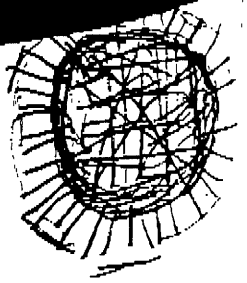
National Hospice and Palliative Care Organization



Guidelines for Spiritual Care in Hospice

Licensed Lay nurse

Ken 8 2001 5 updated

weblogs/ 657 973 assisted hospice

Professional Development and Resource Series

Version: January 13, 2010

COMPETENCY EVALUATION TOOL – 2010

INTRODUCTION:

The following is a COMPENTENCY EVALUATION TOOL under development for clinical education programs training ***Hospice Palliative Care Spiritual Care Providers*** **(HPC-SCP's).** It is based upon the ***competency profile*** for HPC-SCP's produced at a formal DACUM Workshop in Calgary, AB, in January 2005 (used with permission). Wilson Associates–Education Consultants, Inc., in contract with the Pallium Project, facilitated the Workshop, bringing together HPC-SCP's from across Canada. Tools produced through the DACUM process can reasonably be construed to represent a widely peer-validated set of the competencies (Knowledge, Skills and professional Attitudes) most likely requisite for any discipline.

This tool was tested in CPE 2005, 2006 and 2008 in Regina, SK. We are further testing this tool in 2010 to evaluate its suitability as a means of measuring learner self-assessed and other-assessed learning of core competencies deemed requisite for Spiritual Care practice in HPC. Learners are made aware both at the time of acceptance into the program and on day one of the program (signed consents on file) that this core competency measurement questionnaire is being completed and that this data may be utilized in a de-identified fashion for educational analysis, presentations and publication. Indeed, the de-identified cumulative results of this tool have been presented at a variety of national and international conferences as a contribution to the discussion about how best to evaluate the acquisition of learner competencies in CPE programs focused in HPC.

It is hypothesized that, as learners participate in the program, their self- assessed competency will improve. Learners will self-assess using this tool on day 1 of the program (to provide a baseline measurement of prior learning), the program mid-point and the final day of the program. For a sense of perspective, the Teaching Supervisor acquainted with the learner's work, or clinical staff well acquainted with the learner and comfortable with the tool could also evaluate the learner in week 12. At this time in the development of this tool, this information will NOT form part of the learner's formal CPE evaluation but will be for the purpose of educational evaluation of the program and evaluation of the competency profile itself.

Fourteen (14) major areas of responsibility and eighty-one (81) related tasks have been identified for HPC-SCP's. To assist you in understanding the tasks related to these competencies, you will be provided with a copy of the *Professional HPC-SCP Competency Profile*. This should clarify what is meant under each competency description. Thanks for your collaboration.

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DEFINITIONS AND SCORING DIRECTIONS:

***COMPETENCE* is defined herein as a measure of the optimal set of Knowledge, Skills and Attributes (KSA's) for the discipline of Spiritual Care that are observed to be *DEMONSTRATED in practice*.** Please score where you see yourself / the person you are rating **TODAY** in terms of **ability to understand the related theory and effectively execute in practice the following competencies.** Keep in mind that it is expected that learners will enter training with different levels of theoretical and practical competence and acquire different KSA's in the course of training.

Interpretive Suggestions – on a scale of 1 – 5:

1	2	3	4	5	N/Obs.
minimal competence	some competence	satisfactory competence	strong competence	advanced competence	not observed

- **1 indicates MINIMAL** observed demonstration of the identified competency (i.e. learner is at an early ENTRY LEVEL and requires complete training to acquire the stated competency and direct supervision in the discipline)
- **2 indicates SOME** observed demonstration of the identified competency (i.e. learner is at a good BASIC LEVEL but requires significant further training and direct supervision to establish capacity for independent professional functioning in the discipline)
- **3 indicates ADEQUATE /SATISFACTORY** observed demonstration of the identified competency (i.e. learner is ready to enter an ADVANCED level of training and is capable of functioning professionally in the discipline with some direct supervision)
- **4 indicates WELL DEVELOPED/STRONG** observed demonstration of the identified competency (i.e. learner is mostly functioning at an ADVANCED educational level and is reasonably capable of functioning professionally in the discipline with minimal or no direct supervision)
- **5 indicates FULL/ADVANCED** observed demonstration of the identified competency (i.e. learner is entirely functioning at an ADVANCED educational level, is fully self-directed and is capable of functioning professionally without direct supervision) – learner ready for Specialist Certification

