



SPIRITUAL CARE ASSOCIATION



Wednesday, May 21, 2025

12pm - 1pm ET

Masterclass: Spiritual Assessment- The Unique Role
of the Chaplain

Presenter- Chaplain Burl Cole, D.Min APBCC

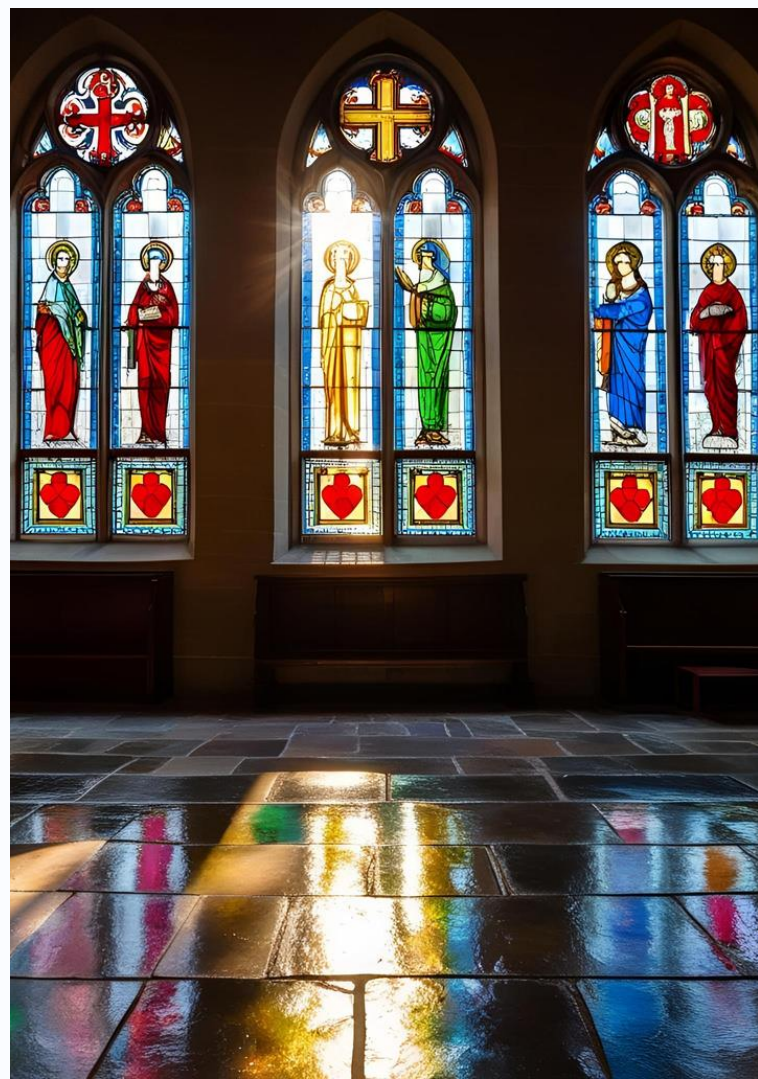
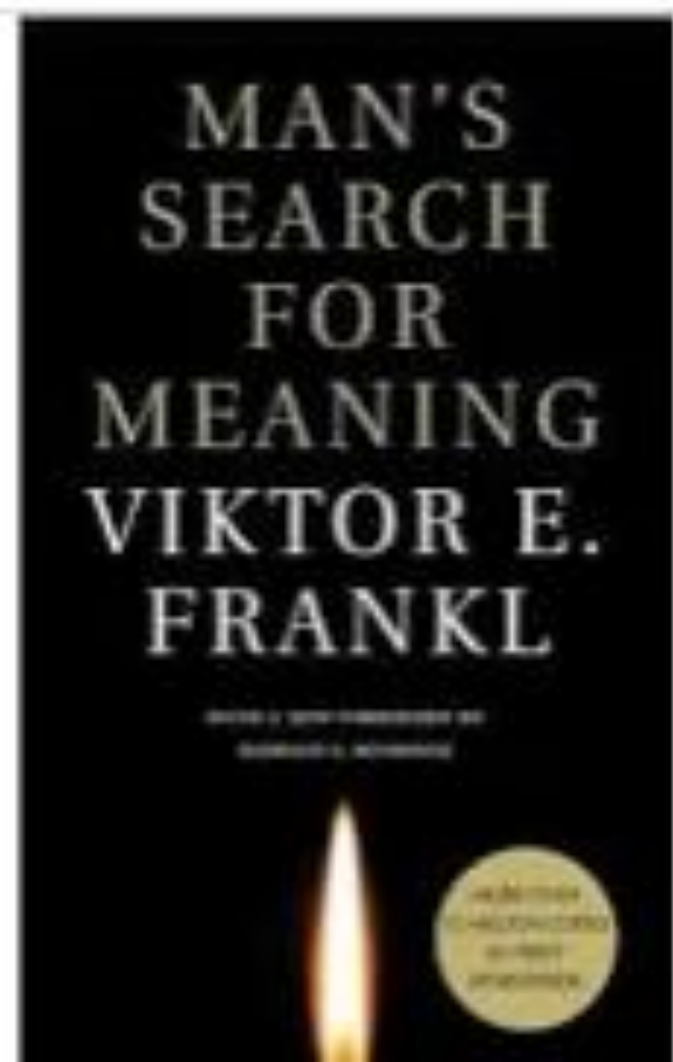


In the Chat:
Type of Chaplaincy?
How long?
Where?



What informs your practice?

Personal Formation Process



Will to Meaning – We are motivated to find meaning and when this search is thwarted we experience existential frustration and feelings of meaninglessness.

[What is Logotherapy? | Healing through Meaning | The Viktor E. Frankl Institute of America](#)



Spiritual assessment might be the most essential and unique function of the professional health care chaplain.

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.

Spiritual Distress

Spiritual distress can be defined as the impaired ability to experience and integrate meaning and purpose in life through connectedness with self, others, art, music, literature, nature, and/or a power greater than oneself.

Addressing
spiritual
concerns not only
positively impacts
overall patient
satisfaction, but
also serves to
increase trust in
the medical team.

Suggested Prerequisite



Wednesday, March 19, 2025

12pm - 1pm ET

Masterclass: Spiritual Screening-What is it and How to Implement it

Presenter- The Rev, George Handzo, APBCC

The presentation will focus not only on why spiritual assessment is important but also on the often-harder issue of how to have it fully implemented.

Chaplain Handzo is the Director of Health Services Research and Quality at the HealthCare Chaplaincy Network and is widely considered one of the leading experts on the integration of spiritual care in health care.


[Download PowerPoint](#)

[Access Recorded Webinar](#)

Passcode: J?&+n3b6

What is Spiritual Assessment?


“...the spiritual care specialists who complete the formal spiritual assessment, a more extensive and complex process, to identify a person’s spiritual, religious, existential, cultural and emotional beliefs and values within their personal context and narrative.



This includes ascertaining one’s sources of meaning, hopes, strength and coping as well as any issues of spiritual pain, suffering or distress.



From the assessment, the chaplain generates a spiritual care plan that describes the issues that have been addressed through their interventions and next steps to be taken throughout the patient’s admission.



