

Duke University Spirituality, Theology and Health Seminar
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Integrating Spirituality and Meaning in Medicine: Reflection Rounds, “Stem-Soul,” plus an AMA Resolution

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Overview

- **Beginnings of Integrating Spirituality and Meaning in Medicine at Stanford**
- **Reflection Rounds and Reflection Rounds Research at Stanford**
- **Emerging Ideas for Theory and Practice**
 - **An Ontological Perspective on Being Human**
 - **Stem Cell and Stem Soul**
 - **American College of Lifestyle Medicine: Meaning, Purpose and Spirituality**
 - **AMA Resolution (2024) on Spirituality in Medical Education and Practice**
- **Q&A and ONE THING**

Beginnings of Integrating Spirituality in Medicine

- **Stanford Center for Biomedical Ethics Grand Rounds:** “Spirituality at the Bedside: An Ethical Approach” by Bruce Feldstein M.D. with Ernie W. D. Young, Ph.D., 1999.
- **Family Medicine – Spirituality and Meaning in Medicine, required class** (HHS Grant 1999, GWish-Templeton Curricular Award, 2001)
 - Students learn to identify and respond to their patients’ spirituality and sources of meaning as well as their own.
 - Framework for integrating spirituality into understanding and practice: an experiential, phenomenological approach.
 - Related Courses: **Physician Well-Being, Shadowing a Chaplain**
- **The Healer’s Art Course** - Rachel Naomi Remen, <https://rishiprograms.org/>

Pioneering “Spirituality and Meaning in Medicine”

Required Class: Family Medicine Core Clerkship

Team: MD, Chaplain (Jewish), Ethno-Geriatric Educator (Catholic, former nun),
PhD Psychology (Buddhist), MD, PhD (Humanist)

Goal: To identify and respond to your patient’s spirituality and sources of meaning as well as your own.

Objectives:

1. Define/reflect on spirituality and meaning in healthcare and your own life
2. Prepare “Attention and Intention” for meaningful connection & generous listening
3. Take a spiritual history using FICA/HOPE
4. Identify and respond to patients Chief Concern, “What matters most”
5. Understand the role of the chaplain and when to make a referral

Exercise: “A time in your life that you would call spiritual or deeply meaningful.”

1. Each individual reported a unique experience (not reproducible).
2. A happening (not on the calendar, it was emergent)
3. Any time, anywhere
4. Relational: alone, with others, with transcendent
5. Could not be fully described (element of the ineffable)
6. Story, context (situational, emotional/mood)
7. Religious, non-religious
8. Phenomenon were identified

INTRODUCTION TO REFLECTION ROUNDS

- An educational process, aims to integrate meaning, purpose, and connectedness into medical education—from medical student to the practicing physician.
- Facilitated by teams of specially trained physicians, chaplains, and counseling professionals.
- Provides a supportive environment for colleagues to explore a clinical encounter of their choice, in terms of one's personal experiences, beliefs, values, feelings and spirituality.
- Focus on the inner life experience of practicing medicine, promotes one's personal and professional formation in the context of patient-centered compassionate care, enhances emotional competency/fortitude, and is a gateway to wisdom and well

Stanford Reflection Rounds since 2014

- Stanford was recipient a 2014 GWish-Templeton Reflection Rounds Award.
- For over 900 students (Stanford class size, 90) during three required clerkships: Pediatrics, Emergency Medicine, Ambulatory Medicine (prior Surgery and Family Medicine)
- 2-hour facilitated conversation among a physician, chaplain and students (8).
- Groundrules:
 - This time is for you. Conversation among colleagues. Off “the evaluation grid.”
 - Share as comfortable, include emotions. Allow for silence.
 - Generous listening and responding, with curiosity, appreciation, to discover, not to fix or advise. Confidentiality.

