Author's response to reviews

Title: What Do I Do? Developing a Taxonomy of Chaplaincy Activities and Interventions for Spiritual Care in Intensive Care Unit Palliative Care

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Version: 5
Date: 6 February 2015

Author's response to reviews: see over
To: Editor and Reviewers  

From: Rev. Kevin Massey  
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Thank you for your thoughtful assistance and excellent revision suggestions. Following is a listing of each revisions suggestion and its attention in the revised manuscript. Thank you for the opportunity to submit an article for BMC Palliative Care.

Author Response

Title: What Do I Do? Developing a Taxonomy of Chaplaincy Activities and Interventions for Spiritual Care in Intensive Care Unit Palliative Care

Version: 3 Date: 13 January 2015

Reviewer: Joshua M Hauser

Dear Dr. Hauser,

Thank you for your thoughtful and helpful responses and revision suggestions. Both you and Dr. Emanuel have provided suggestions that improve this article. Below please find our attention to each suggestion.

Minor Essential Revisions

p. 4 – “data taken from unique patient recorded who had at least one interaction with a hospital chaplain” – what type of data?

Revised as follows: “chaplain care data was taken from patient records (n=1126 patient encounters) that had at least one interaction with a hospital chaplain.”

p. 4 Focus groups – a little bit more detail on how focus groups were conducted – sounds like they assessed the items above but not clear how they narrowed them down, combined them, exclude them, etc.

Revised as follows: The chaplains were asked to complete four tasks based on their experiences within patient care to determine: which items could be categorized together, which items did not apply to their activities, which items were redundant and which new items should be included.

Revised as follows: Three Board Certified chaplains operating at three different though comparable acute care hospital

p. 5 Self-observation section – daily observations – a little more detail about the types of activities that were included in the list.

Revised as follows: ... made daily observations of their activities with ICU palliative care patients, their family member(s), and the ICU care team using the activity list generated in the previous steps.

p. 8 Self-observation section – “79% of the activities items were endorsed.” Not clear what endorsed means.

Revised as follows: For the interventions, 79% of the activities items were used and 100% of the items were used for methods and intended effects.

p. 9 – Content validity section – not clear how categorizations were coded as “congruent” or “incongruent”

Revised as follows: Categorizations were compared between the data collection steps and each item was coded as congruent (same categorization in experience sampling and concept mapping) and or incongruent (different categorization in experience sampling and concept mapping).

p. 10 – The Taxonomy section – “As the taxonomy emerged, we tested a variety of patterns of how to group and assemble items to represent spiritual care interactions” – not clear how these patterns were tested.

The word “test” here was meant to be something like “try out,” not as a formal testing process. Revised as follows: As the taxonomy emerged, we tried out a variety of patterns of how to group and assemble items to represent spiritual care interactions.

p. 10 - The Taxonomy section – I think this and all that follows should be the “Discussion” section of the paper.

We revised the categories of Results and Discussion in the article to reflect this suggestion.

Would also benefit from some reflection by the authors about how the specific topics of chaplaincy in the ICU is different than or the same as other domains of hospital chaplaincy.

We added this observation in the Limitations section of the article.

p. 12 – need “Limitations” section – issues such as generalizability, etc.

We added a Limitations section that addresses generalizability.
Discretionary Revisions
p. 3 copy editing: “Chaplaincy needs a unified and consistent naming set for its actions....” Would change to “Chaplains need a unified and consistent naming set for their actions and activities in order to better portray to the inter-disciplinary medical team what goals and results they strive to achieve.”

   Revised as suggested.

p. 9 – Concept mapping session – copy editing – “demographical” should be “demographic”

   Revised as suggested.

p. 11 – copy editing – Should the “The Taxonomy’s intended effects and palliative care”

   Revised as follows addressing the same concern raised by Dr. Emanuel: The Taxonomy and Palliative Care

Author Response

Title: What Do I Do? Developing a Taxonomy of Chaplaincy Activities and Interventions for Spiritual Care in Intensive Care Unit Palliative Care

Reviewer: Linda Emanuel

Dear Dr. Emanuel,

Thank you for your outstanding revision suggestions and helpful ideas. Both you and Dr. Hauser have provided guidance that improves this article. Below please find our attention to each suggestion.

