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Integrating Spiritual Care within Palliative Care: An Overview of Nine Demonstration Projects

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Background

SPIRITUAL CARE is an essential domain of quality palliative care as determined by the National Consensus Project for Quality Palliative Care (NCP, 2009)¹ and the National Quality Forum (NQF).² Studies have consistently indicated the desire of patients with serious illness and end-of-life concerns to have spirituality included in their care.³⁻⁷ While there is an emerging scholarly body of literature to support the inclusion of spiritual care as part of a biopsychosocial-spiritual approach to health care,^{8,9} palliative care programs lack empirical guidance needed to effectively integrate best spiritual care practices.

Palliative Care Guidelines and Preferred Practices

The first clinical practice guidelines for palliative care were released in 2004 by the NCP.¹⁰ The guidelines were revised and a second edition was published in 2009.¹ These guidelines are applicable to specialist-level palliative care (as with palliative care teams) delivered in a wide range of treatment settings and by providers in primary treatment settings where palliative approaches are integrated into daily clinical practice (for example with, oncology, critical care, long-term care). The guidelines address eight domains of care: structure and processes; physical aspects; psychological and psychiatric aspects; social aspects; spiritual, religious, and existential aspects; cultural aspects; imminent death; and ethical and legal aspects.¹ Using the eight NCP domains for its framework structure, the NQF identified 38 preferred practices to operationalize these guidelines and to set the foundation for future measurement of the outcomes of care. These practices are evidence-based or have been endorsed through expert opinion and solidify the importance of spirituality as an integral domain in palliative care.

Summary of 2009 Spirituality Consensus Conference

The NCP Guidelines and NQF Preferred Practices served as the foundation for the recommendations for a Consensus Conference funded by the Archstone Foundation.¹¹ The goal

of the 2009 Consensus Conference was to identify points of agreement about spirituality as it applies to health care and to make more clinically specific recommendations to advance the delivery of quality spiritual care in palliative care.

Seven evidence-based categories of spiritual care (spiritual assessment, spiritual care models, spiritual treatment plans/care plans, interprofessional team training, quality improvement, personal and professional development, and training/certification) were identified and provided the overall framework for the Consensus Conference. Forty national thought-leaders representing spiritual care and/or palliative care across a wide variety of disciplines and backgrounds participated in a facilitated two-day intensive meeting. The goal was to develop a series of clinically useful recommendations to provide palliative care that better integrates spiritual care into the delivery of whole-person clinical care. A key outcome of the Consensus Conference was the development of a definition of spirituality:

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.¹¹

Based on the position that palliative care encompasses all patients from the time of diagnosis forward, the principles in this Consensus Conference are applicable to all patients with a serious or life-threatening illness. The practical recommendations proposed from this Consensus Conference are designed for patients in palliative, hospice, hospital, long-term, and other clinical settings.

Utilizing the Consensus Conference recommendations, clinical sites are encouraged to integrate spiritual care models into their programs, develop interprofessional training programs, engage community clergy and spiritual leaders in the care of patients and families, promote professional development that incorporates a biopsychosocial-spiritual practice model, and develop accountability measures to ensure that spiritual care is fully integrated into the care of patients. An expanded description of the Consensus Conference recommendations is available in the book *Making Health Care Whole: Integrating Spirituality into Patient Care*.¹²

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Next Steps: Archstone Foundation Funded Nine Demonstration Projects to Integrate Spiritual Care into Palliative Care

The investigative team (the authors) realized the need to support demonstration projects that model the implementation of these recommendations for other programs to replicate. A request for proposals (RFP) was issued by the Archstone Foundation in early 2010, offering \$200,000 in grant support (per site) for this two-year project. A multiprofessional scientific review committee was assembled with expertise in spirituality and palliative care. Each site's proposal was evaluated based on its plans to develop a model of spiritual care that included the systematic screening and assessment of patients' spiritual issues, the integration of patient spirituality into the treatment plan with appropriate follow-up, and a plan for ongoing quality improvement. Marketing of the RFP targeted southern California hospitals with a palliative care program. Nineteen proposals were received and peer reviewed in the competitive application process with nine hospitals selected for funding. Key target areas were selected as priorities from the Consensus Conference's recommendations as critical for the full integration of spiritual care into palliative care. Additionally, applicants were asked to address the implementation of these target areas through a commitment to interprofessional care (that includes board-certified chaplains on the care team), professional education and development of programs, and adoption of these recommendations into clinical site policies. In recognition that clinical staff may lack competencies as institutional change agents, this project identified several strategies to support the selected sites in their development of meaningful and sustainable culture change.

