

2018 APC/NACC Joint Conference

Translating Spiritual Care into Integrated Primary Care Settings

Contact information:

Dr. Danielle Worthington: danielle.worthington.phd@gmail.com

Dr. Kathleen Charters: kathleen.charters.ctr@usuhs.edu

Rev. Elizabeth Alders: elizabeth.alders.ctr@usuhs.edu

Interactive role play activity instructions:

Gather in teams of 3. Stay with your same team for each role play. Rotate through each role

Role A&B: Spend 2 minutes interacting thinking of your current setting or an integrated setting that you might encounter. Role C: Spend 1 minute providing feedback.

Role Play #1: Introducing Chaplaincy Services to Providers

Role A: Chaplain

Role B: Clinical Provider

Role C: Observer

Goals:

- 1) Help the medical provider understand your role
- 2) Increase referrals/Reach patients in need
- 3) Introduce the screening tool

Role Play #2: Interactions with Behavioral Health Partners

Role A: Chaplain

Role B: Behavioral Health Provider

Role C: Observer

Goals:

- 1) Help the behavioral health provider understand your role
- 2) Discuss the screening tool results
- 3) Help providers determine appropriate referrals

Role Play #3: Providing Feedback to Providers

Role A: Chaplain

Role B: Clinical Provider

Role C: Observer

Goals:

- 1) Communicate feedback to providers about patient referral
- 2) Balance confidentiality with holistic patient care

Please read each of following items and mark the box that best describes how you have generally felt over the last two weeks. Some items may not apply to you. If this is the case, please mark "N/A" to indicate that item is not applicable to you, and continue on to the next.

How much you have been bothered by each of the following over the last <u>2</u> weeks?						
	N/A	Not At All	A Little Bit	Moderately	Quite a Bit	Extremely
	N/A	0	1	2	3	4
1. Feeling troubled by doubts or questions about religion or spirituality						
2. Worry that I could never forgive myself for things I've done						
3. Avoiding memories and reminders of someone who has died						
4. Worry that my relationship with someone close to me will never improve (for example, a partner, a child, a friend)						
5. Feeling disconnected or misunderstood by my religious/spiritual community						
6. Thinking of a loss so much that I cannot do the things I normally do (for example, someone who died, loss of a job, loss of a relationship, and so on)						
7. Feeling angry at God or a Higher Power						
8. Worry that my actions were morally or spiritually wrong						
9. Feeling as though God or a Higher Power has abandoned me						
10. Concerns about whether there is any ultimate purpose to my life or existence						

Sample instructions for referring a patient who screens positive for spiritual distress:

1. The Spiritual Distress Screening Tool will be scored using the following values: Not at all = 0; a little bit= 1; Moderately= 2; Quite a bit= 3; Extremely= 4
2. A patient receiving a total score of five or more on the screening tool is referred to a chaplain who will conduct a spiritual assessment. Additionally, any patient who responds “quite a bit” or “Extremely” to any individual item on the screening tool will also be referred to a chaplain for spiritual assessment.
3. The IBHC will discuss the results with the patient: ex *“Based on the way you’ve answered these questions, it looks like you might be having a hard time with some things that a Chaplain might be able to help with. Would you be okay with being contacted by a Chaplain?”*
4. The provider (IBHC) orders a spiritual assessment by contacting the chaplain over encrypted email, providing the patient’s phone number and email address using the standard email title: “Internal Medicine Chaplain Referral”
5. The chaplain contacts the patient and schedules a spiritual assessment appointment.
6. Once the spiritual assessment is complete, the chaplain provides assessment results to the referring provider (IBHC).
7. The chaplain and provider (IBHC) then work as a team in determining next steps for the patient.