



2019 Duke AHEAD Grant Proposal  
Due by 5:00 pm 06/24/2019

**Check one:**

- regular small Duke AHEAD grant - proposal with budget up to \$5,000**  
 **targeted IPEC Duke AHEAD grant - proposal with budget up to \$25,000**

**Principal Investigator/School/Department:** Patrick Hemming

**Collaborator(s)/School(s)/Department(s):**

Alissa Stavig/Medicine/Departments of Psychiatry and Medicine  
John Oliver/ Duke University Hospital/ Chaplain Services and Education  
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Katherine Henderson/Duke University Hospital/Chaplain Services and Education  
Janice Dillard/ Duke University Hospital/ Social Work Services  
Lynn Bowlby/ Medicine/ Medicine

**Focused question:** When spiritual care provided by a chaplain is available in the outpatient general internal medicine clinic, what are the perceived spiritual care needs of medical providers, nursing staff, social workers and, most importantly patients?

**Background:** (including brief review of prior research)

Pastoral care in the form of hospital chaplains is a standard component of hospital care, and has been demonstrated to have important influence on patients' medical care, including their satisfaction, perception of congruence with their medical team, and medical decision-making. Many nurses and medical practitioners report significant value from pastoral care's involvement with their patients. However, although several nursing and medical training bodies have recommended spiritual care competencies for medical education, training programs do not routinely introduce spiritual care concepts to trainees. Additionally, while organizations like the Veterans Health Administration has begun incorporating chaplains in care for patients outside of the hospital, this approach has few examples in other health systems. Clinical pastoral education (CPE) is the principal training program in the United States for the formation of hospital chaplains. Although its inception in the 1920s came about through a partnership between medical providers and clergy, CPE trainees do not typically have opportunities to work directly with the medical team, potentially compartmentalizing their role with patients as separate from the medical and nursing team. Prior curricula have demonstrated benefits from bringing chaplain training into closer contact with the education of other members of the medical team. This group of collaborators has experience from implementing and studying educational models of spiritual care, and is eager to do so within Duke's outpatient care facilities. The Duke Outpatient Clinic (DOC) is a hospital-based clinic with a multidisciplinary team and an educational mission to train medical residents and students from other disciplines. Because of the hospital-based status,

the DOC has a unique opportunity to welcome a CPE trainee to the DOC as part of Duke University Hospital's CPE training program. Beginning in August 2019, one CPE intern—a student concurrently pursuing a Master's degree in theology—will begin working with DOC patients ten hours per week throughout the academic year. While supervision and other educational activities will occur at Duke University Hospital with other CPE interns, her clinical experience will be at the DOC. This provides a unique opportunity to develop multiple means of connecting with patients, and tailoring her experience activities to support the learning of medical providers and nursing staff. The planned partnership between CPE, medical and nursing education is a new opportunity at Duke. The proposed grant aims to establish specific learning needs for training of future chaplains and outpatient physicians. We additionally aim to educate nursing staff and other members of the clinic's patient care team on supporting the spiritual needs of patients, creating a unique and potentially long-term interprofessional partnership with pastoral care. Ultimately, the goal is to better identify and respond to the needs of our Duke patients across the spectrum of their medical care.

**Specific aims:**

As a targeted needs assessment for learners, faculty and staff members at the Duke Outpatient clinic, we aim to ask the following questions: In the context of their outpatient care, what do clinic patients perceive to be their spiritual needs? What do medical residents and nursing staff members perceive as their needs and role in identifying and responding to the spiritual needs of patients? We propose to examine these questions via a survey of patients, staff, faculty members, and medical residents. Survey questions will be adapted from validated measures and new questions that directly address the aims above. The findings will be used to develop and refine learning objectives, appropriate educational methods and outcome measures for the outpatient CPE curriculum in 2019-2020 and in subsequent academic years.

**Project Plan, including brief description of steps and/or timeline:**

August and October 2019: beginning of pilot outpatient CPE curriculum. We will collect a needs assessment, using surveys of patients, physicians and staff. In late August, the CPE intern begins supervised clinical experience. September- January: CPE intern pilots the following clinical activities: 1. Meeting with patients who express interest in seeing a chaplain or are identified by the medical and nursing team. 2. Co-facilitating with the clinic social worker a regular spiritual care group for patients. 3. Conducting two to three 50-minute in-service trainings with nursing staff members regarding spiritual care. 4. Participating with faculty preceptors by listening to resident's patient presentations and introducing relevant pastoral care principles. October-December 2019: Data analysis of targeted needs assessment. January- May 2020: Targeted implementation of findings from initial pilot. CPE intern will continue the above activities, including a second semester of the spiritual care group visits, applying and implementing findings from the 2019 needs assessment February- April: CPE intern will develop and implement a quality improvement questionnaire to be used with spiritual care group visits as part of her educational program. Mid-May: End of initial curriculum. The research team will develop and collect a post-curricular survey to assess the experience of physicians, nurses and other staff members with the outpatient chaplaincy initiative. We will use this to consider strengths and challenges in the interest of extending to another academic year, and further developing outpatient applications for chaplains, such as advance directives or assistance with substance abuse and recovery. Funds will be used for research assistants to help with recruitment of survey

participants, administration of surveys with patients, statistical support and analysis and coordination of reporting.

**Outcome measures:** (please select from among the following)

- Pre- and post-intervention/innovation surveys
- Qualitative analysis (including focus groups or interviews)
- Post-intervention/innovation satisfaction survey
- Attendance figures/usage data
- other (please provide a brief description – max 20 words)

**Resource needs and budget:**

Funding will be available for a 12-month period. Please fill in the table below and provide justification/description for each item below. Additional budgetary support may be available through DASHE vouchers for editorial support, data management, education research commons, and more (see <https://dukeahead.duke.edu/how-we-can-help/duke-ahead-supporting-health-professions-educators>).

If submitting a proposal for a targeted IPEC grant, please provide an estimate of the time/effort you will expend on this project. PI support may not total more than 25% of the requested funds. If submitting a proposal for a regular (small) grant, PI may not request financial support and it is not necessary to estimate time/effort. Administrative support for either type of grant is available through “consultant costs.”

		Estimated Cost
PI support (for IPEC grant only)	[PI time/effort = ]	\$0.00
Consultant Costs		\$5000.00
Equipment		\$0.00
Computer	Hardware (\$1500/laptop)	\$0.00
	Software	\$0.00
Supplies		\$0.00
Travel	(1,000/trip)	\$0.00
Other Expenses		\$0.00
<b>Total Costs for Proposed Project</b>		<b>\$5000</b>