Spirituality and Health: Creating a Field in Education

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Outline

- History of the field in US*
- What is spirituality; part of the whole person
- What is the evidence to support its integration
- How did the field develop
- Competencies
- Competency guided projects
- * Puchalski, C, Blatt, B, Kogan, M and Butler, A History of the Fiedlf of Spirituality and Health. Academic Medicine (in press) 2014

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WHO: Health

- "Dynamic state of complete physical, mental, spiritual and social well-being and not just the absence of disease or infirmity"
- Ustun and Jacob, Bulletin of the WHO, 2005

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Spiritual care is Whole-Patient Care

- Transcends control of a disease process and the relief of symptoms
- Aims at full health--- help people find healing, authenticity
- Dignity of each human person regardless of abilities

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Spirituality and Health Education: Whole Person Care

- Patient care
  - Spiritual history
  - Spiritual distress diagnosis and treatment
  - Biopsychosocialspiritual Assessment and treatment plan
  - Compassionate presence to pts suffering
- Student/resident/clinician formation
  - Inner life focus
  - Meaning, purpose, call to serve
  - Authenticity
  - Compassionate presence– to self

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History of GWish Curricular Awards Program

- 1980's--three schools with topics related to spirituality or religion discussed in ethics courses, medical anthropology, religious traditions and healthcare (Catholic and Seventh Day Adventist schools).
- 1992-- first formal elective course in Spirituality and Health GW
- 1995-- JTF Award Program in Spirituality and Health begins (medical school, psychiatry and primary care residency programs)

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History of GWish Curricular Awards Program

- 1996 --first required, integrated course in Spirituality and health GW
- Award programs for medical schools, residencies
- 1999--- consensus conference with AAMC to determine definition, learning objectives
- 2004-- Compendium survey by Gwish shows 102 schools with courses in spirituality
- 2009 Interprofessional Spiritual Care Guidelines
- 2009 National Competencies in Spirituality and Health education

MSOP Report III: Spirituality, Cultural Issues and End of Life Care

Spirituality is recognized as a factor that contributes to health in many persons. The concept of spirituality is found in all cultures and societies. It is expressed in an individual's search for ultimate meaning through participation in religion and / or belief in God, family, naturalism, rationalism, humanism and the arts. All these factors can influence how patients and health care professionals perceive health and illness and how they interact with one another.

MSOP Report III.
Association of American Medical Colleges, 1998

Outcome Goals
Students Will:

- be aware of the need to incorporate awareness of spirituality into the care of patients in a variety of clinical contexts.
- will recognize that their own spirituality might affect the ways they relate to, and provide care to, patients.
- will be aware of the need to respond not only to the physical needs that occur at the end of life (and in life any illness) but also the emotional, socio-cultural, and spiritual needs that occur.

GWish-AAMC Consensus conference 1999

Theory and Evidence

- Ethical guidelines that mandate physician attention to all dimensions of a patient's suffering: psychosocial, spiritual as well as physical (ACP, 2004)
- Research that shows spirituality impact on quality of life, coping, recovery from some illnesses, surgery (Cohen SR, Mount BM, Tomas JJ, Mount LF. Existential well-being is an important determinant of quality of life. Evidence from the McGill Quality of Life Questionnaire. Cancer 1996; 77:576. Pargament KI, Koenig HG, Tarakeshwar N, Hahn J. Religious coping methods as predictors of psychological, physical and spiritual outcomes among medically ill elderly patients: a two-year longitudinal study. J Health Psychol 2004; 9:713.; Fitchett G, Murphy PE, Kim J, et al. Religious struggle: prevalence, correlates and mental health risks in diabetic, congestive heart failure, and oncology patients. Int J Psychiatry Med 2004; 34:179.)
- Surveys that show majority of patient want physicians to address spirituality in their care (McCord G, Gilchrist VJ, Grossman SD, et al. Discussing spirituality with patients: a rational and ethical approach. Ann Fam Med 2004; 2:356).

