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**ABSTRACT**

**Educational intervention enhances clinician awareness of Christian, Jewish and Islamic teachings around end of life care**

Amanda Copenhaver, BS1, Sahana Rajasekhara, MD, FACP2, William Ueng, MPH3, Rahul Mhaskar, MPH, PhD4

1. Scholarly Concentrations Program, USF Morsani College of Medicine, Tampa, FL
2. Assistant Professor, USF Morsani College of Medicine, Assistant Member, Supportive Care Medicine Department, Moffitt Cancer Center, Tampa, FL
3. USF Morsani College of Medicine, Tampa, FL
4. Associate Professor, Department of Internal Medicine, USF Morsani College of Medicine, Tampa, FL

**BACKGROUND:**

Religion and spiritual values impact patients’ goals and perception of illness, especially at the end-of-life. According to the Joint Commission, addressing spiritual needs is a primary palliative care skill and identifying spiritual beliefs and practices may improve cultural competency and patient-centered care. However, clinicians may be uncomfortable discussing and unaware of basic religious teachings.

**DESIGN:**

After literature review and consultation with religious leaders, a pre-test and post-test (10-questions per religion plus a demographic survey with the pre-test) to assess knowledge of Christian, Jewish and Islamic teachings and an educational video podcast were developed. The pre-test was administered to physicians, registered nurses, nurse practitioners, pharmacists and health care students (medical, pharmacy and nursing), followed by a one-hour educational intervention via a video podcast. Differences between pre- and post-test scores were analyzed employing paired T test tests using SPSS software.

**RESULTS:**73 health care providers participated in this study. The median score on the pre-test was Christian: 6 [2-9], Jewish: 6 [4-10] and Islamic: 6 [2-8]; demonstrating greatest pre-test knowledge in Judaism. After the educational intervention, the median Christian, Jewish and Islamic scores improved to 8 [4-10], 9 [6-10] and 10 [3-10], respectively, and all were statistical significant (p < 0.0001). Additionally, the total pre-test median improved from 17 [10-24] to 27 [16-30].

**CONCLUSIONS:**

A one-hour educational intervention via video podcast significantly improved knowledge of Christian, Jewish and Islamic teachings around end-of life care. The video podcast design enabled easy distribution of the educational session to multiple facilities and health care providers. Providers were encouraged to inquire about patients’ unique beliefs and preferences during end-of-life care. Additional research is needed to determine the longitudinal outcomes and impact on patient outcomes of this intervention.

**LEARNING OBJECTIVES:**

Upon completion of this session, learners should be better prepared to:

I. Demonstrate enhanced familiarly with and sensitivity to Christian, Jewish, and Islamic teachings, which may be important to patients near the end-of-life;

II. Better fulfill the Joint Commission’s recommendations for improved effective communication and cultural competency by assessing patients’ religious/spiritual beliefs and practices at the end of life;

III. Appreciate and be open to the diverse values and practices each patient holds even when a patient self-identifies with a particular world religion.