

## Introduction to the Standards of Practice Development Process

(An overview by Dan Cooper, © 2009)

### **Canadian Context and the Work Ahead:**

Dower, O'Neil and Hough (2001), writing for the Centre for the Health Professions, identify 5 characteristics common to *emerging* healthcare professions:

- (1) identification of a body of expert knowledge and tasks,
- (2) an emphasis upon safety and efficacy,
- (3) social recognition,
- (4) a formal structure for education and training, and
- (5) evolving practice and institutional viability.<sup>1</sup>

Cooper (2008) has suggested that a careful examination of Dower, O'Neil & Hough's (2001) criteria will reveal that "spiritual care in healthcare" is an emerging healthcare profession.<sup>2</sup> Within this wider professional context, the ***Professional Hospice Palliative Care Spiritual Care Provider (HPC-SCP)*** is the evolving Canadian model for that health care professional whose area of specialization in the workplace is related to the provision of spiritual and religious care for persons with life-limiting disease. This professional practices within a range of settings from tertiary academic health care to community hospice and home care. The 35-year history of modern HPC in Canada suggests that the emergence of this professional role is further set in the context of an interdisciplinary and regulatory discussion about the unique expertise required for the safe and efficacious practice of palliative medicine.

The full emergence and recognition of this specialized area of practice will require clarification of scope of practice, description of its unique (if non-exclusive) role in the workplace, elaboration of an expert theory base, identification of distinct methods and interventions, and development of occupationally-relevant training programs. This process of emergence must at some point be placed within a context of specialty or sub-specialty recognition (certification); the monitoring of ethical, safe and effective practice; and, perhaps, finally lead to formal legislative recognition and licensure. This context for emergence can be suitably provided by CAPPE/ACPEP, Canada's pre-eminent multi-faith organization for the training, certification and monitoring of pastoral (spiritual) care and pastoral counseling practice.

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<sup>1</sup> Dower, C., O'Neil, E. H. & Hough, H. J. (2001). *Profiling the professions: A model for evaluating emerging health professions*. San Francisco, California: The Centre for the Health Professions, University of California.

<sup>2</sup> Cooper D: Where is CAPPE/ACPEP heading? Documenting the journey and debating the issues in the development of a profession of spiritual care. In: St. James O'Connor T, Lashmar C, Meakes E (eds): *The Spiritual Care Giver's Guide: Transforming the Honeymoon in Spiritual Care and Therapy*. Waterloo, ON: CAPPEWONT & Waterloo Lutheran Seminary, 2008, pp. 63-77.

**Role Description and Scope of Practice:**

Perhaps, the first task of any emerging health profession is to identify its field of practice by providing it with a reasonably apparent title and a distinct scope of practice statement. This was accomplished under the auspices of the HPC Spiritual Care Development Initiative, a sub-project of the Canadian Pallium Project (Phase II).

Pallium was a HPC enhancement project funded between 2004-2007 by Health Canada under its Primary Health Care Transition Fund. The main goals of the Spiritual Care Development Initiative sub-project were several:

- to identify national leader-practitioner-scholars in the field of HPC and to catalyze a pan-Canadian discussion on the provision of spiritual care in HPC settings
- to develop the first occupationally-relevant competency profile (role/task expectations in the workplace) for HPC spiritual care providers, and
- to develop a peer reviewed core curricular package for the training of institutional and community spiritual care professionals working in or interested in better understanding and supporting the holistic needs of HPC patients, based upon this occupational profile and the CHPCA *Norms* document (2002)<sup>3</sup> for the provision of HPC in Canada.

The occupational analysis profile for the Professional Hospice Palliative Care Spiritual Care Provider (HPC-SCP) was developed in Calgary in 2005 by 11 HPC spiritual care providers from across Canada, meeting under the professional facilitation of internationally recognized experts in the DACUM (Developing a Curriculum) methodology of occupational analysis. It was entitled:

***The Professional Hospice Palliative Care Spiritual Care Provider***  
(©2005 The Pallium Project)

The DACUM workshop participants described the distinct scope of practice of the HPC-SCP as:

*The professional hospice palliative care spiritual care provider practices the art of skilled spiritual companionship entering into the lives of the suffering and dying.*

The participants went on to identify 14 Major Areas of Responsibility with 81 Major Related Tasks, describing a full scope of practice for this role. This document was presented to the Education Standards Commission of CAPPE/ACPEP and is posted on its