N.B. STAFF ONLY – IF YOU DID NOT OBSERVE the learner's function concerning a particular competency, score that item only: N/Obs. A score of 1 indicates that you did observe the learner's function but that they were not competent or were minimally competent in that skill area.

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WRITE IN appropriate number only for EACH competency – no middle scores

A.	Discern, identify & understand spiritual and religious history, resources and care needs	
B.	Provide appropriate, culturally sensitive spiritual care	
C.	Provide for appropriate religious care	
D.	Provide spiritual counseling	
E.	Collaborate as a member of an interdisciplinary team	
F.	Provide leadership in ethical decision making	
G.	Advocate on behalf of patient and family	
H.	Provide grief and bereavement care	
I.	Facilitate functional relationships	
J.	Provide support to staff	
K.	Nurture the organizational soul	
L.	Provide education and engage in research	
M.	Perform administrative duties	
N.	Commit to personal and professional integration	

ADDITIONAL QUESTIONS FOR MANAGERS/EMPLOYERS:

1. Based upon the above competencies and the 5 point scoring system, what would be the MINIMAL level you would accept in order to employ a Spiritual Care professional in Hospice Palliative Care? (1 – 5) _____

2. If you scored less than 5 in question 1 (immediately above), after how many years of practice in your employment would you expect a Spiritual Care professional in Hospice Palliative Care to demonstrate FULL competence (level 5)? (# of years) _____

Thank you for completing this questionnaire. **Please return it today** to:

Dan Cooper
Clinical Pastoral Education Teaching Supervisor

11.2009

Board of Chaplaincy Certification Inc.
an affiliate of Association of Professional Chaplains
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PROFESSIONAL CHAPLAIN COMPETENCIES

ALL competencies described below apply to board certified and provisional certified chaplains. Those that apply to associate chaplains, as well as board and provisional certified chaplains, are in *italics*.

Section I. Theory of Pastoral Care Competencies

TPC1: Articulate a theology of spiritual care that is integrated with a theory of pastoral practice. (assoc., prov. & BCC)

TPC2: Incorporate a working knowledge of psychological and sociological disciplines and religious beliefs and practices in the provision of pastoral care.

TPC3: Incorporate the spiritual and emotional dimensions of human development into the practice of pastoral care.

TPC4: Incorporate a working knowledge of ethics appropriate to the pastoral context.

TPC5: Articulate a conceptual understanding of group dynamics and organizational behavior.

Section II: Identity and Conduct Competencies

IDC1: Function pastorally in a manner that respects the physical, emotional, and spiritual boundaries of others. (associate, provisional & BCC)

IDC2: Use pastoral authority appropriately. (assoc., prov. & BCC)

IDC3: Identify one's professional strengths and limitations in the provision of pastoral care. (assoc., prov. & BCC)

IDC4: Articulate ways in which one's feelings, attitudes, values and assumptions affect one's pastoral care.

IDC5: Advocate for the persons in one's care.

IDC6: Function within the Common Code of Ethics for Chaplains, Pastoral Counselors, Pastoral Educators and Students. (assoc., prov. & BCC)

IDC7: Attend to one's own physical, emotional and spiritual well-being.

IDC8: Communicate effectively orally and in writing. (assoc., prov. & BCC)

IDC9: Present oneself in a manner that reflects professional behavior, including appropriate attire and personal hygiene. (assoc., prov. & BCC)

Section III: Pastoral Competencies

PAS1: Establish, deepen and end pastoral relationships with sensitivity, openness and respect. (assoc., prov. & BCC)

PAS2: Provide effective pastoral support that contributes to well-being of patients, their families and staff. (assoc., prov. & BCC)

PAS3: Provide pastoral care that respects diversity and differences including, but not limited to culture, gender, sexual orientation and spiritual/religious practices. (assoc., prov. & BCC)

PAS4: Triage and manage crises in the practice of pastoral care.

