BC Centre for Palliative Care

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BC Centre for Palliative Care

Inter-professional Palliative Competency Framework

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This Framework was adapted from the Palliative Care Competence Framework,[1] with the permission of Ireland Health Service Executive, and The Nova Scotia Palliative Care Competency Framework,[2] with the permission of the Nova Scotia Health Authority. Information directly quoted in the discipline-specific competencies is taken from the BC Provincial HCA (Health Care Assistant) Curriculum Guide.[3]

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Background

This Framework was adapted from the Palliative Care Competence Framework,[1] with the permission of Ireland Health Service Executive, and The Nova Scotia Palliative Care Competency Framework,[2] with the permission of the Nova Scotia Health Authority. Information directly quoted in the discipline-specific competencies is taken from the BC Provincial HCA (Health Care Assistant) Curriculum Guide.[3]

Since the founding of the BC Centre for Palliative Care (BCCPC) in 2014, the need for provincial competency standards for palliative care and palliative approach provision has become increasingly clear (see Appendix A for definitions). The Community of Practice for Palliative Care Education (Pall Ed BC) formed the Competency Framework Committee (to be referred to as the Committee in this report) to produce this Inter-Professional Palliative Competency Framework which includes a description of standards and corresponding educational resources. The framework will inform a provincial education strategy for formal Health-Care Providers (HCPs) who care for people* with life-limiting† conditions.

The development process was guided by the following key decisions of the Committee, Pall Ed BC and BCCPC:

- While BC will participate in the development of a national competency framework, the opening of new hospice spaces has created an urgent need in this province. Therefore, Pall Ed BC decided to proceed with this framework and will share its findings with the national working group once that group is formed.
- The Committee adapted existing frameworks from Ireland[1] and Nova Scotia[2] to the BC context in order to develop its own framework.
- Three categories of HCP have been created in order to reflect the variety of experience and practice composition that exist within the province.
- The competencies were created to span across settings and populations; each local context will need to determine the ideal HCP composition and relevant competencies for their population and setting.
- Four health disciplines have been included in this first phase of development: Physicians, Nurses (LPNs, RPNs and RNs), Social Workers/Counsellors and Health-Care Assistants. These were chosen because they are the most common HCPs working with people with life-limiting conditions across the most settings. Other disciplines are also vital to team-based care and will be included in the future as resources allow.

- Nurse practitioners were not included at this time as their roles in BC vary and require consultation beyond the scope of this project.
- The Committee debated imbedding the domain of Cultural Safety and Humility into the other domains since it is an expectation of all care provision; however, we decided to keep it separate to highlight its importance.

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* Throughout this document, “people” and “person” refer to the recipient of care, the one who has a life-limiting condition; this includes terms such as “patient”, “client” or “resident”.

† “Life-limiting condition” is any condition or illness which is progressive and could cause the death of the person; this includes terms such as “serious illness”, “life-threatening illness”, “terminal illness”, and other similar terms.

Competency Framework

The definition of a "competency" has been a matter of some debate.[4, 5] The Committee's use of the word tends towards the behavioural instead of the attributional definition. We define a competency as the performance of critical work functions using related knowledge, skills and abilities.[5, 6]

The framework has four components which will be described: competency triangle; competency domains; core competencies; and discipline-specific competencies.

1. Competency Triangle

The competency triangle is the foundation of the framework (Figure 1). It is divided horizontally into three HCP categories of specialization, represented by FEW, SOME and ALL. The triangle image and HCP categories were adapted from the Irish framework[1] to represent the relative numbers of HCPs needed to meet the needs of the population:

