

The George Washington Institute for Spirituality and Health (GWish)



Envisioning a compassionate, relationship-centered healthcare system that honors, respects, and dignifies the personhood of those who give and receive care

Our Mission

Founded in 2001 as the first U.S. institute to focus on spirituality and health, GWish's mission is to restore the heart and humanity of healthcare. Over the past decade GWish has sustained a leadership role in building a more compassionate healthcare system that addresses the spiritual needs of patients premised on evidence-based research.

GWish defines spirituality broadly for research and clinical innovation:¹

Spirituality is the aspect of humanity that refers to the way individuals seek and express meaning and purpose, and the way they experience their connectedness to the moment, to self, to others, to nature, and to the significant or sacred.

This definition recognizes that every person makes decisions about when and whether life has meaning and value that extends beyond self, life, and death. Spirituality goes beyond religious beliefs and cultural traditions to include life choices and relationships. Attending to patients' spiritual needs is the foundation of compassionate, patient-centered, and holistic care. This spirituality-based care model acknowledges that health is a dynamic state of complete physical, mental, spiritual, and social wellbeing, and not merely the absence of disease.

Spirituality-based care, no longer relegated only to end-of-life care, acknowledges the role of spiritual wellbeing in patients' healthcare decision making, healthcare outcomes, and quality of life. When healthcare professionals do not invite patients to discuss their spiritual needs they are unable to understand how patients define wellness and quality of life in the face of illness, thereby missing critical information required for effective diagnosis and treatment.

Our Program Areas

GWish seeks to improve patient care and the patient experience in the clinical setting. To do so, we develop and implement educational, clinical, policy, and research initiatives that impact the continuum of care.

Education

During the past 10 years, GWish has introduced spirituality into medical school and residency curricula through competitively-based awards programs. As a result of this initiative, more than 80 percent of U.S. medical schools now address spirituality in their curricula.

As a step toward standardizing medical school curricula, in 2009 GWish convened a consensus conference that produced spirituality-related competencies for medical education that align with the Accreditation Council for Graduate Medical Education competencies to offer continuity across medical education and a basis for questions on future licensing exams.

GWish also is piloting innovative programs that focus on medical students' and residents' journeys as physicians by engaging them in self reflection. The programs provide a supportive environment in which new and soon-to-be physicians can talk about their feelings and beliefs in the context of clinical experiences, thereby reinforcing their call to serve patients and encouraging them to remain authentic in the context of their professional life—both core elements of professionalism.

Clinical Practice

The National Spiritual Care Demonstration Projects is a GWish initiative to advance knowledge, develop and test interdisciplinary spiritual care models, formulate measurements and best practices, and train leaders to improve the quality of spirituality-based care across healthcare settings. Each clinical site sets its own goals and outcomes, and conducts research to study the effectiveness of the interventions. GWish works with the sites to design the intervention, develop research and evaluation tools, train healthcare professionals, and implement sustainability plans.

¹ Puchalski, C.M., Ferrell, B., Virani, R., Otis-Green, S., Baird, P., Bull, J., Chochinov, H., Handzo, G., Nelson-Becker, H., Prince-Paul, M., Pugliese, K., and Sulmasy, D. (2009). Improving the quality of spiritual care as a dimension of palliative care: The Report of the Consensus Conference. *J Palliat Med*, 12(10), 885-904

A compendium of best practices, models, and lessons learned from the collective work of all participating clinical sites is being developed.

Policy

Using a consensus process, GWish is bringing together subject matter experts in healthcare economics, ethics, workforce, education, and law—individuals who have a role in the framing of healthcare policies—with healthcare professionals to develop standards of care and the research, education, clinical care, communication, and policy strategies required for implementation across the nation's healthcare systems.

Internationally, GWish is bringing together healthcare professionals from around the world to develop regional and international guidelines and care models to standardize healthcare best practices and implement the World Health Assembly's 1984 resolution WHA37.13 that made the "spiritual dimension" part of WHO member states' strategy for health.

Research

GWish believes clinical care should be evidence based. We also believe the evidence base, now narrowly defined as clinically controlled trials focused on curing physical ailments, should be expanded to address patients' spiritual, social, and psychological needs. Quality of care should be measured by compassion and attention to the whole person, not just cure-based success rates.

GWish research is studying the impact of interventions on medical student burnout and depression, patient centeredness, and spiritual wellbeing. Our clinic-based research is looking at whether the integration of spirituality-based care reduces medical errors and results in more cost-effective care delivery and its impact on workforce issues such as staff turnover and burnout. We also are looking at changes in patient satisfaction, patient compliance, and patient trust through stronger patient-healthcare professional relationships. At the policy level, GWish is building a case for system-wide change based on healthcare economics, medical ethics, and other factors.

GWish Programs

- ***Spirituality and Health Care Summer Institute***, Washington, DC; held annually in July for healthcare professionals.
- ***The Art of Presence Renewal Retreat***, Assisi, Italy; held annually in August for healthcare professionals.
- ***GWish-Templeton Reflective Rounds***, now being piloted in eight medical schools through Spring 2012. Materials to be available Fall 2012.
- ***National Spiritual Care Demonstration Projects***, an initiative for healthcare systems seeking to integrate spirituality-based care.
- ***Interdisciplinary Healthcare Professional Training*** in spirituality-based care through workshops and grand rounds.

GWish Resources

- ***Spirituality and Health Online Education and Resource Center (SOERCE)***, a resource center for medical school curricula, references, and spirituality and health materials at gwish.org.
- ***FICA Spiritual History Tool***, a validated set of questions for clinicians to begin spirituality-related discussions with patients; printed on a pocket-size laminated card.
- ***Spirituality-Related Competencies for Medical Education***, a set of competency behaviors, pedagogy, and evaluation methodologies.
- ***Integrating Spirituality into Health Care***—models, guidelines, and recommendations

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