All these elements are documented in the patient medical record and shared with other members of the healthcare interdisciplinary team.

Case Study

- A cardiac surgeon elevates a question to leadership. She has a 27-year old patient who needs a repeat surgery for endocarditis (an infected heart valve). The patient was treated two years ago by the physician and received a prosthetic (artificial) heart valve. The physician is wondering if she should perform the surgery again because the patient repeatedly infects herself through IV drug use. The physician states that “repeatedly treating this patient for endocarditis and its complications is a waste of healthcare resources and is futile because the patient will not stop using IV drugs. The physician has tried IV antibiotics on a few occasions, but the patient has felt imprisoned or has not been successful at receiving all of the needed doses due to social complexities at home.

Chat Question:

What are some ways a chaplain can impact this encounter?

Impacting Patient Care & Outcomes



The chaplain understands the benefits and burdens of specific medical interventions in clients with advanced illness including nutrition and hydration, and the issues involved in physician assisted death and terminal sedation.

[Scope of Practice - Spiritual Care Association](#)

01

Facilitating Ethical Decision-Making

02

Supporting Addiction Recovery

03

Improving Patient Outcomes

04

Enhancing Communication

05

Providing Support to Healthcare Staff

06

Providing Emotional and Spiritual Support



The role of health care chaplains is unique and essential. They provide evidence-based spiritual care and support the continued development of evidence-based practice.

[Consensus Statement Role of the Chaplain - Spiritual Care Association](#)

They provide **evidence-based assessment, counseling and advocacy** to promote resilience and health.

[Consensus Statement Role of the Chaplain - Spiritual Care Association](#)



Chaplains support ethical decision making.

[Consensus Statement Role of the Chaplain - Spiritual Care Association](#)

Chat Question:

Why should a chaplain be on an ethics committee?





The chaplain is also a psychosocial-care generalist and collaborates with social workers and other mental-health experts to provide unified psychosocial-spiritual care.

Test of Change – Home Health

- Avg. Daily Census HH 3000 pts.
- Avg. LOS 30 days
- Presently no Spiritual Support in Home
- 90 Test of Change
 - Implementation of Spiritual Support
 - Specific Zip Code – Vulnerable Population
 - SDAT Smart Phrase – Unmet RSS
 - **Assessment of SDOH** in Collaboration with Social Work
- Data Capture
 - Continuity of Care
 - Transition of Care Conversations / ACP
 - Better Patient Experience/Outcomes
- Expand to all regions of Home Care
 - 17 Hospital System
 - Explore Broader Study (IRB Approval)



What are Social Determinants of Health?

Categories include:

- Social Integration
- Safety & Violence
- Education
- Financial Strain
- Food Insecurity
- Transportation
- Housing
- Stress

The chaplain works collaboratively with the care team as a culture broker in identifying, recommending, and integrating appropriate diversity concepts, needs and interventions into client/family care plans and organizational programs and policies.

[Scope of Practice - Spiritual Care Association](#)

SDOH: Why does it matter?



SDOH affect 80–90% of health outcomes ([CMS AHC Model](#))



Chaplains encounter unmet emotional, spiritual, and social needs



Opportunity: Faith-based compassion + whole-person assessment

Integrating SDOH into Spiritual Care



Your role complements the care team by:

Identifying root social causes of distress
Reducing isolation and spiritual suffering
Linking to practical help when appropriate



Ask meaningful, non-judgmental questions



Provide a listening presence first, solutions second



Team approach: Connect with social workers, nurses, care team

Evidence-Based Assessment

It is the professional responsibility of chaplains to apply the best scientific evidence for designing and implementing **spiritual care assessments, interventions and outcomes into the spiritual components of care plans, and integrate the accessible research evidence into their decision making.** (Duke University Medical Center Library. 2014).

5.2.4 A spiritual assessment is triggered based upon the results of the spiritual screening and history. **It is an in-depth and ongoing process of evaluation of spiritual needs, results in a plan of care, and is conducted by a professional chaplain as the spiritual care specialist,** in collaboration with the faith community, based upon patient wishes.

Clinical Practice Guidelines for Quality Palliative Care

4th edition



[NCP Guidelines - National Coalition for Hospice and Palliative Care](#)

Indicator 2.C. An assessment of religious, spiritual and existential concerns using a structured instrument is developed and documented, and the information obtained from the assessment is integrated into the overall care plan

Competencies

The chaplain implements a process to define and give structure to goals of care, interventions, and care plans **that can be articulated clearly** according to the situation and applied appropriately and is able to modify them based on changes in the status of the client or situation.

Chat Question:
**What type of
spiritual
assessment do
you use?**



Three Levels of Clinical Inquiry about R/S

Level of Inquiry	Examples
SPIRITUAL SCREENING <u>Context</u> - Initial contact <u>Length</u> - Very brief <u>Mode</u> – Questions <u>Clinician</u> - Any trained clinician	<ul style="list-style-type: none"> · Rush Religious/Spiritual Struggle Screening Protocol (Fitchett and Risk, 2009) · “Are you at peace?” (Steinhauser et al., 2006) · “Do you have any spiritual pain?” (Mako et al., 2006)
SPIRITUAL HISTORY- TAKING <u>Context</u> - Initial contact <u>Length</u> - Brief <u>Mode</u> – Questions <u>Clinician</u> - Primary care provider	<ul style="list-style-type: none"> · FICA (Puchalski and Romer, 2000) · HOPE (Anandarajah and Hight, 2001) · SPIRIT (Maugans, 1996) · SPIR (Frick et al., 2005)
SPIRITUAL ASSESSMENT <u>Context</u> - Initial contact and on-going reassessment <u>Length</u> - Extensive <u>Mode</u> – Conceptual framework for interpretation and development of care plan <u>Clinician</u> - Board certified chaplain or other with equivalent training	<ul style="list-style-type: none"> · Pruyser (1976) · 7x7 (Fitchett, 1993) · Discipline for Spiritual Caregiving (Lucas, 2001) · MD Anderson Model (Hui et al., 2011) · Spiritual AIM (Shields et al., 2014) · Spiritual Distress Assessment Tool (SDAT, Monod et al., 2010) · PC-7 (Fitchett et al., 2019) · ONC-5 (Labuschagne et al., 2025)

Limitations of Current Practice in Spiritual Assessment

Current Practice	Revised Practice	Rationale
One-size fits all	Multiple condition-specific assessments	Recent research about R/S needs in specific clinical populations supports condition-specific assessment
Narrative	Quantifiable	Communication with colleagues is thwarted by narrative models whose assessments are too long and use chaplain jargon Identify degrees of R/S distress and R/S resources in order to inform care plan Describe change in R/S distress or other symptoms over time or in response to chaplain/spiritual care
Inefficient	Useful	Acceptable to patients Acceptable to chaplains: helpful guide to spiritual care; consistent with identity and education Provides information valued by other clinicians
Local	Universal	The same model is used by all chaplains working with patients with this condition

