

# **17th Consultation of the ENHCC "Connecting Heart to Heart – Being a Chaplain & Being with Others"**

*11-15 May 2022*

**Experiences of multidisciplinary sharing  
and training on spirituality and medical care**

**A proposal for a checklist for  
spiritual assistance**

*12 May 2022*

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# Spiritual assistance - context

**The central role of the patient's subjectivity during treatment**, e.g. the model of patient-centered medicine (Levenstein 1986) or the practice of narrative medicine (Charon 2006)

In recent years there has been a **renewed scientific reflection on the role of spirituality** in the field of medical care

A line of research has developed in this area that shows how **spiritual assistance is associated with a better overall quality of life**, psychosocial well-being and spiritual well-being.

**The concept of spirituality is varied** and this makes it difficult to translate it into an operational and applicable construct in research

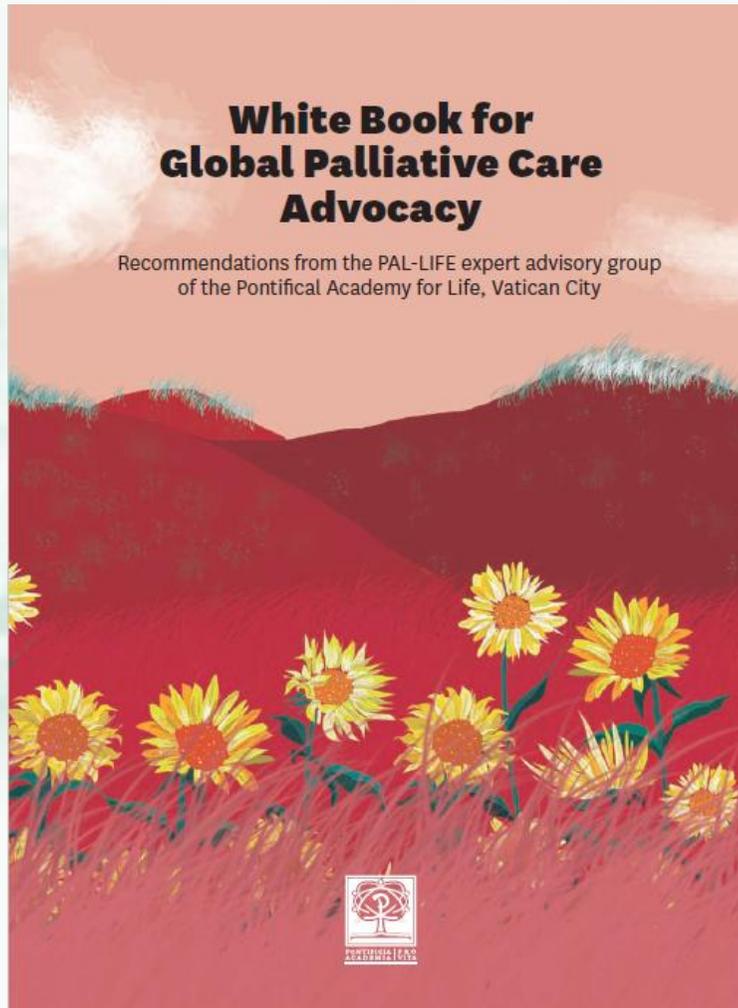
**The benefits of clinical attention to spiritual needs** have been studied in the scientific literature





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# Backbone or Cornerstone



An initial face-to-face meeting was conducted at the venue of the PAV in Rome, on March 2017. The purpose of the meeting was to define the strategy and methodology for identification of the key recommendations to be determined by the ad hoc group. It was outlined the project for a draft of a position statement ("white paper") on PC advocacy containing recommendations for health policy planning and providing guidance to different stakeholder groups on how to advance the development of PC in countries and regions.

