

Use and Value of the EPICC Outputs



October 2020

EPICC was co-funded by the European
Union's Erasmus+ Programme

This document collates feedback from EPICC participants about their experience of taking part in the EPICC project (December 2016 and July 2019). It also provides exemplars of how people across the world are using the EPICC outputs in their practice.

The document is divided into 4 parts:

Part 1: Survey evaluation of EPICC participants and stakeholders (April 2019)

Part 2: Survey evaluation of EPICC participants and stakeholders (July 2020)

Part 3: Exemplars of how the EPICC outputs are being used internationally (2020)

Part 4: Engagement with the EPICC project

Contents

Introduction	2
Part 1: Survey evaluation of EPICC participants and stakeholders (April 2019)	2
Aim and Method	2
Analysis	2
Results	2
1. EPICC Spiritual Care Education Standard	2
2. Respondents indicated that the EPICC Standard	3
3. EPICC Gold Standard Matrix for Spiritual Care Education	3
4. Meeting the objectives of the EPICC project	3
5. Satisfaction with project activities	4
6. Qualitative statements.....	4
7. Evaluation of final EPICC Multiplier event 2	5
Part 2: Survey evaluation of EPICC participants and stakeholders (July 2020)	6
Aim and Method	6
Analysis	6
Results	6
1. Respondents roles included.....	6
2. Respondents had made use of the following EPICC outputs.....	6
3. Respondents began using the outputs in	7
4. Respondents used the EPICC outputs to	7
5. Qualitative statements.....	7
Part 3: Exemplars of how the EPICC outputs are being used	8
Part 4: Engagement with the EPICC project	18
4.1. EPICC network membership	18
4.2. Engagement with EPICC through ResearchGate	19
ResearchGate: Followers from European countries	19
ResearchGate: Followers from non-European countries	20

Introduction

This document collates feedback from EPICC participants about their experience of taking part in the EPICC project (December 2016 and July 2019). It also provides exemplars of how people across the world are using the EPICC outputs in their practice.

The document is divided into 4 parts:

Part 1: Survey evaluation of EPICC participants and stakeholders (April 2019)

Part 2: Survey evaluation of EPICC participants and stakeholders (July 2020)

Part 3: Exemplars of how the EPICC outputs are being used internationally (2020)

Part 4: Engagement with the EPICC project

Part 1: Survey evaluation of EPICC participants and stakeholders (April 2019)

Aim and Method

In April 2019, 3 months before the end of the EPICC project, 56 participants were invited to complete an online evaluation. This was one of the project activities managed by Viaa University Netherlands.

They were asked to rate on a 5-point Likert scale:

1. The extent of their agreement with the content of the EPICC Spiritual Care Education Standard (67 questions) and how they were using the Standard (5 questions).
2. The usefulness of the EPICC Gold Standard Matrix for Spiritual Care Education (2 questions).
3. The extent to which the EPICC project goals were achieved (7 questions).
4. Their level of satisfaction with project activities (9 questions).
5. They also had the opportunity to make comments in a free text section.

Analysis

Quantitative data were analysed in SPSS using descriptive means and statistics.

Qualitative data were subjected to thematic analysis.

Results

Responses were received from 35 participants (28 were researchers and/or teachers, 3 were healthcare practitioners, 1 was a stakeholder and the remaining 3 were with either an assistant professor of nursing, a PhD student or a senior academic manager) from 16 countries.

1. EPICC Spiritual Care Education Standard

There was overwhelming agreement with the preamble containing definitions of spirituality (100% agreement: 38% agreeing and 62% fully agreeing) and spiritual care (97% agreement: 32% agreeing and 65% fully agreeing) and with the 28 items signifying the knowledge, skills and attitudes relating to the 4 spiritual care competencies.

Table 1

Range of scores for the 4 competencies

Competency	% agree/disagree
1. Intrapersonal spirituality: Is aware of the importance of spirituality on health and well-being.	90-97% agreed 3-10% disagreed
2. Interpersonal spirituality: Engages with persons spirituality, acknowledging their unique spiritual and cultural worldviews, beliefs, and practices.	94-100% agreed 0-6% disagreed
3. Spiritual Care: <i>Assessment and Planning</i>: Assesses spiritual needs and resources using appropriate formal or informal approaches, and plans spiritual care, maintaining confidentiality and obtaining informed consent.	92-100% agreed 0-8% disagreed
4. Spiritual Care: <i>Intervention and Evaluation</i>: Responds to spiritual needs and resources within a caring, compassionate relationship.	94-100% agreed 0-6% disagreed

2. Respondents indicated that the EPICC Standard
 - Had changed their teaching (72%, *n* = 26)
 - Had changed the curriculum at their university (64%, *n* = 23)
 - Was being used in research in their country (56%, *n* = 20)
 - Had changed policy in their country (30%, *n* = 11)
 - Was being used in clinical practice in their country (22%, *n* = 8)

3. EPICC Gold Standard Matrix for Spiritual Care Education
25 (69%) found the Matrix useful for their practice.

4. Meeting the objectives of the EPICC project

Table 2

Percentage agreement of the EPICC objectives

Objectives	% agreement
Establishment of sustainable network	94%
Acquired new knowledge and skills	92%
Review how personal, religious, and spiritual aspects are addressed in sample of HEIs across Europe	86%
Identify enabling and inhibiting factors in spiritual care teaching and learning	88%
Develop and test an evidence-based Matrix	89%
Identify strategies and develop resources to inform regulatory bodies and stakeholders	84%
Ensure projects are informed by patients/public and students	80%

5. Satisfaction with project activities

Table 3

Percentage satisfaction of the EPICC activities

Satisfaction with project activities	% (n)
Communications about EPICC by email/Facebook	97% (n = 34)
The overall administration and organisation of the EPICC project	97% (n = 33)
The role of the EPICC Strategic Partners (Steering Group)	89% (n = 32)
The Teaching and Learning Event 2 in Malta (September 2018)	97% (n = 28)
My own participation in the EPICC project	80% (n = 28)
The EPICC website	71% (n = 25)
The Teaching and Learning Event 1 in Zwolle (October/November 2017)	88% (n = 22)
The mentor group that I was part of (only for EPICC participants)	83% (n = 20)
The Multiplier Event 1 in Staffordshire (April 2017)	84% (n = 16)

6. Qualitative statements

There was a total of 24 comments, all of which were positive, as per the following themes.

