Canadian Social Work Competencies for Hospice Palliative Care: A Framework to Guide Education and Practice at the Generalist and Specialist Levels

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Bosma, H, Johnston, M, Cadell S, Wainwright, W,
Abernathy N, Feron, A, Kelley ML, Nelson, F.

Social workers play an important role in the delivery of Hospice Palliative Care (HPC). In time, most social work practitioners encounter adults, children and families who are facing progressive life limiting illness, dying, death, or bereavement. Such social work interactions occur not only in health care settings, but in all locations where social workers practice. The profession of social work brings a unique perspective to end-of-life care that reflects and supports the holistic philosophy of HPC. Both incorporate an ethic of care that considers individuals in the full context of their lives. The social work profession's expertise in the psycho-social and spiritual dimensions of human experience throughout the life course addresses a key component of the Canadian Hospice Palliative Care Principles and Norms of Practice (http://www.chpca.net/norms-standards/model_to_guide_hpc.html).

Despite the prominent and longstanding position of social work in HPC, the role and functions of social workers had not been clearly defined. Therefore, a national task group of social work practitioners and educators came together to identify competencies that are essential to social work practice in HPC. The task group recognized that a description of basic practice competencies was necessary to the development of professional practice standards and education in this area. They used a modified Delphi process to consult front line clinicians across Canada, and thereby achieved consensus regarding the identification and description of 11 core competencies.

The following is a comprehensive, descriptive document outlining the competencies for social work practice and education in HPC. They include advocacy, assessment, care delivery, care planning, community capacity building, evaluation, decision-making, education and research, information sharing, interdisciplinary teamwork, and self-reflective practice. Each competency is described according to the values, knowledge, and skills significant to it. Although there was debate about whether cultural sensitivity should be developed as a stand-alone competency, most participants agreed that it was implicit to all dimensions of practice already described.

These competencies are meant to be used as a recommended framework describing the scope of social work practice in end-of-life care rather than an inflexible template that all social workers who provide HPC are expected to demonstrate in a uniform manner. They are relevant to new and experienced generalist and specialist social work practitioners who work with individuals and families living with progressive life-limiting illness or coping with grief and bereavement. They are relevant in any setting where social workers practice, not only for social workers working in specialized settings. However, the direct application of these competencies will vary across settings and for different practitioners. This variability reflects the reality of different levels of education and training among social workers, as well as different job descriptions and resources that exist across care sites and geographic locations in Canada.

These competencies can be used by social workers to guide their own practice and articulate their role and activities to other professionals, as well as to clients and family members. They can be incorporated into electronic and print descriptions of social work services that can be disseminated throughout practice settings. Furthermore, they can be

used in the workplace to develop job descriptions, guide the hiring and evaluation of social workers, and support practice and program goals for the delivery of HPC social work services.

Finally, the competencies can be used to inform professional development and education curricula for social workers entering the field as well as those already practicing in it. Efforts are underway with the Canadian Association of Social Work Education to create a strategic plan for implementation of the competencies into social work education at both undergraduate and graduate levels. For example, they can be used by course and field instructors to develop curricula with a focus on end-of-life care with corresponding learning goals and evaluation benchmarks. Discussions have also been initiated with professional social work associations to review the competencies and to outline ways to promote them through continuing education programs. Ultimately, the use of the competencies in these diverse ways will enhance social work capacity in HPC, and increase the number of expertly trained and educated social work practitioners involved in the many facets of end-of-life care.

Acknowledgements

Fred Nelson MSW RSW
Psychosocial Program Specialist
Palliative Care Program
Winnipeg Regional Health Authority
Winnipeg, Manitoba

Marney Thompson MA
Counsellor, Victoria Hospice
Victoria, British Columbia

Advocacy

The social work profession is fundamentally committed to the promotion of social justice and social change. Therefore, the HPC social worker shall advocate for the needs, decisions, and rights of clients and families in palliative and end of life care. Social work advocacy shall address clinical and policy issues at micro, meso, and macro levels of the health care system and in the broader community.