P2 Are

   Revised as suggested.

P2 Say what you set out to do.

   We inserted a description of the project: “This project served to develop a standard terminology inventory for the chaplaincy field, to be called the chaplaincy taxonomy.”

P2 what inventory?
Revised as follows: taxonomy

P2 We conducted a

Revised as suggested.

P2 meaning you only asked about PC in ICUs or they mostly serve those areas or what?

We revised this sentence to include the reason for those practice areas in the project. Revised as follows: Chaplaincy activities focused primarily on palliative care in an intensive care unit setting in order to capture a broad cross section of chaplaincy activities.

P2 Need a section on findings... Eg We identified # content areas that fell into # domains. The domains were: ... We added a results section to the Abstract.

P2 meaning 'to create?' Revised as suggested.

P2 Standard terminology could improve

Revised as suggested.

P2 standard terminology

Revised as suggested.

P3 assessments,

Revised as suggested.

P3 reverse the order of these.

Revised as suggested.

P3 activities...

Revised as suggested.

P3 (actions and thought processes and however the less tangible activities might be described). Or maybe better something like 'interventions.' At some point in this part of the paper make clear that you are assessing actions with immediate therapeutic intent, not assessments or documentation or follow up etc. Excellent suggestion. This sentence was revised as follows: Chaplains perform a variety of interventions with therapeutic intent yet lack a unified and consistent naming set for these interventions which would better portray to the inter-disciplinary medical team what goals and results they strive to achieve.

P3 Omit "Numerous"
Revised as suggested.

P3 were empirically based and none

Revised as suggested.

P3 cite a call for this or omit the word 'identified'

We added a citation that called for research based definitions of what chaplains do.

P3 This was

Revised as suggested.

P3 what were the exceptions and why?

We deleted the word “principally” as there were no exceptions in the clinical care setting. We added a clarification of the methods conducted in non-clinical settings to read as follows: and through qualitative steps involving groups of chaplains.

P3 belongs in the discussion

Excellent suggestion. Revised as suggested and moved to discussion section.

P3 Belongs in results section

Revised as suggested and moved to the results section.

P3 belongs in discussion section

Revised as suggested and moved to the discussion section.

P4 team members?

Revised as suggested.

P4 explain that you used a foundation inventory and why. Start with this, then say how you identified the 4 published inventories - a literature review identified them as the only ones meeting criteria or what?

Revised as follows: Four published inventories of chaplain activities were reviewed by team members. The review criteria for inclusion included being published and employing research methodology. These inventories were judged by the team members to be the best previous efforts preceding this project. The team incorporated these inventories into a collective initial inventory.

P4 Unique: meaning one admission or what?

We deleted the word “unique.” Passage now reads: In the retrospective chart review phase, chaplain care data was taken from patient records (n = 1126 patient encounters) that had at least one interaction with a hospital chaplain and were also seen in the Intensive Care Unit (ICU).
P4 Who - grammar...the record didn't have an interaction with the chaplain...

Corrected to “that.”

P4 Is this an inclusion criterion...used at what point?

We added an explanatory sentence which reads: ). These DRGs were used in this step at the suggestion of the palliative care physician on our team to encompass patients mirroring the palliative care and ICU context that would follow in later steps.

P4 were asked,

Revised as suggested.

P4 to:

We revised this passage to read as follows: . The chaplains were asked to complete four tasks based on their experiences within patient care to determine: which items could be categorized together, which items did not apply to their activities, which items were redundant and which new items should be included.

P4 were they asked to do the same or what was the purpose of these interviews?

Revised as follows: Additionally, eight key informant interviews approximating the focus group experience were conducted with chaplains in administrative positions.

P4 Since this is an unusual use of the term, say what you mean by it. That the taxonomic item fits with the activity in the opinion of practicing chaplains?

