



Spiritual Care Education Learning Objectives for Primary Care and Psychiatry Residents

THE GW INSTITUTE FOR
SPIRITUALITY & HEALTH



About this document:

The overall goal for primary care and psychiatry residents is to encourage the full integration of a more compassionate and holistic approach to healthcare. Spiritual care speaks to the connection we form with our patients and colleagues with the intention of providing the best care possible for those we serve — our patients.

By being attentive to all dimensions of our patients' lives — the physical, emotional, social, and spiritual — we can more appropriately provide healthcare based on each individual's needs.

What follows is a summary of the proposed recommended learning objectives for primary care residents: **knowledge, skills, and attitudes.**

WASHINGTON UNIVERSITY



Learning Objectives for Knowledge

The resident should demonstrate competence in the following:

- Defining spirituality, including these phenomenological aspects: experiences/attitudes/practices/beliefs (from here on these items are called simply "experiences").
- Understanding the unique impact of spiritual/cultural experiences on human development and health in infancy, childhood, adolescence, and adulthood.
- Understanding a differential diagnosis for spiritual/cultural phenomena at the individual and spiritual/cultural system levels.
- Understanding the impact of spiritual/cultural experiences on the relationship between the physician and patient, including transference and counter-transference.
- Understanding of spiritual/cultural issues and treatment preferences surrounding the end-of-life affect medical ethics as applied to family practice and internal medicine.
- Understanding of the variety of spiritual experiences and traditions, with unique perspectives on transpersonal issues.
- Understanding of the research data on the impact of patients' cultural identity, beliefs and practices on their health and access to and interaction with health care providers.
- Understand that differences in cultural identity between physicians and patients can impact delivery of healthcare.
- Understanding of their own spirituality and how truly compassionate caregiving can come from knowing and respecting the role spirituality has in their own life.
- Understanding of the role of culturally based healers and care providers.
- Understanding how physician's role encompasses patient care and the care of their family during the entire transition between life and death.
- Understanding the dimensions of palliative care (physical, emotional, social and spiritual) at the end-of-life of a patient.



Learning Objectives for Skills

The resident should demonstrate competence in the following:

- Interviewing patients with sensitivity to communication styles, vulnerabilities, and strengths as well as their cultural identity, beliefs and practices.
- Listening for, eliciting, and understanding accurate histories, including the importance of spiritual issues, cultural identity and beliefs/rituals and their impact on the patient's life.
- Identifying and eliciting patients' values, beliefs, and preferences for treatment during the course of illness.
- Identifying how, as influential caregivers, cultural identity, beliefs and practices might affect their relationship with patients, as well as their case formulation, diagnosis and management plans.
- Knowing when to refer patients to spiritual care professionals such as trained chaplains
- Appreciating the role of different health professionals in the spiritual care of patients and their families
- Recognizing when a patients' spiritual views or cultural beliefs/rituals are harmful to the patient and making appropriate interventions and referrals (for example to chaplain, spiritual directors or culturally-based healers).
- Diagnosing spiritual and existential distress and practicing contemplative listening skills in further understanding the patient's distress or suffering
- Diagnosing, assessing and formulating treatment plans for patients, with an understanding of spiritual and cultural realm of experiences.
- Recognizing and using specific transference and countertransference reactions.
- Recognizing possible biases against the spiritual/cultural issues found in the medical literature and understanding their origins.
- Demonstrating the ability to deliver difficult news to patients and their families in a caring and compassionate manner.
- Learning to work with a multi-disciplinary team delivering end-of-life care and appreciate each member's contribution.
- Effectively listening to and responding to patients about their suffering.



Learning Objectives for Attitudes

The resident should demonstrate competence in the following:

- Awareness of their spiritual and cultural experiences and the impact of these experiences on their identity and world view.
- Avoidance of stereotyping and over-generalization and an appreciation for diversity of spiritual and cultural identities, belief, ritual and practices.
- Awareness of their own attitudes toward various spiritual and cultural experiences and the possible biases that could influence their treatment of patients.
- Respect for patients from a variety of spiritual and cultural backgrounds.
- Non-judgmental attitude when eliciting a spiritual history and preferences for treatment during the course of illness.
- An appreciation for the systems and venues for health care delivery at the end-of-life (hospice, home nursing, institutional care).



About The George Washington Institute for Spirituality & Health (GWish)

Established in 2001, GWish quickly adopted a leadership role in the field of spirituality and health. Conducting research, educating practitioners, and impacting healthcare policy worldwide, GWish frequently collaborates with religious, spiritual, and health organizations to create more compassionate healthcare systems around the globe.

Under the direction of Founder and Executive Director Christina M. Puchalski, MD, FACP, FAAHPM, GWish has created widespread awareness about the profound impact of introducing spiritual care into provider/patient relationships. Patients and their families experience significant relief from spiritual and emotional distress in times of acute illness or end-of-life, and providers discover renewed meaning and purpose in their work.

To learn more about GWish, visit our [website](#) or contact Cherron Gardner-Thomas at cgthomas2@email.gwu.edu.