

# *Developing a Research Tool?*

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# Your Reaction to that comment

- Fear
- Anxiety
- Excitement
- Bewilderment
- Overwhelmed
- Humor
- Other?

# Historical Perspective: Why research ?

- Hill Burton Act -1947 – built hospitals across the country
- 1960's Medicare and Medicaid finances growth of medical industry
- Research was the driver and sustainer: drugs and technology

# Research Provided...

<b>Activity</b>	<b>1960s</b>		<b>Now</b>
Blood tests	5		250+++
X-ray	\$75	C-T scan	\$1000
Immunize	2-3		10+
Drugs	Penicillin		antibiotics
Chemo	5 drugs		100+
Transplant	Kidney		Transplant 6+organs

# Impact on Healthcare workers

1950's

Physicians rule

Generalists

LPN-RN

X-ray techs

mechanics

Medicine is king

Transplant Kidney

1960's

Team rules

Specialists

PhD in RN

Medical

Limits to Medicine

Transplant 6+ organs

# Medical Economics: Funding Limits

- Mantra: “Do more with less!”
- Pressure on documenting your contribution
  - added value – model practice – evidence based practice (EBP).
- Proving contribution
  - quality improvement QI – continuous quality improvement (CQI) –evidence (research) based practice (EBP).

# Chaplaincy

- Boisen – training 1930's – research based
- WWII Chaplaincy – Conscientious objectors sent as chaplains to mental health facilities
- 1960's APC, ACPE –
- Government funding for training
- 1980's Research into Spirituality
  - Larson's annotated bibliography
- 1990's – encourage chaplains to use research
- 2010 – APC's Research Standard for acute care
- 2011 – Templeton Grants aimed at Chaplains

# Chaplains and Research

## Levels of Expertise

- **Research literate** – able to find, read, critique, and apply research to clinical work
- **Research proficient-** can be part of research team. Help conduct research, gather data.
- **Research competent-** can be a principal investigator



# Why research?

- Lingua Franca of medicine – so research is our second language.
- It is required for credibility.
- It is required for justification (demonstration) for our being here.
- It is required by professional certification bodies

# Teaching Research in CPE

## State of the Art

- George Fitchett, Alexander Tartaglia, Diane Dodd-McCue, Patricia Murphy, Educating Chaplains for Research Literacy: Results of a National Survey of Clinical Pastoral Education Residency Programs , Journal of Pastoral Care and Counseling, Vol 66 #1, 2012, pg 1-12.
- George Fitchett, Alexander Tartaglia, Paul Derrickson, Diane Dodd-McCue, Patricia Murphy, Best Models practices for Teaching Research to Residents in Clinical Pastoral Education, publication pending.
- Derrickson, P. & Van Hise, A. (2010). Curriculum for a Spiritual Pathway Project: integrating research methodology into pastoral care training. Journal of Health Care Chaplaincy, 16:1-10. (also see Angelina Van Hise and Paul Derrickson, Getting to the Heart of Pastoral Care, Spirituality Research and Education: The Spiritual Pathway Project. Available on the ACPE Research Network website at [http://www.acperesearch.net/Incorporating\\_Research.html](http://www.acperesearch.net/Incorporating_Research.html).

# Teaching Research in CPE at Hershey: Spiritual Pathway Project

- Oct-Nov : background in research, spiritual research, building up experience with diseases in your clinical areas,
- Dec – pick a disease, research its dx, natural history, rx, impact on pt., begin to look for spiritual issues or themes in pts with this disease in literature and in your own work.
- Jan-March – develop Spiritual Pathway and tentatively start to use it.

- April – continue to collect data on pts and themes.
- May – put together a presentation on you spiritual pathway
- July- present pathway to summer group and staff.
- August – present to new residents.

# Examples

- Anne : broken heart syndrome – pts. ruled out for MI in ER had two things in common: stress or grief
- Greg : noticed different reactions of pts to heart pump based on whether it was bridge to treatment or end therapy.
- Paul – diabetics – noticed learning curve to adapt to insulin dependence: help to identify ignored or blocking losses and learning barriers.

# Examples of Intervention Studies

- Barbara Gascho – holding crosses for ALS pts.
- Department – prayer shawl
- Barbara Gascho and Linda McCauliff – stress on hospital staff.

# Why does a chaplain need research literacy ?

- Lone Ranger to Team: expands your “experiential base” for your ministry. Build on others maps. And ministry is always a community endeavor. Another “Semi-sacred text.”
- Highlights things you might not have considered.
- Helps you identify your uniqueness (contribution) to the profession.
- Helps you articulate your contribution to health care team
- Can be a source for constant renewal and continuing education.
- Gives legitimacy to your work in eyes of medical professional.
- Is an expected skill by professional chaplain groups