This conference is designed for physicians, nurses, chaplains, social workers and other professionals interested in the integration of spiritual care in healthcare.
Extend the reach of professional chaplaincy to inpatients and outpatients to improve patient experience

**TV HCCN**
The spiritual care network

Ten programs rich in educational and inspirational content

**Palliative Connect**
The Interactive Program for Palliative Care

An interactive online telehealth program to aid patients and families in the palliative care journey

**Excellence in Spiritual Care AWARE**
A prestigious recognition to show your commitment to best practices

**Spiritual Care Connect**
The Interactive Program for Spiritual Health

An online telehealth program to engage patients and their family caregivers in spiritual health

**On-Call Chaplaincy**

Expand care to outpatients, staff, and overnight patients by phone, email or video call

---

To learn more, contact:
Amy Strano
212.644.1111 ext. 219
astrano@healthcarechaplaincy.org

www.healthcarechaplaincy.org/clinical-services.html
A Global Leader in Spiritual Care Education, Research and Resources
Dear Friends,

The third annual “Caring for the Human Spirit® Conference” is just a few months away in San Diego. All of us at HealthCare Chaplaincy Network are excited by this year’s schedule of educational offerings, which are detailed in this brochure and online at www.healthcarechaplaincy.org/conference.

This conference is for you: physicians, nurses, social workers, chaplains and other professionals who are dedicated to improving the quality of patient spiritual care in and outside of health settings.

The keynote speaker at our 2015 conference, Christina M. Puchalski, M.D., FACP, founder and director of George Washington Institute for Spirituality and Health (GWish), discussed the educational and clinical initiatives in spirituality and health within the context of the global initiative recommendations, and reflected on ways that health care professionals could apply the call to the world to improve the quality of spiritual care in their setting.

For our 2016 conference, we are delighted with the experts who will grace our podium, including the keynote speaker, Dr. Harvey Chochinov, and the plenary session presenters, Dr. Tracy Balboni, Dr. George Fitchett, Dr. Carlo Leget, and Rev. Kevin Massey. In addition, 33 workshops, with topics ranging from spiritual assessment and triage to using resources from various faith traditions, promise to challenge you and inform the work that you do with a renewed sense of meaning.

I’m excited about inviting you to our third annual conference, “Caring for the Human Spirit®: Integrating Spiritual Care in Health Care.”

Please join us.

Rev. Eric J. Hall, M.Div., M.A.
President and CEO
HealthCare Chaplaincy Network
For more information or to discuss additional opportunities, contact Michelle A. Nicholas, Manager, Corporate Relations, mnicholas@healthcarechaplaincy.org, 212-644-1111 x135.
What You’ll Learn

Participants attending the third annual “Caring for the Human Spirit® Conference: Integrating Spiritual Care in Health Care” will have the opportunity to:

• **Learn** innovative theories in therapeutic relationships and end-of-life care. Improve relationship building skills, leading to improved therapeutic outcomes.

• **Identify** cutting-edge methods of spiritual assessment and documentation. Integrate spiritual assessment and documentation practices, resulting in better integration of spiritual issues in clinical care.

• **Understand** how spiritual care can be integrated into diverse settings, including hospice, long-term care and mental health.

• **Improve** spiritual integration for some populations documented to have high spiritual need.

• **Understand** the state of evidence for the spiritual care research agenda and research issues in the field.

• **Incorporate** research findings into care, contributing to improved clinical outcomes.

• **Facilitate** family meetings and contribute to advance care planning discussions.

• **Discuss** the latest research in spiritual care, including new measures and new national survey data.
**AGENDA-AT-A-GLANCE**

### DAY 1

**Monday, April 11**

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>7:30-8:30 AM</td>
<td>Registration &amp; Continental Breakfast</td>
</tr>
<tr>
<td>8:30-8:50 AM</td>
<td>Welcome</td>
</tr>
<tr>
<td>8:50-9:00 AM</td>
<td>Opening Reflection</td>
</tr>
<tr>
<td>9:00-10:30 AM</td>
<td>Keynote</td>
</tr>
<tr>
<td>10:30-12:20 PM</td>
<td>Workshop A Series</td>
</tr>
<tr>
<td>12:20-1:30 PM</td>
<td>Lunch</td>
</tr>
<tr>
<td>1:30-3:00 PM</td>
<td>Workshop B Series</td>
</tr>
<tr>
<td>3:20-4:50 PM</td>
<td>Plenary Session</td>
</tr>
<tr>
<td>5:00-5:45 PM</td>
<td>President’s Address</td>
</tr>
<tr>
<td>5:45-6:45 PM</td>
<td>President’s Reception</td>
</tr>
</tbody>
</table>

### DAY 2

**Tuesday, April 12**

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:00-9:00 AM</td>
<td>Breakfast</td>
</tr>
<tr>
<td>9:00-9:10 AM</td>
<td>Announcements and Opening Reflection</td>
</tr>
<tr>
<td>9:10-10:10 AM</td>
<td>Plenary Session Two</td>
</tr>
<tr>
<td>10:10-11:10 AM</td>
<td>Plenary Session Three</td>
</tr>
<tr>
<td>11:30-12:30 PM</td>
<td>Joint Plenary Q&amp;A Session</td>
</tr>
<tr>
<td>12:30-2:00 PM</td>
<td>Lunch</td>
</tr>
<tr>
<td>2:00-3:30 PM</td>
<td>Workshop C Series</td>
</tr>
<tr>
<td>3:50-5:20 PM</td>
<td>Workshop D Series</td>
</tr>
</tbody>
</table>

### DAY 3

**Wednesday, April 13**

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:00-9:00 AM</td>
<td>Breakfast</td>
</tr>
<tr>
<td>9:00-9:10 AM</td>
<td>Announcements &amp; Opening Reflection</td>
</tr>
<tr>
<td>9:10-10:40 AM</td>
<td>Workshop E Series</td>
</tr>
<tr>
<td>11:00-12:30 PM</td>
<td>Workshop F Series</td>
</tr>
<tr>
<td>12:30-2:00 PM</td>
<td>Lunch</td>
</tr>
<tr>
<td>2:00-3:30 PM</td>
<td>Plenary Session Four</td>
</tr>
<tr>
<td>3:30-4:00 PM</td>
<td>Closing Ceremony</td>
</tr>
</tbody>
</table>

Breaks will be offered twice a day during the morning and afternoon sessions.  
Chapel Open Daily 7:00 AM-6:00 PM  
Prayer Services: Tuesday & Wednesday at 7:30 AM  
Jewish Morning Services, Islamic Meeting, Christian Worship, and Catholic Mass
Monday, April 11

7:30 AM to 5:00PM  Registration

7:30-8:30AM  Continental Breakfast

8:30-8:50AM  Welcome

8:50-9:00AM  Opening Reflection

9:00-10:30AM  KEYNOTE

**Dignity, Person and Deconstructing Connectedness**  
Harvey Max Chochinov OC, M.D., Ph.D., FRSC

Dignity is often described as the cornerstone of palliative care. Yet, within the culture of contemporary medicine, issues such as dignity and considerations regarding personhood are often overlooked or relegated to the niceties of care. The role of healthcare provider as witness also implicates perceptions of dignity and notions of affirmation, requiring a deeper understanding of how to achieve effective empathic communication. This talk will address these issues, focusing on the objectives below.

Participants will be able to:

- Provide an overview of empirical work explicating the construct of dignity in palliative care
- Discuss the importance of affirming personhood within clinical encounters and the consequences of failure to do so
- Examine the concept of healthcare giver as witness within the context of clinical encounters
- Present an empirical model of optimal therapeutic effectiveness.

10:30-10:50AM  Break

10:50-12:20PM  WORKSHOP A1 TO A6 (choose one)

**WORKSHOP A1:**

**Quality Improvement: Hospice Chaplaincy Philosophy and Clinical Documentation Strategies**  
Richard Behers, D.Min., BCC

The workshop will address best practice in hospice spiritual care and clinical documentation. It will equip the hospice chaplain with tools to ensure best practice is achieved. Participants will receive a copy of the Spiritual Care Algorithm and accompanying User’s Guide which will provide instruction and examples in developing and documenting pastoral care encounters. Further, such items as The Big MAC, Pain Scales, and Documentation Template will become tools the hospice chaplain can use on a daily basis to ensure best practice. The experience of the presenter(s) with this issues, Outcome Oriented Chaplaincy, is the underlying philosophy of spiritual care at Cornerstone Hospice & Palliative Care. The Spiritual Care Algorithms and User’s Guide are the standards by which our Chaplains operate at Cornerstone Hospice & Palliative Care

Participants will be able to:

- Explain how Outcome Oriented Chaplaincy forms a strong philosophical foundation for hospice chaplaincy
- Explain how the Spiritual Care Algorithms will meet the Centers for Medicare and Medicaid Services’ requirements using a PDIA Quality Improvement Model
- Illustrate how the Spiritual Care Algorithms provide a mechanism to achieve best practice in spiritual care and clinical chaplaincy
WORKSHOP A2:
Pastoral Care for Non-Responsive Patients
Chaplain Linda S. Golding, M.A.
Chaplain Walter W. Dixon, M.Div., BCC
Penny Sacca, R.N., M.S.N.

