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**Practices in Spiritual Care: The Use of Simulation to
Instruct Nursing Students and Nurses**

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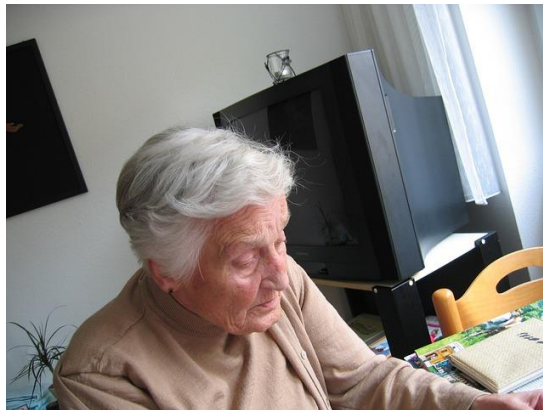
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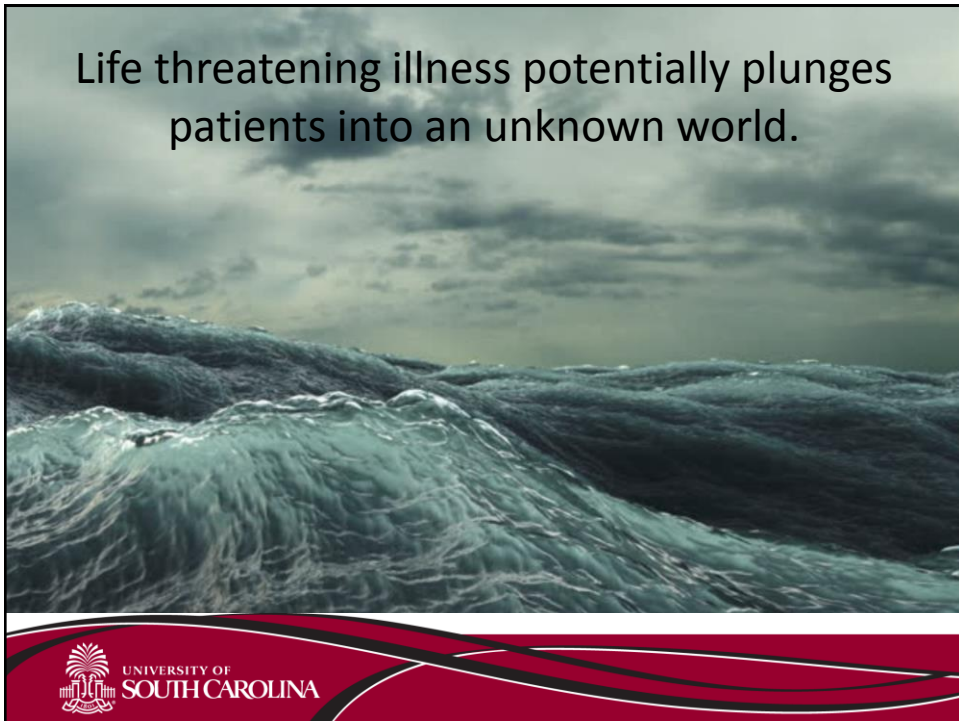
Objectives

- Understand the concepts of culture and diversity and how these impact patient and family spirituality.
- Describe the concept of simulation-based education to teach spiritual care to nurses and nursing students.
- Understand when high-fidelity simulation is useful and when objectives can be met by other activities.
- Describe ways to prepare the learner prior to simulation activities and how to utilize simulation to integrate standards for providing spiritual care to diverse patients and the utilization of interdisciplinary care to meet patient needs.
- Describe and demonstrate simulation debriefing strategies and demonstrate the ability to lead a debriefing session to effectively teach culturally appropriate spiritual care principles and competencies.