Revised as follows: Self-observation and experience sampling methodology not defined. Error! Bookmark not defined. was used to determine that we were creating a taxonomy that accurately reflected chaplain activities.

P5 How? What were the surveys, how constructed, how collected, looking for what data?

The word survey was erroneously used in the earlier draft, we meant a use of an “electronic collection tool,” revised accordingly.

P5 apostrophe needed

Revised from “Chaplains self-selected activities” to read as follows: Each chaplain self-selected activities

P5 See above Electronic Survey

Revised as above.

P5 recording...don't use the term activity or it will sound like the clinical activity not the recording

Revised as suggested.

P5 Identify. How? Mobile device? Drop down menu?
Revised as follows: “to identify on the electronic tracking tool.”

P5 period

Revised as suggested.

P5 new term. define.

Revised from “activity item” to read as follows: “activities.”

P5 how were the categories arrived at?

Following the excellent suggestion on pg. 10, we added an earlier passage that described how the categories were arrived at on pp 3-4 that reads as follows: As the initial items were emerging from the literature review and the retrospective chart review, the chaplain researchers perceived three categories of “granularity” to the items. Some items were very specific concrete actions. Some items were more like goals or outcomes. Some items seemed like something in between concrete items and goals, more like methods. As the study progressed and as is seen in the results, we began grouping the items into these three categories, which we named “interventions” for concrete items, “intended effects” for goals and outcomes, and “methods. These categories were later validated by the concept mapping phase described below.

P6 meaning what - a patient quote given or something?

This suggestion reminded us that the term “verbatim” is one used as a technical term in chaplaincy not understood in other fields. We revised this passage to read as follows: Vignettes of chaplain activities portraying the care of patients, family member(s), and care team were created from real-life chaplain examples.

P6 I thought this was about taxonomic items. SCP is a new term. Please explain.

As with the suggestion on p 10, we defined this term as follows: A SCP is an assembly of an intended effect, method, and intervention encompassing spiritual care provided.

P6 Descriptive analysis: Not sure what you mean by this

Treated in next comment.

P6 How were these information sets recorded that they lend to numerical data?

Revised as follows: “Counts and percentages were used for the patient chart review, chaplain focus group, self-observation and experience sampling data, and the concept map Likert-type ratings of frequency of use and importance are displayed as means with standard deviations.”

P6 Correct “ ;”

Revised as suggested.

P7 Results are usually separated from Discussion. I suggest you stay with that norm.

We revised to include separate Results and Discussion sections.
P7 this is the first mention of 7 phases. Describe in the methods section.

    We deleted the mention of 7 phases. The methods are described in the methods section.

P7 This reference to Figure 1 belongs in Methods.

    We moved the Figure to the Methods section.

P7 Can't see figure but if these are numbers of participants etc. don't call them results. If they are results don't put them in Fig 1 which should be only about the research flow.

    The figure description, moved to the methods section, revised to read: Figure 1 provides a high level view of the methods process.

P7 different and distinct? How many overlapping items were discarded if any?

    We added a clarifying sentence to this passage which reads: Apparent redundancies were purposely retained in the literature review and retrospective chart review stages to allow later stages to express chaplain preferences.

P7 same question...how many existing items were found and how many were distinct and different?

    Clarified above.

P7 this implies that items were included that were not chaplaincy interventions...need more explanation...are chaplains doing nursing tasks too or is there some other reason non chaplain items were in there?

    This passage was revised from "session two identified the most items as chaplain interventions n = 245. to "session two identified the most items as chaplain specific interventions (n = 245).

P8 apostrophe

    Revised to: Each chaplain

P8 grammar needs fixing.

    Revised to: Each chaplain self-selected activities (n = 646 chaplain activities) performed throughout their work shift (Table 2).

P8 Is this the same as the first method?

    We treat in the Limitations section that there are items on the taxonomy that are probably redundant, despite the methodological process that produced the taxonomy. The Limitations section indicates that later study and use of the taxonomy by chaplains in practice will address probably redundancies and gaps.

P8 How do the 244 data points demonstrate this and what is the significance of 3 chaplains?

