BC Centre for Palliative Care

Inter-professional Palliative Competency Framework: Discipline Specific Competencies for

Social Workers/ Counsellors

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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.

Social Worker / Counsellor-Specific competencies were informed by the Canadian Social Work Competencies for Hospice Palliative Care: A Framework to Guide Education and Practice at the Generalist and Specialist Levels.[4]

*See the BC Centre for Palliative Care: Inter-professional palliative competency framework for a detailed reference 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 FEW, SOME and ALL. 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.

DOMAIN 1	DOMAIN 2	DOMAIN 3	DOMAIN 4	DOMAIN 5	DOMAIN 6	DOMAIN 7	DOMAIN 8

DOMAIN 1: PRINCIPLES OF PALLIATIVE CARE AND PALLIATIVE APPROACH

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

CORE – COMMON TO ALL HCPs	GENERALIST - ALL	ENHANCED PRACTICE - SOME	SPECIALIST - FEW
Identifies who the family is for the person and includes family in care.	Understands society, family, and individual definitions and attitudes about illness, death and bereavement.	Addresses public and health system misconceptions about illness, death, bereavement and palliative care.	Facilitates and advocates for a compassionate societal response to illness, death and bereavement.
Describes people as holistic beings (i.e., with physical, emotional, psychosocial, sexual and spiritual aspects).	Utilizes a holistic approach to care and understands the interplay between various facets of life.	Utilizes a holistic approach to care in the context of a life-limiting condition(s) and declining health.	Utilizes a holistic approach to care with awareness of how illness, death and bereavement impacts all aspects of person's and family's functioning.
Describes the role and function of the inter-professional team in palliative care.	Describes the role of the palliative inter-professional specialist team and makes appropriate referrals.	Describes the roles, responsibilities, training, and perspective of the inter-professional team members.	Describes the role of inter-professional team members within other care settings and how to access resources
	Applies the psychosocial perspective and a strengths-based approach.	Describes the impact of progressive disease, grief, and bereavement on a person, family, inter-professional team and community.	Addresses the impact of progressive disease, grief, and bereavement on a person, family, inter-professional team and community using a strengths-based approach.
	Understands psychosocial models of illness.	Describes and may apply psychosocial models of palliative care and bereavement.	Applies psychosocial models of palliative care and bereavement.
Describes the key elements of palliative care and a palliative approach. Identifies people who would benefit from a palliative approach.	Incorporates a palliative approach in the local care setting.	Adapts and applies palliative principles to specific care settings and specialty populations of care.	Applies palliative principles and utilizes a palliative approach to care in specific care settings and specialty populations of care. Promotes and supports the adaptation of palliative principles in all care settings through capacity building of other care providers/ community partners as appropriate for role.

DOMAIN 2: CULTURAL SAFETY AND HUMILITY

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

CORE - COMMON TO ALL HCPs	GENERALIST - ALL	ENHANCED PRACTICE - SOME	SPECIALIST - FEW
Incorporates the uniqueness of each person, family and community into all aspects of care. Advocates for culturally safe practices that are free from racism and discrimination.	Identifies the person's and family's cultural traditions, beliefs, expectations and preferences; incorporates and advocates for their incorporation into decision making and care planning.		Advocates for incorporation of the person's and family's cultural traditions, beliefs, expectations and preferences into decision making, care planning and service delivery models.
Builds relationships by listening without judgement and being open to learning from others.	Advocates for cultural openness, understanding, respect and appropriate strategies.	Assesses and addresses spirituality, religion, hope and meaning-making in a way that is congruent with the person's and family's beliefs, values, and goals of care.	Facilitates expression and inclusion of the person's and family's values, beliefs and wishes during declining health and bereavement.
Practices self-reflection to understand personal and systemic biases.	Understands and addresses the impact of individual, team, health care cultures on people and their families.	Adapts care to incorporate the person's and family's own culture.	Advocates for changes in policy to facilitate incorporation of culture into care.