- A valuable and rewarding experience
 - “It’s been a joyful and good experience with lots of learning.”
 - “Participating in the EPICC project has been one of the most rewarding and enriching experience in my academic career.”
 - “A valuable experience that has enabled self-reflection and greater understanding of culture and spiritual care and a great opportunity to share and listen to other colleagues approaches to teaching spiritual care in diverse settings.”
 - “...a pivotal experience that has positively impacted my role, confidence and abilities in this area. The collegiality, respect and engagement with all participants has been tremendous.”
- Developing knowledge and insights
 - “Very meaningful with deep insight to the term ‘spiritual’.”
 - “I learnt a lot in terms of spirituality and spiritual care concept from a nursing perspective and how it can be implemented in our nursing curriculum.”
 - “...not only refreshing with new knowledge and ideas, but also has helped to direct my activities in this area of nursing care at my university...”
- Expanding global and academic connections
 - “...having the opportunity to network and collaborate with such a diverse group of health care professionals and stakeholder groups has co-produced some significant outputs that will inform nursing and midwifery education, practice in the foreseeable future.”
 - “I am very passionate and responsible to bring this standard not only to my institution, but to share with other nursing schools in Malaysia.”

Part 2: Survey evaluation of EPICC participants and stakeholders (July 2020)

Aim and Method

Between 17th June 2020 and 11th September 2020, all ($n = 69$) EPICC Network members were invited by the Network Chair to complete an online evaluation on Microsoft Forms enquiring about their use of the EPICC project outputs.

They were asked to answer 8 questions:

1. What is your role and what organisation do you work for?
2. Which of the EPICC outputs have you made use of?
3. When did you begin using the EPICC outputs?
4. How have you used the EPICC outputs (e.g., in clinical practice, to inform policy, education, training, research)?
5. As a result of you using the EPICC outputs, who else do you think has benefitted (e.g., students, patients, colleagues)? Please can you also calculate/estimate how many people this involves?
6. In what ways have the EPICC outputs been helpful for you in your role?
7. In what ways do you think that the EPICC outputs have been helpful for the people you work with (e.g., patients, students, staff members)?
8. What do you think is the MOST SIGNIFICANT benefit of the EPICC outputs?

Analysis

Responses to Q3-Q8 were analysed thematically.

Results

19 (27%) responses were received from 9 countries: Netherlands (3), Portugal (2), Malta (2), Slovenia (1), Ireland (2), England (5), Wales (1), Kenya (2), and Norway (1).

1. Respondents roles included
 - Dean of Department ($n = 1$)
 - Head of Department ($n = 1$)
 - Professor and Researcher ($n = 5$)
 - Assistant/Associate Professors ($n = 2$)
 - Senior Lecturer ($n = 4$)/Teaching Fellow ($n = 1$)
 - Lecturer and Researcher ($n = 5$)
 - Director non-profit organisation ($n = 1$)
 - Research Coordinator ($n = 1$)
 - Coordinator of Interdisciplinary Studies ($n = 1$)

They were working in the fields of applied sciences, nursing, midwifery, health sciences, and the non-profit sector.

2. Respondents had made use of the following EPICC outputs
 - Standard ($n = 6$)
 - Matrix ($n = 2$)
 - Toolkit ($n = 0$)
 - Network ($n = 1$)

3. Respondents began using the outputs in
 - 2016 ($n = 2$)
 - 2017 ($n = 1$)
 - 2018 ($n = 3$)
 - 2019 ($n = 11$)
 - 2020 ($n = 5$)

4. Respondents used the EPICC outputs to
 - Develop research in their university ($n = 8$)
 - Enhance their teaching practice ($n = 5$)
 - Inform clinical practice (nursing, midwifery, psychotherapy, art therapy) in their country ($n = 4$)
 - Inform policy in their country ($n = 4$)
 - Implement staff development training ($n = 4$)
 - Utilise in publications ($n = 3$)
 - Change the curriculum at their university ($n = 2$)
 - Develop a Research Excellence Framework Impact Case study ($n = 1$)
 - Inform local standards in an NHS Trust ($n = 1$)
 - Enhance grant applications ($n = 0$)

5. Qualitative statements

There were 22 comments for the 5 open-ended questions, all of which were positive. They can be summarised as follows:

- A new focus to independent study
 - “Inspired 2 students to focus independent study on spiritual care.”

- Curriculum integration and delivery
 - “It has created more debate about the subject area across the faculty as I have done several presentations about my research and importance of this; I referred to this work in some of these presentations.”

 - “it is also the case that when the EPICC Standard has been integrated into the module learning outcomes, the other EPICC outputs (Matrix, Narrative, Adoption Toolkit) will also be used to support this process.”

 - “The EPICC outputs have given me a range of resources and activities that I can utilise in my teaching of spirituality. Because of the strong and rigorous evidence base that underpins them this gives them credibility when promoting these with colleagues and key stakeholders.”

