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The Chaplaincy Taxonomy: Standardizing Spiritual Care Terminology



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HealthCare Chaplaincy Network™ (HCCN), founded in 1961, is a global health care nonprofit organization that offers spiritual care-related information and resources, and professional chaplaincy services in hospitals, other health care settings and online. Its mission is to advance the integration of spiritual care in health care through clinical practice, research and education in order to improve patient experience and satisfaction, and to help people faced with illness and grief find comfort and meaning—whoever they are, whatever they believe, wherever they are.

The Spiritual Care Association (SCA) is the first multidisciplinary, international professional membership association for spiritual care providers that includes a comprehensive evidence-based model that defines, delivers, trains and tests for the provision of high-quality spiritual care. Membership is open to health care professionals, including chaplains, social workers, nurses and doctors; clergy and religious leaders; and organizations. SCA, with offices in New York and Los Angeles, is a nonprofit affiliate of HealthCare Chaplaincy Network.

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INTRODUCTION

The chaplaincy profession stands at a rare moment in its history. American health care has shifted from fee-for-service to fee-for-value to advance the overall goals of providing better care for individuals, improving population health management strategies, and reducing health care costs. In this new arena of fee-for-value, chaplains have an opportunity to confidently articulate their distinctive contributions to health care.

Previously, in the fee-for-service environment, chaplains sought to find a way to measure or quantify the care they provided. This was largely accomplished through volume statistics. “How much chaplaincy were we delivering? How many visits? How many resources? How many sacraments, or books, or things did we give out? The problem with that, of course, is that it is not a metric of quality, and it doesn’t tell us anything about whether what we did made any difference.”¹

Value-based health care requires every health care provider, including chaplains, to demonstrate that their services contribute to specific outcomes, which in turn lead to high-quality health care. Globally, funding for professional chaplaincy increasingly needs to be justified. Chaplains must find ways of explicitly communicating alignment of their professional efforts with those of the institutions they serve—with the ultimate goal of making a significant and unique contribution to the overall health and well-being of patients, families and staff. This requires standardizing how chaplains communicate about what they do.

NEED FOR COMMON SHARED LANGUAGE FOR CHAPLAINS

In order to demonstrate value, professional health care chaplains need a common language of what they do, how they do it, and why it matters. There has been an increase in the number of studies demonstrating the unique positive impact chaplains have on the “quadruple aims” of health care. These include patient clinical outcomes,^{2 3 4} patient satisfaction,^{5 6 7 8 9} employee engagement/retention,^{10 11 12 13 14} and finances.^{15 16} Yet, inter-professional clinical staff remain largely unaware of much of what chaplains accomplish on a daily basis.

Chaplaincy practice and terminology have not been standardized. Chaplains provide personally chosen spiritual assessments, make significant contributions to desired contributing outcomes, and offer specific spiritual care interventions in order to achieve these outcomes. Yet, there is a “lack of clarity about what it is that chaplains do when they spend time with patients. Given this, it is possible that the role of a chaplain could be misunderstood by other healthcare staff, and, as a result, for the chaplaincy service to be underused.”¹⁷

Without this shared language, chaplains struggle to communicate to the inter-professional health care team what goals they seek to achieve, how those outcomes contribute in a distinctive way toward the patient’s plan of care, and what tools or interventions they use to achieve them. Chaplains come from many different faith traditions and perspectives, and they do not necessarily all view their role in the same way, nor do they consistently articulate it. A shared language helps to address this. “The main thing about a normative language is that our interdisciplinary colleagues don’t really know yet very well what we do and why we do it, and that is partly because we describe the same things in many different ways, or sometimes we describe different things the same way.”¹⁸

Chaplains have struggled to arrive at consensus in even the most fundamental terms for the profession. What are the agreed-upon definitions of religion and spirituality, and how are they similar and different? What is the substantive difference between spiritual distress, spiritual pain, spiritual struggle, spiritual crisis and spiritual despair? Why are all of these terms used in spiritual care literature if they appear to be functionally synonymous? What is the difference between pastoral care, spiritual care and chaplaincy care?¹⁹ The definition of a spiritual assessment can mean both any kind of assessment of the patient or family's spirituality (including a spiritual care screen, spiritual history, or more formal comprehensive spiritual assessment), or it can be a more functional formal instrument like Fitchett's 7x7²⁰ or Shield's Spiritual AIM.²¹ Also contributing to the confusion in language is a certain fuzziness in differentiating between tools designed for clinical use versus those used for research.

