 

Resources in Spiritual Care Education for Health and Social Care workers in Higher Education Institutions in Scotland available 2020

The following list of resources available for spiritual care education (SCE) in Scottish Higher Education Institutions (HEIs) have been collated following a scoping review on an identified group of HEIs, to ascertain the extent to which spiritual care is a part of the curriculum in nursing. One of the objectives of the review was to create a framework for SCE resources which would enable HEIs to have greater access to a wider SCE library. The following table is not by any means an exhaustive list, but the authors hope that it will give an overall picture of what is readily available to module leaders when creating SCE modules or standalone lectures. Many of the resources can be used in the form of discussion forums, student led awareness groups or information regarding specialist lecturers. Also included are various models of learning which encompass SCE, all of which are in alphabetical order.

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| **Spiritual Care Education Resource** | **Information** |
| Acceptance and Commitment Therapy | A previous GP who made a career change to psychotherapy and life coach devised behaviour change strategy increasing psychological flexibility. This intervention uses acceptance and mindfulness and has become increasingly used in mainstream education as Acceptance and Commitment Therapy (ACT). Further information at: <https://contextualconsulting.co.uk/workshop/russ-harris-webinar-series-tune-up-tuesdays-practical-playful-webinars-to-lift-your-act>  |
| ASSET (Actioning Spirituality and Spiritual Care Education and Training) model of learningNarayanasamy A 1999 *Nurse Education Today* 19 (4) pp 274-285 | Narayanasamy’ s ASSET Model (1999) was developed in response to the need for clearer direction in the delivery of SCE for nurses. It is a standalone module using blended learning applying knowledge and skills in the practical setting. The list of resources which accompany this model are all dated pre 1999, although Narayanasamy’ s own work was republished in 2001. Abstract and paper available through Open Athens at: <https://www.sciencedirect.com/science/article/abs/pii/S0260691799906378>  |
| Biopsychosocial-Spiritual Model of learningSulmasy, D 2002 The Gerontologist A Biopsychosocial-Spiritual Model for the Care of Patients at the End of Life *The Gerontologist* The Gerontological Society of America Vol. 42, Special Issue III, 24–33  | This model is used in some HEIs as a way of approaching a complete understanding of a persons’ wholeness. First initiated by George Engel in 1977 and later adopted in 1996 by White, Williams and Greenberg. It was then developed by Sulmasy (2002) into a model of restoration of right relationships within the body. Interestingly his meaning, value and life statements correspond particularly with the pandemic in 2020: Dying raises questions of value, often subsumed under the term dignity; questions of meaning are often subsumed under the word hope. Questions of relationship are often expressed in the need for forgiveness. To take this further: to die believing that one’s life and death have been of no value is the ultimate indignity; to die believing that there is no meaning to life, suffering, or death is abject hopelessness. To die alone and unforgiven is utter alienation. Sulmasy examines various ways of assessing spiritual needs, attitudes to stressful life events in order to find those that are best able to facilitate the patient’s spiritual healing at the end of life. Complete article available at: <https://academic.oup.com/gerontologist/article/42/suppl_3/24/569213>  |
| Conversation Ready | This is a framework for improving End-of-life care and is a white paper enabling healthcare organisations and clinicians to provide respectful end of life care that is concordant with patient stated goals, values, and preferences. The framework is relevant whether you are a leader in a large hospital, a social worker in the community, a doctor in a clinic, or a palliative care nurse in a skilled nursing facility. Further information at: <http://www.ihi.org/resources/Pages/IHIWhitePapers/ConversationReadyEndofLifeCare.aspx> |
| CRUSE Bereavement Care Scotland | An on-line training course **Bereavement and Loss for NHS Scotland**, commissioned by the Scottish Government Health Directorates, has been undertaken by more than 10,000 NHS Scotland staff and can be made available to other organisations and groups. **Grief Awareness Training**, helping professionals to raise their knowledge and awareness of bereavement issues, is regularly delivered to a wide variety of audiences, including solicitors, care homes, health, and social care staff.  Available at: <http://www.crusescotland.org.uk/mqta.html>  |