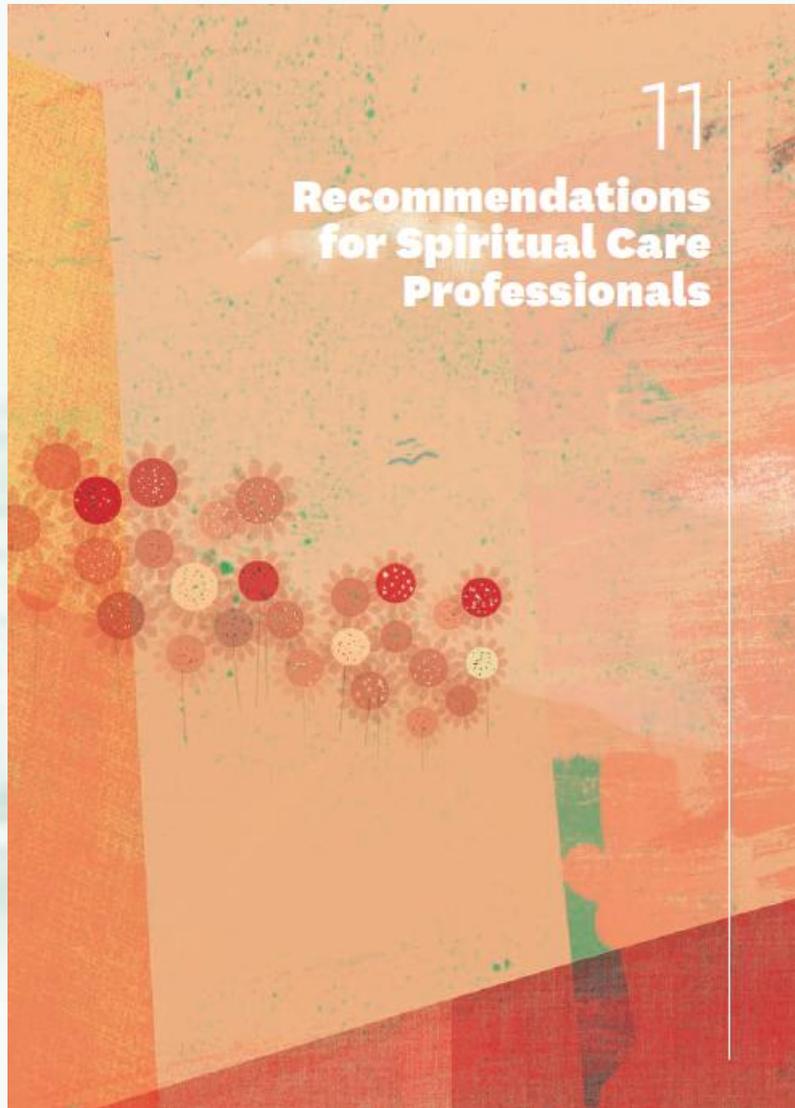
INTRO

 **Table 1. Members of the PAL - LIFE ad hoc group.**

NAME	TITLE, INSTITUTION	CITY	COUNTRY
Alsirafy, Samy	Head of the Palliative Medicine Unit, Kasr Al-Ainy School of Medicine, Cairo University	Cairo	Egypt
Bruera, Eduardo	Chair, Dept. of Palliative Medicine and Supportive Care - UT MD Anderson Cancer Center	Houston	USA
Callaway, Mary V.	Board of Directors, IAHPC	Houston	USA
Centeno, Carlos	Director, ATLANTES Research Group, University of Navarra	Pamplona	Spain
De Lima, Liliانا	Executive Director, International Association for Hospice and Palliative Care (IAHPC)	Houston	USA
Foley, Kathleen M.	Attending Neurologist Emeritus, Memorial Sloan Kettering Cancer Center	New York	USA
Luyirika, Emmanuel	Executive Director, African Palliative Care Association (APCA)	Kampala	Uganda
Mosoiu, Daniela	Director, Casa Sperantei, Assoc. Prof. Transylvania University	Brasov	Romania
Pettus, Katherine	Advocacy Officer, IAHPC	Houston	USA
Puchalski, Christina	Director, The George Washington University's Institute for Spirituality and Health (GWIsh) Professor of Medicine GWU	Washington	USA
Rajagopal, MR	Director Pallium India, WHO Collaborating Centre for Training and Policy on Access to Pain Relief	Trivandrum	India
Sitte, Thomas	CEO Deutsche PalliativStiftung	Fulda	Germany
Yong, Jin-Sun	Director, The Catholic University of Korea (CUK), WHO Collaborating Centre for Training in Hospice and Palliative Care, Professor of Nursing, CUK	Seoul	South Korea



