

THE 7TH BIENNIAL SPIRITUALITY CONFERENCE

Spirituality: The Invisible Ingredient in Health and Healing

Inspiring Person Centredness:

A Call to Action

May 8 - 10, 2019

Holiday Inn & Suites Vancouver Downtown
1110 Howe Street
Vancouver, BC
Canada



SCHOOL
OF NURSING



We are grateful

FOR THE GENEROUS SPONSORSHIP OF:

Providence Health Care

Trinity Western University School of Nursing

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Trinity Western University Bookstore

We are grateful to artist and PHC Spiritual Health Practitioner Nicu Liuta for agreeing to display his work.

We thank the volunteers and conference organizers who have worked diligently to make this conference a success.



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CONFERENCE WELCOME

Welcome to the beautiful city of Vancouver! The city is located in the traditional and unceded territories of the Coast Salish peoples — the Squamish, Musqueam, and Tsleil-Waututh Nations. With its stunning land and seascapes, mild climate and diverse population, Vancouver is consistently ranked one of the most livable cities in the world.

This is the setting for our conference “Inspiring Person-Centredness: A Call to Action”. Person-centredness—the ideal that the person is at the centre of the care they receive — is widely referenced in healthcare. According to the World Health Organization, this means putting the comprehensive needs of people and communities, not only diseases, at the centre of health systems, and empowering people to have a more active role in their own health. Yet, moving from ideal to integration remains a challenge. How might persons and institutions contribute to the conceptualization and enactment of person-centredness? And, how does spirituality relate to and support person-centredness? These are the types of questions we will engage with at this conference.

We are delighted to co-host this conference. For Providence Health Care, it is the 7th in its *Spirituality: The Invisible Ingredient in Healthcare Conference Series*. For Trinity Western University’s School of Nursing, it is the 4th in its *Faith & Nursing Symposium Series*. Our shared conference goal is to create a forum for international, interdisciplinary dialogue from the starting point of person-centredness about spirituality, theology, and ethics in various healthcare contexts.

The conference program is varied and engaging. Please do not hesitate to ask any questions of our conference organizers and volunteers. You are welcome here!

Sincerely,

Your Conference Co-Chairs:



Christopher De Bono, PhD,
Vice President of Mission,
People and Ethics
PROVIDENCE HEALTH CARE



Sheryl Reimer-Kirkham, PhD,
Professor of Nursing and Acting Dean
TRINITY WESTERN UNIVERSITY

PROGRAM OVERVIEW

Wednesday, May 8, 2019

12 pm	Pre-Conference Registration
1–4 pm	PRE-CONFERENCE WORKSHOPS

Thursday, May 9, 2019

7:45 am	Registration and Breakfast
8:30 am	Conference Opening and Welcome Remarks
9 am	PLENARY SESSION Arthur Frank <i>What Kind of Generosity Can Be Renewed? Spiritual Care in a Medical-Industrial Age</i>
10 am	Refreshments
10:30 am	CONCURRENT SESSIONS I
12 pm	Lunch and POSTER PRESENTATIONS
1:30 pm	PLENARY SESSION Joakim Öhlén <i>Advancing Person-Centred Care: From Philosophy to Practice</i>
2:30 pm	Refreshments
3 pm	WORKSHOPS
4 pm	LIGHTNING TALKS
5 pm	Reception

Friday, May 10, 2019

7 am	Contemplative Walk
8 am	Registration and Breakfast
8:30 am	PLENARY SESSION Fiona Dalton and Julio Montaner <i>Social Justice, Personally and Globally: Do Health Care Institutions Matter?</i>
10 am	Refreshments
10:30 am	CONCURRENT SESSIONS II
12 pm	Lunch
1 pm	INTERACTIVE PANEL SESSION Sheryl Reimer-Kirkham, Christopher de Bono, Sonya Sharma, Barry Quinn <i>A Controversy Café: Tensions in Spiritual Care</i>
2:30 pm	Refreshments
3 pm	PLENARY SESSION John Swinton <i>Health Care and Social Isolation: Theological Reflections</i>
4:15 pm	Closing Remarks

CONFERENCE SCHEDULE

Wednesday, May 8, 2019

12 pm	Pre-Conference Registration	COLUMBIA
1–4 pm	PRE-CONFERENCE WORKSHOP Barbara Astle & Caryl Waggett <i>Bringing Global Health in Your Classroom</i>	COLUMBIA
1–4 pm	PRE-CONFERENCE WORKSHOP Elder Bruce Robinson and PHC Indigenous Health Team <i>Indigenous Cultural Safety in Healthcare</i>	CAPILANO

Thursday, May 9, 2019

7:45 am	Registration and Breakfast	UPPER LOBBY/ COLUMBIA
8:30 am	Conference Opening and Welcome Remarks	COLUMBIA
9:00 am	PLENARY SESSION Arthur Frank <i>What Kind of Generosity Can Be Renewed?</i> <i>Spiritual Care in a Medical-Industrial Age</i> MODERATOR: Christopher de Bono RESPONDENT: Barbara Astle A lecture on the main issues in Frank's 2004 book, <i>The Renewal of Generosity</i> , including: what the word generosity seeks to convey compared to other similar words; what is meant when healthcare workers are described as being artificial persons; and how the book's central ideal of dialogue gives substance to what makes care actually centred on persons.	COLUMBIA
10 am	Refreshments	UPPER LOBBY
10:30 am	CONCURRENT SESSIONS SESSION 1 SPIRITUAL PRACTICE IN HEALTHCARE MODERATOR: Anne Tuppurainen Cynthia Chan (10:30 am) <i>Person-Centred Medicine – Appreciating the Importance of the Spiritual</i> Deborah Gibson (11:00 am) <i>Developing Person-Centredness in Community Health Nursing Practice</i>	COLUMBIA

Sadia Ahmed (11:30 am)
Understanding Patient and Caregiver Experiences of Living with Advanced Cancer Care in Alberta: A Qualitative Study

SESSION 2 PERSON-CENTRED CARE
ENVELOPING FAMILIES AND CAREGIVERS
MODERATOR: Heather Meyerhoff

CAPILANO

Sarah Carriere (10:30 am)
Caring for the care provider: understanding harm and its impact on person-centred care

Sherin Jamal, K. Stajduhar,
 Sheryl Reimer-Kirkham, K. Kobayashi (11:00 am)
South Asian Families' Decision-Making about Long-Term Residential Care (LTRC): a call for a Person-Centred Approach

Kelly Schutt, Sheryl Reimer-Kirkham, & Derrick Klaassen (11:30 am)
Exploring How Family Members Experience Medical Assistance in Dying

12 pm

Lunch and **POSTER PRESENTATIONS**
MODERATOR: Tracy Stephen
POSTER RESPONDENTS: Beth Burton,
 Lena Cuthbertson, Landa Terblanche

UPPER LOBBY/
 GEORGIA

1:30 pm

PLENARY SESSION Joakim Öhlén
Advancing Person-Centred Care: From Philosophy to Practice

COLUMBIA

MODERATOR: Sheryl Reimer-Kirkham
RESPONDENT: George Keulan
 This presentation will present a view of person-centred care as a possible and radical alternative principle for practicing and organizing healthcare, without claiming to offer a solution to all challenges in healthcare.

2:30 pm

Refreshments

UPPER LOBBY

3 pm

WORKSHOPS
WORKSHOP A Rick Sawatzky & Lena Cuthbertson
Improving the Science of Measuring what Matters to People

GEORGIA

MODERATOR: Angela Wolff

Join us for an interactive session to deliberate on a recent province-wide consultation with patients about their experiences of care and their priorities for advancing patient-centred measurement.

