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 : la perception des étudiants d'une séance de compétences cliniques portant sur l'anamnèse spirituelle

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Implication Statement

Spirituality involves one's sense of purpose, connection with others, and ability to find meaning in life. We implemented a threeyear 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.

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

Énoncé des implications de la recherche

La spiritualité touche au sentiment d'avoir un but, à la relation à l'autre et à la capacité de trouver un sens à la vie. Nous avons introduit, comme projet pilote de trois ans, une séance de compétences cliniques portant sur l'anamnèse spirituelle (AS). En petits groupes, les étudiants pratiquaient et discutaient de l'anamnèse spirituelle à l'aide de scénarios cliniques et du questionnaire d'anamnèse spirituelle FICA, et recevaient ensuite 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 initiative peut contribuer à améliorer l'enseignement des compétences cliniques dans d'autres professions de santé pour mieux préparer les étudiants à reconnaître les besoins spirituels des patients et à fournir des soins plus holistiques et culturellement adaptés.

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 Tool^{®6} 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

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