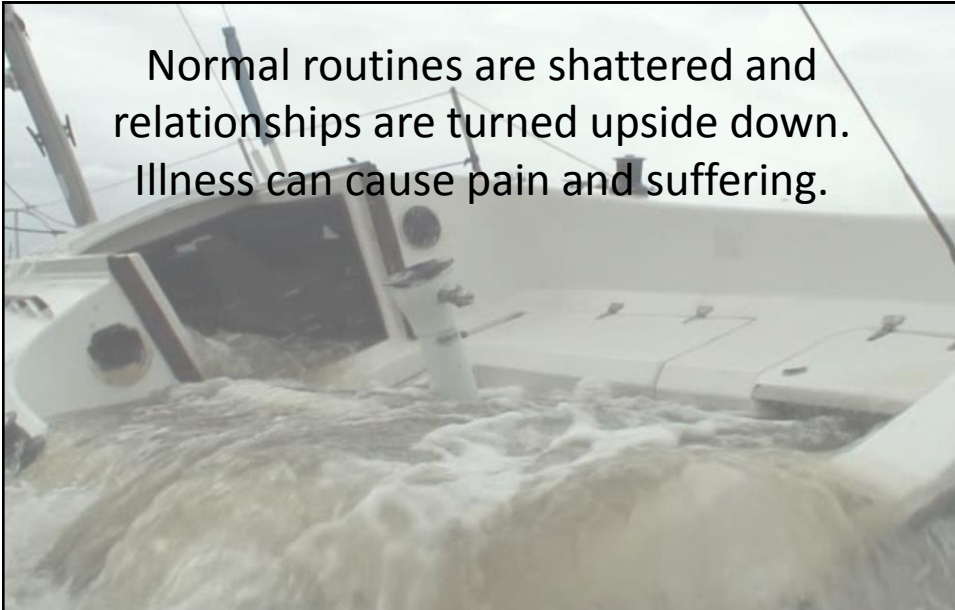


Meet Mrs. Stone





Normal routines are shattered and relationships are turned upside down. Illness can cause pain and suffering.



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Mrs. Stone is being treated for late stage lung-cancer and is admitted into the hospital.



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Spiritual care is part of providing holistic patient-centered care.



Spiritual care is an essential part of palliative care.



SPIRITUALITY

Write down any thoughts, words, feelings, images that come into mind as you think about the word.



What is spirituality?

“Spirituality is a dynamic and intrinsic aspect of humanity through which persons seek ultimate meaning, purpose and transcendence, and experience relationship to self, family, others, community, society, nature and the significant or sacred. Spirituality is expressed through beliefs, values, traditions and practices.” (Puchalski et al., 2014)



Why Spiritual Care?

- **American Nurses Association *Nursing's Social Policy Statement*:** Faith, religion, and spirituality are distinct components of what defines many human communities and allow individuals to make sense of their experiences, including health and illness.
- **ANA Code of Ethics:** The nurse practices with compassion and respect for the inherent dignity, worth, and unique attributes of every person
- **ANA Scope & Standards of Practice**
- **International Council of Nursing:** ICN's Vision for Nursing & Code of Ethics
- **American Association of Colleges of Nursing:** Essentials for Baccalaureate Education
- **National League for Nursing Core Values**
- **Joint Commission Standards**



There are many recommendations for improving the quality of spiritual care.

- Integral to any patient-centered health care system
- Based on honoring dignity of all people
- Spiritual distress treated the same as any other medical problem
- Spirituality should be considered a patient vital sign
- Spiritual care should be interdisciplinary

(Puchalski et al., 2014)



