

Psychosocial – Spiritual Alberta Series

How Do I Know What I Don't Know?

Exploring the Alberta Palliative Care
Competency Frameworks

Host and Moderator: Ellen Mi

Presenters: Carleen Brenneis, Sheila Killoran

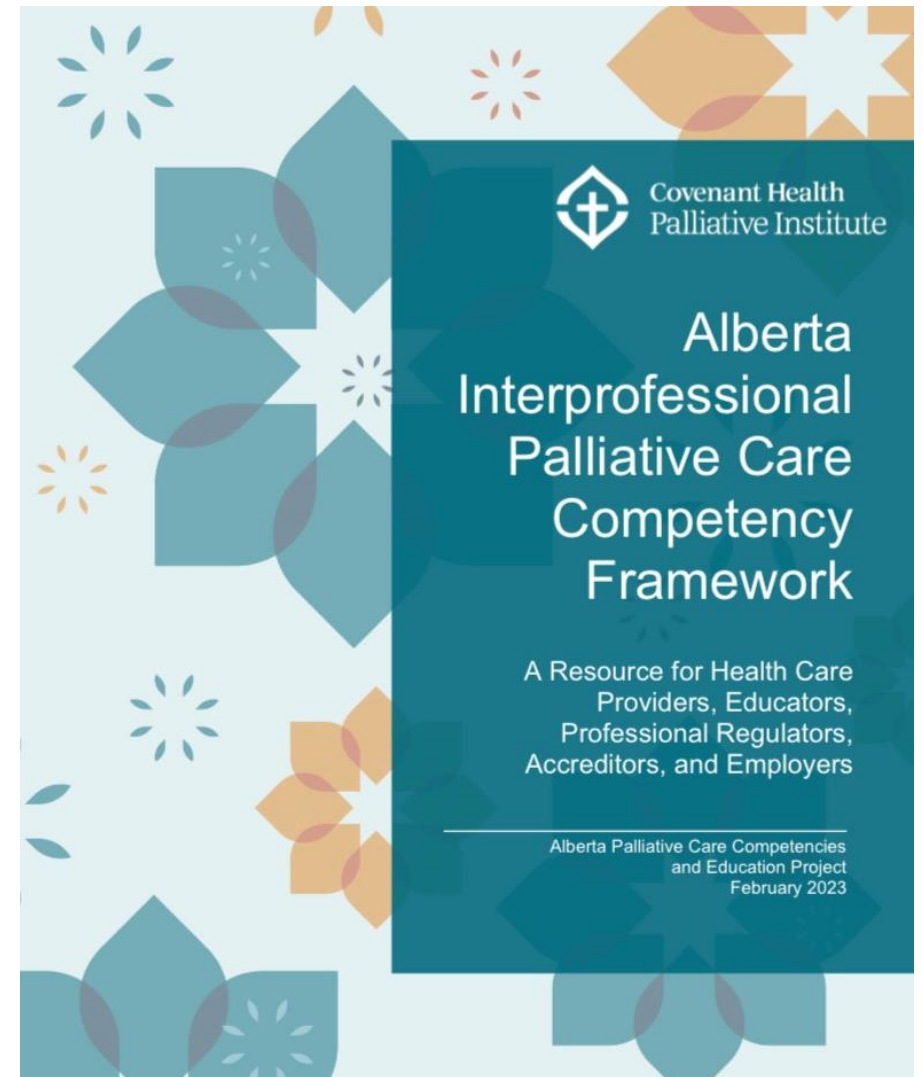
Date: January 18, 2024



BY



Covenant Health
Palliative Institute



The Palliative Care ECHO Project

The Palliative Care ECHO Project is a 5-year national initiative to cultivate communities of practice and establish continuous professional development among health care providers across Canada who care for patients with life-limiting illness.

Stay connected: www.echopalliative.com

Land acknowledgement

We acknowledge that what we refer to as Alberta is the traditional ancestral territory of a diversity of Indigenous peoples and home to Treaty 6, 7 and 8. We recognize and give thanks to the many First Nations, Métis and Inuit who have lived in and cared for these lands for generations, all who continue to grace these lands and all future generations. We make this acknowledgement as an act of reconciliation and gratitude



Snow on North Saskatchewan River, Beaver Hills House (Edmonton) Alberta
Photo Credit: Sheila Killoran

Introductions

Host and Moderator

Ellen Mi

Echo Coordinator

Covenant Health Palliative Institute



Presenters

Carleen Brenneis BScN, MHSA

Project Coordinator

Palliative Institute Competency and Education Grant

Covenant Health

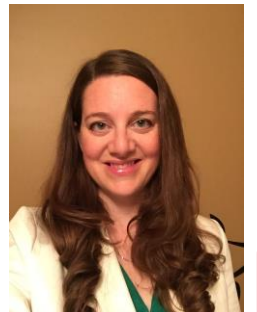


Sheila Killoran MTA, MA, FAMI

Education Lead

Palliative Care Institute

Covenant Health



How Do I Know What I Don't Know? Exploring the Alberta Palliative Care Competency Frameworks.

Psychosocial-Spiritual Alberta Series

Session 2



BY



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Date: January 18, 2023

Learning Objectives

By the end of the session, participants will be able to:

Describe the application of palliative care competencies for health care providers.

