

SPIRITUAL ASSESSMENT

Spiritual histories should be taken as part of the regular history during initial assessment of new patient but can also be taken as part of follow-up visits, as appropriate. This allows understanding patients suffering in the spiritual/religious domain and ways of coping and finding meaning and support through faith. The instrument proposed to be used for assessment is FICA. The FICA Spiritual History Tool was developed by Dr. Puchalski and a group of primary care physicians to equip physicians and other healthcare professionals with a tool to address spiritual issues with patients.

F <i>faith</i> I <i>mportance</i> C <i>hurch</i> A <i>pply/Address</i>	○	◐	◑	●	P
---	---	---	---	---	---

1.	Introduce yourself to the patient Hello, I am doctor... and she is my colleague, nurse.... And you are? Let the patient tell his name. <i>Avoid expressions such as "Are you Mr. Smith" could generate a false confirmation through an automated false answer of "yes" that could come from a patient distracted by his symptoms from the discussion he undertake with the medical staff.</i>	ESSENTIAL			
2.	If the patient comes with a relative/ friend find out who the person is and what the relation to the patient is. It is good to see that you came today with Mr/ Mrs... (say the patient name). Can you please tell me who you are and what is your relation to the patient? <i>(avoid making assumptions like "Are you the wife?" – She might be a daughter or other and you can create embarrassing situations).</i>				0 1 3
3.	Shake hands (if the patient wants to). <i>(First you should shake hands with the patient, THEN with the spouse or friend - if present This non-verbal communication shows that the patient has priority)</i>				0 1 3
4.	Ensure the privacy for the conversation. - Shut the door after you put on the door the sign consultation in progress (or other way to mark that a consultation takes place in that room) - Patient in bed- draw the curtains around the bed <i>(Through proper communication you will build trust and you start by showing respect for the person in front of you).</i>				0 1 6
5.	Reduce environment disturbing factors Turn off the radio, TV, cell phone (or ask your secretary to hold on calls). <i>(Educate your staff, other patients not to enter the room when a consultation takes place).</i>				0 1 3
6.	Spatial arrangement a. Invite the patient (and caregiver) to sit. Would you please take a seat? <i>(There is a different time perception by the patient if you and he/ she are sited. The same amount of time is perceived longer when sitting compared with standing)</i>				0 1 3
7.	b. Sit yourself. If patient is in bed take a chair and sit near the bed - At a comfortable distance from the patient (about 1m) - The doctor's eyes should be at the same level with the patient's eyes (exception: when patient cries or is angry, the doctor's eyes should be at a lower level than the patient's eyes) - If patients come with relative/friend sit yourself in such a way to face the patient. At a closer				0 1 6

	<i>distance from the patient that the friend/relative</i>				
8.	c. Remove barriers between you and patient - Move your chair to be next to the patient (better across the corner of the desk than across the full desk). - Clear the desk in the area near the patient <i>(Do not sit behind the desk, computer -nonverbally this is blocking communication)</i>				0 1 6
9.	d. Be prepared for patients/relative who cry Have a box of tissues nearby, just in case the patient or the relatives begin to cry; in that case, offer them tissues				0 1 3
10.	Body language Take a neutral position that makes you look unhurried and relaxed - Feet flat on the floor - Shoulders relaxed; slightly lean forward - Friendly facial expression - Hands on the knees <i>(When you talk about difficult subjects like bad news, prognosis, patients fears, so on, you will feel uncomfortable but it is important that to train your body so that your nonverbal language appears calm and offers reassurance to the patient).</i>				0 1 6
11.	Is this the right moment to do a spiritual assessment? Before starting our discussion I want to be sure you are comfortable. Can you tell me if there is some severe symptom, or fear, or worry that is bothering you? If Yes postpone spiritual assessment and do targeted assessment of the symptom.. cause of suffering and adequate treatment If NO continue assessment				0 1 6
12.	Ask permission to do the assessment In order to assess the suffering that the disease is causing you on various levels I am going to ask some questions about your spiritual wellbeing. May I proceed? If NO ask permission to come back later If Yes continue assessment				0 1 6
13.	Start with a general question. Are you at peace?	ESSENTIAL			
14.	If answer to step 13 is NO What worries do you have? Please tell me more				0 1 6
15.	If the answer to step 13 is YES Please tell me what brings meaning and peace in your life? Your work, your family, what else?"				0 1 6
16.	Use techniques to facilitate the dialogue <i>(be silent and do not interrupt the patient).</i> Listen to what the patient says with words <i>(content, tone)</i> but also to the nonverbal communication <i>(gesture, facial expression, body position...)</i>				0 1 3
17.	Tolerate short periods of silence when the patients pause to reorganize his thinking. What is making you pause? <i>(If you need to break the silence. Silence also may have other meanings: the patient is thinking or feeling something too intense to express in words).</i>				0 1 6
18.	Encourage nonverbally or with short sentence the patient to continue his ideas				0 1

	nodding, pausing, smiling, using responses such as “yes”, “tell me more”					3
19.	Repetition and reiteration “My family has been very closely united and now that they know about the disease they come permanently to help with the house hold”- “So, you’re family is helping with house work.” <i>Will confirm to the patient that you have heard what has been said.</i>					0 1 3
20.	Clarification When you say...do you mean that...? <i>Gives the patient the opportunity to expand on the previous statement or to emphasize some aspect of the statement when the clinician shows interest in the topic</i>					0 1 6
21.	Is faith important in your life? Is it a support for you in the present situation? <i>This question allows the patient to discuss about support systems but also about existential worries</i>	ESSENTIAL				
22.	Do you belong to a faith community? (family members can provide useful information). How can we support you in your faith? Who do we have to contact to help you? Contact the specified / appropriate person (examples: somebody from his faith community or moral councillor).	ESSENTIAL				
23.	The closure of the interview Make a summary of the main topics you have discussed and document it in patient file.					0 1 6
24.	If you have further questions, please don’t hesitate to contact us. <i>(An invitation to patient for asking questions)</i>					0 1 6
25.	A clear arrangement for the next meeting.					0 1 4
Total score: 100		<input type="radio"/>				%
		<input type="radio"/>				%
		<input type="radio"/>				%

Legend: - unfulfilled criterion; – partially fulfilled criterion; – completely fulfilled criterion
(score according to column P)