

CHCA Project ECHO Integrated Seniors Care

All Teach, All Learn

Bridging the Knowledge Gap in
Home and Primary Health Care



Respecting Spiritual and Cultural Identity in Integrated Seniors Care

Presenter:

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Panelists:

Cindy (Cynthia) Dwyer, MA, BCC, Lead, Spiritual Health, Grief & Bereavement Services, Saint Elizabeth Foundation

Carly McPhee, RN, MSc, CHPCN®, Advanced Practice Leader – Palliative Care Professional Practice

Dr. Alexander Watts, Family Physician, Lifebridge Health Centre

Host: Jennifer Campagnolo, CHCA
March 4, 2026

Land Acknowledgement



Artist Credit: Patrick Hunter

We recognize with humility and gratitude that Canada is located in the traditional, historical and ceded and unceded Lands of First Nation, Inuit and Metis Peoples. On behalf of us all, we acknowledge and pay respect to the Indigenous peoples past, present and future who continue to work, educate and contribute to the strength of this country.

Introductions



Simon Lasair, PhD, CASC Certified Spiritual Care Practitioner
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- Presenter: Simon Lasair, PhD CASC/ACSS Certified Spiritual Care Practitioner
- Relationships with commercial interests:
 - Employee of the Canadian Association for Spiritual Care/Association canadienne de soins spirituels
 - Employee of Lifebridge Health Centre
- Grants/Research Support: Dr. Lasair's role at Lifebridge Health Centre is funded through the Saskatchewan Medical Association's Innovation Fund
- Speakers Bureau/Honoraria: N/A
- Consulting Fees: N/A

DISCLOSURE OF COMMERCIAL SUPPORT

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- This program has NOT received in-kind support.
- Potential for conflict(s) of interest:
 - None to be disclosed.

MITIGATING POTENTIAL BIAS

- The information presented in this CME program is based on recent information that is explicitly "evidence-based".
- This CME Program and its material is peer reviewed and all the recommendations involving clinical medicine are based on evidence that is accepted within the profession; and all scientific research referred to, reported, or used in the CME/CPD activity in support or justification of patient care recommendations conforms to the generally accepted standards

Spiritual Screening in Interdisciplinary Health Care

Simon Lasair, PhD, CASC/ACSS Certified Spiritual Care Practitioner

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Learning Goals

- Research about spirituality in health care
- Distinctions
- The importance of spiritual screening
- Two screening tools
- When and how to collaborate



Spirituality in Health Care Research

- Emerging field of study
 - Exponential growth in studies over past 15 years
- Increased recognition that religion and spirituality need to be included in patients' care plans
- JAMA Special Communication recommended that professional spiritual care be included in the delivery of all health care services at all levels of care



Evidence Based Distinctions

- Spiritual Care Generalists vs. Spiritual Care Specialists
 - Generalists=physicians, nurses, social workers, etc.
 - Specialists=Spiritual Care Practitioners, Professional Chaplains
- Spiritual Care Practitioner/Professional Chaplain vs. Community Clergy
 - Practitioners and Chaplains provide care for people of any faith or no faith integrating religious and spiritual teachings with the tools of counselling and psychotherapy
 - Clergy typically care for people only within the frames of their own faith/religious traditions



Evidence Based Distinctions (cont.)

- Spiritual Screen vs. Spiritual Assessment
 - Spiritual Screen=taking a Religious/Spiritual history (i.e. HOPE, FICA)
 - Typically administered by generalists
 - Spiritual Assessment=exploring the holistic dimensions of a person's Religion/Spirituality within the context of their life as a whole (e.g., SDAT, Spiritual AIM)
 - Typically administered by specialists