Reflect on how palliative care competency domains and statements apply to psychosocial-spiritual care

*Engage in group discussion about **role of competencies** in supporting psychosocial-spiritual care*

About the palliative care interprofessional competency framework



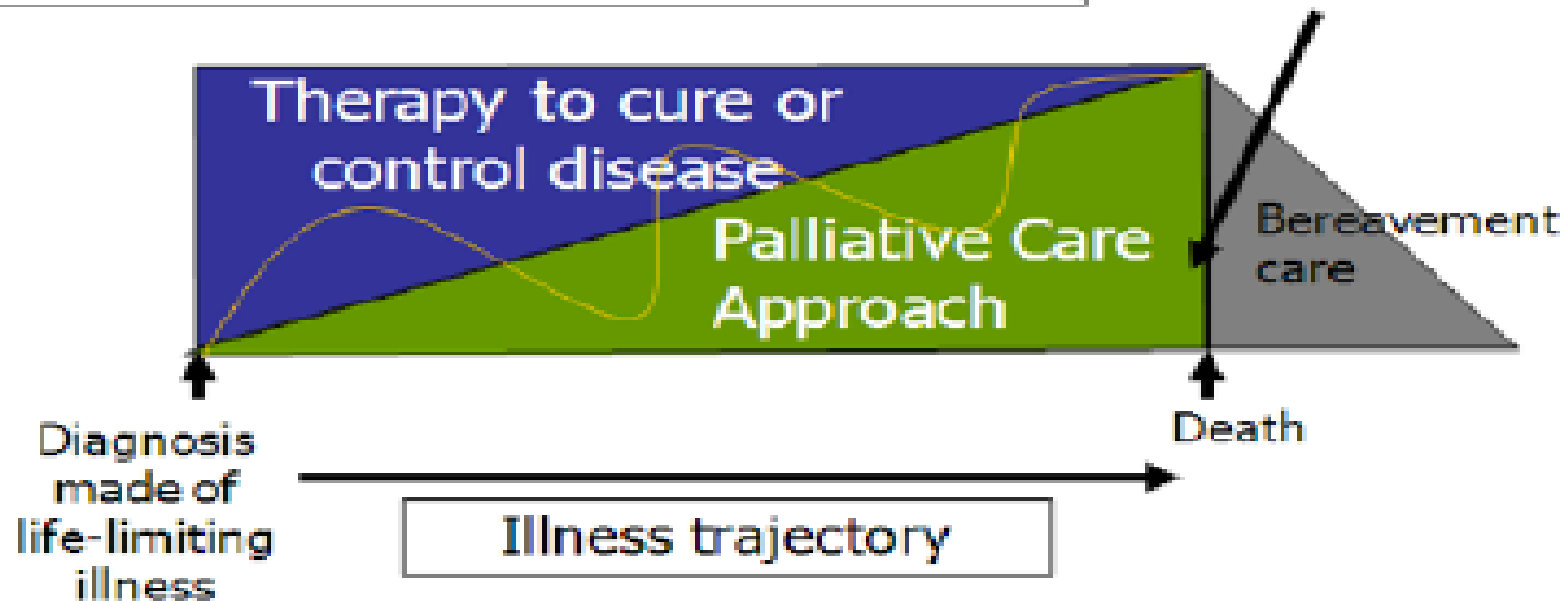
Hospice Palliative Care

CHPCA Model

Illness trajectory

- More predictable in cancer and ALS
- Less predictable in AIDS, lung & heart diseases

End of Life Care
Terminal phase



Definition of “Competency”

A competency is defined by Parry (1996) as a “cluster of related **knowledge, skills and attitudes** that affects a major part of one’s job (a role or responsibility), that correlates with performance on the job, that can be measured against well-accepted standards, and that can be improved via training and development.”

Example of Competency Statement

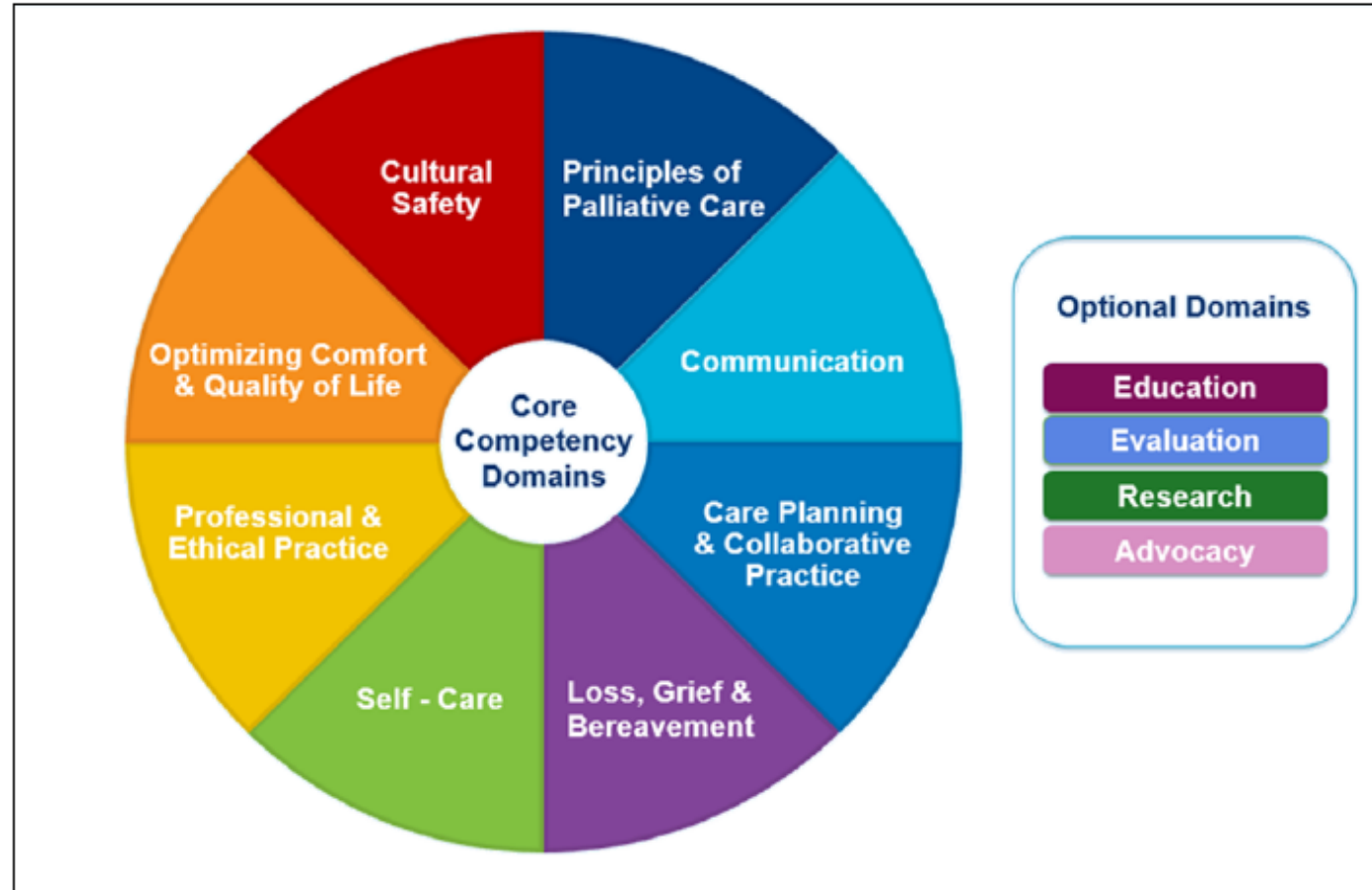
Domain: Optimizing Comfort & Quality of Life

