



# Burns and Clinical Pastoral Education: Is there a standard of care?



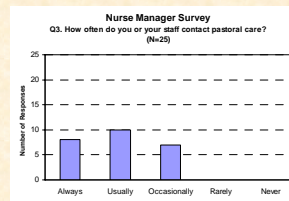
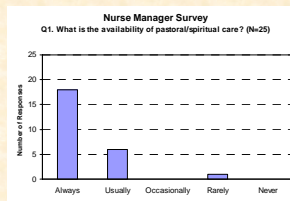
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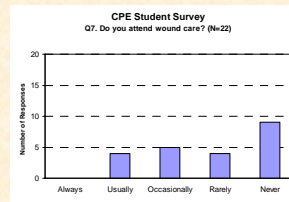
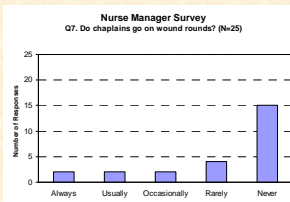
**Introduction:** Many hospitals have both burn centers and Clinical Pastoral Education (CPE) programs, however, the degree to which spiritual care resources are utilized for burn patients has yet to be critically examined. The aim of this study is to examine possible patterns of participation in order to determine if there is a standard for best practice.

**Methods:** In the United States, forty-three hospitals were found to have both burn centers and CPE programs. Surveys were sent to each of the 43 centers, one to Nurse Managers, and a separate survey to CPE students via their supervisors. Twenty-five nurse managers (58%) and 22 CPE students (51%) responded.

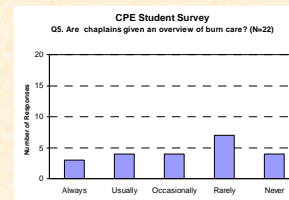
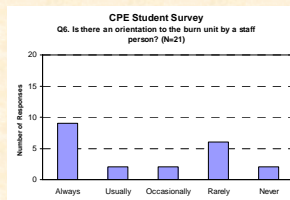
**Results:** Nineteen (86%) students participated in a multidisciplinary team. Twenty-four (96%) nurse managers reported that spiritual care was available, but seven (28%) contacted spiritual care only 'occasionally.' Ten students (46%) had contact with the physicians 'always' or 'usually'. Fifteen (60%) of nurse managers reported that spiritual care is 'never' involved in wound rounds, and thirteen (59%) students claimed to 'rarely' or 'never' be involved in wound care. Seven (32%) of the students had overviews of burn care available, and eleven (50%) of students received some sort of orientation to the burn unit.



The above graphs indicate an under utilization of the available spiritual care resources in the centers surveyed.



Utilization of spiritual care does not generally include wound rounds or wound care



Orientation to and education about the burn unit is not consistently provided.

**Conclusion:** Multidisciplinary teams and chaplain availability appear to be standard practice in most of the hospitals reporting. The data implies that most hospitals did not have spiritual care available during wound care, wound rounds, or in the operating room. Burn education, overview of burn care, and orientation to the burn unit had a high degree of variance between centers. The degree of involvement might have scored higher if the educational practices had been available.

**Discussion:** During the burned patients long road to recovery, two of the most challenging situations regularly presented to patients are wound rounds and wound care. During these events both staff and patients view the drastic changes in the burned body with the attendant questions of life's meaning. Chaplains are trained to stand with both groups as they meet the challenges that arise. A more detailed orientation and further education of the CPE student helps to build trust on both sides and prepares the CPE student to stand with confidence in the times of greatest vulnerability for the patient while supporting the staff. Incorporating these additional teaching experiences and further incorporation of spiritual care in the burn team's workings does not require considerable time costs or major changes to existing systems, and can be implemented in any burn center with CPE education groups.

### Acknowledgements:

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