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“Chaplains perform a variety of interventions with therapeutic intent yet lack a unified and consistent naming set for these interventions which would better portray to the [inter-professional] team what goals and results they strive to make.”²² While many chaplains functionally customize the tools they use, there is a cost to such improvisation. The lack of consensus around definitions and meanings of terms muddies the waters and creates unnecessary and ultimately avoidable obstacles for advancing the field of chaplaincy, let alone clearly and consistently communicating what chaplains do. By way of example, a chaplain might read about some new template or tool for spiritual assessment. Then, the chaplain individually tweaks it to fit their experience, their context, their experience, and their assumptions. Instead of using the tool as it was created, the chaplain morphs it into something more comfortable or that feels like a better fit. The problem with this functional reality is that it results in diffusing and confusing the discussion. Instead of having common language and terms for what spiritual care interventions chaplains provide, and shared ways of communicating them, the result is many individualized methodologies and tools. In doing this, continuity, clarity, and much of the research foundation that may have supported the original tool, term, or intervention have potentially been jeopardized. It also creates potential inconsistencies and issues around communication with the patient, family, and staff about what it is the chaplain is seeking to concretely do and hoping to achieve.

Chaplains are currently without an authoritative, normative list detailing what it is they do. As chaplains face growing “pressure to quantify the scope of the work and to provide an evidence base for it, a taxonomy offers the possibility of developing a shared language to articulate the content and process of the work. This helps the chaplain use a core vocabulary to create a framework within which to work and to explain what they do to staff from other disciplines who work with the same patients, as well as to different chaplains working with the same patients.”²³ The word taxonomy comes from the Greek words *taxis*, meaning arrangement, and *nomia*, meaning distribution. It is defined as “a process or system of describing the way in which different living things are related, by putting them into groups.” The Chaplaincy Taxonomy, discussed in detail below, is a strong move forward for the field of professional chaplaincy. The Chaplaincy Taxonomy is a “list that [captures] the breadth of chaplaincy activity, from granular hands-on specific tangible tasks all the way to the broader goals and outcomes and intended effects chaplaincy may have.”²⁴

The taxonomy was researched and produced with the assistance of a John Templeton Foundation grant through HealthCare Chaplaincy Network. Kevin Massey, Tom Summerfelt, Marilyn Barnes, and their team at Advocate Health Care (now AdvocateAurora Health), developed the taxonomy. There have been previous efforts to describe what it is that chaplains do. Hanzo and his co-authors aimed to analyze the records of chaplain visits, including how the chaplains allotted their time.²⁵ Vanderwerker and her co-authors analyzed referrals to chaplains over a two year period.²⁶ Bryant sought to better understand the role and self-understanding of chaplains from minority faith traditions.²⁷ Hummel and colleagues explored 101 journal articles over a 25-year period relating to spiritual care, and compiled an inventory of 66 discrete spiritual care interventions.²⁸ Puchalski and colleagues,²⁹ and Aldridge³⁰ also contributed their own

catalogue of chaplaincy interventions. The Advocate team then used these precursor lists as a base to generate the first set of 348 items.

In a robust mixed-method approach, the Chaplaincy Taxonomy team then ultimately arrived at 100 items for the taxonomy through “a literature review, a retrospective medical record review, chaplain focus groups, self-observation, and experience sampling of chaplains in the course of clinical work. The items were scrutinized, categorized by chaplain focus groups, and categorized and rated by chaplains by way of concept mapping. The resulting taxonomy is a confident inventory of chaplain activities organized around a hierarchical structure.”³¹ The creators of the taxonomy ultimately determined 100 was sufficient in an attempt to keep it useful, as that was the number of items that remained after the different editing processes. This number still allows for the wide variety of intended effects, methods, and interventions chaplains utilize regularly.

The Chaplaincy Taxonomy is separated into three groups of terms. The first category is **Intended Effects**. This is the desired contributing outcome³² the chaplain is striving to help address or meet. It is the goal or the perceived need of the encounter. Intended Effects seek to articulate “**Why**” the chaplains did what they did. To what end is the chaplain working?

The next set of terms is the **Methods** column. Methods are a kind of bridge, or “via,” between the Intended Effects and the Interventions. They seek to describe how a specific intervention supports the intended effect. The Method is the way in which a specific action or activity supports a purpose, goal, and outcome. This is the “**How**” of the chaplaincy encounter.

