

### 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

دليل الموقع







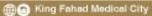




## Religious and Spiritual Counseling Services

**RSCS** 













**Documentation** 















القيلة **Direction of Qibla** 





مدينة الملك فهد الطبية KING FAHAD MEDICAL CITY قسم التثقيف الدينى

















- 1. Conducted need assessment with healthcare provides, patients/families
- 2. 74 Questions
- 3. Communicate with official Fatwa organizations
- 4. Fatwas were recorded
- 5. Linked internally with extension 16070

















التطبيق عبارة عن مؤنس للمريض يحتوى على تثقيف دينى ودعم روحى للمريض يشمل أهم المسائل التى يحتاجها المريض داخل المستشفيات وخارجها ، وكذلك للطفل المسلَّم، بالإضافة إلى أهم ما يتعلق بتعليم الرقية الشرعية، والوصية والاستخارة وغيرها

قسم الإرشاد الدينى والروحى



لتحميل التطبيق تلقائياً من جوالك







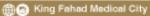






Tue, 24 April, 2:00 PM – 3:00 30 PM Bayside C, 4th Floor











#### How to refer Patient

- Fill in the form
- Contact RSC @ 11444
- or send email to RSCCounseling@kfmc.med.sa



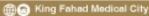


#### Referral to Religious / Spiritual Counselor

Patient Information							
Gender:	Male Male	Religion: Muslim	Language:	Arabic			
	Female	☐ Non-Muslim		Other, specify:			
Hospital/Center/Department:			Unit/Ward	:			
Main Complaint							
Reasons for Referral							
	Hopelessness/Despair						
Ħ	Dissatisfaction with the judiciary and cannot accept the facts						
Ħ	Depression and grief						
	Ablution and prayers education						
	Suicidal thoughts/attempts						
	Treatment refusal						
	Post breaking bad news						
	Moribund patient						
	Post death family support						
	Others, specify:						
Physician's	Name and Stamp:			Date:			
Signature:				Time:			

Religious Spiritual Counseling Department











Reasons for Referral				
	Hopelessness/Despair			
	Dissatisfaction with the judiciary and cannot accept the facts			
	Depression and grief			
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	Suicidal thoughts/attempts			
	Treatment refusal			
	Post breaking bad news			
	Moribund patient			
	Post death family support			
	Others, specify:			







#### 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



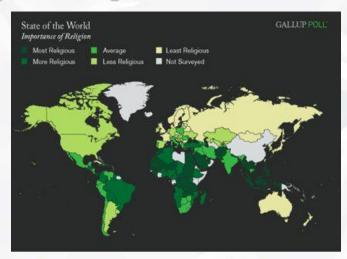






#### Religiosity of Islam Scale (RoIS)

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.

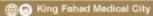




#### **KFMC Assessment History**

	Kingdom of Saudi Arabia King Fahad Medical City Patient Affairs Administration Islamic Guidance department  Attached files	Kingdom of Saudi Arabia King Fahad Medical City Patient Affairs Administration Islamic Guidance department	
PRODUCES PROTES PROBLEM (PREMISE) NOTES DEVOLUTION SELLICIANT PROBLEMES	Patient Information  Under Doctor: الطبيب المسؤول: Name:	Patients Spirtual Assessment  Assessment No: Date: / / Attached files:	
Dec 9 log 1130 At 110 T #ds	Date of seen by Islamic educator : gender: "  المريخ اضلاع برك الترعية الدينية على المدانة الرابعية الدينية على المدانة الرابعية الدينية المدانة المد	Patient Information:  Patients Name: Referring Hop/Dept/Unit: Rerring reasons:	
to take a st chair Ence	Diamosis:	Medical file   gender:   Religion and language:     Male   Female   Muslim   Arabic   Others   Others	
will be in to rest pt RR g in-drawing bilat. Nari pint. Will litto Asleep X 1 to bredtha Sa02@989. Physio in to Physio Note Previo	Relative Information بالمحافظة المحافظة المحافظ	Does the patient need spirtual support?  Does the patient committed with his responsibilities of Religion?  Does the patient well educated about rules of prayers of patients prayer?  Does the patient well educated about rules of prayers of patients prayer?  Does the patient well educated about firsting, Hajji regulations related to his sickness?  Does the patient need to be directed about importance of his medication and following the medical plan?  Does the patient relative need a spirtual support while dying?	
ole Howarded - able ARom of hiplkness of a significant and a signi	Theinstructions provided to the relative of the patient:  Support the spiritual side.  Strengthening patient satisfaction and fatalism.  Educating (arruqia ashrayah).  Explaining how to pray.  Promoting them to be optimistic.  Advising for guidance counseling(Isthharah).  Providing the Islamic booklets which support them psychologically and spiritually.  Conviction the patient to take medication ,and to follow the doctors instruction and the hospital polices	The patient needs special materials regarding his spirtual status?  Audio Materials Tayamom Box Ecducational Rag Quran  Others:  Management Spirtual Support Plan:  Recommendations:  Patients to be referred to:  Reasons for transfer:	
PLEASE SIGN EACH EN	Signature: التوقيع   pager#:	Religious Educator: Signature: Ext: Pager:	