WORKSHOP B Arthur Frank

COLUMBIA

Narrative Inquiry: How Storytelling Affects Lives

MODERATOR: Jody Sydor Jones

The workshop will offer a model of narrative care. That means both offering care through the medium of narrative, and also caring for people by inquiring about the stories in their lives. We will think about stories encountered in our clinical experience, and also about stories that we seem to think of often, as our companions.

WORKSHOP C Kate McNamee & George Keulan

CAPILANO

The Depersonalization of Modern Healthcare: Seeking to Reunite Person and Body at the Bedside and in Life

MODERATOR: Lynn Musto

As modern healthcare has become more specialized, complex and reliant on technology, a kind of dualism between body and spirit/person has crept into accepted practice. This workshop will focus on finding ways to unite personhood and body in healthcare and in life.

4 pm

LIGHTNING TALKS

COLUMBIA

MODERATOR: Jody Sydor Jones

Rae Johnson, Sonia Hardern, Carrie Willekes
Megamorphosizing Residential Care: Putting Person-Centredness into Action

Philip Murray

Supporting Spiritual Health Needs at the Crosstown Clinic and the Downtown Eastside

Sheryl Reimer-Kirkham, Barb Astle,
Kristi Panchuk & Emma Strobell

Nothing About Us Without Us

Jennifer Selman

The Compassion of Strangers

5 pm

Reception

UPPER LOBBY/
COLUMBIA

Friday, May 10, 2019

7 am	Contemplative Walk Chris Bernard & Nicu Liuta <i>Meet in upper lobby</i>	
8 am	Registration and Breakfast	COLUMBIA
8:30 am	Welcome Remarks	CAPILANO
8:45 am	PLENARY SESSION Fiona Dalton & Julio Montaner <i>Social Justice, Personally and Globally: Do Health Care Institutions Matter?</i> MODERATOR: Barbara Astle RESPONDENT: Arthur Frank Ms. Dalton will address the concept of social justice in the context of health care institutions through two interrelated lenses: the personal and the global. She argues, on the personal level, that social justice is a deeply individual matter. She also suggests that “how” health care is delivered must always advance innovation in health locally with a view to having a potential effect globally. Dr. Montaner will talk about HIV-Treatment as Prevention® (TasP®), the ground-breaking patient-centered approach which has allowed British Columbia to virtually control its HIV/AIDS epidemic, and in doing so, to offer the world a road map for global control of HIV/AIDS. The strategy has been adopted formally by the United Nations for the global control of HIV/AIDS by 2030, as part of the UN Sustainable Development goals.	COLUMBIA
10 am	Refreshments	UPPER LOBBY
10:30 am	CONCURRENT SESSIONS SESSION 1 PHILOSOPHY AND ETHICAL PRACTICE MODERATOR: Sarah Liva Lynn Musto (10:30 am) <i>How do we (De)legitimize Compassionate Care?</i> Barry Quinn (11:00 am) <i>Illness and Person-Centred Care</i>	COLUMBIA

Jennifer Gibson (11:30 am)
Person-centeredness at the Core of Ethical Practice: How Taking a Person-centered Approach Guides and Supports us Towards Ethical Practice in Complex and Difficult Clinical Situations

SESSION 2 SPIRITUAL CARE IN CONTEXT

GEORGIA

MODERATOR: Dorelen Wolfs

Catherine Racine (10:30 am)
Levinas, the Holy Other, and the Problem of Clinical Dehumanization: Making Room for the Divine in Client-Centredness

Pamela Cone & Tove Giske (11:00 am)
Qualitative Findings of a Mixed-Method Study on Patient Perceptions of Spiritual Assessment

Bindy Khang-Dhillon, Colleen Varcoe, Sheryl Reimer-Kirkham (11:30 am)
“Dark Night of the Soul”: Delivering Spiritual Healthcare in British Columbia, Canada

SESSION 3 PERSPECTIVES ON ADVANCING PERSON-CENTRED CARE

CAPILANO

MODERATOR: Rick Sawatzky

Tracy Barra-Navratil, Sheryl Reimer-Kirkham, Landa Terblanche (10:30 am)
Patient Voices Network Volunteers' Insights on Patient-Centred Care

Sadia Ahmed, Andrea Djurkovic, Kimberley Manalili, Maria Santana (11:00 am)
Measuring Patient-Centred Care: Perspectives from Clinician-Scientists and Quality Improvement Experts

12 pm

Lunch

UPPER LOBBY

1 pm	<p>INTERACTIVE PANEL SESSION</p>	COLUMBIA
	<p>Sheryl Reimer-Kirkham, Christopher de Bono, Sonya Sharma, Barry Quinn</p>	
	<p><i>A Controversy Café: Tensions in Spiritual Care</i></p>	
	<p>Join in conversation with our dynamic panelists on the topic of Tensions in Spiritual Care. The panelists will present short snapshots from a recent project on Prayer in Vancouver and London Hospitals, and pose questions for table discussion.</p>	
2:30 pm	Refreshments	UPPER LOBBY
3 pm	<p>PLENARY SESSION John Swinton</p>	COLUMBIA
	<p>Inaugural Lecture in the “Compassion and Social Justice Lecture Series”</p>	
	<p><i>Health Care and Social Isolation: Theological Reflections</i></p>	
	<p>MODERATOR: Archbishop J. Michael Miller (ACRB) & Christopher de Bono</p>	
	<p>RESPONDENT: Peter Meehan</p>	
	<p>This lecture will address the perspective of the patient as person who in their experience of care may be lonely or isolated, and how the systems of care may contribute to this. Dr. Swinton will look specifically into seniors care and the experience of those suffering or alone due to illness or dementia.</p>	
	<p><i>This lecture is generously sponsored by St. Mark’s College – UBC and the St. Paul’s Foundation.</i></p>	
4:15 pm	Closing Remarks	COLUMBIA

PLENARY SPEAKERS



Arthur Frank, PhD

Arthur W. Frank received his doctorate from Yale in 1975 and spent his entire teaching career at the University of Calgary, where he is professor emeritus. Since 2014 he has been Professor II at VID Specialized University in Norway. He is best known for his memoir of illness, *At the Will of the Body* (Mariner Books, 1991, most recently translated into

Korean, 2016) and his work on illness narratives, *The Wounded Storyteller* (University of Chicago Press, 1995, second edition 2013). Recently he has written more generally about how storytelling affects lives (*Letting Stories Breathe*, Chicago, 2010). His recent articles appear in the *Journal of Medical Humanities*, *Literature and Medicine*, and *Narrative Works*, among other journals. He is an elected fellow of the Royal Society of Canada and 2008 winner of their medal in bioethics. In 2016 he received the lifetime achievement award of the Canadian Bioethics Society.

Title of Plenary Lecture:

What Kind of Generosity Can Be Renewed? Spiritual Care in a Medical-Industrial Age

Abstract:

My book *The Renewal of Generosity* was published in 2004. This lecture tells several stories, some that instigated that book, and more recent ones that complicate my argument, especially with respect to spiritual care. The main issues include what the word generosity seeks to convey compared to other similar words, what I meant at the end of the book when I describe healthcare workers as being artificial persons, and how the book's central ideal of dialogue gives substance to what makes care actually centred on persons.



Joakim Öhlén, PhD

Joakim Öhlén, PhD, RN, is professor in nursing at the Sahlgrenska Academy, University of Gothenburg in Sweden, and has a clinical appointment to the Department for Palliative Care at Sahlgrenska University Hospital in Gothenburg. He is a research domain leader and primary investigator at the University of Gothenburg Centre for Person-Centred

Care, and leads a research program focusing on person-centeredness in palliative care. He has contributed with knowledge about how to put person-centeredness in action including a practice model for communication in the context of palliative care, patients' preparedness for recovery, and support to family members in palliative care. He is member of the editorial board for the journals *Qualitative Health Research*, *Nursing Inquiry* and *Global Qualitative Nursing Research*. His publications are related to palliative care, person-centeredness, nursing and cancer care.

