Canadian Hospice Palliative Care Association

Association canadienne de soins palliatifs

CASC / ACSS
Canadian Association for Spiritual Care / Association canadienne de soins spirituels

Canadian Hospice Palliative Care Association

Spiritual Advisors Interest Group

How Spiritual Care Practitioners Provide Care In Canadian Hospice Palliative Care Settings:

Recommended Advanced Practice Guidelines and Commentary

(for those at a certified level or ready for certification)

Based upon:

The *Common Standards* of the Spiritual Care Collaborative (3/2011),

The CHPCA *Norms of Practice* (March 2002), and

A review of other relevant international sources

Intellectual Property Statement

These Practice Guidelines were endorsed by the Spiritual Advisors Interest Group of the Canadian Hospice Palliative Care Association (CHPCA) on October 31, 2013, in Ottawa, Ontario. Permission to use the CHPCA logo on this document was obtained.

The Common Standards for Professional Chaplaincy is the property of the Spiritual Care Collaborative (2004, formerly the Council on Collaboration), and is used with permission of the Education Standards Commission of the Canadian Association for Spiritual Care (CASC). At its meetings in Pickering, Ontario in October 2013, the Professional Practice Commission of CASC approved these Recommended Guidelines in principle and authorized the use of the CASC logo on this document.

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INDEX

[1] Formerly known as the Council on Collaboration
[2] Formerly known as the Canadian Association for Pastoral Practice and Education (CAPPE/ACPEP)

"Work in Progress"). The HealthCare Chaplaincy, and shared with the Association of Professional Chaplains (APC) and the Spiritual Care Collaborative	
• *Clinical Practice Guidelines for Quality Palliative Care*. National Consensus Project (USA, 2009)	*24*
• *Improving the Quality of Spiritual Care as a Dimension of Palliative Care: The Report of the Consensus Conference* (USA, 2009)	*24*
• *The Professional Hospice Palliative Care Spiritual Care Provider*. The Canadian Pallium Project, Phase II (Canada, 2005)	*16, 24*
• *Spiritual and Religious Care Competencies for Specialist Palliative Care*. Working Party for the Marie Curie Cancer Care (Great Britain, 2003)	*25*
• *Competencies for Spiritual Care and Counselling Specialist*. Canadian Association for Spiritual Care (CASC/ACSS) (Canada, May 2011)	*25*
Canadian Curricular Resources	
• *Developing Spiritual Care Capacity in Hospice Palliative Care: A Canadian Curricular Resource (ver. 1.0).* Cooper, Temple-Jones & Associates for the Pallium Project (Canada, 2006)	*18, 26*
Other Relevant Resources Considered	
• CASC/ACSS *Standards of Practice* (Canada, Feb 2004)	*26*
• CASC/ACSS *Code of Ethics* (Canada, December 2012)	*26*
• *Common Code of Ethics for Chaplains, Pastoral Counselors, Pastoral Educators and Students.* Spiritual Care Collaborative1 (North America, 2004)	*26*
• *Complementary Spiritual Practices in Professional Chaplaincy*. Association of Professional Chaplains (APC) (USA, June 1 2009)	*26*

Authority & Purpose

At its annual meeting at the CHPCA conference in Winnipeg (October 2009), the Spiritual Advisors Interest Group discussed and unanimously passed a motion to:

- undertake a study of national and international documents relevant to Standards of Practice in the provision of Spiritual Care in Hospice Palliative Care; and,
- undertake a process of development of pan-Canadian Standards of Practice for Hospice Palliative Care – Spiritual Care Professionals; and,
- present their final document to the Interest Group and the Board of the CHPCA for adoption and promulgation.

Early in its discussions, the working group determined that a change of terminology for its mandate was required as CHPCA is neither a professional association nor a legislatively empowered regulatory body. Rather, CHPCA is a national voluntary organization that exists to promote and lobby for access by all Canadians to quality hospice palliative end-of-life care (HPEOLC) and to organize and educate its members, governments and the public to that end. The language of *standards* suggests a degree of legal obligation that is not enforceable upon its members by the CHPCA. For this reason, the working group determined that it cannot propose mandatory *standards* for the practice of Spiritual Care at end-of-life. What it does set forth, herein, is a set of ***Recommended Practice Guidelines*** based upon the best available national and international documents specific to Spiritual Care and in particular to HPC, interpreted in the context of a diverse Canadian practice context. The *normative* rather than *prescriptive* tone of the document is, we believe, very much in keeping with the intention and language of the CHPCA's 2002 *Norms* document [3, 4].

At the outset of the project, the working group consulted with the Professional Practice Commission of the Canadian Association for Spiritual Care (CASC/ACSS). CASC is Canada's pre-eminent professional body for the certification and monitoring of Spiritual Care Specialists, Pastoral Counsellors and Teaching Supervisors and the accreditation of Teaching Centers for Spiritual Care and Pastoral Counselling. On the basis of these discussions, it was determined that the working group would aim to achieve the integration of its work with existing North American efforts by utilizing the *Common Standards* of the Spiritual Care Collaborative (see further below) as the template for its *Recommended Practice Guidelines*[5]. CASC utilizes the

[3] Ferris, F. D., Balfour, H. M., Bowen, K., Farley, J., Hardwick, M., Lamontagne, C., Lundy, M., Syme, A. & West, P. J. (2002). A Model to Guide Hospice Palliative care: Based on National Principles and Norms of Practice. Ottawa: Canadian Hospice Palliative Care Association.

[4] Canadian Hospice Palliative Care Association (CHPCA). Web site: www.chpca.net. Last accessed February 14, 2013.

[5] Common Standards for Professional Chaplaincy – Spiritual Care Collaborative (formerly Council on Collaboration, 2004) as linked to the CASC website:

Common Standards and/or requires that its own standards are in agreement with the Common Standards.

The final report of the working group is presented to both the CHPCA Spiritual Advisors Interest Group and to the CASC Professional Practice Commission. It is intended to provide guidance to HPC Spiritual Care Professionals for the maintenance of a high quality of practice, to CASC for training and ongoing monitoring purposes, and to CHPCA member organizations and HPC program administrators for the hiring and quality management of Spiritual Care Professionals.

http://www.spiritualcare.ca/page.asp?ID=46&s=1&searchwords=common+code+of+ethics . Last accessed July 6, 2013.

Contributors & Reviewers

Arising from this mandate, the Interest Group Chair constituted a working group of members with a specific interest in the project. All had worked together previously on one or more Canadian HPC or spiritual care projects.

Major Contributors:

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Process

The process of the working group took four years from the original meeting authorizing the work.

- **October 2009** – mandate received from CHPCA Spiritual Advisors Interest Group; distribution of *Introduction to the Standards of Practice Development Process: An Overview* (Dan Cooper, © 2009)

- November 2010 – final formation of working group and decision to adopt the Common Standards as the basis for comparison with other source documents and interpretive analysis

- December 2010 – commencement of source document review and alignment with Common Standards

- August 2011 – completion of source document review and alignment with Common Standards (ver. 3/2011)

- September 8, 2011 – presentation of work to date to CHPCA Spiritual Advisors Interest Group for review and comment at annual CHPCA Conference in St. John's, Newfoundland

- September 10, 2011 -- presentation of process and draft materials in workshop to CHPCA members at annual CHPCA Conference in St. John's, Newfoundland

- October 2011 – commencement of interpretive analysis for Canadian HPC practice settings

- June 2012 – presentation of interpretive analysis and draft work to date to CHPCA Spiritual Advisors Interest Group for review and comment at Banff Learning Institute, Alberta

- February 2013 – completion of final draft document and commencement of controlled review process

- June 2013 – completion of review and final editing process

- October 2013 -- presentation of completed *Recommended Practice Guidelines* to CHPCA Spiritual Advisors Interest Group for approval and subsequent posting on CHPCA website

- **October 2013** -- presentation of completed *Recommended Practice Guidelines* to CASC Professional Practice Commission for reception and subsequent posting on CASC website

Definitions

- Hospice Palliative End-of-Life Care (HPEOLC) – the active, compassionate and holistic care of a patient and his/her family/significant others, where disease is progressive and life-limiting, and the primary goals of care are comfort and quality of life, not cure – medical prognostication of life expectancy is not an invariable aspect of this model, although six months or less at the time of referral is a common criterion for admission to an HPEOLC program – (our convention herein will be to include the term end-of-life care as part of Hospice Palliative Care with the shorter acronym HPC[6]

- **Standards** -- structured statements of required behaviours founded on evidence-based practice, associated with observable performance criteria, usually mandated by a professional association and enforceable by that association upon its members

- **Guidelines** -- principle-based statements, usually of a non-binding nature, *normative* rather than *prescriptive* in nature, designed to enhance the quality of care

- **Competencies** -- statements regarding the Knowledge, Skills, and professional Attitudes/Aptitudes (KSAs) required of those working within a specified scope of practice -- may include major areas of responsibility, related major tasks, steps in the accomplishment of tasks, and statements regarding the level of performance/degree of proficiency required to demonstrate adequate completion of the task

- **Clients** – specifically refers to patients or their families/significant others, but may also include others whose satisfaction with our services is important to our successful work (employers, team members, community clergy, etc.)

- **Spirituality** – an idiosyncratic and culturally diverse concept – The present authors have accepted the definition of the European Association for Palliative Care Task Force on Spiritual Care in Palliative Care:

> *Spirituality is the dynamic dimension of human life that relates to the way persons (individual and community) experience, express and/or seek meaning, purpose and transcendence, and the way they connect to the moment, to self, to others, to nature, to the significant and/or the sacred* [7].

[6] Ferris, et al. (2002), pp. 93, 17.

[7] Nolan, S.; Saltmarsh, P.; & Leget, C. (2011). Spiritual care in palliative care: Working towards an EAPC task force. *European Journal of Palliative Care, 18* (2): 86-89. See also van de Geer, J., and Leget, C. (2012). How spirituality is integrated system-wide in the Netherlands palliative care national programme. *Progress in Palliative Care, 20*: 2, pp. 98-105. Please refer also to the website of the European Association for Palliative Care: http://www.eapcnet.eu/Themes/Clinicalcare/Spiritualcareinpalliativecare.aspx. Last accessed February 19, 2013.