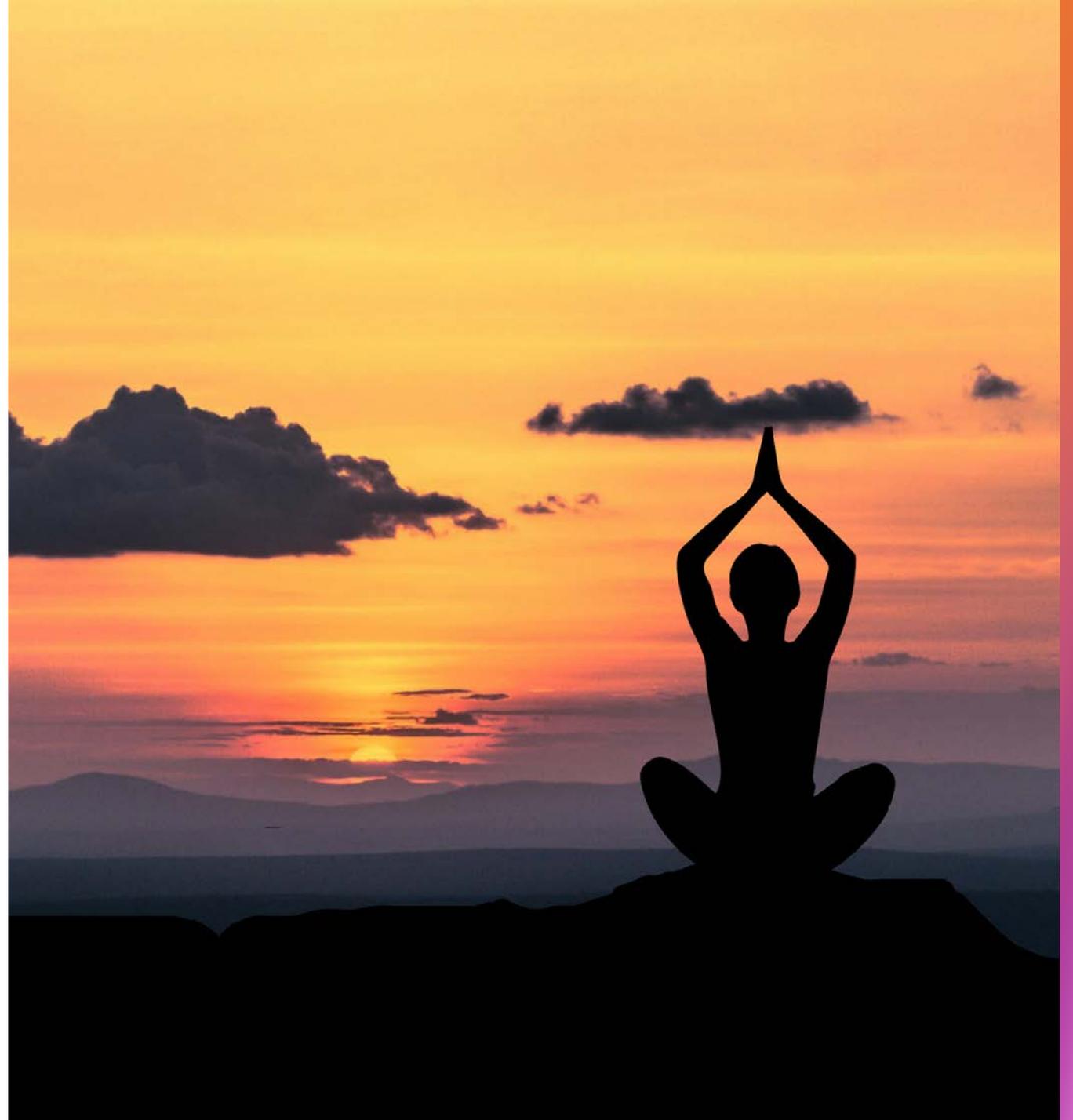
Why Screen?

- Patients desire it
- Builds trust and rapport
- Embodies a holistic approach to care
- Encourages interdisciplinary collaboration

Spirituality: The Consensus Healthcare Definition

“Spirituality is a dynamic and intrinsic aspect of humanity through which persons seek ultimate meaning, purpose, and transcendence, and experience relationship to self, family, others, community, society, nature, and the significant or sacred. Spirituality is expressed through beliefs, values, traditions, and practices.”