Attitudes/Values
- commitment to the promotion of client autonomy and the enhancement of the capacity of people to address their own needs
- commitment to client self-determination, dignity, confidentiality, privacy, and informed choice
- sensitivity to familial, cultural, religious and ethnic diversity
- willingness to work collaboratively with individuals at all levels of the health care system to identify and achieve goals

Knowledge
- of theories that are pertinent to HPC practice
- of effective communication and mediation theories and skills
- of multilevel advocacy techniques
- of health care and social systems and how they act as both resources and barriers
- of different cultural needs re: access and utilization of HPC and bereavement services
- of the barriers for marginalized/vulnerable groups at end of life and in bereavement
- of future needs and anticipated resource/service gaps
- of legal and ethical aspects pertinent to HPC
- of systemic factors that limit advocacy outcomes

Skills
- cultural competence pertaining to familial, cultural, religious and ethnic diversity
- effective verbal and written communication skills
- mediation, negotiation, decision-making, and facilitation skills
- ability to identify and define the needs of clients and families from their perspective, and according to their cultural and spiritual beliefs
- ability to work collaboratively with individuals at different levels of the health care system
- ability to collaboratively address clients', families', and other team members' issues that require advocacy
- ability to identify and address gaps in service
- ability to work with systems and policies that are not responsive to client care needs

Assessment

Social workers shall assess clients and families and include comprehensive information to inform decision-making and facilitate care planning and delivery. Assessment is an iterative process that is crucial to team functioning and decision-making. Each professional member of an inter-professional team brings important aspects to holistic assessments of clients and families.

Attitudes/Values
- awareness of personal bias and assumptions
- recognition that assessment is a collaborative process which accepts that people are experts on themselves
- sensitive to maintaining a balance between professional knowledge and client self-determination
- recognition that assessment is a fluid and ongoing process which reflects only the current reality of the client and family
- recognition that an assessment includes strengths and resources as well as challenges

Knowledge
- of how to assess clients and families who require HPC along the trajectories of illness, dying, death, and bereavement
- of various assessment formats and recording procedures as deemed appropriate in a particular HPC setting
- of different professions' approaches to, methods and formats of, assessment
- of cultural systems perspective that includes family, community, religious/spiritual resources etc.

Skills
- individual and family interviewing skills
- ability and willingness to ask difficult questions and discuss sensitive topics
- ability to identify changing issues, needs, and priorities along trajectories of illness, dying, death and bereavement
- ability to meet professional standards in verbal and written reports and documentation of ongoing assessment process
- ability to hold multiple and conflicting information together
- ability to recognize, validate and support diversity

Care Delivery

Care delivery in HPC is based on the assumption that the person living with terminal illness and his or her family is the unit of care, and that an interdisciplinary team, which includes social work, best provides such care. Care delivery is regularly reviewed and adjusted according to changing care needs throughout the course of illness and into bereavement.

Attitudes/Values
- commitment to providing care in a respectful, consistent and non-judgmental way with the recognition that clients and families express their needs and issues in various ways
- belief in the value of multiple approaches to care delivery
- commitment to client and family confidentiality and privacy
- belief in processes of healing and growth in the midst of illness and death
- commitment to self reflective practice

Knowledge
- of the changing care needs and challenges experienced by clients and families along illness and bereavement trajectories
- of religious, spiritual, cultural and social factors that can influence expectations of HPC
- of the goals, strengths, and limitations of various care options
- of diverse psychosocial interventions relevant to various and changing care needs at times of transition along the trajectory
- of evaluation theory and practice
- of barriers to access HPC services and resources
- of ethical and legal principles/aspects in providing care at the end of life

Skills
- ability to build and maintain therapeutic relationships
- ability to provide a range of psychosocial interventions including individual and family counseling, crisis intervention and group work
- ability to case manage complex situations so that continuity of care is maintained
- ability to evaluate care delivery
- ability to recognize ethical dilemmas and engage all parties in a process to address such dilemmas
- ability to maintain appropriate boundaries in the face of sorrow, pain, and suffering
- ability to practice and model self care in one's own life in order to better support clients and families
- ability to effectively document interventions for the purposes of communicating with the team and for record keeping

Care Planning

The social worker shall engage in a collaborative process of decision making that involves the client and family and HPC team to establish relevant and feasible care plans.

Attitudes/Values
- commitment to client and family centered care that acknowledges what is meaningful to individual clients and families
- recognition of social, cultural, and spiritual issues and power differentials as integral to care planning
- commitment to holistic approach to care planning

Knowledge
- of who is involved in, and required, for care planning
- of available resources
- of the factors that influence the care planning process along the trajectory of dying and bereavement
- of the parameters of informed decision making and information sharing
- of the biopsychosocial process/experience of dying person
- of how interpersonal family relationships affect care planning and delivery

Skills
- ability to assess and integrate client and family goals
- ability to develop and evaluate care plans collaboratively with the client, family and team
- ability to identify barriers to care
- ability to plan for continuity of care as needs change along the trajectory of illness
- ability to evaluate outcomes of care planning from the perspective of the client and the family

Community Capacity Building

Quality HPC requires the commitment and support of organizations and communities. Therefore, social workers perform important functions to build HPC capacity in the community as a whole.

