Religio-Cultural Competence for Medical Students and Residents

Wednesday, April 22nd, 2015
Our Work

The Tanenbaum Center for Interreligious Understanding promotes mutual respect with practical programs that bridge religious difference and combat prejudice in health care settings, schools, workplaces, and areas of armed conflict.
Objectives

1. Explain the importance of incorporating religio-cultural competence training into medical education.

2. Identify key strategies and processes used by Tanenbaum and our partner institutions to successfully incorporate religio-cultural competence education into residency programs and medical schools.

3. Determine next steps for incorporating religio-cultural competence education into your own residency programs or medical school curriculum.
THE NEED:
Why is religious and cultural competence training important?
Where do residents stand?

Resident physicians in their final year of training reported the following:

- **70%** felt that it was “very important” to “consider the patient’s culture when providing care.”

- **49%** reported receiving little or no instruction beyond medical school in how to address patients from different cultures and identify relevant religious beliefs of patients.

- **28%** reported **low skill levels** in identifying the relevant religious beliefs of patients.

- **26%** felt “very” or “somewhat” **unprepared** to care for patients whose religious beliefs affected treatment.

AOA Competencies

Interpersonal and Communication Skills in Osteopathic Medical Practice (C4 Required Element #1): “Resident demonstrated effectiveness in developing appropriate doctor-patient relationships.”

- “Demonstrated an understanding of cultural, gender and religious issues and sensitivities in the doctor-patient relationship.”

Professionalism in Osteopathic Medical Practice (C5 Required Element #3): “Resident demonstrated awareness and proper attention to issues of culture, religion, age, gender, sexual orientation, and mental and physical disabilities.”

- “Became more knowledgeable and more responsive to the special needs and cultural origins of patients.”
Osteopathic Core Competencies for Medical Schools

III. **Patient Care**: 1) Gather accurate data related to the patient encounter.
   
c) “demonstrate the ability to identify and/or address psychosocial, cultural, religious, health maintenance, and risk factor issues.”
   
i) “Perform an effective patient encounter regardless of clinical setting or patient age, cultural background, disability, or language.”

IV. **Interpersonal and Communication Skills**: 2) “Conduct a patient-centered interview that includes the following.”
   
f) “Communicate in a manner that demonstrates sensitivity to gender as well as to racial and cultural diversity.”

V. **Professionalism**: 7) Cultural Competency – Demonstrate awareness of and proper attention to issues of culture, religion, age, gender, sexual orientation, and mental and physical disabilities.
   
b) “Refrain from imposing personal beliefs and values on patient care.”
THE PROCESS:
Pilot Program with Maria Fareri
Children’s Hospital
Maria Fareri Children’s Hospital

**Location:** New York Hudson Valley, 30 miles north of NYC; attached to Westchester Medical Center

**Patients:** Serves more than 20,000 children each year; over 140 inpatient beds (pediatric + neonatal)

**Facilities:**
- In the region, it provides the only:
  - Pediatric Intensive Care Unit,
  - Level IV NICU
  - Pediatric Organ Transplant center
- The only Burn Unit between NYC and Canadian border
- Level I Trauma Center
The Process

- Secure buy-in
- Needs Assessment
- Curriculum development
- Implement/Integrate
- Evaluate efficacy
- Adjust & Improve
- Reinforce/Institutionalize

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Training Approach

Understanding

Show **WHY** religion matters. (Awareness)

Demonstrate **WHEN** it comes up. (Knowledge)

Teach strategies for **HOW** to communicate. (Skills)

**RESULT:** Providers ask about and accommodate religious beliefs/practices of patients (Behavior)
# Curriculum: Reinforce and Expand

## Supplementary Workshops: Advanced learning

- Religion and LGBT health
- Religion, conscience and conscientious objection
- Religion and mental health

## Psychosocial Rounds: Discussion

- A Jewish patient: Brain death
- A Jehovah’s Witness: Sickle-cell anemia
- A Muslim patient: Porcine skin graft
- A Christian Scientist: Chemotherapy

## Continuity Clinic: Self-guided module

- A Muslim patient: Modesty
- A Jewish patient: Observance of holy days and rituals
- A Catholic patient: Reproductive health
Implementation & Integration

- Staff volunteer
- Tanenbaum training delivery to residents
- Facilitator’s guide
- Train-the-trainer
- Staff training delivery to residents
EVALUATION:
Successes and Challenges Identified
I am comfortable conducting a spiritual assessment
Evaluation: Challenges (Focus Group)

Too much too soon

“A lot got lost in those two weeks [of orientation].