(Puchalski, Vitillo, Hull & Reller, 2014, p. 646)



Introducing the Tools

- HOPE and FICA
 - Both well researched
 - Used in practice at multiple sites internationally
 - Provide frameworks for spiritual care generalists to screen patients for important religious or spiritual concerns
 - Can offer insights regarding when to refer to a spiritual care specialist

HOPE

(Anandarajah & Hight, 2001)

H: Sources of Hope, meaning, comfort, strength, peace, love, and connection

- What is there in your life that gives you internal support?
- What are your sources of hope, strength, comfort, and peace?
- What do you hold on to in difficult times?

O: Organized Religion

- Do you consider yourself part of an organized religion?
- How is this important to you?

P: Personal spirituality and practices

- Do you have personal spiritual practices that are independent of organized religion? What are they?
- Do you believe in God? What kind of relationship do you have with God?
- What aspects of your spirituality or spiritual practices do you find most helpful to you personally?

E: Effects on medical and end-of-life issues

- Has being sick (or your current situation) affected your ability to do the things that usually help you spiritually? (Or your relationship with God?)
- As a [medical professional], is there anything that I can do to help you access the resources that usually help you?
- Are you worried about any conflicts between your beliefs and your medical situation/care/decisions?
- Would it be helpful for you to speak to a clinical [spiritual care practitioner]/community spiritual leader?
- Are there any specific practices or restrictions I should know about in providing your medical care? (e.g., dietary restrictions, use of blood products)

FICA (Puchalski, 2014; Borneman, 2018)



Faith and Belief

Do you consider yourself spiritual or religious?

Do you have spiritual beliefs that help you cope with stress?

- If no—What gives your life meaning?



Importance

What importance does your faith or belief have in your life?

Have your beliefs influenced how you take care of yourself in this illness?

What role do your beliefs play in regaining your health?



Community

Are you part of a spiritual or religious community?

Is this of support to you and how?

Is there a group of people you really love or who are important to you?