And finally, the Chaplaincy Taxonomy has a list of potential **Interventions**. The Interventions are the concrete chaplain gestures, actions, or activities in a visit. This is the “**What**” of the encounter. Many chaplains, upon using the taxonomy for the first time, find it helps them remember the various tools in the toolkit. When chaplains use these tools with intention, specificity and consistent use of terms, the taxonomy helps clarify what they are seeking to accomplish, how they plan to contribute to that outcome, and why.

A nursing clinical pathway is “a multidisciplinary plan of best clinical practice . . . [and] aim[s] to improve, in particular, the continuity and co-ordination of care across different disciplines and sectors. [They] can be viewed as algorithms in as much as they offer a flow chart format of the decisions to be made and the care to be provided for a given patient or patient group for a given condition in a step-wise sequence. This process is consistent with the use of clinical pathways for nursing and other inter-professional health care communication in the United States. The criteria of nursing clinical pathways are that “(1) the intervention was a structured interdisciplinary plan of care; (2) the intervention was used to translate guidelines or evidence into local structures; (3) the intervention detailed the steps in a course of treatment or care in a plan, algorithm, guideline, protocol, or other ‘inventory of actions’; (4) the intervention had timeframes or criteria-based progression; and (5) the intervention aimed to standardize care for a specific clinical problem, procedure or episode of health care in a specific population.”³³ The Chaplaincy Taxonomy is a significant step toward this commonly utilized standardized clinical communication.

The Chaplaincy Taxonomy is a full, yet economical, inventory of what chaplains do and why. It has been published and made available for any chaplain, chaplaincy department, hospital, healthcare system or other spiritual care-providing organization to use for free, provided the list is used in a consistent way. Its authors, and now the Chaplaincy Taxonomy Review Council (an inter-organizational, international body within the profession promoting the use of standardized language for chaplaincy interventions and outcomes now charged with its stewardship and advancement),³⁴ are fully aware that further study and refinement can continually improve the list to help it better represent the intended effects, methods and interventions chaplains use daily. The intent is for an ongoing real-world consistent use of the Chaplaincy Taxonomy by chaplains and chaplaincy students from a wide range of different health care contexts. Those chaplains who do use it will be invested in improving it through substantive feedback and suggestions to

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the Chaplaincy Taxonomy Review Council. The Council reviews all suggestions and ultimately decides which changes are made. They can be reached at: AAH-chaplaincytaxonomyCouncil@advocatehealth.com.

One excellent example of how suggestions enhance the Chaplaincy Taxonomy is a contribution from Paul Nash’s team of pediatric chaplains in Birmingham, England. They have worked with the taxonomy and suggested several additions specific to the pediatric context.³⁵ The hope is that chaplains as a profession will take full ownership of the Chaplaincy Taxonomy, use it as a normative language now, and commit to partner together to continually improve it, fill its gaps and reduce its redundancies. This will likely include other clinical context-specific efforts such as mental health or palliative care. The chaplaincy profession can endeavor to consistently use its phrases and terms not only in our documentation but in our research, presentations, publications and writing, and we can request that publishers consider it the foundation of a style guide when publishing about spiritual care.

THE CHAPLAINCY TAXONOMY³⁶

INTENDED EFFECTS	METHODS	INTERVENTIONS	
Aligning care plan with patient's values	Accompany someone in their spiritual/religious practice outside your faith tradition	Acknowledge current situation	Facilitate closure
Build relationship of care and support	Assist with finding purpose	Acknowledge response to difficult experience	Facilitate communication
Convey a calming presence	Assist with spiritual/religious practices	Active listening	Facilitate communication between patient and/or family member and care team
De-escalate emotionally charged situations	Collaborate with care team member	Ask guided questions	Facilitate communication between patient/family member(s)
Demonstrate caring and concern	Demonstrate acceptance	Ask guided questions about cultural and religious values	Facilitate decision making
Establish rapport and connectedness	Educate care team about cultural and religious values	Ask guided questions about faith	Facilitate grief recovery groups
Faith affirmation	Encourage end of life review	Ask guided questions about purpose	Facilitate life review
Helping someone feel comforted	Encourage self care	Ask guided questions about the nature and presence of God	Facilitate preparing for end of life
Journeying with someone in the grief process	Encourage self reflection	Ask questions to bring forth feelings	Facilitate spirituality groups
Lessen anxiety	Encourage sharing of feelings	Assist patient with documenting choices	Facilitate understanding of limitations
Lessen someone's feelings of isolation	Encourage someone to recognize their strengths	Assist patient with documenting values	Identify supportive relationship(s)
Meaning-Making	Encourage story-telling	Assist someone with Advance Directives	Incorporate cultural and religious needs in plan of care
Mending broken relationships	Encouraging spiritual/religious practices	Assist with determining decision maker	Invite someone to reminisce
Preserve dignity and respect	Explore cultural values	Assist with identifying strengths	Perform a blessing
Promote a sense of peace	Explore ethical dilemmas	Bless religious item(s)	Perform a religious rite or ritual
	Explore faith and values	Blessing for care team member(s)	Pray
	Explore nature of God	Communicate patient's needs/ concerns to others	Prayer for healing
	Explore presence of God	Conduct a memorial service	Provide a religious item(s)
	Explore quality of life	Conduct a religious service	Provide access to a quiet place
	Explore spiritual/religious beliefs	Connect someone with their faith community/clergy	Provide compassionate touch
	Explore values conflict	Crisis intervention	Provide Grief Processing Session
	Exploring hope	Discuss concerns	Provide grief resources
	Offer emotional support	Discuss coping mechanism with someone	Provide hospitality
	Offer spiritual/religious support	Discuss frustrations with someone	Provide religious music
	Offer support	Discuss plan of care	Provide sacred reading(s)
	Setting boundaries	Discuss spirituality/religion with someone	Provide spiritual/religious resources
		Ethical consultation	
	Explain chaplain role		Share words of hope and inspiration
	Facilitate advance care planning		Share written prayer
			Silent prayer

