Caring for the Human Spirit® Conference NEWS FROM DAY 1

Keynote Speaker:
Michael W. Rabow, M.D., FAAHPM

Helen Diller Family Chair, Palliative Medicine Professor, Clinical Medicine and Urology Division of General Medicine, Dept. Medicine University of California, San Francisco

Presenting: Spirituality and Meaning in the Context of Relationship-Centered Care

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Here are a few key points from the keynote address by Michael Rabow MD FAAHPM:
How do you know when you are walking on spiritual ground? When you are dealing with a patient with spiritual distress struggling with a spiritual concern. Signs of spiritual distress: doing something they've never done before or not doing something they've always done; asking the dreaded questions in various ways: "why" and "how" that are difficult to address.
How MDs *(who he primarily works with; can be applied to other disciplines*) can respond: Learn how to bear another's suffering by creating safe space, bearing witness through silence for an extra moment. Interventions: life review/dignity therapy, meaning therapy and support group, legacy work. Handling with care: making a referral to the chaplain to go deeper.

- Chaplains are seen as the spiritual care specialist from the perspective of the physician.
- We need to make chaplaincy care a routine part of every palliative care encounter, both inpatient and outpatient, ensuring each patient has access to and contact with a chaplain.
- Chaplain role with IDT: person to bring the patient into the room by incorporating their story into the discussion; role model for how to do this work with empathy; assist team in dealing with their own grief

Spiritual lessons to continue palliative care in a sustainable way:

- Bearing witness is hard
- Facing the duality of end of life care: Hoping for the best but preparing for the worst
- Facing difficult emotions
- Burnout
- Dealing with a sense of failure if objective is not to bear witness but "to do something"

PLENARY SPEAKER:

Robert Kidd, BCC

System Director, Spiritual Care and Values Integration, The Methodist Hospital

Presenting: I Hear You Saying You Need Leaders

To become a leader:

1. Build extensive relational relationships
2. Communicate powerfully
3. Manage projects
4. Cultivate a professional image
5. Embrace a vigorous spiritual life

If you are an established, veteran leader, start thinking of the young leaders in your department. Think of ways you can connect to them and find how what is important to them. Collaborate and find out their aspirations. Give them the training and encouragement they need.

Younger, rising leaders: Think of a mentor you admire; someone you'd be willing to approach and get really honest with; someone you think has something to teach you about leadership at a new level. Make a commitment to reach out to them and ask for mentoring time. Make a serious investment in your own leadership development.

More Highlights from Day 1

Jim Kraft, MTh

Director of Advance Care Planning, Henry Ford Health System

Presenting: The Impact of Faith and Culture on Medical Decision-Making: Barriers to Advance Care Planning

We don't know the importance of a person's faith, their culture, traditions, and things that give them meaning until we meet them. Come with cultural humility and our patients will teach us. "I don't understand your culture fully, but I want to. When you tell me who you are, I will represent you, be your advocate and voice in addition to your family so that the whole interdisciplinary team will treat you with respect as the person who you are."

We have culture not only in our ethnic groups, but within our families, especially when dealing with grief, with fear, or with decision-making. It is our privilege to be the listeners.

There is no stereotypical picture we can put on anyone, or any box that we can put them in, because there is no box that can fit the vast beauty of culture and religion. It is a great disservice to put someone in a box. We still can ask about generalities, however we need to know the person and what is important to them in terms of respect and meaning.

We work in a health care system that relieves suffering; our cultural bias can be demonstrated when we fail to

Bethany Turner MA, MC, Ed.D.

Regional Co-Lead Spiritual Care, Kaiser Permanente

Presenting: The Feasibility of Clinical Assessment Tools in Professional Health Care by Clinical Chaplains

Context: Turner undertook research of available assessment tools in order to determine the best to be used in her setting's electronic medical record for chaplain documentation

First step in doing literature review to find what evidence and best practices are available regarding clinical assessment tools. Determine if they were created by and for chaplains, and if they are basic intake tools or true chaplaincy assessment tools.

What influences the use of specific clinical assessment tools in spiritual care?

Her research identified seven tools (FICA, Fitchett's 7x7, HOPE, FACT, FAITH, SPIRIT, CSI-MEMO) in the literature to survey chaplains regarding their use. Only one was created by a chaplain. 43% responded they used "none". Most chaplains responding to survey of used assessment tools, 30% stated "one I created myself."

recognize someone's culture teaches a different meaning for suffering.

Recommended Book: *And a Time to Die: How American Hospitals Shape the End of Life.* Sharon R. Kaufman. University of Chicago Press. 2006. ISBN-13: 978-0226426853

Our patients are both religious and spiritual. We need to walk in with that mindset until they tell us differently.

Possible reasons for patients and/or families to choose and aggressive medical approach

- Incomplete understanding of medical condition
- Insufficient medical knowledge. A misunderstanding of the ability of medicine to "cure" the patient
- Mistrust of medical providers and treatment recommendations being offered
- A religious conviction that "God would heal" and the patient must be kept alive until the healing

When spiritual needs are addressed, persons are:

- 3x less likely to choose aggressive care
- 3x more likely to enter into hospice care

His research on Christian perspectives on advance care planning (ACP), which is the highest percentage of his setting's patient population

- 93% said they experience the Divine in their life
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- 83% said their religious beliefs are what really lie behind my whole approach to life including their medical journey
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- 82% finishing life well is possible when an individual views their illness in light of what their faith teaches
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- 84% said having a doctor of nurse practitioner who understands their religious faith/spiritual background is important to me 84
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- 30% said that when it comes to discussing life support for a family member, they are more likely to trust the advice from their doctor than their pastor
- Ø Demonstrates the need to education local clergy/religious leaders

Interview with chaplains revealed:

- Lack of training in the models that were out there; came out of CPE with only the one tool that their supervisor taught
- As clinicians, we need a foundational knowledge understanding of the assessment tools that are out there
- There needs to be "a" clinical tool used as a guidepost in assessment
- "No one size fits all" and "we are a ministry of presence" seem to be the obstacles to why there is no consistency in chaplain use of a tool
- ·We need more standardized targeted tools for a common language, integrity as clinicians at the table, and for outcomes
- "Integrity as clinicians' – own the fact that you are just as important as everyone else at the interdisciplinary table. Believe that you belong there and do your homework; don't be confrontational but don't be silent. Then we allow the fullness of leadership to take place.

Qualitative interviews suggested:

- that there is a consensus that clinical assessment tools are needed for interdisciplinary exchange, common professional language, clinical integrity, and measuring outcomes
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- a lack of training in tools and an obstacle to being present to the spiritual "need" of the patient.
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- Hone your Practice:
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- Know your model of assessment
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- Know the research to support it: Look at SCA's research and white papers for references
- Must be outcome oriented

More Research:

- Vetting rigor of assessment tools
- Validate the outcome
- What assessment tool is best and for what encounter?
- More articles on implementing assessment tools into electronic charting