 - “Toolkit gave me examples and ideas about how to prepare courses, seminars to be more interesting for students and helpful in understanding spirituality.”

- Empathy and increased awareness for the individual
 - “The outputs particularly the competences better shape the individual in the different roles he/she performs. For example, as a teacher, mother, carer. They provide you with

the ability to understand and deal with the people's inner most concerns, a great resource both on a personal and wider community, social level."

- Enhancing student knowledge and perceptions
 - "The EPICC project is having a significant impact on the development of the undergraduate nursing and midwifery curriculum. It provides a framework and suite of interventions that will enable academics and practitioners to raise awareness and formally integrate of spirituality and spiritual care within their programmes."

Part 3: Exemplars of how the EPICC outputs are being used

This section contains exemplars from EPICC participants and Network members about how they are using the EPICC project outputs in their work. Most exemplars build on presentations given at EPICC Project events or related events/activities. Each exemplar states the country of origin and the name and institution of the person providing the exemplar (where permission has been granted). As far as possible, exemplars use the original words of the individual.

Austria

Dr. Piret Paal, WHO Collaborating Centre, Paracelsus Medical Private University, Salzburg.

Statement provided February 2020

Change in pre-and post-registration education of nurses, medical students and multidisciplinary palliative care staff:

- "Within in my role, I teach spiritual care to medical students, nursing students, and multidisciplinary teams working within palliative care. In 2018 I invited Prof. Ross to teach advanced nurse practitioners (around 30) on a Master's programme in Salzburg in EPICC competencies. This was a one and half day seminar. The collaboration will continue in 2020 and beyond. By observing the approach, she used when teaching about EPICC outputs I then subsequently created a full-day teaching session for undergraduate students utilising the EPICC competencies. The session enabled students to develop an understanding of how spirituality is part of illness and health, the theory behind it, and how nurses should support and pick up on cues and when it comes up on discussions with patients. I have run this course twice with over 100 students in attendance on each day."

Change in education policy and practice:

- "I am responsible for the development of palliative care and spiritual care education in the European Association for Palliative Care (EAPC), so I have been promoting the EPICC Toolkit to people there who have attended both our open and closed meetings during EAPC Congresses. I have also included the 2Q-SAM into An EAPC white paper on multi-disciplinary education for spiritual care in palliative care (<https://bmcpalliatcare.biomedcentral.com/articles/10.1186/s12904-019-0508-4>) as it is a really simple effective tool to enable people to start to provide spiritual care."

"The EAPC white paper is a recommended resource for the 7068 palliative care providers in 51/54 countries in Europe listed in the 'Atlas of Palliative Care in Europe 2019'. This includes 6,388 specialised services for adults and a variety of programmes specific to children: home care teams ($n = 385$), hospital programmes ($n = 162$) and hospices ($n = 133$). (https://www.researchgate.net/publication/333390123_EAPC_Atlas_of_Palliative_Care_in_Europe_2019)."

Personal benefits:

- “EPICC has widened my personal and professional scope. It has been very empowering to have such a collegiate network of strong, accessible and responsive nursing leaders that I can consult with.”
- “I have also utilised Prof. McSherry’s survey and it has enhanced my practice as a teacher personally, enriching my view of students and giving me a more holistic understanding of their lives and their emotional struggles.”

England

Dr. Melanie Rogers, University of Huddersfield, England, United Kingdom.

Statement provided February 2020

Change in pre-registration education of nurses, OT’s, psychologists and post-registration education of advanced practitioners and social workers:

- “The EPICC project is having a significant impact on the development of the undergraduate nursing and midwifery curriculum.”
- “We have used research conducted by Prof. McSherry and Prof. Linda Ross in our curriculum since 2002. More recently we were able to disseminate the EPICC Standards and Tools for use within the curriculum in late 2018 to our nursing and health care colleagues. Additionally, I have been able to encompass these standards and tools into my teaching across the health and social care disciplines. This encompasses 200-300 students annually 80% of which are undergraduate (nursing, occupational therapy, psychology) and 20% are postgraduate (MSc Advanced Clinical Practitioners and Social Workers).
- “The outputs provide an evidence-based suite of interventions that can be downloaded and used to support the integration and teaching of spirituality and spiritual care across all academic levels. Collectively the EPICC outputs provide a unique set of tools and strategies that support the development of competence in the delivery of spiritual care.”
- “Because of the strong and rigorous evidence base that underpins them this gives them credibility when promoting these with colleagues and key stakeholders.”
- “They have supported my own views of spirituality in nursing education and given me new resources and ideas to utilise in teaching and practice.”

Clarifying concepts:

- “The work carried out by EPICC has reduced the confusion about the meaning of spirituality and how this can be integrated into nursing.”
- “It has brought clarity to many nursing students and helped them understand the concept further.”

Raising awareness:

“EPICC has raised the awareness of spirituality in nursing and midwifery and created a cohesive language which can be used across Europe.”

- “It has created more debate about the subject area across the faculty as I have done several presentations about my research and importance of this; I referred to this work in some of these presentations.”

Refining research priorities:

- “It has helped us to develop our own research priorities in terms of spirituality and has enabled us to be part of a larger network in Europe and internationally.”
- “We used the resources and tools developed to underpin our teaching to health and social care students as well as our research proposals. We have used some of the resources from earlier research to develop our own research bids, especially the RCN spirituality survey.”

Ireland

Dr. Fiona Timmins (Associate Professor) and Jacqueline Whelan (Assistant Professor), Trinity College, Dublin.