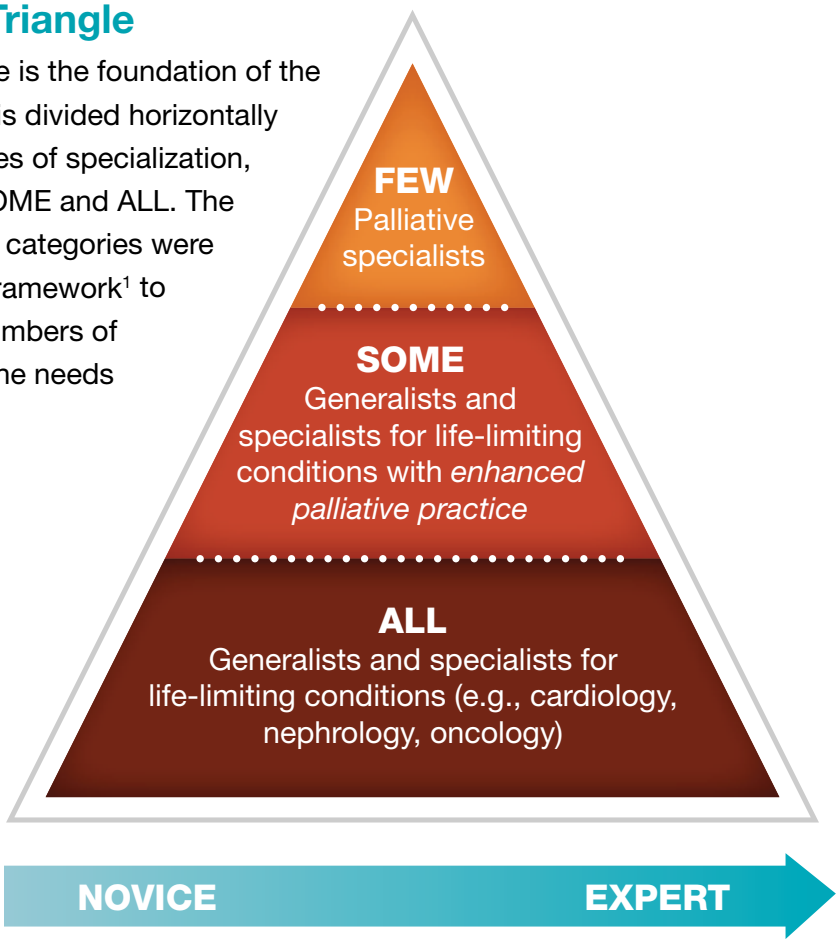

Figure 1 – Competency triangle

The above terms were chosen as categories rather than levels of expertise to show that each is equally valuable. They are separated by dotted rather than solid lines because some HCPs may fit into more than one category. "Specialists for life-limiting conditions" includes those caring for people with specific illnesses such as cancer, frailty, dementia, and organ failure.

Each HCP category includes the competencies from the ones below it in the diagram (e.g., HCPs in the SOME category may have competencies in both the SOME and ALL categories). Through continuing education and experience, HCPs should aim to move from novice to expert within a category (i.e., horizontal progression), whereas changing categories (i.e., vertical progression) is not necessarily the goal. For example, a HCP working on a medical ward could move from novice to expert in providing a palliative approach and remain in the ALL category.

Each health authority and organization will need to review the competencies and descriptions for each category and determine the requisite staffing mix to meet the needs of the people they care for. The Committee has not identified specific care settings or roles for the categories. Rather, we developed the following general descriptions to guide the categorization:

FEW: This category of HCPs provide direct palliative care for people with the most complex needs. They are a resource for HCPs along with people inside and outside of their local setting. They may also contribute to quality improvement on a system level.

SOME: HCPs in this category also provide care in any setting but these workers focus their practice more on people with life-limiting conditions. They provide enhanced care for more complex needs and consult with specialists as required. They are a resource for colleagues within their local environment and may support people who are not directly assigned to their care.

ALL: These HCPs provide direct care for any person, including those with life-limiting conditions, in any care setting. They use evidence-based guidelines and consultation with HCPs with enhanced or specialized palliative practice to provide care for people with basic needs. HCPs in the ALL category are a resource for people and their families, contributing regularly to inter-professional collaboration.

2. Competency Domains

The competency domains include standards specific to each category in the triangle; the eight domains together form a pie shape (Figure 2).

Figure 2 – Competency domains

Domain 1: Principles of palliative care and palliative approach

The palliative approach aims to improve the quality of life of all people who have life-limiting conditions and their families by applying the principles of palliative care in all settings in a manner that is proactive and context dependant. The palliative approach is applicable for people of any age and may come into play at any point from diagnosis through to bereavement.

Domain 2: Cultural safety and humility

HCPs focus on incorporating the uniqueness of each person, family and community into care planning through authentic listening. They use this domain to practice "relationship-based care" by adopting a humble, self-reflective clinical practice, and positioning themselves as a respectful and curious partner when providing care.[7, 8]

Domain 3: Communication

Communicating effectively is essential to the delivery of palliative care where circumstances can be uncertain and strong emotions and distress can arise. Specific consideration should be given to communication as a method of establishing therapeutic relationships and person/family participation in decision-making. This domain addresses communication with people and families, whereas Domain 5 addresses communication between HCPs.

Domain 4: Comfort and quality of life

Supporting and optimizing comfort and quality of life as defined by the person and family includes addressing their emotional, psychological, social and spiritual needs as well as their physical needs. This is an ongoing process which aims to prevent, assess and relieve suffering in a timely and proactive manner, and includes effective pain and symptom management.

Domain 5: Care planning and collaborative practice

Care planning is a collaborative practice that includes addressing, coordinating, and integrating person-centered and family-centred care needs. It is enabled by inter-disciplinary and cross-sector care planning and communication that involves assessing need and planning for likely changes that occur within the context of a deteriorating disease trajectory.

Domain 6: Loss, grief and bereavement

The palliative approach seeks to assist HCPs in providing support to people, families and communities, when possible, throughout the illness trajectory as they experience loss, grief and bereavement. Identifying needs and providing information and resources to those who may develop issues in their grieving is part of palliative care.

