

# Piloting a Medical Student Observational Experience With Hospital-Based Trauma Chaplains

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**INTRODUCTION:** Medical students have typically received relatively modest training in approaches for engaging the concerns of patients and families facing life-threatening situations and terminal illnesses. We propose that medical students would perceive benefits to their communication skills, understanding of the role of the chaplain, and knowledge of emotional and spiritual needs of grieving patients and families after shadowing hospital-based trauma chaplains whose work focuses on emergency department traumas and intensive care units.

**METHODS:** The authors developed a pilot program in which medical students shadowed a trauma chaplain during an on-call shift in an urban level 1 trauma center. Students subsequently completed an evaluative survey of their experience.

**RESULTS:** Of 21 participants, 14 (67%) completed the questionnaire. Students observed an average of 1.50 traumas and 3.57 interactions with patients or families. One-third of the students witnessed a death. More than 90% of respondents agreed or strongly agreed that (1) the program provided them with a greater understanding of how to engage patients and families in difficult conversations; (2) they learned about the chaplain's role in the hospital; and (3) the experience was useful for their medical education, careers, and personal development. About two-thirds (9/14) perceived that they learned how to discuss spirituality with patients and families. All recommended the experience be part of the medical school curriculum.

**DISCUSSION:** Observational experiences with hospital-based trauma chaplains might be an effective nondidactic approach for teaching medical students effective communication with patients and families, collaboration with

chaplains, and spirituality in patient care. (*J Surg* 71:91-95. © 2014 Association of Program Directors in Surgery. Published by Elsevier Inc. All rights reserved.)

**KEY WORDS:** medical education, trauma unit, hospital chaplaincy services, doctor-patient relations, spirituality

**COMPETENCIES:** Patient Care, Professionalism, Interpersonal and Communication Skills

## INTRODUCTION

For patients and families facing life-threatening medical situations or terminal illnesses, issues of spirituality can loom large and often define the experience. Although variously defined, spirituality is generally understood as the individual's sense of and search for meaning, purpose, worth, significance, importance, and connectedness, issues that collectively comprise the term *transcendence*. In contrast, religion represents an organized set of texts, beliefs, and rituals about transcendent issues that are shared by a group or community. Spirituality is therefore not necessarily synonymous with religion and may be manifested in the context of family, relationships, artistic expression, and nature.<sup>1,2</sup> Despite the importance of spirituality for many patients, and the fact that approximately 30% of all deaths in the United States occur in hospitals, spirituality typically receives only modest attention in most medical school curricula.<sup>3,4</sup> Particularly lacking is formal instruction in effective communication with patients and families experiencing grief, loss, or the death of a loved one.<sup>5,6</sup>

In response to these deficiencies in medical education, multiple organizations have advocated for the incorporation of content that speaks to issues of spirituality and dying into medical school curricula. The Association of American Medical Colleges (AAMC) has published medical education guidelines that recommend teaching students to understand patients' belief systems and cultural practices, including

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those surrounding end-of-life care, and to communicate effectively with patients and their families.<sup>7</sup> In addition, a 2009 Initiative to Develop National Competencies in Spirituality and Health has defined core competencies in spirituality for medical education that are currently being considered for adoption by the Liaison Committee on Medical Education.<sup>8</sup>

Most medical schools that have attempted to incorporate content on caring for those with life-threatening illnesses into their curricula have done so with formal, structured, classroom-based courses, supplemented with panel discussions, selected readings, and facilitated group discussions.<sup>9-11</sup> Other medical schools have offered organized experiences in which students shadow a chaplain on hospice or inpatient services, either to complement the classroom-based encounters or as stand-alone programs. These shadowing experiences have been well received by students<sup>12-14</sup> and have been extolled by educators as promoting interprofessional collaboration, another core competency in medical education as defined by the AAMC.<sup>15,16</sup> However, specific descriptions of student observation of chaplains in other clinical settings, such as trauma care, have not been previously reported in the literature.

Healthcare chaplains are properly understood as members of the healthcare team who lead the effort to attend to the spiritual needs, as well as to relieve any spiritual distress, of patients and families.<sup>17</sup> Hospital-based trauma chaplains undergo extensive training in providing emotional and spiritual support for patients and families in crisis, enabling them to be effective role models for medical students who wish to strengthen their interpersonal and communication skills. In level 1 trauma centers, chaplains respond to all traumas that are brought to the hospital and act as liaisons between the medical providers and the patient's family. In this role, they are often called upon to deal with the "second trauma" that families experience when their loved one dies. Depending on the institution, the trauma chaplains' responsibilities may also include rounding on the patients in the intensive care units and providing spiritual support throughout the hospital to patients, families, and staff at night and on weekends.<sup>18,19</sup> Shadowing a trauma chaplain would therefore appear to provide a unique opportunity for medical students to learn skills for engaging and communicating with dying patients and grieving families. Further, such an experience might be particularly relevant for medical students interested in trauma surgery, emergency medicine, or critical care medicine. In this article, we describe a pilot program in which medical students shadowed hospital-based on-call trauma chaplains. We propose that medical students would perceive benefits to their communication skills, understanding of the role of the chaplain, and knowledge of emotional and spiritual needs of grieving patients and families after shadowing hospital-based trauma chaplains whose work focuses on emergency department traumas and intensive care units.

## METHODS

### Description of the Program

In the 2012 Fall semester, we organized an extracurricular pilot program for medical students at the Perelman School of Medicine to shadow chaplains assigned to the trauma service at the Hospital of the University of Pennsylvania. The objectives of the program were to enhance the student's understanding of (1) effective communication with patients and families during moments of grief and loss; (2) the chaplain's role in patient care; and (3) the spiritual and emotional effect of trauma on patients and families. Students were recruited via e-mail announcements and during a lecture on "Spirituality in Medicine" in their introductory course on issues of culture in the doctor-patient relationship entitled "Doctor-Patient Relationship: Introduction to Communication and Culture." Twenty-one medical students (7 male and 14 female) participated from October through December of 2012. Each participating student was paired with an on-call chaplain for the trauma service. Only 1 student was permitted to sign up for each shift and shadowing shifts were 8 hours in length, although students were not required to stay for the entire shift.

### Program Evaluation

Each participant was sent an electronic questionnaire upon completion of the shadowing experience. The questionnaire contained multiple-choice Likert-style questions (Table 1) and 1 qualitative open-ended question ("What did you learn from this experience?"). We analyzed the data using calculations of means, standard deviations (SD), and medians for the Likert-style questions. For the qualitative open-ended question, 2 authors (A.P. and A.C.) reviewed the students' narratives for common themes that mapped the learning objectives of the shadowing program. Informed consent was obtained from all participants. The Institutional Review Board of the University of Pennsylvania approved this study.

## RESULTS

Of the 21 students who participated in the shadowing program, 14 completed the questionnaire (67%). Of the respondents, 9 (64%) were female. The median and mean age was 24.5 years (range 22-28 y). First- and second-year students comprised 79% (11/14) and 21% (3/14) of respondents, respectively. No third- or fourth-year students completed the questionnaire.

Respondents reported observing an average of 1.50 traumas (range 0.0-4.0 traumas), 3.57 interactions with patients or families (range 1.0-7.0 interactions), and 0.36 deaths (range 0.0-1.0 deaths) per shadowing shift.

Respondents evaluated their shadowing experience by rating their agreement with multiple statements on a

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