#### Challenges;

- No unified language between the counselor
- Time consuming
- Quality of management
- No prober documentation
- No integration with multidisciplinary healthcare team









#### **SOAP** notes

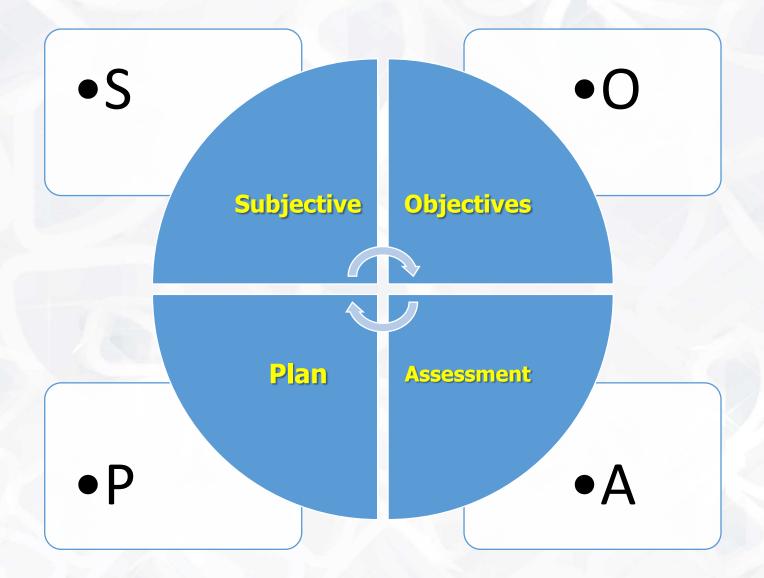
- Commonly used method of documentation by healthcare providers
- Originated from the problem-oriented medical record (POMR)
- developed by Lawrence Weed



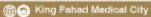


















#### **Assessment challenges**

- Not related to specific organ or function
- Cannot be assess through lab or imaging
- Multifactorial
  - Type of disease; curatuve 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











#### Extrinsic









#### **Intrinsic**

**Capabilities** 

**Barriers** 











#### **Extrinsic**

**Facilitators** 

**Risks** 











capabilities

Risks

Main DOMAINS

**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

#### **Capabilities**











□ 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)\_\_\_\_\_

#### **Barriers**











- ☐ 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)

#### **Facilitators**





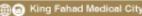




- ☐ Terminally III
- ☐ Loss of Consciousness
- ☐ Loss of Memory
- ☐ Contact with Negative Individual
- ☐ Hypnotic Drugs
- ☐ Sagginess towards Religious Duties
- ☐ Neurologic Shock
- ☐ Possibility of having one of the above
- ☐ Others (Specify)













#### **Scoring system**

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

RSC perspective





## **Example - Suicidal thoughts**

1

Never thought of

2

Thought with hesitant

3

Actual trial









## **Example - Suicidal thoughts**

- Never thought of
  - Though of, tend to get rid of
  - Thought with hesitant
  - Thought of, tend to do
  - Tried