Title of Plenary Lecture:

Advancing Person-Centred Care: From Philosophy to Practice

Abstract:

Person-centred healthcare is today considered an important core competence for all health professionals. However, it is common that professionals find themselves already practicing care focusing on patients as persons, while patients and family members report that the care received lack person-centeredness. This talk will present a view of person-centred care as a possible and radical alternative principle for practicing and organizing healthcare, without claiming to offer a solution to all challenges in healthcare. Theoretical underpinnings of the 'person' will be taken from philosophical perspectives, including the work of Paul Ricoeur. Examples of practical applications and results will be taken from the development at the Centre for Person-Centred Care at the University of Gothenburg.



Fiona Dalton, BA

Fiona Dalton is President and Chief Executive Officer of Providence Health Care. Prior to this role, she was the CEO of University Hospital Southampton NHS (National Health Service) Foundation Trust in the United Kingdom. During her tenure there, Ms. Dalton's accomplishments included: developing and launching a new values-based organizational vision, being nationally recognized for

improving quality and safety, improving hospital performance and patient outcomes, enhancing research performance, leading successful staff health and well-being strategies, focusing on quality improvement, innovation and digital services, and delivering a successful capital program which improved and expanded facilities and expanding facilities for patient care, research and education, with academic, commercial and charitable partners. She holds a BA Honours in Human Sciences from Queen's College, Oxford University. She received an Honorary Degree of Doctor of Science by the University of Southampton in 2017. Ms. Dalton's experience, her emphasis on people, collaboration and organizational culture, her commitment to performance excellence, and her focus on staff/physician engagement and patient involvement will support Providence in its future challenges and transformative work as it continues to provide compassionate health care to all British Columbians.

Title of Plenary Lecture:

Social Justice, Personally and Globally – Do Health Care Institutions Matter?

Abstract:

This keynote addresses the concept of social justice in the context of health care institutions through two interrelated lenses: the personal and the global. It argues, on the personal level, that social justice is a deeply individual matter (i.e.: as “lived” by the person in care and the person(s) providing care); but it is also a relational concept (i.e.: as “lived” by as well as with the people in care and the systems delivering that care). It also suggests that “how” health care is delivered must always advance innovation in health locally with a view to having a potential effect globally. Leveraging on the presenter's history and experience of being a chief executive in two major health organizations, over two continents, with one being a faith based health care organization, this keynote brings personal stories and lessons learned about why health care institutions matter in social justice. Special attention will be given to Providence Health Care's current and past work in the promotion of social justice through health care and health care innovation.



Julio Montaner, MD

Julio S. G. Montaner, OC, OBC, MD, DSc (Hon), FRCPC, FCCP, FACP, FRSC. Killam Professor of Medicine, Faculty of Medicine, University of British Columbia; UBC and St. Paul's Foundation Chair in AIDS Research; Executive Director and Physician-in-Chief, BC Centre for Excellence in HIV/AIDS, Providence Health Care; Head, HIV/AIDS Program, St. Paul's Hospital, Providence

Health Care; Past-President, International AIDS Society (2008-2010); UNAIDS Special Advisor on HIV Therapeutics (2014-2017). Vancouver, BC, Canada.

Dr. Julio Montaner - UBC and St. Paul's Foundation Chair in AIDS Research. Dr. Montaner is a UBC-Killam Professor of Medicine, the Executive Director and Physician-in-Chief of the BC Centre for Excellence in HIV/AIDS, and the UNAIDS Special Advisor on HIV Therapeutics (2014-2017). Dr. Montaner played a key role in the development and implementation of Highly Active Antiretroviral Therapy (HAART) as the modern standard of care for HIV disease. He then pioneered Treatment as Prevention® (TasP®) using HAART to simultaneously stop progression to AIDS and death, and HIV transmission.

Title of Plenary Lecture:

HIV-Treatment as Prevention: A Patient-Centered Strategy to End HIV/AIDS

Abstract:

HIV-Treatment as Prevention® (TasP®) pioneered by the BC Centre for Excellence in HIV/AIDS (BC-CfE) is a strategy aimed to maximize the impact of highly active antiretroviral therapy (HAART) at the individual and public health level to achieve HIV Disease Elimination and promote Health Care Sustainability. This approach is based on our recognition that HAART is highly effective in preventing: 1. progression to AIDS, 2. premature death, and 3. HIV transmission. Thus, optimizing and facilitating access to the best available standard of care addresses the key individual concerns (i.e.: disease progression and premature death), while stopping HIV transmission, in a cost saving fashion. This approach has allowed British Columbia to virtually control its HIV/AIDS epidemic, and in doing so, to offer the world a road map for global control of HIV/AIDS. Our TasP® strategy and the related 90-90-90 Target have now been adopted formally by the United Nations for the global control of HIV/AIDS by 2030, as part of the UN Sustainable Development Goals agenda.



John Swinton, PhD

John Swinton is Professor in Practical Theology and Pastoral Care and Chair in Divinity and Religious Studies at the University of Aberdeen. For more than a decade John worked as a registered mental health nurse. He also worked for a number of years as a hospital and community mental health Chaplain alongside of people with severe mental health challenges who were moving from the hospital into the community. In 2004, he founded the University of Aberdeen's Centre for Spirituality, Health and Disability. The Centre aims to enable academics, researchers, practitioners and educators to work together to develop innovative and creative research projects and teaching initiatives within the areas of spirituality, health and healing, the significance of the spiritual dimension for contemporary healthcare practices and the theology of disability. He has published widely within the area of mental health, dementia, disability theology, spirituality and healthcare, qualitative research and pastoral care. John is the author of a number of monographs including *Becoming Friends of Time: Disability, Timefulness and Gentle Discipleship*. His book *Dementia: Living in the memories of God* for which he won the Archbishop of Canterbury's Ramsey Prize for excellence in theological writing.

Title of Plenary Lecture:

Health Care and Social Isolation: Theological Reflections

Abstract:

With a central focus on inspiring person-centred care, this lecture will address the perspective of the patient as person who, in their experience of care, may be lonely or isolated and how the systems of care may contribute to this. Delving specifically into seniors care and the experience of those suffering or alone due to illness or dementia, this lecture will draw from the lecturer's experience in the provision of mental health and spiritual health as a wellspring of strength and connectedness.

The lecture will also reflect theologically on relationships, both human and divine. Spirituality is situated in an open and diverse understanding, as are the founding stories of Catholic healthcare, motivated by faith and belief in the dignity of every human person.

PANEL SPEAKERS



Sheryl Reimer-Kirkham, PhD, RN

Acting Dean and Professor, School of Nursing, Trinity Western University, Langley, BC, Canada

Sheryl Reimer-Kirkham is Professor of Nursing at Trinity Western University [Acting Dean (2018 -) and Director of the Master of Science in Nursing (MSN) program (2009 – 2018)]. She teaches spirituality and the helping professions; health policy; qualitative research; knowledge translation; and health leadership. Her research is in the area of plurality, equity and human rights in healthcare, focusing on the intersections of spirituality, race, class, and gender. Current projects include a study of prayer in healthcare settings in Vancouver and London Hospitals; an ethnographic study on Mothering, Human Rights and Albinism in Africa; and participatory action research on end-of-life care for structurally vulnerable populations.



Christopher de Bono, PhD

Vice President of Mission, People and Ethics Providence Health Care (PHC), Vancouver, BC, Canada

A Roman Catholic pastoral and practical theologian, a Clinical and Organizational ethicist, and a certified Spiritual Care chaplain, Christopher has a history of over 20 years in health care. He is passionate about the future of Catholic Health Care and its ongoing contribution to health. In his current role, Christopher's responsibilities include, Mission services (Spiritual Health, Volunteer Resources, Change Leadership & Management), as well as all aspects of "PEOPLE" (that is all Human Resources supports) and Ethics. He is also the executive sponsor for Indigenous Wellness. His research interests include grief, ethics, risk, and mission engagement.



