

Introduction

Numerous research recommendations encourage the teaching of spiritual care (SC) with the support of reference frameworks. Today, there are several types of reference frameworks published and available, especially Competencies Standards.

How to choose, adapt and adopt a reference framework for teaching ?

How to find what is desirable and possible to teach today in the curricula? Should there be a separate or common framework for medical and nursing education?

Method

A narrative review and comparison of: **what is currently taught and what is expected by the Competencies Standards.**

Objectives 1. to identify the most authoritative Competencies Standards 2. to compare with the current teaching as related in the literature 3. to highlight the specificity of each discipline.

Corpus => Identified: 3158 publications; Selected: 13 "state-of-research" studies (such as surveys or scoping/systematic literature reviews) and 7 reference frameworks (such as Competencies Standards).

Results

The "Mainstream" of pre-graduate spiritual care teaching:

Targeted SC Competencies (currently taught and expected by Standards)

Bold: mostly described as core competencies; **Black:** present in the "state of research" studies
Orange: present in the state-of-research studies and in EPICC (even if formulated differently)

1. Intrapersonal spirituality

- **Is aware of his/her own spirituality, reflects on his/her own values and beliefs**
- **Understands and is able to explain the impact of spirituality on health and well-being**
- **Understands the concept of spiritual care, knows how to distinguish and articulate the concepts of spirituality and religion**
- **Knows how to take (spiritual) care of him/herself**

2. Interpersonal spirituality

- **Understands different worldviews/religions (beliefs and cultures)**
- **Is able to initiate a dialogue and to respond sensitively to the person's spirituality**
- **Recognises spiritual/religious coping (negative and positive)**

3. Assessment and planning

- **Understands the different assessment approaches: how to take a spiritual history, tools for identification (screening) and exploration (conversation support)**
- **Understands total pain/spiritual distress/spiritual resources, knows how to identify them, communicates information on these aspects sensitively**
- **Plans spiritual care, ensuring confidentiality and obtaining informed consent**

4. Intervention and assessment

- **Understands the concepts of empathy, compassion and full presence (or silent presence),**
- **Knows how to take appropriate account of identified spiritual needs and resources**
- **Understands the concepts of global (holistic) or person-centred care, total pain and spiritual distress.**
- **Understands the role of specialists in spiritual care, is able to refer and to recognise personal limitations**
- **Is able to create high-quality written and oral reports on spiritual care provided**
- **Knows how to assess whether spiritual needs have been met**
- **Identifies the limits of and barriers to spiritual care**

Most authoritative

Competencies Standards 2023

(based on citations – WoS & GS - and use for building curricula or for assessing competencies)

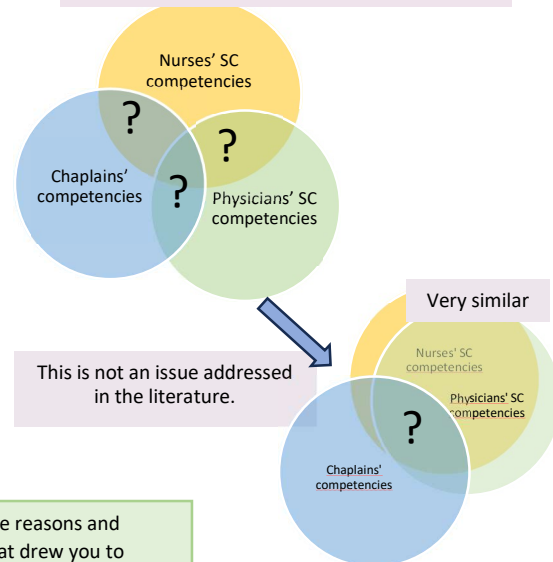
EPICC

Nurses and midwives
 SC Education Standard

NCSHME

National Competencies
 in Spirituality and
 Health for Medical
 Education

A common framework ?



Some competencies from NCSHME are not in the mainstream:

1. Competencies exploring vocational dynamics and the transformational power of the care relationship.
2. Competencies supporting the implementation and advocacy of spiritual care

"explain the reasons and motives that drew you to the medical profession".
 NCSHME

Discussion

The importance of the "intrapersonal spirituality" domain could imply aspects of identity development. The formulation of these developmental aspects in a competency-based taxonomy is potentially inappropriate (more than just the acquisition of soft skills, but a real inner transformation).

Medical versus nursing competencies ? The objective of spiritual care is sometimes different for the same competencies. Therapeutic alliance (to adapt treatment, improve compliance, improve the quality of care) is more present in the medical literature; in the nursing literature, the aim is that of "connection", of being united with the patient, of listening to one's own intuition. This is due to the cultures of these disciplines being rooted in two different epistemologies.

Competencies acquisition



Identity development

Conclusion

A similar set of core competencies constitutes a mainstream of spiritual care education in the current literature for pre-graduate training corresponding to the most authoritative Standards (mainly EPICC). There is very little difference between medical and nursing competencies (a common framework is conceivable).

Inclusion of identity development, outside of the competencies taxonomy, would be a useful addition.