REFLECTION ROUNDS

- Our focus is on the art– the spirituality, the humanity of medicine.
 - It is said “Medicine is not sometimes an art and sometimes a science. It is always simultaneously both art and science.” (Daniel Sulmasy OFM, MD, PhD from The Rebirth of the Clinic.)
- Reflect on a clinical situation of interest. Perhaps something that left you feeling incomplete, questioning or troubling, OR, remarkable or that you’re grateful for. Consider the following questions....
- (Facilitated) Individual take turns sharing and exploring with each other.
- Closing: What’s “One Thing” you’re taking away.

RR Competency-based topics/themes

- 1: spirituality as a way of connecting with patients
- 2: the vocation of medicine by discovering and strengthening one's call
- 3: the transformative potential of the physician-patient encounter
- 4: boundaries in physician-pt relationship, context of compassionate care
- 5: spirituality in the context of patients' crises
- 6: system barriers to meeting patients' spiritual needs
- 7: care of the caregiver (self care, well being)
- 8: how suffering in the patient's life affects the patient and student

From GWish-Templeton Reflection Rounds Guidelines (2014)

Reflection Rounds Research

Joys and Challenges of Medicine: A Phenomenological and Theological Exploration

Akivah Leigh Dixon Northern DSc., MDiv.

A Dissertation for
Department of Religion
Loma Linda University

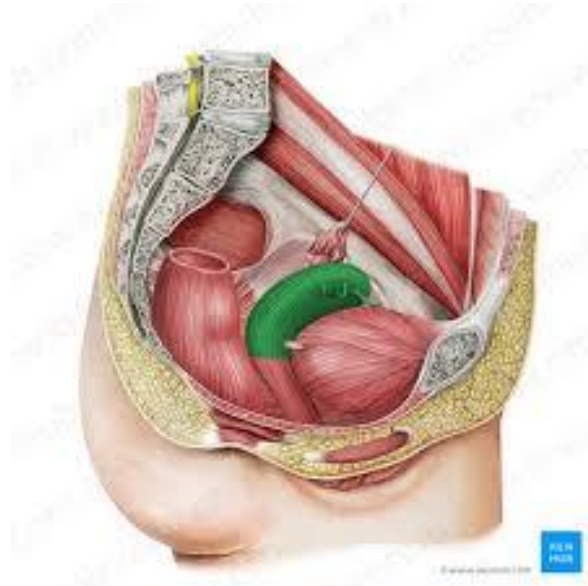


Reflection Rounds Research at Stanford

- My Why
- Study Purpose, Methods, and Population
 - What is Phenomenology, IPA and the Research Question
- The Research Results Model and the Phenomenological Account
- Implications
 - Relative to the 2024 AMA Resolution #304
 - Theological Reflections on the Study Findings

My Why - To Hear to Their Voices

- My Experience of Awe in Anatomy Lab!



Edmund Husserl (1859-1938)

Husserl, the Father of Phenomenology believed phenomenology was a new way of looking at the world one that reveals the essential, meaningful, and often hidden parts of lived human experiences specific to a distinct group of people (Heffernan, 2017; Husserl, 1936/1970) (Lopez & Willis, 2004, p. 727).



A Phenomenological Study

According to Edmund Husserl (1859-1938)

- **Perceives the experience of human consciousness as valuable, and that it should be the object of scientific study** (Lopez & Willis, 2004) and.
- Explores how human beings experience phenomena or the meaning that phenomena have in their life worlds
- Lets phenomena “speak for themselves” (Van den Berg, 1971).

Joys and Challenges:

The *a priori* Phenomenon Explored in this Study

- Both are significant in Medicine and Religion
- **Joy in Medicine:** From an ancient aspiration—the Hippocratic Oath to the Joy of Medicine Awards (AMA).
- **Joy in Religion:** a timeless virtue. “This day is holy to our Lord. Do not grieve, for the joy of the LORD is your strength.”
Nehemiah 8:10
- **Challenges in Medicine:** Physician Distress, Burnout, Suicide
- **Challenges in Religion:** the Suffering Servant

Study Purpose

- We explored the lived experiences of medical students when they began to encounter patients during their core clinical rotations.
- Meeting patients for the first time is a critical time for medical learners
- Having opportunities to engage in meaning-making about their experiences can contribute to their professional formation (G. V. Stetson et al., 2020).
- Professional formation is the process by which medical learners come to “think, act, and feel like physicians” (Stetson et al., 2020, p. 766).