Chaplain's Role on the IDT



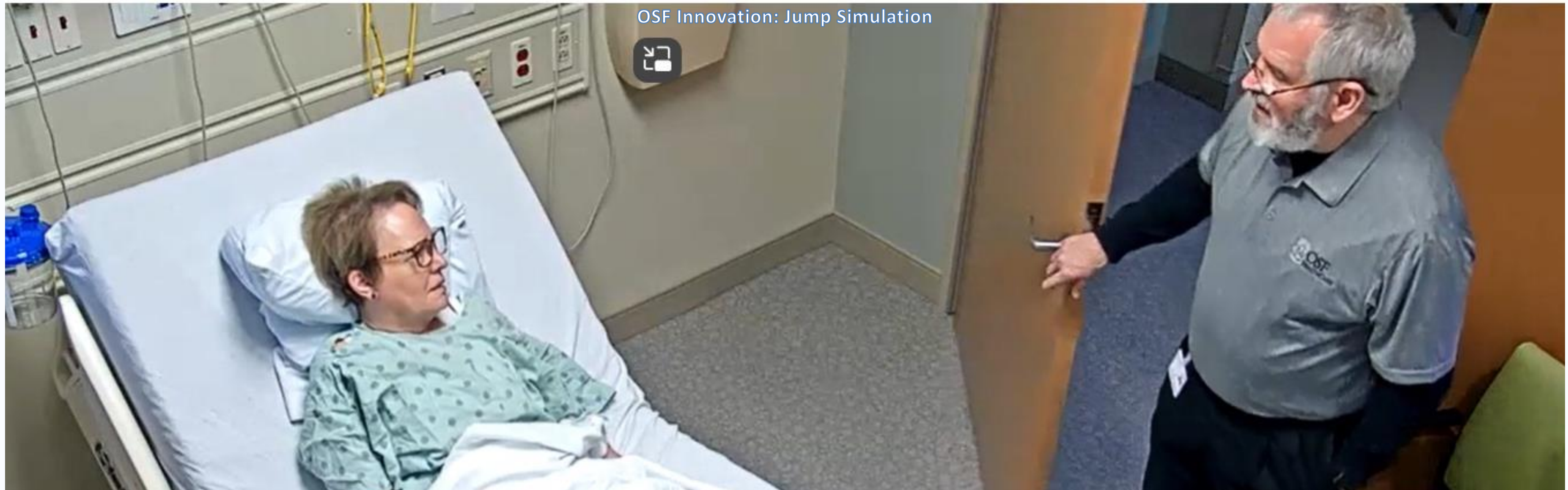
Domain 5: Spiritual, Religious, and Existential Aspects of Care

5.1.2 Either directly, through referral, or in **collaboration with the professional chaplain**, the IDT facilitates spiritual and cultural rituals or practices as desired by the patient and family

Consensus Statement: The Role of the Chaplain in Health Care

The chaplain is the spiritual care specialist on the health care team. They support patients, families, their caregivers and staff to draw on their spiritual, religious, emotional, and cultural resources, as well as their personal values to cope with their experiences in the health care context. They are unique and essential members of the interdisciplinary team with the goal of providing person-centered care.

[A Statement on the Role and Qualifications of Health Care Chaplains for Research and Quality](#)



National Hospice and Palliative Care Organization

Compliance Tools & Resources



Medicare Hospice Conditions of Participation
Spiritual Caregiver
Revised May 2022

The hospice team must work together to address the needs of the patient/family, including the spiritual needs. **This means this professional must possess the skill set in which to work with and develop the plan of care so the particular spiritual needs can be addressed.**

Communication and coordination among and between team members **must include the participation of the spiritual counselor.**



Chat Question:

**Do the other members of the
IDT/IDG understand your scope of
practice?**

Documentation

The chaplain understands the importance of documentation and the requirements of organizational and regulatory guidelines.

The chaplain implements best practices for chaplaincy documentation including documenting the spiritual, religious, cultural, existential, emotional and social needs, resources, and risk factors of clients and any needed referrals.



Chaplain and Interprofessional

Galchutt & Connolly
(2020)

Summary

- Reason
- Impression
- Recommendations
- Plan of care

Background

- Decision-making
- Suffering
- Coping
- Religion/spirituality
- Illness understanding
- Family
- Perception of emotion

IDT Recs for Chaplain Note Writing

- Use a template
- Integrate your interpretative impressions
- Integrate interventions and outcomes
- Differentiate from social work and child-family life
- Produce more than “two-liner notes” stating that you were there
- Describe more than you were “present” and did “*your favorite word for*” listening

(Galchutt & Connolly, 2019)

Chat Question

How does charting spiritual distress aid the IDT in care plan development?

Wednesday, June 18, 2025

12pm - 1pm ET

Masterclass: Documentation- How Chaplains Communicate with Staff

Presenter- Charles James Parker, MDiv, EdD, APBCC-HPC

Very often chaplains assess patients well but do not communicate this information clearly to the members of their team in a way that advances patient care.

Chaplain Director, Spiritual Care Department, Phoenix Indian Medical Center, Indian Health Services, Department of Health and Human Services.

He is also the Director of Hospice & Palliative Care Division at Spiritual Care Association.

[Register Here](#)



**A Chaplain
comes along
beside
someone in
crisis to help
them find the
right questions.**

Spiritual assessment might be the most essential and unique function of the professional health care chaplain.

Chat Question:

What is/was your CPE Program? Did the CPE program train you on spiritual assessment or did you learn from practicing chaplains?

