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.
Proposed Methods

- 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
Barriers

• 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?
Conclusion

• 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