

Integrating Spirituality in Interdisciplinary Team Practice: Lessons from Palliative Care



APC/NACC Annual Conference
Anaheim, CA
July 14, 2018



Presenters



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Learning Objectives

1. Describe a model for interdisciplinary team collaboration that encourages team self-reflection and spiritual development.
2. Practice utilizing goals of care conversation tools designed to highlight the spiritual dimension of patient and family suffering.
3. Introduce data-informed clinical practices to the interdisciplinary team to promote a culture of whole person care.



Where do we start?



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Background & Context

The project was conducted within a coalition of faith-based health care systems which have a high commitment to spiritual care.

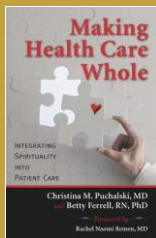
Our participants were members of mature interdisciplinary palliative care teams across the US.



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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.

Improving the Quality of Spiritual Care as A Dimension of Palliative Care: The Report of the Consensus Conference, *Journal of Palliative Medicine*, Volume 12, Number 10, 2009

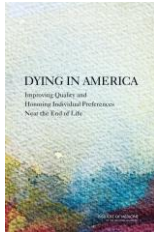


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Institute of Medicine Report 2014

- Educational silos impede the development of inter-professional teams
- SCC is committed to developing the interdisciplinary teams' ability to provide whole person centered care and attend to the physical, psycho-social, spiritual and cultural needs of the patient and family

<http://www.iom.edu/Reports/2014/Dying-In-America-Improving-Quality-and-Honoring-Individual-Preferences-Near-the-End-of-Life.aspx>



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NCP Guidelines - Domain 5: Spiritual, Religious and Existential Aspects of Care (3rd edition 2013)

- All interdisciplinary team members should recognize spiritual distress and attend to spiritual needs.
- The palliative care team includes spiritual care professionals, ideally board certified professional chaplains.
- Palliative professionals acknowledge their own spirituality as part of their professional role and engage in self-care and reflection as they work with seriously ill and dying patients.

http://www.nationalconsensusproject.org/NCP_Clinical_Practice_Guidelines_3rd_Edition.pdf

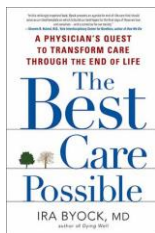
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The Best Care Possible Ira Byock, 2012

"The confrontation with death lays bare the spiritual core of the human condition."

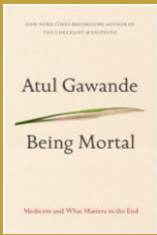
"The force of impending death acts like a hot wind to strip away all pretenses and expose each person's elemental essence."

"For all the suffering that surrounds dying and death, many people experience such times as sacred."



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Being Mortal Atul Gawande, 2014



“All we ask is to be allowed to remain the writers of our own story...As people become aware of the finitude of their life, they do not ask for much, they do not seek riches. They do not seek more power. They ask only to be permitted, as far as possible, to keep shaping the story of their life in the world—to make choices and sustain connections to others according to their own priorities.”



Spiritual Care is the Responsibility of Every Care Team Member



Goal: Create a model that ensures high quality spiritual care happens consistently and reliably.

Method: Establish a learning community and provide a spiritual formation experience.



Goals of Care Conversations

- Facilitated discussions about the many steps in healthcare decision-making, including decisions about specific treatments, the intensity of care, and future care needs (advance care planning).
- While goals of care discussions most often occur in the context of a hospitalization, ideally these discussions should occur earlier in the disease trajectory.
- Goals of care should not be limited to goals of end of life care (ie, focusing on death and dying), but as much about how the patient wants to live.

[From UpToDate: Discussing Goals of Care](#)

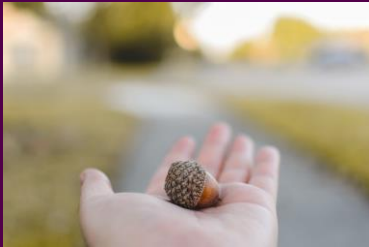


Survey:

1. Are you a chaplain on a palliative care team? If so, how did you get on the team?
2. Do you regularly participate in goals of care conversations? If so, pair and share with someone who has not.



