HealthCare Chaplaincy Network and
The California State University Institute for Palliative Care and
Palliative Care Chaplaincy Competencies

Competencies are the combination of knowledge, skills and attitudes that define what is needed to be effective. Within each competency, there is a progression that defines different levels of expertise: foundational, advanced and expert.

Levels:

- **Foundational:**
  - Knowledge, comprehension, application. Understands concepts, engages in critical thinking, and applies them in daily work.

- **Advanced:**
  - In addition to foundational level - Analysis, synthesis. Develops new programs, applies expertise in a variety of settings, situations, and teams; mentors and teaches as appropriate foundational level practitioners.

- **Expert:**
  - In addition to Advanced level - Evaluation: Assesses programs, predicts outcomes, provide thought level leadership; mentors and teaches foundational and advanced level practitioners.

Topics:

1. Knowledge of Palliative Care
2. Communication
3. Counseling Skills
4. Teamwork and Collaboration
5. Spiritual Assessment and Documentation
6. Ethics
7. Delivery of Care and Continuity of Care
8. Cultural Competence, Inclusion, and Marginalized Populations
9. Care for Palliative Care Interdisciplinary Team
10. Continuous Quality Improvement and Research Within Palliative Care
11. Mentoring and Teaching (for Advanced/Expert Level Palliative Care Chaplains)
## Competency 1: Knowledge of Palliative Care

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1. Describe the history of palliative care.
2. Articulate an understanding of the goals of palliative care and current models to achieve them.
3. Recognize and be able to define common medical, social, and chaplaincy terminology used in palliative care.
4. Identify the roles of each of the disciplines represented by all health care professionals on the palliative care team.
5. Demonstrate an understanding of the competencies required of the palliative care chaplain.
6. Articulate current evidence for the provision and integration of chaplaincy/spiritual care in palliative care.
7. Incorporate a working knowledge of the key physical, psychological and social issues/principles in palliative care sufficient to effectively communicate with other palliative care team members.

1. Articulate the methods by which to integrate one's knowledge of palliative care chaplaincy into contributions to support the patient's identified religious, spiritual, existential, or cultural beliefs and values.
2. Describe the steps to inform and educate the members of the interdisciplinary team of the importance of spiritual, religious, existential, and cultural beliefs, values, practices and identification of areas of distress as an essential part of palliative care.
3. Incorporate one's knowledge of key physical, psychological and social issues and principles within palliative care to contribute to interdisciplinary team collaboration.
4. Describe the intersection of palliative care and healthcare quality and payment reform efforts (ACOs, Chronic Care Management, Hospital Value-based Performance, etc.) and their meaning.
5. Identify and demonstrate knowledge of national and state organizations working to promote or improve palliative care and their unique focus within it.

1. Define the steps and methods to provide and model a leadership role within the palliative care team when talking with families who identify significant religious, spiritual, existential and/or cultural issues in regard to palliative care decisions.
2. Articulate the steps to identify and utilize evidence-based practices in palliative care and chaplaincy to improve palliative care services.
3. Construct and analyze methods by which to support the evolution of palliative care within the organization to make it more accessible to eligible patients.
4. Describe the ways to demonstrate the importance of active participation in national palliative care organizations and initiatives, i.e. attendance at conferences, teaching, writing for professional publication, etc. to encourage and empower the participation of foundational and advanced chaplains.
# Competency 2: Communication

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1. Define effective listening habits and skills and a systematic method of listening behavior.  
2. Describe, define, and demonstrate palliative care verbal communication best practices and skills.  
3. Identify the principles, roles, and norms of effective group communication process within the context of palliative care.  
4. Identify conflict resolution strategies and develop a personal, constructive support approach to dealing with conflict situations that arise in palliative care.  
5. Summarize steps involved in communication to enhance goal clarification and demonstrate ability to facilitate such a conversation.  
6. Identify palliative care communication resources (Five Wishes, etc.).

1. Define the deeper levels of communication, including verbal, auditory, and kinesthetic, in order to develop deeper palliative care communication skills.  
2. Identify methods to participate in the development of best practices for palliative care communication.  
3. Identify the skills needed to successfully educate patients and families in palliative care communication resources (Five Wishes, etc.) and assist in their completion as appropriate.  
4. Understand the process of leading and guiding goal clarification with patients, families, and teams.  
5. Summarize ways to guide and mentor foundational level chaplains in effective communication skills.

