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.

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 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).

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.

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