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<sup>3</sup> Ferris FD, Balfour HM, Bowen K, Farley J, Hardwick M, Lundy M, Syme A, West P. A Model to Guide Hospice Palliative Care. Ottawa: Canadian Hospice Palliative Care Association, 2002.

web-site as a contribution to the Curriculum Development discussion ongoing in that Organization.<sup>4</sup>

**An Occupationally-Relevant Training Program:**

Subsequently, two principal authors and 10 expert reviewers researched, wrote and presented to the Pallium Project a resource book for training in this field, entitled:

*Developing Spiritual Care Capacity for Hospice Palliative Care:  
A Canadian Curricular Resource (ver. 1.0).  
(©2006 The Pallium Project)<sup>5</sup>*

The Curricular Resource is a 468 page, loose-leaf book format with companion multi-media materials. It is focused around 10 theoretical and practical/applied modules, suggested lesson designs and related resource materials intended to address the core competencies identified in the competency profile and in the CHPCA *Norms* for those providing spiritual care in HPC. A preliminary model for evaluating competency-based educational outcomes is also provided.

This curricular resource was released to the Canadian and global HPC community through the CHPCA Marketplace web-site in 2006 and formally presented to the Education Standards Commission of CAPPE ACPEP in 2007. It has attracted interest from across Canada, and it utilized as the core curriculum for a CAPPE/ACPEP accredited program of **Clinical Pastoral Education, focused in Hospice Palliative Care and Oncology** in Regina, Saskatchewan.

**A Time for Practice Standards:**

It should be clear from the above that the development of standards of practice is an important process for any emerging healthcare profession. This is, perhaps, even more the case for a profession that situates itself within a specialized area of practice such as HPC where there continues to be an evolving Canadian and international articulation of state-of-the-art practice. Practice standards provide a framework within which professionals may focus and guide their activities in a manner that is commonly perceived as most likely to result in the provision of high quality, safe, efficacious and ethical care of persons. Once promulgated, standards provide a means by which practitioners may hold themselves accountable to their own highest principles of practice and be held accountable by professional associations and employers for performance in the workplace.

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<sup>4</sup> *The Professional Hospice Palliative Care Spiritual Care Provider* [occupational analysis profile] – Pallium Project (2005) --

[http://www.cappe.org/dacum/download/Pallium\\_DACUM\\_HPCSpiritCarePro\\_March2005FINAL.pdf](http://www.cappe.org/dacum/download/Pallium_DACUM_HPCSpiritCarePro_March2005FINAL.pdf)

<sup>5</sup> Cooper, D., Temple-Jones, J. and Associates. (2006). *Developing spiritual care capacity for hospice palliative care: A Canadian curricular resource* (ver. 1.0). Edmonton, Alberta: The Pallium Project.

### **The Mechanics of Our Discussion:**

In the **Motion** attached to this introduction, a reasonably comprehensive and current list of Canadian and international documents is provided which bear on the subject of practice standards. Leadership in this area appears to be coming from two sources: spiritual care education, practice and counseling organizations:

- the Council on Collaboration / Spiritual Care Collaborative (joint statements from 6 Canadian & US organizations) has provided ‘generalized’ practice standards for all of those who provide spiritual care in any setting; and
- American (e.g. NHPCO) and British (AHPCC) HPC organizations have produced standards documents specific to spiritual care provision in HPC

Each of these documents, and other related materials, are worth reading to gain an insight into the conversation on standards. Some **questions** arise for a HPC standards process in Canada:

- Can we adopt unchanged the CAPPE/ACPEP Standards of Practice, which were designed for ‘generic’ application, to the HPC-specific practice setting?
- Will an existing set of foreign HPC-specific standards be suitable to “adopt as is” for our Canadian HPC setting?
- Do we need to articulate and develop a new “made in Canada” set of standards?
- Where will we seek to have these standards endorsed / ratified and promulgated?
  - Since the CHPCA is not a professional association or a regulatory organization the main benefit of presenting standards to the Board for “reception” may be that of visibility. The CHPCA is a valuable communications network and can have a strong role in “norming” such standards for use in Canada.
  - Should CAPPE/ACPEP be asked to receive and endorse these Standards perhaps as part of an ongoing journey towards eventual recognition of a HPC-SCP sub-specialty?
- How will we manage our process? We need to be as inclusive as possible and representative of those who work in this field. At the same time we need to be able to manage the information flow, preserve the record of the process and maintain a reliable “current draft” of the document.
- Are we ready to proceed with this process?