The CPE learning model of action-reflection-action is rooted in the value of the intersection of patient and family storytelling with a chaplain’s responses and interventions. That intersection is made real through verbal or written exchange with a patient or family member and the chaplain’s own post-visit reflection before setting out again. But what happens to learning and to the provision of pastoral care when the patient is non-responsive, and/or there is no family with which to engage? Or, if there is family, how is the non-responsive patient included? How can we support chaplains in crossing the threshold to be present for and to minister to a non-responsive patient? What resources are available to encourage and assist chaplain’s engagement with a non-responsive patient rather than avoiding that patient? How are the tools of listening and presence employed with a non-responsive patient? In short, what pastoral care can be offered to the non-responsive patient? These questions are central to providing spiritual care to the patient present in the Intensive Care Unit (ICU) who is unable to engage in the traditional pastoral interventions.

Participants will be able to:
• Learn about the specific needs and concerns in the ICU
• Recognize and affirm the full humanity of the non-responsive patient
• Collaborate with ICU nurses as they care for non-responsive patients
• Acquire skills with which to engage with non-responsive patients

WORKSHOP A3:
Good Chaplaincy in Service of Good Health Care: Chaplains Using Advance Care Planning to Increase Patient Satisfaction and Reduce Unwanted Readmissions
Rev. Sheryl Faulk, M.Div., BCC
Paul Malley, M.A.

The presenters, creators and distributors of “Five Wishes,” the nation’s most popular advance directive, will provide lessons from a multi-year program conducted in a metropolitan health system with a diverse population. Less than one-third of Americans have an advance directive, and those who do may not have communicated their wishes to their family. That leaves a gaping communication void for the medical team to fill during a health care crisis. With the rising stakes of Medicare reimbursement tied to patient satisfaction and reduced readmission rates, spiritual care departments can bring to the table their unique skill set and play a pivotal role in the way advance care planning programs can be used to move metrics.

Participants will be able to:
• Position the spiritual care department as the point of contact within the health system as the center of advance care planning
• Assist their health system in reducing unwanted readmissions by applying key principles of developing a communication program based on patients’ advance directives
• Increase patient satisfaction at their health system by developing a system of communication among medical care groups
WORKSHOP A4:
The Importance of Community Engagement by Hospital-Based Chaplains: Why Do It? How to Do It?
Deborah Marin, M.D.
Rafael Goldstein, D.Min., BCC
Zorina Costello, D.Min.
Vansh Sharma, M.D.

Chaplains engage actively in meeting the spiritual, religious and emotional needs of patients during hospitalization, but their role in the community is less clear. This workshop will discuss and provide clarity on the importance of extending hospital-based chaplaincy into the community while sharing ideas of successful programs developed throughout the year in various settings.

Participants will be able to:
• Understand the importance of extending hospital-based chaplaincy into the community.
• Describe a multi-modal approach to community engagement
• Describe the value of collaborating with other departments in the medical center to maximize impact

WORKSHOP A5:
The Assessment of Spirituality and Religious Sentiments Scale (ASPIRES): Its Value for Research and Practice
Ralph L. Piedmont, Ph.D.

The Assessment of Spirituality and Religious Sentiments (ASPIRES) Scale was developed to provide a conceptually clear, empirically sustainable measure of spirituality that would generalize across faith denominations, cultures and languages. Research on the ASPIRES has demonstrated it to capture a nondenominational, universal motivational construct that uniquely predicts a wide array of mental and physical health outcomes. This presentation will introduce the ASPIRES model of spirituality, define its constructs, present validity evidence, and demonstrate how to interpret scores.

Participants will be able to:
• Understand how the ASPIRES was developed and its value for chaplains
• Learn to define and assess patients’ spirituality in ways that provide meaningful information to the chaplain
• Develop basic skills in profile interpretation of select ASPIRES cases
WORKSHOP A6:
Whole-Person Caring: Where Healing Happens
Lucia Thornton, Th.D., M.S.N., R.N., AHN-BC

This workshop will address the Model of Whole-Person Caring, which was developed in 1999 to create an interdisciplinary and inter-professional framework capable of uniting and synergizing hospital staff to better serve their patients and themselves. Since its inception, it has been recognized by state and local leadership and has received awards in health care, including the Norman Cousins Award. The workshop will cover the history and development of the model, key concepts, and benefits of integrating the model.

Participants will be able to:
- Identify key concepts and theorists integral to the Model of Whole-Person Caring
- Identify self-compassion, self-care and self-healing concepts and practices that are prerequisites to creating a healing environment for ourselves, our patients, and our co-workers
- Articulate the meaning, importance and effects of “being present” and “heart centered” in interactions with patients and co-workers

12:20-1:30 PM
Lunch (provided)

1:30-3:30PM
WORKSHOP B1 TO B6 (choose one)

WORKSHOP B1:
Spiritual Assessment and Interventional Model: An Interactive Workshop
Laura B. Dunn, M.D.
Rev. Michele Shields, D.Min., BCC, ACPE Supervisor
Allison Kestenbaum, M.A., M.P.A., BCC, ACPE Supervisor

Although spiritual care is considered a critical part of palliative care, minimal work has described in detail the actual work of chaplains. Workshop participants will have the opportunity to learn the basics of the Spiritual Assessment and Interventional Model (Spiritual AIM) through interactive exercises designed to teach how to identify a patient’s core spiritual need through assessment; design and implement specific interventions; and identify and assess outcomes specific to the identified core spiritual need. The presenters, who include the core team members from the UCSF-based study, will also describe the process used to create the Spiritual AIM manual, and current and future research directions, including evaluation of the first “Spiritual AIM Manual.” Learning modalities will include didactic presentation as well as dynamic discussion.

Participants will be able to:
- Understand Spiritual AIM, which includes outcomes; and utilize the new manual to learn this model in a fresh way
- Understand the process of creating a manual to teach Spiritual AIM
- Develop an awareness of previous qualitative and quantitative research findings from a mixed-methods study of Spiritual AIM and current/future research, including manualizing the model and teaching it to professional chaplains
- Learn about next steps in research
1:30-3:00PM

**WORKSHOP B2:**
*A Patient Just Told Me They ‘Want to End It All.’ Now What?*
Joanne L. Harpel, M.Phil., J.D.

This workshop will begin with a brief grounding in the basics of suicide most relevant to integrating spiritual care in health care: what we know from the research about risk factors, warning signs, and what causes suicide, including underlying mental illnesses. Then the session will discuss real-life case studies to generate practical guidance on how to respond and what to say and do. At each step, it will explore the chaplain’s role as what it is (and isn’t), and where the appropriate boundaries lie while also considering the current position of a participant’s faith tradition about suicide and personal feelings and beliefs about suicide, and how they may inform chaplaincy practice.

Participants will be able to:

- Summarize the relevant basics of suicide risk and assessment for spiritual care providers in health care
- Consider their role with respect to suicide prevention and in the aftermath of a suicide
- Recognize the impact on their work of their own faith tradition’s current teaching about suicide and their personal beliefs about suicide

1:30-3:00PM

**WORKSHOP B3:**
*Religious, Spiritual and Cultural Needs of Muslim Patients on Palliative Care*
Al-Hajji Imam Yusuf H. Hasan, BCC

Muslims are a growing population in U.S. health care. They bring a mix of religious and cultural concerns to the health care setting, yet hospital staffs, including chaplains, are often unfamiliar with the needs of this group and how to meet them. The workshop will provide broad, high-quality information that will enable the medical team and other caregivers, especially chaplains, to engage Muslim patients and families around many health care issues, including obligations to participate in clinical decision making such as palliative care treatment, DNR orders, and end-of-life care. The workshop will address what Islam says about health care-related issues and how the medical team can address this group’s spiritual needs and cultural concerns.

Participants will be able to:

- Describe how to differentiate between religious and cultural concerns for Muslims
- Use basic language skills and knowledge of Muslim religious and spiritual rituals that will be helpful in communicating with Muslim patients and families
- Understand what the leading Islamic authorities, including the Holy Qur’an and Prophet Muhammad (PBUH), say about illness and how to deal with it

1:30-3:00PM

**WORKSHOP B4:**
*Promoting Excellence in Spiritual Documentation*
Daniel R. Judd, Ph.D.
Elizabeth Fauth, Ph.D.
Amy Anderson, M.H.A.