Attitudes/Values
- commitment to capacity development
- belief in the strengths, knowledge and skills of communities to build capacity
- belief that death, dying and bereavement are social issues that require a collaborative community response
- respect for the philosophy and values of community development
- willingness to take a leadership role as a social worker

Knowledge
- of the theory and practice of community development and HPC models
- of formal and informal HPC community resources
- of the strengths, limitations and gaps in existing HPC community resources
- of barriers to access to HPC community resources and their impact

Skills
- ability to apply the theory and practice of community development to diverse HPC needs
- ability to provide leadership, support and education to build HPC resource capacity in the community
- ability to plan, implement and evaluate HPC community services

Evaluation

Social workers shall regularly evaluate clinical and program processes and outcomes to ensure that the needs of clients and families at the end of life are clearly identified and are responded to as effectively as possible. Confirmation of efficacy of interventions is important because palliative and end of life situations are complex and marked by ongoing changes. Therefore, social workers shall conduct evaluations in concert with clients, families, and other interdisciplinary team members so as to enhance and assure consistent quality of care.

Attitudes/Values
- views evaluation as integral to effective social work practice
- values feedback regarding practice and actively seeks it
- willingness and commitment to incorporate evaluation results into revised or new care and/or program plans
- recognizes that clients and families are their own best experts, and are capable of making informed decisions regarding care

Knowledge
- of components and processes of clinical assessment, including evaluation of interventions in relation to medical and psychosocial outcomes
- of assessment tools and strategies relevant to medical, psychosocial, and spiritual dimensions of palliative and EOL experiences of clients and families
- of self-reflective practice
- of program evaluation theory and processes
- of diverse cultural, religious, and social frameworks and expectations of individuals, families, and health care systems that inform clinical and program goals, activities and outcomes
- of micro and macro factors that promote or constrain palliative and EOL care
- of palliative and EOL resources and services, and therefore, ability to identify decreased levels, inconsistencies and/or gaps of the same
- of illness trajectories and physical changes, treatment options, and psychosocial issues that occur along trajectories, and into bereavement
- of psychosocial issues as they vary with individual and family stages of development

Skills
- ability to assess and reassess impact of interventions with clients, families and interdisciplinary team members to modify and develop care plans accordingly
- ability to respond effectively to clients and families who are dissatisfied with palliative and EOL services provided to them
- ability to incorporate reflexive techniques into practice including regular supervision

- ability to use various tools and strategies such as open ended interviews, focus groups, surveys, etc. to evaluate individual, family, and group interventions as well as program processes and goal attainment
- effective verbal and written communication skills, which includes the ability to articulate and document clinical and program goals, processes, and outcomes

<u>Decision-Making</u>

Social workers shall apply information gathered in assessments to assist clients and families to make decisions appropriate for themselves.

Attitudes/Values
- commitment to the values of autonomy and self-determination
- self-awareness and commitment to remaining non-judgmental
- belief in people's ability to know what is best for themselves as part of the decision-making process
- acceptance, support and validation even when decisions are less than complete or clear

Knowledge
- of issues of capacity, competence and legal requirements related to decision making
- of how the illness trajectory can influence decision making
- of psychosocial and other factors that can influence decision making
- of how power differentials can influence decision making
- of processes of ethical decision making

Skills
- ability to identify and empower key decision makers
- ability to guide and support clients, families, and teams through decision making processes
- ability to identify and address information gaps and/or inter and intrapersonal conflicts that hinder decision making
- ability to assess how clients and families are interpreting information
- ability to assist clients, families, and teams in honouring difficult decisions
- ability to collaborate and reciprocate in decision making

Education and research

Social workers perform important functions of education and research in HPC. Social workers bring a psychosocial perspective to the development and implementation of both social work and interdisciplinary educational and research initiatives.

Education

Attitudes/Values
- confident about social work roles and functions in various HPC settings
- commitment to lifelong learning and professional development to enhance social work capacity in HPC
- commitment to educating others about psychosocial HPC

Knowledge
- of the social work role and psychosocial perspective in HPC
- of HPC standards of care, norms of practice, and best practices
- of diagnoses, illness trajectories, pain and symptom management, and related psychosocial issues
- of the impact of dying, death and bereavement on individuals, families, and care providers
- of various educational strategies for diverse learning needs
- of methods for clinical supervision, consultation and leadership

Skills
- ability to model social work professional role
- ability to teach and mentor students in social work and other disciplines
- ability to provide consultation services that enhance skills of care providers
- ability to convey knowledge and information clearly and directly
- ability to supervise social work staff, volunteers and others who provide HPC

<u>Education and research cont'd</u>

<u>Research</u>

Attitudes/Values
- commitment to knowledge generation through research
- commitment to advance social work research to enhance practice

Knowledge
- of current practice issues that require research
- of range of paradigms and methodologies appropriate to HPC research
- of ethical guidelines for research in HPC

Skills
- ability to identify critical and substantive areas for research relevant to practice and service delivery
- ability to critically appraise research outcomes and to integrate them appropriately into practice

Information Sharing

Given appropriate resources, human beings are capable of growth and change and should be supported in solving their problems and directing their lives. As part of HPC, social workers provide information to clients and families accordingly at the end of life.