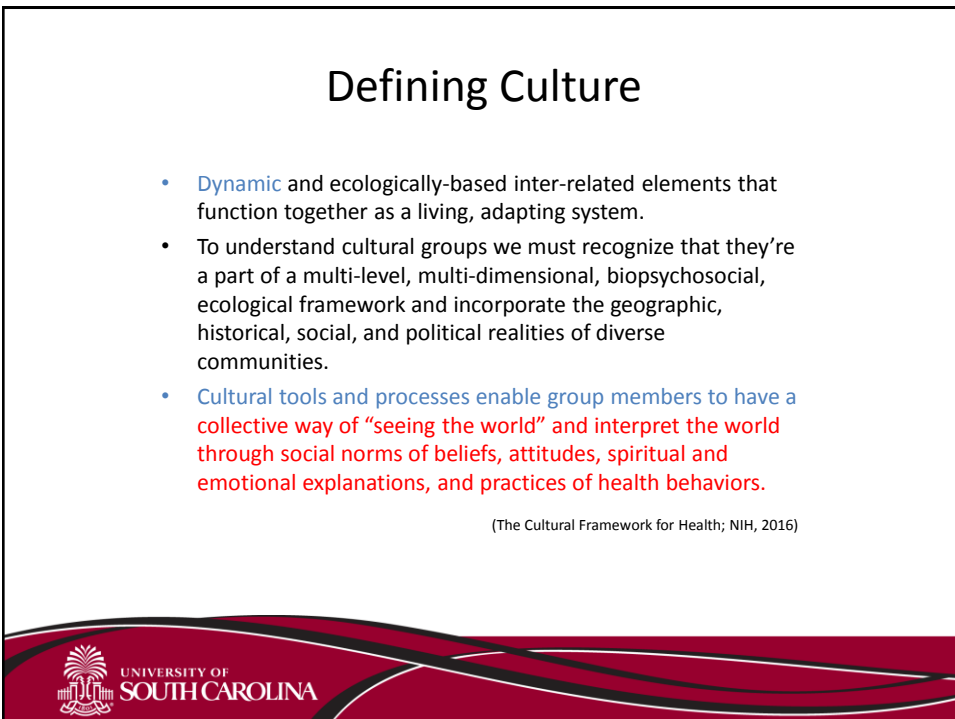
Our patients are diverse and have diverse spiritual needs.



Defining Culture

- **Dynamic** and ecologically-based inter-related elements that function together as a living, adapting system.
- To understand cultural groups we must recognize that they're a part of a multi-level, multi-dimensional, biopsychosocial, ecological framework and incorporate the geographic, historical, social, and political realities of diverse communities.
- **Cultural tools and processes enable group members to have a collective way of "seeing the world" and interpret the world through social norms of beliefs, attitudes, spiritual and emotional explanations, and practices of health behaviors.**

(The Cultural Framework for Health; NIH, 2016)



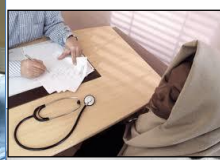
How does culture shape our lives?

- All of us make meaning out of our lives through our own culture(s)
- It is how we view the world: how we think, we pray, we value some things and not others



Culture shapes our perception of illness.

When we are ill: how we perceive illness, suffering and dying is through our own cultural lens.



What happens if we don't consider culture in healthcare?

- Patients receive inadequate care = health disparities
- Patients don't receive care they want/need
- A pattern of disparity is evident in both health care outcomes and utilization (Crossing the Quality Chasm; IOM, 2001).



White middle class values predominate in end of life care (EoL).

Historically EoL care in U.S. has been rooted in values that represent the cultural and religious values of the white middle class

(Wicher & Meeker, 2012; Krakauer, Crenner & Fox, 2002; Kagawa-Singer & Blackhall, 2001)

Advance Directives: What are your wishes for EoL care?



Values represented:

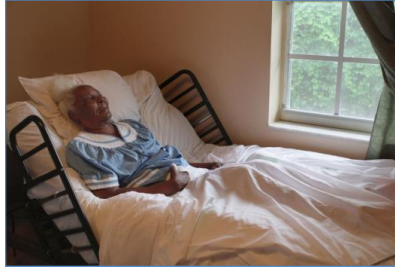
Independence

Individual rights

Fears of receiving too much care at EoL



A lack of sensitivity to, and lack of respect for cultural difference may significantly compromise care at EoL for minority patients. (Krakauer et al., 2002)