Selected sites, shown in Table 1, intentionally represent a broad range of palliative care programs (including two large public hospitals, an urban academic medical center, a comprehensive cancer center, a Veterans Administration hospital, and several community hospitals). These palliative care programs range from relatively new to well established and vary regarding the number of patients, services and resources available, as well as the structure and staffing of their palliative care programs. Sites were selected that had identified a strong commitment to create meaningful and sustainable improvements in their integration of spirituality into the delivery of palliative care. Sites articulated strategies to leverage these pilot improvements throughout their wider medical care systems.

Each site identified several key goals and objectives to be achieved with the resources from the grant. Several sites used grant resources to increase the number of staff devoted to the provision of spiritual care within their palliative care services. Other common goals included attention to staff education and training with programs developing curriculum and pathways for screening, history, and assessment. Adopting and implementing the use of established spirituality tools and models were also shared goals among the sites.

Documentation of spiritual care interventions varies greatly, with some programs having a standardized template for spiritual care screening in an electronic medical record, while other programs have a history of minimal documentation in handwritten progress notes indicating only that a spiritual care visit occurred. These variances provide a real-world reflection of the challenges inherent in standardizing best practices for the delivery of spiritual care.

Demonstration Project Structure and Roles

In 2010, a partnership was formed between the Archstone Foundation (as the funder), the City of Hope Medical Center located in Duarte, California (as the convening center), Vital Research (as the evaluation center), and the nine funded hospitals. The convening center coordinates the work of the demonstration sites and arranges monthly support phone calls with the sites, coordinates biannual in-person convening meetings, and provides additional expertise and mentorship support. A site mentor (a social worker with expertise in institutional change projects) visits each hospital program twice a year offering on-site consultation, education, and support. Mentoring site visits include grand rounds presentations, review of staff training plans, and consultation regarding implementation plans. Sites share concerns regarding sustainable change activities, addressing resistance, and effectively changing the culture of care within their institutions. These site visits assist the sites in demonstrating the effectiveness of their programs through quality improvement metrics that provide data in support of their sustainability plans.

Another critical role of the convening center is to act as a liaison among the sites and assist in identifying shared concerns and in sharing common tools, as shown in Table 2, for site-recommended resources to improve the delivery of spiritual care). Sites participate in monthly 90-minute phone calls that offer 45 minutes devoted to an educational topic determined by the sites (for example, a discussion regarding the selection of spiritual care screening tools, history and assessment tools, or interprofessional spirituality education for staff) and 45 minutes to operational issues, such as the evaluation process or institutional review board (IRB) issues. Sites voice appreciation for these opportunities to build community, as many palliative care chaplains work in relative isolation.

Christina Puchalski, MD of the George Washington Institute for Spirituality and Health (GWish), is the spiritual care consultant for the study, offering her experience and acting as a liaison to the GWish website (<http://www.gwish.org/>) which provides a wealth of spiritual care resources for the sites as they advance their programs. Additionally, the *Spirituality and Health Online Education and Resource Center* (SOERCE) offers an online location for educational and clinical resources in the fields of spirituality, religion, and health. The SOERCE site (<http://www.gwumc.edu/gwish/soerce/>) also provides a rich repository of spirituality materials developed by the demonstration programs.

Vital Research is the evaluation center of the program. Vital Research has a national reputation for quality evaluation research and provides the expertise and structure for the study metrics. In coordination with the program sites, Vital Research developed a series of tools to collect baseline and follow-up information from palliative care patients and staff regarding each program's provision of spiritual care services.