What do we bring?



Whole Person Care Tom Hutchinson, 2011



"The quality of caregiver presence has been identified as a critical therapeutic variable - one that is ignored by the current medical paradigm."

Dame Cicely Saunders reminded us:
"The way care is given can reach the most hidden places and give space for unexpected development."



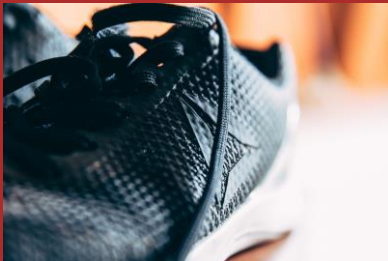
Listen Generously — Rachel Naomi Remen

When we listen, we are usually thinking.
We may be deciding if we like or dislike what is being said.
If we agree or disagree with it, if we believe it or not.
We may be listening competitively.
We may be listening with an agenda.
As health care professionals, we are trained to listen for what is wrong.
And are concerned as to whether we know how to fix it.
In listening **generously**, we do not do any of this.
We just listen in silence, not to analyze or even to understand.
We are listening simply to know what is true for another person at this time.
When we do this, we often enable someone to recognize what is true for them for the first time.

<http://rachelremen.com/generous-listening>



How do we act?



Professional Practice



Practice Goals of Care Conversations

	David Weissman's 10 Steps for Conducting a Family Goal Setting Conference	Supportive Care Coalition 10 Stages for Goals of Care Conversations
1	Establish Proper Setting	Planning and the First Encounter
2	Introductions	Briefing and intentional Spiritual Grounding
3	Assess Patient/Family Understanding	Introductions/Build Relationship/Deepening The Conversation
4	Medical Review/Summary	What Does the Patient/Family Know?
5	Silence/Reactions	What Have the Patient/Family Been Told to Expect?
6	Discuss Prognosis	Medical Review and Prognosis
7	Assess Patient/Family Goals	Be Present for Lamentation and Suffering
8	Present Broad Care Options	Offer Options and Recommendations
9	Translate Goals into Care Plan	Summarize, Express Gratitude and Hope, Plan Next Steps
10	Document and Discuss	Debrief and Document

Adapted from: Weissman DE. Conducting a Family Goal Setting Conference Pocket Card; Palliative Care Center, Medical College of Wisconsin, 2010



Ten Stages for Goals of Care Conversations

- The scripting is only a tool - not meant to be used verbatim.
- Designed to help clinicians acquire skills that take the conversation beyond the medical and get to the heart of what matters to a patient and family.



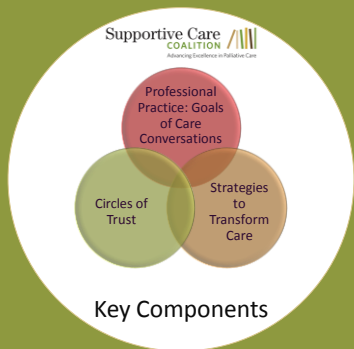
Introduce Specific Behaviors

8 Elements incorporated into the 10 stages:

- Invite care team to be spiritually grounded and present
- Dignity Question: *"What do we need to know about you as a person to give you the best care possible?"*
- Inquire about the patient's spirituality (hopes and fears)
- Honor silence that may facilitate deeper listening and sharing
- Assess for spiritual distress/suffering
- Draw upon patient/family's spiritual strengths (faith, beliefs, values) in addressing goals of care
- Express gratitude to patient and family
- Team self-evaluation/reflection



Circles of Trust



Circles of Trust

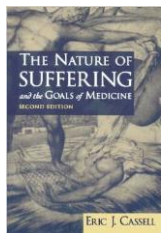


- "... A circle of trust is a group of people who know how to sit quietly...with each other and wait for the shy soul to show up."
- "The relationships in such a group...are not confrontational but compassionate...they are filled with abiding faith in the reality of the inner teacher and in each person's capacity to learn from it."