Study Population and Method

- Population: Stanford University medical students who took RR, a required course, during a core clinical clerkship between July and November 2020 at the beginning of the pandemic. Eleven medical students consented to participate.
- Method: Interpretative Analytical Phenomenological (IPA) was used to explore, two a priori phenomena - the joys and challenges expressed in medical students' reflections about a patient encounter of their choice shared during RR.

Interpretative Phenomenological Analysis (IPA)

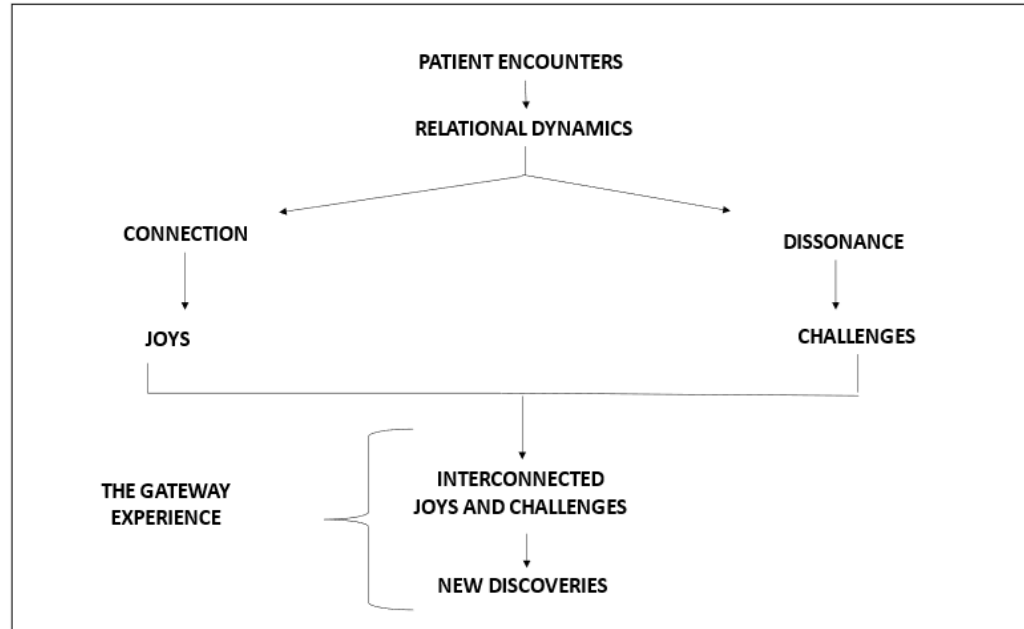
- Examines contextual features of an experience in relation to other influences such as culture, gender, employment or wellbeing of people or groups experiencing the phenomenon.
- Allows investigators to arrive at a deeper understanding of the experiences (<https://pubmed.ncbi.nlm.nih.gov/26168810/>)

The Phenomenological Research Question

- What is it like for a medical student to experience joys and challenges during a patient encounter?

The Overall Study Results Model

The Seven Themes and Overarching Themes



The Gateway Experience

When medical students' expressions of joy and challenges flowed in a continuum, they often spontaneously led them to discoveries.

In this study, we identified this as a continuum of interconnected joys, challenges, and discovery and named the finding the Gateway Experience (GWE).

The phenomenon represented junctures in the participants' reflections where they expressed a sequence of joys and challenges together, and then something new emerged.