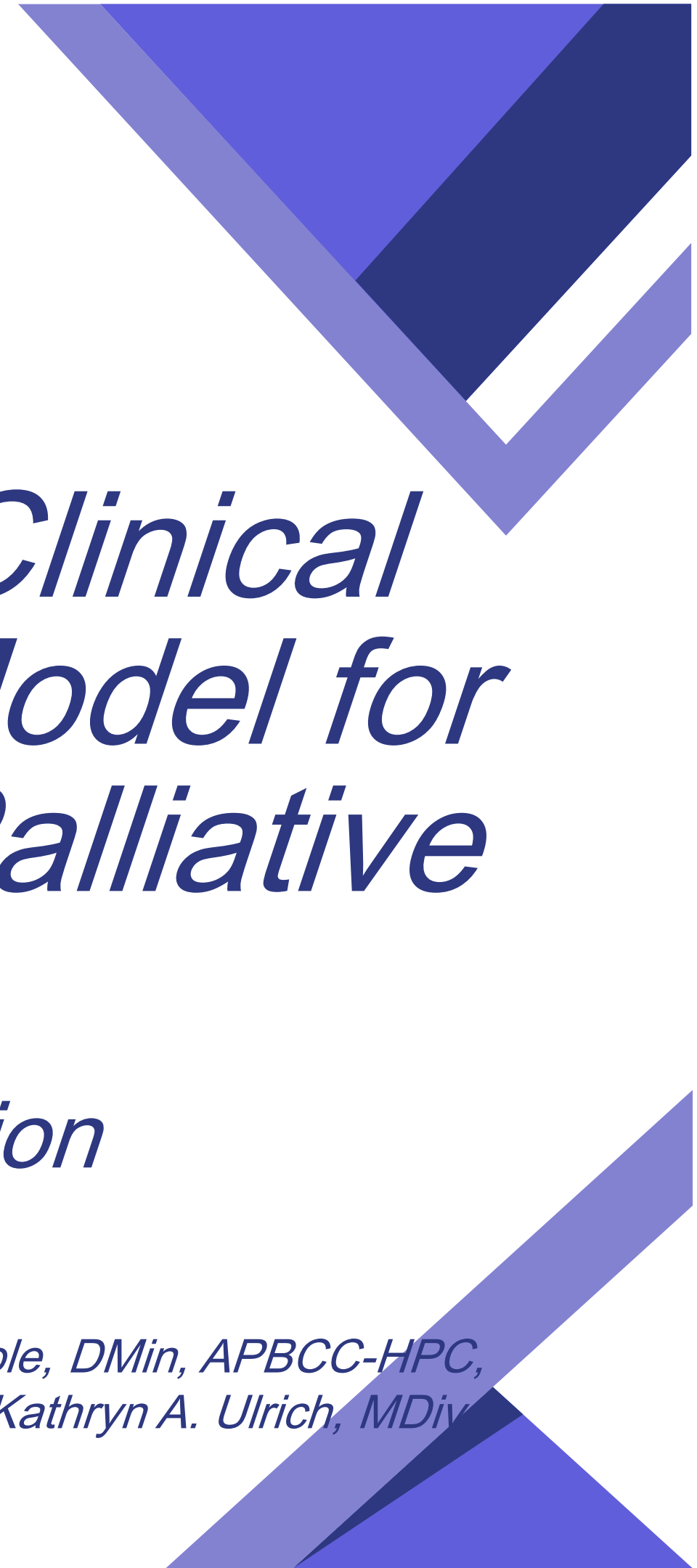


Spiritual Care Assessment: *Thoughts on Current State & Future Considerations*

CPE Education –

- Healthcare Residency Programs – Objective vs. Subjective
 - Action and Reflection – YES
 - Competency Development – YES
 - Prepare to BCC - YES
- Rotations into HC
- Assessment Models & Documentation Practices
- Best Practice IDG Communication & Collaboration
- CPE must remain steeped in Evidence Based Practice

Strategic Research & Collaboration with Health System – ensure viability of chaplaincy programs – patient outcomes focused – impact on metrics: mortality rates, LOS, Readmissions, etc.



Validity, Reliability, and Clinical Usefulness of the PC-7 Model for Spiritual Assessment in Palliative Care

Our Experience & Implementation

*Dirk Labuschagne, MDiv, MPH, BCC, Patricia K. Palmer, MDiv, MSPH, BCC, Burl Cole, DMin, APBCC-HPC,
Steven B Drennan, MTh, BCC, Melissa L. Harry, PhD, Edward Peñate, DMin, BCC, Kathryn A. Ulrich, MDiv,
BCC, George Fitchett, DMin, PhD*



Statement on Chaplains & Research

In the area of research, chaplains bring their unique knowledge and skills to identify research questions, develop study methods, and participate as full members of research teams.

Vol. 00 No. 00 xxx 2023 Journal of Pain and Symptom Management

e1
A Statement on the Role and Qualifications of Health Care Chaplains for Research and Quality; George Handzo, MDiv, APBC, CSSBB, Rev. Danielle J. Buhuro, D.Min., Robert Kidd, MDiv, BCC, Reb Naomi Tzril Saks, MA, MDiv, BCC, and Betty Ferrell, PhD, FAAN, FPCN Health Care Research & Quality (G.H.), HealthCare Chaplaincy Network, New York, New York, USA; Sankofa CPE Center (D.J.B.), LLC, Chicago, Illinois, USA; Spiritual Care and Values Integration (R.K.), Houston Methodist, Houston, Texas, USA; Division of Palliative Medicine and Department of Spiritual Care Services (R.N.T.S.), University of California, San Francisco, San Francisco, California, USA; City of Hope Med Ctr (B.F.), Duarte, California, USA

Summary of the PC7

Study Now PC6

The PC-7 spiritual assessment model was developed by a group of chaplains at Rush Medical Center specializing in palliative care, utilizing recent research literature and their professional experiences to identify key spiritual needs of patients.

The primary concerns include the search for meaning in suffering, the desire to leave a legacy, fears related to mortality and relationships, and treatment decision-making.

Theme	Indicators (these indicators are meant to be suggestive, not exhaustive of the associated themes)
Need for meaning in the face of suffering	The patient is having difficulty coming to terms with changes in things that gave meaning to life (e.g., grief related to key relationships, illness, frailty, dependency). The patient expresses despair or hopelessness about these changes. (The focus here is on coming to terms with illness, loss, diminished quality of life, or other diminishment. If the issue is about the meaning of their life, then score under Legacy.)
Need for integrity, a legacy, generativity	The patient questions the meaning of life—whether the life he or she has lived has meaning. Patient has painful regret about some or all of life lived. (If the regret is about a relationship where reconciliation is possible, then score under Concerns about relationships.) The patient questions whether he or she has made a positive contribution to loved ones, others, or society. The patient has tasks that must be completed before he or she is ready to die. (If the tasks are interpersonal, score under Concerns about relationships.) Reminiscing about their life is painful for the patient. The patient is distressed about having lived an imperfect life. (If the regret, conflict, or discomfort focuses on current illness, score under Need for meaning in the face of suffering.)
Concerns about relationships: family and/or significant others	The patient has unfinished business with significant others (e.g., need to overcome estrangement, need to express forgiveness, need for reconciliation, and unfulfilled expectations about others). (Regrets about relationships where reconciliation is unlikely should only be scored under legacy.) The patient has concerns about the family's ability to cope without him or her. The patient has concerns that he or she is a burden to family/friends. The patient expresses isolation or loneliness.
Concern or fear about dying or death	The patient has concerns about dying or being unready for death. This may include explicit hesitation, reluctance, or avoidance to consider or discuss mortality, or associated issues. (This refers to a general sense of unreadiness. If the unreadiness is expressed in terms of specific tasks, score under Need for integrity. If the unreadiness is expressed in terms of unfinished interpersonal tasks, score under Concerns about relationships.) The patient is impatient for death. The patient is concerned to participate in important events before death; the patient is concerned that illness or death will prevent participation in important events. The patient is torn between letting go and fighting on. The patient has uncertainty or fear about life after death (afraid of damnation; concerned about reunion with loved ones). The patient has fear of pain or of pain in dying.
Issues related to making decisions about treatment R/S struggle	The patient needs assistance with value-based advance care planning. The patient is confused or distressed about end-of-life treatment or about making choices about end-of-life treatment. The patient wonders whether he or she is being abandoned or punished by God. The patient is concerned about God's judgment, forgiveness, and/or love. The patient questions God's love for him or her. The patient feels God is not answering prayers (e.g., asking to die soon). The patient expresses anger with God. The patient is alienated from formerly meaningful connections with religious institutions or leaders.
Other dimensions	The patient identifies a need for assistance to perform important rituals, religious or otherwise. Other spiritual concerns.