Competency Statement, 2.Generalist - Provide palliative care that acknowledges all dimensions of personhood (physical, psychological, social and spiritual).

Domain: Loss, Grief and Bereavement

Competency Statement, 2. Specialist – Address the physical, psychological, spiritual, emotional and social responses to loss and grief.

Alberta Interprofessional Palliative Care Competency Framework Domains

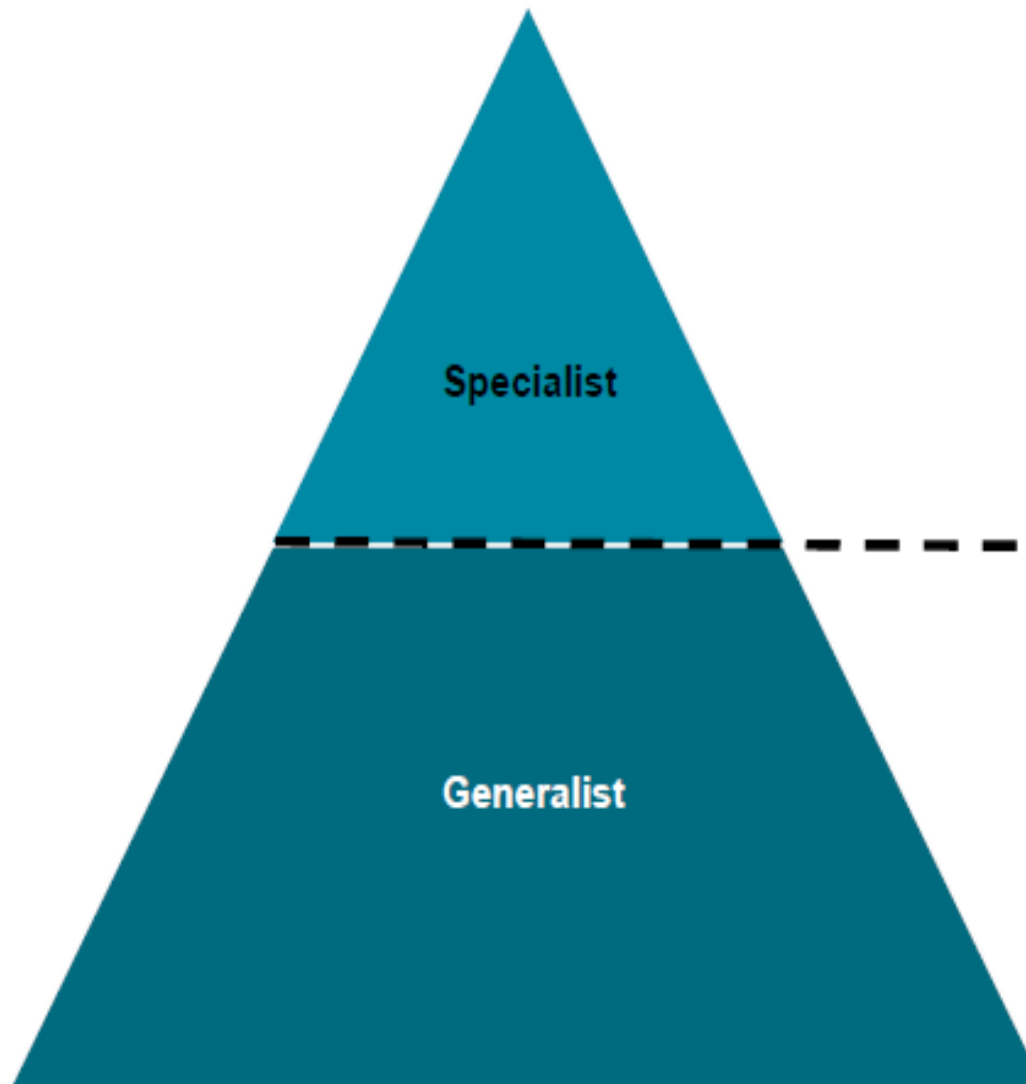


Alberta Palliative Care Interdisciplinary Competency Framework DOMAINS (8)

- **Principles of Palliative Care** - Palliative care is both a philosophy and an approach to care that enables all patients with a lifelimiting illness The following principles are foundational in providing palliative care to each patient and their family within Alberta: patient- and family-centredness; equitable access; collaborative and integrated team service delivery; communication and information sharing; safety; ethical and quality care; sustainability and accountability; clearly defined governance and administration models; and research.
- **Communication.** Specific consideration should be given to communication as a method of establishing therapeutic relationships and facilitating patient/family participation in decision-making. Empathetic, communication, also includes information technology (connectcare) and the use of common tools, language and appropriate documentation to convey appropriate information.

