Integrating Spirituality in Interdisciplinary Team Practice: Lessons from Palliative Care

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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?

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.

Background & Context

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
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, psychosocial, spiritual and cultural needs of the patient and family


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.


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."
“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.

Survey:

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.”
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

Key Components
David Weissman's 10 Steps for Conducting a Family Goal Setting Conference

Supportive Care Coalition 10 Stages for Goals of Care Conversations

<table>
<thead>
<tr>
<th>Establish Proper Setting</th>
<th>Start the First Encounter</th>
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<tbody>
<tr>
<td>Introductions</td>
<td>Take the time to introduce the spiritual grounding</td>
</tr>
<tr>
<td>Assess Patient/Family Understanding</td>
<td>Introduce the relationship and deepening the conversation</td>
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<td>Medical Review/Summary</td>
<td>What does the patient/family know?</td>
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<td>Discuss Prognosis</td>
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<td>Assess Patient/Family Goals</td>
<td>Be present for lamentation and suffering</td>
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<tr>
<td>Present Broad Care Options</td>
<td>Offer options and recommendations</td>
</tr>
<tr>
<td>Translate Goals into Care Plan</td>
<td>Summarize, express gratitude, and hope, plan next steps</td>
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<td>Document and Discuss</td>
<td>Debrief and document</td>
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Adapted from: Weissman DE. Conducting a Family Goal Setting Conference Pocket Card; Palliative Care Center, Medical College of Wisconsin, 2010

Practice Goals of Care Conversations

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

- “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
Rapid Cycle Improvement

What made it work

Integrating Spirituality in Palliative Care Team Practice

Practices that Integrate Spiritual Care into Goals of Care Conversations
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
Practice, Practice, Practice

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...

Share

What might be some helpful information the chaplain would learn in the pre-meeting that could be shared with the physician?
Goals of Care Conference: Step 10
Debrief and Document

<table>
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<tr>
<th>Purpose</th>
<th>Description</th>
<th>Suggested Scripting</th>
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<tr>
<td>Team huddle in a private location immediately after the conference</td>
<td>Gather insights from each team member, formulate plans, and make assignments.</td>
<td>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.</td>
</tr>
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Goals of Care Conversations: Stage 2
Briefing and Intentional Spiritual Grounding

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<tr>
<td>Team members huddle just before conference to share/review findings and objectives.</td>
<td>Team members engage in spiritual grounding exercise.</td>
<td>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.</td>
</tr>
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Using a Grounding Exercise

**GRACE Acronym**

- **G**round, gather attention
- **R**ecall what draws you to this work
- **A**cknowledge thoughts or emotions that may interfere with work that needs to be done
- **C**onsider what will serve
- **E**nter the room & Engage

Adapted from Roshi Joan Halifax
Goals of Care Conversations: Deepening the Conversation

<table>
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<tr>
<th>Practice</th>
<th>Sample Scripting that will deepen the conversation at any stage.</th>
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<tbody>
<tr>
<td>Pay close attention to the affect in the patient, in the family, and in the room.</td>
<td><em>Tell me more about this?</em></td>
</tr>
<tr>
<td>Permit periods of silence as needed</td>
<td><em>I noticed that you looked away when I said...</em></td>
</tr>
<tr>
<td>Follow up with short, open-ended clarifying questions*</td>
<td><em>I want to get back to something you said earlier.</em></td>
</tr>
<tr>
<td>Look for signs of spiritual distress</td>
<td><em>Where do you find strength to get through this?</em></td>
</tr>
<tr>
<td>Explore spiritual strengths</td>
<td><em>What does this mean to you?</em></td>
</tr>
<tr>
<td>Invite the family to reflect on what they heard the patient saying</td>
<td><em>What makes you worry?</em></td>
</tr>
<tr>
<td></td>
<td><em>What do you hope for?</em></td>
</tr>
<tr>
<td></td>
<td><em>What did you hear the patient say? (Directed to family who are listening.</em>)</td>
</tr>
<tr>
<td></td>
<td><em>Knowing your loved one, what do you think would be most important for him/her right now?</em></td>
</tr>
<tr>
<td></td>
<td><em>What do you think are your loved one’s primary concerns right now? (Directed to family who are listening.</em>)</td>
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*A good open-ended question is one for which you have no idea what the answer could be.*

Keep Our Purpose in Mind
Sit quietly “in the woods” and wait for the shy soul to show up

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

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<td>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.)</td>
<td>• 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.</td>
<td>• Name the emotion. Acknowledge and validate it. • This conversation has been pretty intense. Why don’t we just take a moment to absorb it. • I’m sorry this is such a difficult experience for you and your family.</td>
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Close the Loop
David Weissman’s 10 Steps for Conducting a Family Goal Setting Conference

| 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 | Write Options and Recommendations |
| 9. Translate Goals into Care Plan | Summarize, Express Gratitude and Hope, Plan Next Steps |
| 10. Document and Dismiss | Debrief and Document |

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**Review the 10 Stages Again**

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**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

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**Conference Evaluation Tool**

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

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**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 or video call? (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 debriefed 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

Additional Resources

Questions?