- **Religion** -- adherence to or practice one or more aspects of a system of beliefs, values, and relationships, within which identifiable rites, rituals, ceremonies, religious leaders, sacred objects, and sacred literature, etc., may be held more or less in common with others -- in Canada, religious practice is highly diverse and individually eclectic[8]

- **Spiritual & religious care** -- knowing an individual's religious adherence alone is an insufficient basis for the provision of appropriate spiritual and religious care -- appropriate and effective care must always be individually assessed, collaboratively planned with all relevant persons, sensitively delivered by appropriate caregivers and followed up to determine outcomes and revised plans of care – except as required by the context, the present authors' convention within this document is to use the term *spiritual care* to be inclusive of both the spiritual and religious domains

- **Chaplain** -- an individual recognized and appointed by an institution to provide and facilitate appropriate spiritual and/or religious care to the clients, patients, or residents of that institution and its staff members – the term Chaplain does not always convey a particular set of professional qualifications or adjudicated competencies in practice – in the Province of Québec, the term Aumônier (usually translated "Chaplain") traditionally referred to a priest in healthcare or corrections ministry – a more contemporary term in that province is **Intervenant/Intervenante en Soins Spirituels** (Spiritual Care Worker)

- **HPC Spiritual Care Professionals:** *The professional hospice palliative care spiritual care provider practices the art of skilled spiritual companionship entering into the lives of the suffering and dying* (2005 Pallium)[9] -- CASC provides two categories of certified membership for practitioners:

    - **Spiritual Care Specialist** -- an individual certified by an appropriate national/provincial professional body (e.g. CASC) to be theoretically knowledgeable and competent in practice for the provision of spiritual care in a specialized practice context (aka *Board Certified Chaplain* in the USA) – peer review and adherence to a professional code of ethics form part of the standards for such practitioners

    - **Pastoral Counselling Specialist** -- an individual certified by an appropriate national/provincial professional body (e.g. CASC) to be theoretically knowledgeable and competent in practice for the provision of pastoral counselling

[8] The reader is referred to the longitudinal "Project Canada" study of Canadian religion (1975-2008) by sociologist Reginald Bibby. His website: http://www.reginaldbibby.com/ . Last accessed February 13, 2013.
[9] The Professional Hospice Palliative Care Spiritual Care Provider. [Occupational Analysis Profile]. (Calgary, Alberta, 2005). Edmonton, Alberta: The Pallium Project. See also the Pallium Legacy web site: : http://www.pallium.ca/legacy.html and specifically to the DACUM Chart: http://www.pallium.ca/infoware/HPCSpiritCareDACUM_March2005Eng.pdf. *Également disponible en français.*

in a specialized practice context – peer review and adherence to a professional code of ethics form part of the standards for such practitioners

- **Supportive spiritual care** -- provided by individuals who are not certified or specifically recognized by an institution for the provision or facilitation of spiritual and religious care within that institution, but whose services are acknowledged as of value to the client, patient, or resident -- may include members of the inter-professional/inter-disciplinary care team who are not spiritual care specialists, or members of the community

    - **Community religious caregivers** (clergy) -- recognized religious leaders in the community who provide a range of services upon request of our clients, patients, or residents

    - **Spiritual caregiver** -- an individual identified by a client, patient, or resident as being neither an institutional chaplain nor a community religious caregiver but who nevertheless provides valued spiritual support on a personal friendship basis

    - **Inter-professional/inter-disciplinary care** -- responsibility for the overall provision of spiritual and religious care falls to the institution and to the inter-professional/inter-disciplinary care team which should include a professional HPC Spiritual Care Professional –care team members not qualified, trained or appointed to provide professional-level spiritual care require training and support from spiritual care specialists/chaplains to conduct spiritual triage, and are expected to refer to Spiritual Care Professionals for indicated spiritual assessment and care[10]

- **Spiritual Assessment** -- a process of skilled attending (listening, observation and interaction) whereby it is possible to arrive at an understanding of the identity; spiritual and religious history; family system and social concerns; religious and spiritual affiliation, resources and needs; and a collaborative plan of care which is then appropriately documented and carried out

- **Qualifications** -- formal academic requirements such as an undergraduate degree followed by a graduate degree in theology, or their equivalent

- **Training curriculum** -- in addition to undergraduate and graduate theological preparation, a program of clinical training is recommended for optimal acquisition of the Knowledge, Skills and professional Attitudes/Aptitudes (KSAs) appropriate to the provision of quality spiritual and religious care -- generically referred to as Supervised Pastoral Education (SPE) and more specifically as either Clinical Pastoral Education

[10] Fitchett, G. (1993). Assessing spiritual needs: A guide for caregivers. Minneapolis: Augsburg.

(CPE) or Pastoral Counselling Education (PCE) is conducted by certified educators in Teaching Centres accredited by CASC

- **Model of Care –-** care is to be offered in a patient/family centred (person-centred) manner and is to be holistic in nature, addressing all needs and concerns relevant to care, including spiritual and religious care[11] – person-centred spiritual care allows the beliefs, values, affiliations and practices of the patient/family to be the basis upon which care is provided

- **Care Team --** to ensure high quality spiritual care, care is to be offered by an inter-professional/inter-disciplinary team of skilled professional caregivers, including an HPC Spiritual Care Professional within the client's *circle of care* -- see CHPCA *Square of Care and Organization*[12]. Throughout this present document, references to *care team* will assume these principles

[11] Ferris, et al. (2002), pp. 19-23.
[12] Ferris, et al. (2002), pp. 100-102. Also see discussion on pp. 14-15 of this paper.

Background to the discussion

Integrating and Enhancing the Quality of Spiritual Care in HPC

There currently exists great diversity in the way that spiritual care is understood, funded and staffed in Canadian healthcare institutions[13]. As recently noted by Sinclair and Chochinov (2012),

> Spiritual care professionals are increasingly recognized as integral members of interdisciplinary oncology teams. However, the full integration of spiritual care professionals within the standard practice of oncology interdisciplinary teams is lacking, as spiritual care services continue to be treated as ancillary services within cancer care organizations[14].

This apparent disconnect between theory and practice -- the acknowledgment of spirituality as a vital aspect of human health and the integration of this knowledge within routine clinical practice -- is a challenge to HPC and other fields of healthcare. The 2002 Canadian Hospice Palliative Care Association (CHPCA) *Norms* document3, and the National (US) Consensus Conference on improving the quality of spiritual care in palliative care[15], both identify the need for high quality spiritual care[16]. While the World Health Organization recognizes spirituality as a core domain of human health (1997), there is little guidance on how to address this domain within a clinical setting[17].

The Task Force on Spiritual Care in Palliative Care of the European Association for Palliative Care (EAPC) has recently documented significant milestones towards its goals of supporting the recognition of spiritual care, the conduct of spiritual care research and education programs, and the implementation of spiritual care through appropriate funding and human resources [18]. It is only relatively recently, however, that there has been international interest in the HPC

[13]For convenience, the authors will generally refer to spiritual and religious care as spiritual care and the provision of such care with an institution as Chaplaincy.

[14]Sinclair, S., and Chochinov, H. M. (2012, June).The role of chaplains within oncology interdisciplinary teams. *Current Opinion in Supportive and Palliative Care, 6* (2): 259 – 268.

[15]Puchalski, C., et al. (2009). Improving the quality of spiritual care as a dimension of palliative care: The report of the consensus conference. *Journal of Palliative Medicine, 12* (10): 885 – 904.

[16] For insight into the definition of *high quality* HPC, the reader is referred to the CHPCA Norms document, Ferris et al (2002), specifically the 9 Guiding Principles and 3 Foundational Concepts.

[17] A search on the terms: “World Health Organization” and "spirituality" will reveal the scope of this conversation.

[18]The Task Force on Spiritual Care in Palliative Care, European Association for palliative care.http://www.eapcnet.eu/Themes/Clinicalcare/Spiritualcareinpalliativecare.aspx . Last accessed February 6, 2013.

community in developing common standards and guidelines, occupational analysis profiles and core training curricula for spiritual care professionals working in palliative end-of-life care. This may have something to do with the way in which spiritual care is perceived as a healthcare discipline.

It is noteworthy that nowhere in Canada, with the developing exception of the Province of Ontario, is spiritual care yet considered a fully self–regulated health profession. Healthcare is a provincial (state) jurisdiction in Canada and, therefore, each province may determine the status of healthcare professions within its own legislation. In Ontario, an effort is well underway to make it the first province to legislatively regulate the practice of spiritual care in healthcare[19]. Spiritual Care Professionals are actively at work in other Canadian jurisdictions to move forward the process of legislative recognition in order to ensure that HPC clients receive high quality spiritual care.

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[20]. Cooper (2008) has suggested that a careful examination of these criteria will reveal that the profession of *spiritual care in healthcare* is still emerging[21]. Since 2000, major initiatives have been undertaken by a variety of spiritual care and HPC organizations in Europe and North America to satisfy some of the developmental requirements of this process of professional emergence. Without such initiatives, it may continue to prove difficult for Spiritual Care Professionals to be seen as equal members of the healthcare team, with negative implications for the provision of quality 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 ongoing interdisciplinary and regulatory discussion about the unique expertise required for the provision of high quality care. Of signal importance in the Canadian discussion, in 2002, the Canadian Hospice Palliative Care Association (CHPCA) published its *Model to Guide Hospice Palliative Care*, a gold standard benchmark against which to measure the development of holistic HPC programs and to describe the integration of various

[19]By an act of the Provincial Legislature including healthcare Chaplains in the *College of Psychotherapists and Registered Mental Health Therapists*. Legislative Assembly of Ontario [Internet].c2007 Bill 171, Health Systems Improvements Act, 2007. Chapter Number: S.O. 2007 C.10 of the Statutes of Ontario. http://www.ontla.on.ca/web/bills/bills_detail.do? And you locale=en&BillID=519.Last viewed February 6, 2013.

[20]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.

[21]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., and Meakes, E. (eds.): The Spiritual Care Giver's Guide: *Transforming the Honeymoon in Spiritual Care and Therapy*. Waterloo, ON: CAPPESWONT & Waterloo Lutheran Seminary, 2008, pp. 63-77.

disciplines within the model of care**Error! Bookmark not defined.**. The *Norms* document calls for PC programs to provide care according to the following nine *Guiding Principles* (GP 1 – 9): patient/family focused, high quality, safe and effective, accessible, adequately resourced, collaborative, knowledge-based, advocacy-based, and research-based; and, three *Foundational Concepts* (FC 1 – 3): effective communication, effective group function, and ability to facilitate change. Central to the achievement of optimal clinical and program results is possession by members of the interdisciplinary team of the ability to form an effective professional therapeutic relationship, including: assessment, information sharing, decision-making, care planning, care delivery, and confirmation (P 1.1 – 6.1 / N 1.1 – 6.2). As Cooper, Temple-Jones and Associates (2006) have said elsewhere,

> This level of care makes a strong argument for team-based HPC Spiritual Care Professionals possessing adequate formal education, clinical training and appropriate certifications. Regrettably, we are a long way from this point in many HPC environments[22].

In order for Spiritual Care Professionals to provide high quality palliative end-of-life care, that meets the needs and expectations of patients/families, a defined scope of practice, description of their 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 is needed. This emerging area of specialization 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 the Canadian Association for Spiritual Care (CASC).

Role Description and Scope of Practice:

Within this wider context of professional emergence, 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. The profession practices within a range of settings from tertiary academic health care to community hospice and home care. The first task of any emerging health profession is to identify its field of practice by providing it with a professional title and a distinct scope of practice statement. This was accomplished under the

[22]Cooper, D., Temple – Jones, J., and Associates. (2006) Developing Spiritual Care Capacity for Hospice Palliative Care: A Canadian Curricular Resource (Version 1.0); Edmonton: The Pallium Project. An introduction to this resource may be found on the Legacy Website of the Pallium Project at: http://www.pallium.ca/infoware/Pallium_CHPCAItem622_SCD_ResDesc.pdf, last accessed 6 February 2013. The resource is not available for purchase at the time of writing.

auspices of the Spiritual Care Development Initiative, a sub-project of the Canadian Pallium Project (Phase II).

Pallium was a HPC enhancement project, funded in 2004-2007 by the Government of Canada (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 Professionals, 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)**Error! Bookmark not defined.** 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 Professionals from across Canada, meeting under the professional facilitation of internationally recognized experts[23] in the DACUM (Developing a Curriculum) methodology of occupational analysis (*Également disponible en français*) [9, 24].

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 identified 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 CASC Education Standards Commission and is posted on its web-site as a contribution to the Curriculum Development discussion ongoing in that Organization[25].

[23] Wilson Associates - Education Consultants, Inc. (Edmonton, Alberta)

[24] Readers are referred to the Legacy website of the Pallium Project: http://www.pallium.ca/legacy.htmland specifically to the DACUM Chart, available in French: Les intervenants professionnels en soins spirituels palliatifs. © 2005.Le Projet Pallium.http://www.pallium.ca/infoware/HPCSpiritCareDACUM_27Sept2005Fran.pdf. Last accessed February 6, 2013.

