



Exploring Spirituality and Religious Beliefs

Introduction



Barbara Lewis, MBA
Managing Editor
DocCom



Stuart Sprague, PhD
Clinical Associate Professor of Family Medicine
at the Medical University of South Carolina



Stuart Sprague

- Clinical Associate Professor of Family Medicine at the Medical University of South Carolina
- Works at the AnMed Health Family Medicine Residency
- Focuses on teaching behavioral medicine, medical ethics, humanities, communication skills
- Teaches an elective clerkship/rotation on religion and medicine
- Co-author of DocCom Module 19, Exploring Spirituality and Religious Beliefs



Learning Goals

After completing this webinar, you will be able to:

- Describe the rationale for exploring and supporting the role of religion and spirituality in patients' lives
- Ask patients about the importance of religion and spirituality in their lives
- Explore whether patients' religious beliefs give meaning and support to them in their experience of serious illness, suffering and death
- Offer patients religious and spiritual supports such as referrals to clergy
- Describe possible professional boundary violations with respect to religious and spiritual matters



Key Principles

- Religion and spirituality are important to many of your patients
- When you explore the role of religion and spirituality in patients' lives, this is usually helpful to them
- When patients make meaning of their medical condition in religious terms, this may have positive as well as negative consequences for their well being
- Clarifying patients' religious interpretation of their suffering may help you offer additional support, including referral to an expert
- Never impose your religious/spiritual beliefs on your patients, as this is a professional boundary violation



Important Distinctions

- Disease vs. Illness
 - Disease is a pathological process taking place in my body
 - Illness is the total experience of dealing with my disease and its implications
- Curing vs. Healing (or Caring for)
 - Curing is eliminating the pathology causing my disease
 - Healing is the process of moving to a better state, regardless of whether my disease has been cured; especially important for chronic illnesses
- Religion vs. Spirituality
 - Religion is the outwardly visible elements of participating in a community of faith, e.g. worship, ritual, social action, supportive relationships
 - Spirituality is the inward experience of a transcendent dimension of life

Why Attending to Religion & Spirituality are Important for Medicine



- Religion is important for a majority of people in the United States
- A body of research shows a correlation between participation in spiritual and religious activity and positive physical and mental health outcomes
- Research shows that patients would like for their physicians to incorporate their spiritual and religious concerns into care for them
- Good patient interviewing includes exploring the mental, emotional and spiritual roots and influences upon the experience of illness

Skills for Exploration of Spiritual Issues



- Non-judgmental Exploration
 - Be sure that clinician's own spiritual and religious beliefs do not distort the perceptions of the patients experience
- Specific Inquiry at Times of Suffering
 - Begin with general inquiry about experience of illness and move to ways in which this interacts with specific religious beliefs and practices
- Demonstrate Understanding and Respect
 - Invite patients to dialog and pay close attention to context, relationships and non-verbal signs
- Suggesting/Offering Help
 - After developing trust you may direct them to other religious and spiritual resources

Spiritual Histories



- Several approaches, each with its own acronym, are available:
 - One of the most widely used is FICA
 - Faith - What is your faith or belief?
 - Importance - How important is that faith in your life?
 - Community - Are you a part of a community of faith, how does that work for you?
 - Application (Address) - How should we apply (address) these issues in your medical care?
 - Several others are available in the bibliography

Boundaries to Respect in Patient Care



- Addressing religious and spiritual issues is complex territory
 - Be sensitive to your own sense of competency and comfort
- Follow the patient's lead rather than your own agenda
 - Patients may ask you to pray with them or for them
 - Do only those things with which you feel genuinely comfortable
 - Respectful silence while they pray can be appropriate
 - Don't spontaneously offer to pray with or for patients
 - Check for consent before initiating your own practices or interventions
 - Respect what the patient says when asked about spiritual practices
- Do not use the visit to promote your own agenda or change the patient's spiritual values
 - Uneven power differential means patients are vulnerable and deserve respect

Boundaries (continued)



- Don't prescribe spiritual or religious practices
 - These may go beyond the boundaries of expertise or the intent of a medical interview
- Use appropriate resources for referral when needed
 - Be aware of resources of various kinds in the community
 - Referral respects the patient's needs and wishes and acknowledges the competency of other professionals