1. Describe ways to demonstrate expert communication skills with patients, families, and the palliative care team.  
2. Formulate a method, such as an in-service, program, or workshop to teach communication skills to foundational and advanced level chaplains.  
3. Describe clear methods by which communication best practices will be designed, implemented, and disseminated within the palliative care team and the broader chaplaincy and health care communities.  
4. Summarize the leadership steps in identifying and utilizing palliative care communication resources for use within the interdisciplinary team, chaplaincy department, and organization.  
5. Identify the expert skills required to support and advocate for patients and families in goal clarification and family meetings.
## Competency 3: Counseling Skills

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1. Describe the difference between chaplaincy/pastoral counseling and secular counseling.
2. Describe the process of short-term counseling appropriate in the palliative care setting and methods of application.
3. Define appropriate supportive responses to traumatic events so that persons can manage the situation and respond appropriately.
4. Demonstrate understanding of family systems theory.
5. Demonstrate understanding of grief and bereavement theories and their application, including anticipatory, acute, and traumatic grief.

1. Develop a strategy for appropriate situations in which to employ short-term counseling and its parameters.
2. Identify a protocol for employing a traumatic event response within the palliative care setting.
3. Analyze the use of various techniques including circular questioning, neutralizing, reframing, and other relevant procedures when working with family systems.
4. Identify the skills required to analyze issues of secondary loss, adaptation strategies, and gender issues in grief and bereavement.

1. Identify ways in which to assess the organization’s need and capacity of staff to provide short-term counseling to palliative care patients, families, and staff and develop an appropriate program and policy.
2. Describe the steps and skills needed to work with organizational leadership to develop a traumatic event protocol, including disaster response that articulates the role of the chaplain.
3. Determine the process to engage in to evaluate the need of the organization’s palliative care program and departmental capability in providing short and long-term grief responses (such as support groups) and how such programs would interact with community resources.
4. Identify methods to mentor and teach foundational and advance level chaplains in counseling skills utilized within the department and palliative care program.
## Competency 4: Teamwork and Collaboration

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1. Demonstrate knowledge of one’s own scope of practice as well as that of each discipline represented on the team.
2. Understand clear boundaries of one’s own role on team and how to identify when role blurring occurs.
3. Articulate the purpose and value of each discipline’s care to patients and families as part of the plan of care.
4. Participate in interdisciplinary team meetings providing contributions to each plan of care to address spiritual, religious, existential, and cultural needs of patients and families.
5. Understand group dynamics, processes, and developments.
6. Understand concepts needed to identify and resolve team conflicts and how to effectively contribute to resolution.
7. Maintain authentic, professional interpersonal relationships with team members while working collaboratively.
8. Participate in patient/family conferences as member of the team.

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1. Articulate the steps in providing expert assessment and input into palliative care team collaborations, including informal discussions, formal meetings, and plans of care, including ways in which to incorporate team member contributions to each unique patient/family plan of care.
2. Assess and evaluate methods of teaching, modeling, facilitating, and participating in resolving palliative care team conflict.
3. Identify methods to mentor and teach foundational and advance chaplains and other expert practitioners in teamwork, collaboration, and conflict resolution within the context of palliative care.
## Competency 5: Spiritual Assessment and Documentation

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1. Demonstrate knowledge and understanding of the differences and methodologies of spiritual screening, spiritual screening, and spiritual assessment.
2. Demonstrate knowledge with one accepted model of spiritual assessment and apply the model appropriately with palliative care patients and families within the required time setting.
3. Effectively articulate the spiritual, religious cultural, existential, emotional, and social needs, resources, and risk factors of palliative care patients as well as identify any needed referrals.
4. Understand and demonstrate the characteristics of palliative care spiritual reassessments.
5. Demonstration understanding of the importance of documentation in palliative care and the requirements of organizational and regulatory guidelines.
7. Develop a clear and concise spiritual care plan based upon the assessment that explains religious, existential, and cultural beliefs, values, needs, and practices in the context of the patient’s serious and/or terminal illness and interdisciplinary palliative plan of care.
8. Demonstrate understanding of ways assessment and documentation can be incorporated into the discharge planning/continuity of care plan.
9. Demonstrate understanding of methodologies used in documentation by other palliative care team members.
10. Summarize approaches to effectively mentor foundational chaplains and other disciplines of the palliative care team in models and use of spiritual screening, history, and assessment.
11. Demonstrate competence with use of several published models, is able to analyze which model is appropriate for a specific palliative care situation, patient, and family.
12. Articulate the ways in which to identify and execute best practices for Incorporating chaplaincy assessment and documentation into the palliative delivery and continuity of care plans.
13. Summarize ways to guide and mentor palliative care professionals from other disciplines in understanding and integration of chaplaincy assessment.