- Parker Palmer, *A Hidden Wholeness*



The Nature of Suffering



- "Suffering is experienced by persons...[it] is not confined to physical symptoms...[it] is the state of severe distress associated with events that threaten the intactness of the person."
- "All aspects of personhood...are susceptible to damage and loss... [The] way to learn what damage is sufficient to cause suffering...is to ask the sufferer."

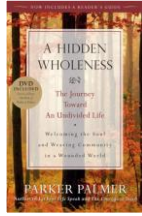
- Eric Cassell, 1982



Inviting the Soul to Speak

Like a wild animal, the soul is tough and resilient, resourceful, savvy, and self-sufficient: it knows how to survive in hard places...Yet despite its toughness, the soul is also shy. Just like a wild animal, it seeks safety in the dense underbrush, especially when other people are around. If we want to see a wild animal, we know that the last thing we should do is go crashing through the woods yelling for it to come out. But if we will walk quietly into the woods, sit patiently at the base of a tree, breathe with the earth, and fade into our surroundings, the wild creature we seek might put in an appearance...

- Parker Palmer



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Strategies to Transform Care

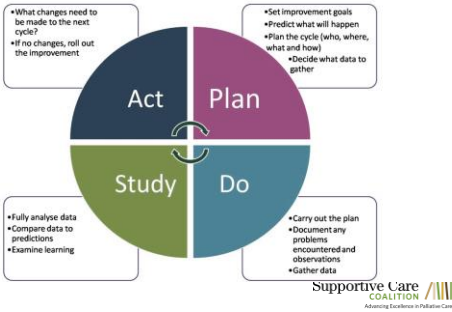


A Collection of Practices



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Rapid Cycle Improvement



What made it work

Integrating Spirituality in Palliative Care Team Practice

Woodruff English, MD, MMM, Clinical Project Leader | Tina Picchi, MA, BCC, Project Leader
Denise Hesse, MD, BCC-HPC, Executive Director, Supportive Care Coalition

Participating Hospitals: Bergness Medical Center, Kalamazoo, MI | Providence Sacred Heart Medical Center, Spokane, WA | Providence Little Company of Mary Medical Center, Torrance, CA
Saint Thomas West Hospital, Nashville, TN | St. Mary's Hospital, Richmond, VA

Background	Results	Summary
<p>Spiritual care is the responsibility of every palliative care team member. It is important to acknowledge and attend to the spiritual life of the patient, the individual practitioner and the interdisciplinary palliative care team. As a faith-based organization, the Supportive Care Coalition is committed to embedding spirituality in palliative care practice. This project placed greater emphasis on developing spiritual strengths and addressing sources of suffering.</p> <p>The palliative care team engaged in a quality learning community to implement new team-based practices to raise goals of care conversations about family member or patient. All team members participated in monthly conferences to review performance metrics and to disseminate practices. Performance was further assessed using an online tool by project leaders.</p>	<p>Documented in Goals of Care Chart Note</p>	<ul style="list-style-type: none"> Using rapid cycle quality improvement methods, this project modified several aspects of a standard palliative care goal of care conversation model to promote greater spiritual engagement not only with patients and family but also among the palliative care team members themselves. Plus site participants became part of a learning community and were required to conduct regular self-assessment by means of structured performance metrics (interim reports) that site members used as a means to assess practice strengths. In so doing, they recognized the practice changes and steps to create engaged in this community over the project lifecycle.
<p>Project Description</p> <p>The palliative care team engaged in a quality learning community to implement new team-based practices to raise goals of care conversations about family member or patient. All team members participated in monthly conferences to review performance metrics and to disseminate practices. Performance was further assessed using an online tool by project leaders.</p>	<p>Based on Participants' Self-Reporting of their Confidence in:</p> <ul style="list-style-type: none"> 85% Reporting confidence in spiritual strengths/abilities 48% Reporting confidence about bereavement 22% Planning ahead during the conference 22% Being present to lamentation and suffering <p>Project Participants' Perspectives</p> <p>"Most valuable were the opportunities to interface with other site-based palliative care teams, use the integration of spirituality into goals of care discussions deeper and enrich our family meetings and a deepening of our own beliefs as well together - that we know, that our beliefs enrich other team members."</p> <p>"Detailed about with the goals of care conference format and the deliberate placement of spiritual at the center of whole person care."</p> <p>"The project helped to elevate the role of the chaplain. Team members are more likely open to identify spiritual distress and to seek the expertise and support of a chaplain for our patients."</p>	<p>Project Participants</p> <p>www.supportivecarecoalition.org Supportive Care COALITION Advancing Excellence in Palliative Care</p>
<p>Methods</p> <ol style="list-style-type: none"> Provided on specific aspects of the Goals of Care Conversation as a template guide for developing team culture and introducing specific objectives <ul style="list-style-type: none"> Preparing palliative care for the conference Setting the team's role, identifying processes and present Facilitating meeting for the team, facilitator setting and sharing Adding the Digital Question: "What do we need to know about you as a person to give you the best care possible?" Assessing palliative care spiritual discernment/affirmation Identify ways to incorporate spiritual strengths (faith, beliefs, values) in counseling goals of care Empowering what palliative care team and family Team engaging in self-evaluation/reflection following the conference Developed objectives and metrics weekly (this is reporting objectives and creating professionals to provide whole person care) incorporating in team role assessment at each meeting Engaged a senior administration level sponsor (e.g. division or hospital care) selected to champion the project at each site 		