# **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 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 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)





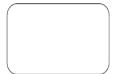






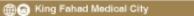


Patient Affairs Administration



Religious and Spiritual Assessment				Relig	Religious and Spiritual Assessment			
Assessment Number:		Attached File:		Facilitators:	Score	Risks:	5	
		, maintain no.		□ Religious friend		□ Terminally ill		
etailed Information:				□ Religious group		□ Loss of consciousness		
ender: Religion:		Language Spoken:		□ Love of the mosque		□ Loss of memory		
	Buddhism	□ Arabic □ Taga	alon	Memorizing the Holy Qur'an		☐ Contact with negative individual	П	
Female Christianity		□ English □ India		□ Colleague affect him positively		☐ Hypnotic drugs		
☐ Others (specify)		Others (specify)		Volunteer work for the patient		<ul> <li>Sagginess towards religious duties</li> </ul>	Т	
ospital/Center:		Location:		□ Family		☐ Neurologic shock	Т	
ospita//center.		Location.		Others (specify)		Possibility of having one of the above		
MH □ RH □ CSH	■ WSH	Room Number:				Others (specify)	T	
NNI			Religious and Spiritual Counselor Impression:					
Ert a Culiera (apeciny)						ut the provisions relating to his condition		
easons of Referral:				The patient religious but needs a	bit of relig	gious support		
Handlesenses/Deepsis	D.0	at breaking had now		☐ Partially responds				
□ Hopelessness/Despair □ Post breaking bad news □ Depression/Grief □ Moribund patient			☐ The patient religious and adapted to his state of health					
Ablution and prayer education		ost death family support		☐ Refuses the counselor visit				
Suicidal thoughts/attempts		oss of loved ones		☐ Is highly responsive			_	
☐ Treatment refusal ☐ Others (specify)			Others (specify)					
				Action Plan:				
				□ Provide counseling session □ Answer religious questions			_	
Diagnosis:			☐ Educate about Roquia					
			☐ Educate about rooquia	er		_		
				☐ Educate the provisions of jurispri		lated to his/her situation	_	
					t impact of patience and anticipation of Go	d's		
apabilities:	Score	Barriers	Score	Educate the family not to discuss				
Acceptance of reality		☐ Denial of reality/pain		□ Educate about will				
Eternal life beliefs		☐ Withdrawal/Isolation	_	□ Need a second visit				
Spiritual discipline		□ Powerlessness	_	Refer to (specify)				
Serenity/Peace		□ Depression	_	☐ Others (specify)				
Life meaning/purpose		□ Meaninglessness	_	Recommendations:				
Hope Hope		☐ Hopelessness/Despair						
Forgiveness		□ Guilt	_				_	
Reconciliation		□ Self-pity					_	
Acceptance of limits		□ Anger					_	
Self-worth		□ Anger □ Anxietv					_	
Capability to overcome health crisis		☐ Anxiety ☐ Suicidal thoughts					_	
Happiness		□ Grief		Religious and Spiritual Couns	elor's			
Knowledgeable on jurisprudential rule		□ Shame						
				Name and Stamp:		Date:		
Coping with the disease		Fear of (specify)		Hame and Stamp.		Date	_	
Others (specify)		□ Others (specify)		Signature:		Time:		
e: Scoring 1 as the weakest and 5 as the stro	ngest.			o.gnatare.		Time.	_	
				Note: Scoring 1 as the weakest and 5 as	the strong	est.		





