Implementing a Spiritual Care Curriculum into Pediatric Residency Training

APPD Enhanced Learning Session
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Why Spiritual Care?

Enhanced Learning Session Objectives

- Demonstrate a successful spiritual care curriculum that can be used to train pediatric residents
- Engage in three didactic and small group sessions designed to simulate this curriculum
- Provide tools to be able to replicate this curriculum at other institutions

Curriculum Objective

To develop and implement a spiritual care curriculum that teaches pediatric residents the importance of spiritual care, how to take a spiritual history, and how to utilize institutional spiritual care resources.

Attitude → Knowledge → Skills → Practices

Kirkpatrick, D. L. (1967). Evaluation of training. In R. L. Craig & L. R. Bittel (Eds.), *Training and Development Handbook* (pp. 87-112). New York: McGraw Hill.

Curriculum Design

- **Three-part Curriculum**
  - Session 1 – 60 Minute Noon Conference
    - Didactic presentation and case-based discussion of world religions
  - Session 2 – 20 Minute Small Group Session
    - Role-play exercise to practice taking a spiritual history
  - Session 3 – 60 Minute Resident and Faculty Conference
    - Case based discussion with interdisciplinary panel

Didactic Session #1

- **Spiritual Care - Why It Matters**
  - **Objective 1**: Describe the interplay between spirituality, religion and healthcare

Spiritual Care - Why It Matters

Defining Health

"A state of complete physical, mental and social well-being and not merely the absence of disease or infirmity"

World Health Organization. Constitution of the World Health Organization as adopted by the International Health Conference, New York, 19-22 June 1946

Spiritual Care - Why It Matters

Addressing the Whole Person

"In considering the spiritual dimension of the patient, the clinician is sending an important message that he or she is concerned with the whole person. This enhances the patient-physician relationship and is likely to increase the therapeutic impact of interventions."

D'Souza, R. The importance of spirituality in medicine and its application to clinical practice. Med J Aust. 2007 May 21;186(10 Suppl):S57-9.

Spiritual Care - Why It Matters

Addressing the Whole Person

D'Souza, R. The importance of spirituality in medicine and its application to clinical practice. Med J Aust. 2007 May 21;186(10 Suppl):S57-9.

Spiritual Care - Why It Matters

The Joint Commission on Accreditation of Healthcare Systems:

"For many patients, pastoral care and other spiritual services are an integral part of health care and daily life.

The hospital should be able to provide for pastoral care and other spiritual services for patients who request them."

Spiritual Care - Why It Matters

- Study of 203 family practice and OB adult inpatients at 2 Eastern US hospitals

94% agreed that spiritual health is as important as physical health

77% said physicians should consider patients' spiritual needs

However

68% said their physician had *never discussed* their religious beliefs

King DE, Bushwick B. Beliefs and attitudes of hospital inpatients about faith healing and prayer. J Fam Pract. 1994 Oct;39(4):349-52.

Spiritual Care - Why It Matters

•46 Faculty and 44 Residents at St. Louis University School of Medicine Affiliated Children's Hospital

91% of residents and 74% of faculty agreed that spiritual/religious beliefs positively affect health

93% of residents and 89% of faculty agreed that religion is relevant to pediatric medicine because it provides a support system for patients/families during times of crisis

Ambruster, C. Pediatrician Beliefs About Spirituality and Religion in Medicine: Associations With Clinical Practice. Pediatrics. 2003;11(3):227-235.

Spiritual Care - Why It Matters

•46 Faculty and 44 Residents at St. Louis University School of Medicine Affiliated Children's Hospital

0% of Residents and 6.7% of Faculty routinely performed a spiritual history with new patients

30.2% of Residents and 32.6% of Faculty routinely performed a spiritual history in the case of health crisis or life-threatening illness

Ambruster, C. Pediatrician Beliefs About Spirituality and Religion in Medicine: Associations With Clinical Practice. Pediatrics. 2003;11(3):227-235.

Spiritual Care - Why It Matters

Barriers to the Spiritual History

- Time
- Lack of training
- Fear of imposing beliefs
- Lack of continuity
- Colleague or institutional disapproval

Best, Megan. Doctors Discussing Religion and Spirituality: A Systematic Literature Review. Palliative Medicine. 2016;30(4):327-337

Spiritual Care - Why It Matters

Barriers to the Spiritual History

Prior training is the strongest predictor of provision of spiritual care

Best, Megan. Doctors Discussing Religion and Spirituality: A Systematic Literature Review. Palliative Medicine. 2016;30(4):327-337

Small Group Session #1

- **Case-based discussion of world religions - Pages 2-6**
  - **Objective 2**: Understand the basics of several world religions and how religious principles and beliefs affect pediatric patients

Small Group Session #1

- **Case-based discussion of world religions - Pages 2-6**
  - Breakout into 5 small groups
  - 10 minutes for small group case discussion
  - 10 minutes for groups to share highlights from their discussions