Practices that Integrate Spiritual Care into Goals of Care Conversations



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Practices that Made a Difference

- Preparing patient/family/team for care conference
- Team spiritual grounding and intentional presence
- Dignity Question: *“What do we need to know about you as a person to give you the best care possible?”*
- Exploring patient’s hopes and fears
- Honoring silence-deepening the conversation
- Being present to suffering and lamentation
- Team self evaluation/reflection post-conference



Preparing for the Conference Case Study

Mrs. Salazar, a 73 year old Spanish-English speaking woman presented to the Emergency Department after several weeks of abdominal pain, nausea and vomiting that had recently progressed into jaundice. Mrs. Salazar reports a 25 lb. weight loss over the past two months. After a CT scan revealed a large pancreatic mass, her attending physician Dr. Hass, ordered an ERCP to confirm his suspicion that the mass was cancerous. At the same time, Dr. Hass ordered a palliative care consult.



Goals of Care Conversations: Stage 1 Planning the First Encounter

Purpose	Description	Suggested Scripting
Screen for cultural and spiritual orientation, how decisions are made, who patient trusts, who is wanted at meeting.	<ul style="list-style-type: none"> • One-on-one visit or call by a team member (chaplain, SW, RN). • Occurs in advance before team meeting, to inform team how to prepare and what to expect. • Screen for distressing symptoms. • Screen for spiritual and social distress or suffering. • Opportunity to arrange for in depth social or spiritual assessment prior to team meeting if that is appropriate and feasible. • Most importantly, be attentive to affect and explore for signs/sources of distress. 	<ul style="list-style-type: none"> ➢ <i>Dr. ...has asked us to have a meeting with you to find out what is important, to help with decisions you might have to make, and to identify services to support you.</i> ➢ <i>When it comes to medical decisions, do you make these decisions alone or are medical decisions something your family likes to decide?</i> ➢ <i>Are there particular family members/loved ones you would like to include in our meeting with you?</i> ➢ <i>What do we need to know about you as a person to give you the best care possible? *</i> ➢ <i>Are there things important to you and your family that your medical team should know about?</i> ➢ <i>Many people have their own views about illness; do you have particular beliefs or practices we should be aware of?</i> ➢ <i>Is spirituality important to you?</i> ➢ <i>Do you belong to a faith community?</i> ➢ <i>Do you have a particular physician or clinician you really trust?</i>
Set up the Goals of Care meeting with the appropriate objectives, after screening for background information, identifying the needed participants, and arranging for the appropriate setting.		<ul style="list-style-type: none"> • One team member completes the preparatory visit/call • Team members review medical records and contact key providers & family/social contacts • Team lead determines who will attend conference, set the day and time for the meeting, and arrange for appropriate room



Practice, Practice, Practice



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Role Play: Pre-Meeting Briefing

Prior to the family conference, palliative care chaplain shares with her physician colleague what she learned about the patient and family in her initial contact with Mrs. Salazar and three of her eight adult children and a granddaughter...