The highly individualized nature of hospice visits makes outcome oriented measurement elusive, but a conceptual framework can capture the key elements of a chaplain visit and facilitate assessment of quality. This workshop will review research conducted by the presenters of Hospice Chaplains’ documentation. The research will
include data from a qualitative review of local chaplains’ narrative notes and identify the occurrence of the seven key elements to validate the conceptual framework. After the review, workshop participants will discuss the key elements in the process of developing a structure for constructing narratives suited to their personal needs.

Participants will be able to:

• Express verbally or in writing their understanding of the need for a conceptual framework to guide hospice chaplain documentation
• Discuss verbally or in writing opinions of the conceptual framework for hospice chaplain documentation presented in the workshop
• Develop and record in writing a conceptual framework s/he can use in documenting hospice chaplain visits

1:30-3:00PM

WORKSHOP B5:
A Chaplain-Led Support Group Decreases Burnout Among Palliative Care Clinicians
Madeline Leong, M.D.
Rab Razzak, M.D.
Sage Olnick, M.Div., R.N.

Clinician burnout is described as emotional exhaustion, depersonalization, and low levels of personal accomplishment. Clinicians who experience burnout feel negative and cynical about their patients and experience emotions such as frustration, anger and exhaustion. This workshop will educate participants about the impact of clinical burnout and moral distress as it relates to providing palliative care, share experiences from participants of “Care for the Caregiver Group” and reflect on ways to foster resilience.

Participants will be able to:

• Describe how clinician burnout and moral distress negatively impact provider fulfillment and patient care
• Institute wellness activities and opportunities for reflection aimed at improving clinician productivity and satisfaction and ultimately, patient care
• Create an interdisciplinary, chaplain-led “Care for the Caregiver Group” that can foster resilience, improve provider fulfillment, and prevent burnout

1:30-3:00PM

WORKSHOP B6:
Bridging the Communication Gap: A Framework for Chaplains to Facilitate Multidisciplinary Family Meetings
Randy Olson, D.Min., M.Div.
Kathy Manske, R.N., M.S.N., CCRN, CHPN
Carol Wangeman, R.N., M.S.N., CHPN

Every day, health care chaplains encounter patients and families who are overwhelmed by the magnitude and complexity of decisions regarding medical care. This workshop will provide a framework for family meetings healthcare chaplains can use to build a communication bridge. Drawing on the experiences of a flourishing eight-year-old interdisciplinary palliative care team at an urban, level-one trauma hospital, attendees will learn techniques for facilitating IDT family meetings. This workshop will equip chaplains who are solo practitioners or chaplains currently working in team settings to facilitate family meetings within their respective contexts.
Participants will be able to:

• Identify the potential benefits associated with adequate communication, as well as potential costs of inadequate communication
• List the triggers that can be used to identify the need for an interdisciplinary team family meeting
• List the steps used to facilitate an effective interdisciplinary team family meeting

3:00-3:20PM
Break

3:20-4:50PM
PLENARY SESSION
Towards the Integration of Spiritual Care: A Plea for a New Art of Dying
Carlo Leget, Ph.D.

Accompanying people in their spiritual journey towards the end of life is one of the traditional goals of chaplaincy. In recent years, however, fierce debates have been going on both in Europe and the U.S. about whether it is ethically allowed to pursue a self-chosen death. One of the questions in this debate is whether chaplains should have a role in accompanying people who make such a choice. Against the background of the developments in Europe in general, and Dutch society in particular, in this plenary session, the presenter suggests taking an approach that integrates spiritual care into the ethical debates—a retrieval of the ancient Ars moriendi tradition in a way that helps us deal with the contemporary complexities around death and dying. In this new Ars moriendi the chaplain plays a key role.

Participants will gain:

• Information and reflection on contemporary end of life debates in Europe and the Netherlands
• Information and reflection on retrieving the ancient Ars moriendi tradition
• Reflection on the role of the chaplain in a new Ars moriendi as a way of spiritually accompanying people

4:50-5:35PM
PRESIDENT’S ADDRESS
Rev. Eric J. Hall, M.Div., M.A.
President and CEO
HealthCare Chaplaincy Network

5:35-6:45PM
PRESIDENT’S RECEPTION
(For all attendees and other invited guests)
Tuesday, April 12

7:00-8:00AM  OPTIONAL WORKSHOP
7:30-8:00AM  PRAYER SERVICES
             Jewish Morning Services, Islamic Meeting, Christian Worship, Catholic Mass
8:00-9:00AM  Breakfast (provided)
9:00-9:10AM  Announcements and Opening Reflection
9:10-10:10AM PLENARY SESSION
             Spirituality in Medicine: From Asclepius to P-Values
             Tracy A. Balboni, M.D., M.P.H.

Formed in the embrace of spiritual life and thought, modern Western medicine owes much of its founding principles to its spiritual heritage, exemplified in the ubiquitous symbol of the rod of Aesclepius within medicine. However, passage through modernity has yielded an estranged relationship between spirituality and the practice of medicine; bodily and spiritual care are now largely performed in isolation from one another. And though the complexities of body and spirit can be served well by specialization, the lack of integration of spiritual and material care has led to notable tensions in the care of the sick, particularly at the end of life. Another ubiquitous symbol within medicine is the “p-value” – the probability that a research finding is due to chance. Though at first glance it may seem to be a concept antithetical to spirituality, it is an emblem of the language of the medical culture – empirical research. Research, though certainly fraught with limitations, can act as a critical tool to shine light on the complex interplay of spirituality and the experience of illness. Research thus far has demonstrated the multifaceted roles of spirituality within illness and how the integration of spiritual care can serve to uphold patient and family well-being. Future steps in research are needed to continue to tell the untold stories of our patients’ lives, and ultimately to reintegrate care of persons, body and spirit.

Participants will be able to:
• Understand the historical context of the relationship of spirituality and the practice of medicine and how that influences medical practice and spiritual care today.
• Understand how empirical research can be used as a tool to help medical practitioners to understand the role of spirituality and of spiritual care in the lives of their patients.
• Become familiar with what empirical research has shown us thus far about the role of spirituality and of spiritual care in the practice of medicine.

10:30-11:30AM PLENARY SESSION
               Small, Medium and Large: Three Approaches for Advancing Chaplaincy Research
               George Fitchett, D.Min., Ph.D., BCC

The past 25 years have seen a remarkable beginning for chaplaincy research. Building on this beginning is a substantial task that will require effort from many chaplains and our health care and research colleagues. A review of past efforts suggests that advancing chaplain research should be pursued with 3 complementary approaches: small, medium and large. The presentation will describe the types of research and the
Participants will be able to:

• Describe 3 approaches to advancing chaplaincy research
• Identify the approach to advancing chaplaincy research that is most appropriate for them given their interests and resources
• Outline next steps needed to advance chaplaincy research in

10:10-10:30AM
Break

11:30-12:30PM
PLENARY SESSIONS JOINT Q&A SESSION
Participants will have the opportunity to have open dialogue with the two morning plenary speakers.

12:30-2:00PM
Lunch (provided)

2:00-3:30PM
WORKSHOPS C1 TO C6 (choose one)

WORKSHOP C1:
Spiritual Triage
Julie Fletcher, Ph.D., M.Prac.Min.

How do we provide a meaningful invitation for the multidisciplinary team to experience spiritual care that empowers them to perform spiritual triage while also providing options for their own self-care? This workshop will guide participants through the triage tool, developed using evidence-based models in current research. Following the presentation, participants will have the opportunity to complete the tool with their own self-care in mind.

Participants will be able to:

• Describe spiritual triage for the multidisciplinary team
• Define spirituality for the multidisciplinary team
• Define spiritual pain for the multidisciplinary team

2:00-3:30PM
WORKSHOP C2:
Integrating Mindful Contemplation Practice into Spiritual Care
Tina Jitsujo Gauthier, Ph.D.
Rev. Dagmar Grefe, Ph.D.
Robert McClure, LCSW
Rev. Mica Togami, M.Div.

This workshop will address issues around integrating mindful contemplation into the hospital setting as a spiritually-based practice. Mindfulness programs and research have been conducted within the medical field from psychological, social science and nursing perspectives since Jon Kabat Zinn began this work in 1979. This workshop will teach various methods and models of mindful contemplation through presentation, discussion, and experiential learning.
Participants will learn:
- Benefits of integrating mindful contemplation into the hospital setting
- Limitations of integrating mindful contemplation into the hospital setting
- Future directions of integrating mindful contemplation into the hospital setting

2:00-3:30PM

WORKSHOP C3:
Spiritual Care and Social Work: Partnering for Best Practice Outcomes for Team and Clients
Karen Grant MARP., CASC Specialist Spiritual Care
Donna Bottomle, RSW M.S.W.