Survey response

Change in pre-and post-registration education of nurses and midwives:

- “In Ireland, in Trinity College, Dublin, the Spiritual Care Education Standard, Gold Standard Matrix, and 2Q-SAM have been integrated into the curriculum since 2019 of first-year general nursing, mental health, intellectual disability, children’s and midwifery students ($n = 285$) and second-year nursing, mental health, intellectual disability, children’s and midwifery students ($n = 274$).”
- “Spiritual Research and Innovation Group TCD ($n = 10$) and wider group membership ($n = 26$), Postgraduate Higher Diploma in Children's Nursing students ($n = 6$), Master’s nursing and midwifery students (varied) ($n = 36$), colleagues in the General Nursing Discipline ($n = 36$) since draft work first became available.”

Clarifying concepts:

- “I think the naming of competencies also provides a legitimacy to the subject, which in some countries is really needed as there is conflation of spirituality with religion, and thus confusion that a nurse may be trying to be religious rather than simply doing his or her job.”
- “Exceptional clear structure and organisation of outputs to help students develop a concrete understanding of what spirituality and spiritual care entails.”

Kenya

Adelyne Psirmoi (Director) and Lukoye John (Director of Research), Joedy Foundation.

Survey response

The Joedy Foundation is a Non-Profit Organization set-up in 2015 to promote peace and to support the education and holistic health (physical, mental, spiritual) of communities facing conflict in the war-torn Mt Elgon region along the Uganda/Kenya border. In Kenya, the spiritual dimension is missing from education programmes at all levels (primary, secondary, tertiary). The Joedy Foundation heard about the EPICC Standard/Matrix through its partnership with a local university. The Foundation integrated the EPICC Standard/Matrix (and thereby spirituality) into all its health and education programmes in March 2020:

Programmes for psychotherapists supporting vulnerable children and their families, resulting in 30 psychotherapists providing more compassionate counselling to 200 young people:

- “The EPICC Standard has been used in Kenya since March 2020 by 30 psychotherapists, employees of the Joedy Foundation, to provide spiritual care through innovative education and compassion when counselling 200 children and youths who have been affected by clashes, gender-based violence, and school dropouts.”

Medicare programmes providing holistic healthcare in malaria and HIV/AIDS camps, resulting in 400 patients receiving spiritual care in addition to physical care.

Primary, secondary and tertiary (university/polytechnic) programmes, resulting in 1000 students receiving more holistic pastoral support:

- “It creates humble spiritual atmosphere for youths making it safe spaces for sharing and solving problems affecting them. It also provides alternative avenue for practical solutions. In addition, it has also been used at the organisation by their Research Coordinator with 1000 of his students whilst teaching and for pastoral care, and with 400 patients.”
- “It has given me a deep insight in dealing with the students, youths and the patients by instilling the spiritual care aspect which truly gives a valid and concrete solutions to the cases been handled.”

Malta

Dr Josephine Attard (Head of Midwifery), Faculty of Health Sciences, University of Malta

Survey response

Change in pre-registration education of midwives:

- “The outputs have been used since 2019 with midwifery students ($n = 60$) who encounter women at birth (4000 births/year).”

Benefits for students, professionals and on a personal level:

- “The competences serve as a means of having better relationship with all members of multi-disciplinary teams, better shape the individual in the different roles he/she performs. For example, as a teacher, mother, carer. They provide you with the ability to understand and deal with people’s inner most concerns, a great resource both on a personal and wider community, social level.”

- “The competences ... are flexible, can be applied in different care settings and people with diverse cultures. They are really the core of spiritual care. They ... develop better healthcare workers, patients receive holistic care ... develop your life skills (e.g., coping).”

Netherlands

Roberta Langenberg-Klok (Director Academie Health Care), Viaa Christian University of Applied Sciences, Zwolle.

Statement provided March 2020

Clarifying concepts:

- “The underpinning research from this project has brought consensus on the content and competencies of spiritual care. One of the goals of our university is to bring the topic of spiritual care further [and] the EPICC project very much aligned with this objective.”
- “The many years of research conducted by Prof. Mc Sherry and Prof. Linda Ross has been instrumental in bringing agreement on the content of spiritual care and which competencies are part of it, including research on the efficacy of working with these competencies.”

Change in pre- and post-registration education of nurses:

- “The EPICC project has strengthened our way of working and provided a theoretical framework for the work on spiritual care.”
- “The EPICC outputs are used within curriculum design in our Bachelors of Nursing Programme since 2018 ($n = 2103$ students). The competencies described in the EPICC Spiritual Care Education Standard were translated into Dutch and are also used to train nurses in practice and on a specialist programme we deliver for practitioners to become Special Caregivers in Spiritual Care ($n = 177$ students). We also offer training to people from other healthcare institutes throughout the Netherlands. This E-Learning programme is based on the outputs from the EPICC project, as they are a very practical e-learning tools. We are leading the way in spiritual care in the Netherlands, students specifically attending our university to develop competencies within this field.”

Raising awareness, widening scope internationally, stronger working:

- “Prof. Rene van Leeuwen at our university has collaborated with Prof. McSherry and Prof Ross for many years on the topic of spiritual care. The EPICC project has enabled greater time and funding to continue this worthwhile research and to bring experts on spiritual care such as Prof. van Leeuwen, Prof. McSherry and Prof. Ross and many others together on an international basis. The EPICC network has given our university new relationships and contacts within the field of spiritual care. The network has raised awareness of this topic and the work we do in Viaa University.”

A platform for further research:

- “We are currently planning our strategy for the next four years. We are very proud of the research they have done within this international collaborative group. It stimulates us to bring this research further. At present spiritual care is embedded in general nursing, clinical, and

hospice work. We are planning to raise awareness and conduct research in spirituality in mental health care organisations in the Netherlands.”

