

Title	Spiritually competent practice in health and social care: Face to face teaching				
Author(s)	Dr. Melanie Rogers				
Affiliation	The University of Huddersfield, United Kingdom				
Email	m.rogers@hud.ac.uk				
EPICC Standard Competency	General Teaching & Learning	1 Intrapersonal Spirituality	2 Interpersonal Spirituality	3 Spiritual Care: Assessment and Planning	4 Spiritual Care: Intervention and Evaluation
Teaching Group	Nursing, occupational therapy, psychology				
Year of Teaching	Year 1: Introduction Year 3: Recap				
Learning Objectives	<ul style="list-style-type: none"> • To discuss and debate spirituality. • To understand spirituality and its relationship to health and well-being. • To operationalise spirituality through learning “Spiritually Competent Practice” and “Availability and Vulnerability”. 				
Strategy Description	<ul style="list-style-type: none"> • Group continuum exercise where students stand nearer to the front of the room or back depending on what they feel their knowledge about spirituality is. • Then group discussion on views with facilitated debate about spirituality definitions. Students are invited to write their own definitions, these are then discussed and debated alongside some definitions provided by the teacher. • Case studies from practice utilised during teaching session. This part of the session focuses on practical examples from a variety of health and social care settings. It involves the students thinking about what would constitute spiritually competent practice in each scenario. There is no set criteria for the case studies apart from being able to draw out aspects of spirituality. • Application to self and practice presented including Dr. Melanie Rogers’ framework for operationalising spirituality (Availability and Vulnerability) and Brene Browns’ work. <p>As a clinician, following the framework of “Availability and Vulnerability” may enable spirituality competent practice to be better operationalised. This includes offering an open welcome to patients and being willing to connect with them “human to human” within professional boundaries. It also includes being honest and transparent in practice. Brené Browns’ extensive research on vulnerability suggests that those willing to be connected, authentic, available, and vulnerable live a more wholehearted and connected life than those who see vulnerability as a weakness. This can translate to clinical practice.</p> <p>Rogers’ (2017) Framework for operationalising spirituality [in Wattis, Curran and Rogers (2017)]:</p> <div style="border: 1px solid black; padding: 5px;"> <p><u>Availability</u></p> <ul style="list-style-type: none"> • Availability to self: Be self-reflective and self-accepting, embrace spirituality broadly by understanding your own meaning, purpose and direction in life. • Availability to others: Welcome those in your care by offering time, acceptance and understanding. Be truly present and listen attentively. • Availability to others: Offer care and concern through active participation; create a safe environment for others to tell their story as it is. </div>				

	<ul style="list-style-type: none"> • Availability to community: Develop your practice in response to the needs of the community and those in your care.
	<p><u>Vulnerability</u></p> <ul style="list-style-type: none"> • Vulnerability to self: Be teachable, embrace the vulnerability of your role and the reality you never will or should “know it all”. • Vulnerability to others: Embrace accountability, engage in supervision and reflection, accept constructive criticism. • Vulnerability to others: Be vulnerable and authentic in your approach to practice • Vulnerability to others: Be willing to acknowledge mistakes and limitations, share uncertainty with those in your care revealing your openness, honesty and transparency. • Vulnerability in community: Be willing to advocate for those in your care, question authority/bureaucracy in an honest and truthful way holding the interests of your patients at the centre.
Educator’s Role	<ul style="list-style-type: none"> • Facilitator of discussion and debate. • Some didactic teaching including research on spirituality in nursing and midwifery. • Sharing of own clinical practice and case studies. • Role modelling.
Resources	<ul style="list-style-type: none"> • Video from Brené Brown on empathy (https://www.youtube.com/watch?v=1Ewvgu369Jw). • Self-compassion scale by Kristen Neff for students to complete at home.
Learner Assessment	Students are not assessed but they are asked to provide an informal evaluation of the session.
Additional Comments	<p><u>Teaching outcomes</u></p> <ul style="list-style-type: none"> • Students were able to describe core competencies of spiritually competent practice. • Students were able to use the “Availability and Vulnerability” Framework to guide application of spirituality in practice. • Students could see the value and relevance of spirituality, both personally and professionally.
References	<p>Rogers, M. & Wattis, J. (2015). Spirituality in nursing practice. <i>Nursing Standard</i>, 29(39), 51-57. doi: 10.7748/ns.29.39.51.e9726</p> <p>Wattis, J., Curran, S., & Rogers, M. (2017). <i>Spiritually Competent Practice in Health Care</i>. London, UK: CRC Press Taylor and Francis Group. ISBN 9781138739116.</p>