A Gateway Experience In Their Own Words

Background: Outpatient Clinic. Student's first televisit. At beginning of COVID. Mother with 4 children in her 30's. Chief complaint: Abdominal Pain. (2 minute)

(Joy) *We [patient and medical student] talked a long time.*

(Joy) *And let me tell you, I felt no problem taking a really long time.*

(Challenge) *Oh, I usually feel...I'm always like, I'm a medical student taking too long.*

(Joy) *No, I took the right amount of time on that call.*

(Joy) *I was just obviously struck by the fact that it felt a little bit out of nowhere... no one can anticipate that that's going to be a phone call on your schedule. And you know when we're so used to just statins and insulin and pressure meds. That was a hard left turn....[to hear significant non-medical concerns]*

(Challenge) *But also just feeling this like churning and churning of, is there anything else we do? What else can we do?*

In Their Own Words

Joys, Challenges, and a Gateway Experience

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When medical students' expressions of joy and challenges flowed in a continuum, they often spontaneously led them to discoveries. In this study, I identified this as a continuum of interconnected joys, challenges, and discovery and named the finding the GWE. The phenomenon occurs in the patient's mind or where they expressed a sequence of joys and challenges together, and then something new emerged.

(cont'd) In Their Own Words

Joys, Challenges, and a Gateway Experience

(New Insight)

And really having to come to peace pretty quickly with, like, this is it. And, and at some point, like we can throw all these resources at her, check in on her. . .you know...but I think, ultimately, like being a human and just being...a listening human, was the number one therapy delivered that day.

(New Joy)

And then also, of course, like it reinforced the tremendous privilege that is this profession that even as a student, I randomly pick up a phone call of somebody, and then I hear this like vulnerability on top of vulnerability shared.

An IPA Study Concludes With a Persuasive Account of the Findings

- IPA explorations involve hermeneutics or the interpretation of the results and not just descriptions.
- Therefore, IPA studies conclude with a persuasive account of the findings by the researcher from the unique personal perspectives of the participants' lived experiences (Smith & Shinebourne, 2012, p. 73).

A Roller Coast?!



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The Phenomenological Account of Findings

We Recall the Research Question:

What is it like for medical students to experience joys and challenges during patient encounters?

The Phenomenological Account of Findings

The Phenomenological Account: For medical students, experiencing joys and challenges during patient encounters is like riding a roller coaster! There are extreme highs, including the excitement of riding for the first time, engaging and connecting with patients, and families, hearing their stories, or identifying and bonding with preceptors' ways, or discovering with conviction and delight their own way of practicing medicine.

However, there are also the deep lows of helplessness, guilt, numbness, fear, worry, and, like on any exciting ride, the urgent desire to get off altogether and run out of the room!

But even more extreme are those jaw-dropping, upside down, suspended in midair loops, and stretches of “churning and churning” and visceral intestinal upset.

But Can You Imagine Riding a Roller Coaster All Day Long?



One Interpretation of the Account

Emotional Exhaustion Needs Periods of Rest

Like on any physical roller coaster, the human emotions of the medical students were intense, in constant motion. They included resonances and dissonances accompanied by bursts of fear, delight, and joy.

This contributes to emotional distress, spiritual distress and burnout.

As roller coaster engineers report, “the intense periods of pressure need to be released by periods of no pressure at all!”

Implications of the Study

- The 2024 AMA Resolution on Spirituality and Medical Education and Practice
- Sacred / Theological Reflections

Resolution 304, Spirituality in Medical Education and Practice

AMA Resolution #304; adopted June 11, 2024 by the AMA House of Delegates:



RESOLVED, that our American Medical Association amend Policy H-160.900 to read as follows:
Patient Spirituality in Medical Education and Practice:

1. Our American Medical Association recognizes the importance of individual patient spirituality and its impact on health and encourages patient access to spiritual care services.
2. Our AMA supports promotion of medical education curricula on spiritual health.

Puchalski, C, Gaddis, G, Mandel, S, Little, A, Gurin-Malous, I, Section of Academic Physicians American Medical Assoc. Annual Meeting June 2024

The AMA Resolution #304 References Burnout and Spiritual Distress

Whereas,

BURNOUT—a condition characterized by feelings of pervasive energy depletion or exhaustion, negativism or cynicism about one's occupation or occupational role, and/or a sense of inadequacy or ineffectiveness in one's occupational role, **is a pervasive emotion and state among clinicians and clinicians-in-training; and**

Whereas,

SPIRITUAL DISTRESS can contribute to burnout across the continuum of medical education and practice, with an association between increased burnout and decreased meaning in work,

AMA Resolution #304 views Spirituality and Reflection Rounds as Protective!!