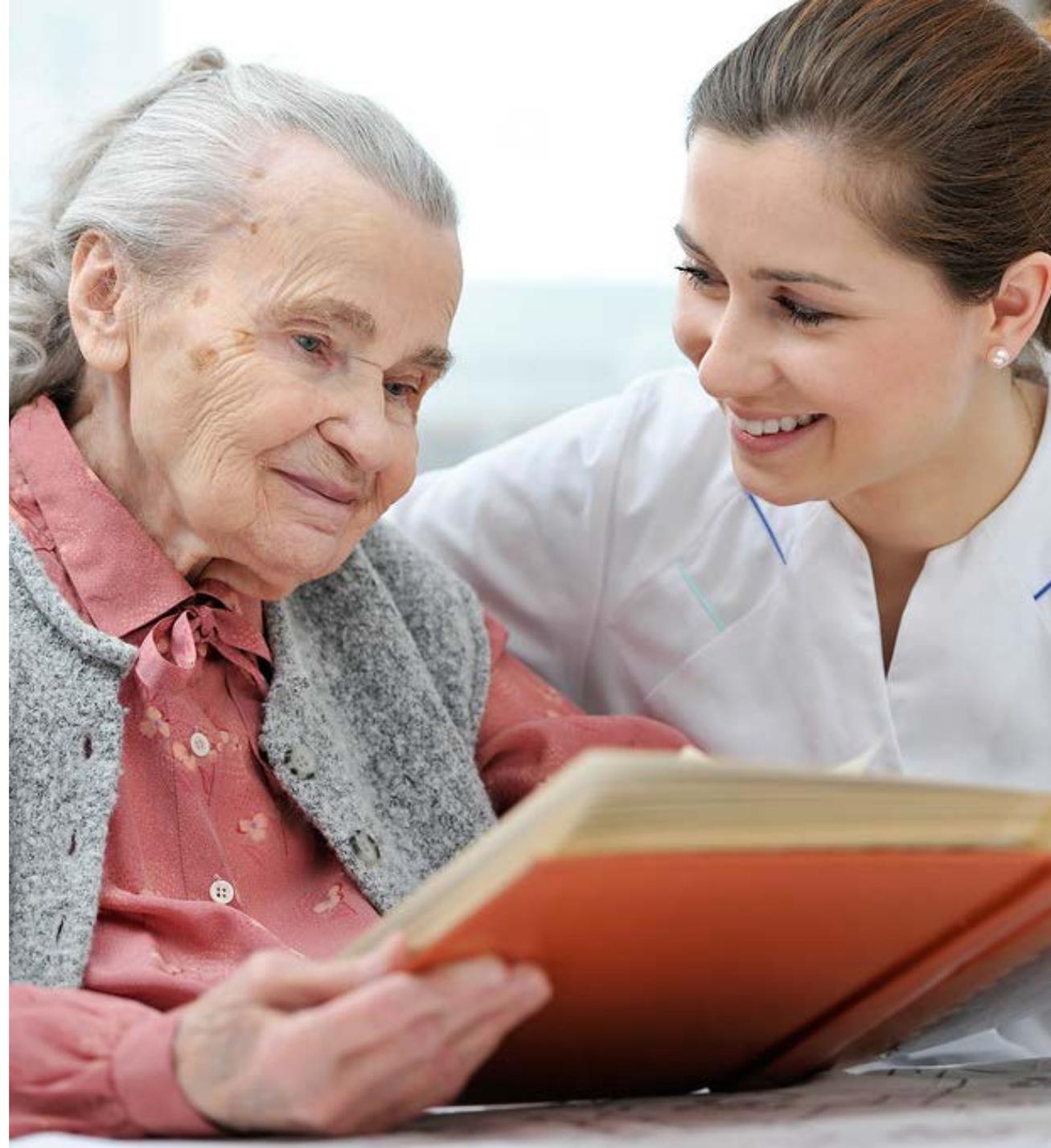


Address in Care

How would you like me, your healthcare provider, to address these issues in your healthcare?

When and How to Refer

- When a screen reveals signs of spiritual distress or struggle
 - Spiritual distress or struggle:
 - When a person's religious/spiritual beliefs are in conflict with what they're living through.
 - Or, when a person believes they may be receiving divine punishment through their experiences.
 - Or, when there's conflict between the person and their religious/spiritual community.
- When a person desires a religious or spiritual ritual
- When an emotional or existential concern has religious or spiritual dimensions
 - i.e., religious language, concepts, practices, or rituals feature prominently in how a person is navigating life's challenges



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Meet Mr. Ravi Patel

Spiritual, Cultural and Family Context:

- Immigrated from India in 1981 and have lived in Burnaby, BC for more than 30 years and is fluent in English
- His cultural values, spiritual worldview, and approach to authority and decision-making are strongly shaped by his upbringing and Hindu faith
- Remaining at home is not only a practical preference for Mr. Patel, but a spiritual one. He associates home with dignity, continuity, and the ability to engage in daily prayer and reflection
- His multigenerational home is culturally rich, with shared meals, prayer space in the living room, and daily routines structured around family and faith

Meet Mr. Ravi Patel

Primary Care and Home Care Context:

- Comorbidities, frailty and changes in health and independence have initiated home care supports and regular visits with his PCP
- Mr. Patel has been reserved in ACP discussions and have left him feeling uncomfortable
- In meeting the home care team, he is similarly polite but withdrawn from conversations and avoids discussing future decline or hospitalization
- Privately family shares:
 - Mr. Patel believes illness is part of a natural life course guided by karma
 - He worries that aggressive treatments may interfere with spiritual peace
 - He fears losing clarity of mind or dignity at the end of life
 - He does not want to burden his family but feels responsible for maintaining harmony

Discussion / Q&A



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CHCA Project ECHO Integrated Seniors Care

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Recognizing and Responding to Caregiver Burden in Home and Community Care Clients

April 1, 2026 12 – 1 pm Eastern

Applying the Comprehensive Geriatric Assessment (CGA) in Team-Based Care

April 29, 2026 12 – 1pm Eastern

Thank you for taking a moment to complete the survey!