PAS5: Provide pastoral care to persons experiencing loss and grief.

PAS6: Formulate and utilize spiritual assessments in order to contribute to plans of care.

PAS7: Provide religious/spiritual resources appropriate to the care of patients, families and staff.

PAS8: Develop, coordinate and facilitate public worship/spiritual practices appropriate to diverse settings and needs.

PAS9: Facilitate theological reflection in the practice of pastoral care.

Section IV: Professional Competencies

PRO1: Promote the integration of pastoral/spiritual care into the life and service of the institution in which it resides.

PRO2: Establish and maintain professional and interdisciplinary relationships. (assoc., prov. & BCC)

PRO3: Articulate an understanding of institutional culture and systems and systemic relationships.

PRO4: Support, promote and encourage ethical decision-making and care.

PRO5: Document one's contribution of care effectively in the appropriate records.

PRO6: Foster a collaborative relationship with community clergy and faith group leaders.

QUALIFICATIONS

A broad, interfaith theological knowledge base undergirds the functioning of the chaplain in the discipline of hospice spiritual care. The significance of religion in spiritual formation, especially in the early developmental years, is commonly recognized as a major end-of-life issue, positively and negatively. The chaplain's familiarity with and understanding of the diversity of religious experience across cultures is indispensable.

It is important that the hospice chaplain be clinically trained. The Clinical Pastoral Education (CPE) experience of its chaplains is one measure of an agency's commitment to provide quality spiritual care. Virtually all pastoral care certifying bodies require four units of CPE and may also require chaplains to obtain a minimum number of continuing education hours per certification period. Hospices may prefer four, but should require at least two units of CPE to help assure quality spiritual care.

Guidelines:

- Chaplains have earned a Master of Divinity (MDiv) or an equivalent graduate degree that includes theological studies.
- Chaplains have successfully completed four units of Clinical Pastoral Education (CPE), or equivalent clinical training and experience.
- The professional hospice chaplain has assessment, interpersonal, ethical and pastoral skills as well as a personal commitment to a maturing spiritual life.
- The chaplain is endorsed by and is in good standing with the denomination or faith group that ordained or recognized the chaplain.
- The chaplain is certified (or progressing toward certification) by a cognate group recognized by the Coalition on Ministry in Specialized Settings (COMISS) or receiving consultation from a board certified chaplain, preferably serving in a hospice setting.
- The chaplain maintains a program of reading, formal education experiences, spiritual development, clinical supervision and peer review.
- Agencies support and provide for the continuing education of their spiritual care staff.
- Agencies ensure appropriate clinical supervision of their spiritual care staff.

Standards:

- NHPCO Standard HR 1.3: "Hospice staff has current licenses, certifications or other credentials appropriate to their practice and scope of responsibilities and in accordance with applicable laws and regulations."
- NHPCO Standard HR 3.5: "Educational programs are developed in accordance with the hospice program's policies and individual competency development needs."

COMPETENCIES

Competencies for chaplains include general hospice knowledge, knowledge of other disciplines' areas of expertise, facility to function in the interdisciplinary team process, documentation, productivity and the knowledge base and skills particular to spiritual care. These competencies become the basis for the agency's employee evaluation process.

Guidelines:

- Chaplains establish their professional competency by a successful competency evaluation before providing any care.
- Chaplains maintain their competence through a program of professional development, through agency supported educational programs and clinical supervision, and required competency-based training related to any problematic performance areas.

Standards:

- NHPCO Standard HR 4.1: "All staff complete appropriate training and a competency evaluation before providing any care or assuming administrative responsibilities."
- NHPCO Standard HR 5: "The hospice develops and implements a competency assessment program for all staff and volunteers responsible for providing patient care activities."