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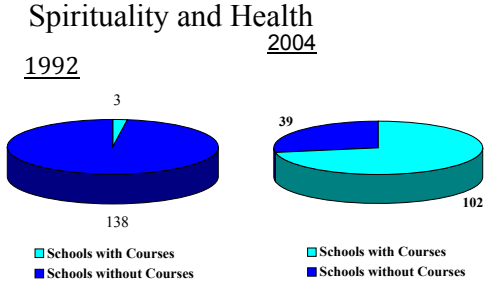
US Schools Teaching Courses on Spirituality and Health



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Spirituality and Health- GW

•Year 1 (required)
•POM: spiritual history, spiritual and cultural beliefs
•Service of Remembrance, Reflection on Gross Anatomy
•PBL
•Humanities/Literature (suffering, compassion, meaning)
•Year 2 (required)
• POM: Ethics, End of Life, Breaking Bad News
•PBL
•Humanities/Literature (hope, despair)
•Year 3 (required)
•Third year clerkships,
•Reflection Rounds
•POM: Care of Caregiver, End of Life
•Year 4
•Palliative Care (elective)

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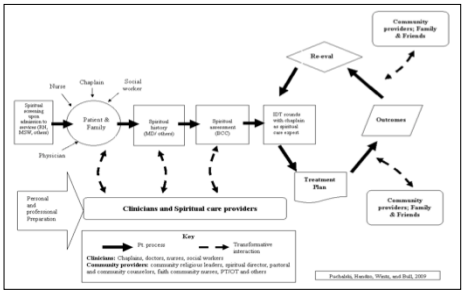
Spirituality in a Medical Model

Puchalski, Ferrell, Virani, et al, JPM 2009

- Interprofessional spiritual care model
  - Generalist-specialist model of spiritual care (Handzo,G, Koenig, H, Spiritual Care: Whose Job is it Anyway?, S.Med.J. 2004 Dec;97(12):1242-4).
- Identifying/diagnosing spiritual distress
- Developing a biopsychosocial and spiritual assessment and plan

Consensus Conference: Spiritual Care Models (Puchalski, Ferrell, Virani, et al. JPM 2009



Ronda: 52yo with end-stage ovarian cancer

- **Physical**
- *Assessment*: Pain is well controlled
- *Plan*: Continue with current medication regimen.
- *Assessment*: Nausea; still has episodes of nausea and vomiting, likely secondary to partial small bowel obstruction (SBO).
- *Plan*: Add octreotide to current regimen.
- **Emotional**
- *Assessment*: Grief reaction that "fight is over." Tearful, difficulty sleeping. However, patient has strong coping skills and good support system.
- *Plan*: Supportive counseling, Continued presence.

Ronda: 52yo with end-stage ovarian cancer

- **Social**
- *Assessment*: Ronda concerned about how to tell her family that she is dying. While her relationships with her family are strong, Ronda is fearful of causing pain to her family. Patient has strong family support.
- *Plan*: Work with social work to arrange family meeting.
- **Spiritual**
- *Assessment*: Hopelessness, main source of meaning in "winning the fight", active in ovarian cancer alliance and seen as inspiration. This has been a source of hope. She has strong spiritual coping skills in past when husband died unexpectedly. Though not religious she now wants to learn how "Jewish patients die?"
- *Plan*: Dream List, legacy building, encourage talking with Ovarian Cancer Alliance, referral to chaplain and to Rabbi.

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Curricula In Schools

- Developed creatively within individual schools
- No uniformity with regard to content, method of teaching, and evaluation
- No common framework

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Need to establish common grounds for:

- Communication
- Curriculum analysis
- Scholarship to bring cohesiveness to the field

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The National Initiative to Develop Competencies in Spirituality for Medical Education

Puchalski, CM, Blatt, BC, Kogan, October 2009

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GWish National Competencies

Puchalski, Blatt, Kogan, Butler Academic Med Feb 2014

- Seven competitively chosen schools-interdisciplinary teams including chaplains
- Discovery and Action Dialogues
- Consensus conference (Café format)
- Developed list of competencies, (ACGME-based)
- Schools currently piloting projects
- Published in Academic Medicine 2012

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ACGME Competencies

- Health Care Systems
- Knowledge
- Patient Care
- Communication
- Personal and Professional Development
- *Compassionate Presence*

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Behaviors….