- **Care Planning and Collaborative Practice** Care planning is a collaborative practice that includes addressing, coordinating and integrating patient- and family-centred care needs.
- **Optimizing Comfort and Quality of Life.** Comprehensively assessing and addressing their emotional, psychological, social and spiritual needs as well as their physical needs as defined by patient and family. Includes effective symptom management that aligns with the patient's goals of care.
- **Loss, Grief and Bereavement** Providing support to patients, families and communities, when possible, throughout the illness trajectory as they experience loss, grief and bereavement.

- **Professional and Ethical Practice** HCPs focus on respecting and incorporating the values, needs and wishes of the patient and their family into care planning while maintaining professional, personal and ethical integrity.
- **Cultural Safety** Cultural safety is a process that encourages a patient to feel safe without fear of judgement, repercussions, discrimination (individual or systemic) or assault because of their needs and intersectional identities as defined and experienced by the patient. Cultural safety is based on respectful engagement and communicating respect for a patient's beliefs, behaviours and values.
- **Self-Care** Self-care includes a spectrum of knowledge, skills, attitudes and self-awareness. It requires all HCPs to engage in ongoing self-reflection regarding appropriate professional boundaries and the personal impact of caring for patients with life-limiting illnesses and their families...



Specialist: A health care provider whose practice is focused on palliative care and consultation for people and families, or caregivers affected by life-limiting conditions, especially those with complex needs.

Generalist: A health care provider whose practice includes people with life-limiting conditions and their families or caregivers, but not as the primary focus of their practice. Generalists may provide palliative care in partnership with specialists.

Alberta Palliative Care Competencies & Framework

Information for Health Professionals

These 15 discipline-specific competency frameworks provide a reference and opportunity for front line clinical staff and volunteers to engage in self-assessment of knowledge, skills, behaviors and attitudes toward palliative care and when caring for a person with a life-limiting illness and their family. These documents can furthermore be used to inform and guide academic curricula, professional development, professional regulatory bodies, continuing education programs and employers.

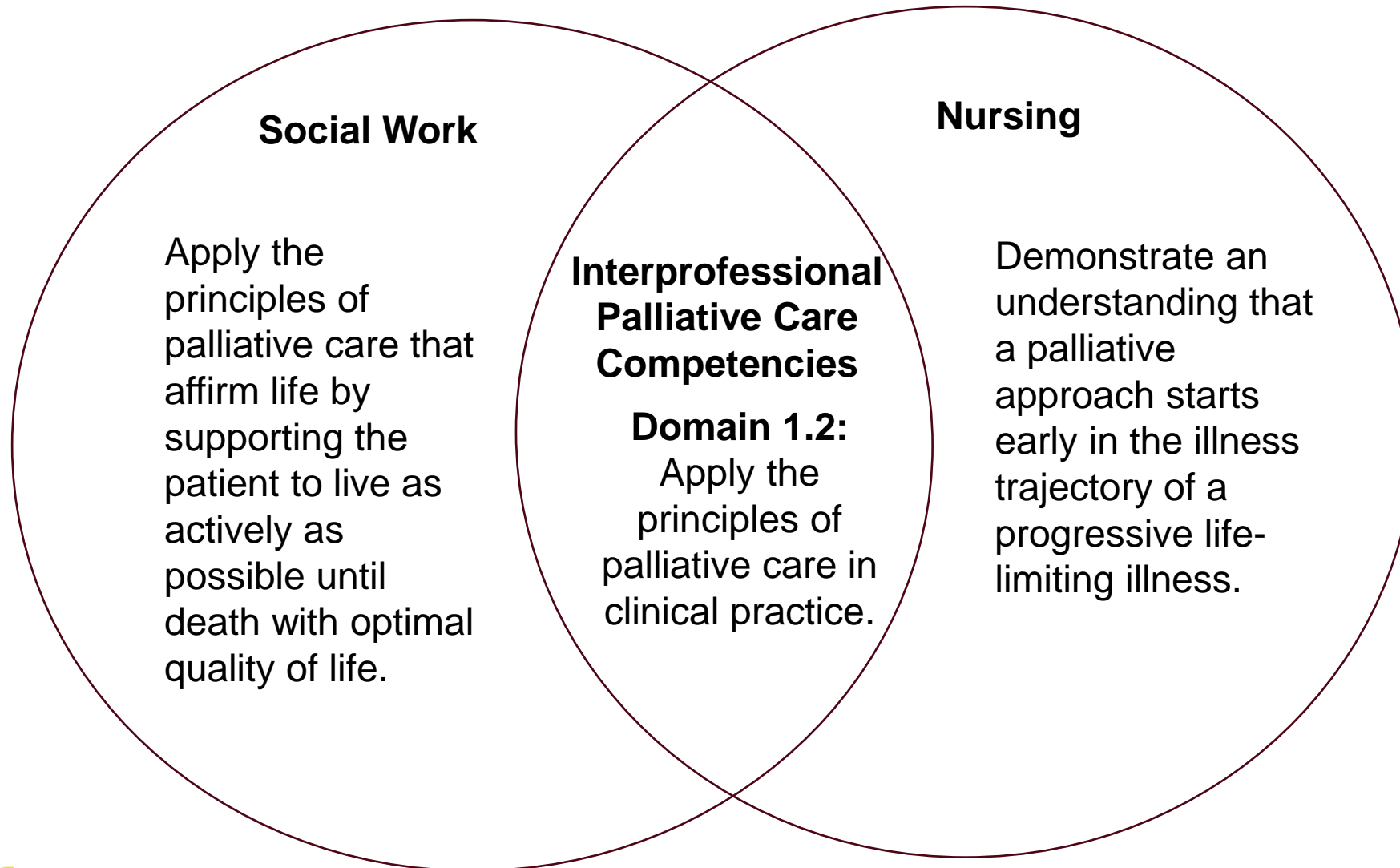
- [Alberta Palliative Care Competency Framework - Technical Report](#)
- [Dietitians - Palliative Care Competency Framework](#)
- [Emergency Medical Responders and Paramedics - Palliative Care Competency Framework](#)
- [Health Care Aides - Palliative Care Competency Framework](#)
- [Medical Radiation and Imaging Technologists - Palliative Care Competency Framework](#)
- [Nurses - Palliative Care Competency Framework](#)
- [Occupational Therapists - Palliative Care Competency Framework](#)
- [Pharmacists - Palliative Care Competency Framework](#)
- [Psychologists - Palliative Care Competency Framework](#)
- [Physiotherapists - Palliative Care Competency Framework](#)
- [Respiratory Therapists - Palliative Care Competency Framework](#)
- [Social Workers - Palliative Care Competency Framework](#)
- [Speech-Language Pathologists and Audiologists - Palliative Care Competency Framework](#)
- [Spiritual Care Practitioners - Palliative Care Competency Framework](#)
- [Volunteers - Palliative Care Competency Framework](#)