The Chaplaincy Taxonomy is the result of research by Advocate Health Care with a grant from HealthCare Chaplaincy Network provided by the John Templeton Foundation entitled "What Do I Do? Developing a Taxonomy of Chaplaincy Activities and Interventions for Spiritual Care in ICU Patients." Used with permission from Rev. Kevin Massey, Advocate/Aurora Health. ©Advocate Health Care 2014

Paul Nash and his U.K. colleagues in pediatric chaplaincy offer the following additions to the taxonomy based on their research:

TABLE 1: PEDIATRIC-SPECIFIC INTENDED EFFECTS

INTENDED EFFECT	COMMENT
Build self-esteem	Sickness can erode this, particularly when it impacts appearance
Create conducive space for spiritual care	Environment can be important as can trust
Create sacred space explored and held	So spiritual and religious needs can be explored and held
Demonstrate kindness and compassion	In both word and deed
Empower/offer control	Few options for control and choosing to participate in relation to treatment
Engender resilience	Identifying coping mechanisms and support
Enhance spiritual wellbeing	Build on existing spirituality
Facilitate fun/play	Seeking to lift spirits
Feel part of a community	Have left other communities and sense of belonging important
Help find new normal	Taking into account limitations and changes
Identify and process emotions	Explore in a variety of ways, name
Lessen boredom	Particular issue for those in isolation
Mediate between patient and family	When have different perspectives
Nurture spirituality	Look at connectedness, purpose, meaning, hope, and identity
Offer acceptance and affirmation of personhood	Regardless of condition, verbal and nonverbal
Provide a normalizing experience	Do things which they would do when not in hospital
Provide an opportunity to give	They are often receiving a lot and want to be able to give back too

TABLE 2: PEDIATRIC-SPECIFIC METHODS

METHOD	COMMENT
Celebrate religious festivals	Taking account of religious needs and observance
Encourage gratitude	Research shows benefits of this
Explore forgiveness	Important for some situations and conditions
Explore identity	Sickness often brings big shift in identity which needs time to process and come to terms with
Explore worldview	Changing circumstances can challenge world view particularly religious elements

TABLE 3: PEDIATRIC-SPECIFIC INTERVENTIONS

INTERVENTION	COMMENT
Engage in a participative spiritual care activity	Main BCH approach to doing spiritual care (see Nash & colleagues, 2015)
Facilitate a family activity	Sometimes most appropriate to engage with all of the family, not just patient
Facilitate a group activity	Some work is done with groups to facilitate peer support or build community
Leave a gift	Reminder of what has been done or spiritual or religious item
Provide self-directed activities	To facilitate further exploration

The pediatric-specific taxonomy items are the result of research by Paul Nash’s Pediatric Chaplaincy team at Birmingham Children’s Hospital, Birmingham, U.K., entitled “Adapting the Advocate Health Care Taxonomy of Chaplaincy for a Pediatric Hospital Context: A Pilot Study.” Used with permission from Rev. Paul Nash, Birmingham Children’s Hospital.

