DUTCH CASE STUDY CONFERENCE, FEBRUARY 25, 2019

Chaplains as Partners in Medical Decision Making: Case Studies in Healthcare Chaplaincy

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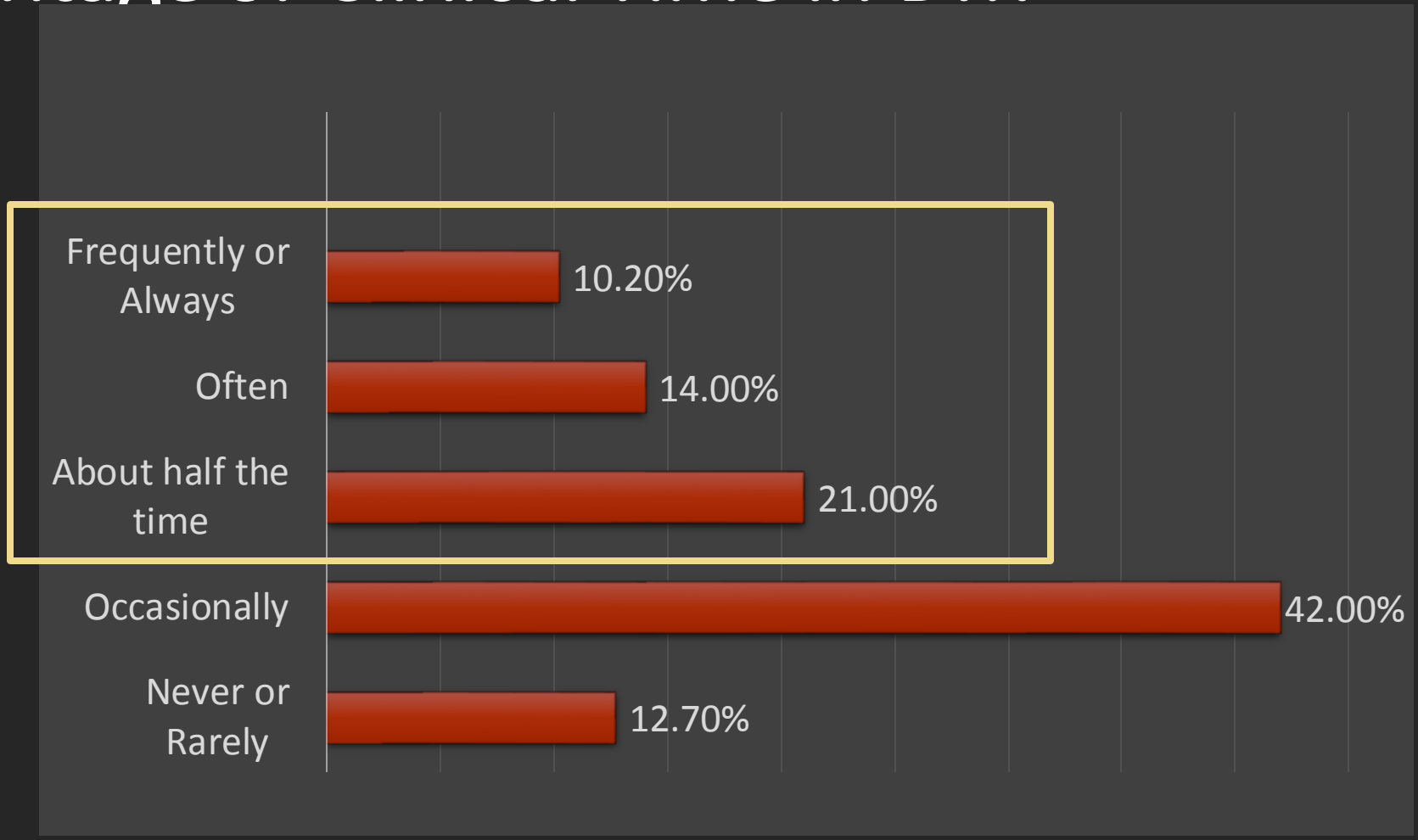
Mixed Method Study
Phase 3 – Multiple Case Studies

- Present summary of our phase 1 and 2 of research
- Process and Structure of Case Study book
- Method for Analysis of Case Studies
- Preliminary Findings
- Questions for future case study development and research

Survey
Quantitative Analysis: Frequencies
Percentage of Clinical Time in DM

In a typical week, what percentage of your clinical time is spent supporting patients and families with serious or life-limiting illness in medical decision making?