Domain 7: Professional and ethical practice

HCPs focus on respecting and incorporating the values, needs and wishes of the person and their family into care planning while maintaining professional, personal and ethical integrity. It guides all HCPs to consider how best to provide continuing care to people with life-limiting conditions as their health-care needs change.

Domain 8: Self-care

The palliative care approach includes ongoing self-reflection for all HCPs regarding the impact of caring for people with life-limiting conditions by using strategies to promote the health of oneself and the team.

The competencies in each domain are categorized into FEW, SOME and ALL. Every HCP is responsible for both the core competencies and the competencies specific to their discipline and category.

3. Core competencies

Core competencies are shared by the four selected disciplines. Each HCP is responsible for competencies according to their role, experience and education, as determined by their regulating body, the law, and agency policies. The Committee felt it was important to emphasize the commonalities amongst the disciplines by making these explicit. These competencies were created by analyzing national documents specific to each of the four disciplines to find shared competency expectations.[11-14]

4. Discipline-specific competencies

Each discipline has competencies which are unique to their profession. These were determined by reviewing existing provincial and national standards, as well as the two source documents.[1,2] Clinical consultants for each discipline as well as the Committee and Pall Ed BC provided input, review and final approval.

This high-level view of the framework has provided foundational structure for the next sections of this document: the core and discipline-specific competencies.

Core Competencies for every Health-Care Provider‡

Domain 1: Principles of palliative care and palliative approach

- Describes key elements of palliative care and a palliative approach.
- Identifies people who would benefit from a palliative approach.
- Describes people as holistic beings (i.e., with physical, emotional, psychosocial, sexual and spiritual aspects).
- Identifies who the family is for the person and includes family in care.
- Describes the role and function of the inter-professional team in palliative care.

Domain 2: Cultural safety and humility

- Incorporates the uniqueness of each person, family and community into all aspects of care.
- Builds relationships by listening without judgement and being open to learning from others.
- Practices self-reflection to understand personal and systemic biases.
- Advocates for culturally safe practices that are free of racism and discrimination.

Domain 3: Communication

- Provides emotional support to the person and family from diagnosis to bereavement.
- Asks the person and family what is important to them and, with permission, shares that information with the inter-professional team.

Domain 4: Comfort and quality of life

- Provides holistic, person-centred care.
- Incorporates comfort and quality of life, as defined by the person, as a key focus of care.
- Identifies issues affecting quality of life and collaborates with the inter-professional team to develop and implement a care plan.
- Supports people in self-management of their life-limiting condition(s), involving the family as appropriate.

Domain 5: Care planning and collaborative practice

- Collaborates with the inter-professional team, person and family to ensure care plans are consistent with goals of care, preferences and advance care plans (ACPs), which may change throughout the life-limiting condition(s).
- Anticipates, identifies and addresses supportive care needs of the person and family.

Domain 6: Loss, grief and bereavement

- Identifies grief as a common response to loss with multifaceted aspects that affect how it is experienced.
- Supports people and their families in their unique ways of grieving.

Domain 7: Professional and ethical practice

- Identifies and addresses ethical and/or legal issues in collaboration with the inter-professional team.

Domain 8: Self-care

- Reflects on, and addresses, own well-being.
- Supports colleagues as they address personal well-being in relation to challenges and complexities of this work.

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‡ For this project, the health-care providers included are: nurses (except NPs), health-care assistants, social workers/ counsellors, and physicians. Others may review this information for applicability to their discipline and request to be added to the included HCP list.

Discipline-specific competencies

The discipline-specific competencies have been formatted into tables, to allow the reader to see the Core Competencies, which are identical for every discipline, alongside competencies for each category of ALL, SOME and FEW. The competencies are separated into the eight domains.

Health-care providers (HCPs) are expected to demonstrate the competencies only as appropriate for their professional scope of practice, organizational policies, and specific job and role descriptions. Individual practice will range from novice to expert within each category.

Nurses and Health-Care Assistants Framework tables are provided in separate documents.

Appendix A – Definitions

Palliative care: According to the World Health Organization, "Palliative care … improves the quality of life of patients and their families facing the problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual."[9]

Palliative approach to care (PAC)[10]: The adoption of palliative care principles and adaptation of palliative knowledge and expertise to chronic life-limiting conditions. PAC may be incorporated into care by HCPs in a variety of care settings. A palliative approach is characterized by:

- Upstream identification of people with life-limiting conditions and their families, and addressing their needs based on the knowledge of the life-limiting nature of their specific condition or conditions.
- Adaptation of palliative knowledge and expertise to specific patient populations and contexts.
- Integration of PAC into systems and models of care that do not specialize in palliative care.

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All British Columbians affected by serious illness will have equitable access to compassionate, person-centred care and resources.