[25] *The Professional Hospice Palliative Care Spiritual Care Provider.*[occupational analysis profile]. ©2005 The Pallium Project. Accessed December 14, 2012 from: http://www.spiritualcare.ca/dacum/download/Pallium_DACUM_HPCSpiritCarePro_March2005FINALA.pdf. Readers are also referred to the Legacy website of the Pallium Project: http://www.pallium.ca/legacy.html and specifically to the DACUM Chart available both in English:

An Occupationally Relevant Training Program:

Subsequently, two principal authors and 10 expert contributors/reviewers researched, wrote and presented to the Pallium Project a curricular resource 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) [26]

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 plans and related resource materials intended to address the core competencies identified in the HPC-SCP 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. The resource was released to the Canadian and global HPC community through the CHPCA Marketplace web-site in 2006 and formally presented to the CASC Education Standards Commission in 2007. It has attracted interest from across Canada, and internationally, and is utilized as the core curriculum for a CASC accredited program of **Clinical Pastoral Education, *focused in Hospice Palliative Care and Oncology*** in Regina, Saskatchewan.

The Necessity of Recommended Practice Guidelines

The development of standards of practice or recommended practice guidelines is an important process in the delivery of quality spiritual care in HPC. 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. Such documents 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, practice guidelines provide a means for practitioners to hold themselves accountable to their own highest principles of practice and be held accountable to a greater degree by professional associations and employers for performance in the workplace.

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http://www.pallium.ca/infoware/HPCSpiritCareDACUM_March2005Eng.pdf and in French: http://www.pallium.ca/infoware/HPCSpiritCareDACUM_27Sept2005Fran.pdf . Last accessed on 6 February 2013.

[26] 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. An introduction to this resource may be found on the Legacy Website of the Pallium Project at: http://www.pallium.ca/infoware/Pallium_CHPCAItem622_SCD_ResDesc.pdf, last accessed 6 February 2013. The resource may be purchased at the CHPCA Marketplace: http://www.market-marche.chpca.net/Developing-Spiritual-Care-Capacity-for-Hospice-Palliative-Care-A-Canadian-Curricular-Resource. Last accessed July 6, 2013.

A Note on Distinctive Aspects of Religion and Culture in Canada

Canada is a diverse society where a mosaic of individual, ethnic, and multi-cultural diversity is celebrated as a part of our Canadian heritage and collective sense of identity. A high respect for diversity may lead to additional challenges in a public healthcare system seeking to provide individually appropriate, culturally sensitive spiritual care. Within this context, broad cultural and religious knowledge, knowledge of appropriate interventions and care providers, a high degree of sensitivity and a predisposition towards inclusivity are highly valued KSA domains and competencies for the Spiritual Care Professional. The ability to provide appropriate multi-faith/inter-faith spiritual care alongside different faith-based/denominational chaplains within institutions and a wide range of community religious care providers, and to integrate the care they provide into the overall plan of care, is of great value to the well-being of those we serve and to the integrity of our institutions.

Canada's official bilingualism (French and English) and the distinctiveness of Francophone culture, not only in the province of Québec but across our country, add a dimension to the provision of individually and culturally appropriate care. In some parts of Canada, particularly in large metropolitan areas like Montréal, Toronto and Vancouver, where international immigration has created an extraordinarily high degree of diversity, the cultural and linguistic skills required to provide appropriate spiritual care can be highly challenging. Seasoned Spiritual Care Professionals not only describe such challenges, but the many exciting opportunities for rich communication, cultural learning and creative spiritual care that arise in these contexts.

A clear professional consequence of such diversity is that institutional chaplains will often be hired to provide either care appropriate to a specific large religious group within their institutional clientele, or to provide a multi-faith/inter-faith model of spiritual care which is accessible to all clients within the institution. There is an interesting mosaic created by the different sources of employment and organizational accountabilities for chaplains within Canadian healthcare institutions.

Another consequence of this diversity is the emergence of a strong emphasis in Canadian healthcare upon a person-centered/client-centered approach to spiritual and religious care. Allowing the individual, rather than the religious organization sponsoring the chaplain or the chaplain’s specific religious adherence, to be the basis of spiritual care ensures the provision of the most sensitive and effective spiritual care. Such care is consistent with the highest standards of Canada's healthcare institutions and their healthcare professionals. With this approach, and the related skills and experience, it is quite possible to imagine the provision of appropriate spiritual care by Chaplains for persons of any religious affiliation, those with none and even those who desire none but who may still wish some form of holistic care for the human person.

Chaplains in many parts of the world could say very similar things about their settings and their professional values and methods as persons in institutional spiritual care.

Major Source Documents

The primary Canadian reference point for HPC is the 2002 *Norms* document of the CHPCA:

- ***A Model to Guide Hospice Palliative Care, Based on National Principles and Norms of Practice***. Ferris, F. et al, for the CHPCA, 2002. http://www.market-marche.chpca.net/norms-and-standards-of-practice. Last accessed February 6, 2013.

  The 2002 CHPCA *Norms* document is foundational to the development and more even distribution of Hospice Palliative and End-of-Life services in Canada. It was the end result of a decade-long pan-Canadian consensus building project funded by the Government of Canada, Purdue Pharma (Canada), the Faculty Scholar Program (Project on Death in America) and San Diego Hospice. It was completed in 2002 for the Canadian Hospice Palliative Care Association (CHPCA) by: Ferris, F. D., Balfour, H. M., Bowen, K., Farley, J., Hardwick, M., Lamontagne, C., Lundy, M, Syme, A., and West, P. Today, it is widely regarded as the foundational template for *gold standard* HPC in Canada.

  The document does not claim to establish *prescriptive* standards of practice, but rather presents *normative* or optimal goals for care provision and organizational development. It has proven to be of value in the subsequent development of disciplinary standards[27].

  While not specific to Spiritual Care, this document identifies spiritual care as a core service in end-of-life care, an integral domain of the CHPCA *Square of Care* and *Square of Organization*. As such, Spiritual Care is deemed important to the provision of holistic, inter-disciplinary HPC. All disciplines are expected to function within a standardized approach to HPC, including:

  - an understanding of health and illness underlying the model
  - definitions, shared core values, principles and foundational concepts
  - norms of practice surrounding assessment, information-sharing, decision-making, care planning, care delivery and confirmation (evaluation)
  - organizational structure, governance and policy development
  - team development, function and education
  - quality management

[27] Ferris, et al. (2002). Pp. 6, 84-85.

Where appropriate, specific citations of the *Norms* document are included in the *Recommended Practice Guidelines* Chart in brackets, for example (CHPCA – Care Delivery: Principles P5.1; p. 34)

A reasonably comprehensive and current list of Canadian and international documents is provided hereunder which bear on the subject of standards or norms of practice, or recommended practice guidelines. Leadership in this area appears to be coming primarily from two sources:

- the Spiritual Care Collaborative (Council on Collaboration) joint statements from 6 Canadian & US chaplaincy organizations has provided 'generalized' practice standards for all of those who provide spiritual care in any setting; and,
- American (e.g. NHPCO, APC, etc.) and British/European (e.g. AHPCC, Marie Curie Cancer Care) 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.

The Spiritual Care Collaborative (SCC, formerly the Council on Collaboration) represents 6 leading spiritual care organizations in North America.

- The Canadian Association for Spiritual Care (CASC/ACSS – formerly the Canadian Association for Pastoral Practice and Education, CAPPE/ACPEP)
- The Association of Professional Chaplains (APC)[28]
- The American Association of Pastoral Counselors (AAPC)
- The Association for Clinical Pastoral Education (ACPE)
- The National Association of Catholic Chaplains (NACC)
- The National Association of Jewish Chaplains (NAJC)

In 2004, the SCC published a key foundational document governing practice for 6 leading North American chaplaincy organizations. The March 2011 revised version was taken as the final template for our work.

- ***Common Standards for Professional Chaplaincy*** – Spiritual Care Collaborative (formerly Council on Collaboration, 2004, rev. 03/2011) as posted on the CASC website: http://209.162.178.174/flow/uploads/pdfs/Professional_Chaplaincy_March_2005.pdf. Last accessed July 6, 2013.

[28] N.B. In 2010, citing fiscal restraints, the Association of Professional Chaplains (APC) withdrew from the Spiritual Care Collaborative.

In order to be consistent with the work of these organizations the Working Group's first decision was to adopt their *Common Standards* document as the basis for its work. The Common Standards were then cross-referenced with the following prominent HPC standards, norms and occupational analysis documents extant in Canada, the United States and Great Britain, to identify points of alignment.

- ***Standards of Spiritual and Religious Care for Health Services in Canada*** (Canadian Association for Spiritual Care & Catholic Health Association of Canada (CASC/CHAC, 2000).

  http://www.chac.ca/alliance/online/docs/standards.pdf. Last accessed February 6, 2013.

This document was produced by the Catholic Health Association of Canada (CHAC) and the Canadian Association for Spiritual Care (CASC) to give spiritual and religious care an integral place in the healthcare standards of Accreditation Canada. The document provides standards of care for developing and evaluating the organization and delivery of spiritual and religious care in health care settings. They address six domains: mission, governance and administration, human and material resources, qualifications and responsibilities of personnel, the care process, and accountability and evaluation. Each of the domains begins with an overarching goal/purpose followed by specific objectives. These standards were intended to be complementary to professional standards of practice.

- ***Guidelines for Spiritual Care in Hospice*** (USA, 2001). National Hospice Palliative Care Organization (NHPCO)[Professional Development and Resource Series -- order # 820015] (2001)

  http://iweb.nhpco.org/iweb/Purchase/ProductDetail.aspx?Product_code=820015. Last accessed February 6, 2013.

This document was produced by the Spiritual Caregiver Section of the National Council of Hospice and Palliative Professionals. It is published as one of the Professional Development and Resource Series of the National Hospice and Palliative Care Organization (2001, item number 820015). The authors state that the Guidelines are not to be interpreted as regulations or standards, rather they are based upon principles contained in the NHPCO Standards of Practice for Hospice Programs (2001, item number 711077). The central concept appears to be that spiritual care is a shared responsibility of the interdisciplinary team within which a chaplain provides specific expertise and specialized interventions. The Guidelines address a wide range of domains: interdisciplinary team spiritual care, the Chaplain's spiritual care, availability and scope of practice, spiritual care assessment and plan of care, team collaboration, documentation,

confidentiality, diversity and access to care, advocacy, ethics, religious community relations, bereavement, policies, qualifications, competencies, compensation, supervision, productivity, performance improvement, research and education, and national and state organization affiliation. The sections and statements within the Guidelines are not individually numbered.

- ***Standards for Hospice & Palliative Care Chaplaincy*** (Great Britain, 2006). Association for Hospice & Palliative Care Chaplaincy(AHPCC)

  http://www.ahpcc.org.uk/pdf/ahpccstandards2006.pdf. Last accessed February 6, 2013.

These standards were prepared by the Association of Hospice and Palliative Care Chaplains (AHCCC) in the United Kingdom. They draw upon materials from the Marie Curie Cancer Care chaplains, the *Clinical Standards for Specialist Palliative Care* (CSBS 2002), and the National Institute for Clinical Excellence (NICE) -- *Improving Supportive and Palliative Care for Adults with Cancer*. The Standards have 7 sections: 1) Access, 2) Spiritual and Religious Care, 3) Multi-disciplinary Team-working, 4) Staff Support, 5) Education, Training and Research, 6) Resources, and 7) Chaplaincy to the Unit (Institution). The standards did not address education and skills required to function as a chaplain, only the need for Continuing Professional Development (CPD). Each standard statement has a rationale statement and criteria.