| Death Café  | Inspired by a Swiss sociologist Bernard Crettaz Jon Underwood was the founder of Death Café, a social franchise and irregular event, now held worldwide, to open up a frank discussion of death over tea and cake. The first café was in London in 2011 from which he and his mother produced a guide to running Death Café. There have been more than 4800 in 51 countries. It is now being used as a teaching model to enable students to discuss the question of death in a secure and safe environment. The students choose their topic for discussion from a ‘menu’ of starters, mains, and dessert. Tragically Jon died of a brain hemorrhage at the age of 44. For further details: <https://deathcafe.com/deathcafe/11487/> |
| Death Doulas | People who are certified to offer calm and tranquility in the process of death and dying. For further details can be found: <https://doulagivers.com/?gclid=CjwKCAjw1K75BRAEEiwAd41h1EZU-Oy3VUZA2Rh5i1pzCjcC7p4cXjVrDpRe2R1d6KTy7HX5xstz0xoCPQUQAvD_BwE> |
| Digital Stories | Engaging students in constructivist learning of which one example can be found: <http://nursingeducation.lww.com/blog.entry.html/2019/04/03/utilizing_digitalst-OShD.html>  |
| Eden Alternative Model of learningWilliam T 1999 Life Worth Living: How someone you love can still enjoy life in a nursing home: The Eden alternative in Action.  | Community living which turns an institution into a home using the paradigm of joy, love, and hope. SCE is not overt, and neither is it named, but it is stamped across the whole philosophy. The foundation of Edenization has been used in some HEIs to teach students how to care, particularly for older people, who are called Elders, not because they are older, but because of the mature and experienced knowledge that they can bring to a community. Those who care for them are in their space at the Elder’s invitation, not because the carer should be there. Information found at: <https://www.sherbrookecommunitycentre.ca/sherbrooke-difference/the-eden-alternative-philosophy/#:~:text=The%20Eden%20Alternative%20%C2%AE%20focuses,care%20of%20the%20human%20body>  |
| Framework for Mental Health: working with Older PeoplePublished by National Health Education for Scotland  | This document represents at least one million people in Scotland who are over the age of 65. As age increases so do the challenges of normal activities of daily living whether mental, physical, spiritual, or emotional. This framework seeks to address the educational gaps in caring for older people. Further information can be found at:<https://www.nes.scot.nhs.uk/media/360583/older_people_framework_final__dec_08_.pdf>  |
| Faith in Older People (FiOP)Spiritual Care Matters: online learning | This educational resource is based on and supported by Spiritual Care Matters (NES, 2012). As an eLearning course it has been piloted and well received in Care Homes and is now available to all health and social care workers across Scotland at: <https://www.faithinolderpeople.org.uk/resources/?resourcetopic=spirituality> Spiritual Care Matters is an online learning course designed to promote, recognise, respect, and support the spiritual well-being of older people. The course is an introduction to spiritual care, exploring how spiritual care is defined, what it means in practice and why it matters. The course is made up of 5 x 30 minute ‘lessons’ that you receive in a daily email. Each ‘lesson’ consists of a short Audio Podcast (this is a mini broadcast), a practical task and some questions to help you reflect on your learning. The course uses Open Badges to recognise learning for ongoing staff development. |
| Frouzandeh’ s model of learningFrouzandeh, N Aein F Noorian C 2015 Introducing a spiritual care training course and determining its effectiveness on nursing students’ self-efficacy in providing spiritual care for the patients *Journal of Education and Health Promotion* 4 (34) Published online | Frouzandeh (2015) training course was trialled and evaluated in Iran using blended learning which taught nurses how to alleviate spiritual tension in patients. Prior to this model being launched there had been no concept of SCE within the curriculum. The evaluation showed a marked improvement in the confidence of nurses to offer and promote spiritual care amongst patients. Abstract available at:<https://www.semanticscholar.org/paper/Introducing-a-spiritual-care-training-course-and-on-Frouzandeh-Aein/76e3d4049c484dc16cc09869c3dbd561b66936ed>  |
| Healthcare Chaplaincy NHS Boards in Scotland | NHS Boards in Scotland have spiritual care training programmes, developed in response to requests for training from various disciplines and units and provided by the chaplaincy teams. Some provide this in conjunction with HEI's. Examples of training are as follows:1. Medicine of the Elderly – ‘Spirituality at the End of Life’ Continuing Professional Practice Development – The Final Act of Care – ‘Spiritual and Religious Care – Multi-Cultural and Religious Diversity Issues’
2. Foundation In Critical Care – ‘Spirituality in the ICU Setting’
3. Palliative Care – ‘Spirituality in Palliative Care’
4. Weekly staff induction – face to face introduction to the Spiritual care team for all new NHS staff
5. Paediatric nursing staff – mandatory updates: Spiritual Care in situations of loss and bereavement
6. Paediatric health care support workers – mandatory update: Spiritual Care in situations of loss and bereavement
7. The Spiritual care team can act as professional supervisors for a range of student placements: medical students; nursing students.

