

Development of Discipline Specific Palliative Care Competencies in Alberta

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BACKGROUND:

Establishing palliative care (PC) early in an illness trajectory is beneficial to the patient and requires services to be delivered in both generalist and specialist settings by multidisciplinary care teams. However, evidence suggests most health care providers (HCPs) feel they have received limited education and are not adequately trained to provide palliative care. This project describes the development of Alberta discipline specific palliative care competencies.

METHODS:

Palliative care competency development was approached using a learner-centered educational paradigm in order to promote transformative learning and enhance knowledge translation in palliative care. Competencies were developed in four steps (Fig. 1). A project steering committee, an advisory working group and discipline specific PC competencies working groups were established representing competencies (Fig. 2) within 10 domains (Fig 3.) and 3 levels of palliative care expertise. The Consensus Oriented Decision-Making Model & a modified Delphi technique were used to formulate palliative care competencies.

Figure 1. Four Steps of Competency Development

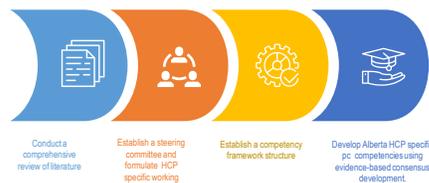


Figure 2. Alberta Palliative Competencies Project Working Group Structure

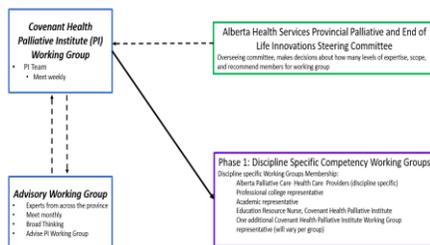


Figure 3. Alberta PC Competency Domains



RESULTS:

Palliative Care Competencies for 15 HCP specific working groups, representing 24 HCP groups including volunteers were formulated (Table 1).

Table 1. HCP Groups

Occupational Therapists
Physiotherapists
Health Care Aides
Nursing (Registered Nurses, Registered Psychiatric Nurses, Licensed Practical Nurses, Clinical Nurse Specialists, Nurse Practitioners)
Medical Radiation Technologists (Radiography, Radiation Therapy, Nuclear Medicine, Magnetic Resonance Imaging, Diagnostic Medical Sonography)
EMRs and Paramedics
Pharmacists
Respiratory Therapists
Dietitians
Psychologists
Speech-Language Pathologists and Audiologists
Social Workers
Spiritual Care Practitioners
Volunteers



CONCLUSION:

Alberta specific PC competencies allow HCPs to identify the skills, knowledge and attitudes required when providing palliative care. Additionally, these competencies can be used as a resource to inform and guide academic curricula, professional development, professional regulatory bodies, continuing education programs and employers.

DISCUSSION

The strengths of this project are evident in the competency characteristics as well as their representativeness, transferability and scope. Key learnings were apparent at various points in the palliative care competence development process, such as, the challenge of categorizing competency statements in three levels of expertise and the emergence and validation of interprofessional competencies.