What is remarkable about this second study is that Nash and his colleagues sought to use the taxonomy with their own chaplaincy team, and they also identified additional items that fit their unique context of pediatrics in the National Health Services in the United Kingdom. Instead of being in an urban adult acute care teaching hospital, they were in pediatrics in the United Kingdom, with the many layers of difference between the two different health systems. They prioritized their own creation of terms and use, and in doing so found that five of the top ten most utilized items in the pediatric version were the same as the original chaplaincy taxonomy. The take-home here is the convergence. It suggests that the taxonomy is “onto something” fundamental or basic about spiritual care. So much so that it applies to a broad variety of health care contexts.

Nash and his team's efforts demonstrate how proactive engagement with the Chaplaincy Taxonomy can yield valuable additions and suggestions for improvements in the tool. Of these additions, the ones which were most significant in frequency were engage in a participative spiritual care activity, leave a gift, engage in supporting the whole family, and wellbeing and resilience. In the future, the Nash team anticipates evaluating how the taxonomy may be used in work with families (which is common in a pediatric context), and if there will be additions that reflect full scope of this work.

THE CHAPLAINCY TAXONOMY IN PRACTICE

Advocate also produced a Chaplaincy Taxonomy User's Guide, edited by Marilyn Barnes.³⁷ This User's Guide can be found online at: www.chaplaincytaxonomy.org. The User's Guide contains a glossary of terms defining each of the items on the Chaplaincy Taxonomy.

“The Chaplaincy Taxonomy Review Council is inviting readers of this publication who are currently using the taxonomy, to assist in refining and nuancing the definitions for each of the items.”

The Chaplaincy Taxonomy Review Council is inviting readers of this publication who are currently using the taxonomy, to assist in refining and nuancing the definitions for each of the items. If you are interested in providing feedback on either the definitions used for the taxonomy or on the items themselves—including suggestions for new ones— please email: AAH-chaplaincytaxonomyreviewcouncil@advocatehealth.com. The User's Guide “includes both the alphabetical listing of the taxonomy items . . . and another listing of the taxonomy items grouped into categories of similarity to assist a user in selecting items. For example, categories such as “Grief,” “Relationships,” and “Spiritual/Religious Practice” group together items that pertain to each other on these themes.”³⁸ The User's Guide also contains numerous real-world vignettes, designed to help chaplains better understand how the taxonomy connects with daily clinical interactions.

The Chaplaincy Taxonomy is intended to be used as is. It is not meant to be taken as a starting point, with each Spiritual Care Department that adopts it changing it to fit their unique understanding, context, experience and comfort. Ideally, if a Spiritual Care Department wishes to begin to use the Chaplaincy Taxonomy, they would email: AAH-chaplaincytaxonomyreviewcouncil@advocatehealth.com, register their use of it, and begin to use it as it currently exists. If those using it wish to offer suggestions for additions to it, there is a process in place for that. Paul Nash's example of how his team at Birmingham Children's Hospital submitted suggestions would be the template for such efforts. But in order for the instrument to be useful, in order for there to be potential research connected to it, those organizations that use the Chaplaincy Taxonomy should all be using the same instrument. This foundation of consistency helps the collective body of professional chaplaincy better understand what changes need to be made. To coordinate the use and modifications of the taxonomy across time and contexts, its authors and the Chaplaincy Taxonomy Review Council ask that any suggestions for changes come directly to them.

The *process* of using the Chaplaincy Taxonomy is as important as the items themselves. In order to clearly describe the process, it is essential to define some terms.³⁹ Items within the taxonomy can be combined to formulate clinical communication known as a Spiritual Care Pathway, which is the building block of a Spiritual Care Plan. This Spiritual Care Plan is developed based upon a Spiritual Assessment. These combinations of items from the taxonomy, formulated in a consistent and clear way, mirror the format and methodology used by other inter-professional colleagues for clinical communication.

Pathway: The assemblage of an Intended Effect – Method – Intervention

Spiritual Care Assessment: A disciplined technique to surface spiritual care needs, e.g., Fitchett's 7X7,⁴⁰ Shields' Spiritual AIM,⁴¹ Monod's Spiritual Distress Assessment Tool,⁴² etc.