DOMAIN 3: COMMUNICATION

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

CORE - COMMON TO ALL HCPs	GENERALIST - ALL	ENHANCED PRACTICE - SOME	SPECIALIST - FEW
Provides emotional support to the person and family from diagnosis to bereavement.	Provides supportive counselling if within role and expertise. Refers people and families to clinical counsellors and/or community resources as appropriate.		Provides the person and family/caregiver bereavement counselling and psychosocial education through evidence-based frameworks, if within role and expertise.
	Assesses communication patterns, strategies, needs, and wishes of the person and family; shares information according to their readiness and capacity.	Approaches sensitive topics with empathy and openness while understanding communication issues and challenges for people, their families and the inter-professional team.	Understands how fatigue, weakness and imminent death may impact communication and helps person/family and inter-professional team interpret other forms of communication (e.g., symbolic communication, gestures, facial expressions). Considers the most helpful pace and timing of conversations.
	Assesses the person's and family's understanding of the life-limiting condition(s), care planning, and current health status.	Initiates conversations about palliative care with person and family.	Facilitates difficult conversations with families and members of the inter-professional team. Mentors others to facilitate and support these conversations.
Asks the person and family what is important to them and, with permission, shares that information with the inter-professional team	Facilitates inter-professional team and person/family conversations to ensure clear and consistent information is given. Supports informed and effective decision-making.	Mediates conflicts in goal setting and decision-making and facilitates consensus-building in care planning with people, families, and inter-professional team members.	Provides support, mediation and advocacy in exploring and clarifying treatment goals and care planning. Provides support, education, and patient advocacy when a person's goals are not supported by family or if plan of care is contrary to person's goals.
	Knowledgeable of important topics regarding life-limiting conditions, for example, creating an advance care plan (ACP).	Assesses and addresses sensitive or difficult topics.	Knowledgeable of stressors and conflicts often faced with a life-limiting condition(s) and in bereavement, and supports the person, family and inter-professional team to address these.

DOMAIN 3: COMMUNICATION cont'd			
	Considerations for children, youth and adults with cognitive challenges who have a life-limiting condition(s) or have a family member with a life-limiting condition(s).		
	Supports families with communicating with children based on their values, beliefs, culture and family system.		Anticipates and addresses communication challenges for families with children, youth and adults with cognitive challenges.
	Recognizes that children, youth and adults with cognitive challenges have a variable ability to communicate.	Understands the impact of varying ability to communicate on key issues around declining health such as decision-making.	Advocates for the views of the person to be incorporated into decision-making.
	Educates families and the inter-professional team on the importance of understandable conversation.	Supports people and their families to identify and report discomfort and challenges.	Utilizes resources for maximizing communication with nonverbal and developmentally impaired people.
	In collaboration with families, assesses the person's knowledge of their life-limiting condition(s) and provides information appropriate to their developmental stage and cognitive abilities.	Addresses discrepancies between the person's, their family's and the inter-professional team's perception of the life-limiting condition(s).	Facilitates development of a care plan that integrates the perspectives of the person, family and inter-professional team.