Limitations of Current Models

The first limitation is the reliance on "one-size-fits-all" models that do not address specific clinical contexts, particularly in light of recent research in oncology.

The second limitation involves the over-emphasis on narrative methods.

The third limitation is the absence of a standardized, evidence-based approach to spiritual assessment.

The Need for Validity and Reliability



The PC-7 model appeared promising, as it aligns with existing literature and garnered positive feedback.

The researchers recognized that in order to enhance its applicability and reliability across diverse settings, further investigation through a multi-site pilot study was essential.

Project 1: Validity of PC-7

	Correlation with PC-7 Total
Spiritual Pain	.217*
RSS total	.394**
Preparation	-.249**
Completion	-.288**

*p<.05, **p<.01

p value less than .05 observed result is statistically significant
p value of less than .01 strong evidence against null hypothesis.
observed effect is unlikely due random chance.

Project 1: Validity of PC-7 Themes

			RSS Dimensions						QUAL-E	
PC-7 Spiritual Concerns	Spiritual Pain	RSS total	Divine	Demonic	Interpersonal	Moral	Ultimate Meaning	Doubt	Preparation	Completion
Meaning	.374**	.195*	.245*	-.002	.063	.066	.131	.217*	-.124	-.182
Legacy	.260**	.436**	.438**	.365**	.320**	.414**	.268**	.364**	-.176	-.215*
Relationships	.089	.321**	.157	.224*	.087	.277**	.280**	.320**	-.375**	-.263**
Fear of Death	.201*	.315**	.085	.187	.153	.330**	0.185	.236*	-.253**	-.266**
Decision Making	.072	-.113	-.056	-.048	-.280**	-.056	-.015	-.002	.020	.020
R/S struggle	.215*	.291**	.275**	.200*	.199*	.205*	.107	.424**	-.319**	-.170

*p<.05, **p<.01

Future Research

PC-6

- Examine chaplains' experience with PC-6
- Examine usefulness to IDT colleagues
- Examine prevalence and validity in important religious/spiritual and racial/ethnic subgroups

ONC-5

- Continue to examine validity and reliability
- Examine chaplains' experience with ONC-5
- Examine usefulness of models for communication with IDT colleagues
- Examine prevalence and validity of R/S concerns in important religious/spiritual and racial/ethnic subgroups



Implementation EMR (EPIC)

Scoring: How To

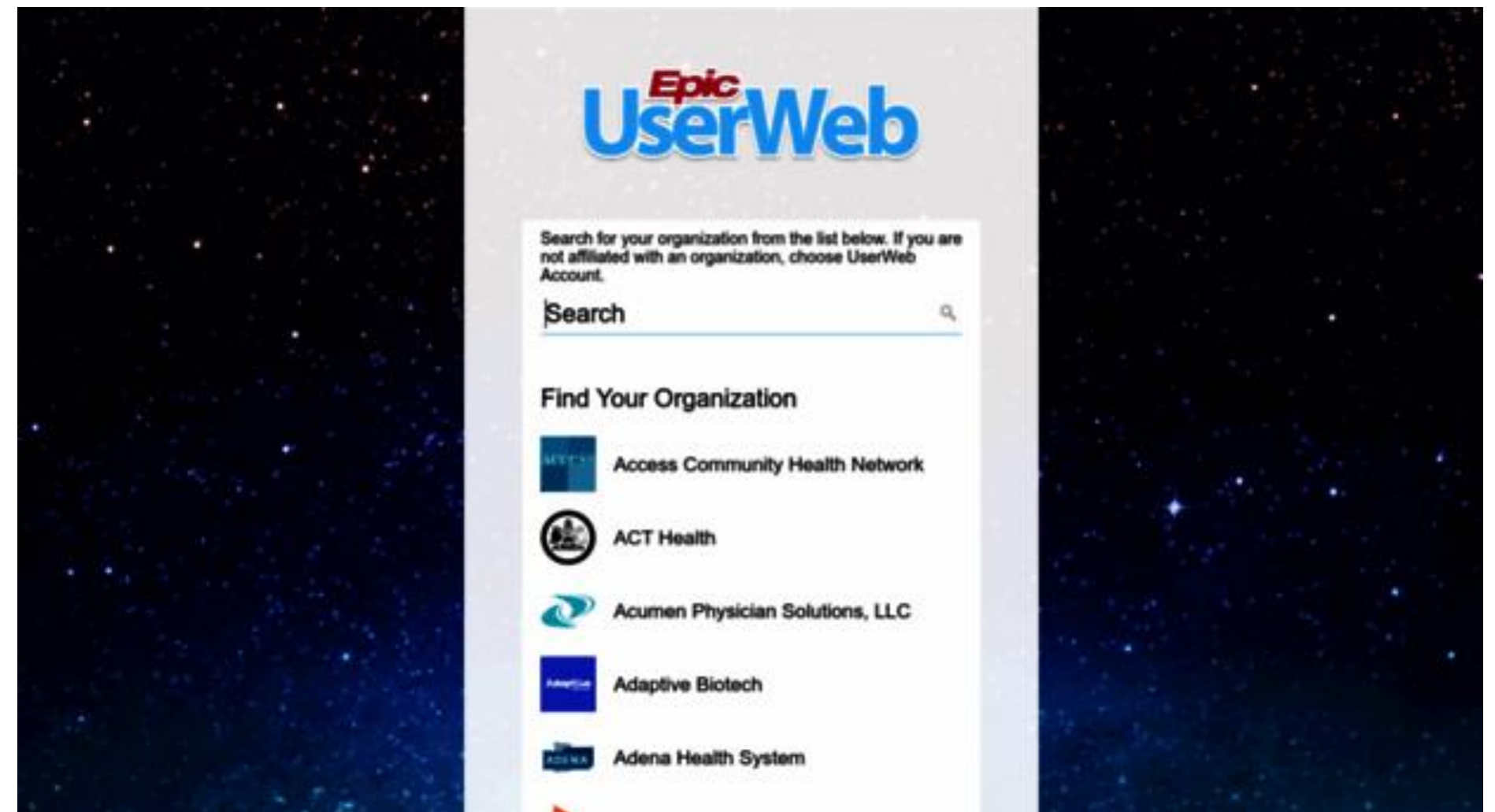
- A score of 2 or 3 for any theme implies a level of unmet spiritual concern that should be addressed in a care plan and follow-up care.
- When thinking about scoring a particular theme as a **3**, ask yourself if this is the worst concern you've ever heard a patient talk about.
- A **3** also means that the patient has zero inner resources to deal with that need and that there was no reduction in the concern during the course of the visit.
- A score of 0* is used if spiritual concerns weren't explicitly evident during the chaplain's visit; however, the chaplain suspects a need may be present and would want to be sure to explore this during another visit, if possible.

EPIC

- The PC-7 is in the Epic UserWeb library:

<https://comlib.epic.com/Record/596-FLT-3040000552>

- Filter by OSF or “pastoral care”
- Search “pc7”
- Can be imported, need IT help



Ep^{ic}

SLMC PASTORAL CARE – SAND – JAMIE-OPCANC

Search (Ctrl+Space)

1

Schedule

In Basket

Remind Me

Chart

Encounter

Telephone Call

Refill

Secure

Abertam, Barrymooretwo

Aberdeen, Arlenecadsc...

