunate realms and 3 unfortunate realms
 - The human realm is considered a blessing and should be treated with respect and piety

In Practice

- Peacefulness and mindfulness through chanting, meditation, and prayer
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Case Discussion

A 3 year-old boy is being resuscitated in the ED after being found unresponsive in his backyard pool.

1. Which core tenet(s) of Buddhism might affect the parents' perceptions of this situation?
2. How might you as a provider approach this difficult situation? What are some things you could do to help the family in this situation?
3. What resources are available to Buddhist patients and their families at your institution?

Catholicism

Background

- Centralized in Vatican City under the Pope, who is the Head of the Catholic Church
- 60-70% of CHLA patients identify as Catholic

Core Tenets

- God in three persons: Father, Son, and Holy Spirit
- *The Bible* is the inspired word of God
- Faith is necessary for salvation
- All humans are born with original sin
- Baptism is necessary for salvation
- Human life is sacred and is a gift from God
 - Death is natural and is to be approached with dignity

In Practice

- Attending weekly mass is a priority
 - Priests should perform the Sacrament of the Sick (Last Rites) prior to death
 - The Pope has the ability to interpret the teachings of *The Bible* and modify traditions to fit modern constructs
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Case Discussion

You are caring for a 13 year-old patient in the PICU on a Saturday night who is rapidly decompensating. A Code Blue is called and the team begins resuscitation measures.

1. What important sacrament is likely to be requested by the family? How might this change if the patient had never participated in First Communion? How might this situation differ if the patient were a newborn?

2. How do you reach the priest-on-call during overnight and weekend shifts at your institution?

3. What resources are available to Catholic patients and their families at your institution?

Islam

Background

- Second largest religion in the world
- Based on the teachings of Muhammad in 7th century BC
- <5% of CHLA patients identify as Muslim

Core Tenets

- One God, Allah, and his messenger Muhammad
- Primary scriptures: *The Quran*, which is the word of Allah
- Five Pillars of Islam: faith, prayer, alms-giving (charity), fasting, pilgrimage to Mecca
 - The *qibla* (direction of prayer) from CHLA is to the northeast
- Illness may be perceived as a test of faith

In Practice

- Prayer 5 times each day facing *Kaaba* (Mecca)
 - *Halal* diet
 - Ramadan is a month-long fast (from dawn to sundown each day) to commemorate the first revelation of *The Quran* to Muhammad
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Case Discussion

You are caring for a female Muslim patient during the month of Ramadan who recently had a G-tube placed due to feeding intolerance and failure to thrive.

1. How does the timing of this scenario affect this patient's care? What are some options you could make available to the patient?

2. You are a male provider. What are some measures you can take to respect the customs of your patient's family?

3. What resources are available to Muslim patients and their families at your institution?

Jehovah's Witnesses

Background

- First congregations formed in 1879 under teachings of Charles Taze Russell
- <5% of CHLA patients identify as Jehovah's Witness

Core Tenets

- Jehovah is the one true God, creator, Almighty
- *The Bible* is inerrant, inspired word of God
- Earth is humanity's permanent home
- Afterlife is not immediate, there is no Hell
- Abstain from celebrating most holidays including birthdays

In Practice

- Abstain from blood and blood products
 - Genesis 9:4, Leviticus 17:14, Acts 15:20
 - Hospital Liaison Committee helps guide medical decision-making
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Case Discussion

An 8 year-old female is admitted to the Hematology team with a hemoglobin of 4.5. After an initial workup, a blood transfusion is recommended to the family. During the conversation, it is learned that the family is Jehovah's Witnesses.

1. Do you have any experience with counseling Jehovah's Witnesses on blood transfusion options?

2. Do you know of any Internet resources that can help you counsel Jehovah's Witnesses on other transfusion options?

3. What resources are available to Jehovah's Witnesses and their families at your institution?

Judaism

Background

- 10th largest religion in the world
- ~5% of CHLA patients identify as Jewish

Core Tenets

- Belief in a singular, eternal God
- The *Torah* is the foundational text and contains 613 commandments
- Human life is sacred and saving one's life is a priority

In Practice

- High Holidays: Yom Kippur, Rosh Hashana, Passover
 - Kosher Diet
 - Shabbat from sundown Friday to sundown Saturday
 - Prohibited from working during this time, which includes the use of electricity
 - Importance placed on experiencing God in community
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Case Discussion

You are caring for a Jewish patient during a 48-hour sepsis rule-out. It is Friday afternoon, and the cultures remain negative after 36 hours.

1. What sort of activities are prohibited on Shabbat?

2. How might this impact discharge planning? Nursing care?

3. What resources are available to Jewish patients and their families at your institution?

Session 2: Using the HOPE Model to Take a Spiritual History

Learning Objective

3. Practice an evidence-based, standardized tool—the HOPE model—that can be utilized to take a spiritual history.
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Instructions for Spiritual History Scenario:

Parent

You are the parent of a 4 year-old male who was recently diagnosed with acute myeloid leukemia. You have been in the hospital this week due to complications from initiation of chemotherapy. The resident physician, with whom you have established a strong rapport during this admission, is going to perform a spiritual assessment. Please use the following information to guide your responses to the questions.

Spiritual background: You were raised in the Catholic Church and still attend services 1-2 times a month. You consider yourself religious, and you believe you have a strong relationship with God. You engage in prayer regularly but have had difficulty praying since your son was diagnosed with leukemia. You find hope in your family, your church's community, and the promise of eternal life. Religion helps you through life's worst times, but this seems more difficult than anything you have dealt with in the past. You have not been to church since the diagnosis and feel distanced from God. You believe that modern medicine is an instrument of God and would like for everything to be done medically in order to save your son's life.