Small Group Session #1

Discussion Highlights

- Buddhism
- Catholicism
- Islam
- Jehovah's Witness
- Judaism

Didactic Session #2

- **Taking a Spiritual History**

Didactic Session #2

- **The Role of the Spiritual History**
  - Identify beliefs/practices which are significant to the patient's health that can affect:
    - Decision-making
    - Coping
    - Support networks
    - Commitment to treatment regimens
    - Use of complementary health practices
    - General wellbeing

Rumun, Akpenpuun. Influence of Religious Beliefs on Healthcare Practice. International Journal of Education and Research. 2014;2(4):37-48

Didactic Session #2

- **The Role of the Spiritual History**
  - Identify patients' wishes about the way their beliefs and practices are ***acknowledged*** and ***supported*** while they are in the hospital

Rumun, Akpenpuun. Influence of Religious Beliefs on Healthcare Practice. International Journal of Education and Research. 2014;2(4):37-48

Didactic Session #2

- **The Role of the Spiritual History**
  - Recognize and respond to the ***multifaceted*** expressions of spirituality we encounter in our patients and their families through:
    - Compassion
    - Presence
    - Listening
    - Encouragement of realistic hope

Anandarajah, G. Spirituality and medical practice: using the HOPE questions as a practical tool for spiritual assessment. American Family Physician. 2001;63(1):81-89.

Didactic Session #2

- **The HOPE Model**
  - **H:** Sources of hope, meaning, comfort, strength, peace, love and connection
  - **O:** Organized religion
  - **P:** Personal spirituality and practices
  - **E:** Effects on medical care and end-of-life issues

Anandarajah, G. Spirituality and medical practice: using the HOPE questions as a practical tool for spiritual assessment. American Family Physician. 2001;63(1):81-89.

Small Group Session #2

- **The HOPE Model in Practice - Pages 7-9**
  - **Objective 3**: Practice an evidence-based, standardized tool—the HOPE model—that can be utilized to take a spiritual history

Anandarajah, G. Spirituality and medical practice: using the HOPE questions as a practical tool for spiritual assessment. American Family Physician. 2001;63(1):81-89.

Small Group Session #2

- **The HOPE Model in Practice - Pages 7-9**
  - Breakout into dyads
  - 10 minute role-play exercise
    - One person will serve as the history-taker
    - One person will serve as the parent
      - *You may use the case provided, discuss your own personal beliefs, or discuss beliefs of patients you have encountered*
    - You may switch roles and perform the role-play activity again if time permits
  - Discussion questions (page 9) will be addressed as a group at the end

Small Group Session #2

Discussion Questions - Page 9

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?

Small Group Session #3

- **An Interdisciplinary Approach to Spiritual Care - Page 10**
  - **Objectives 4 & 5:**
    - Utilize institutional resources available for provision of spiritual care
    - Engage in an interdisciplinary approach to providing spiritual care

Small Group Session #3

- **An Interdisciplinary Approach to Spiritual Care - Page 10**
  - Breakout into small groups of 3-4 people
  - 10 minutes for small group case discussion
  - 10 minutes for groups to share highlights from their discussions
  - Review major themes that emerged from our interdisciplinary panel at CHLA

Small Group Session #3

Discussion Questions - Page 10

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

"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."

Quotes from Panelists at CHLA

Dr. Christopher Adrian - MD, MDiv

"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?"

Quotes from Panelists at CHLA

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."

Quotes from Panelists at CHLA

Lucino Cruz-Pena - Chaplain

"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."

Quotes from Panelists at CHLA

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."

Major Themes From Panel Discussion

- Acknowledge what the family is going through
- Open with statements like: "Tell me about your child." and "Where do you draw your strength from?"
- Give the family permission to take this conversation wherever it goes
- Identify current resources the family has in place
- Spiritual leaders can help identify specific teachings applicable to difficult ethical situations
- Chaplains and social workers play a key role in helping families process information

Parting Thoughts

"Our calling as doctors and clinicians is to cure sometimes, relieve often, and comfort always" - Dr. Edward Trudeau

Wrap-Up

- **Take-Home Points**
  - Based on this workshop, what will you take home to your institution?
  - Based on this workshop, what knowledge and skills will you incorporate into your personal practice?

References

1. Kirkpatrick, D. L. (1967). Evaluation of training. In R. L. Craig & L. R. Bittel (Eds.), *Training and Development Handbook* (pp. 87-112). New York: McGraw Hill.
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7. Rumun, Akpenpuun. Influence of Religious Beliefs on Healthcare Practice. International Journal of Education and Research. 2014;2(4);37-48
8. Anandarajah, G. Spirituality and medical practice: using the HOPE questions as a practical tool for spiritual assessment. American Family Physician. 2001;63(1);81-89.

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QUESTIONS?