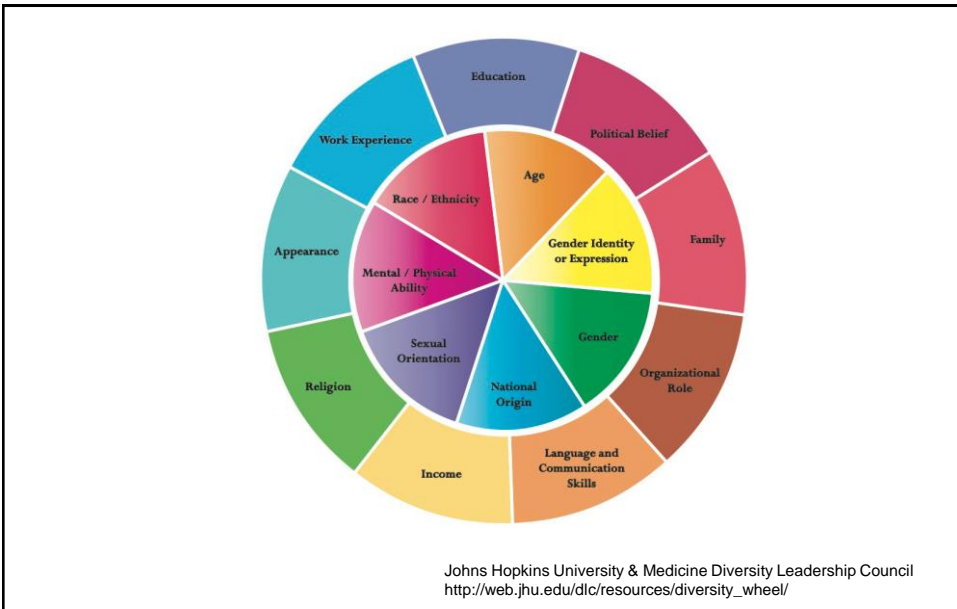
The need to provide high-quality culturally-competent care is a national priority.

The lack of culturally-competent EoL has been referred to as the largest public health crisis looming in the US
(Periyakoil, 2016)





How do we reach across cultures to provide spiritual care in a cross-cultural setting?



Johns Hopkins University & Medicine Diversity Leadership Council
http://web.jhu.edu/dlc/resources/diversity_wheel/



Cultural respect has a positive effect on patient care delivery.

- Cultural respect allows us to be respectful and responsive to individual health beliefs, practices, cultural and linguistic needs.
- Cultural respect is critical to reducing health disparities and improving access to care.

(NIH, 2017)



Health care providers can also feel like they are charting unknown territory.

The way in which spiritual care could best be taught is not clear.



Nursing students enjoy learning clinical skills.



Authentic Learning for the 21st Century: An Overview

By Marilyn M. Lombardi

Authentic learning focuses on “real-world complex problems and their solutions, using role-play exercises, problem-based activities, case studies and participation in communities of practice.”

(Lombardi, 2007, p.2)



*Learning is experience.
Everything else is just information.*
-- Albert Einstein



Simulation can be used as an assessment tool.

“Simulation makes visible what we have suspected but could not see in clinical: Some of our students are not safe”

(Kardong-Edgren, Hanberg, Keenan, Ackerman & Chambers, 2011, p.23)



Simulation can also be used as a teaching strategy.

Simulated experiences provide the student with the opportunity to be involved in patient care experiences they may otherwise not experience in actual clinical settings.



There are many different types of simulation.

Simulated clinical immersion
In situ simulation
Computer-assisted simulation
Virtual reality
Procedural simulation
Hybrid simulation



Can spiritual care be taught using simulation?

- Simulated cases
- Unfolding scenarios/cases
- Psychomotor skill teaching/evaluation
- Using standard patients vs. manikins