Bibliography

- Anandarajah G, Hight E. "Spirituality and Medical Practice: Using the HOPE Questions as a Practical Tool for Spiritual Assessment." American Family Physician 63:1 (1 Jan 2001,) 81-8
- Cohen, Cynthia, et al. "Walking a Fine Line: Physician Inquiries Into Patient Spiritual and Religious Beliefs," Hastings Center Report 31:5 (Sep-Oct 2001) 29-39.
- Lo, B., Ruston, D., Kates, L., Arnold, R., Cohen, C., Faber-Langendoen, K., Pantilat, S., Puchalski, C., Quill, T., Rabow, M., Schreiber, S., Sulmasy, D., Tulsky, J. "Discussing religious and spiritual issues at the end of life: A Practical Guide for Physicians." JAMA. 287:6 (Feb 13, 2002,) 749-754.
- Marler, PL and CK Hadaway. "'Being Religious' or 'Being Spiritual' in America: A Zero-Sum Proposition?" Jour for Sci Stud of Rel 41:2 (2002) 289-300.
- Maugans, TA. "The SPIRITual History." Arch Fam Med 5 (Jan 1996,) 11-6
- Post, Stephen G., et al. "Physicians and Patient Spirituality: Professional Boundaries, Competency, and Ethics." Annals Intern Med 132:7 (Apr 4, 2000,) 578-82.
- Puchalski CM, Romer AL. "Taking a Spiritual History Allows Physicians to Understand Patients More Fully." J of Pall Med 3 (2000,) 129-37
- Steinhauser, KE, et al. "'Are You at Peace?' One Item to Probe Spiritual Concerns at the End of Life." Arch Intern Med 166 (Jan 9, 2006,) 101-5

More Information





Evidence-Based Importance of Communication Skills

- Improve medical outcomes
- Decrease malpractice claims
- Enhance physician/provider satisfaction
- Improve patient satisfaction scores
 - HCAHPS surveys mandated by the government if hospital receives Medicare funds from the government
 - Analysis demonstrates that 2 communication dimensions drive scores



DocCom Overview

- Module authors - leading faculty
- 42 multimedia-rich interactive on-line modules (~1 hr in length)
- > 40 CME/MOC credits
- >400 videos realistic interviews (loved by learners)
- Annotated interactive videos
- Faculty Resources
 - Assignments
 - Assessment questions – essay & MCQs
 - Grading matrix
 - Resources
 - Curriculum guides for faculty.



Sample Module



- Consistent format across modules
- Rationale
- Key concepts
- Learning goals
- Content
- Videos interspersed
- Behavior checklist
- References

- MODULE 33 WELCOME
 - Rationale
 - Patient's View
 - Doctor's View
 - Questions
 - Key Concepts
 - Learning goals
- INTRODUCTION
- 6 STEPS: NEWS & SUPPORT
 - Advance Planning
 - What is known?
 - What want to know?
 - Sharing information
 - Respond to emotions
 - Plan and follow up
- SPECIFIC TOPICS
 - Clinician self reflection
 - Family won't tell
 - Language barriers
 - Telling a prognosis
 - Phone notifying of death
 - [Saying I'm sorry](#)
 - Hopes and wishes
- VIDEO: You have cancer
- VIDEO: Treatment fails
- CONCLUSION
- BEHAVIOR CHECKLIST
- REFERENCES

Created with TreeMenu
Show URL of this page
This demo version does neither contain assessment questions nor allows facilitation of learning groups by the sophisticated DocCom Learning Manage System. If you're interested in DocCom, please see <http://aachonline.org> for a trial



Welcome to DocCom DEMO Module 33: "Delivering Bad News"

by Timothy Quill M.D., Carly Dennis M.D., Anthony Caprio M.D., Catherine Gracey M.D.



© 2005-2016 by AACH, DUCoM, and others. See [copyright info](#) for details



Facilitator Guide of this module for DocCom Residency Doctoring Curriculum

Credits:

Authors: [Timothy Quill M.D.](#), [Carly Dennis, M.D.](#), [Anthony Caprio M.D.](#), [Catherine Gracey M.D.](#),
Editors: [Dennis Novack M.D.](#), [Bill Clark M.D.](#), [Ron Saizow M.D.](#)
doc.com implementation: [Christof Daetwyler M.D.](#)
Standardized Patients: Robyn George (Patient), Frank Gallagher (Husband)
Clinician on camera: [Timothy Quill M.D.](#)
Video Director and Producer: [Christof Daetwyler M.D.](#)
Video Camera, Light and Sound: [George Zeiset B.A.](#)
Video Assoc. Director: [Dennis Novack M.D.](#)

Version History:
4.1 - 5/6/2014 - Revision by Timothy Quill, et. al.
3.0 - 2/7/2012 - Enhanced with HTML5 code and MP4 videos
2.1 - 1/21/2010 - Revision by Timothy Quill, et. al.
2.0 - 7/20/2009 - upgrade to DocCom Version 4.0
1.0 - 7/13/2006

DEMO Module 33: **Delivery of Bad News** - by Timothy Quill MD, Anthony Caprio MD, Catherine Gracey MD, Margaret Seaver MD

