



MIDWESTERN UNIVERSITY



Pharmacy Student-Patient Encounters Involving Spirituality During Advanced Practice Rotations

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INTRODUCTION

More health professionals, including pharmacists, are acknowledging the importance of patients' spiritual and religious beliefs in the context of their medical care. Patient spirituality can influence medication use by limiting treatment options due to religious restrictions, change medication safety in a religious fast, or receive request for other spirituality-based rituals. Many colleges of pharmacy seek to prepare students on the topic of spirituality through dedicated elective courses, lectures within a broader required course, or experiential opportunities, but few reports have described how often and in what settings pharmacists can expect to encounter specific practices.

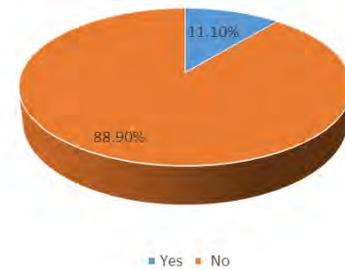
OBJECTIVE

To identify the settings and frequency that fourth year pharmacy students on advanced pharmacy practice experience rotations encounter patient care scenarios utilizing spiritual beliefs.

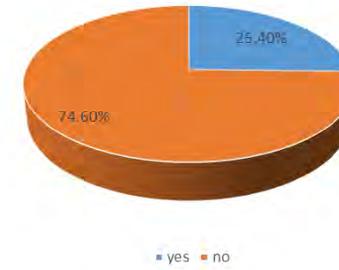
METHODS

- Participants: 4th year pharmacy students who had completed a minimum of 5 (out of possible 6) six week Advanced Pharmacy Practice Experience (APPE) rotations
- Intervention: completion of a web-based questionnaire; survey link was distributed by e-mail to students with one reminder email three weeks after initial distribution
- Questionnaire sections:
 1. Demographic information
 2. Measures of location and frequency of patient assessments that included spirituality or religion
 3. Measures of perceived importance of spirituality and religion in patient care activities
 4. Measures of personal self-perceived spirituality and religiosity.
- Data analysis utilized descriptive statistics with nonparametric exploratory analysis

Student asked patients about their spiritual or religious needs



Student included spiritual factors in assessment and plan creation



Rotation in which spirituality or religion influenced a patient specific assessment and plan

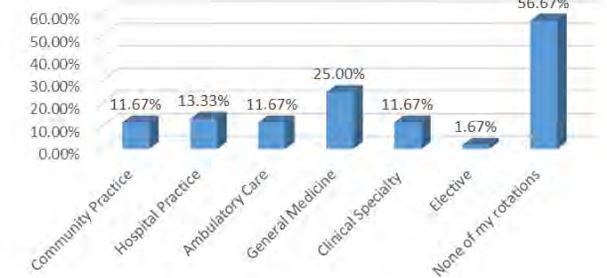


TABLE 1. Practice setting	# of A/P involving spirituality	Intervention categories encountered	Most common intervention categories
Community Practice (n=7, 6)	1-5: 100% (7)	Substitution: 41.7% (5) Patient refuse: 14.3% (1) Fasting: 42.9% (3) Other: 14.3% (1)	Substitution: 83.3% (5) Patient refuse: 16.7% (1)
Hospital Practice (n=8)	1-5: 100% (8)	Substitution: 37.5% (3) Patient refuse: 62.5% (5) Fasting: 12.5% (1) Ritual: 37.5% (3)	Substitution: 25% (2) Patient refuse: 50% (4) Fasting: 12.5% (1) Ritual: 12.5% (1)
Ambulatory Care (n=8, 9)	1-5: 87.5% (7) 16-30: 12.5% (1)	Substitution: 33.3% (3) Patient refuse: 77.8% (7) Fasting: 11.1% (1)	Substitution: 22.2% (2) Patient refuse 55.6% (5) Clinician refuse: 11.1% (1) Fasting: 11.1% (1)
General Medicine (n=12)	1-5: 100% (12)	Substitution: 41.7% (5) Patient refuse: 50% (6) Fasting: 8.3% (1) Ritual: 33.3% (4)	Substitution: 25% (3) Patient refuse: 50% (6) Fasting: 8.3% (1) Ritual: 16.7% (2)
Clinical Specialty (n=8, 9)	1-5: 87.5% (7) 31-99: 12.5% (1)	Substitution: 22.2% (2) Patient refuse 88.9% (8) Clinician refuse: 22.2% (2) Ritual: 11.1% (1)	Substitution: 11.1% (1) Patient refuse: 77.8% (7) Ritual: 11.1% (1)
Elective (n=5)	1-5: 60% (3) 11-15: 20% (1) 31-99: 20% (1)	Substitution: 20% (1) Patient refuse: 40% (2) Fasting: 20% (1) Ritual: 40% (2)	Substitution: 20% (1) Patient refuse: 40% (2) Ritual: 40% (2)

RESULTS

- Sixty-three students completed questionnaire (31.7% response)
- Student cohort was very diverse in religious affiliations, frequency of religious service attendance, self-perceived degree of religiosity and self-perceived spirituality
- Close to one quarter of students (25.4%) included spiritual factors when creating a patient specific assessment and plan
- Over half of students (56.7%) cited that spirituality did not influence patient care on any of their clinical rotations
- General medicine was the clinical setting most frequently cited by students as involving spiritual topics in patient care
- Patient refusal of a specific therapy based on personal beliefs was the most common theme encountered in 5 of the 6 clinical settings
- Exploratory analysis showed:
 - Student personal spiritual practices seemed to have greatest influence on comfort asking patients about spiritual beliefs
 - Amount of curricular training focused on spirituality in healthcare did not have significant impact on frequency of asking about or including spiritual factors in patient care process.

IMPLICATIONS

- Many pharmacy students are considering patients' spiritual needs in their patient care activities
- Instructors should consider influence of patient care setting and student religious characteristics in curriculum focused on addressing spirituality in pharmacy practice.
- Ongoing research in this area can further inform the development of instructional methods designed to address patients' spiritual and religious beliefs in the context of their medical care.