Developing an Objective Religious and Spiritual Assessment Tool

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Rehabilitation Consultant
Declaration

I have nothing to declare
Objectives

• Examine and introduce quantitative assessment tools
• Present KFMC experience
• Integrate RSC as a healthcare service
About King Fahad Medical City - KFMC

• 1200 beds
• Four Hospitals (women, children, rehabilitation, Main)
• Four Center of Excellences (Heart, Cancer, neurosciences, metabolic and obesity)
• Accredited national and international
SITE DIRECTORY
Religious and Spiritual Counseling Services

RSCS
Contact RSC

Assessment & Management

Referral

Documentation
الصلاة في الوحيدة: وضع اليدين على النحو التالي:

1. اليد اليمنى: يوضع الزاوية بين إصبعي اليمين في الجهة اليمنى من إصبعي اليسار.
2. اليد اليسرى: يوضع الزاوية بين إصبعي اليسار في الجهة اليمنى من إصبعي اليمين.

إضافةً إلى ذلك، يجب أن يتم وضع اليدين في وضعهما الداخلي، أي في الناحية الداخلية من اليدين. في حالة عدم وجود قاية، يمكن استخدام أي شيء يمكن وضعه بين إصبعي اليدين.
1. Conducted need assessment with healthcare providers, patients/families
2. 74 Questions
3. Communicate with official Fatwa organizations
4. Fatwas were recorded
5. Linked internally with extension 16070
التطبيق عبارة عن مساعدة للمريض يحتوي على تثقيف ديني ودعم روحي للمريض يشمل أهم المسائل التي يحتاجها المريض داخل المستشفيات وخارجها، وكذلك للطفل المسلم، بالإضافة إلى أهم ما يتعلق بتعليم الرقي الشرعية، والوصية والاستكشاف وغيرها.

قسم الإرشاد الديني والروحي

لتحميل التطبيق تلقائياً من جوالك

Tue, 24 April, 2:00 PM – 3:00 30 PM
Bayside C, 4th Floor
How to refer Patient

• Fill in the form
• Contact RSC @ 11444
• or send email to RSCCounseling@kfmc.med.sa
<table>
<thead>
<tr>
<th>Reasons for Referral</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Hopelessness/Despair</td>
</tr>
<tr>
<td>☐ Dissatisfaction with the judiciary and cannot accept the facts</td>
</tr>
<tr>
<td>☐ Depression and grief</td>
</tr>
<tr>
<td>☐ Ablution and prayers education</td>
</tr>
<tr>
<td>☐ Suicidal thoughts/Attempts</td>
</tr>
<tr>
<td>☐ Treatment refusal</td>
</tr>
<tr>
<td>☐ Post breaking bad news</td>
</tr>
<tr>
<td>☐ Moribund patient</td>
</tr>
<tr>
<td>☐ Post death family support</td>
</tr>
<tr>
<td>☐ Others, specify:</td>
</tr>
</tbody>
</table>
Methodology

• Counseling session through proper dialogue & answering questions
• Using educational materials
• Guidance to the resources (internal extension, Tahoor application)
Religious and Spiritual Counseling Services

- 5 counselors
- Providing services to all type of patients and their families (no discrimination)
Assessment
Most of the available assessments are measure of self-described religiosity.
Religiosity of Islam Scale (RoIS)

The Religiosity of Islam Scale (RoIS) was designed to measure the religiosity degree of Muslims (Jana-Masri & Priester, 2007). The scale started with 38 items, and after the factor analysis was reduced to a 19-item scale that yielded a general score reflecting practice and beliefs.
### KFMC Assessment History

#### Form 1: Progress Notes

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Event Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dec 9, 2011</td>
<td>11:15</td>
<td>At 11:15 AM, the patient was transferred to the ICU.</td>
</tr>
</tbody>
</table>

