APPENDIX 6: FUNDAMENTAL ASPECTS OF GERIATRIC SPIRITUAL CARE EDUCATION OR PRINCIPLE ELEMENTS OF GERIATRIC SPIRITUAL CARE EDUCATION

Objectives:

♦ Identify key components of developing a geriatric spiritual care education program
♦ Discuss the principles of palliative care
♦ Identify end-of-life faith beliefs of culturally diverse elders

Session 1 (1 hour): An Overview of a Geriatric Spiritual Care Education Program - Sr. M. Peter Lillian Di Maria OCarm BA LNHA

It’s a privilege to be called to the spiritual care of the elderly—to provide care for their bodies, their spirit, and their soul. Providing the appropriate education on geriatric spiritual care can enhance skills of pastoral caregivers, which enriches the lives of the elders they serve. Participants in this session will be introduced to several topics that should be addressed when planning a geriatric spiritual education program.

Session 2 (1 hour): Techniques for Communicating with the Memory Impaired - Sr. M. Peter Lillian Di Maria OCarm BA LNHA

Since people with memory impairment often lose their ability to communicate verbally, pastoral caregivers must be well versed in the different techniques that can be employed to communicate successfully with this population. Sr. Peter Lillian will offer insights that will allow pastoral care professionals to help the memory impaired stay connected to their faith.

Session 3 (1 hour): Elder Abuse: The Silent Epidemic - Sr. Annelle Fitzpatrick CSJ Ph

In Part 3 of the Ethical and Religious Directives for Catholic Health Care Services (ERDs), Directive #35 states, “Health care professionals should be educated to recognize the symptoms of abuse and violence and are obliged to report cases of abuse to the proper authorities in accordance with local statutes.” In this session, participants will learn how to recognize and appropriately respond to the different types of elder abuse.

Session 4 (2 hours): Palliative Care in Elder Care - Sr. M. Peter Lillian Di Maria OCarm BA LNHA

Palliative care is distinct from other types of care provision. In this session, Sr. Peter Lillian will discuss various aspects of palliative care, including what differentiates palliative care from hospice care. She will identify the five domains of pain and the importance of the pastoral care perspective.

Session 5 (2 hours): Death and Dying in a - Sr. Annelle Fitzpatrick CSJ Ph

In Part 2 of the ERDs, Directive #11 states, “Pastoral care personnel should work in close collaboration with local parishes and community clergy. Appropriate pastoral services and/or referrals should be available to all in keeping with their religious beliefs or affiliation.”

Serving an increasingly diverse patient population requires a working knowledge of the beliefs of many cultures and religions. In this session, Dr. Annelle Fitzpatrick, CSJ, will provide an overview of the rituals, prayers, and beliefs about the Afterlife held by Jewish, Muslim, Hindu and Sikh patients. She will offer concrete ideas for Pastoral Care personnel related to care of the non-Christian patient and suggest the religious artifacts that would be essential to responding to the spiritual needs of patients entrusted into our care during their final moments.
COMPETENCIES

ITP1: ITP2:
♦ Articulate an approach to spiritual care, rooted in one’s faith/spiritual tradition that is integrated with a theory of professional practice.
♦ Incorporate a working knowledge of psychological and sociological disciplines and religious beliefs and practices in the provision of spiritual care.

ITP3: ITP4:
♦ Incorporate the spiritual and emotional dimensions of human development into one’s practice of care.
♦ Incorporate a working knowledge of different ethical theories appropriate to one’s professional context.

ITP4.1:
♦ Demonstrate an understanding of The Ethical and Religious Directives for Catholic Health Care Services.

PIC4:
♦ Function in a manner that respects the physical, emotional, cultural, and spiritual boundaries of others.

PPS1:
♦ Establish, deepen and conclude professional spiritual care relationships with sensitivity, openness, and respect.

PPS2:
♦ Provide effective spiritual support that contributes to well-being of the care recipients, their families, and staff. PPS3:
♦ Provide spiritual care that respects diversity and differences including, but not limited to culture, gender, sexual orientation, and spiritual/religious practices.

OL1:
♦ Promote the integration of spiritual care into the life and service of the institution in which one functions.

OL5:
♦ Foster a collaborative relationship with community clergy and faith group leaders.