<https://www.albertahealthservices.ca/info/Page17398.aspx>

Health Care Providers Who Participated in Interprofessional Competency Development

HCP Group	Number of Participants
Physiotherapists	3
Occupational Therapists	8
Emergency Medical Responders/Paramedics	3
Respiratory Therapists	3
Nurses (Registered Nurses, Registered Psychiatric Nurses, Licensed Practical Nurses, Clinical Nurse Specialists, Nurse Practitioners)	27
Health Care Aides	0
Pharmacists	5
Dietitians	8
Psychologists	2
Speech Language Pathologists	5
Medical Radiation Imaging Technologists	5
Social Workers	8
Spiritual Care Practitioners	7
Audiologists	3
Physicians	6
Total: 93	

Domain: Principles of Palliative Care



Link to Competencies from

[Alberta IPC Competency framework \(covenanthealth.ca\)](#)

<https://www.albertahealthservices.ca/info/Page14559.aspx>

Why Competencies?

The discipline-specific and interprofessional frameworks establish an Alberta minimum standard to guide HCP self-identification of competency gaps, interprofessional training activities, continuing education, regulation, employer standards, accreditation, and the integration of a palliative approach to care into all clinical practice settings.

The frameworks provide guidelines for HCPs who work full time in palliative care as well as those who work in general areas.

The IPC competencies encourage IPC teamwork.

Who can use Palliative Care Competencies?

- The Framework helps the public, health care providers and employers know what is expected to receive the best possible palliative care. Having both specialist and generalist (providers who provide care to people with life limiting conditions where palliative care is not the primary focus).
- Allows health care providers (main audience) to identify the skills, knowledge and attitudes required when providing palliative care in Alberta. Framework for self assessment and focus for continuing education. Helps with understanding the competencies expected in their job, the key behaviors they should demonstrate, and the steps needed to increase their proficiency levels.
- Provides employers a standardized resource in developing education programs, team building activities, meeting accreditation and direction toward employer performance standards. Can help with engagement and retention.
- Regulatory Colleges can utilize the competencies to inform college competency profiles and requirements.

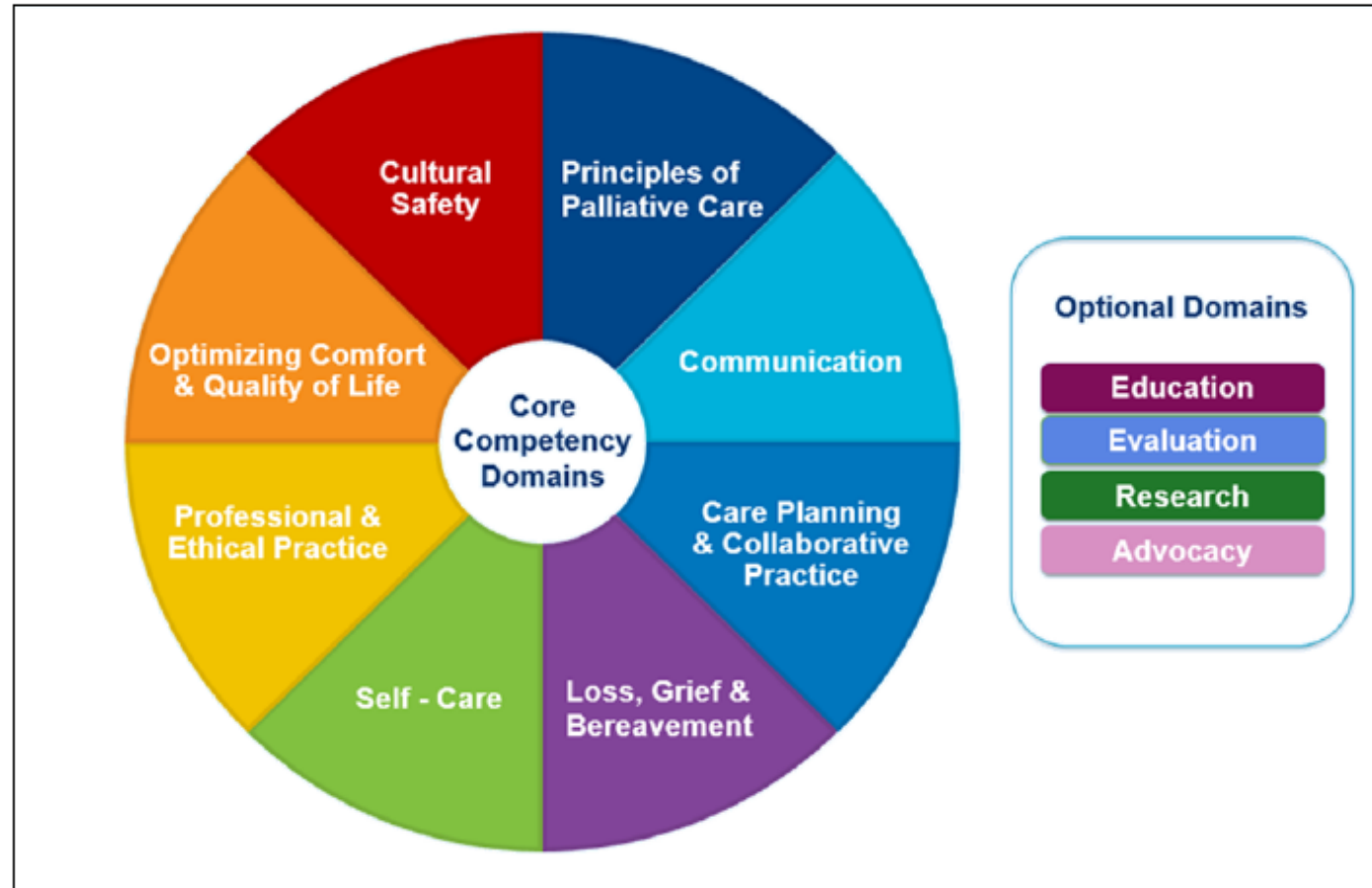
Application to Psychosocial- Spiritual Care