Norway

Dr. Bard Maeland (Rector) VID Specialized University, Bergen.

Statement provided October 2020

Change in pre-registration education of nurses:

- “[The EPICC project outputs] have been integrated into the curriculum of undergraduate nursing programmes in both first- and second-year courses. They have been included in textbooks, and reading lists for undergraduate student nurses, ensuring it is accessible to everyone. 600 students have benefitted since 2017. The produced research will remain integrated in the curriculum and will continue to have a long-term impact on the professional development of students, educators and researchers.”

Co-produced outputs:

- “The project has enjoyed a high degree of user involvement from trained nurses, student internship nurses and patients, internationally. This active collaboration – one that is rare in these types of projects – has been very impactful on all stakeholders.”

Further international research (SEP project):

- “The SEP funding will now make it possible to: (1) develop spiritual care ... in psychiatric wards [and an older person care facility] and (2) evaluate the EPICC project ... with ... 1100 student nurses [through the development of the EPICC Standard into a student self-assessment tool]¹.”

Poland

Dr. Beata Dobrowolska (Associate Professor and EPICC Participant), Medical University of Lublin.

Statement provided March 2020

“From my perspective the impact of the EPICC project has been in two main areas [as follows]”:

Increasing knowledge and awareness of spiritual care:

- “I translated the first draft of the Standard into Polish and informed the *Polish Association for Spiritual Care in Medicine of its salience and utility. This translation of the EPICC Standard plus a presentation about the EPICC project and spiritual care has been on the Polish Association for Spiritual Care in Medicine website since late 2016 (<http://ptodm.org.pl/aktualnosci/192550,edukacja-w-zakresie-pielegniarskiej-opieki-duchowej-rezultaty-miedzynarodowego-projektu-epicc>). Its inclusion on the website sparked a lot interest and led to the beginning of discussion with nurses and other healthcare professionals about the importance of embedding spiritual care into research, education and practice. The translation of the Standard (and the competencies) made this more concrete [and] it increased awareness with healthcare professionals of their role in the provision of spiritual care.”

¹ Point of clarification, information provided in the brackets by the authors illustrates the broader context of the SEP project.

The 'Polish Association for Spiritual Care in Medicine' (<https://www.ptodm.org.pl/>) was established in 2015. It is the first of its kind in Poland. Its mission is: "Integrating and representing the community of people interested in spiritual care in medicine, provided for the sick, disabled and their families, striving to provide them with high-quality care and supporting the development of scientific research and promoting knowledge in this field."

Improving the education of nurses on the topic of spiritual care:

- "Four hours of teaching is included in the curriculum in Nursing Studies on the competencies included in the Standard. This is my fourth year teaching these Standards at undergraduate nursing level. In 2017-2018, 150 students were taught; 2018-2019, 200 students were taught; 2019-2020, 150 were taught. These students are assessed through discussion and reflective practice."

Future impact:

- "Plans for the future: we plan to open [a] department in the University for spiritual and multicultural care for medical care (not just nursing) research and practice in the Medical University of Lublin. EPICC competencies and the Standard will inform teaching, research and practice within this department."

Portugal

Prof. Wilson Abreu, ESEP School of Nursing and CINTESIS Research Center (University of Porto).

Survey response

Enhanced patient care:

- "Since 2019, the EPICC Standard and Gold Standard Matrix have been utilised to help students better evaluate patient needs, which has been invaluable to promote of comfort, adherence to the treatment, delay the memory decline in people with dementia, help people and caregivers in palliative care."

Slovenia

Nataša Mlinar (Senior Lecturer), Faculty of Health Sciences, University of Maribor.

Survey response

Changing education:

- "[The] Toolkit gave me examples and ideas about how to prepare courses, seminars to be more interesting for students and helpful in understanding spirituality. The way I come closer to the students is more compassionate."
- "Students told me that they haven't such opportunities talking about spirituality on the Faculty till our courses. Out of the 137 first year students (academic year 19-20) undertaking an undergraduate Nursing Care programme, 68 take the elective course in spiritual care in nursing. Some students told me that they were never thinking about their own values, until courses they were invited to talk about. About 20% of students have identified this is the first time they have thought about their values in relation to spiritual care."
- "In the local nurses' organisation in Maribor, we organise evening groups, where we talk and discuss spirituality, our own and also about clinical challenges ... The responses of the nurses

are very good. There is one group of 12-15 nurses and nursing assistant who participate in this group twice a month.”

- “Very concrete.”

UK

The Royal College of Nursing (RCN) of the United Kingdom.

Email communications with Professors McSherry and Ross

In 2010, the RCN invited, Professors McSherry and Ross set up a Task & Finish Group to respond to a call from RCN members for further guidance on spiritual care in nursing. Two forms of guidance were published in 2011: ‘Spirituality in nursing: a pocket guide’ and ‘Spirituality in nursing: online educational resource’. In October 2020, The RCN invited Professors Ross & McSherry to update these resources for its circa 450,000 members drawing upon EPICC’s outputs and evidence.

Wales

Prof. Jean White (Chief Nursing Officer), Welsh Government.

Statement provided August 2020

“The Office of the Chief Nursing Officer for Wales was a key stakeholder in the EPICC project from its inception in late 2016 to its conclusion in July 2019. I had overseen the review of the national ‘Health and Care Standards’ (2015) in Wales, which included a review of spiritual care and I felt that EPICC would have a major contribution to the implementation of the Standards, which it has as outlined below.

The EPICC outputs were endorsed and formally launched by myself and the Minister for Health and Social Services, Vaughan Gething, at a two day international conference hosted by the University of South Wales in Cardiff, 1-2 July 2019.