Survey
Percentage of Time: Specific Areas of DM

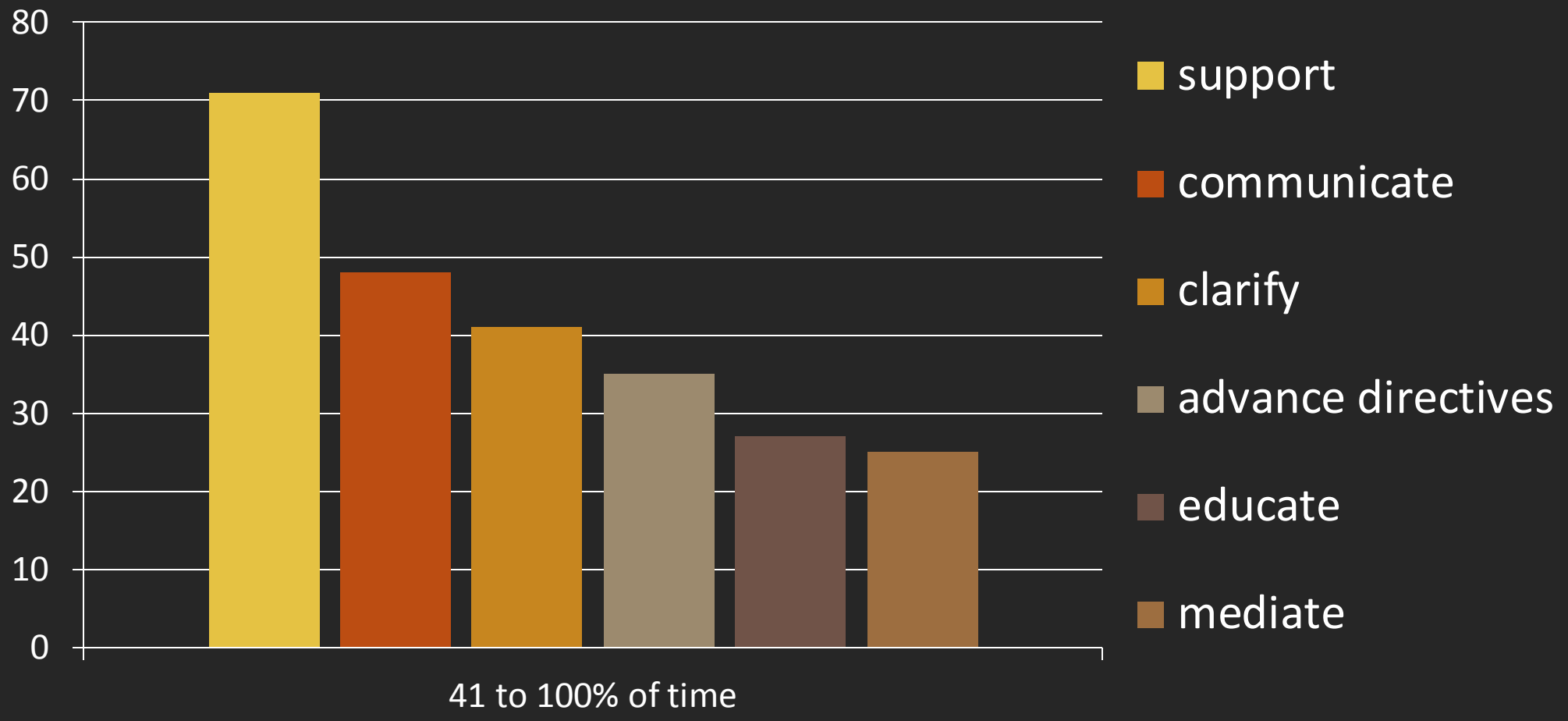
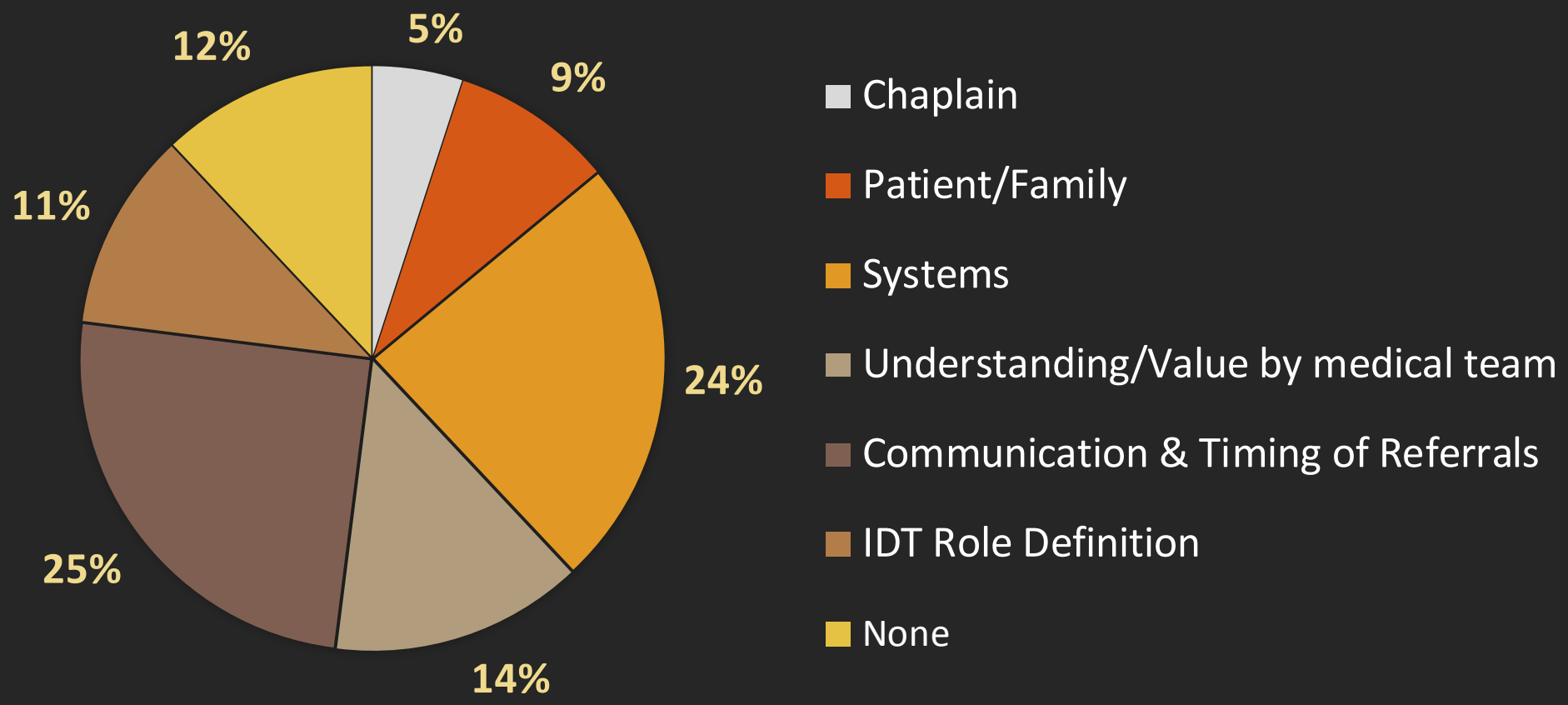


Table 3. Predictors of integration in treatment team decision making Logistic Regressio