The Spiritual care team can facilitate group staff support and debrief sessions at the invitation of medical and nursing staff in particularly complex or traumatic cases. The team can offer one to one support for staff e.g. after complex and challenging cases, following personal bereavement or the death of a close colleague. All these are subject to availability in the different health boards in Scotland. Further information is available from: Iain MacritchieProgramme Director for Chaplains and Spiritual CareNHS Education for ScotlandCentre for Health SciencesOld Perth RoadInvernessIV2 3JHEmail: Iain Macritchie Iain.Macritchie@nes.scot.nhs.uk PLEASE NOTE THAT NORMAL WORKING HOURS ARE TUESDAYS AND WEDNESDAYS, 8:45am – 5:15pm AND THURSDAYS, 8:45am - 12:30pm |
| Huunuu Cards | A series of cards that create big conversations in three easy steps: Talk; Plan; Share. <https://www.huunuu.com/> Used by some HEIs as a resource for discussion groups.  |
| Janki foundation based in the UK  | Free mobile App offers meditations as ‘antidote’ for stressed healthcare professionals and carers. Called Happidote. Module 7: Spirituality in healthcareExploring spirituality and healing / Spiritual care in practice. <https://www.jankifoundation.org/>  |
| McSherry Dr W Making Sense of Spirituality in End of Life Care 2015 Available at: | A report for Staffordshire University with power point presentation. It points to the importance of ‘educational preparedness’ and the need for a comprehensive and holistic assessment which includes spirituality. It includes a helpful spiritual taxonomy and a spiritual assessment acronym. It concludes with a recognition that while many health professionals already possess the skills to undertake spiritual care, the knowledge needs to be refined and purposeful. Ppt available at: <http://tvscn.nhs.uk/wp-content/uploads/2016/02/Master-Class-27-01-2015.pdf>  |
| McTaggart I Munro G Rogerson E Martingdale L 2012 Learning about Spiritual Care: It Matters! *Journal of Healthcare Chaplaincy* 15 (1)

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 | A small e-learning unit (GLIDER™) aimed at all healthcare workers who have contact with patients and their families was developed in partnership with the University of Dundee and NHS Tayside, supported by NHS Greater Glasgow and Clyde, funded by NHS Education Scotland. GLIDER: provided by the Council of Deans of Health, was delivered over 6-8 weeks in the first year of pre-reg course with four key elements:1. Spiritual Care Matters Document
2. Reality practice based scenarios
3. Online discussion boards based on a film.
4. Interactive element linking theory and practice

The GLIDER™ has now been refined and used as part of the undergraduate nursing programme at the University of Dundee whilst currently being considered for inclusion in both the medical and dental school undergraduate programmes as part of the university’s commitment to interprofessional learning. Further information at:<https://councilofdeans.org.uk/case-study/spiritual-care-matters-e-learning-unit/>  |
| National Health Education for Scotland (NES)Host for: Values Based Reflective PracticeCommunity Chaplaincy Listening ServiceReligion and Belief Matter: An information resource for all Healthcare StaffA Multi-Faith Resource for Healthcare StaffSpiritual Care Matters: An Introductory Resource for all NHS Scotland Staff 2012Compassionate Connections Programme | Values Based Reflective Practice (VBRP)Spiritual Care is person centred care which seeks to help people (re)discover hope, resilience, and inner strength in times of illness, injury, transition, and loss.Values Based Reflective Practice, otherwise known as VBRP®, is a model which has been developed by NHS Scotland to help staff deliver the care they came into the service to provide. It does this by promoting regular inter-disciplinary group reflection through using community space which aims to provide:* Information and a source of support to those trained in facilitating VBRP® sessions
* Advice for those wishing to find out more about VBRP® and signposts to local information
* Information for managers considering utilising the principles of VBRP® within their organisation.