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# Competency 6: Ethics

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1. Articulate and demonstrate knowledge of the ethical and moral challenges that may occur in relation to palliative care, as well as the ethical principles of respect, justice, nonmaleficence, and beneficence.
2. Describe the role of the palliative care chaplain when ethical situations arise.
3. Identify the components of an ethics referral and the role of an ethics committee and consult.
4. Demonstrate understanding of the importance of and how to secure information on faith tradition directives regarding the provision, withholding or withdrawing of life-sustaining treatments.
5. Respect and advocate for the development of plans of care that accurately incorporates the palliative patient’s or surrogate’s stated beliefs, values, culture, and preferences without inserting one’s own beliefs.
6. Understand the physiological and psychosocial benefits and burdens of nutrition and hydration in patients with advanced illness.

1. Describe the process to determine patient decision making capacity process and state regulations regarding surrogate decision makers.
2. Articulate the steps in assisting patients and families, in partnership with the interdisciplinary palliative care team, in identifying the benefits and burdens of specific medical interventions.
3. Describe the process of ethical decision-making, including the role of the palliative care team and ethics committee as appropriate to the setting, in such a way that various theological, spiritual, and cultural values are supported.
4. Summarize ways to guide and mentor foundational palliative care chaplains and others new to palliative care in ethical issues.

1. Articulate the steps involved to lead and contribute to the development of processes and programs to identify early interventions for potential ethical conflicts based on palliative patient/family beliefs and values.
2. Identify methods to mentor and teach foundational and advanced palliative care chaplains and palliative care team members in ethical issues, particularly those that involve spiritual, religious, existential and/or cultural values.
## Competency 7: Delivery of Care and Continuity of Care

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1. Identify sources of information regarding spiritual needs for patients newly admitted to the palliative care service.
2. Demonstrate understanding of the importance of personalized palliative care plans for patients and families and the ability to develop and apply them in the context of patient/family values.
3. Describe the relationship between goals of care and continuity of care.
4. Develop knowledge of palliative care specific community based resources such as hospice, home health, long term care, counseling, and grief and bereavement services.
5. Describe the chaplain’s role in evidence based continuity of care models, such as the Coleman Care Transitions Model and the Transitional Care Model.
6. Articulate challenges related to continuity of care and care transitions.
7. Describe ways in which palliative care patients and families can be engaged and activated in their continuity of care.
8. Demonstrate understanding of the ways spiritual assessment, plan, and documentation can be incorporated into the discharge planning/continuity of care plan.

1. Describe the steps to create a process to define and formulize goals, interventions, and plans that can be articulated clearly according to the palliative care situation and applied appropriately and is able to modify them based on changes in the status of the patient or situation.
2. Identify and prove the rationale for specific components of family systems theory that can be incorporated into recommendations to the personalized plan of palliative care.
3. Identify and articulate specific appropriate grief interventions for each unique stage of palliative care.
4. Identify best practices and a method for their inclusion in incorporating chaplaincy assessment and documentation into the discharge planning/continuity of care plan.
5. Outline the steps to construct a protocol or process to ensure continuity of patients’ chaplaincy/spiritual care.
6. Generate and execute a plan to develop patient and family care resources and information to assist with the continuity of the patient’s identified spiritual care goals.
7. Create partnerships with spiritual care providers in the community and other healthcare settings to support continuity of care.
8. Summarize ways to guide and mentor foundational chaplains on understanding and contributing to palliative care continuity of care and care transitions.