Application to the Interprofessional Team

- Every domain benefits from an interprofessional team.
- Every domain discusses psychological, spiritual, emotional and social dimensions of care.
- Various health care providers may use different language and approaches, you may chose to focus on discipline specific competency framework.

Alberta Interprofessional Palliative Care Competency Framework Domains



Domain: Communication

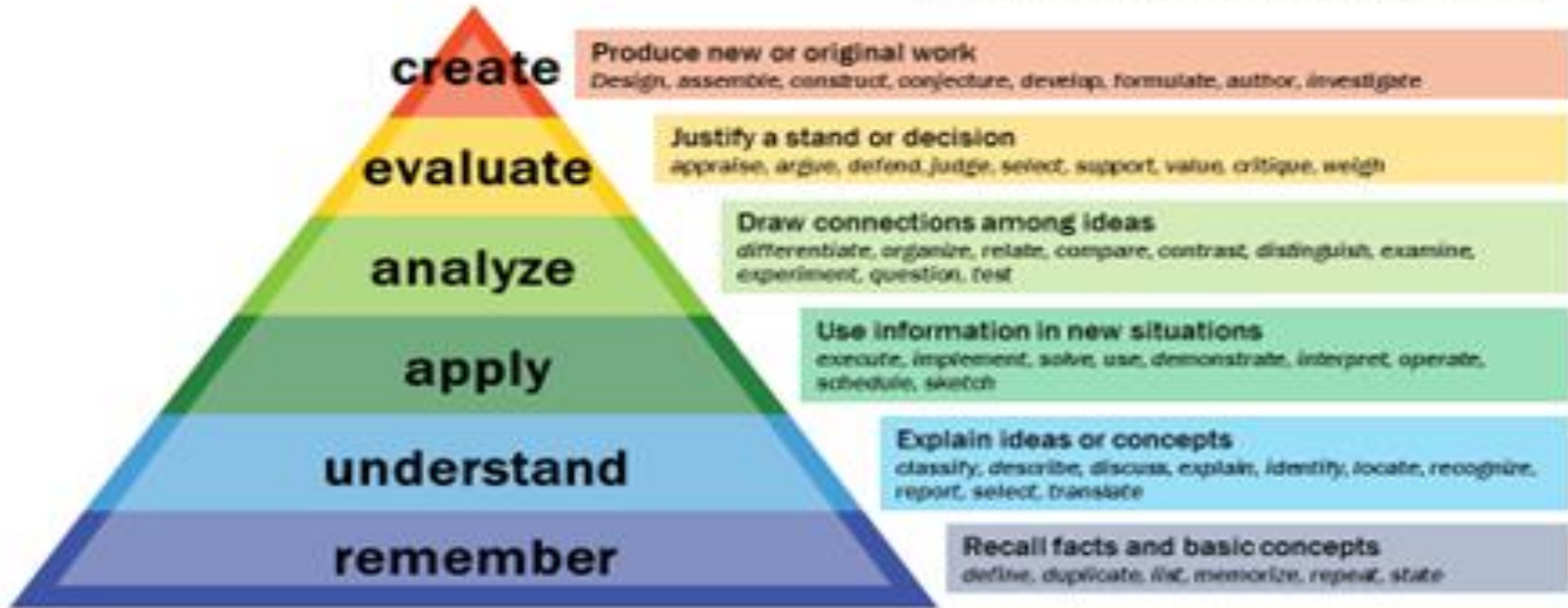
Generalist

1. Assess the patient's and family's understanding of the life-limiting illness and its trajectory.
2. Explore with the patient and family their priorities, preferences, values, beliefs, fears, and hopes regarding death and dying with respect and sensitivity.
3. Identify patients and families in need of additional communication supports (including but not limited to: interpreters, assistive technology, supportive communication, hearing aids/personal amplification devices and visual aids).
4. Adapt communication approach with the patient and their family based on their understanding of the life-limiting illness and amount/type of information they wish to receive
5. Identify when illness progression impacts the ability or capacity of the patient to engage in meaningful discussion.