- ***Competencies for Certification in Palliative Care Chaplaincy*** *("Work in Progress")* (The HealthCare Chaplaincy (NY, USA), and shared with the Association of Professional Chaplains (APC) and the Spiritual Care Collaborative, March 2011)

The document reviewed is a March 2011 DRAFT developed for discussion by The HealthCare Chaplaincy (NY, USA), and shared with the Association of Professional Chaplains (USA) and the Spiritual Care Collaborative. It has neither been completed nor adopted at this time. It addresses the following four domains of competency, which are identical with items II-IV of the Common Standards: (I) Theory of Spiritual Care in Palliative Care, (II) Identity and Conduct, (III) Pastoral and (IV) Professional. Items in the preliminary document have not been individually numbered. Updates on this work may be found on the web site of the Association of Professional Chaplains: http://www.professionalchaplains.org/content.asp?admin=Y&pl=198&sl=198&contentid=200#hospice. Last accessed February 6, 2013.

- ***Clinical Practice Guidelines for Quality Palliative Care***. National Consensus Project for Quality Palliative Care. (USA, 2009, 2nd Ed.). DOMAIN 5: *Spiritual, Religious and Existential Aspects of Care* (pp. 49-55) acknowledges the centrality of high quality spiritual care for this field of practice.

  http://www.nationalconsensusproject.org/guideline.pdf.Last accessed February 6, 2013.

These guidelines grow out of the American National Consensus Project which began in 2001. They identify eight domains of palliative care, one of which is *Spiritual, religious, and existential aspects* (Domain 5). Appendix 1 (pp. 72-76) presents preferred practices (PP) established by the National Quality Forum to correspond to the National Consensus Project Domains.

- ***Improving the Quality of Spiritual Care as a Dimension of Palliative Care: The Report of the Consensus Conference***. (USA, 2009). National Consensus Project for Quality Palliative Care.

  Pub Med Link: http://www.ncbi.nlm.nih.gov/pubmed/19807235. Abstract accessed February 6, 2013.

This document builds upon and extends the National Consensus Project Guidelines and the National Quality Forum Preferred Practices. The recommendations for improving spiritual care in HPC are divided into seven key areas: (I) spiritual care models, (II) spiritual assessment), (III) spiritual treatment/care plans, (IV) inter-professional teams, (V) training/certification, (VI) personal and professional development, and (VII) quality improvement.

- ***The Professional Hospice Palliative Care Spiritual Care Provider***. The Canadian Pallium Project, Phase II (Canada, 2005). The Pallium Project responded to the CHPCA Norms document through its Spiritual Care Development Initiative, the first product of which was an occupational analysis profile (DACUM Chart) for this field of work. This pioneering Canadian document was adopted by the CHPCA Spiritual Advisors in October 2005 and is posted on its website and that of CASC. It establishes a working model for other spiritual care specialties seeking to develop occupational analysis profiles.

  http://www.chpca.net/become-a-member/spiritual-advisors.aspx. Last accessed February 6, 2013.

  http://www.spiritualcare.ca/dacum/download/Pallium_DACUM_HPCSpiritCarePro_March2005FINALA.pdf . Last accessed February 6, 2013.

Également disponible en français:

http://www.pallium.ca/infoware/HPCSpiritCareDACUM_27Sept2005Fran.pdf. Last accessed February 6, 2013.

- ***Spiritual and Religious Care Competencies for Specialist Palliative Care***. (Great Britain, 2003). Working Party for the Marie Curie Cancer Care. Based upon the earlier work of David Mitchell and Tom Gordon of Marie Curie Cancer Centre, which appears to have been first published in 2004 in the *Journal of Palliative Medicine, 8* (7): 646-51.

  http://www.ahpcc.org.uk/pdf/spiritcomp.pdf. Last accessed February 6, 2013.

  See also a revised set of related assessment tools (Marie Curie Hospice, 2010): http://www.mariecurie.org.uk/Documents/HEALTHCARE-PROFESSIONALS/spritual-religious-care-competencies.pdf. Last accessed February 6, 2013.

  This document provides spiritual care competencies at a basic/primary level intended for all health care professionals.

- ***Competencies for Spiritual Care and Counselling Specialist***. Canadian Association for Spiritual Care (CASC/ACSS) (Canada, May 2011)

  http://www.spiritualcare.ca/page.asp?ID=87&s=1&searchwords=competencies. Last accessed July 6, 2013.

  This competency document was produced by the CASC Competency Working Group comprised of members of the Educational Standards Commission and the Professional Practice Commission of that Association. It is the result of distilling experience in developing occupationally-based competency statements realized through several DACUM (Developing a Curriculum) workshops and other competency workshops beginning in 2005. Finally, the resulting document was validated through a national on-line modified Delphi process consulting certified members of CASC, and then approved by the Association. It is a helpful guide both to practice and training.

  Spiritual Care and Counselling Specialists now have a document that provides direction in professional mission, purpose, role, and core relational and practice values. Detailed action statements provide potential for observation and measurement in the following areas: relational approach (1.1.1-1.1.4), assessment (1.2.1-1.2.9), planning (1.3.1-1.3.11), interventions (1.4.1-1.4.13), self-awareness (2.1-2.8), spiritual and personal development

(3.1-3.7), multi-dimensional communication (4.1-4.11), documentation and charting (5.1-5.8), brokering diversity (6.1-6.13), ethical behaviour (7.1-7.11), collaboration and partnerships (8.1-8.5), leadership (9.1-9.15), and research (10.1-10.6).

Canadian HPC Curricular Sources:

1. *Developing Spiritual Care Capacity in Hospice Palliative Care*. The major contribution of the Pallium Project Spiritual Care Development Initiative was a 468 page core curricular resource with appendices and companion multi-media tools for the clinical training of HPC Chaplains. This document was adopted by the CHPCA Spiritual Advisors in October 2006 and presented to and received with interest by the Education Standards Commission of CASC (CAPPE/ACPEP) later that year. This document is not currently available for sale but an outline may be viewed at the Legacy site of the Pallium Project at:

   http://www.pallium.ca/infoware/Pallium_CHPCAItem622_SCD_ResDesc.pdf, Last accessed February 6, 2013.

Other Relevant Resources Considered:

1. CASC/ACSS *Standards of Practice* (June 2013) -- http://www.spiritualcare.ca/manual.asp. See Manual Chapter 3, Section III. Last accessed July 6, 2013.

2. *CASC/ACSS Code of Ethics (December 2012)* -- http://www.spiritualcare.ca/manual.asp. See Manual Chapter 5. Last accessed July 6, 2013.

3. *Common Code of Ethics for Chaplains, Pastoral Counselors, Pastoral Educators and Students*– Council on Collaboration (2004) -- http://www.spiritualcare.ca/page.asp?ID=46&s=1&searchwords=common+code+of+ethics. Last accessed July 6, 2013.

4. *Complementary Spiritual Practices in Professional Chaplaincy*– Association of Professional Chaplains (USA) June 1 2009 -- http://www.professionalchaplains.org/files/resources/reading_room/complementary_spiritual_practices.pdf Last accessed February 6, 2013.

Recommended Practice Guidelines Chart

Information on the *Common Standards* will be found on page 19 of the Introduction to this document. It is the most representative North American spiritual care standards document.

N.B. Interpretation of the alignment and relevance of the reviewed documents to the Common Standards and the current project is solely that of the authors.

Conventions Used Within the Chart

- **Standard Numbers and Statements** are those of the Spiritual Care Collaborative (2011), with the exception of the Addenda section which is the work of the authors.

- **Short Forms for of major role-based or competency-based documents cited below:**

    1. ***CASC*** -- Can. Assoc. for Spiritual Care -- Competencies for Spiritual Care & Counselling Specialist (May 2011)
    2. ***HPC-SCP*** -- Can. Pallium Project: The Professional Hospice Palliative Care Spiritual Care Provider (2005)
    3. ***Curie*** -- Marie Curie Cancer Care -- Spiritual & Religious Care Competencies for Specialist Palliative Care (2003/2010)
    4. ***NHPCO*** -- National Hospice Palliative Care Association -- Guidelines for Spiritual Care in Hospice (2001)
    5. ***APC et al.*** -- Association of Professional Chaplains, et al -- Competencies for Certification in Palliative Care Chaplaincy *("Work in Progress")*

Qualifications of Professional Chaplaincy*

Standard Number	Common Standards Statement (SCC 3/2011)
QUA 1	***Provide documentation of current endorsement or of good standing in accordance with the requirements of his / her own faith / spiritual tradition.***

CHPCA Norms	• A standardized process of professional formation is implied in Definition, pp. 17-18; Guiding Principles 2: High Quality, p. 19
Other Document Correspondences	• CASC: Core Practice Values (implied) • NHPCO: Qualifications 4
Related HPC Competencies	• Demonstrate ability to acquire and maintain good standing with endorsing religious authority
Suggested Evidence of Compliance	• Documentation appropriate to one's authorizing religious tradition usually required for one's practice of spiritual care (e.g. ordination, licensure, recognition, etc.)

Application to Canadian HPC Context: Authorization by a publicly recognized religious authority or spiritual community provides assurance to its members that an individual has been found competent to practice religious and/or spiritual leadership within that tradition or community. It may also provide evidence to healthcare employers that an individual's practice is externally accountable in some way. Flexibility may be required in the light of emerging trends towards a less religiously-grounded model of "spiritual care". For instance, in CASC, religious affiliation is no longer a requirement for admission to advanced training (Nov 2011) although it remains one for certification. AHPCC Practice Standards (AHPCC S6.b.2) only requires an awareness of ones spirituality not formal religious endorsement. Generally, in the health professions the preferred method of external accountability is through membership in a professional association and its procedures for peer review and member discipline. Unauthorized and unsupervised spiritual/religious practice may expose clients, staff and institutions to unacceptable risks.

* The present authors consider the term “Professional Chaplaincy” as equivalent to *Spiritual Care Professionals.*

Standard Number	Common Standards Statement (SCC 3/2011)
QUA 2	***Be current in the payment of the annual dues as designated by one's professional association.***

CHPCA Norms	• May be implied in GP2: High Quality, p. 19
Other Document Correspondences	• CASC: Core Practice Values (implied) • NHPCO: Qualifications 5 (implied)
Related HPC Competencies	• Demonstrate ability to maintain current membership in CHPCA • Maintain current membership in CASC and certifications appropriate to one's scope of practice
Suggested Evidence of Compliance	• Provide fee receipts and current membership certificates appropriate to one's level of membership and scope of practice

Application to Canadian HPC Context: Must be a current member in good standing, of the Canadian Association for Spiritual Care (CASC) (a member body of the Spiritual Care Collaborative) and/or L' association des intervenantes et intervenants en soins spirituels du Québec (L'AIISSQ), or a similar body acceptable to the employer or licensing body. Standing with one of these organizations as a certified Spiritual Care Specialist or Pastoral Counselling Specialist, or an equivalent certification, is desirable and encouraged as an outcome of continuing professional development. A process for adjudicating competency-based equivalency with other training and certifying bodies may exist in some settings (e.g. for Spiritual Care or Pastoral Counselling applicants to the College of Registered Psychotherapists and Registered Mental Health Therapists of Ontario (CRPRMHTO)). Unsupervised spiritual/religious practice may expose clients, staff and institutions to unacceptable risks.