DOMAIN 4: COMFORT AND QUALITY OF LIFE

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

CORE - COMMON FOR ALL HCPs	GENERALIST - ALL	ENHANCED PRACTICE - SOME	SPECIALIST - FEW
	Provides trauma-informed care.	Recognizes the potential impact of palliative interventions related to past trauma for the person and family members.	Adapts care to address person's fears and anxieties related to past trauma.
Provides holistic, person-centred care.	Understands and addresses "total pain".	Provides psychosocial perspective on "total pain" to the inter-professional team.	Understands, educates and works with the person/family and inter-professional team about the interplay of spiritual, emotional, social, cognitive and physical aspects of the person's past experiences on their current quality of life.
	Assesses for anxiety and depression; intervenes or refers as appropriate.	Recognizes and differentiates between circumstantial and chronic anxiety and depression in people with a life-limiting condition(s).	Recognizes and differentiates between circumstantial and chronic anxiety and depression in people with a life-limiting condition(s) and their family members, during the disease process as well as during bereavement.
Identifies issues affecting quality of life and collaborates with the inter-professional team to develop and implement a care plan.	Explains psychosocial approaches to symptom management to the person, family and inter-professional team.	Addresses psychosocial concerns and provides resources and information; refers on when appropriate.	Provides specialist psychosocial interventions such as counselling.
Supports people in self-management of their life-limiting condition(s), involving the family as appropriate	Helps people/families identify their strengths, goals and strategies. Explores legacy-leaving with people and families as desired.	Understands the impact of disease progression and supports people and families to draw on their strengths within this context as symptoms change and health declines.	Recognizes and supports opportunities for people and their family's personal and spiritual growth while living with a life-limiting condition(s), declining health, and in bereavement.
Incorporates comfort and quality of life, as defined by the person, as a key focus of care.	Understands there are different perspectives on what 'quality of life' means.	Recognizes and addresses differing views held by the person, family and/or inter-profession team regarding comfort and/or quality of life.	Advocates for the person's and family's perspective when defining quality of life, identifying goals of care. Considers including the benefits and burdens of proposed treatments and options.

DOMAIN 4: COMFORT AND QUALITY OF LIFE cont'd			
	Understands the significance and centrality of relationships, based on concepts of attachment, loss, change and resilience.	Explores changing family dynamics and factors that contribute to distress within families during a life-limiting condition(s), while maintaining professional boundaries.	Addresses family dynamics during a life-limiting condition(s) causing distress with declining health and in bereavement. Educates inter-professional team members about maintaining healthy boundaries of within role.
	Identifies issues relevant for specific populations such as: Indigenous, the vulnerably housed, and LGBT2Q+.	Advocates for adapting care for specific populations such as: Indigenous, the vulnerably housed, and LGBT2Q+.	Adapts care to address social determinants of health, especially for specific populations such as: Indigenous, the vulnerably housed, and LGBT2Q+.
	Considerations for children and youth who are the person with a life-limiting condition(s) or a family member.		
	Recognizes the need for the person to engage in "normal" childhood activities.	Provides information on available therapies and resources for children and youth.	Provides developmentally appropriate non-pharmacological interventions within own expertise appropriate including: art, play therapy, and relaxation for relief of distress. Refers to other resources as needed.

DOMAIN 5: CARE PLANNING AND COLLABORATIVE PRACTICE

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.

CORE - COMMON FOR ALL HCPs	GENERALIST - ALL	ENHANCED PRACTICE - SOME	SPECIALIST - FEW
	Understands the role of the inter-professional team members in care planning and delivery.	Facilitates collaborative inter-professional team member relationships.	Addresses and seeks resolution to inter-professional team conflict to ensure collaborative practice in partnership with organizational leadership, if within role. May provide leadership in case reviews and debriefings.
	Knowledgeable of current legislation along with the specific organizational and regulatory body's position on Medical Assistance in Dying (MAiD). Follows organizational processes and best practices when responding to a request for hastened death.	Supports people and families who wish to pursue MAiD by providing information and referring on when appropriate. Supports the person and family when conflict arises about the decision to pursue MAiD.	Explores MAiD-related feelings, worries and hopes with people and their family. Facilitates team de-briefing regarding the impact of MAiD. Addresses the impact of MAiD on family bereavement, referring on to bereavement specialists when needed.
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).	Provides information on ACP and asks the person and family if they have had discussions previously. If present, ensures ACP documentation is on the medical record.	Helps to identify Substitute Decision-Maker (SDM) and provides information about needed documentation.	Addresses complexity in decision-making with declining health (e.g., disagreement between family members, no SDM).
	Demonstrates an awareness of the impact of complex family relationships/history and impact of role changes when formulating care plans.	Participates in team and family meetings to plan care that addresses psychosocial issues.	Leads/facilitates inter-professional team and family meetings to plan care that addresses complex psychosocial issues.
Anticipates, identifies and addresses supportive care needs of the person and family.	Knowledgeable of psychosocial and palliative care resources and services and when/how to refer.	Provides the psychosocial perspective to other members of the inter-professional team.	Provides the psychosocial perspective to health professionals outside of the local inter-professional team, if within role.