KFMC 0508/122016/R0000

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## **Implementation**

- May 2016
- Average weekly new patient 55 (1Q 2018 = 671)









## **Quality Measures**

 Minimize individual variances (knowledge & skills) through

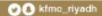














# Weekly follow up sheet

Domain	Element	Admissio n score	Target score	Previous score	Current score
Capability					
Barriers					
Facilitator					
Risks					









## **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)

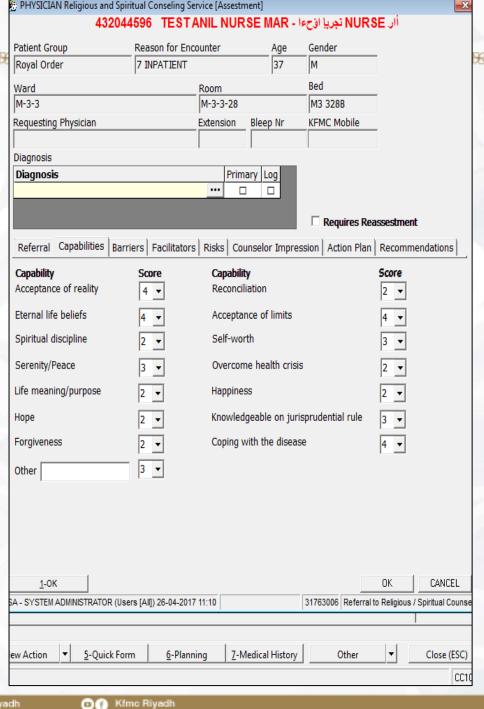








**Capabilities Tab** 



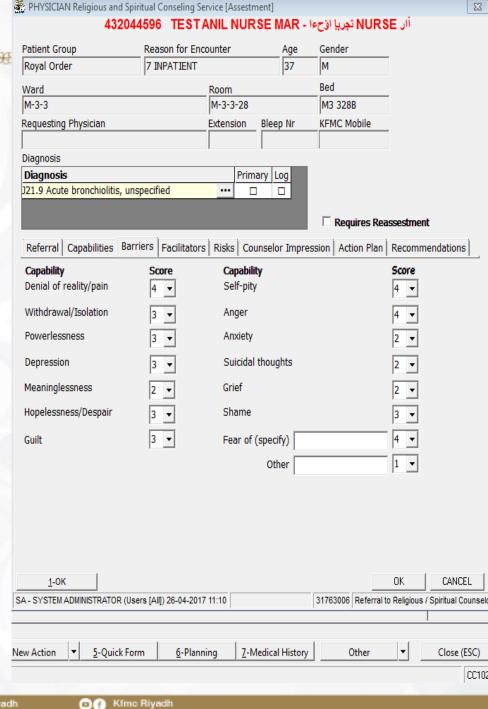








