



# EDUCATIONAL INTERVENTION ENHANCES CLINICIAN AWARENESS OF CHRISTIAN, JEWISH AND ISLAMIC TEACHINGS AROUND END-OF-LIFE CARE



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## BACKGROUND

- Religious and spiritual values are crucial domains of palliative care, especially at the end-of-life, as they may impact a patient's goals and perception of illness.
- According to the Joint Commission, addressing spiritual needs is a primary palliative care skill and identifying spiritual beliefs and practices may improve communication, cultural competency and patient- and family-centered care.
- Christianity, Judaism and Islam are three major monotheistic religions.
- However, clinicians may be uncomfortable discussing and unaware of basic religious teachings.

## PRIMARY OBJECTIVE

- To enhance familiarity with, sensitivity to, and respect for Christian, Jewish, and Islamic teachings, which may be important to patients near the end-of-life.

## DESIGN

- Authors reviewed medical literature on Christianity, Judaism and Islam and end-of-life care.
- Consulted with chaplains, a Christian pastor, Rabbi and Imam to develop a pre-test and post-test (10-questions per religion plus a demographic survey with the pre-test) to assess clinical understanding of religious teachings around end-of-life care.
- IRB approval was obtained.
- Developed a one-hour educational intervention via video podcast session to address clinically relevant religious teachings (Figure I) and end-of-life care. Intervention included: a 10-minute introduction, forty-two-minute video podcast, and a 5-minute conclusion.
- Pre-test survey with demographic questions administered to seventy-three health care providers: physicians, RN/nurse practitioners, pharmacists and health care students (medical, nursing and pharmacy), as summarized in Figure II, prior to one-hour educational intervention.
- Post-test survey was administered following the video podcast.
- Differences between pre- and post-test scores were analyzed employing paired T test tests using SPSS software.

## RESULTS

- Seventy-three individuals participated in the study, including physicians, nurse practitioners, pharmacists and health care students.
- The median score on the pre-test was Christian 6 [2-9], Jewish: 6 [4-10], and Islamic: 6 [2-8].
- After the educational intervention, the median Christian, Jewish and Islamic scores improved to 8 [4-10], 9 [6-10] and 10 [3-10], respectively (Figure III). All were statistical significant ( $p < 0.0001$ ).
- The total pre-test median improved from 17 [10-24] to 27 [16-30], as displayed in Figure III.
- Prior to the intervention, 47% of participants either somewhat or strongly disagreed that they had a strong understanding of clinically relevant Christian teachings, 86% regarding Jewish teachings and 92% regarding Islamic teachings.
- All participants indicated that they either strongly or somewhat agreed that the podcast was useful for them (73% strongly agreed; 28% somewhat agreed; 0% somewhat disagreed; 0% strongly disagreed).