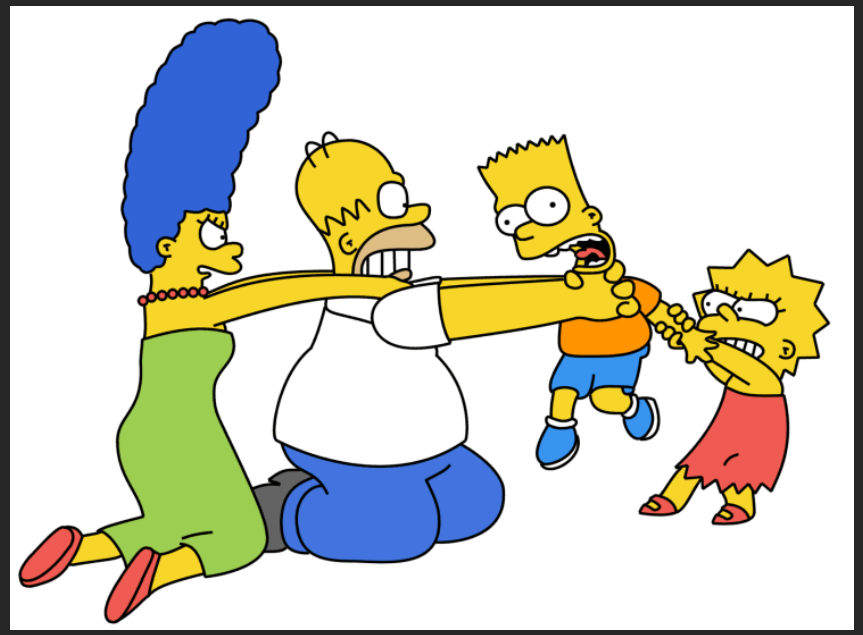
	Model 1			Model 2			Model 3		
	OR	95% CI	*p*	OR	95% CI	*p*	OR	95% CI	*p*
Male (ref group female)	1.169	.777-1.757	.454	1.272	.811-1.997	.292	1.272	.811-1.997	.295
Years of experience (reference group 1-5 yr)									
6-10 years	1.567	.777-1.575	.209	1.361	.654-.2.832	.410	1.286	.593-2.79	.525
11-15 years	1.587	.781-3.224	.201	1.503	718-3.143	.279	1.370	.629-2.986	.428
16-20 years	1.842	.871-3.821	.111	1.884	.876-4.081	.108	1.650	.730-3.727	.229
21+ years	**3.882**	1.962-.7.684	.000	**4.204**	2.060-8.578	.000	**3.891**	1.831-8.265	.000
Palliative care v. other	**1.766**	1.111-2.808	.016	1.560	.953-2.553	.077	1.326	.784-2.244	.292
Oncology chaplain	**.533**	300-.946	.032	**.505**	.278-.011	.023	**.451**	.239-.851	.014
Care activities				**1.153**	1.105-1.203	.000	**1.106**	1.049-1.166	.000
Hrs/wk (reference group Never or rarely (0-14%)									
Occasionally (15-40%)							1.111	.464-2.657	.813
About half the time (41- 60)							1.875	.723-4.861	.196
Often (61-85%)							1.450	.507-4.152	.489
Frequently or always (86-100%)							**3.823**	1.254-11.652	.018

Qualitative Findings: Text Analysis
Barriers to Chaplain Participation in DM



Qualitative Findings: Text Analysis
What Do Chaplains Uniquely Contribute?

Spiritual Dimension & Authority
Religious, Ethical and Cultural Frameworks
Patient Story & Values
Emotions
Family Mediation
Approach/Process
Liaison/Communicator



In-depth Interviews: n=14

Purposive Sample: High integration & Low Integration (High barriers)

Content Analysis and Linguistic Analysis: Chaplain self-understanding, Role in IDT, and Understanding of medical culture/terminology in context of factors necessary for IP-SDM.