    See p 8 revision statement below.
P8 meaning recordings?

See p 8 revision statement below.

P8 meaning that the content of the recordings grouped into these three categories in these proportions? Were there other categories?

See p 8 revision statement below.

P8 explain how these numbers were arrived at; since they don't add too 100% its confusing.

The above suggestions all pointed us to this section as needing significant rewriting. The whole passage was revised as follows: Three chaplains provided 244 data points accounting for their chaplaincy and non-chaplaincy activities. Analysis of the data showed that chaplains spent 56% of their time on administrative, documentation, or personal time and 44% of their time providing spiritual care. Of this 44% of time spent on spiritual care, 42% of the time was spent with patients, 36% with a family member, and 43% spent with the care team.

P9 how does this jive with the ICU setting if some were not even hospital chaplains?

We added in to the Limitations section a discussion of generalizability in which the question is raised whether the taxonomy can be generalized for all chaplain work because the clinical work studied was purposely in ICU and palliative care, while some steps, such as the Focus Groups and the Concept Mapping included chaplains whose work concentrates in other areas. It is a limitation that will be addressed by further study.

P9 grammar

Corrected with deletion of “were”

P9 explain what these are

Definition of chaplain residents added to text.

P9 above noted interrater

Revised as suggested.

P9 why one outside? How were participants selected in general...convenience sample is ok but describe.

Revised as follows: plus one hospital within the region from a different health care system to increase sample diversity.

P9 All 65 vignettes different?

The original passage was very unclear, revised as follows: Fifty different vignettes from actual chaplaincy encounters with an associated correct response were used during each session. Fifteen practice vignettes were used to familiarize participants with intended effects, methods and interventions used to describe why and how a chaplain performed an activity. Thirty five different vignettes were used for the inter-rater reliability assessment.
P10 had

Revised as suggested.

P10 Did you pick this number or arrive at it by coincidence?

The number 100 arrived coincidentally, and as the limitations section indicates the likely gaps and redundancies in the taxonomy, future versions will no doubt change this number. The passage was revised to reflect the coincidental nature of the number to read as follows: Following the completion of all the generation, evaluation, and validation steps, the resulting taxonomy consisted of 100 items, presented in Table 4.

P10 This is so helpful...move it up or at least x reference to this section when you first describe these 3 categories. More descriptions like this of how order emerged from your process would help.

As noted above, this section was moved up to earlier in the article.

P10 Ahh...ditto. This is so helpful. Move it up or add a description of how this emerged when you first mention the SCP above.

As noted above, this description was improved in the passage earlier in the article.

P10-11 Now I’m confused again. It seemed you were studying interventions not assessments...If so, just add a statement here that components of this assessment was not the subject of study here.

Revised as follows: A pathway or pathways make up a Spiritual Care Plan which is developed in response to the identified spiritual care needs surfaced in a Spiritual Assessment. A variety of methods of Spiritual Assessment are current, which were out of the scope of our study.

P11 How did these emerge? Group or one person's impression? Some other process?

See p11 revisions below

P11 Fix the grammar.

It's unexpected that you identify pathways as well as a taxonomy. Set the stage for this as an intended study outcome earlier, or omit and put in another paper or short report.

While the taxonomy project set out to create a taxonomy, the process of trying the taxonomy tool out has naturally moved to considering items in relation to each other, rather than in isolation, thus the emphasis on pathways was strong among chaplains as the categories of intended effect, method, and intervention emerged from the earliest steps. We have added language strengthening this insight, and revised these passages as follows: Chaplains in our organization have found it more natural to assemble items and create pathways than to think about individual items in isolation. Chaplains in our organization have discussed assembling care plans of intended effects, methods, and interventions to match the spiritual care needs of particular patient populations. Some of these pathways common to palliative care of interest to readers of this journal include:

P11 Only intended effects? Not methods or interventions.

Fix the grammar

Revised to: The Taxonomy and Palliative Care.
P12 Consider adding a discussion section and add limitations of the study etc.

    We created separate sections for Results, Discussion, and Limitations.

New Citations added in revisions