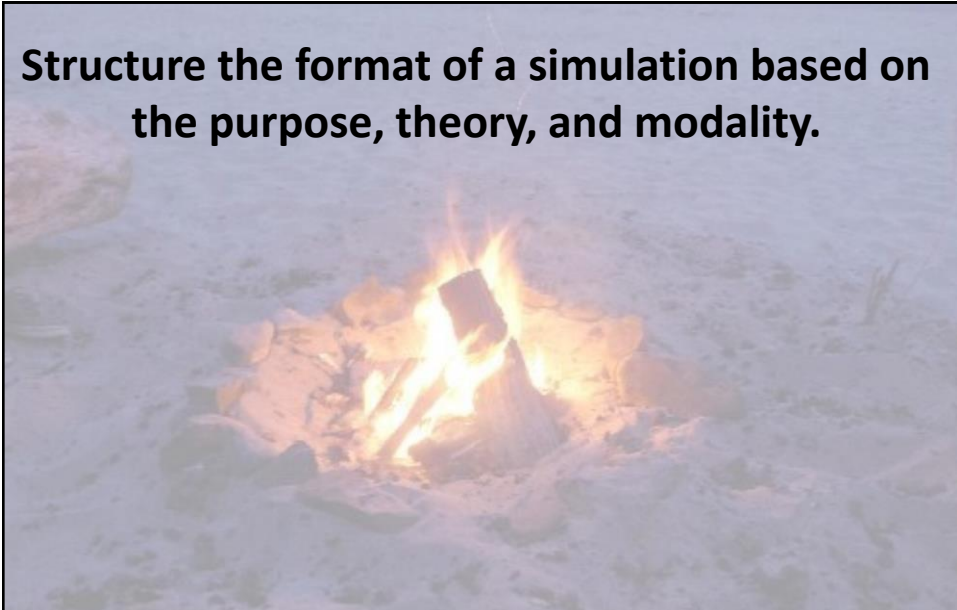
Perform a needs assessment.



Construct measurable objectives.



Structure the format of a simulation based on the purpose, theory, and modality.

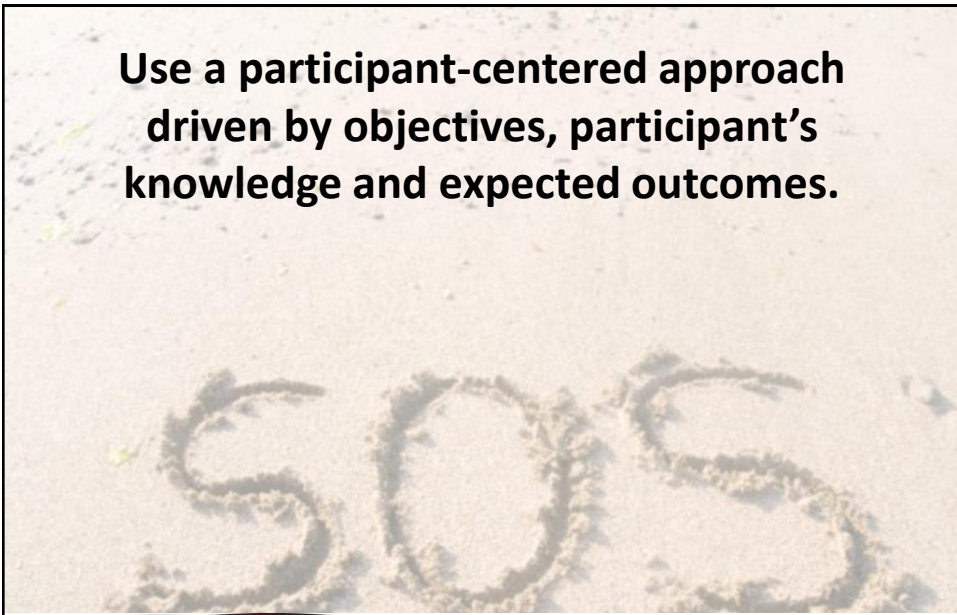


Ensure the quality and validity of the content and support the objectives and outcomes.





Create realism.



**Use a participant-centered approach
driven by objectives, participant's
knowledge and expected outcomes.**





Establish a safe container.



Begin with a pre-briefing.



Mrs. Stone



Performing a spiritual care assessment for Mrs. Stone...



One of Mrs. Stone's sons come to visit.



Who do *you* think Jews are?



Who is a Jew?



Cultural/ethnic identity



Religious Identity



National identity



HUUUUUUGGGGE Diversity among Jews



How many are there?

- 14 Million
 - 42% live in Israel
 - 42% live in the US/Canada
 - Rest scattered
- There were Jews here. No more
 - There were Jews in Spain. No more.
 - There were Jews in Europe. No more.
 - There were Jews in Morocco, Egypt, Iraq, Iran, Turkey. No more.



Is there one Jewish Religion?



