Exploring Spirituality and Religious Beliefs
Introduction

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• 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
Anandarajah G, Hight E. “Spirituality and Medical Practice: Using the HOPE Questions as a Practical Tool for Spiritual Assessment.” American Family Physician 63:1 (Jan 2001,) 81-8
Maugans, TA. “The SPIRITual History.” Arch Fam Med 5 (Jan 1996,) 11-6
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

DocCom module #19
“Spirituality and Religious Beliefs”
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
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  • Grading matrix
  • Resources
  • Curriculum guides for faculty.
Sample Module

- Consistent format across modules
- Rationale
- Key concepts
- Learning goals
- Content
- Videos interspersed
- Behavior checklist
- References
Annotated Video Examples
Empathy Understanding
Facial Recognition
Resources

Advanced Communication Topics

Facilitation Guide

Series of 12 One-Hour Learning Sessions

Facilitator Guide

Syllabi

Admin Guide
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