Spiritual Care Plan: The pathway or pathways developed in response to the identified spiritual care needs surfaced in the spiritual care assessment

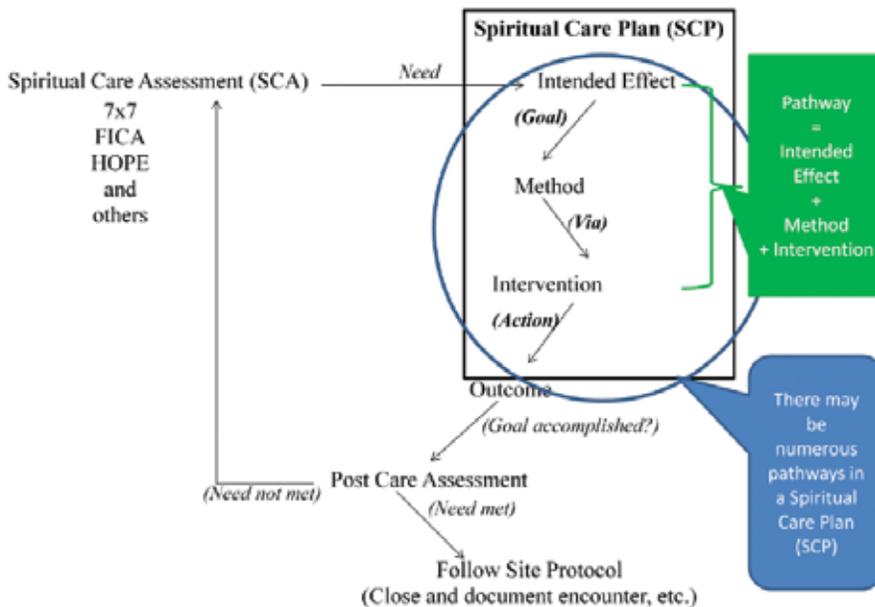
Technique: Any intervention which includes faith-specific or personal stylistic content

For those familiar with Van De Creek & Lucas' Outcome Oriented Chaplaincy,^{43 44} the structure of the Chaplaincy Taxonomy and process will be familiar. The Desired Contributing Outcome from Outcome-Oriented Chaplaincy is synonymous with the Intended Effects within the taxonomy. The Interventions are the same in both paradigms. The Plan, Measurements, and Spiritual Assessment of Needs, Hopes & Resources from Outcome-Oriented Chaplaincy are consistent with the Spiritual Care Plan, Pathway, Spiritual Care Assessment and Technique – all described more in depth below.

"The taxonomy items can be groups and associated together in nearly infinite combinations to develop a grouping we have come to call a "pathway," which is the assemblage of an Intended Effect, Method, and Intervention. A pathway or pathways make up a Spiritual Care Plan, which is developed in response to the identified spiritual care needs surfaced in a Spiritual Assessment."⁴⁵ This process is visually represented in **Figure 1** below.

Process-wise, within the visit itself, the chaplain listens and assesses for a need, which creates an intended effect. Based on this intended effect, the chaplain determines which method is best to use for a specific intervention. The pathway is what is created.

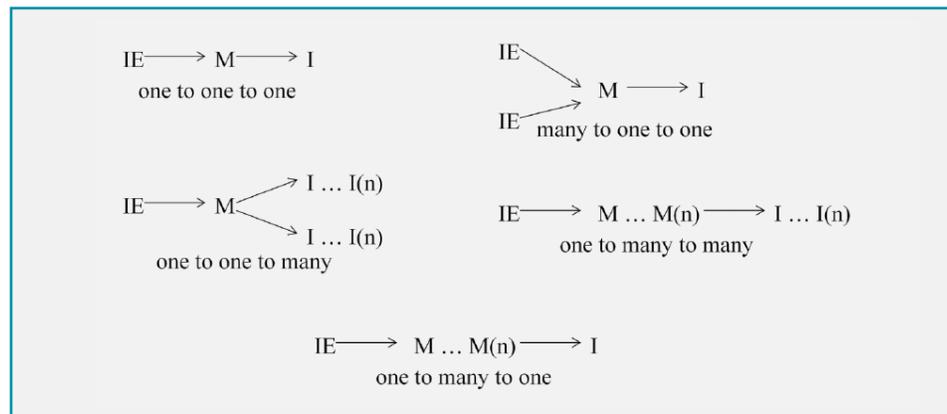
FIGURE 1: CHAPLAINCY PATIENT-CENTERED OUTCOMES MODEL



This model was developed by Revs Marilyn J. D. Barnes and Kevin Massey during the research for the Advocate Health Care project resulting in "What Do I Do? Developing a Taxonomy of Chaplaincy Activities and Interventions for Spiritual Care in ICU Patients." Used with permission from Rev. Kevin Massey, Advocate/Aurora Health. ©Advocate Health Care 2014.