1. Articulate the steps to create and integrate into the overall interdisciplinary palliative care plan of care chaplaincy spiritual pathways that identify predicted spiritual, religious, existential, cultural issues, interventions, and outcome measures.
2. Summarize the skills and steps required to effectively teach spiritual pathway development to other palliative care practitioners.
3. Create an assessment process based on evidence-based practice to measure the effectiveness of chaplaincy contributions to palliative care delivery and continuity of care.
4. Summarize the knowledge and leadership skills required to empower palliative care practitioners to articulate family systems issues impacting a patient’s delivery and continuity of care in both documentation and palliative care team communication.
5. Outline the components of evaluating quality improvement processes to choose the best program to utilize regarding palliative care chaplaincy/spiritual care delivery and continuity of care including patient/family satisfaction.
6. Identify methods to mentor and teach foundational and advanced chaplains and interdisciplinary palliative care team members in effective ways to contribute to delivery and continuity of care.
# Competency 8: Cultural Competence, Inclusion, and Vulnerable Populations

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## 1. Define cultural competency and inclusion.

## 2. Demonstrate self-awareness of and the ability to articulate one’s own cultural values, beliefs, assumptions, and biases and is able to set those aside in order to assess for, document, and provide interventions to palliative care patients and families.

## 3. Demonstrate basic knowledge of different religious traditions and common beliefs and practices.

## 4. Demonstrate basic knowledge of different cultural groups and common beliefs and practices.

## 5. Identify methods to employ in order to gain knowledge on unfamiliar cultures, religious/spiritual beliefs, or existential norms.

## 6. Demonstrate the ability to assess, document, and include in a palliative care plan appropriate spiritual/religious interventions for cross-cultural situations, including them in documentation.

## 7. Describe the importance of identifying the unique spiritual/religious/cultural beliefs within vulnerable palliative patient populations (including non-resident aliens, LGBTQ, homeless, incarcerated, low health literacy/illiterate, mentally challenged, severely disabled).

## 1. Articulate the specific skills and knowledge necessary to practice across diverse palliative patient populations by understanding, describing, and supporting unique needs, issues, and interventions.

## 2. Analyze the needs and steps to construct spiritual assessments and interventions specific to diverse patient populations admitted to palliative care.

## 3. Describe the steps to create partnerships with community religious and cultural leaders to enhance the understanding of the palliative care team and ensure effective support to the patient/family.

## 4. Outline the process to employ for the chaplaincy department to work collaboratively with the palliative care team in identifying, recommending, and integrating appropriate diversity concepts, needs, and interventions into palliative patient/family care plans.

## 5. Articulate the process and interventions in which palliative care chaplains function as cultural broker/advocate for patients and families with the palliative care team and organization.

## 6. Summarize ways to guide and mentor foundational palliative care chaplains and the interdisciplinary palliative care team in working with cultural competence and enhancing their practice with diverse populations.

## 1. Identify and interpret cross-cultural situations that may occur in the trajectory of palliative care and appropriate ways in which cultural issues can be incorporated into both program and organizational policies and practices.

## 2. Design and lead cultural education of palliative care teams, including physicians.

## 3. Lead the design of interdisciplinary palliative care team and organizational programs and policies to meet the religious/spiritual/cultural beliefs, values, and needs of marginalized populations.

## 4. Identify methods to mentor and teach foundational and advanced chaplains and interdisciplinary palliative care team members in enhancing attentiveness to and advocacy for cultural and inclusion needs of all patients and families.
# Competency 9: Care for Palliative Care Interdisciplinary Teams

## FOUNDATIONAL

**Knowledge, comprehension, application:** Understands concepts, engages in critical thinking, and applies them in daily individual work.

1. Identify and demonstrate methods to provide calm and calming presence to the interdisciplinary palliative care team in the midst of crisis and stress.
2. Understand the impact compassion fatigue, vicarious trauma, and burnout and how to facilitate supportive one-on-one and small group conversations with palliative care team members experiencing these issues.
3. Demonstrate the ability, when asked to provide rituals for palliative care staff, of using materials that are inclusive of all beliefs: spiritual, religious, existential, or no belief.
4. Understand and articulate what resources, such as employee assistance programs, are available.

## ADVANCED

**In addition to Foundational level:**

**Analysis, synthesis:** Develops new initiatives, applies leadership and interprofessional expertise in a variety of settings, situations, and teams; mentors and teaches as appropriate Foundational level practitioners.

1. Describe the process to create a chaplaincy response to members of the palliative care team during high-stress or emergency situations.
2. Outline a method to analyze the needs for grief support to palliative care team members and the steps to undertake to develop a program or protocol to provide interventions.
3. Define the steps to undertake in order to analyze the needs and develop an appropriate program to encourage palliative care team members’ spiritual growth within the context of their discipline.
4. Understand the components to include in order to anticipate the care needs of the palliative care team and the ways to discuss those needs with departmental leadership in order to identify appropriate chaplaincy programs to address them.
5. Summarize ways to guide and mentor foundational palliative care chaplains in providing support to other members of the palliative care team.