Vital Research is also responsible for the multi-site evaluation research framework and conducts the formative evaluation, process measures, and outcome measures from each of the sites. There is an extensive evaluation component to this study, with data collected quarterly regarding the process and outcomes of the program's efforts. Additionally, there is feedback collected following each monthly conference call and at the convening meetings. Representatives from Vital Research meet individually with each site to revise and clarify

TABLE 1. DEMONSTRATION SITE PROJECTS

<i>Site name</i>	<i>Site description</i>	<i>Project team</i>	<i>Site goals</i>
Cedars-Sinai Medical Center	956-bed full-service urban academic medical center	Susan Stone, MD, MPH Deane Wolcott, MD Denise LaChance, MDiv Christina Shu, MDiv	<ul style="list-style-type: none"> • Establish organized structure to systematically integrate spiritual care into palliative care • Pilot spiritual care educational and quality-improvement plan (using standardized screening and assessment tools and processes) on four nursing units • Enhance palliative care service and social workers' capabilities to assess spiritual needs for patients and families • Collaborate with Vital Research in the evaluation process • Build a sustainable model that can be adapted for other units and settings
City of Hope	212-bed urban specialty hospital and NCCN-designated comprehensive cancer center serving a diverse oncology population	Jay Thomas, MD, PhD Cassie McCarty, MDiv, BCC Terry Irish, DMin, BCC Nellie Garcia, LCSW, MSG Shannon R. Poppito, PhD	<ul style="list-style-type: none"> • Create systemwide and systematic integration of spiritual care for all patients • Inpatients: Psychosocial-spiritual assessment by social worker within 72 hours (chaplains and existential psychologist develop training curriculum to prepare social workers to accomplish this task) • Outpatients: Use of "SupportScreen" (touch-screen technology) to systematically assess spiritual suffering. • Design a clinical trial to optimize the questions needed to assess spiritual suffering
Keck School of Medicine University of Southern California - Los Angeles County	600-bed safety net hospital serving primarily an under-resourced diverse population	Pamelyn Close, MD, MPH Chris Ponnet, MT, MDiv Rambhoru Dasi Brinkman, MDiv, MS Sarah Nichols, MDiv Donald Gabard, PhD	<ul style="list-style-type: none"> • Adapt and implement a new model ("Sacred Art of Living and Dying") of spiritual assessment and care • Expand Palliative Care chaplaincy participation (within and outside of team) • Institute consistent spiritual screening, assessment, and treatment planning for our patients • Seek environmental change with installation of the "Continuous Ambient Relaxation Environment" (C.A.R.E.) Channel programming in patient care areas throughout hospital • Develop and initiate "By Your Side: End-of-Life Vigil Companion Volunteers Program" for patients dying without adequate family support • Provide "whole patient" end-of-life education to medical teams (nurses, NPs, MDs, etc.) providing care for patients with long-term admissions throughout institution • Develop program to support medical residents in developing sustainable "self-care" plans • Evaluate the spiritual care experiences and outcomes of patients, families, and staff for the above initiatives • Financial sustainability for new services/components of care • Cultural Diversity/Linguistics: Include interpreter team members in education events

(continued)

TABLE 1. (CONTINUED)