The FICA⁴⁶ and HOPE⁴⁷ instruments are technically both Spiritual History tools, most often used by non-chaplain clinicians that are Spiritual Care Generalists. They are not formal Spiritual Assessment instruments, more often used by professional chaplains, who are Spiritual Care Specialists.⁴⁸

The idea of a pathway borrows from the common American nursing lexicon and process. Nurses in other countries may use similar tools and strategies but have different names for their instruments. A chaplaincy pathway for a visit might include “aligning care plan with patient values” (Intended Effect), “educate care team about cultural and religious values” (Method), and both “incorporate cultural and religious in plan of care” and “facilitate communication between patient and/or family and care team” (Intervention). This brief example demonstrates the reality that a pathway should have at least one from each category (Intended Effect, Method, and Intervention), or perhaps multiples. The User’s Guide represents this visually in the following diagrams:



This model was developed by Revs Marilyn J. D. Barnes and Kevin Massey during the research for the Advocate Health Care project resulting in “What Do I Do? Developing a Taxonomy of Chaplaincy Activities and Interventions for Spiritual Care in ICU Patients.” Used with permission from Rev. Kevin Massey, Advocate/Aurora Health. ©Advocate Health Care 2014.

A chaplain constructs a pathway once the visit has been completed and the spiritual care assessment has already uncovered a concrete need or outcome. There is also the need for ongoing re-assessment. It may be written up at the time of the visit, but it is constructed throughout the process (both within the visit itself, longitudinally throughout the patient’s hospitalization, and/or within the entire scope of the relationship between the patient and chaplain). Just as more than one Intended Effect, Method or Intervention can be chosen to represent a spiritual care visit, there also may be more than one pathway for each Spiritual Care Plan. Once this Spiritual Care Plan is complete, the chaplain’s unique personal style or distinctive approach to spiritual care, called one’s technique, is used to implement the plan. For example, one pathway may well include the Intended Effect of “promote a sense of peace,” the Method of “assist with spiritual/religious practices,” and the Intervention of “perform a religious rite or ritual.” The chaplain-specific technique for that pathway could be “Sacrament of the Anointing of the Sick.”⁴⁹

The Chaplaincy Taxonomy has also been programmed into both of the major Electronic Medical Records (EMRs), EPIC and Cerner. For EPIC users, go to the User Web Community Library and search for Mount Sinai’s Spiritual Care Form. It is called “T SPIRITUAL CARE ASSESSMENT.” You can provide that to your site IT lead as a guide for building it at your site.

For Cerner users, programming to incorporate the taxonomy into forms has been uploaded to the Cerner Users' Group. Your IT team can search for it there and also contact Advocate Health Care for assistance with incorporating it into your site's system.

This enables those using it to potentially coordinate and participate in ongoing research, refinement, and discussions about the taxonomy. One can register at: www.chaplaincytaxonomy.org.

HOW TO BEGIN USING THE CHAPLAINCY TAXONOMY

The hope is that more chaplains will adopt the use of the Chaplaincy Taxonomy in their daily practice of spiritual caregiving, and in their clinical communication, research and quality improvement initiatives. The basic process might include the following steps:

- Read the Chaplaincy Taxonomy articles and resources here and at: www.chaplaincytaxonomy.org
- Discuss with chaplains within your department to get buy-in. How this will impact clinical communication and logistics for implementation?
- Discuss with administration to get buy-in
- Make the case for why your department is seeking to standardize its clinical communication and processes
- Align documentation templates with this system. For EPIC Electronic Medical Records users, there are templates being used by other systems, and a pending "EPIC Everywhere" open-source option (no additional cost to make a custom template) option; for Cerner, there are also templates being used by other systems, and plans to make it an open source in the near future. For specifics on this and the latest updates, contact the Chaplaincy Taxonomy Review Council at: AAH-chaplaincytaxonomycommittee@advocatehealth.com
- Teach the new system and Chaplaincy Taxonomy paradigm to chaplains and key non-chaplain clinical players (those who engage with chaplaincy's clinical communication) through role playing, lunch & learns, grand rounds, etc.
- Register your institution's use of the Chaplaincy Taxonomy via email at: AAH-chaplaincytaxonomycommittee@advocatehealth.com

“Chaplains do certain things and perform unique interactions that our clinical partners can know them by. When chaplains consistently name and call those things the same way, it reinforces and magnifies the recognition by others that they do those unique things.”