VBRP® can be used by anyone working in health and social care and is applicable across all disciplines and professional groups. VBRP® uses the principles of reflective practice to enable practitioners to understand and recognise their personal and professional value and by doing so supports them in delivering safe, effective, and person-centred care. Further information at: <http://www.knowledge.scot.nhs.uk/vbrp.aspx> The Community Chaplaincy Listening ServiceThe Community Chaplaincy Listening service, through active listening, seeks to build resilience and enhance wellbeing; allowing individuals to tell their story in the presence of those who have particular spiritual expertise. Healthcare Chaplains help individuals to explore questions and seek meaning in their story as they try to deal with life and its transitions. The Listeners do not have the answers but take seriously the questions people are asking and can often help the individual 'hear' what they are saying themselves. This enables people to discover their own way forward which o­ffers the potential for transformation and change - thereby supporting positive self-management and promoting wellbeing.Contact for further details: **Alan Gibbon**Email: alangibbon@nhs.net**CCL Scotland**Programme AdministratorEmail: CCL@nes.scot.nhs.ukReligion and Belief Matter: An information resource for all Healthcare StaffA 33 page document written in 2008 for the purpose of raising awareness and provide links between religion, spirituality, and health. The vulnerability of people when they are ill should be protected by those who care for them, who in turn require understanding and knowledge in all areas of physical, mental, and spiritual aspects. This resource covers:What are religious needs and what is the link between religion and health?Why respond to them and who responds and what is the evidence base for responding?What Health boards can do and what is the relevant legislation?Available at: <https://www.nes.scot.nhs.uk/media/3722/religionandbelief.pdf> A Multi-Faith Resource for Healthcare StaffProduced for NHS Scotland, this resource describes and discusses all the main faith and belief groups in Scotland. It shows the religious and cultural diversity of six million people and was developed to underpin the guidelines for the spiritual care policy of patients within the NHS. It covers all the following areas:Introduction • Attitudes to healthcare staff and illness • Religious practices • Diet • Fasting • Washing and toilet • Ideas of modesty and dress • Death customs • Birth customs • Family planning • Blood transfusions, transplants, and organ donation.Available at: <https://www.nes.scot.nhs.uk/media/3720/march07finalversions.pdf.pdf> Spiritual Care Matters An Introductory Resource for all NHS Scotland StaffSeminal work on Spiritual Care resources in Scotland (2012) which visits all the topics concerning the question why spiritual care is necessary and important.Can be used in tandem with the multi-faith resource manual as it underpins the definition of spiritual care and the robust research that accompanies the rationale for education and delivery in the NHS. Gives message to educators and methods of learning such as narrative and reflection. Complete document to be found at: <https://www.nes.scot.nhs.uk/media/3723/spiritualcaremattersfinal.pdf> Compassionate Connections ProgrammeAn educational resource that combines stories and learning guides providing a rich panorama of people living real lives. Visual aids, learning sessions and lesson plans are all available for both health and social care students and post registration CPD. Resources are free for those who become part of the community of the knowledge network. Available at: <http://www.knowledge.scot.nhs.uk/compassion.aspx>  |
| Nolan, M Professor Sheffield University Relationship Centred Theories | Prof Nolan has been working on the value of relationships between people which are the fundamental basis of care. Although this is born out of gerontology he feels that it is transferable across the ages. A framework of learning and vimeo is available at: <https://www.kingsfund.org.uk/audio-video/mike-nolan-how-relationship-centred-care-can-improve-patient-outcomes>  |
| Norwegian Partnership model of learningStrand K Carlesen L Tveit B 2016 Nursing students’ spiritual talks with patients – evaluation of a partnership learning programme in clinical practice *Journal of Clinical Nursing* 26 pp1878-1886 | Developed by Strand et al (2016) this model was a mixture of didactic teaching and reflective groups particularly addressing questions of an existential nature raised by patients that nurses could not answer. After evaluation, this study concluded that the learning model had the potential to increase nurses confidence in delivering spiritual care by being able to answer questions of life. For abstract and institutional login: <https://onlinelibrary.wiley.com/doi/10.1111/jocn.13497>  |
