Resilience through Spirituality in Health Care Workshop

Luke H. Mortensen, PhD, Vice President and Chair for Medical Education
Elaine Soper, PhD, Directory of Faculty Development, WVSOM
Robert Foster, DO, Associate Dean of Osteopathic Principles & Practices
Resilience in Spirituality Issues

Luke Mortensen, PhD
Spirituality in the Osteopathic Profession...

Robert Foster, DO
Spirituality In Osteopathic Philosophy
“All His (God’s) works, spiritual and material, are harmonious. His laws of animal life was absolute. So wise a God had certainly placed the remedy within the material house in which the spirit of life dwells. With this thought I trimmed my sails and launched my craft as an explorer.”

A.T. Still....

Autobiography, p. 99
Do not put your hands on a patient until you first know the anatomy under your fingers, the physiological changes that are taking place, something of the pathology that may be there, and more than all, that a living soul is within.
Implications of Dr. Still’s Philosophy for Osteopathic Physicians

- When we touch patients, we are touching their spirit as well as their mind and physical body.
- The doctor-patient relationship becomes a sanctuary into which both participants voluntarily enter.
- That responsibility and honor must not be taken lightly.
Spirituality in Health and Healing:
An Osteopathic Perspective

754/OM4/HISTOM
OPP 2  January 12, 2016, 8am

Bob Foster, D.O.
Charles McClung, D.O.
Recognizing Spiritual Issues

Patients may express feelings or thoughts that evoke one or more of the following themes:

- **Unfairness** - “Why me?”
- **Unworthiness** – “I don’t want to be a burden.”
- **Hopelessness** – “What’s the point?”
- **Guilt** – “My disease is punishment.”
- **Isolation, anger** – “No one understands me.”
- **Vulnerability** – “I am afraid.”
- **Abandonment** – “God or family doesn’t care about me.”
- **Confusion** - “Why is this happening to me?”
Religion and Spirituality
“How come when we talk to God we call it prayer but when God talks to us we call it schizophrenia?”

-Lily Tomlin
Places Spirituality taught:

- Gross Anatomy
- Communication/Patient Interview
- OSCE’s and Standardized Patient Encounters
- Medical Ethics
- Behavioral Medicine
- OP&P
- Geriatrics
- Patient Presentation Curriculum Modules
- Co-Curriculum
- Faculty Development
For this year’s COM Week, the WV SOM community will have an opportunity to EXPLORE MORE DEEPLY THE “SPIRIT” ASPECT OF OSTEOPATHIC MEDICINE.

WV SOM students, as well as faculty and staff, are invited to enjoy the following presentations.

MONDAY, FEB. 17
11:30 a.m.–1:00 p.m.
Author John Lewis speaks on the “Spirituality of A.T. Still”
“From the Dry Bone to the Living Man” is Lewis’ biography of Dr. A.T. Still. The British author spent several years in Kirklake, N.C., collecting and researching this account of Still’s spiritual journey.
Includes book signing

TUESDAY, FEB. 18
11:30 a.m.–1:00 p.m.
Physician Panel Discussion: “Spirituality & Practice”
Physicians (O.D. and M.D.) from different specialties discuss how spirituality influences their medical practice.

THURSDAY, FEB. 20
11:00 a.m.–1:00 p.m.
The Interfaith Amigos: “Interfaith Dialogue & Healing”
The Interfaith Amigos are Imam Jaral Rahman, Pastor Don Mackenzie, and Rabbi Ted Falson. Known for their unique blend of spiritual wisdom and humor, they bring universal insights to conversations about spirituality and contemporary challenges.
Includes book signing

THURSDAY, FEB. 20
7:00–9:00 p.m.
The Interfaith Amigos will speak at the Lewis Theatre.
Community invited.
Includes book signing

FRIDAY, FEB. 21
11:00 a.m.–1:30 p.m.
WVSOM Student Panel Discussion: “Faith & the Healing Arts”
A cross-section of students representing different faiths share how their beliefs enrich their understanding of health and healing.

Getting the Lens: A Glimpse of Our Religious Diversity

Includes book signing
Elements of Spirituality
Connection with others

- Doctor-patient relationship
  - Sharing in illness experience with compassion and caring.
  - Contributes to sense of connectedness for patient.
  - A potentially spiritual encounter with great healing potential.
What is Spirituality?

Illness

Wellness
What Others Are Saying...

Elaine Soper, PhD
History of Spirituality in Healthcare in the allopathic world...