DOMAIN 5: CARE PLANNING AND COLLABORATIVE PRACTICE cont'd			
	Understands how issues, needs and goals vary with specific life-limiting conditions and can change with time. Communicates with inter-professional team when these changes require review and/or revision of the care plan.	Recognizes and addresses changing capacity for and interest in decision-making. Works with the team to address and incorporate into care planning (e.g., aging child becoming more involved in decision-making or person with progressing illness becoming less involved).	
	Is aware of the impact of caregiving on the health of informal caregivers; provides information about community supports.	Assesses and advocates for family capacity to provide care, adapting care plans as necessary.	Explores possible internal and external pressures related to caregiving.
	Considers the social determinants of health when care planning.	Adapts care plans to address the social determinants of heath.	Contributes to the creation of policies and procedures to address the social determinants of health on an organizational level.
	Assists family members to advocate for the person across multiple care systems and specialists, accessing community and educational supports.	Facilitates safe, smooth and seamless transitions of care.	Addresses system issues related to transitions across care settings.
	Maintains effective relationships with other providers to enhance care planning.	Awareness of differences between inter-professional team members, disciplines and systems, and an appreciation of the perspective, knowledge and skills of other disciplines as well as the team as a whole.	Advocates for the role of the social worker/ counsellor in responding to complex situations. Understands and promotes bio-psychosocial perspective as integral to health and well-being, delivery of care, and goals and decision making. Challenges inter-professional team, health care organizations, and public attitudes regarding psychosocial needs of people with a life-limiting condition(s).

DOMAIN 6: LOSS, GRIEF AND BEREAVEMENT

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

CORE - COMMON FOR ALL HCPs	GENERALIST - ALL	ENHANCED PRACTICE - SOME	SPECIALIST - FEW
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.	Understands common responses to loss for people and families during illness progression, and at time of death and bereavement.	Educates the family and inter-professional team regarding possible range of expressions and experiences of grief to help normalize these. Assists people and families to expect, recognize and express grief.	Expert consultant regarding loss, grief and bereavement.
		Recognizes and addresses anticipatory and cumulative grief.	Demonstrates a comprehensive knowledge of current approaches to loss, grief and bereavement.
	Recognizes potential for complexity in grief and refers to bereavement counselling or other services as appropriate.	Conducts a bereavement risk assessment, differentiating between normal and complicated/ prolonged grief.	Assesses complex grief reactions and situations, such as multiple loss, traumatic loss, and pre-existing vulnerabilities including mental illness and addiction, abuse and neglect.
	Provides information about and referral to local grief and bereavement resources and services	Provides emotional support for grief / bereavement within practice scope and role	Provides grief/ bereavement counselling or refers on as appropriate
		Explores possible strategies for coping with loss with the person, families and inter-professional team.	Contributes to research and practice in grief, loss, and bereavement care.
	Considerations for children and youth who are the person with a life-limiting condition(s) or a family member.		
	Understands potential issues and needs of bereaved children, youth and adults with cognitive challenges and their families.	Provides support and education for families.	
	Assesses for and provides psychosocial support to family members. Refers to community resources.	Knowledgeable of the distinctive characteristics of parental, sibling and grandparent bereavement. Provides support and education for families.	Understands the characteristics and challenges of grieving for a child or youth. Provides counselling support or refers as appropriate.