| Palliative Care model of learningBest M Leget C Goodhead A Paal P 2020 *BMC Palliative Care* 19 (9) An EAPC (European Association for Palliative Care) white paper on multi-disciplinary education for spiritual care in palliative care | This model addresses spiritual care in an end of life setting. It was a reworking of Gamondi et al (2012) model of SCE which developed modules as standalone or incorporated into existing modules. Multi-disciplinary learning led by a Chaplain with facilitated self-reflection blended with an understanding of spiritual care and the tools required for spiritual assessment. For pdf: <https://bmcpalliatcare.biomedcentral.com/articles/10.1186/s12904-019-0508-4>  |
| Patient Voices | Using reflective digital storytelling to unearth first person stories that use compelling and motivational insight driving organisational change, growth, and success. Available at: <https://www.patientvoices.org.uk/>  |
| RCN Domains and competencies for Advanced Practitioner’s (2018) | Spiritual Competencies are listed from 7.9 – 7.14 in its document. While this is not a model in itself it does list six areas of SC which makes the presumption that an advanced nurse practitioner is able to assess spirituality for a patient in their care and then provide respectful and appropriate information to fulfill a patient’s needs. Competency framework available at: <http://aape.org.uk/wp-content/uploads/2015/02/RCN-ANP-guidance-document-2008.pdf>  |
| Roper Logan Tierney model of nursingWilliams, B 2015 The Roper-Logan-Tierney model of nursing: A framework to complement the nursing process *Nursing* 45 (3) pp24-26 | A practice centred theoretical model grounded in realism and accessibility. In 1929 Jean Piaget advanced developmental theory in psychology, underlying it with the philosophy of pragmatism. Roper, Logan, and Tierney used Piaget’s theory to formulate a model of nursing now widely used. It was Roper (Edinburgh University) who first devised a model to answer the question ‘What is nursing?’ during the 1970s. Logan refined the model with Tierney and the results were published in 1980 as The Elements of Nursing. Over the years this has been further refined in line with current thinking to facilitate teaching and learning, patient assessment and care planning. Abstract with institutional access: <https://journals.lww.com/nursing/Citation/2015/03000/The_Roper_Logan_Tierney_model_of_nursing__A.9.aspx>  |
| RCN (2011) Spirituality and nursing care: a pocket guide. RCN, London. |  Written by Professor Linda Ross this is a helpful pocket booklet that illustrates the need for on the go knowledge of SC. Available at: <http://www.elament.org.uk/media/1205/spirituality_in_nursing_care-_rcn_pocket_guide.pdf> accessed October 2020 |
| Ross Competency FrameworkAttard J Ross L Weeks K 2019 [Design and development of a spiritual care competency framework for pre-registration nurses and midwives: A modified Delphi study](https://nhs-scot-primo.hosted.exlibrisgroup.com/primo-explore/fulldisplay?docid=TN_proquest2290041860&context=PC&vid=44NHSS_VU1&lang=en_US&search_scope=default_scope&adaptor=primo_central_multiple_fe&tab=default_tab&query=any,contains,Ross%20model%20for%20learning%20in%20spiritual%20care&offset=0) *Nurse Education in Practice* Vol 39 pp.96-104 | This framework details 54 competencies for spiritual care and the development of this into a framework for learning. Seven spiritual care domains were evaluated positively in Malta and subsequently trialled in 19 countries. It is able to transcend through all modules as a threaded approach rather than the stand alone module. Pdf download available at: <https://www.researchgate.net/publication/335067035_Design_and_development_of_a_spiritual_care_competency_framework_for_pre-registration_nurses_and_midwives_A_modified_Delphi_study>  |
| Reed’s Spiritual Perspective Scale 1987Reed P 1987 Spirituality and well-being in terminally ill hospitalised Adults *Research in Nursing and Health* 10 (5) pp335-344 | Spiritual Perspective Scale (SPS; Reed 1987): a 10-item self-report scale of the saliency of spiritual beliefs and behaviours in many different aspects of the participant’s life; 6-point Likert scale format; the scale was developed primarily for assessing the elderly, in a nursing context, but gave an ability to meet patient spiritual needs. Article available through institutional login: <https://onlinelibrary.wiley.com/doi/epdf/10.1002/nur.4770100507>  |