The ability to work collaboratively with other disciplines is considered a critical element of professional practice. Research indicates that client safety and reduced costs occur as a team works together within their scope of practice. Spiritual care and social work share significant similarities in our value base and professionals in these areas are equally effective communicators on health care teams. Through the clarification and understanding of one another’s scope of practice, we can avoid role blurring, territorial tensions, and duplication of our work. This workshop will provide attendees with clinical examples that draw on each discipline as a resource.

Participants will be able to:
- Understand and appreciate the value of working collaboratively with other disciplines
- Acknowledge the research indicating that client safety and reduced costs to health care occur as a team work together
- Provide a working knowledge through clinical examples of collaborative practice

2:00-3:30PM

WORKSHOP C4:
The Soul's Legacy: Discerning Your Life's Meaning and Passing It on to Your Loved Ones
Fred Grewe, D.Min., BCC.

A significant pain often experienced by terminal patients is the existential suffering caused by the loss of meaning at life's end. While this end-of-life struggle to discover meaning is a normal human experience, for expediency in contemporary hospital and hospice care, this existential distress is often sedated pharmaceutically as contemporary medical practices do not have the resources to address this pain adequately. Current innovative psychological therapies have made great progress in addressing this pain but they are often begun too late in the end-of-life process and they ignore religion, which for many is a major component in the meaning-making process.

Participants will be able to:
- Learn about the importance of meaning making for terminal patients
- Gain an overview of current therapies addressing end-of-life existential issues
- Discover results from a doctoral thesis project designed to help senior adults prepare for end-of-life existential distress
WORKSHOP C5:
What May We Do? Ethical Permissibility in Medical Decision-Making
Michael McDuffie, Ph.D.

This workshop explores the importance of ethical permissibility as an operative concept in medical decision-making. Serving on palliative care and bioethics consulting teams, chaplains support patients, families and clinicians who face difficult decisions about goals of care, quality of life, and end-of-life care.

Participants will be able to:
• Identify and respond to patient and family requests for descriptive information regarding ethical permissibility of treatment and non-treatment options
• Anticipate clinical situations and medical conditions that often create a need for patient and family education regarding ethically permissible options
• Provide orientation to patients, family and surrogates, as they make individual decisions against the backdrop of ethically permissible options they ignore religion, which for many is a major component in the meaning-making process.

WORKSHOP C6:
Chaplain Documentation in the Electronic Health Record: Current Practice/New Horizons
M. Jeanne Wirpsa, M.A., BCC
Rebecca Johnson, Ph.D., M.Sc.
Matthew Sakumoto, M.D.

The role and methods of chaplains documenting care is important, controversial, and little studied. As the electronic health record becomes the primary mode of communicating about patient care, spiritual care departments have an opportunity to define best practices in documentation. Evidence-based research must inform how professional chaplains craft this technology to enhance whole-patient care, capture metrics for quality improvement, and fully integrate chaplains into the health care team. This workshop presents the findings of a mixed method study of charting practices of experienced chaplains in one intensive care unit of an acute care hospital over an 18-month period.

Participants will be able to:
• Examine findings of a mixed method research study of chaplain documentation in the electronic health record for an acute care hospital intensive care unit
• Explore implications of this research for best practices in documentation for health care chaplains
• Gain insight into the role of a chaplain on a research team and resources necessary for research using the electronic health record as a data base

3:30-3:50PM
Break
WORKSHOPS D1 TO D5 (choose one)

WORKSHOP D1:
Using a Christian Philosophy to Incorporate Spiritual Assessment Into Practice and Research
Sharon Christman Ph.D., R.N.
Beth Delaney M.S., R.N., CNS, FNP-BC, OCN, ACHPN

The purpose of this workshop will be to conceptually define the terms spirit, spirituality, and spiritual well-being. Once these terms are defined conceptually, they will be operationalized with reliable and valid measurement tools consistent with the conceptual definitions of each. This workshop will include a presentation of the Faith-Hope-Love Model of Spiritual Wellness, which is grounded in a Christian worldview and substance dualist philosophy. The definitions of the concepts found in the model come from theological, philosophical and nursing literature.

Participants will be able to:
- Understand the concepts of spirit, spirituality, spiritual wellness, and spiritual distress as defined by the Faith-Hope-Love Model of Spiritual Wellness
- Understand how to measure spirituality, spiritual well-being, and spiritual distress using reliable and valid measurement tools.
- Understand how to correlate measures of spiritual well-being with measures of physical well-being.

WORKSHOP D2:
Reforming Chaplaincy Training
Rev. David Fleenor, BCC, ACPE Supervisor
Deborah B. Marin, M.D.

The profession of health care chaplaincy is undergoing a paradigm shift from psychotherapeutically informed models of care (such as a Rogerian model of client-centered counseling) to a research-informed, outcome-oriented clinical practice. To help facilitate this much needed paradigm shift, chaplaincy training programs must adapt as well. This workshop responds to several leaders in the field of professional chaplaincy who have called for a reformation in chaplaincy training by presenting:
1) a review of the literature regarding evidence-based chaplaincy training practices,
2) a survey of novel chaplaincy training approaches already in place around the U.S., and
3) an example of how Mt. Sinai Medical Center’s CPE program is integrating both evidence-based training practices and novel approaches to CPE to reform the way chaplains are trained and to help facilitate this paradigm shift.

Participants will be able to:
- Articulate why chaplaincy training needs to be reformed
- Identify evidence-based chaplaincy training practices
- Incorporate novel education approaches into their chaplaincy training programs

WORKSHOP D3:
Empowering Choice in the Cancer Journey
Andrew Joseph

With cancer being the most prevalent illness in the medical world today and effective medical interventions that promote survivorship, supporting cancer patients and their caregivers become integral for spiritual care practitioners and their health care colleagues. Adapting from the Choice Theory framework, founded by William Glasser,
M.D., this workshop explores how this theory can be adapted as an effective tool in the work of spiritual care practitioners. More often than not, supporting fellow health care professionals is essential work, but it is not done either due to ignorance and openness or a lack of skill-sets. The presenter will share how he has been able to support this group of colleagues using Choice Theory.

Participants will be able to:

• Understand basic principles of Choice Theory (Reality Therapy)
• Apply main Choice Theory principles into the work of spiritual care
• Discuss case studies on how choice therapy has been applied successfully and effectively in coping with spiritual crises their professional formation and ways for chaplains to increase their presence in professional education.

WORKSHOP D4:
Using Systems Redesign to Integrate Chaplaincy With Mental Health Services
Jason A. Nieuwsma, Ph.D.
William C. Cantrell, M.Div., BCC
Keith G. Meador, M.D., ThM, M.P.H.

This workshop will review findings and present actionable recommendations derived from a yearlong Veterans Administration (VA)/Department of Defense (DoD) e-learning collaborative focused on the integration of mental health and chaplain services. The learning collaborative utilized systems redesign principles (e.g., flow mapping, plan-do-study-act cycles) to improve the integration of mental health and chaplain services at 14 participating VA and DoD facilities across the country. The workshop will include both didactic and interactive elements, building on abbreviated key exercises that were used as part of the VA/DoD mental health and chaplaincy learning collaborative with an emphasis on principles that attendees can utilize.

Participants will be able to:

• Discuss what inner personal formation objectives medical schools should foster for the inner formation of students
• Describe how systems redesign principles can be used to integrate mental health and chaplain services
• Identify six specific areas for improving the integration of spiritual and mental health care
• Develop an individualized approach for systematically integrating chaplaincy with mental health care

WORKSHOP D5:
A New Approach to Chaplain Deployment: The Hybrid-Liaison Model
Rabbi Jason Weiner, BCC

This workshop will review the Hybrid-Liaison Model of Spiritual Care at Cedars-Sinai, a 950-inpatient bed academic medical center with a highly diverse patient base. After a hospital-wide assessment determined that the spiritual care office should grow, the question then became: in what way? Current best practice chaplain assignment strategies did not align with the results of the assessment, nor with the culture and history of this Jewish hospital. The answer became a novel approach to staff assignments, blending advantages of both unit-based and faith-preferred practices. The Hybrid-Liaison Model evolved out of a patient-centered focus that involves matching patients to chaplains based upon their anticipated personal preferences and in consideration of their potential barriers to building trust. The model is working
effectively with perceived benefits to patients and staff, as well as a subtle but important impact on the medical center’s overall culture.