- 1980’s – courses in ethics and religious traditions
- 1992 – GWU first elective course: Spirituality & HCare
- 1996 – GWU first required course
- 1999 – AAMC Consensus Conference on Spirituality
- 1999 – MSOP Report III – Spirituality, Cultural Issues and End of Life Care
- 2001 – American Academy of Family Physicians
- 2000’s – moved to other areas than palliative care
Started in Palliative Care
Moved to acknowledging role of Spirituality in
  - End of life care
  - Inpatient health care
  - Outpatient health care
According to Christina Puchalski, MD (founders)
  - Every patient encounter should consist of a:
    - Biopsychosocial-Spiritual Model of Care
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 the positive impact of spirituality or religion on quality of life, coping, recovery from illnesses and surgery (Cohen SR, et al., 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, et al.)

Religious coping methods as predictors of psychological, physical, and spiritual outcomes among medically ill elderly patients: (a two-year longitudinal study. Journal of Health Psychology 2004; 9: 713; Fitchett G.)


Surveys that show the majority of patients want physicians to address spirituality in their care (McCord G. et al. Discussing spirituality with patients: a rational and ethical approach. Annals of Family Medicine 2004; 2: 356)
There are a variety of Definitions...

**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, 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, AAMC, 1999**
Other Definitions...

American Academy of Family Physicians

- Spirituality is the way you find meaning, hope, comfort and inner peace in your life. Many people find spirituality through religion. Some find it through music, art or a connection with nature. Others find it in their values and principles. *American Family Physician*. 2001 January 1; 63(1):89.

From Palliative Care Consensus Conference, 2009:

- 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.

- Spirituality is a dynamic and intrinsic aspect of humanity through which persons seek ultimate meaning, purpose, and transcendence, and experience relationship to self, family, others, community, society, nature, and the significant or sacred.

Universal Spiritual Needs

- According to Fish and Shelly (1978) there are three spiritual needs common to all people and underlying all religious traditions:
  (1) need for meaning and purpose,
  (2) need for love and relatedness
  (3) need for forgiveness. (From GWU Summer Institute on Spirituality & Healing, 2010.)
Spirituality as it Relates to Health Care...
## Spiritual Diagnosis*...

<table>
<thead>
<tr>
<th>Diagnoses (Primary)</th>
<th>Key feature from history</th>
<th>Example Statements</th>
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| Existential                          | Lack of meaning/questions meaning about one’s own existence/Concern about afterlife/Questions the meaning of suffering/ Seeks spiritual assistance | “My life is meaningless”
|                                      |                                                                                         | “I feel useless”                                         |
| Abandonment – God or others          | Lack of love, loneliness/ Not being remembered/ No Sense of Relatedness                  | “God has abandoned me”
|                                      |                                                                                         | “No one comes by anymore”                                |
| Anger at God or others               | Displaces anger toward religious representatives/ In ability to Forgive                   | “Why would God take my child…it’s not fair’               |
| Concerns about relationship with deity | Closeness to God, deepening relationship                                                  | “I want to have a deeper relationship with God”          |

*A Consensus Conference Convened February 2009
Principal Investigators: Christina Puchalski, MD, MS, FACP
Betty Ferrell, PhD, MA, FAAN, FPCN
<table>
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<tr>
<th>Conflicted or challenged belief systems</th>
<th>Verbalizes inner conflicts or questions about beliefs or faith Conflicts between religious beliefs and recommended treatments/Questions moral or ethical implications of therapeutic regimen/Express concern with life/death and/or belief system</th>
<th>“I am not sure if God is with me anymore”</th>
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<tbody>
<tr>
<td>Despair/hopelessness</td>
<td>Hopelessness about future health, life Despair as absolute hopelessness, no hope for value in life</td>
<td>“Life is being cut short” “There is nothing left for me to live for”</td>
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<tr>
<td>Grief/loss</td>
<td>Grief is the feeling and process associated with a loss of person, health, etc.</td>
<td>“I miss my loved one so much” “I wish I could run again”</td>
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### Spiritual Diagnosis Continued...

<table>
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<tr>
<th>Guilt/shame</th>
<th>Guilt is feeling that the person has done something wrong or evil. Shame is a feeling that the person is bad or evil.</th>
<th>“I do not deserve to die pain-free”</th>
</tr>
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<tbody>
<tr>
<td>Reconciliation</td>
<td>Need for forgiveness and/or reconciliation of self or others</td>
<td>“I need to be forgiven for what I did”</td>
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<td></td>
<td></td>
<td>“I would like my wife to forgive me”</td>
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<tr>
<td>Isolation</td>
<td>From religious community or other</td>
<td>“Since moving to the assisted living I am not able to go to my church anymore”</td>
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<tr>
<td>Religious specific</td>
<td>Ritual needs/Unable to practice in usual religious practices</td>
<td>“I just can’t pray anymore”</td>
</tr>
<tr>
<td>Religious/Spiritual Struggle</td>
<td>Loss of faith and/or meaning/religious or spiritual beliefs and/or community not helping with coping</td>
<td>“What if all that I believe is not true”</td>
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How to Incorporate Spirituality into Your Teaching...
Assessment is a Key...