“This might just be coming from an intern point of view where we are so busy that – I just – I don’t really know where to fit [addressing culture] in.”

Time constraints

Discomfort addressing topic

“As physicians it’s probably opening a can of worms.”
A study found that residents reported confronting the following challenges when delivering cross-cultural care:

- Lack of Experience
- Lack of Time
- Inadequate Training
- Lack of Role Models
- Dismissive Attitudes of Attendings

Institutional Challenges

- Funding
- Lack of buy-in from faculty/staff
- Measurement & evaluation
- Turnover
- Time/scheduling
- Degree of faculty/staff knowledge and training
THE CURRICULUM:
Key Components and Strategies
Medical School Curriculum

Piloted at Hofstra School of Medicine
Review by medical educators
Edits and additions made
Made available for free download
Submission to MedEdPORTAL
Identifying additional pilot sites

Spiritual Histories: Putting Religio-Cultural Competence into Practice

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Trigger Topics

- Dietary Requirements
- Dress & Modesty
- Hygiene
- Informed Consent
- Observance of Holy Days and Rituals
- Complementary and Alternative Medicine
- Organ Transplants and Donations
- Reproductive Health
- Pregnancy & Birth
- End-of-Life
- Acceptance of Drugs and Procedures
- Blood and Blood Products
- Conscience Rules
- Prayer with Patients
- Proselytizing

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A 3-year-old Jewish girl is brought in to see a neurologist after experiencing unsteadiness and tremors. An MRI finds a temporal mass extending into the midbrain.

The same day she becomes unresponsive and is immediately taken into surgery to remove the tumor. Unfortunately, the surgery is unsuccessful and has to be abandoned after the patient loses 7 liters of blood. The patient is returned to the ICU where formal brain stem testing is performed and the child is certified to be brain stem dead.

The patient’s health care team recommends withdrawing care but the parents strongly object. The family’s explains that, under Jewish law, their daughter is still alive and that withdrawing or withholding care would be tantamount to murder.

Case Based Learning: Objectives

1) Identify where and how religion can have an impact on patient-physician interactions.

2) Assess and evaluate appropriate and effective responses to this situation and similar situations residents might encounter.

3) Equip residents with basic information about a faith tradition, as it relates to health care, that they may know little about.

4) Examine feelings and emotions related to situations where residents’ beliefs may conflict with those of the patient/family. Discuss strategies to appropriately address.
Spiritual Screen/History/Assessment

**Spiritual Screen**
- **ADMISSION**: basic questions to determine patient’s faith affiliation and religious needs

**Spiritual History**
- **CLINICIAN**: Ongoing questions to identify religious concerns that impact medical care.

**Spiritual Assessment**
- **CHAPLAIN**: In-depth look at a patient’s spiritual makeup to provide support/guidance.

Role Play Activity: Set-up

**Set-up:** Participants are divided into groups of two. Each is given a handout. One handout outlines the role of the parent of a patient, the other the role of the physician.

**Sample scenario:** The patient is a 10 year old girl, who comes into the hospital with her mother/father. A series of tests determine that the patient suffers from chronic kidney failure. Hemodialysis is recommended and explained by the physician. In taking a spiritual history the physician determines that the mother/father identifies as a Jehovah’s Witness.
Learning Objectives

1) Practice taking a spiritual history using the tools presented.

2) Separate what you know from what you think you know

3) Confront discomfort – establish that this is not an easy conversation.

4) Identify challenges and discuss how to address proactively.

5) It’s ok to say “I don’t know the answer” if it’s followed by “but I will find out.”

6) Encourage ongoing learning and practice.
IN CONCLUSION:
Next Steps
Next Steps

1) Identify and engage with additional residency programs and medical schools to add or enhance religio-cultural competence education.

2) Conduct additional pilot programs and expand and improve measurement and evaluation strategies.
In Summary

1) Religio-cultural competence is a necessary skill set given increasingly diverse patient populations.

2) Currently, almost 50% of residents report receiving little or no instruction beyond medical school in how to address patients from different cultures.

3) Personal knowledge and “on the job” training is not sufficient.

4) Knowledge and skills presented must be revisited and reinforced in order to be internalized.

5) Long term impact – an investment in the next generation of physicians and the next generation of educators.
Questions?