SAND

EpicCare

JA

AA

←

→

Summary

Chart Review

Results Review

Immunizations

Flowsheets

MAR

Manage Orders

Pastoral Care

Visit Navigator

▼

Arlenecadsched

Aberdeen

male, 86 y.o., 4/13/1938

MRN: 07978323

Code: Not on File
(no ACP docs)

MDM: None

Assistive Services: Patient
Applied (see comment)

EOLCI: 4

D-19 Vaccine: Unknown

ion: None

Liu, Joseph H, MD

PCP - General

gies: Not on File

ointment Status:

vents or statuses to

ay

ary Cvg: None

ent Programs: None

t Plans: None

2021 TRANSCRIBE

ERS

ital signs recorded for this

unter.

3YR

o visits

o results

GAPS

EXA Bone Density

epatitis C Virus (HCV) Sc...

laP Immunization

PASTORAL CARE REVIEW

–

Patient Information

PASTORAL CARE

Pastoral Care

Palliative Care

NOTES

Interdis Note

PCC Note

Pastoral Care - 4/13/2021 visit with Liu, Joseph H, MD for Transcribe Orders

?

Concern or Fear about Dying or Death

0 .5 1 2 3

- The patient has concerns about dying or being unready for death. This may include explicit hesitation, reluctance or avoidance to consider or discuss their mortality, or associated issues. (This refers to a general sense of unreadiness. If the unreadiness is expressed in terms of specific tasks, score under Need for Integrity. If the unreadiness is expressed in terms of unfinished interpersonal tasks, score under Concerns about Relationships.)
- The patient is impatient for death.
- The patient is concerned to participate in important events before death; the patient is concerned illness or death will prevent participation in important events.
- The patient is torn letting go and fighting on.
- The patient has uncertainty or fear about life after death (afraid of damnation; concerned about reunion with loved ones).
- The patient has fear of pain or of pain in dying.

Issues Related to Making Decisions About Treatment

0 .5 1 2 3

- The patient needs assistance with value-based advance care planning.
- The patient is confused or distressed about end-of-life treatment or about making choices about end-of-life treatment.

Religious/Spiritual Struggle

0 .5 1 2 3

- The patient wonders whether he or she is being abandoned or punished by God.
- The patient is concerned about God's judgment, forgiveness, and/or love.
- The patient questions God's love for him or her.
- The patient feels God is not answering prayers (e.g., asking to die soon).
- The patient expresses anger with God.
- The patient is alienated from formerly meaningful connections with religious institutions or leaders.

Other Dimensions

0 .5 1 2 3

- The patient identifies a need for assistance to perform important rituals, religious or otherwise.
- Other spiritual concerns.

Family Support

Yes No

Schedule

In Basket

Remind Me

Chart

Encounter

Telephone Call

Refill

Secure

Abertam, Barrymooretwo

Aberdeen, Arlenecadsc...

AA

Pastoral Care - 4/13/2021 visit with Liu, Joseph H, MD for Transcribe Orders

PASTORAL CARE REVIEW -

Patient Information

PASTORAL CARE

Pastoral Care

Palliative Care

NOTES

Interdis Note

PCC Note

Female, 86 y.o., 4/13/1938

MRN: 07978323

Code: Not on File (no ACP docs)

MDM: None

Assistive Services: Patient supplied (see comment)

EOLCI: 4

ID-19 Vaccine: Unknown

ation: None

Liu, Joseph H, MD

PCP - General

gies: Not on File

ointment Status:

events or statuses to

lay

ary Cvg: None

ent Programs: None

st Plans: None

/2021 TRANSCRIBE

ERS

ital signs recorded for this

ounter.

T 3YR

No visits

No results

E GAPS

DEXA Bone Density

Hepatitis C Virus (HCV) Sc...

Summary

Chart Review

Results Review

Immunizations

Flowsheets

MAR

Manage Orders

Pastoral Care

Visit Navigator

Family Support

Yes No

- Patents family has unfinished business with patent (e.g., need to overcome estrangement, need to express forgiveness, need for reconciliation, and unfulfilled expectations about others).
- Patents family has concerns about their ability to cope without him or her.
- Patents family struggles with issues of loss and/or anticipatory grief.

Death

Yes No

- The patent has died.
- Patents family/loved ones are in need of grief support to assist them in coping with their loss.
- Patents family/loved ones need assistance with funeral planning or officiation of services.

Pastoral Care Pain Assessment

FACES Pain Status

0-->no hurt 2-->hurts little bit 4-->hurts little more 6-->hurts even more 8-->hurts whole lot 10-->hurts worst

Wong-Baker Faces Pain Rating Scale

0

NO HURT

2

HURTS LITTLE BIT

4

HURTS LITTLE MORE

6

HURTS EVEN MORE

8

HURTS WHOLE LOT

10

HURTS WORST

Wong-Baker FACES Pain Rating Scale, From: Wong D.L., Hockenberry-Eaton M., Wilson D., Winkelstein M.L., Schwartz P.: Wong's Essentials of Pediatric Nursing, ed. 6, St. Louis, 2001, p. 1301 Copyrighted by Mosby, Inc.a

Pain Quality

Achy Churning Dull Gnawing Stabbing Sharp Throbbing Other

Restore

Close

Cancel

Previous

Next

Interdisciplinary Note

Palliative Care

 Responsible  Create Note  Macro Manager ▾

☐ Show Last Filed Value ☐ Show Details ☐ Show All Choices 

PC 7 Spiritual/Emotional Issues

Need For Meaning in the Face of Suffering

0 .5 **1** 2 3 


- The patient is having difficulty coming to terms with changes in things that gave meaning to life (e.g., grief related to key relationships, illness, frailty, dependency).
- The patient expresses despair or hopelessness about these changes. (The focus here is on coming to terms with illness, loss, diminished quality of life, or other diminishment. If the issue is about the meaning of their life, then score under Legacy.)

Need for Integrity, a Legacy, Generativity

0 .5 1 2 3 

- The patient questions the meaning of life—whether the life he or she has lived has meaning.
- Patient has painful regret about some or all of life lived. (If the regret is about a relationship where reconciliation is possible, then score under Concerns about relationships.)
- The patient questions whether he or she has made a positive contribution to loved ones, others, or society.
- The patient has tasks that must be completed before he or she is ready to die. (If the tasks are interpersonal, score under Concerns about relationships.)
- Reminiscing about their life is painful for the patient. The patient is distressed about having lived an imperfect life. (If the regret, conflict, or discomfort focuses on current illness, score under Need for meaning in the face of suffering.)

Concerns About Relationships: Family and/or Significant Others

0 .5 1 2 3 

- The patient has unfinished business with significant others (e.g., need to overcome estrangement, need to express forgiveness, need for reconciliation, and unfulfilled expectations about others). (Regrets about relationships where reconciliation is unlikely should only be scored under legacy.)
- The patient has concerns about the family's ability to cope without him or her. The patient has concerns that he or she is a burden to family/friends. The patient expresses isolation or loneliness.