High	Low
Authority/Initiative	Self-exclusion from "medical"
Bilingual	Silo Work
Valuation of other Roles	Self definition = spiritual/emotional

Case Study Book

Survey: 150 chaplains indicated interest

Guidelines for content, format and confidentiality

Received 25 summary cases – 9 selected

Process of assisting in writing and revision

Respondents: Guidelines

Patient as Person	Emotions and Family	Religious & Cultural Differences
Keith, 59 year old living with stage IV bladder cancer; outpatient infusion center – 10 visits; Mutually expressive writing; Narrative Medicine.	*Rita, family matriarch with advanced dementia. "She fed all of us, how can we not feed her". Religious values embedded in multi-general family system. Family Systems Theory.*	*Orthodox Jewish parents advocating for daughter with brain injury. Rabbi chaplain bridged to understanding unique approach to decision making of community. Cultural Theory.*
Glen's "Mission" a 72 year old man, living until his sense of purpose was fulfilled. Patient not being heard re timing of moving to comfort care, religiously informed goal. Dignity Therapy, Narrative Medicine.	*Mark, a middle aged man in acute respiratory distress preferences not solicited by medical team. Daughter – patient conflict re: removing trach. Guilt, grief and communication by chaplain. Surrogate Decision Making, Miracle Literature.*	*Alma, African American elderly woman "dying from a broken heart". Broker between medical explanation of illness vs. family causal explanation impeding movement toward decision. Fadiman, Multi-cultural Theorists.*
Bob, a middle aged husband and father facing treatment decisions for 2nd life-threatening illness. Chaplain had 7 year relationship with patient/family – doctors asked for her help. Shared Decision Making, Narrative Medicine.	*Aaron, 45 year old man with life-threatening cardiac event whose wife and daughter conflicted about "giving up on him". Use of ritual to address emotions and family roles. Post-Traumatic Growth and Ritual theory.*	*Ayesah, a 50 year old Palestinian Muslim woman dying in the ICU. Refusal by family of pain medication and brain death determination negotiated by chaplain. Trauma, Cultural Diversity Theory, Family Therapy.*

Author & Respondent Analyses

1. Chaplain attention to narrative and values embedded in patient story promotes value-concordant care: HOW?
2. Chaplain attention to emotions/family dynamics positions them to move the decision making process forward. HOW?
3. Chaplain's position betwixt and between medical world and cultures/religious worlds of patient/families is the foundation for their ability to negotiate and resolve conflicts that arise in MDM: HOW?

Analysis of Case Studies: Research Method

Interpretative Lens: Cases represent when chaplains assess they have been effective in promoting decision making; barriers to inclusion removed.

Theoretical Propositions:

- Integration into IDT facilitates chaplain role in MDM - How IDT structured, chaplain role on team? (descriptive analysis)
- Chaplain involvement promotes value-concordant, patient-centered MDM: True or no? If so, what does that look like? (descriptive & causal analysis; rival explanations)

Chaplain Role on Medical Team

Pre-conditions that enable chaplain to be integrated and effective

- Length of service & trust established
- Knowledge & appreciation of other roles
- Insight into what medical team experiencing/reasons behind recommendations
- Attention to staff moral distress
- Legitimacy from spending extended time getting to know patient and family

Referral Source, Visit Type, Mode of Communication

- Empowers patient voice, decision making without interacting with team but this is the exception (outlier case)
- Care conferences/family meetings
- Present when doctors visit
- Clinicians ask directly for help, insights on how to communicate with family
- One-on-one meetings with team members before or after visits
- Read the medical record