## EXPERT

**In addition to Advanced level:**

**Evaluation:** Develops and assesses programs, predicts outcomes, provides thought level leadership; mentors and teaches Foundational and Advanced level practitioners.

1. Outline the components required to work with organizational, palliative care service line, and unit/setting-based leadership to recommend and provide support programs for the members of the palliative care team.
2. Identify the steps to assess, develop, refine, reassess, and communicate current programs supporting palliative care team members’ religious, spiritual, and existential needs as a result of their work.
3. Articulate the metrics needed for evaluating the effectiveness of palliative care team support activities provided by chaplaincy and the process to create and evaluate them.
4. Identify methods to mentor and teach foundational and advanced palliative care chaplains the importance of and steps involved to design, provide, and assess support programs for palliative care team members.
## Competency 10: Continuous Quality Improvement and Research Within Palliative Care

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1. Define quality improvement processes, objectives, and outcomes in palliative care settings.
2. Demonstrate comprehension of one method of quality improvement and as a participant contribute to quality improvement projects within the interdisciplinary palliative care team.
3. Identify palliative care journals and other expert sources of research data and best practices to apply to one’s work.
4. Develop and articulate one’s practice to become familiar with research processes and practice within palliative care.
5. Demonstrate the ability to engage in the discussion of research findings with other palliative chaplaincy colleagues and the interdisciplinary palliative care team.

1. Demonstrate comprehension of several models of quality improvement processes, objectives, and outcomes in palliative care settings, including a method to analyze which model is appropriate for a project.
2. Describe the process steps to develop an annual plan for quality improvement for palliative care chaplaincy, providing leadership to foundational chaplains in executing projects.
3. Outline the ways in which quality improvement data can be utilized to refine palliative care chaplaincy programs and services.
4. Describe methods to create an implement research protocols, following organizational and IRB policies.
5. Outline the process for disseminating research findings to chaplaincy and interdisciplinary palliative care colleagues within the organization and the broader chaplaincy and palliative care communities.
6. Describe steps to collaborate with other researchers in the development of interdisciplinary palliative care protocols.
7. Summarize ways to guide and mentor foundational palliative care chaplains in their research education and participation.

1. Outline the components required to lead and participate in interdisciplinary palliative care program quality improvement planning and projects, providing expertise in those in which beliefs, values, and culture are addressed and measured.
2. Identify methods to teach foundational and advanced palliative care chaplains the importance and execution of quality improvement projects and ways in which to support their participation and contributions.
3. Describe the function and responsibilities as either Principle of Co-Investigator, including the process of submitting findings for publication in peer-reviewed journals and presentation at a conference.
4. Formulate a plan to serve the larger palliative care research community by participating on the editorial board as a peer reviewer for a professional journal.
5. Analyze and create a plan to support and contribute to the research projects of advanced and expert palliative care chaplains and interdisciplinary palliative care practitioners within one’s own team and the broader field.
6. Identify methods to mentor and teach foundational and advanced chaplains and advanced palliative care practitioners in their research education and participation.
# Competency 11: Mentoring and Teaching

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1. Develop the skills necessary to teach the role and scope of professional chaplaincy services and spiritual care in interdisciplinary palliative care settings.
2. Identify the steps for and develop a presentation model for teaching the role of professional palliative care chaplaincy to team orientation and/or an in-service.
3. Articulate the steps involved in evaluating palliative care chaplaincy and spiritual care education events for the palliative care team.
4. Summarize ways to guide and mentor foundational palliative care chaplains in their understanding of the importance of chaplaincy-led teaching.

1. Outline the components required to work with organizational, palliative care service line, and unit/setting-based leadership to recommend chaplaincy-led education for members of the interdisciplinary palliative care team.
2. Identify the components and methods required to lead the design, implementation, execution, and evaluation of palliative chaplaincy-led education programs for expert, advanced, and foundational practitioners from other disciplines within the palliative care team.
3. Identify the steps required to mentor and equip advanced level palliative care chaplains to provide effective educational programs for interdisciplinary palliative care team members.
References