

## GWish Winter 2009 Newsletter

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Reminder: Proposals for  
the Medical School  
Competencies project are  
due March 31, 2009.

**Application materials available  
on our website.**

### Video Excerpt

**Dr. Puchalski speaking at the  
the U.N.'s Mind-Body  
Symposium**

Take a 10-minute survey to  
help us understand what  
resources you need for  
spirituality and health  
education.

**Take the survey now!**

### Dear Reader,

Over the last few years we have seen an exponential increase in interest in spirituality and health. This is reflected in many of GWish's new initiatives. We have the privilege of collaborating with Betty Ferrell, PhD, RN and her colleagues at the City of Hope on a Spirituality Summit, February 17-18 in Los Angeles. This initiative, funded by the Archstone Foundation, brought together 40 experts in spiritual care in palliative care to develop recommendations for implementation of the NCO/NCC guidelines in spiritual care for patients who are seriously ill and dying. The outcome will be a consensus document, which will be reviewed by colleagues nationally and used as a guide for clinicians and administrators in developing programs. In addition, resources and practical tools for implementation of spiritual care by interdisciplinary healthcare practitioners will be collected and highlighted on the GWish SOERCE website.

GWish has also received a strong response to an initiative to develop national competencies in spirituality and health education. We are proud of all the schools currently incorporating spirituality topics into their curriculum and look forward to building a national community of medical education leaders in spirituality and health. We have also worked with nursing colleagues to include spirituality in the Essentials of Baccalaureate Education for nursing and will be conducting education initiatives with nursing, public health, and pharmacy. In this issue of our newsletter, one of our award programs is highlighted in an interview by one of our faculty, Rita Manfredi, MD.

We are also proud to announce the first GW Summer Institute in Spirituality and Health. The institute will focus on leadership and practice in spirituality and health and will be held July 6-10, 2009 in Washington, DC.

As I sat with a patient this week in my practice, I heard a powerful story of the importance of being listened to and having her beliefs integrated into her care not just by me but by everyone at the hospital where she had surgery. She said

"The GW Hospital is so kind. Everyone listened and cared for me and I felt protected and safe." Our patients often suffer deeply; we may be the ones that can help with their suffering and provide the connection they need to find peace and meaning in their lives.

Sincerely,

**Christina Puchalski, MD, FACP**

Executive Director

George Washington University Institute for Spirituality & Health (GWish)

Assoc. Professor of Medicine and Health Sciences

Depts of Medicine and Healthcare Sciences

The George Washington University School of Medicine and Health Sciences

## Spirituality... New England Style

Robert Macauley and the team at the University of Vermont are making things happen in spirituality and medicine. Concurrently trained as an Episcopal priest and physician who later specialized in pediatrics, Dr. Macauley heads the Department of Clinical Ethics, Fletcher Allen Health Care, at the University of Vermont. His approach is that

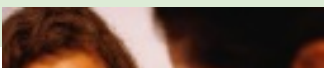
*Religion and spirituality are not the same... People see that I have a clear cut religious affiliation, but spirituality, not religion, is what we are really talking about.*

Dr. Macauley recalls that the leadership at UVM saw the need to integrate spirituality into the medical school curriculum during a transition to systems-based curriculum eight years ago. The current Vermont Integrated Curriculum permits no electives in the pre-clinical years so a stand-alone course in Spirituality and Patient Care was not an option.

*We were forced to integrate courses, so spirituality was incorporated into lessons like 'Attacks and Defenses' previously known as 'Pharmacology and Immunology.' We realized we would lose spirituality if we didn't highlight it.*

Taught by Dr. Macauley, 'Spirituality in Childhood' is a segment of the "Generations" portion of pediatrics, examining pre-natal, infancy, young child, and teen conceptions of death and how children cope with it. ([See Pediatric Conception of Death chart - pdf](#)). This class, taught in the 2nd year of medical school, amazes med students and provides insight into why a small child may nonchalantly say, "Oh, yeah, my Grandpa died. I'd like to go play now."

Age	Characteristics	Conception of Death	Spiritual Development	Interventions
0-2	Infants are egocentric and do not understand death as a permanent state. They are highly dependent on caregivers.	None	Highly dependent on caregivers for spiritual development.	Provide comfort and support to caregivers.
2-6	Preschool children are egocentric and do not understand death as a permanent state. They are highly dependent on caregivers.	Death is a process and is reversible. They believe in the possibility of resurrection.	They are highly dependent on caregivers for spiritual development.	Provide comfort and support to caregivers. Encourage children to express their feelings.
6-12	Children are beginning to understand death as a permanent state. They are beginning to understand the concept of heaven.	Death is a process and is reversible. They believe in the possibility of resurrection.	They are beginning to understand the concept of heaven.	Provide comfort and support to caregivers. Encourage children to express their feelings.
12-18	Adolescents are beginning to understand death as a permanent state. They are beginning to understand the concept of heaven.	Death is a process and is reversible. They believe in the possibility of resurrection.	They are beginning to understand the concept of heaven.	Provide comfort and support to caregivers. Encourage children to express their feelings.