Specialist

1. Engage in highly skilled, compassionate, individualized and timely communication with the patient, their family and the interprofessional team.
2. Discuss care and treatment options with the patient, their family and interprofessional team (including, but not limited to: the anticipated benefits, burdens and risks of options).
3. Explore patient and family perspectives across physical, functional, psychological, social and spiritual domains.
4. Provide support, mediation and advocacy to explore and clarify treatment goals and care planning.
5. Facilitate interprofessional team discussions, debriefings and case reviews.

Bloom's Taxonomy



Domain: Communication (G4)

Adapt communication approach with the patient and their family based on their understanding of the life-limiting illness and amount/type of information they wish to receive.

How do you work with a patient and family to understand what they know and what they want to know prior to a discussion?

How do you adapt your language and choice of words in your discussions?

Domain: Loss, Grief and Bereavement

Generalist

1. Describe the dimensions of grief.
2. Acknowledge diverse perspectives on loss, grief and bereavement.
3. Describe the impact of physical, psychological, spiritual, emotional and social dimensions of loss.
4. Identify the loss, grief and bereavement needs of the patient with life-limiting illness and their family.
5. Recognize the factors that may increase the risk of complicated and disenfranchised grief.
6. Provide support to the patient and family throughout the grieving process including during illness, decline, time of death and bereavement.

Specialist

1. Address the needs of those at risk of, or who may be experiencing complex and/or disenfranchised grief
2. Address the physical, psychological, spiritual, emotional and social responses to loss and grief.
3. Utilize a broad range of evidence-based interventions for the patient with a life-limiting illness and their family when increased stress, vulnerability and/or complex grief are present.
4. Mentor colleagues to support their personal understandings of loss, grief, and bereavement.
5. Support bereavement follow-up with families.

Domain: Loss, Grief & Bereavement (G6)

Provide support to the patient and family throughout the grieving process including during illness, decline, time of death and bereavement.

What does “provide support” mean in your practice?

Grief can start even before a diagnosis. What early signs of grief can do you recognize in your clients?

How does the support you provide shift as the person’s condition progresses?

Domain: Optimizing Comfort and Quality of Life

Generalist

1. Provide palliative care that acknowledges all dimensions of personhood (physical, psychological, social and spiritual).
3. Recognize changes in the physical, psychological, social, and spiritual needs of each patient with a life-limiting illness and their family.
7. Recognize that symptoms are subjective in nature and should be assessed and understood from a patient-centered perspective.
8. Utilize pharmacological and/or non-pharmacological symptom management strategies to minimize suffering and promote comfort and quality of life.
11. Adapt care to address the patient's fears, worries, concerns, anxieties and hopes.

Specialist

1. Work together with the patient and family to identify their collective strengths and effective coping strategies. Apply advanced knowledge of the full spectrum of life-limiting illness trajectories in response to the patients and their family's complex and multidimensional care needs.
6. Apply expertise to address the complex interplay of factors that impact a patient's physical functioning and quality of life within the context of a life-limiting illness.
10. Address factors that contribute to distress within the family paradigm during life-limiting illness.
11. Address acute and chronic psychological distress in a patient with advanced disease

Domain: Optimizing Comfort & Quality of Life (G1)

Provide palliative care that acknowledges all dimensions of personhood (physical, psychological, social and spiritual).

How do you acknowledge “personhood” in your practice?

How do you help your colleagues integrate the dimensions of personhood to support care?

Can you think of a situation where bringing forward these dimensions really made a difference?

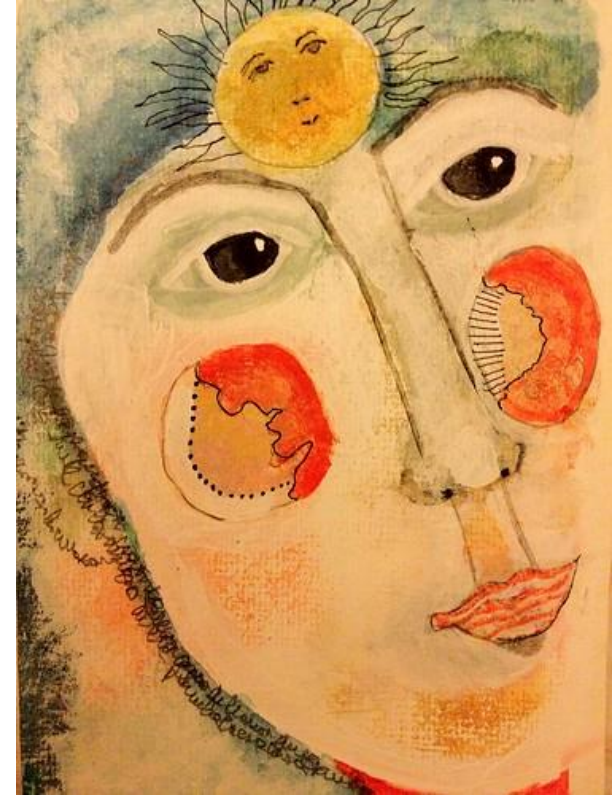
Personhood

Patient Dignity Question (PDQ):

“What should I know about you as a person to give you the best care possible?”¹

Other important questions include:

- At this time in your life, what are the things that are most important to you, or that concern you most?
- Who else (or what else) will be affected by what’s happening with your health?
- What supports from your community, culture, faith group would be helpful to you?”²
- Who would you like to help support you?



1. Chochinov, H. M.(2022) Dignity In Care: The Human Side of Medicine; Oxford University Press; 2. Bob Parke, Bioethicist, ON

Validating Personhood

- Health care assessment documented in the person's own voice¹.
- Staff speaking to an unconscious patient about care/ what's happening
- Providing dignity and privacy: private room when dying, mouth care.
- Honouring person's desire to accept or refuse specific procedures / interventions
- Honouring person's desire for cultural or spiritual/religious rituals or visitors
- Facilitating choices within session, accompaniment, special requests: visit from a beloved pet.