The EPICC project:

- Has clarified how ‘spirituality’ and ‘spiritual care’ are defined for healthcare education and practice in Wales.
- Has changed and enhanced preregistration nursing curricula in all 6 universities ... in Wales impacting on 1,987 nursing students in 2020. Students will be assessed on the EPICC Standard in every clinical placement.
- Is preparing Practice Assessors/Supervisors/Facilitators/Educator Facilitators in Wales ‘to assess students’ spiritual care competency in clinical practice through resources provided by Health Education and Improvement Wales (HEIW), the body which undertakes a national health professions education commissioning role on behalf of Welsh Government.
- Is shaping preregistration midwifery curricula where the EPICC Standard is being embedded.

- Is shaping the 2022 HEIW commissioned preregistration contracts (embedding the EPICC Standard is mandatory) for: paramedicine, dietetics, physiotherapy, occupational therapy, speech and language therapy, podiatry, diagnostic radiography and therapeutic radiotherapy and oncology, operating department practitioners, physicians' associates, and healthcare science programmes.
- Is supporting the existing NHS workforce in Wales ... through HEIW's health and wellbeing resources.
- Has raised regulatory body (Nursing and Midwifery Council [NMC]) awareness of the importance of spirituality for nursing. The NMC is considering evidence from EPICC ... in revision of 'The Code' 2020-2025.
- Has raised awareness with Welsh Government policy officials who are involved in developing policy for patient experience in health and with the Nursing Directorate whose officers provide professional advice on nursing, midwifery and patient experience to Ministers and Welsh Government officials."

Wales

Fiona Rogers (Specialist Requester), South Wales Organ Donation Team.

Statement provided November 2020

"Five of the 12 Specialist Nurses in Organ donation (SNODs) and Specialist Requesters (SR's) from the South Wales Team attended the EPICC project launch event in Cardiff 1-2 July 2019. The audience was introduced to the 'Two Question Spiritual Assessment Model' (2Q-SAM), a Tool (from the EPICC Toolkit) developed by Professors Ross and McSherry for facilitating person-centred spiritual care. Although designed to help student nurses and midwives to provide spiritual care, SNODs and SRs are finding the 2Q-SAM useful too.

1. 2Q-SAM in practice:

1.1. *The Team.* The South Wales Organ Donation Team (one of 12 teams in the UK) made up of 12 SNODs/SRs (from 250 in the UK) have been using the 2Q-SAM since July 2019 to help with extremely challenging conversations around end of life, including organ donation. The team routinely uses the 2Q-SAM to support conversations with families and loved ones in making appropriate decisions within end-of-life care which could potentially involve organ donation.

1.2. *Myself.* I have personally used the tool in around 12 conversations (as of October 2020), and the most important thing that has emerged for me as a clinician, is that it firstly focuses in on the potential donor, helping to elicit what they might have wanted (particularly if there is not a decision registered on the Organ Donation Register). This really helps families in making the right decision, often at a time of immense trauma and grief. It subsequently then guides end of life care. And secondly, it ensures that families' and loved ones' needs are carefully considered to ensure that the experience of losing a loved one is as compassionate as possible. This is very important in the bereavement trajectory.

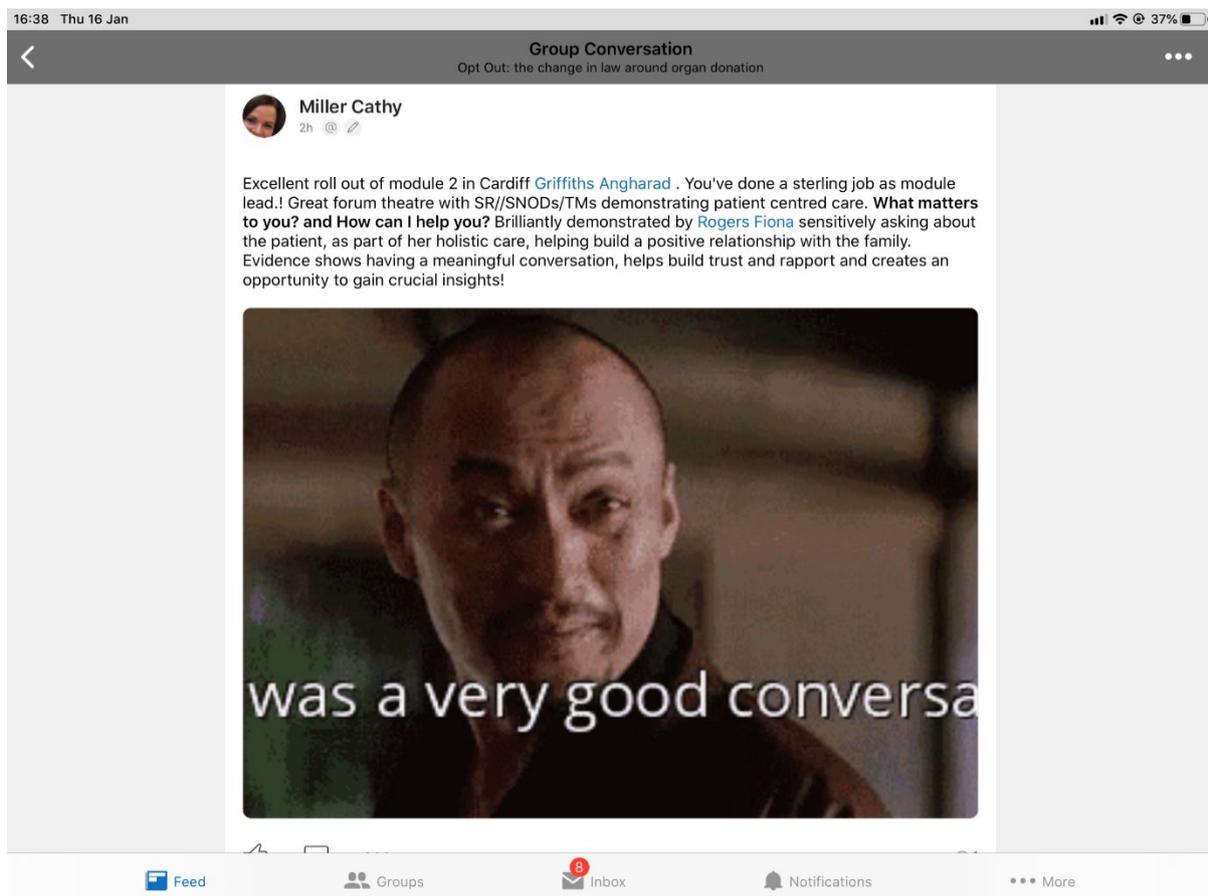
1.3. All SNODs/SRs in the UK ($n =$ circa 250). The 2Q-SAM features in the latest NHS Blood & Transplant (NHSBT) advanced communication guide² which supports the practice of all SNODs/SRs in the UK. The 2Q-SAM is promoted as a tool to ‘support discussions’ that help identify ‘what really matters to someone (and/or their family) in end of life and after death care’ (p. 13).