| SAGE and THYMEDeveloped by Manchester University NHS Foundation Trust 2018 | SAGE & THYME is a mnemonic that acts as an aid memoire for a structured conversation with a person in distress or with concerns.  ‘SAGE’ gets the user into the conversation and ‘THYME’ gets them out. This is a structured spiritual care resource enabling the healthcare worker to assess the situation quickly and with empathy. It is based on the evidence behind effective communication skills: Setting – Ask – Gather – Empathy – Talk – Help - You – Me – End.  The **SAGE & THYME foundation level workshop** is taught to 30 participants in 3 hours using three trained SAGE & THYME facilitators, using group work, a presentation and conversation rehearsals.Available at: <http://www.sageandthymetraining.org.uk/sage-thyme-model-and-benefits-1>  |
| Spiritual Care Competencies for Chaplains (2020) UK Board of Healthcare Chaplains | This details a Higher Education programme for healthcare chaplains across the UK. Four domains describe expectations of a registered healthcare chaplain focusing on spirituality and spiritual care, assuming that any religious needs will be met in the context of appropriate spiritual care. This has been included as it broadly follows the spiritual conceptual framework expected of nurses in training and could be helpful when discussing SCE. As these guidelines have been recently updated the website is not yet current: <https://www.ukbhc.org.uk/for-employers/standards-competencies/>  |
| Spiritual Transition model of learningWarrender D MacPherson S 2018 *Making Sense: Death, dying and mental health* Palliative Care within Mental Health: Ethical Practice Ch 23 pp324-337 | Shows how mental distress may move through five stages before once again living a meaningful life. It discusses denial, social disengagement, and the subject of social death, when a person is viewed as less socially valuable, compared with biological death. The five key components of Spirituality: meaning; value; transcendence; connecting; becoming are modelled as the driver for nursing care, individually or corporately. Article available for full download at: <https://rgu-repository.worktribe.com/output/249221/making-sense-death-dying-and-mental-health>  |
| Spiritual Well Being Scale Paloutzian R and Ellison Bufford R 2002 [*Journal of psychology and theology*](https://www.researchgate.net/journal/0091-6471_Journal_of_psychology_and_theology) 19(1) pp56-70 | A scale used in psychology to determine the spiritual well being of a person which has translated well into the nursing situation. Spiritual Well-Being Scale (SWB; Ellison 1983): developed as a general indicator of the subjective state of well-being, the SWB provides an overall measure of the perceived spiritual quality of life in two senses: religious and existential. It consists of 20 items on a 7-point Likert scale, with two subscales. Article available for full download at: <https://www.researchgate.net/publication/232527349_The_Spiritual_Well-Being_Scale>  |
| Nurse Spiritual Care therapeutics Scale Taylor E Mamier I 2015 *Western Journal of Nursing Research* Vol 37 (5) pp 679-694 | An instrument to assess spiritual care by nurses. This paper assesses the use of such spiritual care instruments and others. Full article available for download at: <https://journals.sagepub.com/doi/10.1177/0193945914530191>  |
| *Talking About Spirituality in Health Care Practice* White G (2006) Published by Jessica Kingsley.  | Jessica Kingsley publishes a range of books on spiritual care |
| Ten Essential Shared Capabilities for Mental Health Practice: Learning Materials (Scotland) 2011 National Health Education for Scotland | Available at: <https://www.nes.scot.nhs.uk/media/351385/10_essential_shared_capabilities_2011.pdf>  Para 2.3 Religion, belief, and spiritual care short discussion and then an activity following which relates to mental health and sexual orientation.The resource gives good guidance on mental health and wellbeing and is used by most HEIs in Scotland.  |
| What Matters to You? | A resource from NES and Scottish Government that has been individualised to each area in Scotland. It asks the questions of individuals in order to assess and understand the person centred care that matters to an individual. Available at: <https://www.whatmatterstoyou.scot/>  |

Our thanks to all those who contributed to this table of Spiritual Care Education Resources for Higher Education Institutions in Scotland.

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