CONCLUSION

To meet the needs of evidence-based medicine and measurable outcomes that value-based health care transformation demands, chaplaincy needs reform in many areas of its traditional scope. Health care chaplains must move quickly to present more uniform practice patterns, evidence for the efficacy of our contribution, and consistency of formation and certification, or risk being further marginalized in the health system. The creation of documentation systems in electronic medical records led many chaplain departments to engineer their own lists of what chaplains do, which may have had no structured methodology other than the personal choices and preferences of the chaplains who developed the lists. When myriad chaplains, and hospitals and health systems produced numerous subjective lists of what chaplains do and why, they did so because no standard truly existed to guide taxonomy choices. As a result, chaplaincy continues to have a diluted and diminished voice in the field of health care.

Alternatively, the chaplaincy field can choose to use a normative language now. The Chaplaincy Taxonomy is a robust, clear, concise and constructive tool for the daily use of chaplains clinically.

The leaders of the Chaplaincy Taxonomy project encourage chaplains to remember that although they may not personally have chosen to word something a certain way, the point of a shared terminology is that chaplaincy will have unified method for making it clear to the health care industry that spiritual care is associated with measurable actions and outcomes. Chaplains perform unique interactions that are identifiable as spiritual care. These interactions become the chaplaincy's professional signature. When we consistently refer to these interactions in the same way, we reinforce and magnify them, and by extension, the chaplains performing them.

APPENDIX A

Experience of using the Advocate Taxonomy adapted for pediatric chaplaincy at Birmingham Children's Hospital

As Senior Chaplain of Birmingham Children's Hospital, I first encountered the Advocate Taxonomy of Chaplaincy at the first HCCN Caring for the Spirit Research Conference in New York in 2014. I quickly saw the benefits of such an approach, and with the permission of Kevin Massey, who led on the project for Advocate, I adapted their Taxonomy for the pediatric context. This process has been written up and published in the Journal of Health Care Chaplaincy (Nash, et al, 2018).

I think the most significant change for us is that it has made our chaplaincy team more mindful of what they are doing. For some of our team, chaplaincy is quite an intuitive discipline, and it can sometimes be hard to articulate to others what you have done in an encounter with a particular patient. The taxonomy offers a vocabulary to help you explain what it is you have done in an encounter, both for other chaplains working with the patient and for the multidisciplinary team involved in their care.

These are some of the things the team reported back (verbatim):

- "helps identify significance of encounter and prompt ideas for further contact"
- "provides structure and guidance on different areas that can be identified and addressed"
- "helps to see potential spectrum of methods, effects and interventions"
- "it helps me to break down the support I intend to offer into the next steps"
- "it keeps one focused and can be used as a check list for delivery"

What it did for some staff is help them to think about the bigger picture rather than the individual encounter with a patient, thus one of our team identified that "it helped me to think about community building on the ward and the importance of this. Especially with the children who are fairly well and able to relate to one another." Also, another person noted how the taxonomy helped them to think ahead and how this "is good in relation to cancer patients; helps to prepare for important stages that might be developing - e.g., finishing treatment."

One thing we did when we first trialed it was to add some questions which helped us get feedback on how the chaplains were doing the initial assessment, and to get some insights into the choices they made. This helped us understand better how it was being used. This is also being written up and will be published in Health and Social Care Chaplaincy. These responses give an insight into the way that the taxonomy informed work beyond the patient, which is one of the things which regularly happens in pediatric chaplaincy:

- "I hoped to offer her a sense of being part of the hospital community, engender resilience, and give her a sense of peace in the midst of the unknown journey her sister was on."
- "Mum needed a safe place to express her fears and her struggle to cope with seeing her daughter so unrecognizably unwell."
- "I am aware that Fred is part of a very close wider family, he has a great sense of value and safety within this and it needs to be nurtured when he is in hospital whilst helping him feel he is in a safe hospital community also."

One of the main outcomes for us is using the taxonomy as the basis for our new electronic patient notes, which would make it easier to record every encounter. We have found the taxonomy is the right tool for the right job and leads to speed not expediency in recording. We are in the process of engaging in a short-term research project correlating the taxonomy with a PROM (patient-reported outcome measure) to give us a patient perspective on the encounter. We appreciate the sharpness that it offers to thinking widely about the possibilities for particular patients and settings, as well as its potential as a tool to help train chaplains. It enables you to talk through the variety of possibilities and do some case studies about what else you might have done, as well as use them as a

basis for developing a care plan. I would highly recommend it as a helpful tool for a chaplaincy team. It has helped us to become more intentional, consciously competent chaplains.

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