Standard Number	Common Standards Statement (SCC 3/2011)
QUA 3	***Have completed an undergraduate degree from a college, university, or theological school accredited by a member of the Council for Higher Education Accreditation (www.chea.org); and a graduate-level theological degree from a college, university or theological school accredited by a member of the Council for Higher Education Accreditation. Equivalencies for the undergraduate and / or graduate level theological degree will be granted by the individual professional organizations according to their own established guidelines.***

CHPCA Norms	• A standardized process of professional formation is implied in Definition, pp. 17-18
Other Document Correspondences	• CASC: Spiritual Care and Counselling Specialists • NHPCO: Qualifications 1
Related HPC Competencies	• Possess or acquire such academic credentials as appropriate for professional functioning in an interdisciplinary healthcare workplace and for one's scope of practice
Suggested Evidence of Compliance	• Provide academic documentation and current membership certificates appropriate to one's level of membership and scope of practice

Application to Canadian HPC Context: Must meet the requirements for membership and be a current member in good standing, of the Canadian Association for Spiritual Care (CASC/ACSS) (a member body of the Spiritual Care Collaborative) and/or L' association des intervenantes et intervenants en soins spirituels du Québec (L'AIISSQ), or a similar body acceptable to the employer or licensing body. Standing with one of these organizations as a certified Spiritual Care Specialist or Pastoral Counselling Specialist, or an equivalent post-masters certification, is indicative of graduate level theological or related qualifications. High quality Spiritual Care in HPC will be best served through the integration of an educated understanding of world religions, theology/philosophy and the human sciences with broad life experience and a mature personal spirituality. These attributes are desirable and encouraged as an outcome of pre-employment preparation and continuing professional development.

Standard Number	Common Standards Statement (SCC 3/2011)
QUA 4	***Demonstrate proficiency in the language of the workplace. In the case of international students, the Test of English as a Foreign Language (TOEFL), or similar exam, is required.***

CHPCA Norms **Other Document Correspondences**	• Norms, N.2,4, p. 30 • Therapeutic relationship, p. 59
Related HPC Competencies **Suggested Evidence of Compliance**	• Suitable evidence as required by the employer

Application to Canadian HPC Context: Not a stated requirement in most of the literature, but an assumed condition of practice. In Canada, the first language required may vary by institutional setting (e.g. French or English).

Standard Number	Common Standards Statement (SCC 3/2011)
QUA 5	***Provide documentation of a minimum of four units of Clinical Pastoral Education (CPE) accredited by the Association for Clinical Pastoral Education (ACPE), the United States Conference of Catholic Bishops Commission on Certification and Accreditation, or the Canadian Association for Spiritual Care (CASC/ACSS). Equivalency for one unit of CPE may be considered.***

CHPCA Norms	• A standardized process of professional formation is implied in Definition, pp. 17-18
Other Document Correspondences	• CASC: Spiritual Care and Counselling Specialists • NHPCO: Qualifications 2
Related HPC Competencies	• Possess or acquire sufficient supervised clinical training to function credibly in the healthcare workplace and as may be required for appropriate certifications
Suggested Evidence of Compliance	• Certificates of clinical unit completion issued by the accrediting authority / training centre, or documentation of adjudicated equivalency, (or) • A certificate from a certifying authority for which such training is stipulated as a requirement.

Application to Canadian HPC Context: While training requirements are not invariably specified in the literature, meeting professional requirements and maintaining current membership in a member body of the Spiritual Care Collaborative and/or the Assoc. of Professional Chaplains, or a similar body acceptable to the employer or licensing body, provides a reasonable measure of confidence for both employers and clients. Standing as a *certified member* is desirable and encouraged as an outcome of continuing professional development. Supervised clinical training in an accredited educational centre is most helpful in the integration of theory and practice and to the ability to function as a member of the interdisciplinary team that is required for the skilful provision of HPC Spiritual Care in healthcare settings. NHPCO recommends four or at least two units of clinical education for purposes of assuring quality care. Presumably, at least 2 of these units should be taken at the Advanced Level (Level II).

Section I: Integration of Theory

Standard Number	Common Standards Statement (SCC 3/2011)
IOT 1	***Articulate an approach to spiritual care, rooted in one's faith / spiritual tradition that is integrated with a theory of pastoral practice.***

CHPCA Norms	• May be related to relevant Values & Guiding Principles, pp. 19-20
Other Document Correspondences	• CASC: Spiritual Care & Counselling Specialists • Curie: Level 4 - Skills 7 • NHPCO: Introduction; Supervision • APC et al.: 13 (implied)
Related HPC Competencies	• Demonstrate awareness of the relationship between a meaningful personal spirituality grounded in a faith tradition of one's choice, and the spiritual care of those facing life-limiting illness and grief • Demonstrate awareness of the ways in which one's personal biographical narrative, journey of spiritual formation, and professional development integrate with one's theory and practice of the spiritual care of dying and grieving persons
Suggested Evidence of Compliance	• Certification by an accrediting body that evaluates the integration of a personally authentic framework for spirituality with the practice of Spiritual Care; (or) • Production of a reflective case-based document (see Marie Curie, 2010:12)

Application to Canadian HPC Context: The skilful integration of theory and practice through the lens of a flexible and inclusive "self-other" dialogue comes only with much practice and reflection, ideally commencing in a supervised clinical training context. Marie Curie identifies awareness of the unique aspects of spirituality and religion within an HPC context as a Basic/Level 1 competency (Knowledge 1; 2 and Skills 1; 2), and, that a Level 4 skill is to "reconcile personal spirituality with the varied needs and beliefs of others." NHPCO: Introduction, nicely describes the relationship between one's own faith and the faith of others as encountered in the provision of multi-faith HPC Spiritual Care.

Standard Number	Common Standards Statement (SCC 3/2011)
IOT 2	***Incorporate a working knowledge of psychological and sociological disciplines and religious beliefs and practices in the provision of spiritual care.***

CHPCA Norms	• Figure #7: Domains, p. 15; Definition, p. 17; GP 1, p. 19; N 5.9, p. 35
Other Document Correspondences	• CASC: 1.1.3; 4.1; 4.7; App A: Collaborative Patient / Client-Family Centred Approach • HPC-SCP: B; D • Curie: Level 4 - Skills 1, 2, 4, 5 • NHPCO: Principles (implied); Bereavement
Related HPC Competencies	• Utilize a holistic model of assessment • Demonstrate holistic care planning
Suggested Evidence of Compliance	• Certification by an accrediting body that evaluates competent integration of human sciences with theological, philosophical and religious ways of knowing and functioning, (or) • Production of a reflective case-based document (see Marie Curie, 2010:12)

Application to Canadian HPC Context: Competent person/client-centered Spiritual Care requires intellectual scope and versatility in which helpful concepts and practices from the human sciences are integrated with theological, philosophical and religious insights and methods.

Standard Number	Common Standards Statement (SCC 3/2011)
IOT 3	***Incorporate the spiritual and emotional dimensions of human development into one's practice.***

CHPCA Norms	• Figure #7: Domains, p. 15; Definition, p. 17; GP 1, p. 19
Other Document Correspondences	• CASC: 1.1.3; 4.1; 4.7; App A: Collaborative Patient / Client-Family Centred Approach • HPC-SCP: B; D • Curie: Level 4 - Skills 1, 2, 4, 5 • NHPCO: Principles (implied); Bereavement
Related HPC Competencies	• Utilize a holistic model of assessment • Demonstrate holistic care planning
Suggested Evidence of Compliance	• Certification by an accrediting body that evaluates the integration of a personally authentic framework for spirituality with the practice of Spiritual Care; (or) • Production of a reflective case-based document (see Marie Curie, 2010:12)

Application to Canadian HPC Context: Developmental theory has much to offer an understanding of spiritual formation. Comments as in IOT2 above. The ability to work positively with human emotions is fundamental to effective Spiritual Care and is an integral aspect of clinical training programs.

Standard Number	Common Standards Statement (SCC 3/2011)
IOT 4	***Incorporate a working knowledge of ethics appropriate to the context.***

CHPCA Norms	• GP2, p. 19; GP 3, p. 19; N 5.9, p. 35: Operations: Principles P9.2, p. 48
Other Document Correspondences	• CASC: Core Practice Values, 7 • HPC-SCP: F; App A: Skills • NHPCO: Ethics; Confidentiality; Qualifications • APC et al.: 5; 13 (implied)
Related HPC Competencies	• Demonstrate familiarity with major concepts and case work in biomedical ethics • Demonstrate ability to participate in and lead team and client discussions concerning palliative end-of-life decision making
Suggested Evidence of Compliance	• Certification by an accrediting body in that evaluates capacity for ethical reflection and competent integration of bio-medical and professional ethics into practice, (or) • Production of a reflective case-based document (see Marie Curie, 2010:12), (or) • Participation in institutional ethics review boards

Application to Canadian HPC Context: Familiarity with complex issues of clinical ethics within the setting is a core area of expertise. This usually requires graduate level academic formation with specific courses in ethics. Note that Marie Curie (2003) places this competency only at Level 3 (a multi-disciplinary team Spiritual Care competency). NHPCO suggests that Spiritual Care Professionals bring a long-standing and unique professional expertise to the healthcare team's ethical reflection and case work.

Standard Number	Common Standards Statement (SCC 3/2011)
IOT 5	***Articulate a conceptual understanding of group dynamics and organizational behavior.***

CHPCA Norms	• FC2 (Effective Group Function), FC3 (Facilitate Change), pp. 22-23
Other Document Correspondences	• CASC: 9.4, 9.7, 9.8 • HPC-SCP: D6, K3 • NHPCO: Advocacy
Related HPC Competencies	• Demonstrate effective leadership of small groups of clients and staff • Be able to articulate an understanding of organizational culture and change mechanisms.
Suggested Evidence of Compliance	• Certification from an accrediting body that evaluates competency in small group dynamics and knowledge of organizational behaviour. (or) • Case-based conceptual description

Application to Canadian HPC Context: Understanding of small group dynamics and the ability to offer skilled group interventions is useful in working with families, staff and support groups. Expertise is not acquired through academic study alone but through experiential learning and supervised practice. Certified members of associations in the Spiritual Care Collaborative and the Assoc. of Professional Chaplains have at least 1600-2000 hours of training in a small group context (or adjudicated equivalency) usually within an institutional setting. Other organizations may offer training that could be adjudicated as equivalent.

Section II: Professional Growth and Conduct

Standard Number	Common Standards Statement (SCC 3/2011)
PGC 1	***Be self-reflective, including identifying one's professional strengths and limitations in the provision of spiritual care.***

CHPCA Norms	• Implied in III: The Model, p. 26
Other Document Correspondences	• CASC: 2 • HPC-SCP: N1, N3
Related HPC Competencies	• Demonstrate the ability to reflect upon practice and set appropriate professional boundaries in the provision of care
Suggested Evidence of Compliance	• Certification from an accrediting body that evaluates reflective practice, (or) • Case-based conceptual description • Participates in a process of peer supervision

Application to Canadian HPC Context: The *reflective practitioner* (Schön, 1983) is one who is able to deal "artfully" with the "messes" of real life (Schön, 1983: 42). The capacity for reflection on one's practice, leading to enhancements in service provision, is one of the major objects of personal and [as per Curie] professional development. Note that Marie Curie considers that this is a basic to intermediate Spiritual Care competency (e.g. Level 1-Knowledge 4; Level 2-Skills 5; Level 3-Skills 7).

Standard Number	Common Standards Statement (SCC 3/2011)
PGC 2	***Articulate ways in which one's feelings, attitudes, values, and assumptions affect one's practice.***

CHPCA Norms	
Other Document Correspondences	• CASC: 2, 2.2 • HPC-SCP: N1, N3 • Curie: Level 4 - Skills 7 • NHPCO: Diversity & Access (implied) • APC et al.: 5 (implied)
Related HPC Competencies	• Demonstrate the self-awareness and reflective practice required for the provision of effective spiritual care • Integrate personal culture, beliefs and values leading to authenticity, consistency and dependability in the practice of spiritual care
Suggested Evidence of Compliance	• Certification from an accrediting body that evaluates reflective practice, (or) • Case-based conceptual description • Evidence of structured opportunities for interdisciplinary collegial feedback and peer review related to professional practice

Application to Canadian HPC Context: A Spiritual Care Professional is encouraged to cultivate an attitude of openness to helpful criticism and to acquire the ability to learn from feedback about his or her impact on patients, families, and colleagues. He/she utilizes personal experience and faith/spirituality in dialogical and respectful ways in spiritual care practice. She/he maintains spiritual practices that deepen self-awareness and enrich his or her practice. Self-awareness around personal spirituality and caregiving to diverse populations is required, given the nature of the work of spiritual care.

