INTRODUCTION

Good morning and welcome to our session. Thanks for taking the time to join us to talk about your thoughts and experiences in providing spiritual care to your palliative care patients. My name is Hibah Osman and assisting me is Yahya Wehbe. Yahya is a Research Assistant at AUB, and I am a palliative care physician at Harvard Medical School and the founder of Balsam.

As palliative care providers, you all know that attending to the spiritual needs of patients is a core component of palliative care. We are trying to better understand the nuances and complexities of providing spiritual care to patients in our context. We are specifically interested in what has worked for you and what barriers you have faced. You were invited because you have been providing palliative care to patients in Lebanon for at least one year.

There are no wrong answers but rather differing experiences and points of view. Please feel free to share your point of view even if it differs from what others have said. We're tape recording the session because we don't want to miss any of your comments. People often say very helpful things in these discussions and we can't write fast enough to get them all down. We will be on a first name basis during the discussion and we won't use any names in our report and publication. You may be assured of complete confidentiality. You are not obliged to answer any of the questions and can withdraw from participation at any time.

Please turn off your cell phones and pagers. If you must take a call, we ask that you do so quietly, step outside, and rejoin the discussion as soon as you are able. We also ask that you speak one at a time and try not to interrupt, speak over each other, or have side conversations.

ICEBREAKER

Let's begin. We've placed name cards on the table in front of you to help us remember each other's names. Let's find out some more about each other by going around the table. Tell us your name, where you work, and how long you have been working there.

QUESTIONS

1. When you received the invitation and agreed to come to this focus group discussion, did you have a specific definition of spiritual care in mind?
2. In thinking about your patients and their families, what role does spirituality play in people's lives? Do your patients differ in this regard? If so, how? If there are any differences, what do you think they are based on (Prompts: Can you give examples/patient stories?)
3. Do you have a specific approach to performing a spiritual assessment with your patients? (Probes: Do you use any specific tools or questions? Is there a specific member of the team who does it? How did you learn/develop this? What are your barriers to conducting a spiritual assessment?)
4. What are common sources of spiritual distress that you see among your patients? (Probes: Have you noticed common themes/patterns? How do patients express it?)
5. What interventions do you use to address spiritual distress in your patients when you see it? (What has worked and what has not? Can you share examples/stories? What are the barriers to delivery of spiritual care?)
6. Do you have any thoughts about how we can address the spiritual needs of our patients more effectively?

WRAP UP

[Recap the main points of the discussion and ask for correction/confirmation.]

Does this sound like a good summary? Have we missed anything?

Thank you for your contribution to this rich conversation. In the coming few weeks we will draft a report based on this discussion which we plan to share with you and your institutions. We will also publish our findings and hope to continue this conversation in the community of palliative care providers in Lebanon and other settings so that we can develop best practices in spiritual care to our patients and families.

If you have any further questions or feedback, please reach out to Dr. Rana Yamout at ry30@aub.edu.lb.