

# The Professional Chaplain: Taking the Lead in Integrating Spiritual Care Through Clinical Practice, Education, and Research

**The Rev. George Handzo, BCC, CSSBB**

*Director, Health Services Research & Quality*

*HealthCare Chaplaincy Network*

*New York, NY*

**HealthCare  
Chaplaincy  
Network™**

# Objectives

- **Describe the role of the multi-faith chaplain in palliative care.**
- **Make the case for professional chaplaincy in their own setting.**
- **More effectively integrate and deploy chaplaincy resources in their healthcare setting.**

# Definitions

- **Chaplain**
- **Spiritual Care**
- **Chaplaincy Care**
- **Pastoral Care**
- **Assessment- Screening, History**

# Spirituality

**Spirituality is the aspect of humanity that refers to the way individuals seek and express meaning and purpose and the way they experience their connectedness to the moment, to self, to others, to nature, and to the significant or sacred.**

# Palliative Care

**Palliative care is an approach that improves the quality of life of patients and their families facing the problem associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual.**

# The Three Points of the Sermon

- **We know that spirituality & religion are important in coping with illness- especially as we age or approach death.**
- **When spiritual needs are met, good things happen.**
- **Chaplains are the spiritual care leads so every team needs one.**
- **The opportunities for further integration of spiritual care are many and, if taken, will result in better medical outcomes and lower cost care.**

# The Issue of Religion

- **The merging of science and religion**
- **Enabling the practice of spirituality & religion**
- **We all have thoughts and feelings about this plus or minus.**
- **A lot of us think we know something about it and what it should be for others- what people should believe or what is good for them to believe.**
- **Having a chaplain (religious person) on the team is contentious.**
- **Professional ethics, Confidentiality**

# What Is Spiritual Care Today?



# Research: What Do We Know?

- **Spirituality/religion impact health outcomes.**
- **Spirituality/religion are important to most people in coping with illness.**
- **Most people want their spiritual/religious beliefs and practices taken into account in their health care.**
- **If spiritual/religious needs are met, outcomes improve including medical outcomes, cost reduction and patient satisfaction.**

# Research: What Don't We Know?

**How helpful or harmful are particular healthcare chaplaincy activities delivered by particular chaplains on behalf of particular people dealing with particular problems in particular social contexts according to particular criteria of helpfulness and harmfulness?**

# Clinical Practice: The Model

- **With thanks to Puchalski & Ferrell**
- **Honorable mention to the Archstone Foundation**
- **Generalist/Specialist Model**
- **Spiritual care is everyone's job**
- **Chaplains are the spiritual care lead**
- **Referral practice focused on spiritual distress**
- **Screening, History, Assessment, Diagnosis, Plan**

# Clinical Practice: The Guidelines

- **World Health Organization**
- **National Consensus Project**
- **National Comprehensive Cancer Network**
- **Standards of Practice**
- **The Joint Commission**
- **Specialty Certification**

# Education

- **Clinical Pastoral Education**
- **Interpersonal skills**
- **Acceptance, non-judgmental**
- **Presence, listening**
- **Communication, listening**
- **Core for palliative care**
  
- **Not knowledge- research literacy, palliative care**
- **Multidisciplinary practice**
- **Who we are and what we do**

# The Deficits

- **Training for chaplains not mandated**
- **Emerging evidence but most chaplains not trained to take advantage of it- research literacy**
- **No standard practice**
- **No agreement on outcomes or value added**
- **Deficits more acute in smaller and rural institutions especially hospice**
- **Reimbursement only in hospice**

# The Way Forward

# The End Game

- **Understanding what spiritual care interventions contribute to positive health outcomes, reduction in the costs of care, and reduction of suffering for patients and family members.**
- **Education for all clinicians on spiritual care provision within their scope of practice.**
- **Systems to provide best practice spiritual care most effectively and efficiently across the continuum of care.**
- **Reimbursement for provision of best practice spiritual care**



**How Are We Going to Get  
There?**

# Palliative Care is the Way

- **Palliative care is essential to achieving the triple aims.**
- **Care for the human spirit is essential for achieving the promise of palliative care.**
- **Trained and fully integrated chaplains are essential to driving good spiritual care.**

# Quality Improvement is the Way

- **The theological imperative**
- **Don't accept the status quo**
- **Palliative care has done that- of course you have pain**
- **Of course you are depressed**
- **Have to know outcomes**
- **Be willing to test, test, test**
- **Measure everything**

# But You Can't Measure the Spiritual

- **This is not about the existence of God or the truth of religious claims or the validity of faith**
- **The lesson from pain management**
- **The lesson from particle physics**
- **Assessment, Intervention, Outcome**

# Clinical Care-Take the Generalist/Specialist Model Seriously

- **Transdisciplinary- no silos**
- **Unsilos- things nurses and social workers can do and some they can't**
- **Links to the community**
- **Systems & processes- chaplains, clergy, volunteers**
- **Not be afraid to sell the store- miracles, culture**

# The Role of the Spiritual Care Specialist

- **Put systems in place**
- **Train generalists**
- **Liaison with faith communities**
- **Assess and plan for those in distress**
- **Support the spiritual life of the team**
- **Embrace technology**

# Clinical Practice- Process

- **Screening, History**
- **Referral based on need**
- **Triggers**
- **Assessment & Communication with Team**

# Education

- **Match needs and skills**
- **What are the needs?**
- **What do patients want?**
- **Developing a Curriculum (DACUM)**
- **Rebalance skills and knowledge**
- **Chaplaincy School**



# Final Words

- **Only the best care- efficient and effective**
- **Embrace technology**
- **Have a sense of urgency- raise the bar publicly**
- **Its not about our turf, its about reducing suffering for patients and caregivers.**
- **How do we stay in the game but not lose our souls?**

**Thank You**