**Religious / Spiritual Counselor Assessment Barriers Tab** 



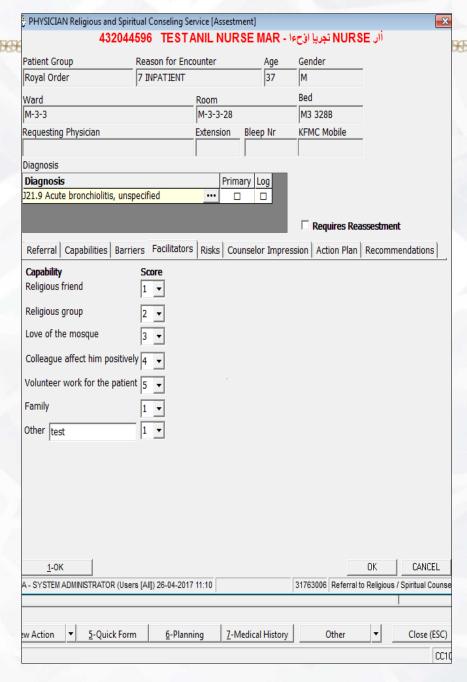








### **Facilitators Tab**





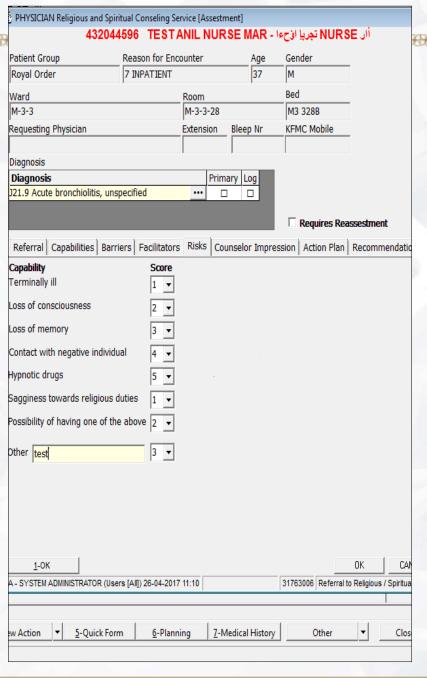




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### **Risk Tab**



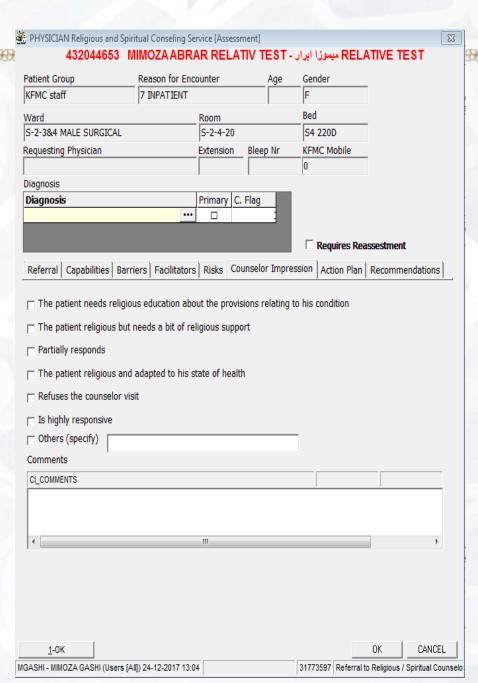








### **Counselor Impression Tab**



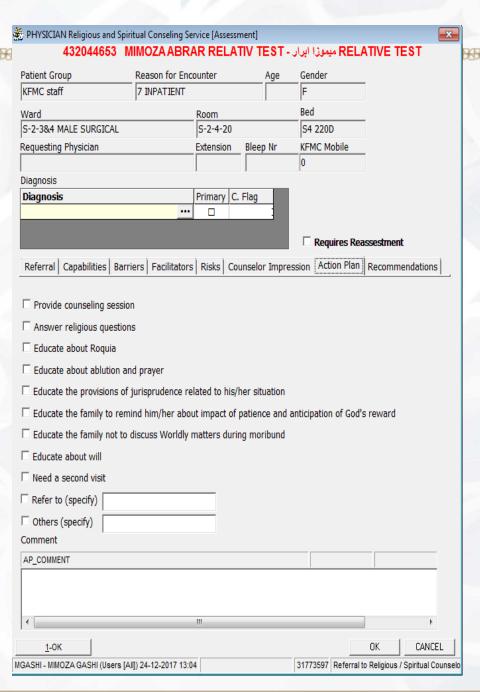








### **Action Plan Tab**





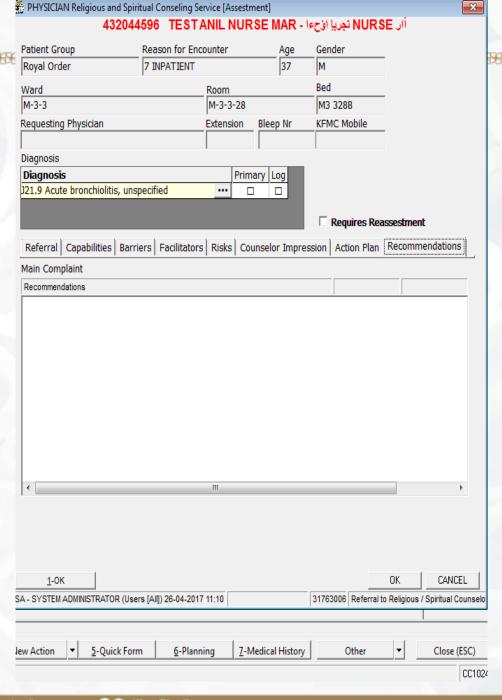








**Religious / Spiritual Counselor Assessment Recommendation tab** 











# Recommended future and continuing development

Rating scale model Validity of scoring system