Participants will be able to:

• Describe a novel strategy for growing a spiritual care department
• Describe a new model to spiritual care deployment
• Implement some effective strategies for increasing referrals

Wednesday, April 13

7:30-8:00AM
PRAYER SERVICES
Jewish Morning Services, Islamic Meeting, Christian Worship, Catholic Mass

8:00-9:00AM
Continental Breakfast (provided)

9:00-9:10 AM
Announcements and Opening Reflection

9:10-10:40AM
WORKSHOPS E1 TO E6 (choose one)

WORKSHOP E1:
Spirituality, Healing, and Reflection: Advances in Educating Healthcare Practitioners
Chaplain Bruce D. Feldstein, M.D.

If you are a healthcare practitioner or researcher whose “trade or calling” involves spiritual care, you may find yourself called upon to provide education and leadership for integrating spirituality and spiritual care in healthcare. This trade craft workshop is designed to help prepare you to move to the next level. This workshop presents educational tools for introducing the skills of spirituality and meaning in medicine, the art of healing, and group reflection. These are essential for patient care, and for one’s personal and professional development. The skills and educational approaches presented in this workshop have been used for teaching medical students and physicians at Stanford University School of Medicine over the past 15 years. They are applicable to taking care of patients from any culture or spiritual background, and are relevant for healthcare practitioners in any discipline.

Participant will be able to:

• Describe basic spiritual care skills to teach healthcare practitioners
• Discuss educational methods that are grounded in spiritual values and useful for teaching spiritual care, healing, and group reflection for personal and professional formation
• Share strategies for integrating spiritual care in a healthcare organization
WORKSHOP E2:
Patient Factors Associated With Receiving Chaplaincy Care: Findings From a Study of Patients With Traumatic Brain Injury
George Fitchett, DMin, Ph.D., BCC
Rev. Jay Risk, M.Div., BCC
Erin Emery-Tiburicio, Ph.D.
Susan D. Horn, Ph.D.

How do chaplains know if the right patients are receiving spiritual care and the right amount of it? What factors predict which patients receive spiritual care and the amount of spiritual care they receive? This workshop will engage these questions using data, from a study designed and executed by these presenters, of more than 300 patients with traumatic brain injury (TBI) who received treatment at one of three rehabilitation centers (two in the U.S., one in Canada). It will describe the type and extent of the chaplains’ spiritual care for these TBI patients as well as a group of factors that were hypothesized to be associated with variations in the spiritual care that was provided. The predictors of spiritual care that we will examine include: patient demographics, patient medical and psychological status, and chaplain spiritual assessment of the patient.

Participants will be able to:
• Critically reflect on the factors that shape which patients receive spiritual care and how much care they receive
• Consider what is required to develop objective indicators for spiritual care in diverse clinical contexts, including acute rehabilitation
• Critically examine an instrument that was developed to collect data about the type and amount of chaplain care at three institutions

WORKSHOP E3:
A New National Survey of Hospital Directors: The Number, Roles and Functions of Hospital Chaplains
Rev. George F. Handzo, M.Div., BCC
Rev. Eric J. Hall, M.Div., M.A.

Despite the growing number of studies about what chaplains do, how they can contribute, and how they should be trained, many questions about hospital chaplains in the U.S. remain unanswered. How many of them are there? How many of those are certified, volunteers, or community clergy? Are those numbers growing or declining, and for what reasons? What roles do hospital directors consider important for chaplains? Have these changed over the last decade? Do staffing and roles vary over geography or hospital type? HealthCare Chaplaincy Network has recently repeated a survey it originally did and published slightly over a decade ago (Flannelly KJ., Galek K., Bucchino J., Handzo GF., Tannenbaum HP. 2005. Department Directors’ Perceptions of the Roles and Functions of Hospital Chaplains: A National Survey. Hospital Topics: Research and Perspectives in Healthcare. 83 (4), 19-27.). New questions were added to reflect some obvious changes in practice, including the advent of palliative care and the importance of advance care planning. This workshop will present the process for developing and carrying out a descriptive survey such as this, and the results of this new survey with comparisons to the earlier version.

Participants will be able to:
• Understand the basic principles and process behind mounting and completing an online survey
• Describe the basic demographics of health care chaplains in the U.S.
• Leverage the results of the survey to mount growth strategies for chaplaincy in their own settings
WORKSHOP E4:
From ‘De Nile’ to Denial: Learning From the Death of Moses, the ‘Man of God’
Rabbi Cary Kozberg, MAHL, BCC, DD

Jewish and Christian traditions teach that Moses died at 120 years of age, still vibrant and passionate, “his strength unabated.” But was his death expected? Was it welcomed? Was it necessary? This session will focus on both the Scriptural narrative and poignant depictions within Jewish tradition of how Moses understood and responded to his own impending demise. The discussion will highlight spiritual/ethical questions surrounding end-of-life issues, as well as implications for caregiving. The presenter has used this material in his own work with hospice patients, their families, and others coping with the various spiritual and emotional issues surrounding the circumstances that accompany impending death. Learning modalities will include interactive discussion of the text and a personal reflection exercise.

Participants will be able to:
• Describe alternative responses to anger and denial associated with death and dying
• Better understand the role and impact of sacred narratives on autonomous decision
• Obtain additional spiritual resources for those approaching the end of life, as well as for their caregivers

WORKSHOP E5:
Share The Care: A Compassionate Caregiving Model Supported by Research and Practice.
Sheila Warnock
Amy Hegener, LMSW, Doctoral Candidate

With suspension of many government programs, and hospitals working to cut readmissions, the burden on caregivers is increasing beyond their already stretched limits. Health professionals, faith communities, institutions and hospices can help the estimated 65.7 million U.S. caregivers cope by introducing solutions that empower people to take control of their own caregiving needs. By 2030, 71 million people will be over age 65 and many will need caregiving support. The workshop will illustrate how Share The Care (STC), an innovative caregiving program, has been successfully replicated for 20 years through examples of groups, and state, community and faith-based STC programs. Participants will learn how “Share The Care, How To Organize A Group To Care For Someone Who Is Seriously Ill” (Fireside, 1995, 2004) evolved in 1988 when 12 women began caring for a terminally ill mutual friend for nearly four years. No one burned out.

Participants will be able to:
• Communicate the key benefits for the primary caregiver and the care receiver of having a STC group for support
• Describe why providing a step-by-step plan (that includes a group meeting) makes a difference in the ability of a STC group to sustain their efforts over time (years)
• Analyze why STC has successfully overcome numerous challenges in a variety of diverse locales
11:00-12:30PM

WORKSHOPS F1 TO F5 (choose one)

WORKSHOP F1:
Telechaplaincy: Best Practices for Telehealth Chaplaincy Care
Judy Fleischman, M.S., M.Phil., BCC

As telehealth continues to emerge and develop as a means of delivering health-related services, this workshop presents initial research findings of telechaplaincy—outcome-oriented chaplaincy care by phone, email and video. In January, 2014, HealthCare Chaplaincy Network introduced a service to provide free chaplaincy care by phone, email, and video, referring to this as, “telechaplaincy.” The workshop will present case studies that demonstrate the efficacy and specific applicability of telechaplaincy as telehealth chaplaincy care inclusive of single encounters as well as ongoing care. It also will demonstrate its integration with expressive arts therapy and cognitive behavioral therapy methods.

Participants will be able to:
• Define the vision, mission and scope of practice of telechaplaincy
• Understand the culture, types of spiritual distress, interventions, and referrals common among those served by telechaplaincy
• Identify partnership opportunities in telehealth as well as inpatient, palliative, and hospice care

WORKSHOP F2:
Out of the Mystery: Increasing the Awareness of Spiritual Care
Rev. Jeremy A. Hudson, M.A., BCC

This workshop will share the story of University of Iowa Hospital’s successes in creating a greater awareness of spiritual care and collaboration with other disciplines to move spiritual care forward in the organization. No longer should spirituality and spiritual care reside in the realm of the mysterious. Health care often struggles with a narrow definition of spiritual care and sees spiritual care and religious care as the same. The presenter will explore how chaplains can be the champions, promoters and educators for spiritual care in their institutions.

