



Caring for the Human Spirit® Conference NEWS FROM DAY 3



Massey

Panel Discussion: "Prove It"- Developing True Measures of Chaplains Outcomes

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Rev. Paul Nash, MA

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Sharma

Chaplain Outcomes: The field has been urged for years to become more evidence-and outcome-based with resistance. We have the power to shape our present and form our future. If we believe change, which we do, the invitation is open to any person and any organization to further this training, educating, and certifying chaplains to improve this field.

The panel included three persons who utilized the taxonomy developed by Kevin Massey and his colleagues. Advocate. What do I do? Developing a taxonomy of chaplaincy activities and interventions for intensive care unit palliative care. Massey K, et al. BMC Palliative Care 2015. 14:10 <https://bmc-palliat-care.biomedcentral.com/articles/10.1186/s12904-015-0008-0>

Massey:

Metrics:

- In the beginning of chaplaincy, all we had was counting: how many patients, how many advanced, completed, etc. This is not enough; it's not quality
- Some research has occurred, however much has not measured quality of chaplaincy interventions
- Massey is now beginning research on the quality of specific individual chaplain interventions even of technique
- Are we doing the right interventions for patients in light of their primary diagnosis?



Nash

Chaplain contributions toward treating the primary diagnosis:

- Improving coping

- Enhancing compliance with treatment
- “Aligning patient care plan with patients values
- Kindling of hope
- Promoting courage through “meaning making”
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His current research: What are the best specific interventions for making these contributions?

Nash: Developing a Taxonomy for Pediatric Chaplaincy

Took Massey’s U.S. Adult-based taxonomy and did research in the UK to develop pediatric taxonomy items

Main objectives:

- Ensuring the integrity of the original Advocate tool and research
- Check it was fit for purpose to serve our pediatric context, with affecting objective 1
- Added to, did not take away from the original Advocate tool

Result: Found a great deal of correlation (50%) in intended effects, method, and intervention between use of original taxonomy in adults/US and pediatrics/UK.

Benefits:

- Gave us a common language/consistent understanding
- Intentionality/focus
- Preparedness/expectation
- More consciously competent
- More reflective

Book: *Spiritual Care with Sick Children and Young People: A Handbook for Chaplains, Paediatric Health Professionals, Arts Therapists, and Youth Workers*. Jessica Kingsley Publishers. 2015. ISBN-10: 1849053898

Sharma:

Chaplain chart note was created in the electronic medical record which consisted of all 100 taxonomy item. Three categories of the 100 items: Intended effects, Methods, and Interventions were developed. The study reviewed what the top taxonomy choices were in each of the three categories.

Strengths: First study to collect data on the Taxonomy.

Limitations: Findings are of acute setting and not generalizable to other settings and palliative care under-represented

Future directions: Collecting data from other settings in order to continue to research

The Differential Effects of Chaplain Interventions on Patient Satisfaction. Sharma V et al. *Journal of Health Care Chaplaincy*. 2016. 22(3). 1-17.

<https://www.tandfonline.com/doi/abs/10.1080/08854726.2015.1133203?journalCode=whcc20>

More Highlights from Day 3

Kelly Arora, Ph.D.

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Presenting: Balancing Hope in Miracles with Biomedical Decision-Making at the End of Life

Patients and families who received a high level of spiritual support from the health care team were more willing to listen to their recommendations because they felt their core values were heard and valued.

She developed and teaches the **SNAP Protocol**:

Self-Aware – understand your own values and beliefs

- When you hear “miracle” in end-of-life care, what personal and/or professional values are at stake for you?

Now – Understand the beliefs and values of others

- Important to understand the values of clergy and faith community leaders to have a sense of what they are as they also provide recommendations and support to families.
- Values conversations with surrogate decision-makers is also essential, as their belief and values regarding miracles and other potential divine interventions may impact their decisions.

Ask - open-ended questions to ask about the deeper issues

Person Guide - Understand what the person’s “miracle” talk is – whether literal or symbolic

- Genuine curiosity
- Use their language: “It’s not about our furniture in our room”
- It’s not about how we define miracles, but how the person does

Which step of SNAP might be most challenging for you? Why?

Cooper and colleagues AMEN protocol:

AMEN in Challenging Conversations: Bridging the Gaps Between Faith, Hope, and Medicine. Cooper R et al. *Journal of Oncology Practice* 10, no. 4 (July 1 2014) e191-e195. <http://ascopubs.org/doi/full/10.1200/jop.2014.001375>

- **Affirm** values and hopes
- **Meet** patient and family where they are
- **Educate** on biomedical issues
- **No matter what** you will be with them in a shared space of hopes