“The practice of spirituality may be a protective factor against burnout, with such interventions as “reflection rounds” helping health professionals and students rekindle their sense of meaning in their chosen vocation.”

The AMA Also Resolved

To encourage the availability of education about spiritual health, defined as meaning, purpose, and connectedness, in curricula in medical school, graduate medical education, and continuing physician professional development as **an integral part of whole person care, which could include:**

Self-reflection on one's own spirituality within professional development courses, especially as related to their vocation and wellbeing.

[AMA Update: Spirituality and healthcare with Christina Puchalski MD, You Tube](#)

Theological Reflections on Study Findings

In this study, the analysis of medical students' reflections on joys and challenges during patient encounters revealed a previously undescribed phenomenon we refer to as a Gateway Experience, that may have implications for theological reflection.

Gateway Experience: Interconnected joys, challenges (sorrows) with a breakthrough to new insight and new joy, where something new emerged.

Theological Reflection: In Psalm 22 we see this same flow of challenges, hope, sorrows, and then a sudden prayer interrupts the flow and the poem transitions to new insight, joy and praises to God.

Emerging Ideas in Spirituality and Medicine at Stanford

- Where is the study of being human? Ontology, the missing “-ology.”
- Stem Cell and Stem-Soul (Feldstein)
- American College of Lifestyle Medicine: Meaning, Purpose & Spirituality (MPS)
- AMA Resolution on Spirituality in Medical Education and Practice (2024)

Ontology: The Missing “-ology” in Medicine

Human Beings are:

- **Embodied beings who exist, in time, in-the-world**
- **Biological , Linguistic, Historical**
 - **Fragile, Interdependent (Social), Finite**
 - **Mood, Care, Concern**

(Fernando Flores, Humberto Maturana, Martin Heidegger)

- **Stem Cells and Stem Souls** (Feldstein)
- **Unique and Universal**

Stem-Soul (Feldstein)

- **Story of the origin of the term (circa. 2007)**
- **A way of speaking about the non-material aspects of being human**
- **Pluripotential, undifferentiated**
- **On being human, stem cell is not the whole story**
- **Stem cell & Stem soul**

Your Turn

Q & A

One Thing

We Have a Question for You:

**What is one thing
you're taking away
from today's conversation?**

(put in the chat)

Thank You Everyone Who Makes This Sacred Work Possible



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QUOTES used in Reflection Rounds

“The unexamined life is not worth living.” Socrates

“Meaning is the antecedent of commitment.” Rachel Naomi Remen MD

“Medicine is not sometimes an art and sometimes a science. It is always simultaneously both art and science.”
Daniel Sulmasy OFM, MD, PhD from The Rebirth of the Clinic

[On the Goals of Medicine] “*Guerir quelquefois, soulager souvent, consoler toujours*. To cure sometimes, to relieve often, to comfort always.” French motto made famous by Edward Livingston Trudeau MD (1848-1915).

[On Living with Questions] “Be patient toward all that is unsolved in your heart and try to love the questions themselves like locked rooms and like books that are written in a very foreign tongue. Do not now seek the answers, which cannot be given you because you would not be able to live them. And the point is, to live everything. Live the questions now. Perhaps you will then gradually, without noticing it, live along some distant day into the answer.” Rainer Maria Rilke, From Letters to a Young Poet

Definitions Used in Reflection Rounds

Palliative Care Consensus Conference: Spirituality is the aspect of humanity that refers to the way individuals seek and express meaning and purpose and the way they experience their connectedness to the moment, to self, to others, to nature, and to the significant or sacred.

Puchalski, et. al. Improving the Quality of Spiritual Care as a Dimension of Palliative Care: The Report of the Consensus Conference. *Journal of Palliative Medicine* 12(10): 885-904, 2009.

American Academy of Family Physicians: Spirituality is the way you find meaning, hope, comfort and inner peace in your life. Many people find spirituality through religion. Some find it through music, art or a connection with nature. Others find it in their values and principles.

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