

Title	Assessment of spiritual needs through clinical situations				
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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, midwifery.				
Year of Teaching	4 (or final year)				
Learning Objectives	<ul style="list-style-type: none"> • Learn to use available resources, adapt to the environment. • Ability to adapt to diverse cultural contexts. • Develop personal strategies to individualise the approach of each patient. • Assessment of spiritual needs from the nurse perspective. • Detection of spiritual needs. • Learn to carry out a professional and interdisciplinary approach through decision-making. • Effective communication, through compassionate attitudes and resources such as counselling. 				
Strategy Description	<p>According to EPICC Spiritual Care Education Standard, through the clinical simulation, a training program can be carried out where all the competences defined in this document are included, through the different clinical cases proposed.</p> <p>In order to favour the acquisition of competences and to be able to fulfil the learning objectives, an activity is proposed from the methodology of the clinical simulation, through role play.</p> <p><u>1: Theoretical sessions</u> Six, 50-minute training sessions will be planned where the following issues will be addressed, with a practical approach:</p> <ul style="list-style-type: none"> • Social, cultural and health context. • Characteristics of the healthcare environments and the profile of the patient. • Assessment of spiritual needs. Model of SECPAL transferred to other clinical contexts. • Nursing diagnoses proposed by NANDA in relation to spirituality. • NIC interventions associated with spiritual care. • Interdisciplinary interventions based on the assistance model: medicine, psychology, spiritual care service. What function does each professional have? • Tools related to communication skills: counselling. <p><u>2: Role play; simulated practice</u> Below are 4 case possibilities. It is important to note the variability between them in order to give an integral vision to the students, taking into account:</p> <ul style="list-style-type: none"> • <i>Different clinical environments.</i> • <i>Different patient profiles.</i> • <i>Different cultural contexts.</i> • <i>Nursing care processes, and interdisciplinary care.</i> • <i>Different phases of the care process, with different resources.</i> 				

	<ul style="list-style-type: none"> • <i>Different needs.</i> <p>In this way, the individualisation of the attention processes within a standard that allows a certain flexibility is also needed. For example:</p> <ul style="list-style-type: none"> • In surgery consultations, after giving the informed consent, we have a patient who, due to his beliefs, decided not to receive a transfusion during a surgical procedure. • Family in palliative care, with their relative in a situation of last days, who want to receive spiritual accompaniment in this process. • Patient admitted to Internal Medicine who requests different changes in their stay, related to their beliefs and religious practices according to their culture. • Assessment process and nursing record of a patient who has just entered traumatology, derived from emergency, after being assessed by a traffic accident. <p><u>2.1: Preparation of cases</u></p> <ul style="list-style-type: none"> • Preparation of the environment. • Definition of the role to be played by the actors. • Preparation of recording equipment. <p><u>2.2: Action</u></p> <ul style="list-style-type: none"> • In each case, 6 students will be present, of which 1-2 will interact in the case raised, and the rest will be observers. • Each case will have an approximate duration of 20 minutes, and will be recorded on video for further analysis. • The total duration will be 2 sessions of 50 minutes. <p><u>3: Integrated reflexive practice and debriefing</u></p> <ul style="list-style-type: none"> • The complete group (24 students) will analyse each of the cases visualising the videos in 2 sessions of 50 minutes, with the following aspects discussed: • Group participating in the situation: <ul style="list-style-type: none"> ○ How have you felt about the situation? ○ What resources have been used in the training sessions (and those not useful)? ○ What personal resources have you employed? ○ What limitations have you perceived? ○ If they were now in the same situation, what would they change and why? • Observer group (students who watch the video): <ul style="list-style-type: none"> ○ What resources have been used in the training sessions (and those not useful)? ○ What personal resources have colleagues used? ○ What limitations have you perceived from your external vision? ○ What would they change in the performance and why? <p>All of the above information will be recorded qualitatively.</p>
<p>Educator's Role</p>	<p><u>1: Theoretical sessions</u></p> <ul style="list-style-type: none"> • Case-based learning module. • Four sessions of 50 minutes where teachers will impart this information. <p><u>2: Role play; simulated practice</u></p> <ul style="list-style-type: none"> • Small-group seminar sessions with 6 students. One to two students interact; the rest are observers.

	<ul style="list-style-type: none"> • Teacher leading the role play (simulated cases) and will have the collaboration of 4 actors who will participate in the difference scenes, and with whom this part has previously been worked on. <p><u>3: Integrated reflexive practice and debriefing</u></p> <ul style="list-style-type: none"> • Debriefing 24 students. Discussion group. • Facilitating and leading the discussion.
Resources	<p><u>Theoretical sessions</u></p> <ul style="list-style-type: none"> • Computers. • Black/white board and markers. <p><u>Role play; simulated practice</u></p> <ul style="list-style-type: none"> • Actors depending on the clinical situation. • Preparation of the environment: hospital room, meeting room, etc. • Video camera. • Video projector. • Clothing for actors. • Black/white board and markers. • Chairs for observers.
Learner Assessment	<ul style="list-style-type: none"> • The evaluation rubric would be based on the EPICC Spiritual Care Education Standard, evaluating the level of acquisition of each competence, and then making a qualitative evaluation by the teachers involved. • There are competences that will be addressed in all situations, and others specifically in specific cases. • The evaluation will be common to the whole group, evaluating as a whole the action before the case and the contributions by the observers during the process. <p><u>Evaluation</u></p> <ul style="list-style-type: none"> • Teacher, whose value will be 80% and a self-assessment. • Students, whose value will be 20%.
Additional Comments	<p>The approach to this training strategy is based on one of the teaching methodologies that is being carried out in an interdisciplinary postgraduate course in spiritual care.</p> <p>The viability of the precise implementation of an acceptance by the Head of Studies of the Nursing Degree to see how can we obtain the hours needed. A total of 8 sessions. The theoretical sessions should have a longer duration, but if we increase the time it is necessary to request less possibilities to carry it out.</p> <p>In relation to the second part, it is impossible to impart it in nursing degree this course (2017-2018), since the course is planned and there is no possibility of change. Another option is to tell my experience from the postgraduate, where nurses participate.</p>
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