---

#### Form 2: Patient Information

**Patient Information:**
- **Name:** [Redacted]
- **Sex:** Male
- **Religion:** Muslim

**Diagnosis:** [Redacted]

**Relative Information:**
- **Father:** [Redacted]
- **Mother:** [Redacted]

**Teaching Method:** [Redacted]

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#### Form 3: Patients Spiritual Assessment

**Patient Information:**
- **Name:** [Redacted]
- **Religion:** Muslim

**Diagnosis:** [Redacted]

**Assessment:**
- Does the patient need spiritual support? _Yes_ _No_ _Action_
- [Other relevant questions and responses]

**Management Spiritual Support Plan:**
- [Redacted]

**Recommendations:**
- [Redacted]

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**Signatures:**
- [Redacted]

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**Religious Education:** [Redacted]
Challenges;

• No unified language between the counselor
• Time consuming
• Quality of management
• No proper documentation
• No integration with multidisciplinary healthcare team
SOAP notes

• Commonly used method of documentation by healthcare providers
• Originated from the problem-oriented medical record (POMR)
• developed by Lawrence Weed
Subjective Objectives

Plan

Assessment

S

O

P

A
Assessment challenges

• Not related to specific organ or function
• Cannot be assess through lab or imaging
• Multifactorial
  • Type of disease; curative vs non-curative, terminal, leading to disability.
  • Culture
  • Believes
  • Personality
  • Age and gender.
Expected outcome:

• To unify the language between the counselor
• More efficient and effective management
• For better integration with multidisciplinary healthcare team
• For better research opportunities
Intrinsic

Capabilities

Barriers
Main DOMAINS

capabilities

Risks

Barriers

Facilitators
- Acceptance of Reality
- Eternal Life Beliefs
- Spiritual Discipline
- Serenity/Peace
- Life Meaning/Purpose
- Hope
- Forgiveness
- Reconciliation
- Acceptance of Limits
- Self-Worth
- Capability to Overcome Health Crisis
- Happiness
- Knowledgeable on Jurisprudential Rule
- Coping with the Disease
- Depression
- Anxiety
- Guilt
- Shame
- Anger
- Hopelessness/Despair
- Powerlessness
- Meaninglessness
- Grief
- Denial of Reality/Pain
- Withdrawal/Isolation
- Self-Pity
- Suicidal Thoughts
- Pain
- Fear of (Specify) _______
- Others (Specify)_________
- Religious Friend
- Religious Group
- Love of the Mosque
- Memorizing the Holy Qur’an
- Colleague affect him positively
- Volunteer Work for the patient
- Family
- Others (Specify) ____________
- Terminally Ill
- Loss of Consciousness
- Loss of Memory
- Contact with Negative Individual
- Hypnotic Drugs
- Sagginess towards Religious Duties
- Neurologic Shock
- Possibility of having one of the above
- Others (Specify) ______________
**Scoring system**

- To estimate the degree of severity
- To build a target
- To monitor the changes
- 3 vs 5 rating scale system
Example - Suicidal thoughts

1. Never thought of
2. Thought with hesitant
3. Actual trial
Example - Suicidal thoughts

1. Never thought of
2. Though of, tend to get rid of
3. Thought with hesitant
4. Thought of, tend to do
5. Tried
Impression

- The patient needs religious education about the provisions relating to his condition
- The patient religious but needs a bit of religious support
- The patient religious and adapted to his state of health
- Is highly responsive
- Partially responds
- Refuses the Counselor Visit
- Others (Specify) ________________
Action Plan:

- Provide Counseling session
- Answer Religious questions
- Educate about Roquia
- Educate about Ablution and Prayer
- Educate the provisions of jurisprudence related to his/her situation
- Educate the family to remind him/her about impact of patience and anticipation of God's reward
- Educate the family not to discuss Worldly matters during moribund
- Educate about will
- Need a second visit
- Refer to (Specify) __________________
- Others (Specify) __________________
### Religious and Spiritual Assessment