# Synthesis



## Bibliography

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2. Vermandere M, De Lepelietre J, Van Mechelen W, Warmenhoven F, Thoonsen B, Aertgeerts B. Outcome Measures of Spiritual Care in Palliative Home Care: A Qualitative Study. Am J Hosp Palliat Med [Internet]. 2013;30(5):437-44. Verfügbar unter: <http://www.ncbi.nlm.nih.gov/pubmed/22833544> % 5Cn-<http://ajh.sagepub.com/cgi/doi/10.1177/1049909112454563>
3. Sulmasy DP. A biopsychosocial-spiritual model for the care of patients at the end of life. Gerontologist [Internet]. 2002;42 Spec No:24-33. Verfügbar unter: [http://gerontologist.oxfordjournals.org/content/42/suppl\\_3/24.long](http://gerontologist.oxfordjournals.org/content/42/suppl_3/24.long)

**Especially during the period of Covid19 the importance of Spirituality has grown a lot but, unfortunately, this aspect often appears as the last step for patients, family members and staff.**

**The pronouncements of the European Parliament of 2018 show everyone that the centrality of spirituality for patients and for each person is the important and relevant part for them and not only in the last phase of treatment.**

**(Report | doc. 14657 | October 29, 2018)**

**Considering assistance to spiritual needs as part of the care process however requires a review of traditional practices, about it, and the training of all practitioners in recognizing also the spiritual needs of patients.**

# Spiritual assistance - context

Internationally, particularly in the United States, **various efforts are underway to develop** research and training on spiritual assistance.

For example, the **standards of the 7th edition of the Joint Commission International (JCI)** valid from 1 January 2021, have within them a chapter dedicated to **Patient-Centered Care (PCC)**.

Each patient and their family members are unique carriers of needs, strengths, values and beliefs. Taking these aspects into account allows the patient and his family to have a greater understanding of the care pathway and to participate in a more positive way.

The experience is underway in Italy, where the **protection of health is a Constitutional right**, and the need for an evolution of the hospital pastoral care is equally felt to respond to the needs of a community, increasingly multireligious and multicultural.



# Why a checklist?

The usefulness of using a checklist is:

- to review what you are doing
- to further structure what is being done
- to compare to improve

We have built a tool to:

- evaluate the state of the art
- support the hospital in organizing activities related to spiritual assistance in an organic and systematic way and connected to the activities of continuous improvement and patient safety



# A proposal of areas and criteria for the checklist

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The checklist proposal consists of **criteria**

The criteria are divided into **4 areas**:

- A.** Organizational structure and competence for spiritual support
- B.** Spiritual support activities
- C.** Training and research
- D.** Evaluation of the spiritual support activity performed



## **A. Organizational structure and competence for spiritual support**

1. There is an organizational structure for spiritual support
2. The competencies of those involved in spiritual support are defined
3. Spiritual support activity is foreseen



## **B. Spiritual support activities**

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1. Spiritual support activities for patients and family members are defined
2. The patient's and family's needs for spiritual support are assessed
3. Spiritual support activities include aspects related to the terminal phase of illness and bereavement
4. Spiritual support activities for staff are defined
5. The carrying out of spiritual support activities is defined



## C. Training and research

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1. Specific training is provided for those responsible for spiritual support activities
2. The staff of the facility is trained in spiritual assistance
3. Activities include scientific, cultural and didactic research



## **D. Evaluation of the spiritual support activity performed**

1. Customer satisfaction questionnaires are used
2. The spiritual support activity carried out is reported and evaluated periodically



# Usage proposal

## Self-evaluation

- It is necessary to involve different organizational levels (for example the contact person for spiritual assistance activities, the Management understood as Health and Health Professions Management, clinical quality and risk, training and human resources)

## Third party evaluation

- Through a structured verification agenda with interviews with the various actors involved with the aim of reviewing and discussing the procedures and practices in place.
- The subsequent return of the information collected with sharing of possible areas for improvement.