Reform



Conservative



Orthodox



Reconstructionist



For Nurses: Jews and Illness

Mutated genes in Jews of European ancestry (Ashkenazis)

- Tay-Sachs:
 - 1:3,600 Ashkenazi Jews
 - Carrier: 1:26-30 compared to 1:300 in non-Jews
- BRCA1/2 and2:
 - Ashkenazi Jews x10 more likely to have mutations
 - Mutation in 2.65% of Ashk. Jews; 0.2% of general pop.



For Nurses: Jews and Hospitalization

- May be uncomfortable that they're "different"
- May feel uncomfortable about e.g.,
 - *Pork*: Orthodox Jews don't eat pork or shellfish
 - *Dietary restrictions*: Orthodox Jews only eat kosher food
 - *Head covering*: Kippah must remain on
 - *Family visits*: Want family with them
 - *Pastor*: May feel uncomfortable with Christian pastor
 - *Conversion*: Do not want to be converted
 - *Death and Dying*: May wish to see their Rabbi

Best advice: Ask, Listen & Hear



How do we provide spiritual care to Mrs. Stone?



<i>Diagnoses (Primary)</i>	<i>Key feature from history</i>	<i>Example Statements</i>
Existential	Lack of meaning / questions meaning about one's own existence / Concern about afterlife / Questions the meaning of suffering / Seeks spiritual assistance	"My life is meaningless" "I feel useless"
Abandonment God or others	lack of love, loneliness / Not being remembered / No Sense of Relatedness	"God has abandoned me" "No one comes by anymore"
Anger at God or others	Displaces anger toward religious representatives / Inability to Forgive	"Why would God take my child...its not fair"
Concerns about relationship with deity	Closeness to God, deepening relationship	"I want to have a deeper relationship with God"
Conflicted or challenged belief systems	Verbalizes inner conflicts or questions about beliefs or faith Conflicts between religious beliefs and recommended treatments / Questions moral or ethical implications of therapeutic regimen / Express concern with life/death and/or belief system	"I am not sure if God is with me anymore"
Despair / Hopelessness	Hopelessness about future health, life Despair as absolute hopelessness, no hope for value in life	"Life is being cut short" "There is nothing left for me to live for"
Grief/loss	Grief is the feeling and process associated with a loss of person, health, etc	"I miss my loved one so much" "I wish I could run again"
Guilt/shame	Guilt is feeling that the person has done something wrong or evil; shame is a feeling that the person is bad or evil	"I do not deserve to die pain-free"
Reconciliation	Need for forgiveness and/or reconciliation of self or others	I need to be forgiven for what I did I would like my wife to forgive me
Isolation	From religious community or other	"Since moving to the assisted living I am not able to go to my church anymore"
Religious specific	Ritual needs / Unable to practice in usual religious practices	"I just can't pray anymore"
Religious / Spiritual Struggle	Loss of faith and/or meaning / Religious or spiritual beliefs and/or community not helping with coping	"What if all that I believe is not true"



Follow with a debriefing.



How did that make you feel?



(Dreifuerst, 2012)



Evaluate the experience from all perspectives.



Authentic learning in nursing education



How can we do this in an online class?



How we approached this challenge in the online environment

- Develop a complex and detailed case study based on an adult patient
- Roll it out to students in several installments
- Include real life problems and tasks
- Use multimedia to enhance learning activities

Students are required to **optimize patient care at every turn of events.**



Episode 1: In the Primary Care Clinic



Participation Activity 2: Working in the Primary Care Clinic...

[View](#)

Please click on the link above to view the wiki. After viewing the wiki, click on the link below to complete Participation Activity 2: Activity Survey.

For the video within the wiki, please use the password uscnursing



Participation Activity 2: Activity Survey

This survey is based on the above wiki, "Working in the Primary Care Clinic". Please view the wiki and respond to the participation activity survey by Sunday at 8 p.m.

See the questions that will be asked in the survey, above in the list of learning activities.



Why a continuing case study?

- Raise the level of complexity
- Demonstrate how different course concepts connect and build on each other
- Explore different aspects of the case: clinical, psychological, spiritual, social, financial etc.
- Provide opportunity to observe changes over time
- Establish an emotional connection with the patient and develop a caring attitude
- Sustain student interest and engagement



Taking care of Mrs. Stone for 14 weeks

- Make assessments of the patient at different points in her care
- Apply healthcare literacy principles
- Use effective communication techniques
- Identify patient problems and needs
- Recommend nursing interventions
- Handle healthcare forms, documentation
- "Observe" patient in stressful situations
- Advocate for the patient
- Explore available community resources



Developing empathy for Mrs. Stone

I've started to form a connection with Mrs. Stone and I think it makes the weekly participation activities interesting to see what she is up to this week.