Sonya Sharma, PhD

Senior Lecturer in Sociology, Department of Criminology and Sociology, Kingston University London, England

Sonya Sharma is Senior Lecturer in Sociology at Kingston University in England. Her research has focused on the social relations of prayer in healthcare settings in Vancouver and London. She has also done work on religion and closeness between sisters from the same family. Currently, she is conducting a study on women healthcare chaplains and another on Muslim women, race, respectability and the hijab. With Kristin Aune and Giselle Vincett, she co-edited *Women and Religion in the West: Challenging Secularization* (Ashgate 2008) and with Dawn Llewellyn she co-edited *Religion, Equalities and Inequalities* (Routledge 2016).



Barry Quinn, PhD, MSc, PG Cert Teaching, BD, Bacc Phil, RN

Director of Nursing for Cancer and Palliative Care/Senior Lecturer, Barts Health NHS Trust, London, England

Barry has worked in the field of cancer and palliative care for over 30 years as a clinician, researcher and educator. He is the Director of Nursing for Cancer and Palliative Care at Barts Health Care, a large teaching hospital in East London serving very diverse and multi-cultural communities with some of the most deprived areas of the United Kingdom. Barry completed his PhD in 2012 exploring the search for meaning in advanced disease. His research, published articles and book chapters include leadership, spirituality, pain management, oral care and end of life care. Barry is a Visiting Senior Lecturer at City University, London.

WORKSHOP PRESENTERS AND ABSTRACTS

WORKSHOP A

Improving the Science of Measuring what Matters to People

Richard Sawatzky, PhD

Professor & Tier II Canada Research Chair Person-Centred Outcomes, School of Nursing, Trinity Western University, and Lead on Patient-Reported Outcomes at the Centre for Health Evaluation and Outcome Sciences (CHEOS) at Providence Health Care.

Rick leads a program of research on methods for person-centred health outcome measurement and quality of life assessment, with a particular emphasis on people who have chronic life-limiting illnesses and their family caregivers. He is also the Methods Cluster Lead for Patient-Centred Measurement (PCM) with the BC SUPPORT Unit, a multi-partner organization that carries out patient-oriented research in order to improve healthcare outcomes for all patients. Rick's current research includes projects on the development and evaluation of statistical methods for patient-reported outcomes measurement in heterogeneous populations; the integration of electronic quality of life assessments in clinical practice for older adults who have life-limiting illnesses, and their family caregivers; the selection and utilization of person-centred measures for healthcare decision making; and the integration of a palliative approach.

Lena Cuthbertson, BSc (OT), MEd, PMP

Executive Director, Provincial Office of Patient-Centred Measurement and Improvement, British Columbia Ministry of Health/Providence Health Care

Lena leads BC's strategy for measurement and reporting of patient-centred care. Lena has supported the patient-centred measurement initiatives of many organizations, including the Canadian Partnership Against Cancer, Accreditation Canada/HSO, The King's Fund and National Voices UK, Picker Institute Europe, the International Foundation for Integrated Care, Bureau of Health Information, Australia, and BC's Office of the Seniors Advocate. Lena is passionate about translating data into information...and information into action to improve the satisfaction, experiences and clinical outcomes for patients and their families across the healthcare system.

In the past 20 years person-centred care has become an increasingly prominently stated ambition at the policy level and in local clinical practice. Have these ambitions made a difference to the experiences of people who need and use health care services? We wanted to know! Join us for an interactive session to deliberate on our learnings from the voices of 74 patients and family caregivers from across every region in British Columbia, including First Nations, who participated in focus groups in the fall of 2018. We will share what we heard from patients about their experiences of care and their priorities for advancing patient-centred measurement.

WORKSHOP B

Narrative Inquiry: How Storytelling Affects Lives

Arthur Frank, PhD

Professor Emeritus of Sociology

Arthur W. Frank received his doctorate from Yale in 1975 and spent his entire teaching career at the University of Calgary, where he is professor emeritus. Since 2014 he has been Professor II at VID Specialized University in Norway. He is an elected fellow of the Royal Society of Canada and 2008 winner of their medal in bioethics. In 2016 he received the lifetime achievement award of the Canadian Bioethics Society.

The workshop will offer a model of narrative care. That means both offering care through the medium of narrative, and also caring for people by inquiring about the stories in their lives. Basic concepts of narrative care include: what stories are a person's active companions? What is the narrative logic of these stories? What types of narratives are these stories? How do the stories cast people and institutions into characters expected to act in certain ways? How is the story communal; who supports continuing to tell that story? What conflicts does a person's adherence to their story create with others' adherence to different stories? And not finally but probably as much as we can cover: how committed is the person to what sort of adherence to their companion stories? In asking these questions, I will be eliciting the participation of those in the workshop. So please think about stories you've encountered in your clinical experience, and also about stories that you seem to think of often, as your companions.

WORKSHOP C

The Depersonalization of Modern Healthcare: Seeking to Reunite Person and Body at the Bedside and in Life**Kate McNamee, MSN, RN, CHPCN (c.)**

Practice Consultant – Leader – Care Experience, Providence Health Care, Vancouver, British Columbia, Canada

In the capacity of care experience leader, Kate promotes excellence in patient and family centred care throughout Providence Health Care and through partnerships with external organisations. Her passion is to support all people who interface with the health care system to have exceptional experience and be treated as full partners in care. To Kate, this means exploring the experience of others towards understanding individual and collective experiences by authentically listening to patient and family stories.

George Keulan, MDiv

Patient and Family Partner

As modern healthcare has become more specialized, complex and reliant on technology, a kind of dualism between body and spirit/person has crept into accepted practice. This dualism, more often felt than articulated by patients and families, leads to an incredible depersonalizing of the patient. Join George Keulan, someone who has spent 200+ days in St. Paul's hospital as a patient, and Kate McNamee, Care Experience Leader, as we facilitate a workshop on finding ways to unite personhood and body in healthcare and in life.

ABSTRACTS – CONCURRENT SESSIONS

Measuring Patient-Centred Care: Perspectives from Clinician-Scientists and Quality Improvement Experts

Sadia Ahmed, BHSc, MSc Student, O'Brien Institute for Public Health,
 Andrea Djurkovic, BHSc
 Kimberley Manalili, MPH
 Maria Santana, PhD, MPharm, MRPharms
 UNIVERSITY OF CALGARY

Patient-centered care (PCC) is a model of care that encourages care delivery guided by patient preferences and values. To improve PCC, healthcare systems need to measure PCC. Recently, we developed an evidence based and patient-informed PCC framework including PCC domains. The purpose of this study is to gather the perspective of clinician-scientists and quality improvement experts regarding these PCC domains for refinement of PCC indicators. Semi-structured interviews were conducted with clinician scientists and quality improvement experts from Canada, USA, and the UK. Interviews were thematically analyzed, using an inductive coding strategy & supported by NVivo software. Sixteen semi-structured interviews were conducted with clinician-scientists and quality improvement experts. Four major themes were 1. overall views of the PCC domains; 2. refinement of the definition of PCC indicator; 3. measurement and reporting of PCC; and 4. changes in policy and practice. Participants discussed strategies to improve and increase the clarity of the PCC domains, resulting in several future directions to refine and target specific PCC domains. Clinician-scientists and quality improvement experts provided key recommendations for the improvement of PCC domains. Participants found PCC domains to be useful, but suggested the development of a core set of PC-QIs that are feasible for implementation.