Participants will be able to:
• Define/describe spirituality, spiritual care, and spiritual distress to health care colleagues
• Understand the importance of building key relationships and identifying allies within their organization.
• Recognize barriers to spiritual care within the institution and identify opportunities for collaboration with other disciplines to improve patient satisfaction

WORKSHOP F3:
Moral Injury Reconciliation (MIR): Bridging Chaplaincy and Mental Health
Lewis Jeffery Lee, D.Min., BCC, LMFT

Moral injury (MI) may be the most pervasive wound incurred in war zones. And while current evidenced-based therapies (EBTs) effectively treat post traumatic stress, EBTs may not alleviate service members’ ethical or moral conflicts. Since MI is not a formally diagnosed disorder and no available threshold signifies MI’s presence, innovative techniques designed to treat MI are indicated. This workshop introduces a spiritual treatment process for veterans and advocates bridging chaplaincy and mental health. Moral Injury Reconciliation (MIR) is needed to the extent MI wounds the spirit and is recognized as a debilitating emerging construct. Suicides, rising health care costs and
higher rates of psychiatric co-morbidities in veterans with a mental health diagnosis necessitate MIR procedures. Likewise, the consensus that mental health challenges now exist in a larger cluster of military experiences suggests MIR techniques. Content includes identifying MIR’s three-phased plan to construct hope, interrupt negative ruminations, seeing forgiveness as a core element, using displacement stories and spiritual awareness/watchfulness exercises, spiritual identity and self-esteem issues, noticing change, a communication skills vignette, meaning-making systems, therapeutic touch, valuing community, life purpose, values and altruism.

Participants will be able to:
- Explain the rational for developing a religious/spiritual approach to treat moral injury (MI)
- Evaluate, construct and apply theological, theoretical and evidenced-based treatment components while planning the three movements of MIR therapy
- Assess, integrate and utilize a three-phase method to attenuate MI-related dysfunctions

WORKSHOP F4:
Developing Spiritual Care for the Cancer Community
Andrew Joseph

Cancer remains the major killer in Singapore, as in many other countries in the world. With greater survivorship rates as well as a wider spectrum of the population being inflicted with this disease, there are great challenges facing the provision of spiritual care support for cancer patients and their loved ones, as well as their health care providers. This workshop will address some of the initiatives that the Singapore Cancer Society has embarked on since being the first secular organization in Singapore to include spiritual care in the psychosocial support services team in 2014. Since then, spiritual care has expanded to provide input in the programs and services offered in cancer support services, and, most recently, plays an integral role in the Cancer Rehabilitation Centre, the first-of-its-kind in Asia, promoting bio-psychosocial-spiritual support. Participants will learn about the challenges in setting up these initiatives and what has worked well for today’s cancer patients and their loved ones. Such current methodologies will enhance their learning with room for adaptation so that best practices can be established together.

Participants will be able to:
- Highlight the role of spiritual care support in various settings--home hospice care, cancer rehabilitation center, and cancer support services
- Describe new possibilities and challenges in a secular and cosmopolitan Asian society like Singapore.
- Consider from the data collected via patients, caregivers and health care providers on what works best so that current best practices can be shared

WORKSHOP F5:
Experiencing The Art of Spiritual Listening
Fr. Vincent Fortunato O.F.M. Cap

Have you ever found yourself at a place that you are just not sure how to make sense of what you feel? Sometimes patients or hospital personnel find themselves searching for answers that are hidden within the inner self. Spiritual Direction or Spiritual Listening assists a person to go into a deeper place to discover the answers that are within them. This workshop is meant to introduce the participants to skills that can help others move in that direction.
Participants will experience:

- Develop listening skills and knowing how to assist a person’s growth.
- Learn a confidence in helping a person understand their feelings.
- Understand the difference of spiritual listening and Pastoral counseling.

12:30-2:00PM
Lunch *(provided)*

2:00-3:30PM
**PLENARY SESSION**

*See Change: Health Care Chaplaincy of Tomorrow*
Rev. Kevin Massey, M.Div., BCC

As health care itself is undergoing paradigmatic changes, health care chaplaincy as a field will transform. The systems and structures of training and certification will evolve to focus on measurable goals of chaplaincy care that positively affect tangible health outcomes. The inherent strengths of health care chaplaincy, namely resilience and creativity, are what will guide this field through this transition.

Participants will be able to:

- Understand the shape of paradigmatic change in health care and how it relates to health care chaplaincy
- Discern between the true core inner strengths of health care chaplaincy and the present structures and systems that govern it
- Reflect on ways that innovative methods of training, certification and validation of clinical competency will improve the field

3:30-4:00PM

**Closing of the Conference**
Rev. Eric J. Hall, M.Div., M.A.,
President and CEO
HealthCare Chaplaincy Network
**Keynote Speaker**

**Harvey Max Chochinov, MD, PhD, FRSC**  
Distinguished Professor, Department of Psychiatry  
University of Manitoba, Winnipeg, MB Canada

Dr. Harvey Max Chochinov is known around the world for his research into the emotional and psychological needs of dying patients. His work exploring dignity in palliative care has been published in journals such as *The Lancet*, *the Journal of the American Medical Association* and *the British Medical Journal*. Dr. Chochinov established the Manitoba Palliative Care Research Unit at Cancer Care Manitoba and holds the only Canada Research Chair in Palliative Care. He is a recipient of the Queen’s Golden Jubilee Medal and the Order of Manitoba for his work in palliative care. He is also a Fellow of the Royal Society of Canada and the Canadian Academy of Health Sciences.

---

**Plenary Speakers**

**Tracy A. Balboni, MD, MPH**  
Associate Professor, Radiation Oncology, Harvard Medical School  
Dana-Farber Cancer Institute

Dr. Tracy A. Balboni currently serves as an associate professor of radiation oncology at Harvard Medical School and director of the supportive palliative radiation oncology service at Dana-Farber/Brigham and Women’s Cancer Center in Boston – a service dedicated to the palliative radiation therapy needs of cancer patients. With degrees from Stanford University, Harvard Medical School and the Harvard School of Public Health, Dr. Balboni is also a researcher with the Dana-Farber Department of Psychosocial Oncology and Palliative Care. Her primary research interests are located at the intersection of oncology, palliative care, and the role of religion and spirituality in the experience of serious illness. Her research endeavors have included examining religion and spirituality in the experience of advanced cancer as part of the ongoing NIH-funded Coping with Cancer study. Dr. Balboni’s research work has received awards from the American Society of Clinical Oncology, the National Palliative Care Research Center, and the Agency for Healthcare Research and Quality. Her work also includes forging improved dialogue between academic theology, religious communities, and the field of medicine.

---

**George Fitchett, D.Min., Ph.D.**  
Professor and Director of Research,  
Department of Religion, Health and Human Values  
Rush University Medical Center

Dr. George Fitchett is Professor and the Director of Research in the Department of Religion, Health, and Human Values, Rush University Medical Center, Chicago Illinois. He also holds an appointment in Rush’s Department of Preventive Medicine. He is a certified chaplain and pastoral supervisor. In addition to his training in spiritual care, George is trained in epidemiology. In 1990 he developed the research program in Rush’s Department of Religion, Health, and Human Values, one of the first such programs in any chaplaincy department. It is now seen as a model for the transformation of chaplaincy into a research-informed profession. George is an expert on spiritual assessment. His book on spiritual assessment is widely used in academic and clinical training programs in the US and around the world. He is also the editor with Steve Nolan of a recent book of chaplain case studies, *Spiritual Care in Practice: Case Studies in Healthcare Chaplaincy*. 
**Carlo Leget, PhD**
Professor in Ethics of Care
University of Humanistic Studies, Utrech, The Netherlands

Dr. Carlo Leget is full professor in Ethics of Care at the University of Humanistic Studies in Utrecht, the Netherlands. At the same university he holds an endowed chair in ethical and spiritual issues in palliative care, established by the Association Hospice Care Netherlands. Trained as a theologian, he completed his PhD on life and death in the theology of Thomas Aquinas in 1997 and worked at the Catholic University of Theology at Utrecht (1997-2002), The Radboud University Medical Center at Nijmegen (2002-2008), and Tilburg University (2009-2012), and the University of Humanistic Studies (2012-now). He is the first author of a Dutch guideline on spiritual care in palliative care for physicians and nurses, and developed a contemporary model for spiritual care based on the medieval ars moriendi tradition. Since 2012 he is vice-president of the European Association for Palliative Care and co-chairs the EAPC-Taskforce on spiritual care. He is also a board member of Palliactief, the Dutch Association for Professional Palliative Care, and takes part in the Global Network for Spirituality and Health.