2. 2Q-SAM in education:

2.1. Training session for SNODs/SRs in England on new ‘opt out’ organ donation legislation. On 16 January, I helped to deliver training for the NHSBT Professional Development Education Team (the body responsible for the on-going education of SNODs/SRs) to around 30 SNODs/SRs in England on the new organ donor legislation. We have had extensive communication skills training, but the two simple questions from the 2Q-SAM went down a storm, not just with the actors but with the Senior Education Team within NHS Blood and Transplant. The 2 questions were evaluated by the actors, students and Education Team as some of the most powerful language they had ever seen (comment on Yammer site feed following the training).”

Here is what the Head of Education & Professional Development at NHSBT-Organ Donation Team had to say on the day of the training (Figure 1):

Figure 1



² NHS Blood and Transplant (2020) *Advanced Communication Guide Specialist Nurses in Organ and Tissue Donation*. NBT.

2.2. UK training. The NHSBT is integrating the tool formally within its national cohort training programmes for SNODs/SRs starting spring 2021.

Wales

Jennifer Parr (COVID-19 Staff Trainer), Aneurin Bevan University Health Board, South Wales.

Statement provided November 2020

The 2Q-SAM was integrated into the training of around 1100 additional nurses/healthcare assistants/students in Aneurin Bevan University Health Board Wales, during COVID-19 in tackling difficult conversations around life and death using the 2Q-SAM.

“The main aim/goal I feel is preparing nurses to not be afraid to have a conversation with someone who is acutely ill or dying; to provide them with questions that are easy to remember and fit any conversation.

The feedback was overwhelmingly positive with people saying they felt more confident and better equipped to engage in conversation. They felt the questions were not intrusive and got to the core of what the patients really needed.”

Part 4: Engagement with the EPICC project

4.1. EPICC network membership

As of November 2020, EPICC has 77 members from the following countries (Table 2):

Table 4

Countries with EPICC network membership (alphabetical order)

European countries	Non-European countries
Austria	Brazil
Croatia	Canada
Czech Republic	China
Denmark	Kenya
England	USA
Ireland	Venezuela
Italy	
Malta	
Netherlands	
Norway	
Poland	
Portugal	
Scotland	
Slovenia	
Spain	
Turkey	
Wales	

4.2. Engagement with EPICC through ResearchGate

The figures below show the number of ResearchGate followers for October 2020. In total, there were 195 followers: 139 from Europe and 56 from non-European countries.

ResearchGate: Followers from European countries

Figure 2

European (number of followers)