Understanding Patient and Caregiver Experiences of Living with Advanced Cancer Care in Alberta: A Qualitative Study

Sadia Ahmed, BHSc, MSc Student
 Farwa Zaqvi, BCr
 Aynharan Sinnarajah, MD, MPH, CCFP (pc.)
 Gwen McGhan, PhD, RN
 Maria Santana, PhD, MPharm, MRPharms
 UNIVERSITY OF CALGARY

Palliative care is an approach that improves the quality of life of patients and families facing challenges associated with life-threatening illness. In Alberta, most people who received palliative care received it late, leading to greater emotional distress and decreased quality of life. This study aims to understand patient and caregiver experiences of advanced colorectal cancer care to inform development of an early palliative care pathway. A qualitative study using semi-structured telephone interviews with patients living with advanced colorectal cancer and caregivers were conducted to understand their experiences with cancer care services received pre-implementation. Interview transcripts were thematically analyzed supported by the qualitative analysis software, NVivo. 15 patients and 7 caregivers from Edmonton and Calgary were interviewed. Six main themes generated were: 1. Meaning of Palliative Care; 2. Communication; 3. Relationship with healthcare providers; 4. Access to care; 5. Patient readiness for advance care planning; and 6. Patient and family engagement in care. Most participants misperceived palliative care to mean 'end of life care', suggesting a need for improvement in the delivery of information. Incorporating care experiences of patients and caregivers into the development of a care pathway is important in the delivery of patient-centred care.

Patient Voices Network Volunteers' Insights on Patient-Centred Care

Tracy Barra-Navratil, MSN

Sheryl Reimer-Kirkham, PhD, RN

Landa Terblanche, PhD, RN

TRINITY WESTERN UNIVERSITY

This paper will present the results of a qualitative study explored Patient Voices Network (PVN) volunteers' perspectives on patient-centred care through their involvement in Fraser Health's Acute Care Orientation that occurs in an interprofessional education setting. Four objectives were addressed: 1. how PVN volunteers perceive of patient-centred care and what has shaped these perceptions; 2. what motivates PVN volunteers to participate and share their experiences in Acute Care Orientation; 3. how PVN volunteers view their role in interprofessional education; and 4. their recommendations regarding patient-centred care and interprofessional education. The participants' illness experiences shaped their roles as both patient and patient volunteer and was the catalyst that propelled them to volunteer in the health care system. Numerous factors of care that led to or hindered the patient voice were identified by participants and included health care provider behaviours,

partnerships, information sharing, communication, and system influences that promote patient-centred cultures. Participants believed that it was important for patient volunteers be present at Acute Care Orientation as all professions are involved in the care of the patient and should be educated in their interprofessional teams. Hearing the authentic voice of the patient and what patient-centred care is from the patient perspective can foster patient-centred practice in new employees.

Caring for the Care Provider: Understanding Harm and its Impact on Person-centred Care

Sarah Carriere, RN, MN, PROVIDENCE HEALTH CARE

The use of physical restraints within acute care is regarded as an integral part of risk management and prevention of patient harm. The decision-making around physical restraint use is a complex process, influenced by different contextual factors. Using interpretive description methodology, nurses employed within Providence Health Care described their goal to promote a sense of agency, especially during moments of unpredictable and predictable unsafe patient behaviours. Their decision-making process is complicated, dynamic, and counter balanced with maintaining a safe environment and mitigating the chance of unsafe patient behaviours. The heart of this balance is a value of patient-centered care, with the acceptance that certain risk comes with promoting a patient's sense of agency. The emotional struggle to balance a sense of agency and reduce the chance of patient or staff harm is apparent. When a crisis occurs, or when nurses reflect on whether things could have been done differently, organizations need to set precedence for teams to take a time-out and reflect. Not only can this address the desire for nurses to talk about their feelings and move from an emotional state of being, to a rational state of thinking, but also promote a learning and psychologically safe culture.

Person-Centred Medicine - Appreciating the Importance of the Spiritual Perspective in Patient Care

**Cynthia Chan, MD, CCFP, FCFP, MFM, FRACGP, FHKAM (Family Med),
UNIVERSITY OF BRITISH COLUMBIA**

Person-centred medicine can mean different things to different people. To a health-service administrator, it may be aligning services close together or with extended hours to facilitate access, providing signs to guide patients

through hospital departments, or soliciting patients' feedback on service quality. As family physicians, we champion holistic bio-psycho-social care, and develop long-term relationships with patients from cradle to grave. We call ourselves a discipline specializing not in organs, body systems or procedures, but in "the patient as a person". As teachers, we train students in patient-centred communication: eliciting reasons for visit, patient's fears, expectations and ideas about their illness. As health educators, we provide information in various languages and formats, to ensure patients understand our management. Yet, when it comes to the spiritual aspect of care, that is only mentioned by those in Palliative Care. End of life seems the only time in modern medicine that we are encouraged, or even allowed, to mention Spiritual care to our patients. The writer, a family doctor, teacher, health administrator and home hospice provider, finally appreciates first hand the importance of spiritual meaning and spiritual support, through her personal cancer journey. She would like to share this awakening with you.

Qualitative Findings of a Mixed-Method Study on Patient Perceptions of Spiritual Assessment

Pamela Cone, PhD, RN, AZUSA PACIFIC UNIVERSITY, CALIFORNIA

Tove Giske, PhD, RN, MPhil, VID SPECIALIZED UNIVERSITY BERGEN

Spirituality is part of the whole person, and assessing a patient's spiritual concerns, needs, and resources is an important part of holistic, patient-centered nursing care (Cone & Giske, 2018). Patients report that many nurses do not provide or facilitate spiritual care, often fail to recognize patient cues relating to the spiritual domain (Balboni, T.A. et al., 2010; Giske & Cone, 2015). It is important to understand the patient perspective in order to discern the best patient-centered approach to care tailored to the patient's deeply held beliefs. The purpose of the original mixed-method, two-phased project among nurses and patients was to explore and understand their perspectives on spirituality, spiritual assessment, and spiritual care in diverse in-patient settings. The long-term goal was to provide knowledge that can influence nurse leaders to include the spiritual in nursing education and practice. This presentation addresses qualitative elements of the surveys and interviews from the patient phase of the study. This two-phased, mixed-method study was conducted in a large hospital in Norway where nurses and patients were surveyed on their comfort with spiritual assessment. The nurse phase qualitative study was completed in 2014 (Giske & Cone, 2015) and the quantitative study (n=174) was completed in 2015 (Cone & Giske, 2017). The patient qualitative phase

(n=6) is in analysis while the quantitative phase (n=167) was finished in 2016 (Cone & Giske, in press). Researchers used SPSS-19 for quantitative analysis of survey results, while qualitative elements were analyzed thematically. Patients willing to discuss spirituality had one-on-one interviews with the Norwegian PI. All interviews were audiotaped, transcribed, and translated, if in Norwegian, before data analysis was done using the constant comparative approach of classical grounded theory. Data analysis revealed that patients expressed a positive comfort level with many questions addressing spiritual or deeply important personal concerns while in hospital, even though religion is considered taboo to discuss in Norway. Patients preferred that chaplains/priests ask about their spiritual needs, though nurses were second on their list of who should ask. Finally, patients identified a typology relating to assessing spiritual concerns, with views on a continuum ranging from “Don’t ask” to “Ask anything.” Implications and conclusions will be discussed.

Person-Centeredness at the Core of Ethical Practice: How Taking a Person-Centered Approach Guides and Supports us Towards Ethical Practice in Complex and Difficult Clinical Situations

Jennifer Gibson, MSN, RN, CCD (c.), PROVIDENCE HEALTH CARE

“Mary” is a 46 year-old-female with end-stage renal failure. She is hemodialysis (HD) dependent and has a complex and difficult social and medical history including homelessness, poly-substance use disorder, and mental illness. Mary frequently misses her scheduled HD appointments, which has resulted in repeated admissions to the Emergency Department for acute renal failure events and emergent HD runs. Concerned about Mary’s perceived “non-adherence,” and about exposing Mary to substantial risks associated with emergent HD runs (including the risk of sudden death), the team consults Ethics Services asking whether it is ethical to continue on with Mary’s current treatment regime, including emergent treatment. Mary’s case brings light to the complex contexts that shape people’s lives and often undergird “non-adherence” and other high-risk behaviors, including substance use. Mary’s case challenges us to think about a response that not only aligns within our professional and ethical obligations, but also places Mary at the centre of the care we give—that is, how we enact a person-centred approach that guides us to support Mary’s success in relation to her individual circumstances. In this educational session, we share learnings from an ethics consult to highlight how person-centeredness is at the core of ethical practices.

