those who had and had not provided continuity care to a patient with GDM (P=.64), nor did the percentage of correct answers differ by gender (P=.13), year in training (P=.24), or program type (P=.98). Additionally, only 32.9% of residents reported having provided continuity care to a patient with GDM. Significantly more residents at community-based programs reported having provided continuity care to a GDM patient than did university-based residents (37.6% versus 17.1%, P=.0008).

The results of this study underscore the fact that family medicine residents in Texas have inadequate knowledge concerning postpartum glucose testing and future risk for DM following a pregnancy complicated by GDM. A very low percentage of residents have actually provided continuity care to a patient with GDM. Interestingly, however, residents who had provided continuity care did not score any better than their colleagues who had not provided continuity care.

Year of residency training was not associated with knowledge about GDM, although one might expect that residents with more years of training would perform better.

The results of this study underscore the fact that family medicine residents are not learning what they should know about postpartum glucose testing and future DM risk of patients with GDM. Family physicians provide primary care for patients who have had GDM even if they did not provide the obstetrical care. This is a population of patients known to be at high risk for overt DM and glucose intolerance, and they should be treated as such with glucose screening tests. Residency programs should assure that their residents know that patients with GDM are at risk for future diabetes and need to be tested for diabetes at their postpartum checkup.

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Integrating Spirituality Into Medical Practice: A Survey of FM Clerkship Students

To the Editor:

Background

There is an emerging body of evidence supporting the integration of spirituality into medical practice. This includes studies regarding the attitudes of patients and practicing physicians and studies regarding the health benefits of including a consideration of spiritual factors in medical care. Although many medical schools and residencies are now including discussion of spirituality and medicine in their curriculum, there have been few studies reporting on the views of medical students and residents or on the effectiveness of educational interventions. We conducted a study that examined the baseline knowledge, attitudes, and skills of medical students regarding spirituality and medical practice to help guide curriculum development in this area.

Methods

Questionnaires were distributed to all medical students at the beginning of their required family medicine clinical clerkship at an East Coast medical school that attracts a diverse student body. Most questions used a 5-point Likert scale for student self-assessment of knowledge, attitudes, and skills regarding spirituality and patient care. The remaining questions focused on students’ personal beliefs and on their past experience with spirituality in the medical setting. For statistical analysis, we used chi-square cross tabulation and Spearman correlation. This study was reviewed and approved by the institutional review board.

Results

The response rate was 85% (n=104). Although 88.5% of students had thought about the relationship between spirituality and medicine, and 40% reported having had clinical experiences involving spiritual issues, only 23% had had training in this subject. Students were heterogeneous regarding personal importance of spirituality and religion: (1) for 51%, both religion and spirituality were important, (2) for 7%, only spirituality was important, (3) for 14%, neither religion nor spirituality was important, and (4) 28% were neutral on both.

Overall, students demonstrated positive attitudes toward the subject. Eighty percent agreed that a physician should consider the spiritual as well as the physical and mental well-being of his/her patient, and 98% thought that empathy, understanding, compassion, and listening (key elements in spiritual care) are very important aspects of being a good doctor. In terms of ethical considerations, students felt strongly that doctors should remain patient centered and avoid imposing their own beliefs on patients (83%-95% agreeing). Eighty percent of students agreed that it would be important to take time out of their own lives for self-reflection, self-understanding, and spiritual growth.

Questions regarding knowledge items yielded mixed results. Although 77% of students were aware that spirituality is important to many patients, only 53% were aware of the evidence in the medi-
cal literature linking spirituality to mental and physical health, and only 33% reported that they understood the roles of chaplains on the health care team.

Student self-assessment of skills rated low on all questions. Although 57% felt that they would feel comfortable discussing spiritual issues with a patient if the patient initiated the discussion, only 21% felt that they had a good approach to spiritual assessment, and only 14% felt they could recognize spiritual distress in a patient.

Conclusions

Medical students in their clinical years, like patients and practicing physicians, have positive attitudes regarding the inclusion of spirituality into medical practice. However, like practicing physicians, students report a lack of specific knowledge and skills needed for clinical care. Resources for curriculum development in spirituality and medicine have been summarized elsewhere. Literature review and responses to questions in this study suggest that key educational interventions should include (1) a review of the scientific literature, (2) a culturally sensitive approach to spiritual assessment, (3) an understanding of spiritual distress, (4) an understanding of what constitutes spiritual care, (5) understanding the role of clinical chaplains and other community resources, (6) time for student self-reflection regarding their own beliefs, biases, and values, and (7) discussion of ethical and boundary issues. Finally, the wide range of personal beliefs present in the student body suggests that a teaching approach that is sensitive and responsive to this diversity will be essential for the effectiveness of any educational intervention.

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