**Assessment Number:**

**Attached File:**

**Detailed Information:**

- **Gender:**
  - Male
  - Female
  - Others (specify)
- **Religion:**
  - Islam
  - Judaism
  - Christianity
  - Hinduism
  - Buddhism
  - Others (specify)
- **Language Spoken:**
  - Arabic
  - Tagalog
  - English
  - Indian
  - Others (specify)

**Hospital/Center:**

- **Location:**
  - MH
  - RH
  - CSH
  - WSH
  - NNI
  - COC
  - OCMC
  - KSHC
- **Room Number:**
- **Bed Number:**
- **Ward:**

**Reasons of Referral:**

- Hopelessness/Despair
- Depression/Sadness
- Post breaking bad news
- Marital/sexual
- Abortion and prayer education
- Post death family support
- Suicidal thoughts/Attempts
- Treatment refusal
- Others (specify)

**Diagnosis:**

**Capabilities** | **Score** | **Barriers** | **Score**
--- | --- | --- | ---
Acceptance of reality |  | Denial of reality |  
Experience of life beliefs |  | Withdrawal/Isolation |  
Spiritual discipline |  | Powerlessness |  
Sensibility |  | Depression |  
Life meaning/purpose |  | Meaninglessness |  
Hope |  | Hopelessness/Despair |  
Forgiveness |  | Grief |  
Reconciliation |  | Safety |  
Acceptance of limits |  | Grief |  
Self-worth |  | Anxiety |  
Capability to overcome health crisis |  | Suicidal Thoughts |  
Happiness |  | Shame |  
Knowledgeable of jurisprudential rule |  | Others (specify) |  
Coping with the disease |  | Others (specify) |  
Others (specify) |  | Others (specify) |  

*Note: Scoring 1 as the weakest and 5 as the strongest.*

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**Facilitators:**

- Religious trend
- Religious group
- Love of the mosque
- Memorizing the Holy Qur'an
- Colleague affects him positively
- Volunteer work for the patient
- Family
- Others (specify)

**Risks:**

- Terminal illness
- Loss of consciousness
- Loss of memory
- Contact with negative individual
- Hypnotic drugs
- Happiness towards religious duties
- Neurotic shock
- Possibility of having one of the above

**Religious and Spiritual Counselor's Impression:**

- The patient needs religious education about the provisions relating to his condition
- The patient religious but needs a bit of religious support
- Partially responds
- The patient is religious and adapted to his state of health
- Refuses the counselor visit
- Is highly responsive
- Others (specify)

**Action Plan:**

- Provide counseling session
- Answer religious questions
- Educate about Roquea
- Educate about alienation and prayer
- Educate the provisions of jurisprudence related to his/her situation
- Educate the family to limit his/her impact of patience and anticipation of God's reward
- Educate the family to discuss worldly matters during childbirth
- Educate about will
- Need a second visit
- Refer to (specify)
- Others (specify)

**Recommendations:**

**Name and Stamp:**

**Date:**

**Signature:**

**Time:**

---

*Note: Scoring 1 as the weakest and 5 as the strongest.*
Implementation

• May 2016
• Average weekly new patient 55 (1Q 2018 = 671)
Quality Measures

1. Minimize individual variances (knowledge & skills) through peer review and frequent meeting.
# Weekly follow up sheet

<table>
<thead>
<tr>
<th>Domain</th>
<th>Element</th>
<th>Admission score</th>
<th>Target score</th>
<th>Previous score</th>
<th>Current score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Capability</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Barriers</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Facilitator</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Risks</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Quality Measures

1. Minimize individual variances (knowledge & skills) through continuous training, peer review and frequent meeting

2. Establish definition for each score to ensure valid scoring
Assessment form has been automated within the Electronic Health Record (Health Information System)
### Religious / Spiritual Counselor Assessment