South Asian Families' Decision-Making about Long-Term Residential Care (LTRC): A Call for a Person-Centred Approach

Sherin Jamal, PhD (c.) UNIVERSITY OF VICTORIA

Karen Kobayashi, PhD, UNIVERSITY OF VICTORIA

K. Stajduhar, PhD, UNIVERSITY OF VICTORIA

Sheryl Reimer-Kirkham, PhD, RN TRINITY WESTERN UNIVERSITY

With more care being provided in the community, families are challenged to manage increasingly complex care needs of older adults at home. While the transition to institutional care is never easy, an increasing number of older adults and families may be approaching or at a stage where they are having to consider LTRC as an option. Using ethnographic methods informed by a critical theoretical perspective, preliminary findings from in-depth qualitative interviews with South Asian older adults and their families indicate that the decision to move an older family member to LTRC is very difficult as cultural norms, which underscore the importance of care and caregiving for older family members at home as they age, are rooted in religious beliefs. Thus even when the decision to place an older adult in LTRC may be a '(non) decision', it is often accompanied by significant feelings of guilt and/or shame. The findings show variation in the consideration of/ decision-making around LTRC among South Asian older adults and their families, and indicate a need for a person-centred approach to decision-making regarding LTRC placement for South Asian older adults.

“Dark Night of the Soul”: Delivering Spiritual Healthcare in British Columbia, Canada

Bindy Khang-Dhillon, PhD (c.) UNIVERSITY OF BRITISH COLUMBIA

Colleen Varcoe, PhD, UNIVERSITY OF BRITISH COLUMBIA

Sheryl Reimer-Kirkham, PhD, RN TRINITY WESTERN UNIVERSITY

Sunera Thobani, PhD, UNIVERSITY OF BRITISH COLUMBIA

Approaching person-centered healthcare involves the holistic inclusion of physical, emotional, psychological and spiritual well-being. To support this holistic paradigm, British Columbia's Ministry of Health instituted a provincial framework for spiritual health care delivery. Subsequently, provincial health authorities have been mandated to provide spiritual health care as patients and families journey through crises, distress, illness, dying and death. While chaplaincy and pastoral care has had a long-standing history in health care

settings, there has been limited research on ‘spiritual’ care provision by spiritual care professionals in healthcare settings. To address this gap, our critical ethnography features an analysis of one-to-one interviews with 30 spiritual health practitioners, leaders, and clinical educators affiliated with British Columbia’s 5 health authorities. In this presentation, we describe the following findings: i. Paradigm shift to spiritual care; ii. Spiritual health care role; iii. Supporting Indigenous spirituality; iv. Integrating into healthcare culture; and v. Bridging faith based communities. With spiritual health practitioners trained in supporting patients, families and staff through “dark nights of the soul”, they provide an integral aspect to delivering holistic person-centered care and supporting the holistic well-being of patients, families and staff.

How Do We (De)legitimize Compassionate Care?

Lynn Musto, PhD, RN, TRINITY WESTERN UNIVERSITY

In moments of vulnerability or suffering that may occur when we confront illness or loss, society wants and needs healthcare providers who are both competent and compassionate to achieve their best health outcomes. Competent and compassionate care involves the practitioner being able to respond to the physical and emotional needs of the patient in a way that help mitigate their pain and suffering. My dissertation research explored how healthcare professional maintained ethical practice in mental health care. Although not the direct focus of my study, participants noted various ways in which policies, procedures, and common practices served to legitimize and de-legitimize compassionate care, making it more difficult to provide compassionate care. Compassionate care involved intentional acts of kindness directed at providing comfort to the person in their care. I believe that authentic human connection and compassionate care are foundational to the provision of person centered care. Drawing on examples from my research, we will discuss some of the ways compassionate care is both legitimized and de-legitimized in healthcare. Together, we will also explore ways to respond to policies and practices that de-legitimize compassionate care.

Illness and Person-Centred Care

Barry Quinn, PhD, BARTS HEALTH NHS TRUST

Guided by the philosophy of Martin Heidegger and the works of Viktor Frankl, this presentation will present some of the key findings of a doctoral study

exploring the search to find meaning in the lives of people who had experience of cancer. The study focusses on, and offers an in-depth exploration of, this searching activity and what it can teach us about the personal story of illness. For the participants in this study this searching process moved beyond reflection to one that engaged the whole person. It was a search that led each person to question aspects of their taken for granted world including, the meaning of pain and suffering, the loss of certainty in their relationships with the world, others and with God and the realization of not being in control. The search involved making sense of the personal reality of illness which includes but extends beyond the bio-medical understanding of disease. The findings strongly suggest that paying attention to this sense making activity may help in directing the focus away from the idea of 'the patient' and provide a useful account of what might be demanded if we take the idea of 'person-centred care' seriously.

Levinas, the Holy Other, and the Problem of Clinical Dehumanization: Making Room for the Divine in Client-Centredness

Catherine Racine, PhD

There is growing interest in the radical ethical vision of French philosopher Emmanuel Levinas emerging in psychology, psychotherapy and medicine. Its focus speaks directly to person-centredness and the need for greater responsibility to be taken for the vulnerable help-seeker within clinical institutional environments. In Levinas' work, this responsibility is discovered as an unequivocal plea, a call, an imperative that claims us, viscerally, through the "Face of the Other," although the debt is never imposed. This is the "Face" that alludes to the "dimension of the divine," the transcendent. This is also the wholly human face of the vulnerable help seeker who the clinician encounters in every patient she or he sees during the course of a work day. Canadian feminist philosopher and theologian, Grace Jantzen, confirms that Levinas' emphasis on responsibility has special relevance for those working in all the healing professions, knowing as they do the difficulty of keeping their hands clean and the urgency for greater accountability in clinical practice. This session offers a brief introduction to Levinas that examines the implications and complications of attempting to work towards his ethical vision and provides examples from a selection of clinical scholars currently embracing his work.

Exploring How Family Members Experience Medical Assistance in Dying

Kelly Schutt, RN, MSN student

Sheryl Reimer-Kirkham, PhD, RN

Derrick Klaassen, PhD

TRINITY WESTERN UNIVERSITY

Bill C-14 passed into Canadian legislation on June 17, 2016 permitting “... competent adults whose deaths are reasonably foreseeable” to receive Medical Assistance in Dying (MAiD) provided their medical condition is “grievous and irremediable” and causes “enduring and intolerable suffering” (Parliament of Canada, 2016). Given the problematic tendency to “affiliate person-centered care with an individualistic or micro level focus” (Öhlén et al., 2017, p. 7), procedures and policies surrounding MAiD ought to consider the relational and societal context in which it occurs. This study aims to examine how family members experience MAiD and consider the implications for nursing practice. Using a qualitative research methodology rooted in a feminist tradition, the Listening Guide (Gilligan et al., 2003) was used to listen for the tensions, harmonies, and dissonances experienced by family members whose loved one received MAiD. By seeking to hear these voices, and by acknowledging the larger social processes at play surrounding the implementation of MAiD in Canada, this study aspires to honour the complexity and variation of human experience and in so doing, to extend the discourse surrounding MAiD beyond the realm of individual autonomy. Preliminary findings from interviews with seven participants from across Canada will be presented.