**Rev. Kevin Massey, MDiv, BCC**
Vice President, Mission and Spiritual Care
Advocate Lutheran General Hospital

Rev. Massey grew up in Madison Wisconsin and is a 1987 graduate of the University of Wisconsin, where he received a Bachelor of Arts with Distinction in linguistics. Massey completed a Master of Divinity at Luther Seminary (St. Paul, Minn.) in 1993 and served as pastor at Lutheran congregations in North Dakota, Minnesota, and Illinois. Kevin is a Board Certified Chaplain with the Association of Professional Chaplains, and served as a trauma chaplain and Community Relations Coordinator with Advocate Health Care from 1999 until 2005 at Advocate Lutheran General and Advocate Illinois Masonic. During his time with Advocate, Kevin worked extensively in the field of Disaster Spiritual Care, serving as a volunteer administrator and trainer with the American Red Cross and Church World Service, including service at Ground Zero in New York City in the fall of 2001 and for the 2005 response to Hurricane Katrina. Rev. Massey served at Lutheran Disaster Response from 2005 to 2012 and became that organization’s national director in 2007. He was Vice President of the Board of the National Voluntary Organizations Active in Disaster (VOAD) and was the author of the 2006 National VOAD resource on disaster spiritual care, entitled “Light Our Way.”
Amy Anderson, M.H.A.
Spiritual Counselor, Sunshine Home Health and Hospice

Tracy A. Balboni, M.D., MPH
Associate Professor of Radiation Oncology, Harvard Medical School

Donna Bottomley, RSW, MSW
ICU Social Worker, Ottawa Hospital

Rev. William C. Cantrell, M.Div., BCC
Associate Director of Chaplaincy, VA Mental Health & Chaplaincy

Sharon Chistman, Ph.D., R.N.
Professor & Director of Research, CU School Nursing

Harvey Max Chochinov, M.D., PhD, FRSC
Distinguished Professor, Department of Psychiatry, University of Manitoba, Winnipeg, MB Canada

Zorina Costella, D.Min
Community Liaison/Assistant Director -Chaplain, Department of Spiritual Care and Education
Mount Sinai Health System

Beth Delaney, M.S., R.N., CNS, FNP-BC, OCN, ACHPN
Associate Professor of Nursing-Cedarville University
Palliative Care Nurse Practitioner-Dayton Physicians Network

Laura A. Dunn, M.D.
Professor, Department of Psychiatry, Gloria Hubner Endowed Chair in Psycho-Oncology

Erin Emery-Tiburcio, Ph.D.
Assistant Professor, Geriatric and Rehabilitation Phycology, Rush University Medical Center

Elizabeth Fauth, Ph.D.
Associate Professor and Coordinator of the Gerontology Certificate program, Department of Family, Consumer, and Human Development, Utah State University

Chaplain Bruce Feldstein, M.D.
Founder and Director, The Jewish Chaplaincy
Adjunct Clinical Professor at Stanford University School of Medicine in the Division of Family Medicine

George Fitchett, DMin, Ph.D., BCC
Professor and Director of Research, Department of Religion, Health and Human Values, Rush University

Rev. David Fleenor, BCC, ACPE Supervisor
Director of Clinical Pastoral Education

Julie Fletcher, PhD, MPracMin
PhD Candidate, Australian Catholic University

Rev. Sheryl Faulk, M.Div., BCC
Director Spiritual Care, Long Beach Memorial, Miller Children’s, Community Hospital Long Beach, Saddleback Memorial Laguna Hills, San Clemente, Orange Coast Memorial Fountain Valley

The. Rev. Tina Jitsujo Gauthier, Ph.D.
Chaplain, Children’s Hospital of Los Angeles
Assistant Professor, University of West

Chaplain Linda S. Golding, M.A.
Staff Chaplain, Coordinator
Pastoral Services Milstein Hospital

Rabbi H. Rafael Goldstein, D.Min., BCC
Chief Chaplain, Mount Sinai Health System
Assistant Professor, Department of Psychiatry, Icahn School of Medicine at Mount Sinai

Karen Grant, M.A.R.P Chaplain, CASC Specialist Spiritual Care
Chaplain, ICU, E.R., Surgery, Dialysis, Gyn-Onology, The Ottawa Hospital, General Campus

Richard Behers, DMin, BCC
Spiritual Care Program Manager, Cornerstone Hospice & Palliative Care, Inc.

Rev. Dagmar Grefe, Ph.D.
Manager, Spiritual Care Services, Children’s Hospital Los Angeles Clinical Assistant Professor Pediatrics, USC, Keck School of Medicine

Fred Grewe, D.Min., BCC.
Chaplain, Providence Hospice

Rev. Eric J. Hall, M.Div, M.A.
President and Chief Executive Officer, HealthCare Chaplaincy Network

Rev. George Handzo, M.A., BCC, CSSBB
Director, Health Services, Research and Quality, HealthCare Chaplaincy Network

Al-Hajji Imam Yusuf H. Hasan, BCC
Staff Chaplain, Memorial Sloan Kettering Cancer Center

Amy Hegener, LMSW, Doctoral Candidate
Long Term Care Systems Specialist II – New York State Office for the Aging

Susan D. Horn, Ph.D.
Adjunct Professor, University of Utah School of Medicine

Rev. Jeremy A. Hudson, M.A., BCC
Staff Chaplain at the University of Iowa Hospital and Clinics

Rebecca Johnson, Ph.D., MSc
Assistant Research Professor, Buehler Center on Aging, Health and Society

Andrew Joseph
Spiritual Care Professional, Singapore Cancer Society, Singapore

Daniel R. Judd, Ph.D.
Hospice Chaplain, Intermountain Homecare and Hospice

Rabbi Cary Kozberg, MAHL, DD
Rabbi Emeritus and former Director of Religious Life at Wexner Heritage Village

Chaplain Lewis Jeffery Lee, DMin, BCC, LMFT
Chaplain, Veterans Administration San Diego

Carlo Leget, PhD
Professor, Ethics of Care, University of Humanistic Studies in Utrecht

Madeline Leong, M.D.
Hospice and Palliative Medicine Fellow, Johns Hopkins Hospital

Paul Malley, M.A.
President, Aging with Dignity

Deborah B. Marin, M.D.
Director, Department of Spiritual Care and Education, Mount Sinai Health System

Kathy Manske, R.N., MSN, CCRN, CHPN
Palliative Care Nurse Clinician, Scottsdale Healthcare
CONFERENCE FACULTY

Rev. Kevin Massey, M.Div., BCC  
Vice President - Mission and Spiritual Care, Advocate Lutheran General Hospital

Robert McClure, LCSW  
Manager, Employee Assistance Program, Sharp HealthCare

Michael McDuffie, Ph.D.  
Associate Professor, Department Chair, Department of Philosophy, California State University San Marcos

Keith G. Meador, M.D., ThM, MPH  
Professor of Psychiatry and Health Policy; Director of the Center for Biomedical Ethics and Society, Vanderbilt University

Jason A. Nieuwma, Ph.D.  
Assistant Professor in Psychiatry and Behavioral Sciences, Duke University

Sage Olnick, MDiv, R.N.  
Staff Chaplain, Lancaster General Health

Randall Olson, M.Div., M.Div  
Staff Chaplain, Honor Health Scottsdale Osborn Medical Center

Ralph L. Piedmont, Ph.D.  
Professor of Pastoral Counseling, Loyola University Maryland

Rab Razzak, M.D.  
Assistant Professor, General Internal Medicine, Johns Hopkins Medicine  
Director, Outpatient Palliative Medicine, Johns Hopkins Medical Institutions

Rev. Jay Risk, M.Div., BCC  
Chaplain, Dept. of Religion, Health and Human Values  
Executive Director, Bishop Anderson House

Penny Sacca, R.N., MSN  
Staff Nurse, Neuroscience Intensive Care Unit, Columbia - New York Presbyterian Hospital

Matthew Sakamoto, M.D.  
Director & Founder, Music Matters MedLead Editor, Osmosis.org

Vanshdeep Sharma, M.D.  
Medical Director, Department of Spiritual Care and Education, Mount Sinai Health System

Rev. Michele Shields, D.Min., BCC, ACPE Supervisor  
Director, Spiritual Care Services, UCSF Medical Center

Lucia Thornton, ThD, MSN, RN, AHN-BC  
Author, Consultant, Educator for Whole Person Caring  
Board of Directors Member, Integrative Health Policy

Rev. Mica Togami, M.Div  
Manager of Spiritual Care and Education, Sharp Memorial Hospital

Carol Wangeman, R.N., MSN, CHPN  
Nurse Clinician, Honor Health, Scottsdale Osborn Medical Center

Sheila Warnock  
Founder & President, ShareTheCaregiving, Inc.  
Co-author, Share The Care

Rabbi Jason Weiner, BCC  
Cedars-Sinai Medical Center  
Senior Rabbi & Manager of Spiritual Care

M. Jeanne Wirpsa, M.A., BCC  
Chaplain, Northwestern Memorial Hospital

Myra Rolfes, MN, BSN, RNC-NIC  
Staff Nurse, Clinical Leader, NICU, Children's Healthcare of Atlanta

The Rev. Amy Santamaria, MDiv  
Palliative Care Chaplain, Tampa General Hospital

Vanshdeep Sharma, MD  
Medical Director, Department of Spiritual Care and Education, Mount Sinai Health System