DOMAIN 7: PROFESSIONAL AND ETHICAL PRACTICE

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

CORE - COMMON FOR ALL HCPs	GENERALIST - ALL	ENHANCED PRACTICE - SOME	SPECIALIST - FEW
	Practices self-reflection to identify and mitigate the potential for transference and counter-transference while maintaining healthy boundaries.	Is aware of the contextual nature of ethical issues and supports colleagues in ethical reflection and decision-making.	Facilitates inter-professional team reflection to identify group values and ethical practices, and the impact of these on people, families and the team.
	Maintains an up-to-date knowledge of relevant processes, policies and available resources.	Applies social work models, community development initiatives, and capacity building approaches to palliative care.	Addresses micro, meso, and macro factors that influence palliative care (e.g., internal and external barriers, social determinants of health). Participates in community awareness and engagement activities to build understanding, capacity and inclusion.
	Research and Evaluation		
	Aware of and seeks relevant research and theory on psychosocial care in life-limiting condition(s)	Applies research and theory to own practice.	When appropriate for role, engages in quality improvement, research and knowledge translation to advance practice of self and others; bringing a psychosocial perspective.
	Education		
	Ensures inclusion of psychosocial perspective in all aspects of palliative care. Seeks own continuing education opportunities.	Provides education on a palliative approach to inter-professional colleagues and learners.	Educates others (teams, learners, systems, community) regarding psychosocial palliative care and the palliative approach.

DOMAIN 7: PROFESSIONAL AND ETHICAL PRACTICE cont'd			
	Advocacy		
Identifies and addresses ethical and/or legal issues in collaboration with the inter-professional team.	Advocates for rights of the person and family such as autonomy, self-determination, and privacy - within families, with the inter-professional team, and with health and other care systems.	Identifies and addresses barriers that impact access to and usage of palliative care programs and services.	Advocates at a system and community level. Takes leadership in policy, program development and delivery of psychosocial palliative care as appropriate for role.
	Is aware of potential impact of social determinants of health on the person's and family's experience of palliative care.	Educates others about the social determinants of health and their impact on the person's and family's experience of palliative care.	Engages in education and advocacy through the lens of social determinants of health. Upholds psychosocial needs and impacts as a social issue that requires community responses.
	Considerations for children, youth and adults with cognitive challenges and a life-limiting condition(s)		
	Takes direction from parents or guardians for decisions about the child's health care until they can understand the full implications of decisions.	Describes how changing developmental abilities of children impacts the ethics of decision-making (e.g., when appropriate decision-making shifts from parents to the child/youth).	When the parents and mature minor have differing goals of care, applies ethical principles, seeking support from ethical consultation teams as needed.

DOMAIN 8: SELF-CARE

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

CORE - COMMON FOR ALL HCPs	GENERALIST - ALL	ENHANCED PRACTICE - SOME	SPECIALIST - FEW
Reflects on, and addresses, own well-being.	Self-reflective about own practice and personal response to work with people with life-limiting condition(s).	Identifies and addresses personal issues and barriers to effective practice.	Identifies team and organizational barriers and issues and works collaboratively to address them.
	Understands the impact of working with a life-limiting condition(s), dying and death on care providers.	Informs and educates others about the positive and negative personal impact of working with loss, grief, and bereavement.	Understands and attends to the impact of death, dying, and bereavement on caregivers (self, family, team, professionals).
Supports colleagues as they address personal well-being in relation to challenges and complexities of this work.	Understands that responsibility for personal/ professional well-being is shared with individual, inter-professional team, and organization.	Engages with members of the inter-professional team and organization to promote personal and professional well-being.	If within role, provides education and support to enhance inter-professional team member's resilience in partnership with organizational leadership.
	Comfortable with ambiguity and multiple perspectives without trying to fix or find one right solution.	Explores multiple perspectives with the inter-professional team.	Promotes an organizational culture that is safe for expression of multiple perspectives and practicing within ambiguity.
	Awareness of complexities of life and palliative care.	Appreciates the sacredness and 'mystery' of providing palliative care.	Promotes the concept of psychosocialspiritual healing and mystery during illness, death and bereavement.

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