147- ASSSESSING THIRD-YEAR MEDICAL STUDENTS' ABILITY TO RECOGNIZE AND ADDRESS A PATIENT'S SPIRITUAL DISTRESS DURING AN ACUTE MEDICAL CRISIS

MIMI MCEVOY, MA, SHEIRA SCHLAIR, MD, ZSUZANNA SIDLO, PH.D, WILLIAM BURTON, PH.D, FELISE MILAN, MD

Purpose – To explore: How 3rd year medical students (MS-3s) recognize/address a standardized patient's spiritual distress; and the relationship between students' reported response to spiritual distress and clinical skills performance.

Methods –170 MS-3s completed an 8-station videotaped clinical skills assessment. One standardized patient (SP) is an older man with chest pain who expresses fear of death, which he hopes to resolve by chaplain consultation. After the encounter, students reported the nature of patient's distress and their response to it via a 4-question open-ended post-note. Separately, SPs assess students' clinical skills performance. Analysis of post-notes was conducted by 3 coders using NVivo8 for emergent themes. Analysis of interrater reliabilities using SAS revealed kappa coefficients of > 0.6; codings with interrater reliability <0.8 were clarified by coders and fully adjudicated producing 34 codes. We also compared skills performance scores between students who reported making chaplain referral versus those who did not.

Results –67% of students noted patient's fear of death. 49% of students reported addressing patient's emotional state; 2% directly addressed faith or spiritual beliefs. 64% of students reported chaplain referral. Students reporting chaplain referral had slightly higher skills performance scores than those who didn't on history (mean=80.5 v. 78.7; p=0.23) and communication skills (mean=58.4 v. 56.4; p=0.11).

Conclusions - Most students report making chaplain referral for a patient in spiritual distress; few directly address beliefs. Clinical skills performance is not correlated with report of chaplain referral. Hence, teaching medical students to recognize/address patients' religion/spirituality might be a unique domain requiring specific curriculum.