Site name	Site description	Project team	Site goals
Palomar Pomerado North County Health Development, Escondido, CA, North San Diego County.	319-bed public hospital. A member of the Palomar-Pomerado Health Care System covering 850-square-mile area. The hospital provides a full spectrum of health and trauma services for a diverse population	Catherine Konyrn, RN, MSN, CCRN, ANP- BC, CNS Donelle Daly, MSW, ACSW Thomas Webb, ThM, BCC Zennia Ceniza, RN, CCRN, MA, ACNP-BC Victor Kovner, MD Kathleen Stacy, PhD, RN, CNS Brenda Fischer, RN, PhD, MBA, CPHQ	<ul style="list-style-type: none"> • Implement a model of spiritual care in the medical-surgical intensive care units • Develop and implement a spiritual care screening tool and educate social workers to collect spiritual histories and create chaplaincy referral guidelines for patients requiring a full spiritual assessment • Develop spiritual treatment plans/algorithms • Integrate nurse practitioner, medical social worker, and board-certified chaplain into transdisciplinary rounds • Participate in community learning opportunities • Comply with reporting and evaluation responsibilities
Saint John's Regional Medical Center	2 campuses: 279 acute care community serving urban and rural population. For 60% of the population, English is not the first language. 129-bed facility; 30 are sub-acute beds servicing ventilator-dependent patients	Suzanne Krawczyk, RN, BSN, CHPN Calin Tamiian, BCC Angie James, BSN, RN- BC, CHPN Rose Hernandez, LCSW, MSW Cathy Dorsey, MSW Sahin Yanik, MD Jascot Kaur, MD Christina Fernandez, JD, BCC Caroline Troupe, LCSW Eugene Fussell, LCSW George West, MA, JD, BCC	<ul style="list-style-type: none"> • Hire a bilingual, bicultural board-certified palliative care chaplain and integrate this role into patients' care • Hire an administrative assistant to assist with grant goals • Educate staff regarding importance of addressing spirituality and life-meaning concerns of patients • Implement plan to have "Spiritual Care as the 6th Vital Sign" (with standardized screening, history, and assessment tools) • Reconstitute weekly palliative care team rounds that highlight spiritual care • Develop quality improvement metrics and a business plan to maintain sustainability of project • Develop relationships with local community resources to continue spiritual care plan upon discharge
Saint Joseph Hospital of Orange	419-bed comprehensive nonprofit community hospital serving a diverse population	Marie Polhamus, MPC, NACC Susan DeLongis, MPS, BCC Bijal Mistry, MSHSA Sharon Luker Brian Boyd, MD Melvin Sterling, MD Joseph Preston, MD Roger Chang, MD Rosemary Le, RN, MSN, NP-C Margaret Delmastro, RN, MSN, NCC-C Beth Bull, RN, BSN Trish Cruz, RN, BSN, PHN Suzanne Engelder, LCSW Larry Haltern Thomas Murphy, MBA	<ul style="list-style-type: none"> • Recruit and hire board-certified chaplain • Develop and implement a spiritual screening tool • Develop a standardized process for completing a spiritual history and assessment • Educate the palliative care team, other hospital staff, clinical pastoral education students, and community partners (develop curriculum for mandatory e-learning: spiritual component of palliative care) • Analyze data from patient, family, and staff surveys to determine best strategy to move program forward • Develop a business plan • Present plan to stakeholders
Scripps Memorial Hospital Encinitas	148-bed nonprofit community-based acute care hospital. SMHE is one of five hospitals in the Scripps Health System	Denniel Witkowski, RN, BSN, MSN Jason Cook, MHA	<ul style="list-style-type: none"> • Develop a spiritual care model that includes processes, protocols, and documentation to support integration of spirituality into patient care and that adds a dedicated social worker to the palliative care service

(continued)

TABLE 1. (CONTINUED)

<i>Site name</i>	<i>Site description</i>	<i>Project team</i>	<i>Site goals</i>
Santa Monica-University of California, Los Angeles. Medical Center & Orthopedic Hospital	315-bed urban academic community hospital that serves the greater west side of Los Angeles with a 22-bed ICU and over 13,000 annual hospital discharges affiliated with the UCLA David Geffen School of Medicine	Chuck Butler, MA, BCC Janet Hart, RN, BA Matt Contonis, HCMBA Tim Corbin, MD, BC PC Bruce A. Ferrell, MD Pamela Lazor, MDiv Ruth Clayton, MDiv David Wallenstein, MD Jeannie Meyer, RN, MSN, CCRN, CCNS, PCCN, ACHPN David Wallenstein, MD Diana Ramirez Weijuan Han, MSPH	<ul style="list-style-type: none"> • Develop innovative spiritual screening, assessment, and history tool (V.O.I.C.E.) for use to develop a comprehensive spiritual treatment plan • Increase board-certified chaplaincy hours and increase usage of local volunteer chaplaincy outreach network • Develop a quality improvement plan to measure program impact • Educate staff regarding importance of integrating spiritual care into patient care • Establish standardized screening, history, and assessment and spiritual care medical record progress notes • Establish a process for an interdisciplinary spiritual care plan • Implement spiritual care discharge plans and community referrals • Incorporate quality improvement plans for spiritual care in the palliative care program • Enhance palliative care team members' and trainees' knowledge and skills in spiritual care • Provide hospital-wide in-service education programs on spiritual care • Develop a plan for sustainability of project post-grant
Veteran's Administration of Greater Los Angeles	Includes a 328-bed inpatient facility, 296- bed nursing home care unit, and an extensive system of outpatient clinics and in-home services that provide comprehensive care to over 80,000 veterans annually from a wide geographic area (up to 200 miles radius) around the system's hub in West Los Angeles.	Kenneth Rosenfeld, MD Geoffrey Tyrrell, DMin M. Jillisa Steckart, MEd, PsyD Sarabeth Winn, BSME, MPP	<ul style="list-style-type: none"> • Develop a conceptually-driven spiritual treatment model • Develop electronic medical record-based documentation with incorporation of standardized tools for spiritual screening, assessment, and history-taking • Dissemination of spiritual care model to national VA facilities across the VA system • Develop, implement, and evaluate a spiritual self-care plan for all palliative care providers (with team activities such as retreats and monthly process groups) • Implement a sustainability plan