Flowsheet Notes

Insert Data

Interdisciplinary • 6/7/2024 01:19 PM

★ B + abc ↶ ↷ ? + Insert SmartText ↵ ↶ ↷ ↶ ↷ ↶ ↷ ↶ ↷ ↶ ↷

Patient and this clinician spoke about their current diagnosis along with their challenges and coming to terms with life limitations in finding their new normal baseline. Validation of feelings with some spiritual coping techniques were shared with patient as they shared their current means of keeping personal peace at this time. Patient did express some anxieties with frustrations with some new limiting baselines especially related to their loss of some independencies. Prayer with some spiritual writing reflections were utilized with patient. Patient desires to continue to deepen these practices in the coming visits in collaboration with Palliative Care Team. Pastoral care remains available for support.

	06/07/24 1303
PC 7 Spiritual/Emotional Issues	
Need For Meaning in the Face of Suffering	2
Need for Integrity, a Legacy, Generativity	0
Concerns About Relationships: Family and/or Significant Others	0
Concern or Fear about Dying or Death	1
Issues Related to Making Decisions About Treatment	.5
Religious/Spiritual Struggle	.5
Other Dimensions	0
Family Support	No
Pastoral Care Pain Assessment	
FACES Pain Status	2-->hurts little bit


✓ Pend

✓ Sign when Signing Visit

✓ Sign


✗ Cancel

Family Support

Yes No 

- Patients family has unfinished business with patient (e.g., need to overcome estrangement, need to express forgiveness, need for reconciliation, and unfulfilled expectations about others).
- Patients family has concerns about their ability to cope without him or her.
- Patients family struggles with issues of loss and/or anticipatory grief.


Death

Yes No 


- The patient has died.
- Patients family/loved ones are in need of grief support to assist them in coping with their loss.
- Patients family/loved ones need assistance with funeral planning or officiation of services.

Pastoral Care Pain Assessment

FACES Pain Status


0-->no hurt 2-->hurts little bit 4-->hurts little more 6-->hurts even more 8-->hurts whole lot 10-->hurts worst 

Wong-Baker Faces Pain Rating Scale



Wong-Baker FACES Pain Rating Scale. From Wong D.L., Hockenberry-Eaton M., Wilson D., Winkelstein M.L., Schwartz P.: Wong's Essentials of Pediatric Nursing, ed. 6, St. Louis, 2001, p. 1301 Copyrighted by Mosby, Inc.

Pain Quality

Achy Churning Dull Gnawing Stabbing Sharp Throbbing Other 

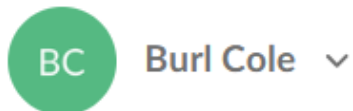
Click to Enlarge

PC 7 Enhancements: Family Support, Death, Pastoral Care Pain Assessment

An important addition to the PC7 Spiritual Assessment is the recognition of family dynamics and their observed spiritual and emotional concerns. By including this aspect, chaplains can gain a more holistic understanding of the patient's environment and support system. This comprehensive approach ensures that both the patient's and their family's spiritual and emotional needs are addressed, leading to more effective and compassionate

Curriculum Development

Becoming Familiar with PC7 Spiritual Assessment Tool



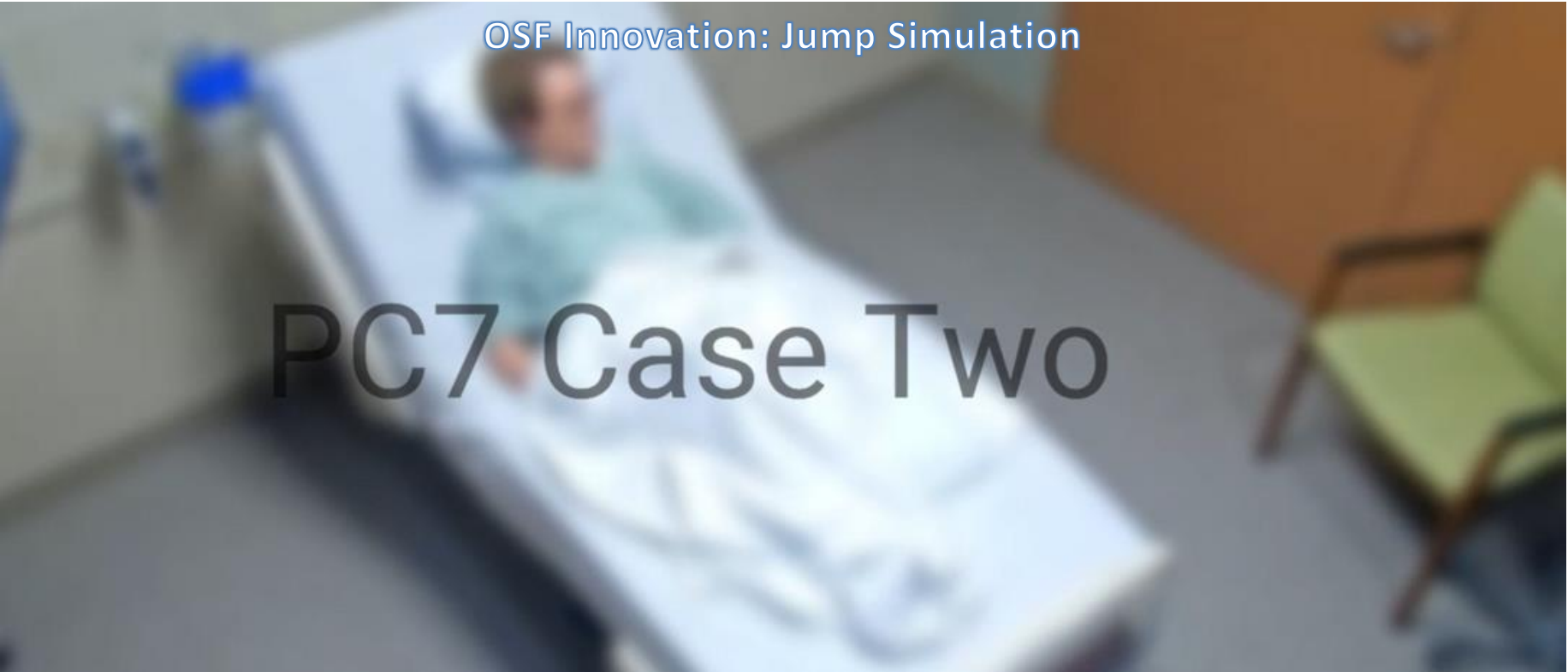
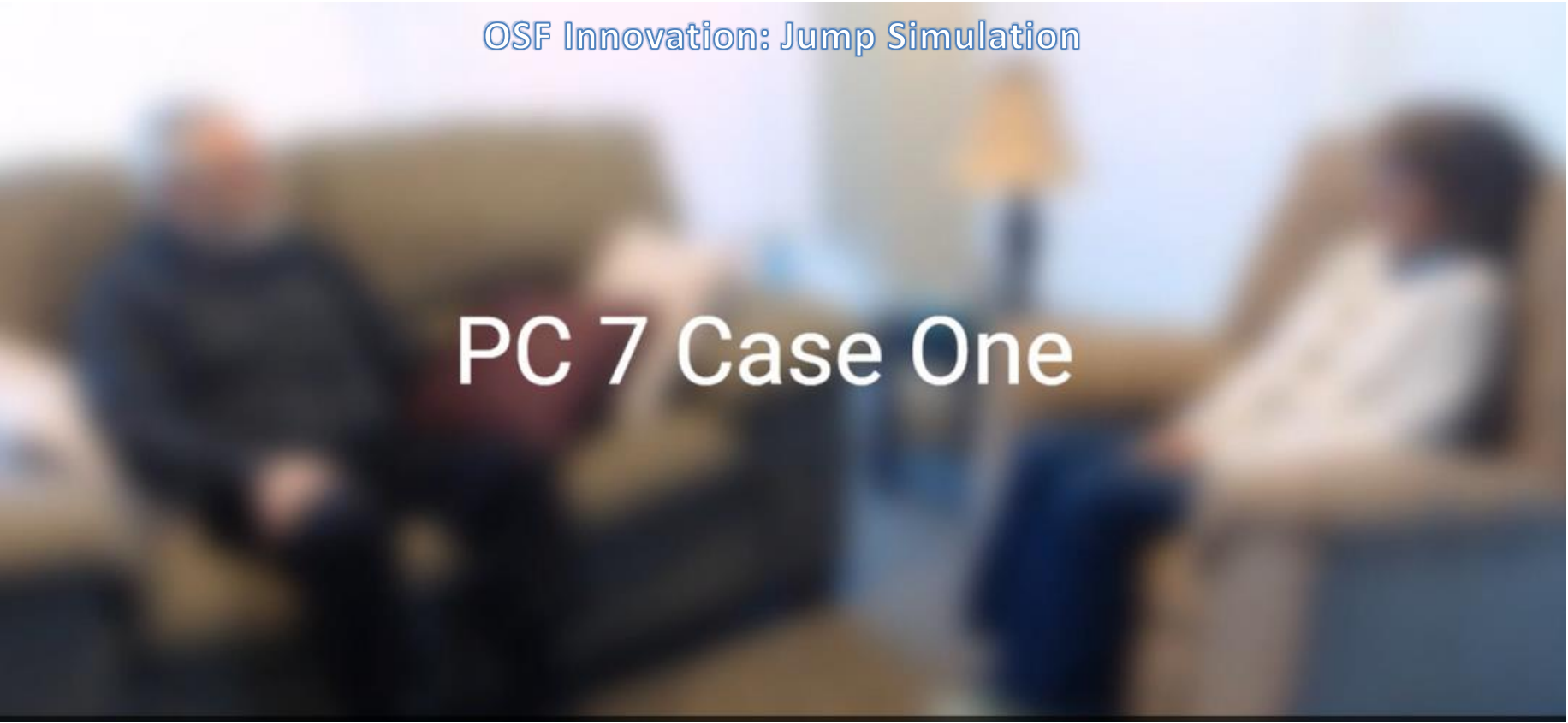
Welcome to the Course!