Annotated Video Examples



- MODULE 33 WELCOME
 - Rationale
 - Patient's View
 - Doctor's View
 - Questions
 - Key Concepts
 - Learning goals
- INTRODUCTION
- 6 STEPS: NEWS & SUPPORT
 - Advance Planning
 - What is known?
 - What want to know?
 - Sharing information
 - Respond to emotions
 - Plan and follow up
- SPECIFIC TOPICS
 - Clinician self reflection
 - Family won't tell
 - Language barriers
 - Telling a prognosis
 - Phone notifying of death
 - Saying I'm sorry
 - Hopes and wishes
- VIDEO: You have cancer
- VIDEO: Treatment fails
- CONCLUSION
- BEHAVIOR CHECKLIST
- REFERENCES



01:07 / 11:07
 play | pause | back 5 seconds | full screen - change video rate: 1x | 1.4x | 1.8x

- greet** verbal and nonverbal
- ask: what do you know?**
- ask: do you want to know?** Are you ready for news?
- tell: news** direct words; self-reflection; warning
- name, legitimize emotion**
- tell: news** direct words; attentive listening
- ask: what do you want to know?**
- attentive listening**
- reflection** both events and emotions
- tell: potential plans** takes charge
- I wish it were different** shares distress
- legitimize anger, sadness** supports husband and wife
- tell: news** direct; and supportive nonverbals
- allows interruption** supportive nonverbal
- attentive listening** "am I going to die?"
- tell: prognosis** gives range
- balance truth with compassion** do not give false hope
- tell: potential plans**
- partnership** explore together
- tell: advise** explore options



Empathy Understanding



Hello, Christof Daetwyler 1 ASSIGNMENT MY PROFILE GRADING RESOURCES Survey / Log Out / Help



- MODULE 6 WELCOME
- Rationale
- Patient's View
- Doctor's View
- Questions
- Key Concepts
- Learning goals
- INTRODUCTION
- RELATIONSHIP SKILLS
 - Attentiveness
 - Empathy
 - Respect
 - Support
 - Partnership
- WATCH BEHAVIORS
- TEST UNDERSTANDING
- BEHAVIOR CHECKLIST
- References
- CME INFORMATION
- ASSESSMENT QUESTIONS

Created with TreeMenu
Show URL of this page

06 2 MediocreBuildRelationship



1:05 / 3:39

play | pause | back 5 seconds

06: Build the Relationship - by Julian Bird MD and Steven Cole MD

Please click the pink button "missed opportunity for empathic comment" whenever Dr. Bird does not act on opportunities to provide empathic comments. You may submit a free video comment where you demonstrate how to do a better job (use mobile device to capture/upload directly)!

missed opportunity for empathic comment
(6: ✓✓✓✓✓_)

special buttons:
write your comment here and click button below to place it at current time

add a free-text comment

add a video comment

#	✓	✗	not found	score %	score n
1	6	0	0	100%	24
actual	4	0	2	67%	16

You have 4 of 5 attempts available:

submit this attempt! | cancel this attempt

prev | home | next

Facial Recognition



https://webcampus.drexelmed.edu/doccom/user/individual_login_2.asp

Hello, Barbara Lewis

MY PROFILE GRADING RESOURCES Survey / Log Out / Help



- MODULE 14 WELCOME
 - Rationale
 - Patient's View
 - Doctor's View
 - Questions
 - Key Concepts
 - Learning goals
- INTRODUCTION
 - Importance
 - Rapport
 - Involuntary
 - Monitoring
- 4 CATEGORIES
- 4 PATTERNS
- BUILD RAPPORT
- SHAPE SPACE
- MIXED MESSAGES
- REVIEW
- EMOTIONS-TESTER**
- CONCLUSION
- ACKNOWLEDGMENTS
- BEHAVIOR LIST
- REFERENCES
- CME INFORMATION
- ASSESSMENT QUESTIONS

Created with TreeMenu
Show URL of this page



0:26 / 1:38

play | pause | back 5 seconds - change video rate: 1x | 1.4x | 1.8x

Please click the appropriate button below when an image with a woman expressing an emotion is shown. The first run gives you 5 seconds per image, then 3, then 2 seconds. Good luck!