ABSTRACTS – POSTERS

Keeping the Light Shining: Strategies to Help Nurture Resilience in LTC Staff Caring for Dying Residents

Chris Bernard, MDiv, PROVIDENCE HEALTH CARE

Paddy Rodney, PhD, UNIVERSITY OF BRITISH COLUMBIA

Our team will share the findings of Phase 2 of our research which focused on identifying recommendations for creative, multifaceted strategies to support staff who are experiencing burnout while caring for dying residents.

THEMES:

More residents dying: British Columbia's long-term care (LTC) homes are increasingly providing end-of-life care due to heightened frailty of residents upon admission. This trend is echoed nationally and internationally, and places added stress on staff who are caring for an unpredictable and complex care group.

Staff grief and burnout: The well-being of health care providers (HCPs) in general is linked to the well-being of those whom they serve (individuals, families, and communities), therefore the focus on the well-being of HCPs has a concomitant goal of also improving the quality of care provided to dying LTC residents and their families.

Learning to grieve: Spirituality practices can help to bring grief up to the light and help the staff acknowledge the loss. "Grief is not a negative thing. It means that we've loved people and we miss them, and it hurts."

Supporting strategies: Individual, team, organization and high learning strategies will be presented for supporting HCPs to cope with increasing numbers of resident deaths in LTC homes.

Perspectives on Faculty Preparation for Accompanying Nursing Students on International Experiences

Amanda Egert, RN, MSN student

Barb Astle, PhD, RN

Sheryl Reimer-Kirkham, PhD, RN

TRINITY WESTERN UNIVERSITY

Many Canadian nursing programs offer International Experiences (IE) for their students varying in length, location, and types of placements. As globalization has increased global interconnectedness, the interest for global health has expanded, resulting in the development of global health programs and integration of global health content in nursing curricula. As well, there is a long history of nursing faculty accompanying nursing students on IEs, however, a gap exists in the literature addressing their preparation requirements, and how they align with global concepts of justice, equity, and relationships of power. A qualitative interpretive description study, informed by critical inquiry methods highlighting the global health concern of equity, explored faculty preparation for accompanying nursing students on IEs.

Semi-structured interviews were conducted with nine novice to expert nurse educators across Canada who had accompanied nursing students on IEs. Follow-up semi-structured interviews with the participants revealed additional insights on the preliminary themes. Thematic analysis revealed that faculty perceived an increased overarching responsibility for taking students on IEs requiring additional preparation compared to local clinical placements. Interconnected person-centred elements related to their: past experiences, varying levels of knowledge, complexities of relationships, and qualities of one's personality appeared important for preparing faculty for IEs. Recommendations focus on the development of intentional opportunities for preparing faculty new to accompanying nursing students on IEs.

Person-centred Care and Postnatal Depression: Lifting the Veil of Darkness

Deborah Gibson, MSN, RN, TRINITY WESTERN UNIVERSITY

Postnatal depression (PND) is a significant clinical issue for all nurses who directly and indirectly care for postpartum women and their families. Currently, 15% of women experience the debilitating effects of postnatal depression resulting in 'silent suffering' and crippling outcomes among these women, their partners and infants. The lived experience and social stigma of PND emphasizes feelings of shame, guilt, sense of loss and discrimination; resulting in extreme vulnerability and significant barriers to accessing help due to the perceived notion of being identified as mentally ill (Jackman, Thorsteinsson & McNeil, 2017; Vicaris et al., 2017; Bilszta, Ericksen, Buist & Milgrom, 2012). A paradigm shift towards person-centeredness, mutual presence and spiritual care in the community context supports women and their families in a compassionate manner. Nurses are uniquely positioned to acknowledge and value the complexity of human suffering and offer hope through the inclusion of person-centredness and spiritual care in their professional practice. This presentation views PND through a phenomenological lens and draws on an interdisciplinary global health framework in which life experiences inform purpose and meaning and a sense of connectedness to self and others altering silent suffering to one of illumination (Picard, Sabiston & McNamara, 2011). Participants in this session will gain an understanding of the implications of the historical and current treatment of PND and gain an understanding of how a new framework highlighting person-centeredness and spiritual care can influence the outcome for women living with PND.

Improving the Quality of Life for People With Dementia

Lorraine Guild, MHSc, RN, KWANTLEN POLYTECHNIC UNIVERSITY

Without a cure for dementia, QOL has become an accepted and substantial outcome measure when evaluating the effectiveness of health care interventions and care provision for those living with dementia (Crespo, Bernaldo de Quirós, Gómez, & Hornillos, 2012). By teaching health care students the ideology of personhood, and person-centered care, utilizing specific teaching strategies and incorporating the philosophies of humanism, and social reform into curriculum the QOL for those living with dementia will be improved.

Partners in Transformation: Engaging With Patients and Families to Understand What Matters in Mental Health & Substance Use Care

Kate McNamee, MSN, RN, CHPCN, PROVIDENCE HEALTH CARE

Purpose: Building a new hospital provides opportunity to create the best model of care for those with mental health and or substance use (MHSU) issues across Providence Health Care (PHC) and to align with BC of Health vision for MHSU transformation and PHC commitment to Patient Family Centered Care.

Aim: To engage with those people with lived experience to explore and understand ‘what matters’ to patients and families who have received MHSU care and services at St Paul’s Hospital, Vancouver.

Methods: Those with lived experience were engaged in design and techniques selection in an advisory capacity, on content and the engagement process. A variety of opportunities to participate, were offered over 4 months, using IAP2 Canada Core Values. Meaningful participation was supported involving cultural brokers and subject matter experts in local community organizations and in hospital.

Implications: Organizational capacity to engage in meaningful ways with stakeholders is dependent on being open to partnership. By being clear on the purpose of the engagement and being flexible in meeting stakeholders PHC was able to hear what matters to inform a future model of care.

Prayer as Social Practice in Long-Term Care Settings

Sheryl Reimer-Kirkham, PhD, RN, TRINITY WESTERN UNIVERSITY

Sonya Sharma, PhD, KINGSTON UNIVERSITY LONDON

Brenda Smith, MSN, TRINITY WESTERN UNIVERSITY

Kelly Schutt, MSN Student, TRINITY WESTERN UNIVERSITY

Melania Calestani, PhD, KINGSTON UNIVERSITY LONDON

Person-centred care for residents in long-term care settings is multi-faceted. Although the value of spiritual care in the care of older adults is supported by research, few studies have focused specifically on prayer in long-term care settings. This ethnographic study with fifteen spiritual health practitioners and administrators in eleven long-term care homes in British Columbia involved analyses of walking interviews and research diaries. Findings revealed the spaces in which prayer happens and the forms it takes. The identities of spiritual health providers—their own spiritual practices, religious beliefs, and positioning within the facility—shaped their dis/comfort with prayer and how they located prayer within public and private spaces. Where organizational leadership endorsed the legitimacy of spiritual health services, prayer was more likely to be offered. Even in these circumstances, however, religious diversity and questions about secularism left spiritual health providers ambivalent about the appropriateness of prayer. The results demonstrate the relevance of religion and spirituality to residential care, and illustrate how prayer functions as an opportunity for connection and understanding.