The Rev. Christina Shu, MDiv  
Lead Interfaith Chaplain, Cedars-Sinai Medical Center

Karen E. Steinhauser, Ph.D.  
Health Specialist, Center for Health Services Research in Primary Care, VA Medical Center

The Rev. Amy Strano, MDiv  
Manager, Programs and Services, HealthCare Chaplaincy Network

The Rev. John Swinton, BD, Ph.D., RMN, RNMD  
Professor in Practical Theology and Pastoral Care, University of Aberdeen, Scotland

Howard Tuch, M.D.  
Director of Palliative Care, Tampa General Hospital
Caring for the Human Spirit
Integrating Spiritual Care in Healthcare

April 11-13, 2016
Hyatt Regency Mission Bay Spa and Marina
San Diego, California

CONFERENCE REGISTRATION
Register online at
www.healthcarechaplaincy.org/conference
Payment options: credit card, check or invoice

“Early Bird” rate through March 14, 2016:
$380 (Chaplains); $475 (Non-Chaplains); 7% discount for groups*

Rate after March 14, 2016:
$440 (Chaplains); $550 (Non-Chaplains); 7% discount for groups*

One-Day Rate:
$200/day (Chaplains); $250/day (Non-Chaplains); 7% discount for groups*
* Group rate = two or more attendees from one institution purchased at the same time.

What’s Included:
Full participation at sessions, breakfast and lunch, President’s Reception, conference app, poster session, and post-conference materials.

Virtual Conference/Webcast Fee
$800 per site
As part of our effort to accelerate the pace of spiritual care in health care, HCCN will be transmitting live Webcasts of our third annual conference. The real-time broadcast will include keynote and plenary presentations, and workshops. The broadcast is available in English.

The Webcasts provide an excellent opportunity to engage entire staff or multiple members of an organization who might not otherwise be able to attend, and facilitates the sharing and disseminating of knowledge while minimizing costs and travel time.

HOTEL RESERVATIONS
Hyatt Regency Mission Bay
1441 Quivira RD
San Diego, CA 92109

By Phone: 619.224.1234 | 888.591-1234
Online: www.healthcarechaplaincy.org/conference

Travel directions to Hyatt Regency Mission Bay are available at the hotel’s website:
www.missionbay.hyatt.com
MOBILE APP
Our conference app will give you complete access to all conference activities and speakers:

• **Information**: link to event information and speaker profiles; receive notifications and location information for all your sessions
• **Communications**: message other participants directly, and share contact and event information, photos, comments, etc.
• **Social Media**: follow all conference activity on the event feed. Post and hashtag (#HCCNcon) photos and comments on Twitter @MeaningComfort, and project them onto the SocialWall. Use LinkedIn to log onto the app, and your LinkedIn profile and photo will automatically be populated, and existing connections added to your contacts. And don’t forget to like us on Facebook www.facebook.com/healthcarechaplaincy
• **Interactive Polling**: tell us what you’re thinking during sessions, and see what your colleagues are saying with real-time polls and results
• **Maps**: always know where you are and where you want to go; receive directions to your next session, zoom in on your location, and tap on pins for sessions and exhibits, etc.

REFUND POLICY FOR CANCELLATIONS
HCCN will refund in full all cancellations received on or before March 28, 2016, less an administrative fee of $75 per transaction. Refunds will not be remitted after this date. Substitutions are welcome. Cancellations and substitution requests must be submitted in writing or via email at events@healthcarechaplaincy.org. Please allow 30 to 60 days for refund processing. Refund requests for registrations paid by check must be accompanied by a W-9 from the institution where the check was drawn. Cancellation of hotel reservations is the responsibility of the registrant.

CREDIT DESIGNATION
This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint sponsorship of the University of Alabama School of Medicine (UASOM) and the HealthCare Chaplaincy Network. The UASOM is accredited by the ACCME to provide continuing medical education for physicians.

The University of Alabama School of Medicine designates this live activity for a maximum of 17 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

POSTER SESSIONS
Posters are being solicited to showcase spiritual care in health care solutions. Please send submissions to: events@healthcarechaplaincy.org, and include:

- Title
- Issue/Challenge
- Action Taken
- Outcomes/Data
- Institution
- Contact Information
The HealthCare Chaplaincy Network invites you to partner with us for the 2016 Caring for the Human Spirit® Conference.

- A unique opportunity to be recognized as an industry leader
- A excellent platform to showcase your products and services in person and via webcast to participants from health care providers, insurance firms, academic institutions, and professional associations.
- A first rate venue to build up existing partnerships with stakeholders and generate goodwill as a good corporate citizen
- Maximum exposure through live webcast to sites across the United States and abroad, and with publicity pre-through and post-conference.
- Ability to connect with more than 7,500 paid subscribers
- Optimal media coverage generating up to 1,000 placements and 7,500 online views garnering millions of impressions

For more information please contact Andrew Phillips, aphilips@healthcarechaplaincy.org or 212-644-1111 ext. 143.

<table>
<thead>
<tr>
<th>Supporter Opportunities</th>
<th>Alliance $1,000</th>
<th>Friend $3,000</th>
<th>Patron $5,000</th>
<th>Sustainer $7,500</th>
<th>Advocate $10,000</th>
<th>Leader $20,000</th>
<th>Platinum $30,000</th>
<th>Premier $40,000 +</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recognition in Conference Opening Remarks</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exhibit Booth Prime Space</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recognition in HCCN’s Conference e-Blasts</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recognition on Screen in Conference Opening Remarks</td>
<td>Company Name</td>
<td>Company Name</td>
<td>Company Name</td>
<td>Company Name &amp; Logo</td>
<td>Company Name &amp; Logo</td>
<td>Company Name &amp; Logo</td>
<td>Company Name &amp; Logo</td>
<td>Company Name &amp; Logo</td>
</tr>
<tr>
<td>Recognition in Mobile App</td>
<td>Company Name</td>
<td>Company Name</td>
<td>Company Name</td>
<td>Company Name &amp; Logo</td>
<td>Company Name &amp; Logo</td>
<td>Company Name &amp; Logo</td>
<td>Company Name &amp; Logo</td>
<td>Company Name &amp; Logo</td>
</tr>
<tr>
<td>Attendee Mailing List</td>
<td>Pre-Conference</td>
<td>Pre-Conference</td>
<td>Pre/Post Conference</td>
<td>Pre/Post Conference</td>
<td>Pre/Post Conference</td>
<td>Pre/Post Conference</td>
<td>Pre/Post Conference</td>
<td>Pre/Post Conference</td>
</tr>
<tr>
<td>Conference Registration(s)</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>Supporter Ribbon for Your Staff</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
</tr>
<tr>
<td>Conference Program Ad</td>
<td>Listing</td>
<td>1/8 Page</td>
<td>1/4 Page</td>
<td>1/2 Page</td>
<td>1 Full Page</td>
<td>2 Full Pages</td>
<td>Inside Cover</td>
<td>Back Cover &amp; Full Page</td>
</tr>
<tr>
<td>Recognition in HCCN’s “Caring for the Human Spirit” Magazine</td>
<td>Listing</td>
<td>Listing</td>
<td>Listing</td>
<td>Listing</td>
<td>1/4 Page Color Ad</td>
<td>1/2 Page Color Ad</td>
<td>Full Page Color Ad</td>
<td>Inside Back Cover Ad</td>
</tr>
<tr>
<td>Listing on Event Signage/Website</td>
<td>Company Name</td>
<td>Company Name</td>
<td>Company Name</td>
<td>Company Name &amp; Logo</td>
<td>Company Name &amp; Logo</td>
<td>Company Name &amp; Logo</td>
<td>Company Name &amp; Logo</td>
<td>Company Name &amp; Logo</td>
</tr>
</tbody>
</table>

EXHIBIT BOOTH includes two chairs, trash bin, and listing in conference program/website (electric and conference registration additional) • $500 (non-profit) • $750 (for-profit)

ADDITIONAL SUPPORTER OPPORTUNITIES

- **Break Supporter ($1,000) / one-time**
  - Listing in conference program
  - Prominent signage during conference break

- **Breakfast Supporter ($3,000) / one-time**
  - 1/8 page ad in conference program
  - Prominent signage in breakfast area

- **Lunch Supporter ($5,000) / one-time**
  - Recognition by MC
  - 1/4 page ad in conference program
  - Prominent signage in lunch area

- **President’s Reception Supporter ($10,000)**
  - 1/2 page ad in conference program
  - Prominent signage in reception area
  - Personalized, pre-event e-blast inviting attendees to reception

For more information or to discuss additional opportunities, contact Andrew Phillips
aphilips@healthcarechaplaincy.org
212-644-1111 x143