Recommended Reading: [NCP Guides for Quality Palliative Care](#) (Domain V), [Spiritual Care in Palliative Care](#), [Intentionally Professional Palliative Care](#), [The Evidence Based Fundamentals of Healthcare Chaplaincy](#) (Understanding Spiritual Distress), [The Center to Advance Palliative Care](#), [The Spiritual Distress Assessment Tool](#).

In Collaboration with Jump Center Simulation

PC 7 Template

Theme	Indicators (These indicators are meant to be suggestive, not exhaustive of the associated themes. Note that the highest score of any of the issues associated with a theme should be the overall score for that theme.)	Score
Need for Meaning in the Face of Suffering	<ul style="list-style-type: none">The patient is having difficulty coming to terms with changes in things that gave meaning to life (e.g., grief related to key relationships, illness, frailty, dependency).The patient expresses despair or hopelessness about these changes.(The focus here is on coming to terms with illness, loss, diminished quality of life or other diminishment. If the issue is about the meaning of their life, then score under Legacy.)	
Need for Integrity, a Legacy, Generativity	<ul style="list-style-type: none">The patient questions the meaning of their life--whether the life they have lived has meaning.Patient has painful regret about some or all of life they have lived. (If the regret is about a relationship where reconciliation is possible, then score under Concerns about Family.)The patient questions whether they have made a positive contribution to loved ones, others, or society.The patient has tasks they must complete before they are ready to die. (If the tasks are interpersonal, score under Concerns about Family or Significant Other.)Reminiscing about their life is painful for the patient.The patient is distressed about having lived an imperfect life. (If the regret, conflict or discomfort focuses on current illness, score under Need for Meaning in the Face of Suffering.)	
Concerns about Relationships: Family and/or Significant Others	<ul style="list-style-type: none">The patient has unfinished business with significant others (e.g., need to overcome estrangement, need to express forgiveness, need for reconciliation, unfulfilled expectations about others). (Regrets about relationships where reconciliation is unlikely should only be scored under Legacy).The patient has concerns about their family's ability to cope without them.The patient has concern that they are a burden to their family/friends.The patient expresses isolation or loneliness.	
Concern or Fear about Dying or Death	<ul style="list-style-type: none">The patient has concerns about dying or being unready for death. This may include explicit hesitation, reluctance or avoidance to consider or discuss their mortality, or associated issues. (This refers to a general sense of unreadiness. If the unreadiness is expressed in terms of specific tasks, score under Need for Integrity. If the unreadiness is expressed in terms of unfinished interpersonal tasks, score under Concerns about Relationships.)The patient is impatient for death.The patient is concerned to participate in important events before death; the patient is concerned illness or death will prevent participation in important events.The patient is torn between letting go and fighting on.The patient has uncertainty or fear about life after death (afraid of damnation; concerned about reunion with loved ones).The patient has fear of pain or of pain in dying.	
Issues Related to Making Decisions about Treatment	<ul style="list-style-type: none">The patient needs assistance with values-based advance care planning.The patient is confused or distressed about end-of-life treatment or about making choices about end-of-life treatment.	
Religious/Spiritual Struggle	<ul style="list-style-type: none">The patient wonders whether they are being abandoned or punished by God.The patient is concerned about God's judgment, forgiveness, and/or love.The patient questions God's love for them.The patient feel God is not answering their prayers (e.g., asking to die soon).The patient expresses anger with God.The patient is alienated from formerly meaningful connections with religious institutions or leaders.	
Other Dimensions	<ul style="list-style-type: none">The patient identifies a need for assistance to perform important rituals, religious or otherwise.Other spiritual concerns	



Spiritual assessment might be {IS} the most essential and unique function of the professional health care chaplain.



Burl Cole D.Min, APBCC-HPC
Clinical Pastoral Education Supervisor
Outpatient Pastoral Care Staff Educator
Advance Practice Board Certified Chaplain
OSF HealthCare Ministry Services
Institute of Clinical Pastoral Care Education

bcole@icpt.edu
burl.cole@osfhealthcare.org