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| ***Lesson Plan*** | |
| **Topic** | Psychosocial and Spiritual Aspects |
| **Title** | **Spiritual Care** |
| **Learning Outcome** | Understand the importance of assessing and supporting patients and families’ spiritual needs. |
| **Summary** | The United Nations (UN) and World Health Organization (WHO) state that providing access to “palliative care is an ethical responsibility of health care systems, and that it is the ethical duty of health care professionals to alleviate pain and suffering, whether physical, psychosocial or spiritual. The WHO defines palliative care as a process involving ‘early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual’. Therefore, all healthcare professionals must be prepared in meeting the spiritual needs of patients, as spiritual needs are common in patients with life-threatening disease. |
| **Learning Objectives**  **C- Cognition**  **S – Skills**  **A – Attitudes** | Cognition   1. Defines spiritual care and explain the relationship / differences between spirituality and religion 2. Describes how spiritual issues affect people with life-limiting conditions and their families throughout the continuum of care 3. Explains role of the Doctor (and wider MDT) regarding spiritual care, expertise and tasks of multidisciplinary team members in spiritual care.   Skills   1. Recognizes signs of spiritual needs/distress 2. Demonstrates willingness to initiate discussion examining the patients/families spiritual concerns. 3. Shows trustworthiness in seeking additional spiritual support   Attitudes   1. Recognises the importance of the spiritual dimension that sustains physical and mental well-being |
| **Learning Methods** | * Classroom voting (menti.com) – Is there a spiritual aspect to life? Spirituality is…? (to map the tendencies in classroom) * Lecture – Introduction to global and national guidelines, definitions (spirituality, S/R, Spiritual Care, spiritual needs/resources at the EoL, screening/assessment) * Self-Assessment Scales (on paper or online) to identify one’s own spirituality/SC competencies * Patient Narrative/Interview/Case Study (read-out-loud, script, audio, video)   According to group size   1. In small groups: two students read aloud an interview with a patient, others listen and later comment on proposed questions and patient’s wording. The task is to propose a care plan. 2. In large groups: students are presented with a patient narrative and they are asked to propose a care plan online (MOOC discussion board). They are to comment on care plans proposed by three other students. The original plan is to be modified based on received comments.    * Classroom voting (menti.com) I, as a physician, am responsible for my patients’ and caregivers’ spiritual well-being because… |
| **Timing** | Classroom voting (menti.com, 5 min per question), Lecture (not longer than 30 min), Self-Assessment (15 min, depends on selected scales and if discussing scores is included), Patient Narrative + Care Plan (60 min) |
| **Bibliography/Resources** | Self-Assessment Scales, for example, JAREL Spiritual well-being Scale (Hungelman et al 1996), SAIL Spiritual Attitude and Involvement List (Meezenbroek, Garssen & van der Berg, 2008)  Read out loud exercise (see Methods) Paal et al 2017, <http://journals.sagepub.com/doi/full/10.1177/0825859717710888>  [www.mentimeter.com](http://www.mentimeter.com) or alternative Moodel Powered voting system  WHO 2014. Strengthening of Palliative Care as a Component of Integrated Treatment throughout the Life Course. Journal of Pain & Palliative Care Pharmacotherapy. 28:130-4.  Nolan S, Saltmarsh P, Leget C. Spiritual care in palliative care: Working towards an EAPC Task Force. European Journal of Palliative Care. 2011;18(2):86-9.  Gamondi C, Larkin P, Payne S. Core competencies in palliative care: an EAPC white paper on palliative care education: part 2. European Journal of palliative care. 2013.  Grant E, Murray SA, Kendall M, Boyd K, Tilley S, Ryan D. Spiritual issues and needs: Perspectives from patients with advanced cancer and nonmalignant disease. A qualitative study. Palliative & Supportive Care. 2004;2(04):371-8.  Alcorn S. "If God wanted me yesterday, I wouldn't be here today": religious and spiritual themes in patients' experiences of advanced cancer. J Palliat Med. 2010;13(5):581-8.  Moadel A, Morgan C, Fatone A, Grennan J, Carter J, Laruffa G, et al. Seeking meaning and hope: self-reported spiritual and existential needs among an ethnically-diverse cancer patient population. Psychooncology. 1999;8(5):378-85.  Greisinger AJ, Lorimor RJ, Aday LA, Winn RJ, Baile WF. Terminally ill cancer patients: their most important concerns. Cancer Pract. 1997;5(3):147-54.  Sulmasy DP. A Biopsychosocial-Spiritual Model for the Care of Patients at the End of Life. Gerontol. 2002;42(suppl 3):24-33.  Balboni MJ, Puchalski CM, Peteet JR. The relationship between medicine, spirituality and religion: three models for integration. J Relig Health. 2014;53(5):1586-98.  Paal P, Helo Y, Frick E. Spiritual Care Training Provided to Healthcare Professionals: A Systematic Review. Journal of Pastoral Care & Counseling. 2015;69(1):19-30.  Best M, Butow P, Olver I. Palliative care specialists’ beliefs about spiritual care. Supportive Care in Cancer. 2016;24(8):3295-306.  Benito E, Oliver A, Galiana L, Barreto P, Pascual A, Gomis C, et al. Development and validation of a new tool for the assessment and spiritual care of palliative care patients. Journal of pain and symptom management. 2014;47(6):1008-18. e1.  Leget C. Art of Living, Art of Dying: Spiritual Care for a Good Death. Philadelphia USA: Jessica Kingsley Publishers; 2017. |