

Developing a Team Approach for Whole Person Care

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GMM - Appendix

Importance

- ◆ Care for mind, soul, and spirit takes time and training
- ◆ No one can adequately do it all
- ◆ All dimensions of care should be readily available
- ◆ Ideally under one roof and without financial barriers

The caregiving team

- ◆ Health professionals
- ◆ Pastoral caregivers in some cases
- ◆ Volunteer spiritual caregivers
- ◆ Whole staff and administration
- ◆ Pastoral support in the community
- ◆ Intercessory groups

Why train lay people?

- ◆ Many are available and want to help
- ◆ They are volunteers
- ◆ They can be excellent listeners and supporters
- ◆ They have time
- ◆ Most people with heart burdens do not need professional help
- ◆ They need a **listening ear**

What do we call them?

- ◆ Spiritual caregivers
- ◆ Lay ministers
- ◆ Patient advocates
- ◆ You may prefer another term

Qualifications

- ◆ Personal relationship with Jesus
- ◆ Good knowledge of the bible
- ◆ A call from God to help hurting people
- ◆ Spiritual maturity
- ◆ Right attitudes – compassion, sincerity, humility, willingness to sacrifice
- ◆ Ability to maintain confidentiality

Recruitment

- ◆ From area churches
- ◆ Initial approach is to pastors and church leaders. Their support is critical
- ◆ Personal application form
- ◆ Pastoral recommendation form
- ◆ Personal contact or interview can help

Training involved

- ◆ Health professionals must be trained
- ◆ Up to four hours in wholeness, the centrality of Jesus in healing, how to discern 'heart' problems, how to refer to SCGs, how to pray with sick persons, team dynamics
- ◆ Attendance at a METS conference or the Saline Solution can help
- ◆ Doctors not trained in this approach hinder the process

Training of spiritual caregivers

- ◆ 28 to 24 hours of interactive and participatory training
- ◆ God, Medicine, and Miracles for background reading
- ◆ Helping Hurting People as training manual

Staff orientation

- ◆ The whole staff should be aware of this approach
- ◆ They need to demonstrate compassion, empathy, gentleness, a desire to help
- ◆ A few may give care themselves
- ◆ Some of them may need care

Who to refer for spiritual care?

- ◆ Psychosomatic complaints
- ◆ Cardio-vascular disease
- ◆ Diabetes
- ◆ Chronic pain syndromes
- ◆ Chronic digestive, resp, infectious diseases
- ◆ Auto-immune diseases
- ◆ Malignancies; liver disease
- ◆ Any with heavy stress or inner burdens

Making the bridge

- ◆ Health staff are first to see sick people
- ◆ They can then refer people to SCGs
- ◆ A personal introduction by the physician to the caregivers is of great benefit and is worth the short time it takes

A counseling room

- ◆ A special private place is important
- ◆ Should be near the clinical area
- ◆ Caregivers, when unoccupied, can be in the waiting area or with staff

Regular contacts

- ◆ Between health and spiritual caregivers
- ◆ To discuss results, problems, and particular situations
- ◆ To pray together
- ◆ Spiritual caregivers are under the supervision of the professional staff

Coordination

- ◆ Any volunteer group needs a coordinator
- ◆ To make schedules, changes, and assure communication
- ◆ To give regular encouragement
- ◆ This can be a staff person
- ◆ It can be one of the volunteers
- ◆ Coordinator should be available for prayer
- ◆ Prayer is essential for success and fruit

Keeping records

- ◆ SCGs may keep a short note of each contact for future personal reference.
- ◆ The only official record should be: seen by a SCG ondate
- ◆ Good to keep a register of all who receive spiritual care

Confidentiality

- ◆ SCGs needs to be well informed of this
- ◆ Any breach should be handled immediately
- ◆ A confidentiality form should be signed

Other aspects

- ◆ Bibles to give away
- ◆ Other helpful literature
- ◆ A list of other available social support services in the community
- ◆ A list of churches that can be suggested

Observational research

- ◆ An ideal situation for seeing the effects of spiritual care on various conditions
- ◆ We need to document the effectiveness of spiritual care
- ◆ A carefully designed protocol is necessary
- ◆ Can provide evidence for the importance of spiritual care

Importance of intercession

- ◆ Regular prayer with staff
- ◆ Regular prayer with spiritual caregivers
- ◆ Prayer support in churches of staff and caregivers
- ◆ Perhaps a special intercessory group
- ◆ This is spiritual warfare

Legal aspects

- ◆ Consult with legal advisors
- ◆ Possibility of establishing a separate legal entity without assets
- ◆ Have a clear mission statement available for all to see: “This is a Christian clinic.....”

Culture war

- ◆ Spirituality is for church, not the clinic
- ◆ You can't bring Jesus into the clinic
- ◆ It is unethical to share your faith with a sick person
- ◆ You can only help them with their spirituality

How should we respond?

- ◆ This approach is **evidence-based**
- ◆ External religion and internal faith have positive effects on health and healing
- ◆ The approach is **patient-directed**
- ◆ We offer spiritual care and pursue it only with those who are interested

Discussion

- ◆ How do you see this fitting into your situation?
- ◆ Discuss with others and share ideas
- ◆ What steps do you foresee taking in strategic planning for this?