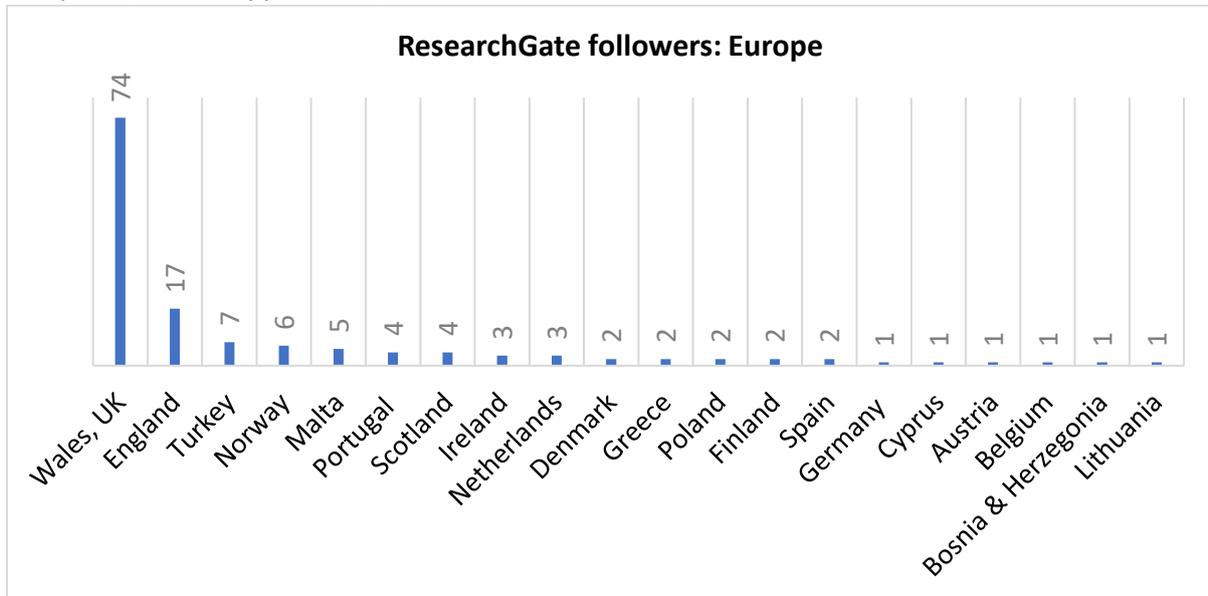
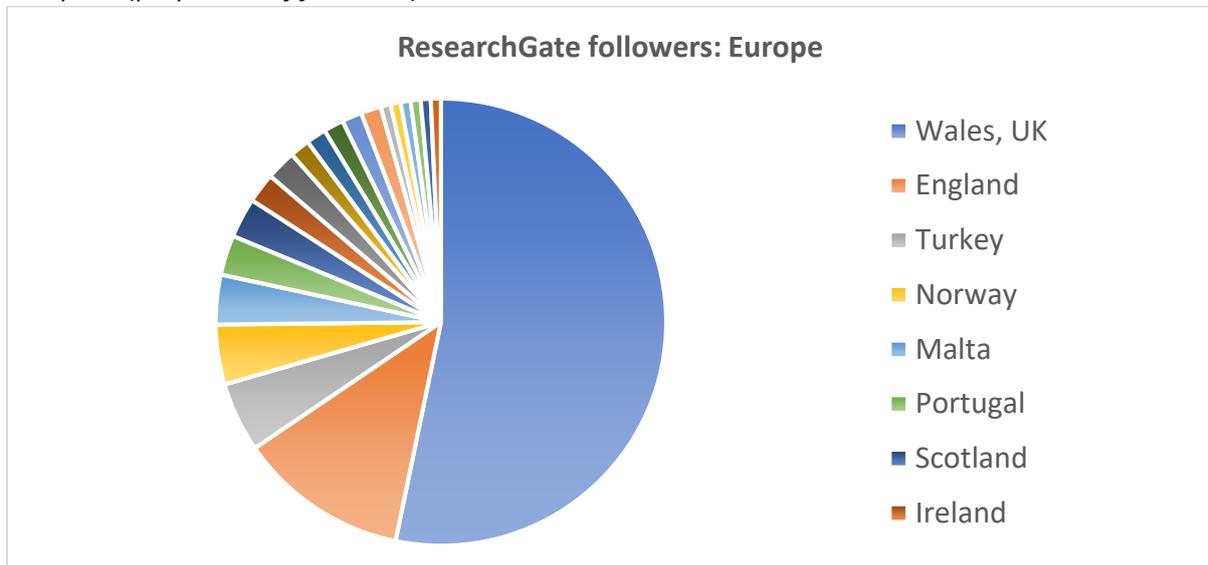


Figure 3

European (proportion of followers)



ResearchGate: Followers from non-European countries

Figure 3

Non-European (number of followers)

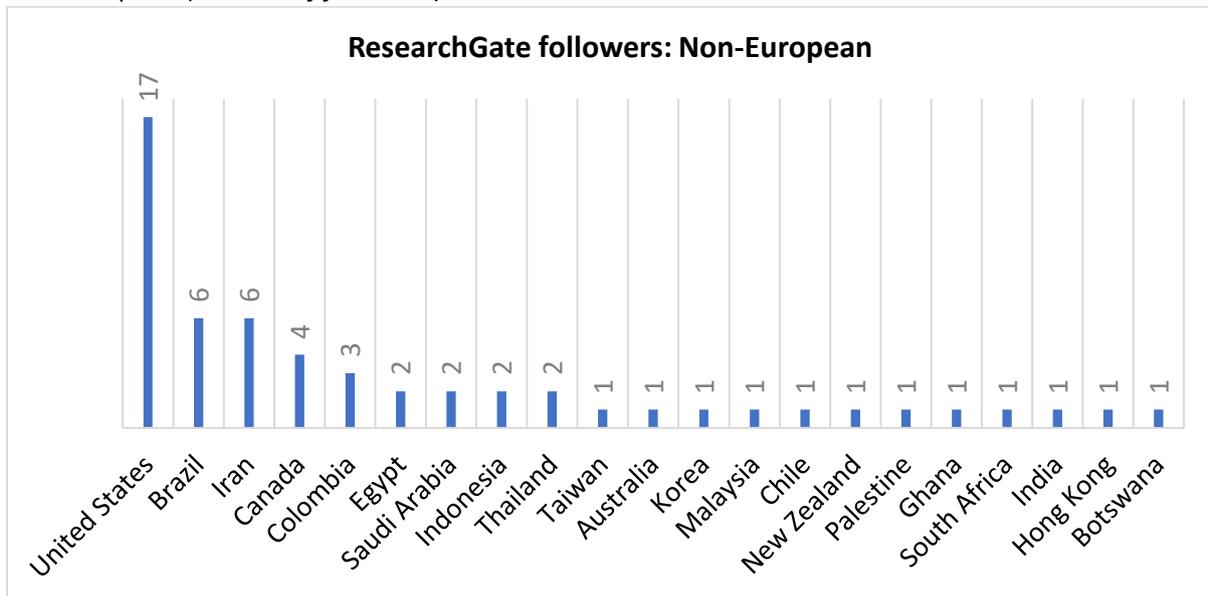


Figure 4

Non-European (proportion of followers)