TABLE 2. SITE-RECOMMENDED RESOURCES TO IMPROVE SPIRITUAL CARE

WEBSITES
<p>http://www.gwish.org The George Washington Institute for Spirituality and Health (GWish) is a leading resource for education and clinical issues related to spirituality and health.</p>
<p>http://www.gwumc.edu/gwish/soerce The Spirituality and Health Online Education and Resource Center (SOERCE) is a resource for educational and clinical resources in the fields of spirituality, religion, and health.</p>
<p>http://prc.coh.org City of Hope Pain & Palliative Care Resource Center (PRC) contains hundreds of resources on pain & palliative care including a dedicated section on spirituality and health.</p>
<p>http://endlink.lurie.northwestern.edu EndLink: Resource for End of Life Care Education was developed as an educational resource for people involved in end-of-life care. The material presented on the site encompasses the complex, multidimensional considerations involved in caring for individuals at the end of life.</p>
<p>http://growthhouse.org Growth House, Inc. seeks to improve the quality of compassionate care for people who are dying through public education and global professional collaboration.</p>
<p>http://hospiscript.com Hospiscript provides continuing educational resources to improve quality patient care.</p>
<p>http://journeyofhearts.org A Journey of Hearts seeks to be a healing place in cyberspace created by a physician who combines medicine, psychiatry, poetry, prose, and images to provide resources and support.</p>
<p>http://www.sacredartofliving.org The Sacred Art of Living and Dying (SALD) programs assist caregivers in reconnecting the “soul and role” of their professional and personal lives through an exploration into the nature of and interrelationships among all the dimensions of human health and suffering – physical, emotional, and psycho-spiritual.</p>
<p>http://nhpco.org/templates/1/homepage.cfm The National Hospice and Palliative Care Organization (NHPCO) is committed to improving end-of-life care and expanding access to hospice care with the goal of profoundly enhancing quality of life for people dying in America and their loved ones.</p>
<p>http://www.capc.org The Center to Advance Palliative Care (CAPC) is a leading resource for palliative care program development and growth with access to essential palliative care tools, education, resources, and training for health care professionals.</p>
<p>http://www.csh.umn.edu The University of Minnesota’s Center for Spirituality & Healing seeks to enrich health and well-being by providing quality interdisciplinary education, conducting rigorous research, and delivering innovative programs that advance integrative health and healing.</p>
<p>http://www.acperesearch.net The Association for Clinical Pastoral Education (ACPE) Research Network seeks to foster connections among members interested in research and raise awareness about published research (e.g., in the health care literature and the education literature) related to spirituality, pastoral care, and clinical pastoral education (CPE).</p>
<p>http://palliativecare.org.au/Default.aspx?tabid=1743 The Multidisciplinary Training Program for Spiritual Care in Palliative Care is a web-based module developed by a team from the University of Queensland and presented in partnership with Palliative Care Australia.</p>
<p>http://www.spiritualityandhealth.ufl.edu The mission of the Center for Spirituality and Health is to pursue research and provide curriculum at the interface of spirituality and the health sciences.</p>
<p>http://www.hopkinsmedicine.org/pastoralcare/institute_of_spirituality_and_medicine Institute for Spirituality and Medicine at Johns Hopkins Medicine educates medical students, scientists, health care professionals, and the public. For nearly 60 years, Johns Hopkins Medicine has been hosting an annual conference on ministering to the physical and spiritual needs of patients.</p>
<p>http://www.hospicefoundation.org/2011program Hospice Foundation of America conducts programs of professional development, public education and information, research, publications, and health policy issues, many with a spirituality focus. The programs for health care professionals assist those who cope either personally or professionally with terminal illness, death, and the process of grief, and are offered on a national or regional basis.</p>