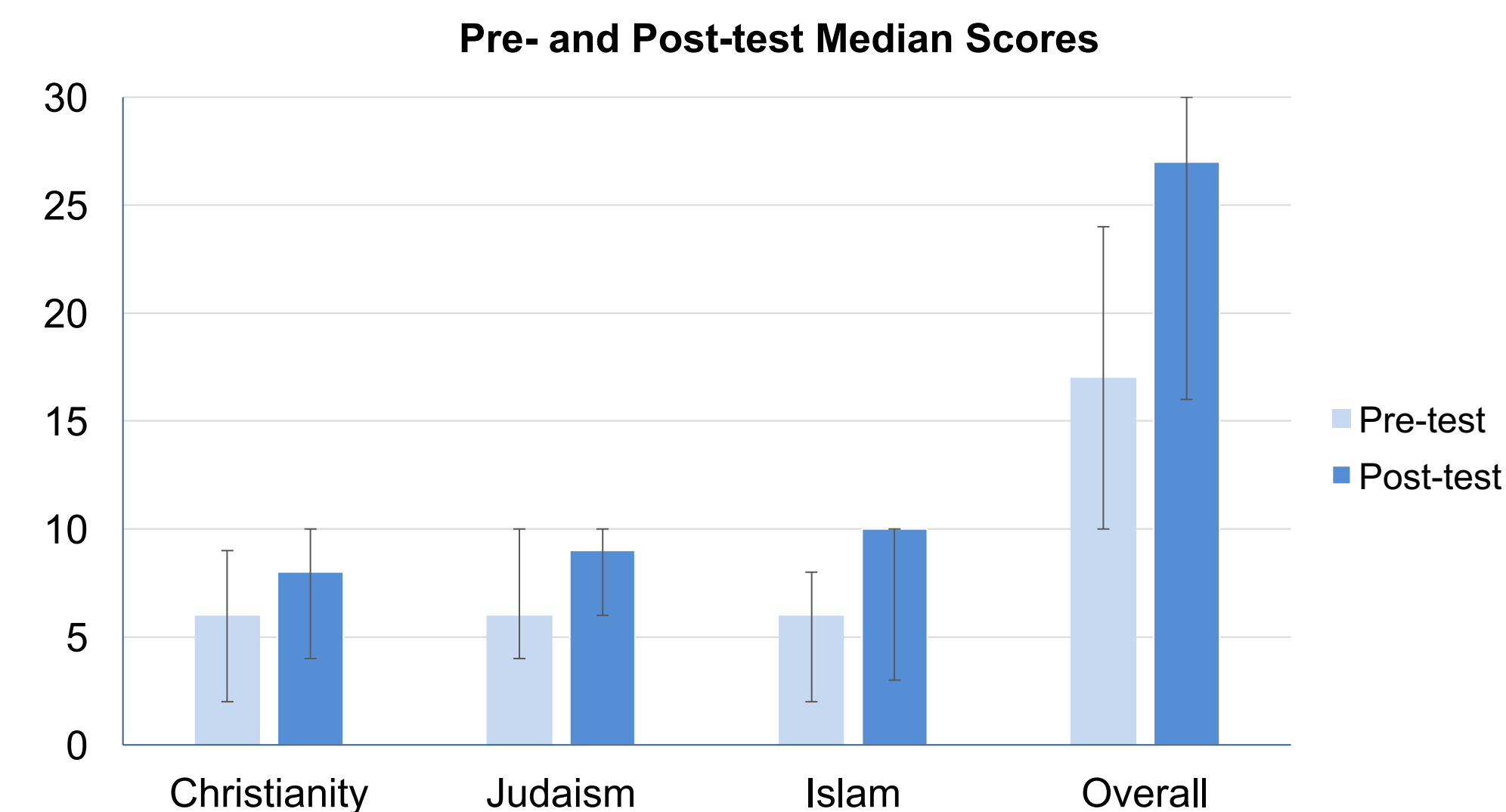
Figure II. Participant Demographics

| Health Care Provider Demographics         | N (%)   |
|---|---------|
| Specialty                                 |         |
| Internal Medicine                         | 13 (18) |
| Family Medicine                           | 5 (7)   |
| Palliative Care                           | 7 (10)  |
| Other Medical Specialty                   | 4 (6)   |
| Pharmacy                                  | 24 (33) |
| Medical Student                           | 9 (12)  |
| Registered Nurse/ Advanced                | 10 (14) |
| Registered Nurse Practitioner (ARNP)      |         |
| Level of Education                        |         |
| Medical Student                           | 9 (13)  |
| Medical Intern                            | 3 (4)   |
| Pharmacy Intern                           | 1 (1)   |
| Medical Resident                          | 9 (13)  |
| Palliative Care Fellow                    | 3 (4)   |
| Attending Physician                       | 12 (17) |
| ARNP                                      | 4 (6)   |
| Other                                     | 30 (42) |
| Race                                      |         |
| American Indian or Alaska Native          | 0 (0)   |
| Asian                                     | 13 (18) |
| Black or African American                 | 3 (4)   |
| Hispanic or Latino                        | 3 (4)   |
| Native Hawaiian or Other Pacific Islander | 0 (0)   |
| White                                     | 48 (67) |
| Two or More Races                         | 5 (7)   |
| Religious Beliefs                         |         |
| Agnosticism                               | 10 (14) |
| Atheism                                   | 8 (11)  |
| Christianity                              | 39 (55) |
| Hinduism                                  | 4 (6)   |
| Islam                                     | 1 (1)   |
| Judaism                                   | 2 (3)   |
| Other                                     | 7 (10)  |

Figure I. Clinically Relevant Religious Topics Covered for Each Religion in the Educational Video Podcast

| Key Topics:   |
|---|
| Role of Suffering   |
| Pain Relief   |
| Grief   |
| Withholding/Withdrawal of Medical Treatment                 |
| Withholding/Withdrawal of Artificial Nutrition or Hydration |
| Preferences and Rituals Prior to and After Death            |
| Cremation   |
| Organ Donation  |
| Autopsy   |

Figure III. Pre- and Post-test median scores, including range of scores



## CONCLUSION AND DISCUSSION

- A one-hour educational intervention via video podcast significantly improved understanding of Christian, Jewish and Islamic teachings around end-of life care.
- The video podcast design enabled easy distribution of the educational session to multiple facilities and healthcare providers.
- The intervention was well received, with all participants indicating that they either strongly or somewhat agreed that the podcast was useful for them.
- Clinicians were provided with clinically relevant Christian, Jewish and Islamic topics around end-of-life care, while encouraging providers to inquire about each patients' unique beliefs and preferences during end-of-life care.
- This reproducible intervention may allow clinicians to better help patients approach end-of-life in ways that are respectful and accommodating to the patients' spiritual beliefs and practices.
- Future work includes expansion of educational materials to include other world religions and cultures and to evaluate the long-term clinical effects of this intervention.

## LIMITATIONS

- Overall, the post-test scores significantly improved, all participants strongly or somewhat agreed the podcast was useful to them and participants enjoyed the intervention; however, given the small sample size, it is difficult to generalize further.
- Additionally, the participant demographics may vary regionally and per medical facility.

References available upon request