Attitudes/Values
- in accordance with the ethical principle of truth-telling, caregivers establish what the client and family already know and what they would like to know when sharing information
- recognition that it is a client's and family's right to be informed about HPC and what it can offer throughout their illness and bereavement experiences
- respectful of individual, family and cultural differences about information needs and delivery

Knowledge
- of formal/informal and internal/external resource networks
- of the kinds of information that enhance and inhibit effective care, and has a framework that considers timing, readiness and approaches to sharing information
- of key stressors and conflicts often faced by clients and families at the end of life and in bereavement

Skills
- ability to coordinate and provide information about available resources to best meet client and family needs
- models and maintains confidentiality according to professional standards
- ability to provide information with sensitivity in a timely fashion, in a language, manner and setting understandable and acceptable to the client and family
- ability to assess emotional and physical reactions to information given, and to respond effectively
- ability to assess the client's and family's understanding and need for additional information
- ability to provide effective written, verbal and non-verbal communication

Interdisciplinary Team

The interdisciplinary team is the clinical context within which HPC social work is practiced. The team brings together multiple perspectives, opinions and expertise to ensure holistic care for clients and families at the end of life and into bereavement. The role of social work is to ensure psychosocial care is core to all aspects of caring for clients, families and the team itself.

Attitudes/Values
- respects diversity of perspectives, styles and goals within the team
- perceives social work role as essential to the team and values the roles of others
- trusts in the capabilities of individual disciplines and members within the team as well as the capabilities of the team as a whole
- willingness to take leadership role
- commitment to philosophy and practice of teamwork
- commitment to professional practice that reflects accountability and autonomy partnered with collaboration and mutuality
- willingness to address diverging approaches to care within the team

Knowledge
- of the purpose and function of interdisciplinary teams in HPC, including the strengths and challenges of teamwork
- of theories relevant to interdisciplinary teams including systems, group, mediation and communication theories
- of the team development process and framework to assess and enhance team functioning
- of the multifaceted role of social workers and the potential for overlap with other disciplines
- of the issues of confidentiality within team practice
- of self-care practices regarding boundaries and stress management
- of the culture of the team and the workplace environment

Skills
- ability to foster effective communication among members of the interdisciplinary team and provide leadership in the ongoing team building process
- ability to facilitate team planning meetings by providing input and consultation on the bio-psychosocial, economic, and spiritual needs of clients and families
- ability to facilitate communication between client and families, and the team
- ability to negotiate the tension between respecting confidentiality of clients and families and sharing information with the team
- ability to encourage, support, and facilitate discussions regarding ethical differences
- models and facilitates effective responses to conflict and crisis situations
- models and articulates stress management strategies for coping with death, grief and loss

- ability to educate, orientate and train team members about HP psychosocial care
- ability to engage team members in self-reflective practice that promotes quality improvement, strategic thinking, and program development
- ability to work collaboratively with other team leaders, and to accept and provide direction and input as appropriate

Self-Reflective Practice

The goal of self-reflection is to enhance practice by situating oneself in relation to HPC work and to recognize the reciprocal nature of the relationship between self and work.

Attitudes and Values
- recognition and commitment to the importance of self-reflective practice as an integral part of self care
- awareness of one's own practice as an evolving process in relation to death and dying
- recognition of the importance of a culture of self-reflection and self-awareness in HPC organizations and settings
- willingness to be transparent about presuppositions and assumptions
- willingness to engage from a place of vulnerability and risk-taking
- recognition of the importance of reflection on one's own spirituality and personal history and their impact on practice
- recognition of the impact on self of working with dying and bereaved persons
- recognition of the importance of giving and receiving mentorship/supervision

Knowledge
- of the purpose of self-reflection
- of a framework for considering self awareness and knowledge in practice
- of when and how to access support for one's self
- of self in order to recognize strengths, limitations and boundaries

Skills
- ability to solicit and integrate feedback into practice for one's self
- ability to provide constructive feedback
- ability to be fully present and attend to self and others
- ability to recognize physical and emotional responses to dying, death, and grief
- ability to reflect on and discuss the impact on self of working with dying and bereaved persons
- ability to integrate self reflection into practice
- ability to assess and maintain boundaries
- ability to seek consultation and refer to others when appropriate
- supports team members in their efforts to be self-reflective