(continued)

TABLE 2. (CONTINUED)

WEBSITES (CONTINUED)

http://www.transculturalcare.net/Cultural_Competence_Model.htm

Transcultural C.A.R.E. Associates is a private organization providing keynote presentations, workshops, seminars, consultations, and training focusing on clinical, administrative, research, and educational issues related to cultural competence, transcultural health care, & mental health.

<https://www.professionalchaplains.org>

The Association of Professional Chaplains Web is a multifaith nonprofit organization of chaplaincy care providers endorsed by faith groups to serve persons in need, respecting their individual cultures and beliefs, in diverse settings throughout the world.

<http://www.spiritualityandhealth.duke.edu>

The Duke Center for Spirituality, Theology and Health is focused on conducting research, training others to conduct research, and promoting scholarly field-building activities related to religion, spirituality, and health. The Center serves as a clearinghouse, and seeks to support and encourage dialogue between researchers, clinicians, theologians, clergy, and others interested in the intersection of spirituality and health.

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(continued)

TABLE 2. (CONTINUED)

RECOMMENDED RESOURCES (CONTINUED)

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study objectives and review the evaluation methodology and reporting processes. Vital Research is also responsible for the management of a customizable, collaborative web-based application ("Onehub") that is used to share drafts of site-developed materials and related spirituality resources.

Each site sends program representatives to the biannual convening meetings that are held in a central location. These periodic meetings provide rich opportunities for networking and sharing of strategies to develop best practices in integrating spiritual care into palliative care. In the first convening meeting, held in November 2010, the sites each provided a brief overview of their palliative care program and their staffing concerns (many expanded the number of board-certified chaplains on their team), and shared an overview of their project goals. There was an educational session regarding the recommendations of the Spirituality Consensus Conference as well as information regarding evidence-based spirituality tools and resources.

The agenda for each conference call and in-person meeting is driven from feedback from the participants. The second convening meeting, held in May 2011, provided sites an opportunity to highlight the progress that they have made on their goals and strategize with other teams regarding additional areas in which they need assistance. The third meeting, held in December 2011, again provided networking and support with a focus on institutional change strategies. This meeting opened and closed with rituals led by spiritual care professionals from two different sites and included examples of patient narratives that emphasize key spiritual care concerns.

Study Limitations

An important limitation of this project is the relatively small number of hospitals being studied in one state. Although steps were taken by the investigators to ensure that a wide variety of hospitals were selected, and that each of these offers services to a diverse patient population, these particular hospital systems are not representative of all U.S. hospitals. Each site also varies in regard to the maturity and robustness of its palliative care programs. These differences

limit the generalizations that can be made from the eventual findings.

Implications for Practice

This project identifies strategies for effecting institutional change and resources to assist in improving the delivery of spiritual care. The project seeks to establish the feasibility of integrating spirituality into palliative care and provides examples of diverse settings as models of how this might be achieved. The demonstration sites have realized the importance of identifying spirituality champions who are key stakeholders in influencing institutional change. Sites have identified the importance of educating a wide range of staff (including palliative care professionals, as well as board members, administrators, housekeeping staff, and parking attendants). Identifying the appropriate roles for each discipline remains site-specific at present, with a range of professionals assigned to the provision of spiritual care within each location. The sites have reviewed existing tools and often found the need to make adaptations to better fit their specific needs and to better address the concerns of their unique patient populations.

Conclusions

In only the first year of funding, the nine project demonstration sites have targeted a wide range of goals designed to better integrate spirituality into palliative care. Although full study findings are not yet available, we encourage other foundations, programs, and health systems to consider strategies to replicate this work and begin the implementation of the Spirituality Consensus Conference recommendations to improve the delivery of truly comprehensive, compassionate whole-person palliative care.

Acknowledgments

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Author Disclosure Statement

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