**Capabilities Tab**

<table>
<thead>
<tr>
<th>Capability</th>
<th>Score</th>
<th>Capability</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acceptance of reality</td>
<td>4</td>
<td>Acceptance of limits</td>
<td>4</td>
</tr>
<tr>
<td>Eternal life beliefs</td>
<td>4</td>
<td>Self-worth</td>
<td>3</td>
</tr>
<tr>
<td>Spiritual discipline</td>
<td>2</td>
<td>Overcome health crisis</td>
<td>2</td>
</tr>
<tr>
<td>Serenity/Peace</td>
<td>3</td>
<td>Happiness</td>
<td>2</td>
</tr>
<tr>
<td>Life meaning/purpose</td>
<td>2</td>
<td>Knowledgeable on jurisprudential rule</td>
<td>3</td>
</tr>
<tr>
<td>Hope</td>
<td>2</td>
<td>Coping with the disease</td>
<td>4</td>
</tr>
<tr>
<td>Forgiveness</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>3</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Note:** Requires Reassessment
Religious / Spiritual Counselor Assessment

**Barriers Tab**

<table>
<thead>
<tr>
<th>Capability</th>
<th>Score</th>
<th>Capability</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Denial of reality/pain</td>
<td>4</td>
<td>Self-pity</td>
<td>4</td>
</tr>
<tr>
<td>Withdrawal/Isolation</td>
<td>3</td>
<td>Anger</td>
<td>4</td>
</tr>
<tr>
<td>Powerlessness</td>
<td>3</td>
<td>Anxiety</td>
<td>2</td>
</tr>
<tr>
<td>Depression</td>
<td>3</td>
<td>Suicidal thoughts</td>
<td>2</td>
</tr>
<tr>
<td>Meaninglessness</td>
<td>2</td>
<td>Grief</td>
<td>2</td>
</tr>
<tr>
<td>Hopelessness/Despair</td>
<td>3</td>
<td>Shame</td>
<td>3</td>
</tr>
<tr>
<td>Guilt</td>
<td>3</td>
<td>Fear of (specify)</td>
<td>4</td>
</tr>
</tbody>
</table>

Other: 1

---

**Patient Group**

<table>
<thead>
<tr>
<th>Royal Order</th>
<th>Reason for Encounter</th>
<th>Age</th>
<th>Gender</th>
</tr>
</thead>
<tbody>
<tr>
<td>INPATIENT</td>
<td></td>
<td>37</td>
<td>M</td>
</tr>
</tbody>
</table>

**Ward**

- M-3-3

**Room**

- M-3-3-28

**Bed**

- M3 3288

**Requesting Physician**

- Extension
- Bleep Nr
- KFMC Mobile

**Diagnosis**

- Acute bronchitis, unspecified

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**Referral**

- Capabilities
- Barriers
- Facilitators
- Risks
- Counselor Impression
- Action Plan
- Recommendations

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**Reassessement**

- Requires Reassessment
Religious / Spiritual Counselor Assessment

Facilitators Tab
Religious / Spiritual Counselor Assessment

Risk Tab
Religious / Spiritual Counselor Assessment

Counselor Impression Tab

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Primary Cause</th>
<th>Flag</th>
</tr>
</thead>
</table>

- Requires Reassessment

Referral | Capabilities | Barriers | Facilitators | Risks | Counselor Impression | Action Plan | Recommendations |

- The patient needs religious education about the provisions relating to his condition
- The patient is religious but needs a bit of religious support
- Partially responds
- The patient is religious and adapted to his state of health
- Refuses the counselor visit
- Is highly responsive
- Others (specify) [ ]

Comments:

[ ] COMMENTS
Religious / Spiritual Counselor Assessment

Action Plan Tab
Religious / Spiritual Counselor Assessment

**Recommendation tab**

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Primary</th>
<th>Log</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute bronchiolitis, unspecified</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

- **Patient Group**: INPATIENT
- **Age**: 37
- **Gender**: M

**Diagnosis**

- Acute bronchiolitis, unspecified

**Referral Capabilities Barriers Facilitators Risks Counselor Impression Action Plan**

**Main Complaint**

**Recommendations**

- 

**OK  CANCEL**
Recommended future and continuing development

Rating scale model

Validity of scoring system
Together we plead for the good and wipe off tears of mournful
Together we draw smiles and light up hope for the confused