Standard Number	Common Standards Statement (SCC 3/2011)
PGC 3	***Attend to one's own physical, emotional, and spiritual well-being.***

CHPCA Norms	• Implied in P9.6, p. 48
Other Document Correspondences	• CASC: Core Practice Values, 2, 3 • HPC-SCP: N1, N3; App A: Knowledge • APC et al.: 5 (implied)
Related HPC Competencies	• Develop and maintain a practice of good self-care consistent with the provision of Spiritual Care in healthcare
Suggested Evidence of Compliance	• Participation in a process of professional peer review that requires documentation of systematic self-care, (and /or) • Engagement in a local process of peer support

Application to Canadian HPC Context: It has been said that the most important tool Spiritual Care Professionals have is themselves. Good self-care is an important dimension of any practice that cares for others. This may be especially true in palliative end-of-life care settings, where "compassion fatigue" or "caregiver burnout" are known risks. It is difficult to achieve the self-awareness required for good self-care without a standing peer process that enables mutual supervision. Isolated Spiritual Care Professionals are, therefore, at increased risk of burnout and of breech of professional boundaries and consequently of providing poor quality care. A responsible and reflective practitioner will ensure that such helpful relationships are available to her/him.

Standard Number	Common Standards Statement (SCC 3/2011)
PGC 4	***Function in a manner that respects the physical, emotional, and spiritual boundaries of others.***

CHPCA Norms	• V4, p. 19; GP 1, p. 19
Other Document Correspondences	• CASC: 7.3 • HPC-SCP: I.1 • APC et al.: 5; 7 (implied) • NHPCO: Religious Community 1-3
Related HPC Competencies	• Demonstrate the ability to reflect upon practice and set appropriate professional boundaries in the provision of care
Suggested Evidence of Compliance	• Certification from an accrediting body that evaluates development of an effective, respectful and ethical pastoral style, (or) • Case-based conceptual description • Participates in a process of peer supervision

Application to Canadian HPC Context: Maintenance of professional boundaries in the caregiver-client relationship is fundamental to the ethical provision of Spiritual Care if ineffectiveness and abuse are to be avoided. Note that Marie Curie considers that this is an intermediate Spiritual Care competency (e.g. Level 2-Skills 4; Level 3-Skills 2.

Standard Number	Common Standards Statement (SCC 3/2011)
PGC 5	***Use pastoral authority appropriately.***

CHPCA Norms	• May be implied by Guiding Principles, p. 19
Other Document Correspondences	• CASC: 2.1,7.6, 8.5 • HPC-SCP: I.1 • APC et al.: 5 (implied)
Related HPC Competencies	• Demonstrate the ability to reflect upon practice and set appropriate professional boundaries in the provision of care • Articulate the appropriate use of authority at key transitional moments in the spiritual companionship of the dying • Work within one's scope of practice making referrals and initiating consultations when appropriate
Suggested Evidence of Compliance	• Certification from an accrediting body that evaluates competent use of pastoral authority in the care of clients, (or) • Case-based conceptual description • Participates in a process of peer supervision • Completes periodic audits of referrals and consultations initiated by Spiritual Care Professional • Referral and consultation protocols and resources are in place • Performance appraisal ideally includes evaluation of Spiritual Care Professional's functioning within the scope of practice • Spiritual care scope of practice statement is available for care team

Application to Canadian HPC Context: Pastoral authority refers to knowing intuitively when to move from a primarily supportive caregiving stance to a more challenging stance with respect to the client, from companioning to leading. For example, when and how might a Spiritual Care Professional best help the client to process the information received from physicians about the transition from curative to palliative treatment? The appropriate, client-centred use of authority is a sign of the skilful and adequately self-supervising professional. This is a fairly high-order skill that is best developed in supervised clinical practice. Also see PGC 4 above. Spiritual Care Professionals regularly consult with other inter-professional/inter-disciplinary team members and/or make referrals to them in complex and/or challenging cases.

Standard Number	Common Standards Statement (SCC 3/2011)
PGC 6	***Advocate for the persons in one's care.***

CHPCA Norms	• GP8, p. 20; Fig. 12: Principal Activities, p. 41; V: Application of Model, p. 53; Fig. 18: Provider Roles, p. 56; see pp. 64, 72, 86
Other Document Correspondences	• CASC: 6; 7.10; App A: Collaborative Patient / Client-Family Centred Approach • HPC-SCP: B.12, C.6,G • NHPCO: Advocacy • APC et al.: 5 (implied)
Related HPC Competencies	• Advocate within the healthcare system and interdisciplinary team for the client's access to appropriate treatment or cessation of treatment • Advocate for the client's right to desired spiritual and religious care and for protection from unwanted care • Protect patient and family from inappropriate or unwanted spiritual interventions • Monitor and address issues of religious abuse
Suggested Evidence of Compliance	• Certification from an accrediting body that evaluates effective client advocacy, and advocacy for the place of Spiritual Care in healthcare, (or) • Case-based conceptual description • Concerns and complaints about spiritual interventions are responded to in manner satisfactory to patient/family

Application to Canadian HPC Context: As with all healthcare professionals, the Spiritual Care Professional has a duty to recognize a client's needs and wishes, to provide requested support, and to advocate for the client within the system as may be needed to obtain the desired care. Where the Spiritual Care Professional cannot, in conscience, support the client's goals care must be transferred to another appropriate care provider / team member. Effective advocacy within the healthcare system is an inter-professional/inter-disciplinary team responsibility in which each profession has a part to play. Spiritual Care Professionals not only address specific issues in a client's care but speak to the organization's fundamental values when client care appears to be compromised. Community-based religious care providers/faith leaders are contacted and/or permitted to visit for purposes of providing spiritual interventions or services only with the patient's permission. Spiritual Care Professionals coordinate faith community visitors, providing quality assurance through orientation programs, policies and procedures.

Standard Number	Common Standards Statement (SCC 3/2011)
PGC 7	***Function within the Common Code of Ethics for Chaplains, Pastoral Counselors, Clinical Pastoral Educators, and Students.****

CHPCA Norms	• Implied in -- Definition, pp. 17-18; Values & Guiding Principles, pp. 18-19; Operations: Principles P9.2, p. 48
Other Document Correspondences	• CASC: Core Practice Values;5.6.1; 7.4.2 • HPC-SCP: N.4 • APC et al.: 5
Related HPC Competencies	• Demonstrates awareness of ethical issues relevant to professional practice • Accountable for the ethical character of one's practice • Understands and employs confidentiality limits regarding stories and confessions • Recognizes one's responsibility to report to authorities what is in the interest of security and/or as required by law and/or the CASC Code of Ethics (or equivalent).
Suggested Evidence of Compliance	• Membership within an accrediting body with a published Code of Ethics and in which there is a process to hold members accountable for ethical misconduct, (and/or) • Licensure by a regulated healthcare college (where applicable) • Content of spiritual care documentation is clearly related to assessment categories and/or team's care plan • Performance appraisals for Spiritual Care Professionals include evaluation of professional's maintenance of confidentiality limits and protocols

Application to Canadian HPC Context: Institutions are advised to be attentive to the degree of ethical accountability of Spiritual Care Professionals, to ensure that a sufficiently professional standard of ethical conduct and monitoring of practice is in place. For greater assurance of accountability, client protection and institutional risk management, membership in a suitable accrediting body and, where it is available, licensure should be a mandatory condition of employment. Compliance with provincial and federal legislation concerning confidentiality and privacy is expected. See NHPCO: Confidentiality.

*or revisions/equivalents

Standard Number	Common Standards Statement (SCC 3/2011)
PGC 8	***Communicate effectively orally and in writing.***

CHPCA Norms	• FC 1, p. 21; pp. 57ff
Other Document Correspondences	• CASC: 4; 8.4; App A: Communication • HPC-SCP: D, E, F
Related HPC Competencies	• Communicate effectively with clients • Communicate effectively with the interdisciplinary team and community caregivers • Communicate effectively and within the bounds of confidentiality with community caregivers
Suggested Evidence of Compliance	• Certification from an accrediting body that evaluates competency in oral and written communication skills as pertinent to work place functions, (or) • Case-based conceptual description.

Application to Canadian HPC Context: This competency is essential for effective membership on an interdisciplinary team and for the maintenance of community relationships of value to the client. Documenting a plan of care, interventions and follow-up, evaluating effectiveness, and making and receiving referrals and consults are core practices for any healthcare discipline. Discussing case work at inter-professional/inter-disciplinary team rounds, and articulating the role of Spiritual Care in overall case management is fundamental to ensuring the place of Spiritual Care within the inter-professional/inter-disciplinary team. Such skills are usually acquired early in supervised clinical training and are difficult to acquire without such training. Note that Marie Curie considers this to be a basic Spiritual Care competency (e.g. Level 1-Skills 5).

Standard Number	Common Standards Statement (SCC 3/2011)
PGC 9	***Present oneself in a manner that reflects professional behavior, including appropriate attire, and grooming.***

CHPCA Norms **Other Document Correspondences**	
Related HPC Competencies **Suggested Evidence of Compliance**	• Accountable to the professional deportment and conduct requirements of one's employer.

Application to Canadian HPC Context: From the perspective of the literature as a whole, this is an unusual comment. It seems as if it should go without saying. One who trains in a clinical environment will tend to learn this quickly.

Section III: Pastoral Skills

Standard Number	Common Standards Statement (SCC 3/2011)
PAS 1	***Establish, deepen and conclude pastoral relationships with sensitivity, openness, and respect.***

CHPCA Norms	• Implied throughout, but especially in Values & Guiding Principles, pp. 18-19; Process (Therapeutic Encounter), pp. 26-27; pp. 57ff
Other Document Correspondences	• CASC: 1.1, 1.1.4, 1.2.1 • HPC-SCP: A.1, A.2, B, D • Curie: Level 4 - Skills 1-9 • APC et al.: 7 (implied)
Related HPC Competencies	• Demonstrate ability to establish and maintain a therapeutic relationship of benefit to clients • Encourage the client to share fears/concerns, hopes/dreams, creative expression, and awareness of relationships, including the divine/transcendent in understanding the core identity of the client
Suggested Evidence of Compliance	• Certification from an accrediting body that evaluates competency in the development of effective pastoral relationship, (or) • Case-based conceptual description, (or) • Suitable outcome measurement

Application to Canadian HPC Context: A high degree of interpersonal skills and advanced attending (effective listening) skills is essential to effective Spiritual Care. This particularly involves encountering the life narrative of the client through listening, dialogue, observation and empathetic understanding.

Standard Number	Common Standards Statement (SCC 3/2011)
PAS 2	***Provide effective spiritual support that contributes to well-being of patients, their families, and staff.***

CHPCA Norms	• Implied throughout
Other Document Correspondences	• CASC: 3.4 • HPC-SCP: B, C, D, J, M.3 • Curie: Level 4 - Skills 1-9 • NHPCO: Availability & Scope; Performance Improvement 1; Ethics 1 • APC et al.: 8
Related HPC Competencies	• Develop and utilize methods of spiritual care based upon knowledge of the literature and reflective of current practice • Maintain a practice of continuing professional development • Accountable to clients and the employer through participation in Continuing Quality Improvement activities
Suggested Evidence of Compliance	• Certification from an accrediting body that evaluates competency in the effective provision of Spiritual Care, (or) • Case-based conceptual description, (or) • Research-based findings, (or) • Continuing Quality Improvement evidence

Application to Canadian HPC Context: The literature reveals that rigorous outcome measures and scientific documentation of the effectiveness of Spiritual Care provision are nascent. Anecdotal evidence, client satisfaction surveys and documentation on the client record may be currently more available sources of evaluation. Spiritual Care Professionals at the advanced to certified level are encouraged and expected to participate in institutional processes to evaluate and continuously improve care.