Note: You may use the case provided, discuss your own personal beliefs, or discuss the beliefs of patients you have encountered in your practice.

Instructions for Spiritual History Scenario:

History-Taker

You will be performing a spiritual assessment of a patient's parent using the HOPE model outlined below. There are multiple questions listed below for each section which you may use to guide your discussion. You may refer to this sheet during the scenario if needed.

The patient is a 4 year-old male who is undergoing chemotherapy for newly-diagnosed acute myeloid leukemia. You have established rapport with this patient and his family during this admission. As the discussions about his disease process have progressed, you feel it is appropriate at this time to discuss this family's spirituality and the impact their beliefs may have on his care.

Introduce yourself once again to the patient and family. Briefly explain that you would like to spend some time learning about some of the things that have been challenging during this admission and how you and your team might best support them through this difficult time.

H: Sources of hope

- What are your sources of hope, strength, comfort, and peace?
- For some people, their religious beliefs act as a sort of comfort and strength in dealing with life's ups and downs. Is this true for you?
- If yes, proceed to O and P in the HOPE model. If no, ask "Was it ever? What changed?"*

O: Organized religion

- Do you consider yourself part of an organized religion? What aspects of your religion are helpful or not so helpful to you? Are you part of a religious or spiritual community? Does it help you?

P: Personal beliefs

- Do you have personal spiritual beliefs that are independent of organized religion? What are they? Do you believe in God or a higher power? What kind of relationship do you have with God? What aspects of your spirituality or spiritual beliefs do you find most helpful to you personally?

E: Effects on medical care

- Has this situation affected your ability to do things that usually help you spiritually? Are you worried about any conflicts between your beliefs and your current medical situation? Are there any specific practices or restrictions associated with your spirituality that I should know that might impact your care? Is there anything I can do as a physician to help?

Session 2 Discussion Questions:

1. How did you feel using the HOPE model to guide your discussion? What came easily? What was challenging?

2. Were there any techniques used by the history-taker that were particularly successful? How about techniques that were unsuccessful?

3. As the patient's family member, how did you feel as the questions were being asked? Did you feel open to discuss what was most important to you?

Session 3: An Interdisciplinary Approach to Spiritual Care

Learning Objectives

4. Engage in an interdisciplinary approach to providing spiritual care.
 5. Utilize institutional resources available for the provision of spiritual care.
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Case:

You are caring for a 17 year-old female, “Mary,” who has been admitted to the ICU for many weeks. Mary has Acute Lymphoblastic Leukemia and is in a neurologically locked-in state from methotrexate toxicity, requiring ventilatory support and nasogastric tube feeds. Throughout her hospitalization, there has not been any improvement in Mary’s clinical status, and the only expression she can make when awake is an expression of distress with her eyes, as if she wants to communicate something.

Her family describes Mary as strong, cheerful, optimistic, hopeful, and faith oriented. Her family identifies as Catholic and is very involved in her care – often sitting at the bedside brushing her hair, telling her stories, and praying for her recovery. Mary’s teenage sisters and brother find it difficult and overwhelming to see Mary uncomfortable. Mary’s parents hope that a medical procedure will help her get better and that God will “perform a miracle” and heal her over time.

Your team met with Mary’s family and talked about her neurological devastation communicating that there are no further treatments that can be offered to reverse her medical condition. The medical team presented the family with two options, 1) Discontinue life sustaining treatments such as the mechanical ventilation and allow natural death or 2) Place a tracheostomy and gastrostomy tube and continue life-support.

The parents cannot even imagine discontinuing life support – they feel that removing life support from Mary would be considered an act of sin for taking Mary’s life into their own hands. Mary’s siblings feel that she is suffering and do not want Mary to undergo the procedure.

Discussion Questions:

1. Based on your knowledge of this family, how would you initiate a conversation about their spiritual needs?
2. How might your discussion of spiritual needs differ between conversations with Mary’s parents and her siblings?
3. What resources are you aware of at your institution that might help this family cope with this difficult situation and provide the spiritual support that they need?

Quotes from Panelists at CHLA

Dr. Sajaad Yacoob – MD, Hospital Medicine

“You don’t have to necessarily start saying “do you need a priest or do you need someone to come to you?” But acknowledge that it is difficult for them and acknowledge what works for them, and have them talk about their daughter—that usually brings up to the opportunity for them to bring in where they find their support.”

Dr. Christopher Adrian – MD, Palliative Care

“Sometimes I ask them, and I point to my own heart, “There are things you can know in your head and things you can sense in your heart. When you sit next to her, what do you feel? What do you feel that her experience is?”

Lucino Cruz-Pena - Chaplain

“Building that relationship—the language or the message that you’re sending is that you really care for the patient and for the family and that you really want to support them along the way. This relationship will take you a long way and will let you listen to the rest of their stories—what dreams they have, their passions, their fears, their faith, and how they are coping with all of this at that particular moment.”

“Having that third person sitting there with them, initiating conversation, listening to them opens up a dynamic for them to start talking about what is going on: what their fears are, what their hopes are, and how they are understanding their situation. For chaplains, this part becomes very important because I have been to so many family meetings with the team and after the doctors leave the room, I often stay with the family and process and listen to them. That is when the real emotions happen and they are getting in touch with that medical information.”

Dr. Dagmar Grefe – PhD, Head of Spiritual Care Services at CHLA

“In this case, the family thought that they were overstepping and that it was not their authority to be making a decision and that maybe it would be a sin to let her go. I think sometimes it might be helpful to sit down with someone like the clergy of their faith because, for example, in the catholic tradition, there are medical ethics and they have developed this notion between what is extraordinary care and ordinary care. And most mainstream teachings will say that it is acceptable to discontinue extraordinary care when we cause suffering or when care is futile. Sometimes for families it can be a relief to hear that.”