•Describe importance of incorporating spirituality into a healthcare system (HCS)

- Compare and contrast spirituality and religion, culture (K)
- Differentiate between spirituality and psychological factors (K)

Behaviors

•Perform a spiritual history, ongoing f/u of spiritual distress (PC)

•Integrate patients' spiritual issues into the treatment plan (PC)

•Make timely referrals to chaplains (PC)

Behaviors…

•Explain the reasons that drew you to the medical profession (P&PD)

•Explore the role of spirituality in your professional life (P&PD)

- Reflect on signs of spiritual crisis (P&PD)
- Identify your sources of spiritual strength (P&PD)

Compassionate Presence

- Discuss why it's a privilege to serve the patient
- Describe personal and external factors that limit your ability to be present to others
- Describe strategies to be more present with patients
- Describe how you as a clinician/student can be changed by your relationship with your patient

Personal and Professional Development (Puchalski, Ferrell, Virani et al. JPM, 2009)

- Spiritual development recognized as part of professional development
- Time encouraged for self-examination or reflection
- *Developing a spiritual or reflective practice*
- Opportunities for sense of connectedness and community
- Healthcare settings/organizations should support HCP's attention to self-care/stress management

Competency-based initiatives

- GTRR—Reflection Rounds
- Reflection Mentor
- GW Curriculum Change--- Reflection as essential to formation of student
- National Survey of US Medical Schools (with AAMC)

From Courses to Reflection

- National Competencies; Cannot attend to the whole patient nor be able to compassionate without attention to the inner life of students.
- Offer reflective opportunities as part of medical education (Irby,2010, Puchalski, Blatt, Kogan, Butler, 2013)

Reflection

- Process in which a person takes time out from regular activities to spend time reflecting on their lives from a religious, spiritual or personal perspective
- Common religious and non religious practice for centuries.
- Current: proliferation of meditation groups, mindfulness, yoga etc

Reflection

- Historical evidence points to underlying need for all persons to stop and think about themselves in the context of what is happening in their lives
- "Stop, Look, Go"
  Br. David Stendl Rast, OSB

The Process of Professional Formation

Pathways:

- Biological
- PsychoSocialSpiritual

Completely formed Physician

Means to Psycho Social Spiritual Professional Growth

Reflection Rounds:
A space to reflect, talk, and explore personal, emotional, and spiritual meaning in mainstream medical culture.

Definition of Spirituality

Meaning
Connectedness
Significant or Sacred

"Spirituality is the aspect of humanity that refers to the way individuals seek and express meaning and purpose, and the way they experience their connectedness to the moment, to self, to others, to nature, and to the significant or sacred."

Puchalski, Ferrell, Virani et al, Improving the Dimension of Spiritual Care in Palliative Care, JPM, 2009

Formation of Doctors

- GTRR Reflection Rounds
  - RFP
  - Eight schools (GTRR-1, and 10 schools,GTRR-2)
  - Use of modified verbatim as structure for reflection
  - Measuring outcomes
  - Chaplains required to be part of teams
- GWish Reflection Mentor Program
- Reflection Rounds with Interdisciplinary Schools

GTRR Schools

- **University of Vermont:** Internal Medicine
- **University of Washington:** Chronic Care
- **Boston University:** Medicine
- **Penn State University**: Medicine
- **Indiana University**: Pediatrics
- **University of Massachusetts**: Surgery
- **Wright State University**: Surgery
- **Tulane University**: Internal Medicine

G-TRR Reflection Rounds

G-TRR Reflection Rounds Outline	
Time	**Activity**
5min	Opening ritual Check-in with students
80min	Student Reflections, verbatim format
5min	Wrap-up and closing ritual

G-TRR Mentor Principles

- Create a safe learning environment
- No grading/judgment from team
- What is said in the room stays in the room
- Encourage participation from all students
- Focus on students and their stories; not on team members' agenda
- Follow-up with students who may have had a difficult time, if needed, immediately afterward

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G-TRR Mentor Special Features

- Use Chaplains & Medical Mentors
- Use opening and closing rituals
- Use GWish Structured Reflection Guide - a modified verbatim- to help students recall patient encounter
- Use GWish Spirituality Competencies as a framework

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GTRR Modified verbatim

- How were you affected emotionally by the encounter?
- Were there any aspects of this encounter that carried spiritual significance for you or the patient?
- What was uniquely spiritual/humanistic about what you did?
- What attitudes, beliefs, values, assumptions, previous personal relationships and experiences influenced you and how you responded to this patient/family?
- Did this experience change your subsequent encounters with patients in any way?
- One competency-based question for reflection?

