Physician Assistant Program Education on Spirituality and Religion in Patient Encounters

Melissa P. Whitney, Callie J. Wentling, Ashley Hervey MEd
Faculty: Gina M. Berg, PhD

Department of Physician Assistant, College of Health Professions

Abstract. Motivation. This study describes instructional practices of physician assistant (PA) programs in educating students to discuss spirituality and religion during patient encounters. Methodology: An electronic survey was e-mailed to 143 programs across the U.S., with questions regarding these practices. Results: Of the 143 PA programs, 38 schools completed the survey for a 27% response rate. 68.4% of respondents expressed that their students have a desire to be trained to discuss spirituality or religion during patient encounters while 36.8% of program respondents do not offer this training. 69.2% of respondents would consider adding curriculum to teach students to discuss spirituality during patient encounters. 92.3% would not consider adding curriculum to teach students to discuss religion during patient encounters.

1. Introduction

It is vitally important to treat the patient as a whole person, mind, spirit, soul and body.[1] To understand the pathogenesis of a disease the provider needs to take a full history of their patient including the spiritual and religious aspects of their social history.[2] Having a full history is part of high-quality patient-centered care.[1] Spirituality and religion can be defined by most as a set of beliefs that an individual holds to guide their decisions. Death and the process of dying are strongly impacted by spiritual and religious beliefs.

Research has demonstrated that patients who hold spiritual and religious beliefs have reduced morbidity and mortality, improved mental and physical health, and improved coping with stress and illness.[3-4] An American Medical Association study (2006) showed 66% of respondents want their provider to ask if they hold to any spiritual or religious beliefs that would influence medical decisions.[5] Respondents noted that it would increase their level of trust.[5] In a survey of 177 adult ambulatory patients visiting a pulmonary office practice 94% of respondents stated they would not be offended if the provider asked about their spiritual or religious beliefs.[5-7] The desire of these respondents to be asked about spiritual and religious beliefs increased with the degree of illness.[3] Research shows patients want their physician to understand their reasoning behind medical decisions and the patient's needs and expectations of care.[1]

A 2007 trial focused on one medical school's development and implementation of an elective to discuss spirituality and religion with patients.[8] This study showed an increase in knowledge and skills such as identifying spiritual anguish, and effectively utilizing religious professionals. It was recommended that the elective be added to the medical school's curricula and several medical schools across the nation have followed suit.

It is known that medical schools and nursing programs educate their students to discuss spirituality and religion during patient encounters, however no studies were found on PA student education of this topic. The purpose of this study is to assess and describe the instructional practices of PA education programs in regards to preparing students to discuss spirituality and religion during patient encounters.

2. Experiment, Results, Discussion and Significance

A link (via surveymonkey.com) for a cross-sectional survey was e-mailed to 143 PA programs across the U.S. regarding PA program education to discuss spirituality and religion during patient encounters. A complete PA program list was obtained from the American Academy of Physicians Assistants' website. E-mail addresses for the programs were obtained from the school websites. The survey consisted of 20-36 open-ended, multiple choice and yes/no questions about the style, timing, duration, resources, and desire of education of students to discuss spirituality and religion during patient encounters. Descriptive demographic data was also collected about the program and the respondent. The survey link was e-mailed out three times at one month intervals beginning in June of 2011. Descriptive analysis was used to summarize the data.

Of the 143 PA programs emailed only 38 completed it for a 27% response rate. Survey respondents were largely (71%) from institutions that were privately funded, however only 26.3% reported an affiliation with a religious organization. The majority (75%) of the respondents were either the program chair or director and reported being spiritual (88.9%) or religious (69.4%). Over half (68.4%) of respondents expressed that their students have a desire to be trained to discuss spirituality or religion during patient encounters. About one-third

(36.8%) of program respondents do not offer training to discuss either spirituality or religion in patient encounters. The top three reasons cited for why programs do not offer training for students to discuss spirituality and religion in patient encounters include: 1) a full academic schedule, 2) desire to remain neutral and 3) previously implemented cultural awareness course. The majority (69.2%) of respondents would consider adding curriculum to teach students to discuss spirituality during patient encounters. Whereas 92.3% would not consider adding curriculum to teach students to discuss religion during patient encounters. Programs already educating students to discuss spirituality or religion during patient encounters responded that education falls within 0-9 hours in the first 6 months of the program. Instruction methods used included: traditional lectures, group discussions, assigned readings with powerpoint presentations, or lecture notes taught by a full time faculty member. Topics of education included: communication with family members, referring for spiritual counsel, common changes in medical decisions due to beliefs, common changes in medical decisions due to progression of disease and taking spiritual history.

Patients want their provider to be competent in medicine and have the skills to communicate about matters influencing their health. Having open discussions allows the patient to make decisions and keeps the provider from being a barrier.

The majority of medical schools are incorporating courses to educate students to discuss spirituality and religion during patient encounters. PAs need to be educated with the same importance regarding this issue. Based on time spent with patients, nurses should be the most educated on this topic, followed by physician assistants and lastly physicians. Research shows physicians and nurses being trained, but 37% of PA programs do not offer any training on this topic.

The results from this study show nearly 20% of respondents do not teach discussing spirituality and religion due to a desire to remain neutral on the topic. However, if a topic is not taught, the educator is not remaining neutral. They are in fact making the decision for the student. If the student is not educated to discuss spirituality and religion in patient encounters, they will be much less likely to have these discussions with patients.

This survey did yield a low response rate and had missing responses which makes the findings less substantial. With many programs desiring to remain neutral on this topic, it is possible that their failure to complete the survey was due to the same reason. Another limitation being, the majority of those that did respond were either spiritual or religious; however the majority of programs were not affiliated with a religious organization and the majority were private institutions.

3. Conclusion

Awareness of patients' desires regarding spirituality and/or religiosity can promote an enhanced patient-provider relationship. There are PA programs that offer training to prepare students to discuss spirituality in patient encounters, but religiosity is not as likely offered. Those programs that report offering this training devote few hours with traditional lectures, often in cultural awareness courses. Further, respondents reported a desire to remain neutral regarding religiosity as a reason for not providing training. Programs may want to increase PAs awareness of spirituality and religiosity needs of patients.

References

[1] D'Souza R. The importance of spirituality in medicine and its application to clinical practice. The Medical Journal of Australia. 2007;186(10):S57-S59.
[2] D'Souza R. Incorporating a spiritual history into a psychiatric assessment. Australia's Psychiatry. 2003;11:12-15.
[3] McCord G, Gilchrist VJ, Grossman SD, et al. Discussing spirituality with patients: a rational and ethical approach. Annals of Family Medicine. 2004;4(2):356-361.
[4] Koenig HG, McCullough M, Larson D. Handbook of Religion and Health. New York, NY: Oxford University Press; 2000.
[5] Ehman, JW, Ott BB, Short T.H, et al. Do patients want physicians to inquire about their spiritual or religious beliefs if they become gravely ill? Archives of Internal Medicine. 1999;159:1803-1806.
[6] MacLean CD, Susi B, Phifer N, et al. Patient preference for physician discussion and practice of spirituality. Journal of General Internal Medicine. 2003;18:38-43.
[7] Maugans TA. The SPIRITual history. Arch Fam Med. 1996;5:11-16.
[8] Anandarajah G, Mitchell M. A spirituality and medicine elective for senior medical students: 4 years' experience, evaluation, and expansion to the family medicine residency. Innovations in Family Medicine Education. 2007;39(5):313-315.