I think it has been really helpful to follow the same patient throughout the semester, because it feels like we are slowly watching the progression of her condition as we would **if she were a real patient of ours.**

I like the way it is set up because **it feels like you are their own personal nurse** and **you kind of get a feeling of what it is like to be someone's nurse** or primary care giver in a setting outside of a hospital.

Student comments, Summer 2016



Feedback to the class: mentoring, coaching, challenging, encouraging

The screenshot shows an Adobe Connect interface. On the left, there is a video feed of Cristy BuShea and an attendee list with 1 host and 1 participant. The main area displays a presentation slide with the following text:

5. View the You Tube video "Excerpt From the Fardine: Communicating with Patients with Osmosis" (7 min)

6. View the multimedia lectures posted below. These lectures have transcripts embedded in the multimedia and also in the Notes field of the PowerPoint files.

7. Complete Participation Activity 2. Case study, "Thinking in the Primary Care Clinic." by 8 p.m. on Sunday for a week to read for the case study. Please read the information and then click the link for Participation Activity. Do prepared to answer the following questions:

1. Describe health literacy briefly in your own words.
2. Why is health literacy important for nurses to know about?
3. Which of the techniques described in the case study would you utilize with Mr. Stone to ensure understand?
4. Share a time when you had difficulty understanding information given to you in a medical situation or may still have that made you feel. If you cannot think of an example of this, you may share an experience with a member, or you may think about how you might feel if you were in that type of situation.

An important reminder about Participation Activities: Your participation will be tracked by the system but you make a thoughtful and detailed attempt at completing these activities. Any assignment turned in that does not may be cleared in Blackboard and that student may be asked to resubmit the assignment or the student may be at instructor's discretion.

Multimedia recordings in Adobe Connect



Connections and reflections through case study related activities

- Connect concepts from different topics
- Become aware of how spiritual care plays out in other nursing courses and in clinical contexts
- Connect course content with personal experiences
- Overcome stereotypes of other cultures
- Reflect on their own spirituality
- Reflect on their own mortality
- Develop a professional value system



Most importantly...

How to see that spiritual concerns can surface for any patient at any time

How to develop nursing knowledge related to spiritual care for all groups of patients



What critical thinking skills do students develop?

- Clinical judgment skills
- Implementing relevant teaching strategies to achieve positive outcomes
- Integrating best evidence with clinical expertise
- Interdisciplinary collaboration in managing and coordinating care for older adults



Multimedia elements

- Images
- Video/audio files
- PDF documents: health forms, instruments, records etc.
- Wikis



Participation Activity 6: Living with Chronic Disease

[View](#)

Read the following case study wiki and then answer the questions



What technology did we use?



- Course management system (Blackboard)
- Wikis to present case study information
- Personal digital devices (iPhone) to take pictures and record video
- Video files are posted to Vimeo
- Laptop computer with a webcam
- Adobe Connect to record instructor feedback

Student Perspective

Formative midterm evaluations

99% of respondents **agree** or **strongly agree** that the participation activities allow them to **apply new knowledge in clinical contexts** in a safe and stress free environment.

The participation activities are very helpful and realistic and they add depth to the class.

The most challenging aspect is critical thinking like a nurse during the participation activities.

Student comments from Midterm Evaluations, 2015

Students also say ...

Absolutely LOVE this course! Dr. DeGregory really cares about what she is teaching and that fact is apparent in her review videos, weekly assignments and emails. It is encouraging to see such love for nursing and it motivates me to work hard not only in this course, but also in the other nursing classes I am taking.

Student comment from Midterm Evaluation, 2015

Also this really helped with our foundations class at looking at the patient as a whole and realizing that the care for the patient doesn't end when they leave the hospital, or our shift ends.

Student comment, Summer 2016

Questions? Comments?



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