

Title	How to maintain spiritual care competences in clinical studies/practice				
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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				
Year of Teaching	Introduction: Year 1 Further reflections: Throughout course of study (learning by progress and maturity).				
Learning Objectives	<ul style="list-style-type: none"> • To discover and reflect on own values and attitudes regard existential themes. • To gain competence about the subject, existential items in relation to own culture. • Be aware of and use holy scripts: Bible, Koran, etc., and holy places. • Be aware of rituals/sacraments when provided. • Learn to listen to patients' existential emotions. • Refer to other professionals as needed. • Be aware of the language/words used in respect to religious, spiritual and existential topics. • Learn to be aware of themes that are challenging for the student themselves, and therefore also difficult for the patient to talk about. • Be aware of own maturity, and themes that can block the encounter with the patient. 				
Strategy Description	<ul style="list-style-type: none"> • In the university: Teaching theory regard existential themes, scripts, rituals etc. The theory has to be in correspondence with the surrounding culture, related to this subject. The aim for the theory is to give an introduction to the subject and the fundament for understanding its important. • Reflections (notes can be used both in university and clinic): Use reflecting logs were the student has to reflect around a given theme/case from their own life or practice. These reflections can be used throughout the whole study, and increase in challenge with the student level and competence. • Approximately 60 minutes: Group reflections around clinical experiences. The student is part of a group where the aim is to talk/reflect upon own attitudes and values. It is important that divergent views and disagreement are accepted. The student themselves bring cases from practice into the group. • To be member of an existential student-group. This is a group that meets over time to share and reflect in relation to different existential/spiritual themes. One theme can be about death ('me and death group'). The process of the group is so that the participants first start to reflect on the theme distantly then go more close to the centre of the theme. Each session lasts approximately 60 minutes. To reflect in such groups require maturity and practice. Therefore, it is best when used in the last part of the study. An example might be as follows: <ul style="list-style-type: none"> ○ What they thought of the care you gave during that shift? ○ How did they feel about being asked these questions throughout the shift? ○ Did it make any difference to their care? ○ Do they prefer this approach or the normal approach to being cared for? • Consider: <ul style="list-style-type: none"> ○ Session 1: 'The first death I remember'. ○ Session 2: 'What does it mean to say goodbye?'. 				

	<ul style="list-style-type: none"> ○ Session 3: 'My own notion about death'. ○ Session 4: 'What happened to me when I am working with people dying?' ● In clinical studies, do not be shy offering communion, pray, and/or read from a holy script or other rituals, or go to holy/silent room in the clinic. Ask the patient, if the student thinks the patient should sign for it. Although the patient should not be in a palliative or end-of-life phase. Ask the chaplain or spiritual leader if necessary. ● In university and practice: The student can train in listening carefully by working two and two students together, in a short role-play. Afterwards they talk about the session and the communication. ● In university and practice (although best in practice): Invite a chaplain/or equivalent to teach about the subject or part of it. The aim of this point is to be familiar with this profession, their knowledge about spirituality etc., and how to co-operate in practice in the respective culture.
Educator's Role	<ul style="list-style-type: none"> ● Supervision. ● Mediation. ● Reflection partner (dependent on the maturity of the student).
Resources	<ul style="list-style-type: none"> ● Create an atmosphere that provides a safe environment to talk about 'difficult' themes. ● Chaplain and/or religious leader etc./spiritual operator (livsynsbetjening) (depending on the culture). ● The student should have possibility to talk to someone (individual talk) after the group work if needed.
Learner Assessment	
Additional Comments	
References	<p>Cunningham, C., Panda, M., Lambert, J., Daniel, G., & DeMars, K. (2017). Perceptions of chaplains' value and impact within hospital care teams. <i>Journal Religion Health</i>, 56, 1231-1247. doi: 10.1007/s10943-017-0418-9</p> <p>la Cour, P., & Hvidt, N. (2010). Research on meaning-making and health in secular society: Secular, spiritual and religious existential orientations. <i>Social Science & Medicine</i>, 71, 1292-1299. doi: 10.1016/j.socscimed.2010.06.024</p> <p>Ulland, D., & DeMarinis, V. (2014). Understanding and working with existential information in a Norwegian adolescent psychiatry context: A need and a challenge. <i>Mental Health, Religion & Culture</i>, 17, 586-593. doi: 10.1080/13674676.2013.871241</p>