



The ©FICA Spiritual History Tool

A Guide for Spiritual Assessment in Clinical Settings





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Message From the GWish Executive Director:

The ©FICA Spiritual History Tool is a communication tool used as part of the clinical interview by clinicians who assess and develop treatment plans for patients. The goal of taking a spiritual history is to identify spiritual distress, learn about spiritual resources, and to invite patients to share what gives them meaning and purpose.

Developed for physicians, advance practice nurses, physician assistants, social workers, psychologists, and other clinicians, the FICA questions are integrated into the personal or social history at new-patient visits, updated annually, and addressed in follow-up visits when the patient is experiencing distress. The ©FICA Spiritual History Tool should also be used in acute visits where spiritual issues may be present, such as when bad news is being delivered, or for exploring what types of spiritual resources might help a patient cope.

The ©FICA Spiritual History Tool creates space for patients to share more deeply about their suffering, which gives the clinician the opportunity to practice deep listening and presence. This tool is widely used in a variety of clinical settings and has also been integrated into many electronic health records.

Sincerely,
Christina Puchalski, MD, FACP, FAAHPM, GWish Founder
and Executive Director



Introduction

Simple yet powerful, the ©FICA Spiritual History Tool offers a step-by-step guide to help you gather information about a patient's spiritual history and preferences. Having a conversation about spirituality early in the relationship demonstrates to patients and their families that you are prepared to walk beside them on their health journey—particularly through acute illness or end-of-life.

The guided questions are presented in the following sequence:

F. Faith, Belief, Meaning: Determine whether or not the patient identifies with a particular belief system or spirituality at all.

I. Importance and Influence: Understand the importance of spirituality in the patient's life and the influence on healthcare decisions.

C. Community: Find out if the patient is part of a spiritual community, or if they rely on their community for support.

A. Address/Action in Care: Learn how to address spiritual issues with regards to caring for the patient.

The ©FICA Spiritual History Tool can be used during new-patient visits, annual exams, or at follow-up visits when appropriate.



©FICA Spiritual History Tool Guided Conversation*

Spiritual histories are taken as part of the regular history during an annual exam or new patient visit, but they also can be taken as part of follow-up visits, as appropriate. The acronym FICA can help to structure questions for healthcare professionals who are taking a spiritual history to learn more about a patient's spirituality and meaning, but also may help identify spiritual distress and resources of strength. The ©FICA Spiritual History Tool is not a checklist, but rather serves as a guide for conversations in clinical settings.

Using the FICA acronym as a guide, the following questions will help you cover a broad range of spiritual preferences in a short period of time.

* Adapted from: Puchalski, C., & Romer, A. L. (2000). Taking a spiritual history allows clinicians to understand patients more fully. *Journal of palliative medicine*, 3(1), 129-137.



©FICA Spiritual History Tool Guided Conversation (Cont'd.)

F – Faith, Belief, Meaning

“Do you consider yourself to be spiritual?” or “Is spirituality something important to you?”

“Do you have spiritual beliefs, practices, or values that help you to cope with stress, difficult times, or what you are going through right now?”

(Contextualize question to reason for visit if it is not the routine history.)

“What gives your life meaning?” *(The question of meaning should be asked regardless of whether the patient answered “yes” or “no” about spirituality. Sometimes patients respond to the meaning question with answers involving family, career, or nature.)*

I – Importance and Influence

“What importance does spirituality have in your life?” *(For people not identifying with spiritual ask about the importance of their sources of meaning)*

“Has your spirituality *(or sources of meaning)* influenced how you take care of yourself, particularly regarding your health?”

“Does your spirituality affect your healthcare decision making? *(Answers to these questions may provide insight regarding treatment plans, advance directives, etc.)*



©FICA Spiritual History Tool Guided Conversation (Cont'd.)

C – Community

“Are you part of a spiritual community?”

“Is your community of support to you and how?” For people who don’t identify with a community consider asking: “Is there a group of people you really love or who are important to you?”

(Communities such as churches, temples, mosques, family, groups of like-minded friends, or yoga or similar groups can serve as strong support systems for some patients.)

A - Address/Action in Care

“How would you like me, as your healthcare provider, to address spiritual issues in your healthcare?”

(With newer models, including the diagnosis of spiritual distress, “A” also refers to the “Assessment and Plan” for patient spiritual distress, needs and or resources within a treatment or care plan.)



©FICA Spiritual History Tool Cards

While the questions in the ©FICA Spiritual History Tool are brief and straightforward, we recognize that healthcare providers have a lot to cover in each patient visit. Because of this, we have prepared a ‘cheat sheet’ for you.

In a convenient 2”x 4” pocket size, our FICA cards offer a condensed version of the ©FICA Spiritual History Tool. By using this card as a guide, it will be easier for you complete the assessment in a manageable period of time.

[ORDER FICA CARDS](#)



Additional Recommendations for Using the ©FICA Spiritual History Tool

The ©FICA Spiritual History Tool can be used during new-patient visits, annual exams, or at follow-up visits when appropriate. When taking a patient's spiritual history, it's important to adhere to the following:

1. Regard spirituality as a potentially important component of every patient's physical well being and mental health.
2. Address spirituality at each complete physical examination and continue addressing it at follow-up visits if appropriate. In patient care, spirituality is an ongoing issue.
3. If a patient presents with distress, the clinician should always assess for psycho-social and spiritual distress as well as physical.
4. Respect a patient's privacy regarding spiritual beliefs; don't impose your beliefs on others.
5. Make referrals to chaplains, spiritual directors, or community resources as appropriate.
6. Be aware that your own spiritual beliefs will help you personally and will overflow in your encounters with those for whom you care to make the doctor-patient encounter a more humanistic one.



About The George Washington Institute for Spirituality & Health (GWish)

Established in 2001, GWish quickly adopted a leadership role in the field of spirituality and health. Conducting research, educating practitioners, and impacting healthcare policy worldwide, GWish frequently collaborates with religious, spiritual, and health organizations to create more compassionate healthcare systems around the globe.

Under the direction of Founder and Executive Director Christina M. Puchalski, MD, FACP, FAAHPM, GWish has created widespread awareness about the profound impact of introducing spiritual care into provider/patient relationships. Patients and their families experience significant relief from spiritual and emotional distress in times of acute illness or end-of-life, and providers discover renewed meaning and purpose in their work.

To learn more about GWish, visit our [website](#) or contact Cherron Gardner-Thomas at cgthomas2@email.gwu.edu.