- Know Yourself
- Know your patient
- Incorporate treatment
The FICA Spiritual History Tool © was developed by Dr. Puchalski and a group of primary care physicians to help physicians and other healthcare professionals address spiritual issues with patients.

Spiritual histories are taken as **part of the regular history** during an **annual exam** or **new patient visit**, but can also be taken as **part of follow-up visits**, as appropriate.

The FICA tool serves as a **guide for conversations** in the clinical setting.
"Do you consider yourself spiritual or religious?" or "Is spirituality something important to you" or "Do you have spiritual beliefs that help you cope with stress/difficult times?" (Contextualize to reason for visit if it is not the routine history).

If the patient responds "No," the health care provider might ask, "What gives your life meaning?"
Sometimes patients respond with answers such as family, career, or nature.

(The question of meaning should also be asked even if people answer yes to spirituality)
I - Importance

"What importance does your spirituality have in our life?

Has your spirituality influenced how you take care of yourself, your health?

Does your spirituality influence you in your healthcare decision making? (e.g. advance directives, treatment etc.)
C - Community

"Are you part of a spiritual community?" Communities such as churches, temples, and mosques, or a group of like-minded friends, family, or yoga, can serve as strong support systems for some patients.

Can explore further: *Is this of support to you and how?*

Is there a *group of people you really love or who are important to you?*"
"How would you like me, your healthcare provider, to address these issues in your healthcare?"

With the newer FICA models, including diagnosis of spiritual distress “A” also refers to the:
- Assessment and Plan of patient spiritual distress or
- Issues within a treatment or care plan
What Some Schools are Doing...
Spirituality and Health Education: Whole Person Care

**Patient care**
- Spiritual history
- Spiritual distress diagnosis and treatment
- Biopsychosocialspiritual Assessment and treatment plan
- Compassionate presence to persons’ suffering

**Student/resident/clinician formation**
- Inner life focus
- Meaning, purpose, call to serve
- Authenticity
- Compassionate presence – to self
Outcome Goals – Students will:

- Be aware of the need to incorporate spirituality into the care of patients in a variety of clinical contexts;
- Recognize that their own spirituality might affect the ways they relate to, and provide care to, patients;
- 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)
Diagnosing Distress in Clinical Care (Diagnosis Pathway)

- *Is the patient in distress?* If so, is it physical, emotional, social or spiritual or a combination of these?

- *Who needs to be involved on the team* to address the different sources of distress? (mental health, chaplain, clergy, etc.)

- *What can the clinical identifying the distress do on his/her own?* (SIMPLE VS COMPLEX)

  (Puchalski et al., Improving the Quality of Spiritual Care as a Dimension of Palliative Care, JPM 2009)
Overall Curriculum
- Year 1 – required Spirituality Course
- Year 2 – elective Spirituality Course
- FiCA included in the teaching of the patient interview
- Year 3 and 4 – reflection papers of how the student dealt with patients with Spiritual Distress
- Self-Assessment of one’s own Spiritual History
FICA for Self-Assessment - your personal spiritual history:

F - Faith and Belief
   *Do I have a spiritual belief that helps me cope with stress?* With illness? What gives my life meaning?

I - Importance
   *Is this belief important to me?* Does it influence how I think about my health and illness? Does it influence my healthcare decisions?

C - Community
   *Do I belong to a spiritual community* (church, temple, mosque or other group)? Am I happy there? Do I need to do more with the community? Do I need to search for another community? If I don't have a community, would it help me if I found one?

A - Address in Care
   What should be my action plan? *What changes do I need to make? Are there spiritual practices I want to develop?* Would it help for me to see a chaplain, spiritual director, or pastoral counselor?
Highlights of Stanford’s Spirituality and Spiritual Care...

