



Teaching spirituality to Canadian medical students: Students' perceptions of a spiritual history taking clinical skills session

Formation sur la spiritualité pour les étudiants en médecine canadiens : impressions des étudiants à la suite d'une séance d'acquisition de compétences cliniques portant sur l'anamnèse spirituelle

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Article abstract

Implication Statement

Spirituality involves one's sense of purpose, connection with others, and ability to find meaning in life. We implemented a three-year pilot of a spiritual history taking (SHT) clinical skills session. In small groups, medical students discussed and practiced SHT with clinical scenarios and the FICA framework and received preceptor and peer feedback. Post-session focus groups and interviews demonstrated student perceptions of improved comfort, knowledge, and awareness of discussing spirituality with patients. This innovation may support improved clinical skills teaching across other health professions institutions to better prepare students to recognize patients' spiritual needs and provide more holistic, culturally competent care.

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Spirituality involves one's sense of purpose, connection with others, and ability to find meaning in life. We implemented a three-year pilot of a spiritual history taking (SHT) clinical skills session. In small groups, medical students discussed and practiced SHT with clinical scenarios and the FICA framework and received preceptor and peer feedback. Post-session focus groups and interviews demonstrated student perceptions of improved comfort, knowledge, and awareness of discussing spirituality with patients. This innovation may support improved clinical skills teaching across other health professions institutions to better prepare students to recognize patients' spiritual needs and provide more holistic, culturally competent care.

Énoncé des implications de la recherche

La spiritualité touche au sentiment d'avoir une raison d'être, à la relation à l'autre et à la capacité de trouver un sens à la vie¹. Nous avons mis en place, comme projet pilote de trois ans, une séance visant l'acquisition de compétences cliniques portant sur l'anamnèse spirituelle (AS). En petits groupes, les étudiants discutaient de l'anamnèse spirituelle et la mettaient en pratique au moyen de scénarios cliniques et du questionnaire d'anamnèse spirituelle FICA², puis recevaient des commentaires de la part de leur précepteur et de leurs pairs. Les groupes de discussion et les entretiens après les séances ont montré que les étudiants se sentaient mieux informés, plus à l'aise et plus conscients de la nécessité de parler de spiritualité avec les patients. Cette innovation peut contribuer à améliorer l'enseignement des compétences cliniques dans d'autres professions de la santé pour mieux préparer les étudiants à reconnaître les besoins spirituels des patients et à fournir des soins plus holistiques et culturellement adaptés.

Introduction

Spirituality describes one's felt sense of purpose, connection with others, and ability to find meaning in life.¹ For patients, it helps them make healthcare decisions and cope with illness. Studies suggest that patients want their physicians to consider spirituality in their care.² Unfortunately, many physicians express discomfort and inadequate knowledge around addressing patients' spirituality, which results in more aggressive treatments, poor quality of life, and reduced patient satisfaction.³

Loo et al. reported that 80% of University of Toronto medical students surveyed recognized patients' spiritual beliefs as important but were unsure how spirituality applied to them as medical trainees.⁴ Competency in SHT can help learners recognize and validate patients' spiritual distress and provide holistic, culturally competent care. Despite increased teaching in this area, bridging theory to practice remains challenged by the lack of dedicated SHT training in medical schools.⁵ This study evaluated the integration of SHT in a first-year clinical skills course. REB exemption was obtained from the University of Toronto.

Description of the innovation

University of Toronto medical students and faculty implemented SHT in the first-year clinical skills curriculum and evaluated the outcomes. A pilot SHT session was iteratively introduced from 2018 to 2021 (virtual in 2020-2021 due to COVID). A student and tutor guide was provided to facilitate the session, in which groups discussed spirituality in patient care. Topics included indications for SHT, how to introduce SHT to patients, and delineating differences between religion and spirituality. Clinical scenarios and the validated FICA Spiritual History Tool⁶ were provided for students to practice SHT with real or standardized patients (SPs) and receive peer and tutor feedback.

Evaluation

With written consent, we conducted semi-structured interviews with two focus groups and five individuals (14 students total). Two independent reviewers completed the descriptive thematic analysis (Table 1). Overall, students appreciated the integration of SHT into the curriculum; it broadened their knowledge and awareness of spirituality and its healthcare implications. Students felt the session provided a safe space to share their personal experiences with spirituality. They also reported improved comfort with discussing spirituality with patients.

Session weaknesses included limited opportunities for practicing SHT and insufficient time to explore the topic in greater depth. After the session, some students still did not feel confident in making a referral to a spiritual care provider. Students also had inconsistent experiences depending on their tutors' comfort with the subject. Additionally, students that interacted with real patients rather than SPs had more positive experiences due to more authentic discussions.

Suggestions for next steps

Student feedback on the integration of SHT in their curriculum was mostly positive. Post-session interviews indicated the session was effective in introducing spirituality and its impact on health to medical students. Next steps include: 1) allocating more time to review SHT and practice interviews, 2) inviting a spiritual care provider to lead teaching sessions prior to practicing in small groups, and 3) ensuring continued expert consultation in developing discussion materials of SHT in various patient-care scenarios that extend beyond palliative and end-of-life care examples.

Table 1. Main findings identified from 2018-2021

Themes	Student Quotes	Findings
Student perception of SHT	"I appreciate the addition to the curriculum" "I thought [the session] was integrated well" "[FICA] is a good framework to think about" "it was meaningful to have [SHT] incorporated into our education."	Students perceived a clear rationale for SHT Students perceived good integration of SHT into the curriculum but found limited clinical application/practice at this time
Student experience of SHT	"This session broadened my understanding...for many people, spirituality needs to go hand in hand in the care if it's going to be successful in treating the whole person." "[This session] helped me see the value of holistic medicine" "I think each person has varying levels of comfort and what they think spirituality means to them." "I would initiate questions based on FICA"	The session broadened students' knowledge about addressing patients' spiritual care needs Students reported more positive experiences with real patient encounters due to more authentic discussions Students had varying levels of comfort with spirituality
Recommendations for improvement	"More time could have been spent on [SHT]" "...having a dedicated [clinical skills] session to this topic or even other sort of content-based sessions would be useful to get the most out of this" "a really good thing maybe would be to have like a video, like a foundations video, where clinicians actually go through some of these questions with the patient" "Our facilitator wasn't the most comfortable...she didn't seem to have the answers" "...our tutor did a really good job, making us feel really comfortable about it." "The SPs should be better prepared for next time"	Enhance session development (more time, wider integration into the broader curriculum including additional seminars, workshops) Provide more educational materials (with expert consultation, modeling of SHT) Improve training (SPs, tutors)

Conflicts of Interest: None.

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Authorship: Tsz Ying So and Kyung Young Kim contributed equally as first authors.

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