Chaplain Role on Medical Team

Authority, Leadership, Initiative

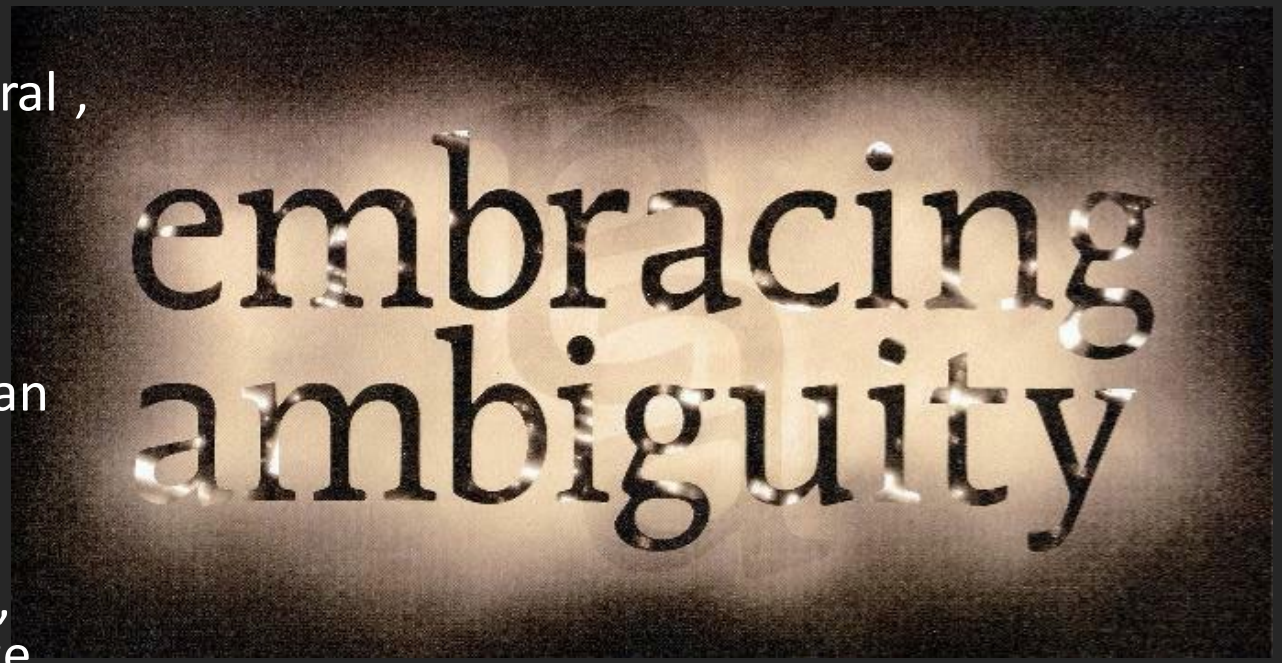
- Speak up, ask questions at strategic points with team
- Educator about traditions or reasons why resistant,
- Lead family meeting
- Claim pastoral authority
- Advocate through use of resources
- Awareness and naming of role

What's absent (re: barriers)

- No mention of being paged away or interrupted
- One case: "goes around" team when no movement to pt-family
- Able to be in outpatient and inpatient settings if needed
- Little concern for trespassing
- No mention of chaplain documentation in the EMR as a way to communicate!

Value-Concordant Care

- Specific goals, who person is, what really matters
- Identifying approach to mdm more general , timing
- Movement to decision making restored
- Value concordance not static: Hold in tension competing values – “until they can find a version they can live with”
- Person of chaplain/therapeutic presence underlies ability to see patient as person, attend to emotions/family and appreciate cultures thereby promoting value-concordant care.



Causal Analysis
Internal Validity Testing with Rival Explanations

Direct rival: An intervention other than the target intervention accounts for the results

Commingled rival: Other intervention and the target intervention both contributed to the results

Rival theory: Another theory different from the original theory explains the results better

Super rival: A force larger than but including the intervention accounts for the results

Hypotheses: Future Research

Research Question	Method
Shared Decision Making If chaplain involved does patient/family report higher satisfaction with shared decision making?	Duke Shared Decision Making Metrics: 3 question survey of patient/family EMR data on chaplain visits Self-reported involvement of chaplain in decision making support
Value-aligned care outcomes If chaplain involved better concordance? Only if patient/family religious?	Emerging Metrics for Value-concordant care – evidence in EMR of GOC, family mtg, advance directives/acp note EMR data on chaplain visits EMR data on level of religiosity?
ID-SDM Collaboration Best way to educate, promote ID-SDM with chaplain integration?	Didactics vs. Shadowing Survey of colleagues

Questions for Case Study Development & Research

1. Proscribed format vs. ours (Fitchett & Nolan: A, I , O)
2. Dutch research project – recent case, theoretical lens
3. Does isolating a specific dimension of care promote or impede the task of drawing out unified themes for hypotheses or conceptual framework development?
4. Multiple Case Studies: Replication Claimed?
5. Triangulation with other findings of our study – case studies as part of larger mixed method research design

Discussion

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