Teaching Spirituality in Medicine at Stanford

- Spirituality and Meaning in Medicine (required Family Medicine clerkship)
- Healer’s Art (elective, all years)
- Physician Self Care (required Family Medicine)
- Community Site Visit with Spiritual Care Service (elective Family Medicine)
- Reflection Rounds (required clerkships: Family Medicine, Pediatrics, Ambulatory IM, Surgery)

Chaplain Bruce Feldstein, MD
Stanford Student Goals...Enhance

- To identify and respond to the patients’ spirituality and sources of meaning, as well as your own
- To enhance the student’s capability to integrate spiritual care into healthcare
- To describe a Bio-PsychoSocial-Spiritual context to healthcare
- Distinguish six basic spiritual care skills
Specific Objectives

- Define spirituality in the context of healthcare
- Identify three universal spiritual needs
- Recognize/reflect on spirituality and meaning in your own life
- Experience generous listening
- Establish a healing presence: personal connection
- Take a Spiritual History: FICA/HOPE
- Identify and respond to your patient’s Chief Concern – **What Matter's Most** – in addition to the Chief Complaint
- Understand the role of the Chaplain and when to make a referral

*Chaplain Bruce Feldstein, MD*
Why Teach Spirituality in Medicine?

- Patients want it
- Research shows it’s good for:
  - Health
  - Satisfaction for patient AND providers
- Joint Commission requires it
- Legacy of Medicine
- It’s the right thing to do
Recognize spiritual/meaningful experiences
Prepare “Attention and Intention,” make a meaningful connection
Identify and respond to the Chief Concern
   Not just the Chief Complaint
Use FICA, HOPE questions
Referral
Reflection
Chief Concern vs. Chief Complaint

**Chief Complaint**
- The “What?”: what brought you here today
- Reflects patho-physiological thinking
- Essential for differential diagnosis

**Chief Concern**
- The “So What?”: What is it about this that prompted you to come in? What concerns you the most?
- About meaning
- Essential for compassionate care
Spirituality is integral to personhood
It impacts healthcare decisions, treatment, outcomes
It’s the basis of dignity- and patient- centered care
Spirituality underlies vocation, service and compassion
Models are created to make spirituality an equal domain of care

This you already know!
It’s about a few new methods
to teach it to the next generation!!
Now it’s YOUR TIME for Some Attention and Intention...
Resources...
spirituality & health org./websites

- American Academy of Hospice and Palliative Medicine
- Association of Professional Chaplains
- Benson-Henry Institute for Mind Body Medicine (BHI)
- Duke Center for Spirituality, Theology and Health
- Duke Institute on Care at the End of Life
- End of Life / Palliative Education Resource Center
- Finding Meaning in Medicine: Reclaiming the Heart and Soul of Medicine
- Good Endings: Caring for the Dying Resident
- Hospice and Palliative Nurses Association
- Medicine and Ministry Annual Conference
- National Council on Aging
- Spirit-Health Connections
- Spirituality Diversity and Social Work Resource Center
- Spiritual Competency Resource Center
- Supportive Care Coalition
- University of Minnesota Center for Spirituality & Healing
Online Resources by and about Dr. Puchalski and GWish

- **Spiritual Assessment in Clinical Practice**
  A multimedia guide for tapping the spiritual beliefs, values, and practices important in your patients' responses to illness or stress.

- **The Role of Spirituality in Palliative Care**
  April 2009 video (Quicktime) of a talk Dr. Puchalski gave at the Duke Center for Spirituality, Theology and Health.

- **Compassionate Healthcare Systems**
  December 2008 talk (MP3) Dr. Puchalski gave at Harvard Medical School's Spirituality and Healing in Medicine Conference.

  Webcast of a September 2008 UN Symposium in which an expert panel share their insight on the enigmatic mind-body problem and explain how new paradigms fueled by the latest scientific research are altering how we perceive and relate to the physical world.

- **Many Medical Schools Now Include Classes On Healing Power Of Spirituality**
  July 2008 Voice of America report featuring Dr. Puchalski.

- **The Healing Encounter**
  Transcript of Dr. Puchalski's tracks on the Care for the Journey: Messages and Music for Sustaining the Heart of Healthcare audio CD.
Continue Online Resources by and about Dr. Puchalski and GWish

- **Forgiveness: Spiritual and Medical Implications**  
  Article by Dr. Puchalski in the Yale Journal for Humanities in Medicine.

- **Touching the Spirit: The Essence of Healing**  
  Essay by Dr. Puchalski that was a 2000 Catholic Press Award Winner.

- **Prayer and Healing: Can spirituality influence health?**  
  January 2005 issue of CQ Researcher discussing Dr. Puchalski's work. An in-depth look at the issues.

- **The Role of Spirituality in Health and Illness**  
  PowerPoint presentation by Dr. Puchalski.

- **Spirituality and End of Life Care: A Time for Listening and for Caring**  
  PowerPoint presentation by Dr. Puchalski.

- **Love & Forgiveness in Health Services - A Global Gathering**  
  Video of Dr. Puchalski's speech at the Fetzer Institute's A Global Gathering. The video features an introduction, two short skits, and a video.