TRINITY WESTERN UNIVERSITY UNDERGRADUATE NURSING STUDENT POSTERS

Individualized Music Care

Deborah Gibson, MSN, RN (Course Faculty)

David Coulter

Monica Macanlalay

Shilby Matthew

Catriona Morton

Age of Consent in Transgender Youth

Dorolen Wolfs, MSN, RN (Course Faculty)

Johanna Alderliesten

Hannah Ropp

Samantha Schroeder

Matters of Conscience**Dorolen Wolfs, MSN, RN (Course Faculty)****Grace Effa****Maeann Sheridcan****Kori Shufflebotham****Difficult Patients****Dorolen Wolfs, MSN, RN (Course Faculty)****Sarah Barber****Lotty Bueso****Erika Tsang****ABSTRACTS – LIGHTNING TALKS****“Megamorphosizing” Residential Care: Putting Person-Centredness into Action****Rae Johnson, MA****Sonia Hardern, MN, RN****Carrie Willekes, MN, RN****PROVIDENCE HEALTH CARE**

Providence Health Care (PHC) has provided compassionate residential care (RC) for decades; however, aging infrastructure and homes evolved from a medical system has led to a focus on efficiency. To address this, PHC RC embarked on a human-centred design initiative called Residential Care for Me. Following months of insight gathering, ideation, and testing, it became clear that something creative was needed to shake loose the institutional routines developed over time. Megamorphosis is PHC’s culture change to a social model of care focusing on the themes of emotional connections matter most, residents direct each moment and home is a feeling. It consists of: pre-work activities to build compassion, relationships and a shared vision, as well as 2 weeks of rapid-cycle testing during which staff, residents and families work together to try new ideas that create time for emotional connections and bring decisions into the hands of residents or those who know them best. Megamorphosis recognizes that each person has a story to tell, and experiences that bring them to where they are today. It seeks to uncover each person’s story and rekindle the interests and unique skills of our people and create purpose for them in their lives at the home.

Supporting Spiritual Health Needs at the Crosstown Clinic and the Downtown Eastside

Philip Murray, MDiv

Julie Foreman, BSN

PROVIDENCE HEALTH CARE

Providence Health Care's Crosstown Clinic is the first clinic in North America to offer medical-grade heroin (diacetylmorphine) and hydromorphone within a supervised clinical setting to clients with chronic opioid use disorder. While spiritual care has been part of the holistic person-centered and trauma-informed care model at Crosstown, this support increased significantly in September 2018 with the introduction of a dedicated Spiritual Health Practitioner (SHP) to the team. The following Spiritual Health Needs have been identified among clients at Crosstown Clinic and residents of the Downtown East Side.

Grief and Loss: Participants have experienced the death of at least one close person or family member, in addition to other significant losses, and death as a consequence of overdose is a common occurrence on the Downtown Eastside.

Stigma: Stigma is “an attribute that is deeply discrediting” that reduces someone “from a whole and usual person to a tainted, discounted one”, resulting in the stigmatized being perceived as having a “spoiled identity.”

Forgiveness: Trauma and hurt caused intentionally or unintentionally through cycles of abuse is also a common experience, with trauma-informed practice being the norm at Crosstown.

Pilot Project – Therapeutic Group Program: A pilot project is being implemented in an effort to attend to these identified spiritual health needs. The goal of this project is to create a safe and sacred community amongst clients and staff by facilitating a weekly opportunity to come together, share a “family meal”, and engage in intentional therapeutic conversations on spiritual health and healing.

Presentation: Our presentation will provide an overview of identified spiritual health needs and details of the pilot project, which will be in progress at the time of the conference, with time for discussion, feedback and participant engagement.

Nothing About Us Without Us

Sheryl Reimer-Kirkham, PhD, RN

Barbara Astle, PhD, RN

Kristi Panchuk, MN-NP

Emma Strobell, MSN student

TRINITY WESTERN UNIVERSITY

This Lightning Talk will feature a research project on albinism and human rights, with images that tell the story of keeping persons with albinism (PWA)

at the centre of such research. Albinism is a genetic disorder found worldwide, and PWA face vision impairment and a high risk of skin cancer, in addition to widespread stigma and discrimination on account of colour and ability. Recent media draws attention to reports of violence and killing of PWA for their body parts to be used in the preparation of “magic” medicines purported to bring good luck. In light of these atrocities, and by the invitation of the UN Independent Expert on the Enjoyment of Human Rights by Persons with Albinism, we are developing an international, interdisciplinary research-policy-advocacy collaborative to explore effective ways of generating and mobilizing knowledge to address the welfare and security of persons with albinism through evidence-informed policy and human rights advocacy. This mixed methods study involves prioritizing an agenda for research and policy through: 1. a meta-narrative review to summarize the current state of evidence; 2. a Delphi survey to elicit the perspectives of experts on albinism regarding priorities for advocacy, policy, and research; and 3. an international Roundtable to bring together an interdisciplinary, international, and intersectoral group of researchers, advocates, and policy-makers. This Lightning Talk tells the story of this initiative, foregrounding the person-centred adage, “nothing about us without us”, in human rights work on albinism.

The Compassion of Strangers

Jen Selman, PhD, PROVIDENCE HEALTH CARE

Compassion is a response to suffering, a call to action, and a way to be in community. In my doctoral research I gathered stories about the compassion of strangers and learned how those actions may have a lasting impact. Using an arts-based methodology, I wove poetry and images together with periods of engagement and contemplation. Poetic inquiry provided a way to attend to the possibility and potential of both extraordinary and everyday social interactions. Erasure and free form found poetry allowed me to re-present the participants’ voices and to closely engage with their individual experiences of suffering and compassion. Inquiring across the stories uncovered responses of gratitude, connectedness and personal growth. Poetic inquiry moved me out of comfortable convention, and required me to attend with imagination, curiosity and heart. Photography became a way of contemplation and provided another medium into the stories. The images produced represent my meditative responses. In this presentation poetry and image are threads for discovery as we reflect on what it means to be a recipient of compassion, who we are as strangers, and how acts of reaching out may change lives.

ABOUT THE ARTIST-IN-RESIDENCE



Nicu Liuta uses painting as a way to contemplate, recharge, and refresh his soul weekly between his jobs as a spiritual care practitioner, and as an orthodox priest; a meditative, chromatic way of life. He uses both spiritual and painterly strokes to capture the luminescence of our life cycles in his breathtaking expressionistic and figurative paintings. He blends color and form in a gripping collection of signs which point out the soul's pilgrimage in and between the conflicting realms of the spirit. His paintings relate a

profound search for “the seen of the unseen,” the visible of the invisible. With emphatic splashes of color and scratches of his brush, he translates mystical experiences of spiritual encounters in works reminiscent of Marc Chagall and Ad Reinhardt. Nicu believes that color has the capacity to heal our soul by inspiring contemplation, thus leading the viewer to reach beyond the limitations of his perceptive mechanisms to get closer to the natural world. Born in and raised in Romania, today Nicu Liuta resides in Vancouver, BC, Canada. He has studied at Emily Carr Institute of Art and Design, Vancouver, and has participated in Group and Solo Exhibitions in Romania, Canada, and the USA. His paintings are housed in private collections across Europe, Canada, Singapore, and United States.

ABOUT THE CONTEMPLATIVE WALK



Mindful Walking, or in Zen Buddhism, the practice of Kinhan, is the use of the simple act of walking to focus our attention and thus foster awareness, mindfulness and serenity. The Meditative Walk is an opportunity to learn about and practice this simple spiritual exercise in an outdoor environment.

Chris Bernard has had a lifelong interest in philosophy, psychology and Christian and Buddhist spirituality. Chris has degrees in philosophy and theology, specializing in monastic spirituality. After graduation, he spent 14 years in a French Benedictine Monastery and thereafter practiced Jungian based psychotherapy and spiritual direction before becoming passionately involved in hospital chaplaincy, providing spiritual-pastoral care for the sick and the dying. Chris is presently the Professional Practice Leader and Coordinator of Pastoral Care for Providence Health Care and also as part of the clinical care team, provides spiritual care at St. Vincent's Langara Residential Care Facility in south Vancouver.

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SPEAKER INFORMATION

A LCD projector and laptop are provided in all session rooms. Speakers should upload their PowerPoint presentations during the break immediately before their presentation in their appointed session room. It is not necessary to send the presentations in advance. It will not be possible to use another laptop.



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