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Share

What might be some helpful information the chaplain would learn in the pre-meeting that could be shared with the physician?



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Goals of Care Conference: Step 10 Debrief and Document

Purpose	Description	Suggested Scripting
<p>Team huddle in a private location immediately after the conference to gather insights from each team member, formulate plans, and make assignments.</p>	<ul style="list-style-type: none"> • Debrief on differing perspectives of what was learned about patient and family in the conference • Account for any moral distress among team members • Make note of any lessons learned about how members functioned as a team and give consideration to incorporating changes in the team's practice • Team assignments for follow communication and tasks (WWW). • Give patient/family a brief written summary of the visit to validate things hoped for and recommendations presented • Formal documentation of findings, recommendations, and follow up plans into the medical record 	<ul style="list-style-type: none"> ➤ <i>What did we learn about the patient/family that was new?</i> ➤ <i>How did you feel about how this meeting went?</i> ➤ <i>What did we learn about ourselves, what is working, what is not working?</i> ➤ <i>Are we being stimulated, given a chance to work "at the top of our licenses"?</i> ➤ <i>What would we do differently next time?</i> ➤ <i>How satisfied are we that the team listened intently for the patient/family's spiritual concerns/beliefs/values and integrated these into the goals of care and treatment discussion?</i>



Goals of Care Conversations: Stage 2 Briefing and Intentional Spiritual Grounding

Purpose	Description	Suggested Scripting
<p>Team members huddle just before conference to share/review findings and objectives</p> <p>Team members engage in spiritual grounding exercise.</p>	<ul style="list-style-type: none"> • Each team member shares what he/she has learned and makes recommendations to the group. • Leader summarizes key facts and offers a strategy for the conference. • Attention is paid to the seating of participants in the room. • Silence phones and pagers. • Spiritual grounding focuses on personal centering so that each one may be open to the patient's agenda and to the sacred encounter. 	<ul style="list-style-type: none"> ➤ <i>For this conference, we should just take a moment for ourselves "to rest in the middle of things"; so when we go into the room we will be open to this patient and family on their terms with none of our hurried energy to distract from the flow of this encounter.</i> ➤ <i>Consider using the GRACE Acronym</i>



Using a Grounding Exercise

GRACE Acronym

Ground, gather attention

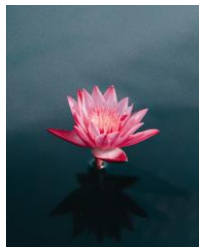
Recall what draws you to this work

Acknowledge thoughts or emotions that may interfere with work that needs to be done

Consider what will serve

Enter the room & Engage

Adapted from Roshi Joan Halifax





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Goals of Care Conversations: Deepening the Conversation

Purpose	Description	Suggested Scripting
<p>Sample scripting that will deepen the conversation at any stage.</p>	<ul style="list-style-type: none"> • Pay close attention to the affect in the patient, in the family, and in the room. • Permit periods of silence as needed • Follow up with short, open-ended clarifying questions* • Look for signs of spiritual distress • Explore spiritual strengths • Invite the family to reflect on what they heard the patient saying 	<ul style="list-style-type: none"> ➢ Tell me more about that.* ➢ I noticed that you looked away when I said.... ➢ I want to get back to something you said earlier.... ➢ Where do you find strength to get through this?* ➢ What does this mean to you?* ➢ What makes you worry?* ➢ What do you hope for?* ➢ What did you hear the patient say?(Directed to family who are listening.) ➢ Knowing your loved one, what do you think would be most important for him/her right now?* ➢ What do you think are your loved one's primary concerns right now? (...avoiding pain?...being with family?)*

*A good open-ended question is one for which you have no idea what the answer could be.