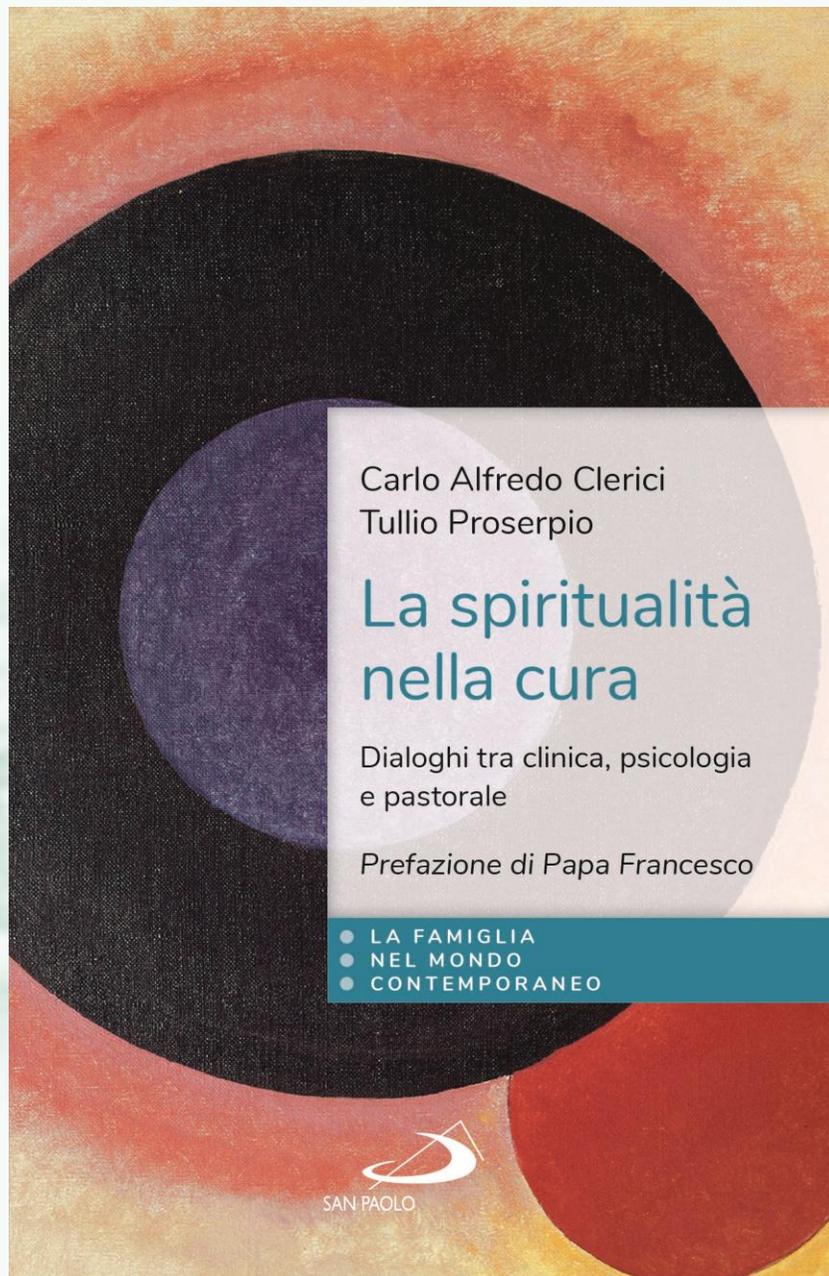




**Spiritualità e cura**  
[www.curaspirituale.it](http://www.curaspirituale.it)

**Three years ago the Study Group on Spirituality in Care was established ([www.curaspirituale.it](http://www.curaspirituale.it)) in Italy,** which brings together scholars from different disciplines and clinicians interested in studying the role of spirituality in patient care and healthcare organization.

The group aims to promote **the promotion of scientific research, training and culture on this topic, according to the methodological parameters currently accredited in the scientific field.**



Carlo Alfredo Clerici  
Tullio Proserpio

## La spiritualità nella cura

Dialoghi tra clinica, psicologia  
e pastorale

*Prefazione di Papa Francesco*

● LA FAMIGLIA  
● NEL MONDO  
● CONTEMPORANEO

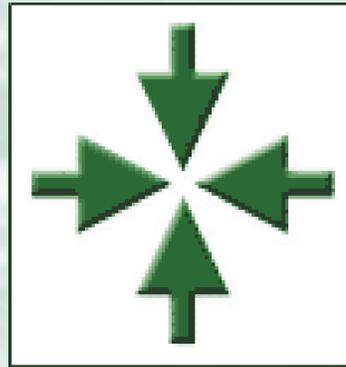
  
SAN PAOLO

**It may be possible to build bridges from  
seemingly distant locations**

**Here you can find our experience**

## **Three questions for further discussion in group**

- What further steps are necessary to make the attention to the spiritual dimension evolve?
- How to include attention to the spiritual dimension in the basic study and academic training courses for doctors, nurses, social workers, psychologists, care teams, etc.?
- Do you think it may be necessary to better define a shared training program for chaplains to be approved at European level?



**Thanks for your attention**