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Reflections on the Process

- "I live for this session..it keeps me going".(Student)
- "Until the rounds the students were getting the message that their values should be left at the door." (Faculty)
- "By reflecting on the spiritual origins of my value of loving kindness I could see how this might apply to caring for Mr. Smith (his patient)". (Student)
- "It is inspiring to see such compassionate and thoughtful students. In turn, I too can reflect on the emotional and spiritual nature of my work and how patients have influenced my life".(faculty)

Themes

- Majority of Students experienced
  - Sense of transformation within patient-student relationship
  - Awareness of
    - their own spirituality
    - Their sense of call to serve, help
    - Importance of dr/pt relationship
  - Relationship
    - With patients
    - With mentors (community, role model)
    - With peers (affirmation, sense of community)

Themes

- Described
  - Specific changes for future clinical encounters
  - Greater understanding of role of spirituality in the lives of patients and their own lives
  - Ways to be more present and attentive to others
  - Desire for spiritual or personal practices that might help the with being present, with wellness and work/life balance

Themes

- Students descibed
  - Improved coping skills
- Lessons learned were sustained in subsequent rotations
- Faculty described
  - being changed by the group experience
  - Increased sense of connection with students in their reflection groups even post rotations

G-TRR Culture Change

- **Habit of mind and heart*:** About patients and experiencing patient care
- **Professional formation:** Who are you, as an authentic person, in the context of relationships with patients? How are you practicing your vocation to serve?
- **Vertical integration:** Resident and freshman medical student projects
- (*Irby,2010)

Reflection Mentors

- Based on group spiritual direction
- Piloted in two first year medical school class 2012-2013, 2013-2014 and one second year (2013-2014)
- Provides a forum in which students reflect:
  - on their call to serve others
  - how their call is affected by medical school educational and clinical experiences
  - Stress management
  - Meaning, authenticity
  - Significant or sacred moments

Formation in New GWU curriculum

- Formation will be achieved in small reflection groups which will meet in the pre-clerkship years and in special reflection rounds during the clerkship years.
- Objectives for students will include
  - attaining awareness of their own
    - spirituality, suffering call or motivation, authenticity
  - recognition of inner resources to attend to patients' distress, (psychosocial and spiritual) and
  - development of skills to
    - listen deeply to the patient's story (spiritual, other)
    - Self care, wellness,

Reflection In GWU Curriculum

- Reflection groups for intellectual/ scientific learning
- Reflection groups for spiritual, inner life formation
  - Reflection as part of personal and professional development
  - Intercessions; Reflection Mentor groups

Reflection as part of personal and professional development

- Wellness
- Compassionate care (presence etc.)
- Boundaries (centering, mindfulness)
- Meditation threaded throughout the curriculum)

Spirituality as part of Patient Care

- Spiritual history integrated in total history
- Spiritual distress assessment and treatment
- Working with chaplains
- Integrated in palliative care, chronic illness
  - Breaking bad news, living with dying
  - Reflections on gross anatomy

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Summary

- Spirituality and Health courses are person-centered focus
- Models exist that are integrated and required in curriculum
- Competencies created to standardize field
- Reflection found to be good methodology for teaching and for professional formation.

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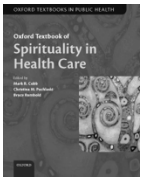
OXFORD TEXTBOOK OF SPIRITUALITY IN HEALTH CARE



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www.GWish.org

- Education resources (SOERCE, National Competencies)
- Interprofessional Initiative in Spirituality Education (nursing, medicine, social work, pharm, psychology)
- Retreats for healthcare professionals (Assisi, US)
- *Time for Listening and Caring*: Oxford University Press
- *Making Healthcare Whole*, Templeton Press
- FICA Assessment Tool—online DVD
- Spiritual and Health Summer Institute, July, GW campus
- INSPIR

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