

# Improving Communication in the ICU by Addressing Patient Spiritual Distress Through Physician Training on Religious Practices

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Disclosures: None

- Critical Illness involves multiple forms of patient and provider distress
- Uncertainty often drives patients and families to reach for sources of comfort including spirituality
- Patients and Families often communicate through the language of faith to communicate their concerns
  - “I’m waiting for a miracle,” “It is in God’s hands now,” “I need to pray on this”
- Physicians are usually untrained on discussing spiritual distress and often ignore these concerns outside of offering a chaplain
- Through Physician/Medical Student training, developing this skill set may help improve communication and thus foster trust

- Type of Project – Quality Improvement
- Training for: Medical Residents and Medical Students
- Intervention:
  - Structured training in the ECU BSOM Simulation Lab prior to Medical ICU Rotations
    - Initial Survey assessing comfort with discussing religious topics
    - Initial Didactic Teaching by either in ECU Faculty of Religious Studies and members of the ECU Religious Studies Advisory Council, or local faith leaders
    - Simulated Cases with other Physicians and Standardized Patients
    - Follow up survey after the ICU rotation
  - Likert Scale of Comfortability regarding addressing spiritual needs and concerns with patients and family members

- Funding – cost estimated to design curriculum and cover cost of simulated patients
  - Potential Solutions – Grants, University Funding
- Time – IM and Medical Student Curriculum Already Condensed
  - Potential Solutions – integrate into Central Line education day for Residents
  - Medical Students?
- Determining which Religions should receive the majority of the focus for the training
  - Issues: There are faith specific concerns that exist – organ donation – How to offer an equal amount of time and for which religious groups?
- How to cross apply to different ICUs?

- Goal = Improve Physician/Medical Student comfort in having spiritual discussions to foster a trust-filled relationship that can be leveraged when it comes to making difficult medical decisions
- Overcome barriers to develop the training infrastructure
- Skills learned can be cross applied across the hospital to the general floors and outpatient visits