Standard Number	Common Standards Statement (SCC 3/2011)
PAS 3	***Provide pastoral care that respects diversity and differences including, but not limited to culture, gender, sexual orientation and spiritual / religious practices.***

CHPCA Norms	• Implied throughout; see: GP1, p. 19
Other Document Correspondences	• CASC: 1.1.2, 6 • HPC-SCP: B.11-B.14; C; App A: Characteristics & Knowledge • Curie: Level 4 - Skills 7 • NHPCO: Diversity & Access 1 – 3 • APC et al.: 7
Related HPC Competencies	• Demonstrate respect and inclusion in one's practice towards clients and colleagues whose beliefs, values, practices and lifestyles may differ from one's own
Suggested Evidence of Compliance	• Certification from an accrediting body in which respectful and inclusive care is a required standard of practice and a requirement of ethical conduct, (or) • Case-based conceptual description • Patient/family satisfaction with level of respect for and ability to engage client's unique cultural and personal characteristics

Application to Canadian HPC Context: It is possible, depending upon the mandating authority for Spiritual Care, that local expectations in this area might differ somewhat. A demonstrated willingness to function inclusively and respectfully of difference is, however, foundational to the provision of Spiritual Care in healthcare. The increasing trend towards a multi-faith model for spiritual and religious care, and the direction of HPC literature generally, make this a high priority in most settings of care. The Spiritual Care Professional develops and maintains a competent understanding of the diverse groups represented in one's practice, and maintains collaborative relationships with diverse community spiritual and religious care providers. Through conversation with patient and/or family the Spiritual Care Professional assesses cultural, religious, and personal context for spiritual symptoms, values, and beliefs and integrates them into the inter-professional/inter-disciplinary plan of care.

Standard Number	Common Standards Statement (SCC 3/2011)
PAS 4	***Triage and manage crises in the practice of pastoral care.***

CHPCA Norms	• Definition, p. 17
Other Document Correspondences	• CASC: Purpose & Role • HPC-SCP: D.2; App A: Skills • Curie: Level 4 - Skills 9 • NHPCO: Supervision
Related HPC Competencies	• Demonstrate ability to provide effective Spiritual Care in a range of life crises and transitions relevant to palliative end-of-life care • Practice a collaborative, interdisciplinary approach to management of crises
Suggested Evidence of Compliance	• Certification from an accrediting body that evaluates effective acquisition of crisis management skills, (or) • Specialized training in crisis management. (or) • Case-based conceptual description

Application to Canadian HPC Context: The well trained and experienced Spiritual Care Professional will possess expertise in describing, planning for and effectively addressing the spiritual and religious aspects of a range of life crises and transitions common to end-of-life care. Supervised clinical training, and full inclusion as members of an interdisciplinary healthcare team, increases the likelihood that Spiritual Care Professionals will develop and utilize the skill set and resources necessary for effective crisis management.

Standard Number	Common Standards Statement (SCC 3/2011)
PAS 5	***Provide pastoral care to persons experiencing loss and grief.***

CHPCA Norms	• Implied throughout; see Fig. Definition, p. vi; Fig. 7, p. 15; Definition, p, 17; Fig 11: Square of Care, p. 27
Other Document Correspondences	• CASC: Purpose & Role • HPC-SCP: H; H2, H3, K5; App A: Knowledge • NHPCO: Bereavement 1, 4 • AHPCC 7.1
Related HPC Competencies	• Articulate a range of theories and practice modalities relevant to the spiritual care of persons experiencing anticipatory or post-loss grief • Demonstrate competence, within the boundaries of one's training and certification, in the care of grieving clients and staff • Facilitate memorial services and support programs for individuals and groups • Participate in designing and conducting corporate memorial observances and events related to seasonal needs
Suggested Evidence of Compliance	• Certification from an accrediting body that evaluates the effective provision of spiritual care to individuals experiencing the painful emotions, (and) • Evidence of continued training or education to maintain and develop this competency, (or) • Case-based conceptual description • Families/staff indicate satisfaction with assistance provided in facilitating memorial services and support programs for individuals and groups • Protocols outlining circumstances in which Spiritual Care Professionals will lead memorial services or support programs are available • Inclusive rituals provided for staff, families, patients, residents mourning deaths of patients/residents at time of their death and/or later

Application to Canadian HPC Context: Anticipatory grief and post-loss grief are fundamental concerns in HPC. The ability to work with strong emotions, both those of a client and one's own, is the sign of a mature Spiritual Care Professional. It is important that Spiritual Care Professionals establish clear professional boundaries in which they, their organization and their clients understand the scope of the professional's service in this regard. Where counseling needs exceed the professional's training and competence, referral is required. The degree of the

professional's involvement in bereavement services may depend upon the extent of such services provided by the organization or community agencies. Spiritual Care Professionals commonly offer information and assistance to families planning a memorial service. In palliative care settings rituals are created for staff wishing to mourn deaths of patients. In long term care rituals are created for staff and other residents wishing to mark residents' deaths. Periodic group memorial services may be provided to support families in their ongoing grief. Spiritual Care Professionals may offer grief support information and individual and group support to clients/families and staff.

Standard Number	Common Standards Statement (SCC 3/2011)
PAS 6	***Formulate and utilize spiritual assessments, interventions, outcomes, and care plans in order to contribute effectively to patient care.***

CHPCA Norms	• Process (Therapeutic Encounter), pp. 26-27, 57; Assessment: Principles & Norms, pp. 28-29 ; Guiding Principles, GP3, p. 19 ; Effective Communication, FC1, p. 21 ; Quality Management, p. 51 ; effective outcome assessment, p. 56
Other Document Correspondences	• CASC: 1, 1.2, 1.3, 1.4 • HPC-SCP: A • Curie: Level 4 - Knowledge 1-3 • NHPCO: Availability & Scope; Chaplain's Spiritual Care 1-5; Assessment & Care 1, 3, 4, 5, 6; Documentation 1, 2 : Performance Improvement 1 • APC et al.: 1, 2, 11-13)
Related HPC Competencies	• Utilize assessment tools to gain an understanding of a client's sources of spiritual strength, hope, methods/ways of coping, needs, risks and wellness goals • Collaboratively-develop with the client a spiritual care plan that complements and is integrated with the inter-professional care plan, treatments and interventions • Utilize interventions reflective of current practice • Document assessments, care plans and interventions according to the requirements of the employer • Evaluate outcomes of care and revise methods of care in keeping with the Continuing Quality Improvement practices of the employer.
Suggested Evidence of Compliance	• Certification from an accrediting body that evaluates competency in assessment, care planning, intervention and outcome measurement, (and) • Evidence of continued training or education to maintain and develop these competencies, (or) • Case-based conceptual description to which is attached an appropriately de-identified assessment, plan of care, and evidence of outcome measurement, (and) • Written spiritual assessments conforming to established policy and protocol are in the patient's record

Application to Canadian HPC Context: Note that Marie Curie considers that this is an intermediate Spiritual Care skill-based competency (e.g. Level 3 - Skills 5), but clearly one that is related to advanced (Level 4) knowledge competencies. The requirement is for the Spiritual

Care Professional to systematically engage in the usual processes of assessment, consultation, care, documentation and evaluation of effectiveness common to the interdisciplinary team. To ensure best practice and accountability, the professional HPC Spiritual Care Professional must demonstrate engagement with the healthcare team in continuous quality improvement activities, a commitment to continuing professional development, and utilization of and participation in research. CASC outlines a sequence of required steps in completing an assessment.

At point of entry all patients should receive a spiritual screening or triage that determines whether a person is experiencing a serious spiritual crisis and needs an immediate referral to a qualified Spiritual Care Professional. Spiritual Care Professionals responding to referrals for spiritual crisis complete a written summary of the patient's spiritual needs and resources through a process of active listening to the patient's story and spiritual history. This assessment process identifies the client's worldview, theological or spiritual belief system, sacred symbols, metaphors and relationships that provide meaning; and assesses past and present trauma, grief and loss, specific risks, spiritual coping strategies, and faith process and development, structure and content. The assessment includes a care plan that outlines the type and level of care/intervention appropriate and addresses the client's expectations. The Spiritual Care Professional documents this assessment and communicates with the referring professional about their assessment and the plan of care.

AHPCC describes what is included in an assessment: 1)exploring individual's sense of meaning and purpose; 2) exploring attitudes, beliefs, ideas, values and concerns around life and death; 3) affirming life and worth by encouraging reminiscence on past; 4) exploring the individual's hopes and fears regarding the present and future for themselves and their families / carers; 5) exploring the 'Why' questions in relation to life, death and suffering.

Standard Number	Common Standards Statement (SCC 3/2011)
PAS 7	***Document one's spiritual care effectively in the appropriate records.***

CHPCA Norms	• Process (Therapeutic Encounter), pp. 26-27; Information Sharing: Principles & Norms, pp. 30
Other Document Correspondences	• CASC: 1.3.5; 1.4.2; 1.4.10; 6.11; 9.13 • HPC-SCP: A; B; C • Curie: Level 4 - Actions 4, 5 • APC et al.: 7 (implied); 13 (implied)
Related HPC Competencies	• Document assessments, care plans and interventions according to the requirements of the employer.
Suggested Evidence of Compliance	• Certification from an accrediting body that evaluates competency in documentation of assessments, care plans, interventions and outcome measures, (and/or) • Case-based conceptual description to which is attached an appropriately de-identified assessment and plan of care, and evidence of outcome measurement

Application to Canadian HPC Context: This is an essential aspect of team-based care that is taught in clinical training programs. Note that Marie Curie considers that this is an intermediate Spiritual Care functional competency (e.g. Level 3 - Actions 1), but clearly one that is related to advanced (Level 4) functional competencies.

Standard Number	Common Standards Statement (SCC 3/2011)
PAS 8	***Provide religious/spiritual resources appropriate to the care of patients, families, and staff.***

CHPCA Norms	• Values & Guiding Principles, pp. 18-19; N5.1, p. 35
Other Document Correspondences	• CASC: 1.3.5; 1.4.2; 1.4.10; 6.11; 9.13 • HPC-SCP: A; B; C • Curie: Level 4 - Actions 4, 5 • APC et al.: 7 (implied); 13 (implied)
Related HPC Competencies	• Demonstrate awareness of and timely access to a range of diverse information and human resources necessary to the provision of effective Spiritual Care • Develop and provide to team members information necessary to the understanding and care of diverse client groups • Enables appropriate reconciliation (e.g. conflict management, forgiveness and relational growth) with patients, families, communities and team members
Suggested Evidence of Compliance	• Certification from an accrediting body that evaluates competency in the provision or facilitation of appropriate multi-faith spiritual and religious care, (and/or) • Provision of sample materials informing the knowledge base that are made available to staff and clients as needed • Patients' reported need for reconciliation and/or forgiveness satisfactorily addressed

Application to Canadian HPC Context: The Spiritual Care Professional facilitates the timely provision of required information to clients and team members in order to support client care, and directly provides or facilitates within the local community any required spiritual or religious care. The Spiritual Care Professional facilitates experiences of fulfilment and closure through such activities as: (1) mediation between patient and estranged family members, (2) life review with attention to "stuck places" that need reframing, (3) assistance in developing legacy statements that provide patients with sense of dignity, healing, or relational growth, (4) facilitating confession and absolution/forgiveness.

