

- Apply selected clinical assessment tools for palliative care and hospice quality improvement or research.

**Objectives.** Palliative care assessment is holistic, covering a broad array of domains important to comfort, quality of life and supportive needs for patients with serious illness and their caregivers. Clinical assessments may be enhanced with validated measurement instruments, yet finding those that are ready for application in clinical quality improvement or in a research project is a “needle in a haystack” problem. Session attendees will learn: 1) to appraise clinical assessment tools using freely available Palliative Care Research Cooperative resources, and 2) to apply selected clinical assessment tools for palliative care and hospice quality improvement or research.

**Session Content.** Presenters for this session are leaders in the Palliative Care Research Cooperative group (PCRC). The PCRC is an interdisciplinary research community with over 400 members who are committed to advancing rigorous palliative care science and improving care for people with serious illness. With funding from the National Institute for Nursing Research (NINR), the PCRC Caregiver and Measurement Cores have compiled validated clinical assessment instruments relevant to palliative care clinical practice and research. The PCRC Instrument Library is a novel and freely available web-based resource to facilitate identification of relevant and high-quality instruments for patient assessments. The PCRC Caregiver Core has evaluated and compiled high-quality instruments for caregiver domains. Presenters will provide an overview of how to choose clinical assessment tools for quality improvement versus for research (Hanson), how to access and use the PCRC Instrument Library (Bennett), how to select and apply caregiver assessment tools (Ferrell), and how to select and apply patient assessment tools (Kutner). The session will include interactive learning components to demonstrate searching and selecting assessment instruments for patients and caregivers, as well as audience discussion of successes and barriers when incorporating validated clinical instruments in quality improvement and research. (Funding NINR U24 NR014637).

***A Quantifiable Spiritual Assessment Model in Palliative Care: Putting Two and Two Together for Improved Spiritual Care (TH320)***



George Fitchett, PhD, Rush University Medical Center, Chicago, IL. Christine Hoffmeyer, MDiv, Advocate Lutheran General Hospital, Park Ridge, IL. Dirk Labuschagne, MDiv, Rush Oak Park Hospital, Oak Park,

IL. Aoife Lee, DMIN, Rush Oak Park Hospital, Oak Park, IL. Anna Lee Hisey Pierson, MDiv, Advocate Aurora Good Samaritan Hospital, Downers Grove, IL. Karen Pugliese Northwestern Medicine Central Dupage Hospital, Winfield, IL. Stacie Levine, MD FAAHPM, University of Chicago, Chicago, IL.

*Objectives*

- Describe the limitations of current approaches to spiritual assessment in palliative care.
- Describe the development of a new model for spiritual assessment in palliative care that quantitatively summarizes the extent of a patient's unmet spiritual needs.
- Use the model to perform a preliminary assessment of the unmet spiritual needs of a palliative care patient.

Spiritual care is a well-established component of quality palliative care (PC) with board-certified chaplains considered the spiritual care specialist on the PC team. Spiritual assessment is a key activity performed by the chaplain; however, there is no consensus on best practices for spiritual assessment in PC. Currently, most chaplains use locally-developed, narrative models for spiritual assessment that were designed to be used within all clinical contexts. The limitations of these one-size-fits-all narrative models for spiritual assessment are becoming increasingly apparent in clinical practice.

This workshop will report the work of a team of PC chaplains participating in a regional interdisciplinary PC training program, the Coleman Palliative Medicine Training Program. A team of 7 chaplain champions developed a quantifiable model for assessing and reporting unmet spiritual needs in patients receiving PC. The model assesses 7 areas of unmet spiritual needs: 1) need for meaning in the face of suffering, 2) concerns about family and/or significant others, 3) need for a legacy, generativity, 4) concern or fear about dying or death, 5) issues related to making decisions about treatment, 6) religious/spiritual struggle, and 7) other unmet needs. A review of literature provided the initial list of needs which has been modified based on monthly case discussions by the team. The scoring of the needs was adapted from the Spiritual Distress Assessment Tool (Monod et al. 2010). Through monthly case discussions team members have developed reliability in using the model to assess unmet spiritual needs.

In this workshop we will describe the model, its conceptual foundations and its development. The session will include the opportunity for participants to actively apply the model to assess unmet spiritual needs in a PC case. The strengths and weaknesses of the model, as well as areas for future research in spiritual assessment in PC will be discussed.