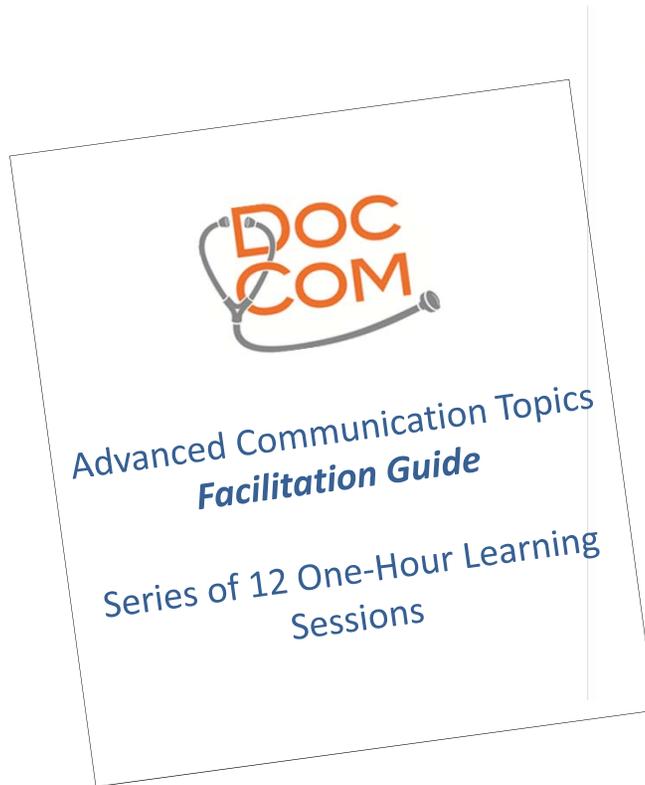
anger (3: __)
confusion (3: __)
withdrawal (3: __)
fear (3: __)
grief (3: __)
safe (3: __)

#	✓	✗	not found	score %	score n
actual	0	0	18	0%	0

You have 3 of 3 attempts available:

submit this attempt cancel this attempt

Resources



Facilitator Guide

FACILITATOR NOTES

Session 2: Personal Attitudes Toward Illness, Vulnerability and Death
Practicing the HPI

Date: Tuesday 9/17 & Thursday 9/19
Time: 2:00 – 4:00 PM
Location: Queen Lane Seminar Rooms (SPs during the second hour)

Objectives:

1. Explore feelings and thoughts in relation to beginning dissection.
2. Expand understanding of how personal attitudes toward illness, vulnerability and death might affect patient care.
3. Review the elements of the opening of an interview and eliciting an HPI.
4. Understand using facilitation skills to elicit a patient's history.
5. Understand the importance and techniques of eliciting patient concerns, beliefs, fears and hidden agendas.
6. Understand what is meant by professionalism and how this session promotes self-reflection as a necessary and healthy habit for professional development.

DocCom Assignment: **Module 08** Gather Information
Read the module. No need to complete multiple-choice or discussion questions.

Reading and Writing Assignment: **Read:** Coulehan, J. *Cadaver Stories*, Medical Encounter, 14-18. (1994 Fall) and Melinda Moritz: *Honorable Name*. Also, please read the definition on [Professionalism](#).

Write: A brief piece that expresses your reactions to beginning dissection. This can be a creative piece – a story or poem, or simply your feelings and thoughts. Describe how your awareness of your own feelings and thoughts relates to your professional development as defined in the ABIM definition of professionalism. Bring this with you to the session and be prepared to share with your group members.

Discussion: (60 minutes)

Clinical Framework Issues:

- Further thoughts from last session.
- Reactions to dissecting a cadaver and sharing of written reflections.
- Practice the skills of eliciting an HPI with a standardized patient.
- Include attention to the use of facilitation skills, especially attentive silence, and eliciting the patient's concerns.

Standardized Patient Small Group Exercise: (45 minutes)

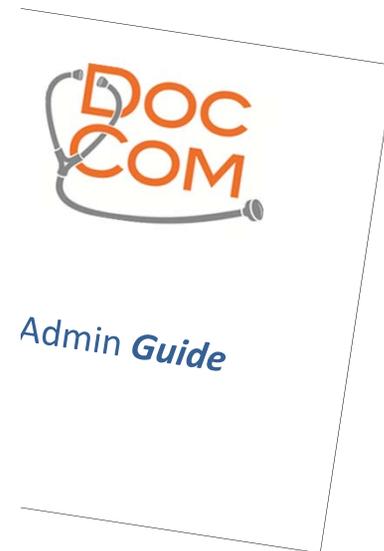
Wrap-up: (15 minutes)

Personal Awareness: Topics for Reflection

What did we learn today? Topics for next session.

What were your apprehensions about dissection? Did the "Cadaver Stories" reflect how you felt when beginning your dissection? Has the prospect of, or experience with dissection, caused you to reflect on your own attitudes about death and dying? How do you feel dissecting a cadaver will influence your attitudes toward death and dying, and your abilities to work with patients with these issues? (Some feel that dissection is the first step in physicians' increasing familiarity with death, which may lead to becoming distant or insensitive in dealing with the issues of death and dying.) How might your personal experiences with loss and grief affect your ability to work with dying patients? If you were dying, what do you think you would want and need from your physician?

Syllabi



Admin Guide



For more information:

Barbara Lewis

Managing Editor

818.784.9888

BLewis@DocCom.org

1-month free trial subscription

Code: WebNov17