1. Sofronas, M., Wright, D. K., & Carnevale, F. A. (2018). Personhood: An evolutionary concept analysis for nursing ethics, theory, practice, and research. *Nursing Forum*, 1–10. <https://doi.org/10.1111/nuf.12267>

2. Sorensen, S. J., Sofronas, M., Hudson, H., & Wright, D. K. (2021). Supporting ethical ICU nursing practice in organ donation: An analysis of personhood. *Canadian Journal of Critical Care Nursing*, 32(1), 18–26. <https://doi-org.login.ezproxy.library.ualberta.ca/10.5737/23688653-3211826>

Domain: Optimizing Comfort & Quality of Life (S10)

Address factors that contribute to distress within the family paradigm during life-limiting illness.

What factors contribute to distress in the families you work with? How do you mitigate this distress?

How do you facilitate communication for a family that is distressed?

Are there questions that you pose that you have found effective?

Factors in Family Distress

- Patients with **less support from closest family** had more anxiety, stress, nervousness
- **Worries of personal finances** and having “too many problems to manage”
- **Support from outside the closest family** (such as from friends, other relatives) was related to better coping
- **Spiritual and religious support** was important for some
- **Reciprocal support** – Feeling they can still offer meaningfully to the relationships, “, visiting each other when sick... or just smiling and saying “thank you””

Milberg, A. Wahlberg, R., Krevers, B. (2014). Patients' sense of support within the family in the palliative care context: what are the influencing factors? *Psycho-Oncology*, 23, 1340–1349. DOI: 10.1002/pon.3564

Family Communication

Storytelling:

- In what way has the illness affected you as individuals? As a family?



Identifying how to support each other (reciprocal support):

- In what way can the other family members support you with what you find most worrying or challenging?
- Who in the family are you most worried about?
- What has been helpful that your family has done for you?

Group Discussion

- application of palliative care competencies for Psychosocial-Spiritual care



Group Discussions – 3 break out groups

Domains and Breakout room:

1. Communication
2. Loss, Grief and Bereavement
3. Optimizing Comfort and Quality of Life

Will begin discussions with questions earlier posed in each domain.

Sheila, Ellen and Carleen will each facilitate a group. Please pick a topic and move yourself into the breakout room.

Group work will be pulled back to main room at 1250. There will not be summaries from each breakout room.

Domain: Communication - Carleen

Generalist

1. Assess the patient's and family's understanding of the life-limiting illness and its trajectory.
2. Explore with the patient and family their priorities, preferences, values, beliefs, fears, and hopes regarding death and dying with respect and sensitivity.
3. Identify patients and families in need of additional communication supports (including but not limited to: interpreters, assistive technology, supportive communication, hearing aids/personal amplification devices and visual aids).
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5. Facilitate interprofessional team discussions, debriefings and case reviews.

Domain: Communication (G4)

Adapt communication approach with the patient and their family based on their understanding of the life-limiting illness and amount/type of information they wish to receive.

How do you work with a patient and family to understand what they know and what they want to know?

How do you adapt your language, choice of words in your discussions?

Domain: Communication (S3)

Explore patient and family perspectives across physical, functional, psychological, social and spiritual domains.

How do you learn about the patient & family's perspective in psychosocial, social, spiritual domains?

What have you found to be successful in exploring patient and family perspective ?

Domain: Loss, Grief and Bereavement

Generalist

1. Describe the dimensions of grief.
2. Acknowledge diverse perspectives on loss, grief and bereavement.
3. Describe the impact of physical, psychological, spiritual, emotional and social dimensions of loss.
4. Identify the loss, grief and bereavement needs of the patient with life-limiting illness and their family.
5. Recognize the factors that may increase the risk of complicated and disenfranchised grief.
6. Provide support to the patient and family throughout the grieving process including during illness, decline, time of death and bereavement.

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Domain: Loss, Grief & Bereavement (G6)

Provide support to the patient and family throughout the grieving process including during illness, decline, time of death and bereavement.

What does “provide support” mean in your practice?

Grief can start even before a diagnosis. What early signs of grief do you recognize in your clients?

How does the support you provide shift as the person’s condition progresses?

Domain Loss, Grief & Bereavement: (S3)

Utilize a broad range of evidence-based interventions for the patient with a life-limiting illness and their family when increased stress, vulnerability and/or complex grief are present.

How do you provide support for patient who is demonstrating vulnerability?

Do you have a successful intervention when addressing complex grief?

Domain: Optimizing Comfort and Quality of Life - Sheila

Generalist

1. Provide palliative care that acknowledges all dimensions of personhood (physical, psychological, social and spiritual).
3. Recognize changes in the physical, psychological, social, and spiritual needs of each patient with a life-limiting illness and their family.
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Domain: Optimizing Comfort & Quality of Life (G1)

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Can you think of a situation where bringing forward these dimensions really made a difference?

Domain: Optimizing Comfort & Quality of Life (S10)

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Are there questions that you pose that you have found effective?

Questions?

Do you
have any
questions?

Share
one take home
message from the
presentation today.

Evaluation Form

- Please fill out this evaluation form for today's session
- www.redcap.link/psychosocialspiritual2

Next Session

Complex Grief & Self-Care for the Practitioner

Registered psychologist and assistant clinical professor at the University of Alberta Dr. Nowlle Liwski will explore the topic of complex grief and share strategies for cultivating self-care.

- **Thursday February 15, 12 – 1 pm**
- Presenter: Dr. Noelle Liwski, PhD, RPsych

Details at: [ECHO Hub | Compassionate Alberta](#)

Register Here: [Register Zoom Meeting](#)



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Thank You

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