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Keep Our Purpose in Mind



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Sit quietly “in the woods” and wait for the shy soul to show up



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Goals of Care Conversations: Stage 7 Be Present for Lamentation and Suffering

Purpose	Description	Suggested Scripting
This is the time for the team to be fully present to the patient’s and family’s suffering. The prognostication discussion may precipitate profound social and spiritual distress. (The suffering may have been surfacing throughout the conference.)	<ul style="list-style-type: none"> • Be grounded, open, and present in yourself. • Create a safe space (a circle of trust). • Honor the depth of emotion with silence. • Use the strength and energy of the team. • Opportunity to practice empathy. • Opportunity for defining hope and/or transforming expectations. 	<ul style="list-style-type: none"> ➢ <i>Name the emotion. Acknowledge and validate it.</i> ➢ <i>This conversation has been pretty intense. Why don’t we just take a moment to absorb it.</i> ➢ <i>I’m sorry this is such a difficult experience for you and your family.</i>

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Close the Loop



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Review the 10 Stages Again

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3	Assess Patient/Family Understanding	Introductions/Build Relationship/Deepening The Conversation
4	Medical Review/Summary	What Does the Patient/Family Know?
5	Silence/Reactions	What Have the Patient/Family Been Told to Expect?
6	Discuss Prognosis	Medical Review and Prognosis
7	Assess Patient/Family Goals	Be Present for Lamentation and Suffering
8	Present Broad Care Options	Offer Options and Recommendations
9	Translate Goals into Care Plan	Summarize, Express Gratitude and Hope, Plan Next Steps
10	Document and Discuss	Debrief and Document

Adapted from: Weissman DE. Conducting a Family Goal Setting Conference Pocket Card; Palliative Care Center, Medical College of Wisconsin, 2010



How to Get Started

1. Meet as a Team (at least sometimes)
2. Practice Grounding
3. Honor Silence and Be Present
4. Debrief as a Team



Conference Evaluation Tool

Facility: _____
 Date of conference: _____
 Patient's initials: _____
 Patient previously completed an Advance Healthcare Directive Y N _____
 PC team participants: (circle) Physician APN RN SW Chaplain Other _____
 Patient present: Y N _____
 Number of family/others present: _____

1. Preparatory visit with patient/family prior to conference preferably in person, by phone if necessary, if yes, by who: (circle) Physician APN RN SW Chaplain Other _____
2. Team spiritual/grounding/reflection/meditation prior to conference?
3. Introductions to build relationships?
4. Dignity Question asked: What do we need to know about you as a person to give you the best care possible?
5. Patient/family invited to articulate personal/social/cultural strengths/resources?
6. Patient/family invited to articulate spiritual strengths/resources?
7. Patient/family asked about fears/distress?
8. Patient/family asked what they know about medical condition?
9. Patient/family asked if they were told what to expect?
10. PC clinician provided medical review and prognosis?
11. Patient's goals/preferences addressed?
12. Patient/family invited to explore what they hope for?
13. PC clinician provided summary of conversation and outlined next steps?
14. Team expressed gratitude to patient/family?
15. PC team identified following meeting with patient/family?
16. How satisfied were you that the team listened intently for patient/family's spiritual concerns/beliefs/values and integrated these into the goals of care and treatment discussions? (Circle)

5=Very satisfied 4=Somewhat satisfied 3=Neutral 2=Somewhat unsatisfied 1=Very unsatisfied

Comments: _____



Brief Conference Evaluation Tool

Goals of Care Conference Evaluation	
Name of palliative care program _____	
Date of conference _____	
Number of palliative care team participants in goals of care conference? _____	
Disciplines (circle)	
Physician APN RN SW Chaplain Other _____	
Which of the following practices did you integrate into this goals of care conference?	
PRACTICES	Checkmark
Invited the care team to be spiritually grounded and present before meeting with the patient/family.	
Asked the patient/family the dignity question, "What do we need to know about you as a person to give you the best care possible?"	
Inquired about the patient's hopes and fears.	
Honored silence that may facilitate deeper listening and sharing.	
Completed team debriefing, asking questions below:	
<i>(Please write comments from your discussion for each question)</i>	
1. How well did we listen for the patient and family's spiritual concerns/beliefs and values and integrate these into the goals of care discussion?	
2. What did we learn about ourselves working together as a team?	



Additional Resources



Questions?