Med students are taught how to provide tools to kids coping with



situations like the death of a parent, grandparent, or sibling. Macauley notes that children have a very material concept of death and lack insight about cessation of bodily functions. So when kids ask, "How can Grandpa breathe in the coffin?" he has an answer he enthusiastically imparts to the med students. His goal is to, "equip these kids who are grieving, with the language to deal with this difficult situation."

Vermont first-year med students also "shadow" chaplains on their nightly rounds in the ICU. The three week long "Bridges" segment includes discussions about end-of-life care, alternative medicine, and how to take a spiritual history.

How does UVM measure the effect of this spirituality education? The answer is OSCE! The "Observed Structured Clinical Exam" is given at the end of the third year of med school. In this structured clinical exam setting, a student may be presented with a patient who asks, "Why would God allow this serious illness to happen to me?" The patient then might ask the med student to pray with her. In addition to evaluating the student's responses, the faculty can identify areas of the curriculum that need specific attention.

When asked how spirituality training might fare in residency, Dr. Macauley replied

*This would be a great tool to teach in residency. However, you would need buy-in from your faculty. Residencies modify their curriculum for important things. Spirituality must be deemed important enough to be integrated. Then everyone would look at it as an opportunity and not as an expectation.*

*Submitted by:*

Rita A. Manfredi, MD, FACEP  
Assistant Clinical Professor  
Dept of Emergency Medicine

Milliken Fellow, George Washington Institute of Spirituality and Health

## New Resource! Multimedia Guide to Spiritual Assessment in Clinical Practice

We recently released a new multimedia guide to spiritual assessment in clinical practice. This guide contains:

- information about spirituality in the clinical setting
- recommendations for taking a spiritual history
- videos and audio of Dr. Puchalski and colleagues taking a patient's spiritual history
- issues pertinent to specific belief systems
- spiritual history scenarios
- recommendations for overcoming barriers



The guide is featured on [our homepage](#) or can be accessed directly [here](#).

We hope you find it useful!

## GWish Summer Institute -- July 6-10, 2009

GWish is holding a five-day Summer Institute on Spirituality and Health. This program will cover issues related to professional practice and leadership and will give students the opportunity to develop and practice new skills.

Visit [www.gwish.org](http://www.gwish.org) for details.



## Spirituality in Medicine Leadership Training Program

On Valentine's Day weekend a group of twenty dedicated medical students and residents gathered at [The Abode of The Message](#) in New Lebanon, NY for the 3rd Annual Spirituality in Medicine Leadership Training Program (SIM) sponsored by GWish and the American Medical Student Association (AMSA).

Bernie Segal, Cecile Carson, Devi Tide, and I led the group into deep exploration of personal spiritual growth, and incorporating spirituality into busy clinical practice. Rebecca Sadun, Director of Student Programming from AMSA, led a workshop on how to develop a local spirituality in medicine projects to facilitate student leadership at their schools and residency programs. In addition to didactic workshops, participants had experiential learning sessions including arts as medicine, small group reflections, Native American rituals, and meditation practices.

As in prior years, the event was completely student organized and run. It was very well received, and several participants already formed a planning committee for next year. If you are interested in learning more about the project or would like to contribute to next year's program please email me at [hcsmrk@gwumc.edu](mailto:hcsmrk@gwumc.edu). Also visit <http://www.amsa.org/humed/spirituality.cfm>.

*Submitted by:*  
Mikhael Kogan, MD.  
Assistant Professor in Geriatrics and Palliative Care  
Faculty, The George Washington Institute for Spirituality and Health (GWish)

## Giving to GWish

Help continue the Mission of The George Washington Institute for Spirituality and Health by making a tax-deductible contribution to GWish. Follow the steps listed below:

1. Donations must be made via GW University and you may designate the gift to go to GWish by entering "**GWISH**."
2. To make a donation, go to the [Online Giving site](#).
3. Select the amount you wish to contribute to GWish.
4. To designate your gift to GWish, scroll to the last bullet under the section "*I would like to designate*" and enter "**GWish**" in the box entitled *Other*.
5. Complete the form and submit.
6. GWish will be notified of your donation and the GW University will send you a Thank You card.

If you have any questions, please contact GWish at (202) 994-6220.

*Thank you for your generosity and your support of our Mission.*

## Mission

GWish is working toward a more compassionate system of healthcare by restoring the heart and humanity of medicine through research, education and policy work focused on bringing increased attention to the spiritual needs of patients, families and healthcare professionals.

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