Standard Number	Common Standards Statement (SCC 3/2011)
PAS 9	***Develop, coordinate, and facilitate public worship/spiritual practices appropriate to diverse settings and needs.***

CHPCA Norms	• Fig. 7: Domains, p. 15; Square of Care, p. 99; Norms N.5.9, p. 35
Other Document Correspondences	• CASC: 6.2 • HPC-SCP: H.2, H.3 • NHPCO: Bereavement 2, 3, 5 • APC et al.: 7 (implied)
Related HPC Competencies	• Facilitate client access to worship and religious ceremonies as required • Facilitate client practice of spiritual exercises / activities as required.
Suggested Evidence of Compliance	• Description of services routinely provided or available in special circumstances.

Application to Canadian HPC Context: While the direct provision of worship services may not be required in every workplace context, provision of memorial services and other rituals for clients or staff is a common function of Spiritual Care Professionals. NHPCO states that provision of such services should be individually assessed as appropriate (Bereavement 3). Facilitating client access to worship service is also a routine function of Spiritual Care Professionals. Facilitating client practice of meaningful spiritual exercises or religious rituals is similarly a standard function.

Care provided by the HPC Spiritual Care Professional is not intended to replace care available from a suitable community religious leader acceptable to the client. Exploring the suitability of connecting or re-connecting a client with appropriate community spiritual and religious care resources (usually determined from the client's religious history), however far removed from the client's recent experience, should be a routine assessment function documented in the care plan. It is important to the process of institution-to-community transition for living clients and bereaved family that an attempt is made to facilitate connection with community-based resources.

Standard Number	Common Standards Statement (SCC 3/2011)
PAS 10	***Facilitate theological reflection in the practice of pastoral care.***

CHPCA Norms	
Other Document Correspondences	• CASC: 1.4.6, 3.1 • Curie: Level 4 – Skills 8 (implied) • HPC-SCP: C1, N3; App A: Characteristics • APC et al.: 13 (implied)
Related HPC Competencies	• Demonstrate the ability to reflect theologically and philosophically upon the meaning of end-of-life experience (e.g. suffering, meaning, purpose, hope, faith) • Utilize reflective practices in client care that focus primarily upon the client's system of meaning • Assist team members in reflecting upon the meaning of end-of-life experience
Suggested Evidence of Compliance	• Certification from an accrediting body that evaluates its member's ability to engage in *in situ* and *post-hoc* theological reflection on practice, (and) • Evidence of continued training, education or peer processes to maintain and develop this competency, (and/or) • Provision of case-based conceptual description • Evidence that patients and families report opportunities to reflect on the relationship between illness and faith/spirituality

Application to Canadian HPC Context: Theological (or philosophical) reflection on the nature of health, illness, suffering, death, hope, faith, compassionate care and cognate areas is a core competency of HPC Spiritual Care Professionals. Such reflection must be inclusive of a wide range of perspectives. This competency is applied not only in client care but in support of the team's and institution's need for reflection. Spiritual Care Professionals are encouraged to use specific questions / instruments to monitor for spiritual distress.

Standard Number	Common Standards Statement (SCC 3/2011)
PAS 11	***Facilitate group processes, such as family meetings, post trauma, staff debriefing, and support groups.***

CHPCA Norms	• Suggested by: Effective Group Function , p. vii; p. 44; support: Operations, P9.6, p. 48
Other Document Correspondences	• CASC: App A: Collaborative Patient / Client-Family Centred Approach • HPC-SCP: D6 • NHPCO: Team Collaboration 3-5; Bereavement 5 • APC et al.: 4, 8
Related HPC Competencies	• Demonstrate competent care of persons in a range of small group contexts
Suggested Evidence of Compliance	• Certification from an accrediting body which trains and evaluates its member's ability to engage effectively in small group processes, (and) • Evidence of continued training, education or peer processes to maintain and develop this competency, (and/or) • Provision of case-based conceptual description

Application to Canadian HPC Context: Much of the work of HPC Spiritual Care Professionals is done within small group settings, particularly family groups. Support is also provided to groups of formal caregivers as required. Facility in leading small groups is a specialized practice area requiring exposure to small group theory and practice. This is often provided in supervised clinical training programs of the kind offered by member organizations of the Spiritual Care Collaborative, and may be an aspect of certification at the practice or supervisory levels of those organizations. Likely implied in Marie Curie: Level 4 - Skills 8. See IOT 5 (above).

Section IV: Organizational Leadership

Standard Number	Common Standards Statement (SCC 3/2011)
OLI 1	***Promote the integration of pastoral / spiritual care into the life and service of the institution in which it resides.***

CHPCA Norms	• Implied throughout, see: Definition, p. 17
Other Document Correspondences	• CASC: 6.2, 8.4, 9.4 • HPC-SCP: G.2, J, K, L.2 • Curie: Level 4 - Knowledge 6; Skills 4; Actions 5 • NHPCO: Interdisciplinary Team Spiritual Care 1, 2; Chaplain's Spiritual Care 1-5; Policies 2, 3 • APC et al.: 10 (implied), 11-13
Related HPC Competencies	• Develop a strategic plan that serves to: (1) Articulate and advocate for the place of spiritual and religious care in palliative end-of-life care;(2) Educate others on diverse spiritual care and cultural expressions; (3) Define and communicate to other team members the meaning and methods of spiritual care; and (4) Promote the organization's values
Suggested Evidence of Compliance	• Narrative discourse illustrating efforts, accomplishments and ongoing challenges • Relevant workplace performance evaluations • Evidence of a strategic plan to support and advocate for spiritual care in the work place, promote the soul of the organization and strengthen the organization's values

Application to Canadian HPC Context: Advocacy for the provision of appropriate levels of Spiritual Care within HPC is expected of Spiritual Care Professionals. Spiritual Care Professionals champion cultural competency by providing information and education concerning the spiritual needs and expectations of various cultural groups. They utilize various media to highlight the availability and scope of spiritual care services and lead educational seminars that integrate spirituality, ethics, and spiritual care into the program/organization. Marie Curie specifically talks about developing resources (e.g. printed materials, video presentations, etc.).

Standard Number	Common Standards Statement (SCC 3/2011)
OLI 2	***Establish and maintain professional and interdisciplinary relationships.***

CHPCA Norms	• Implied throughout, see: Definition, p. 18; FC2 Effective Group Function, p. 22
Other Document Correspondences	• CASC:1.3, 1.4, 2.1, 2.4, 3.6, 5, 8, 8.3, 9; App A: Interprofessional Collaborative Competencies • HPC-SCP: E, J • Curie: Level 4, Skills 4, 6 • NHPCO: Availability & Scope 4; Interdisciplinary Team Spiritual Care 1; Chaplain's Spiritual Care 1-4; Religious Community 1-3; Team Collaboration 1 – 6 • APC et al.: 4; 10
Related HPC Competencies	• Function as a full member of the interdisciplinary healthcare team • Advocate for the integration of spiritual and religious care into team-based care planning • Provide appropriate support for the spiritual needs of staff • Educate clients and professional colleagues on the criteria for referral to spiritual care and counseling services
Suggested Evidence of Compliance	• Evidence of participation in routine rounds, meetings, consultations, documentation and other activities relevant to client care, (and) • Documentation of significant leadership, management of administrative roles within the team or wider organization, (and/or) • Relevant workplace performance evaluations • Criteria and protocols for referrals to spiritual care are in place and accessible to care team • Inclusion of the spiritual care plan into the inter-professional/inter-disciplinary care plan

Application to Canadian HPC Context: Active, collaborative professional membership on the interdisciplinary team is essential to clinical effectiveness in a client-centred model of care. Marie Curie develops the related competencies throughout its 4 competency levels. Providing role or project leadership on the team and in the organization as a whole is evidence of a desirable commitment on the part of any committed healthcare professional. [GLEN] Screening of all new patients occurs for spiritual need and/or distress and is used as basis for referrals to spiritual care for in depth spiritual assessment and care.

Standard Number OLI 3	Common Standards Statement (SCC 3/2011) *Understand and function within the institutional culture and systems.*

CHPCA Norms	• Implied in the Squares of Care & Organization, pp. 100-101
Other Document Correspondences	• CASC: 7.11, 9.7, 9.8 • HPC-SCP: E, F, G, H, I, J, K, L, M3; App A: Knowledge • NHPCO: Availability & Scope 2, 4; Advocacy 1-6; Ethics 1-4; Policies 2, 3 • APC et al.: 9-13
Related HPC Competencies	• Articulate and advocate for the place of spiritual and religious care in palliative end-of-life care • Collaborate with team members and administrators to achieve high quality healthcare
Suggested Evidence of Compliance	• Narrative discourse describing features of the workplace and one's interaction with it, (and/or) • Relevant workplace performance evaluations • Specific quality monitoring and improvement processes identified, implemented, and utilized strategically

Application to Canadian HPC Context: Effective functioning within healthcare systems requires an understanding of institutional values, procedures, accountabilities, limitations and opportunities for improvement. See PGC 6 and PAS 6, above. Spiritual Care Professionals participate in the quality improvement activities of the service organization, identifying critical dimensions of spiritual care for monitoring and improvement. These could include, for example, quality of spiritual care at time of death, patient and staff satisfaction with spiritual care services, rates and response times of referrals to Spiritual Care Professionals, and timelines of completion of spiritual assessments.

Standard Number OLI 4	Common Standards Statement (SCC 3/2011) ***Promote, facilitate, and support ethical decision-making.***
CHPCA Norms	• GP 2, p. 19; Norms N 5.9, p. 35; Fig 13: Resources, p. 43
Other Document Correspondences	• CASC:7.5, 7.7; App A: Roles & Responsibilities • HPC-SCP: H, F • NHPCO: Ethics 1-4; Advocacy • APC et al.: 5 (implied)
Related HPC Competencies	• Address spiritual and religious aspects of palliative end-of-life decision-making
Suggested Evidence of Compliance	• Narrative discourse and case-based examples describing the process of ethical decision-making, (and/or) • Relevant workplace performance evaluations.

Application to Canadian HPC Context: The key competency in this instance is the ability to address organizational ethics and how they intersect with the experience of patients and families. Clinically, this requires the ability to recognize, facilitate and support complex ethical decision-making between patients and families and the health care team.

Standard Number	Common Standards Statement (SCC 3/2011)
OLI 5	***Foster a collaborative relationship with community clergy and faith group leaders.***

CHPCA Norms	• Values & Guiding Principles, pp. 18-19; N5.1, p. 35
Other Document Correspondences	• CASC: Core Practice Values; 1.3.5, 1.4.9, 6.1 • HPC-SCP: C3-C6, M1 • NHPCO: Availability & Scope 4; Chaplains' Spiritual Care 5; Religious Community 1 – 3 • APC et al.: 7 (implied)
Related HPC Competencies	• Collaborate with community religious leaders and other resource persons to support clients' spiritual and religious care • Maintain appropriate professional boundaries in the provision of religion-specific services
Suggested Evidence of Compliance	• Evidence of maintenance of appropriate community contact lists, (and) • Example of case work, (and/or) • Relevant workplace performance evaluations

Application to Canadian HPC Context: This is an indispensable functional competency that requires the development and maintenance of respectful and collaborative relations, with the patient's permission, with a wide range of spiritual and religious care providers and leaders in the community, and possibly within the institution. Practice suggests that a substantial percentage of HPC clients want religious reconnection or referral as the end of life approaches. Such care should be individually assessed and documented as part of taking of a spiritual and religious history and arriving at an assessment of client resources and needs. It must be appropriately arranged and followed-up to assure timely care provision and client satisfaction.

While Marie Curie considers this to be a Level 3 Action, there are occasions when a *spiritual injury* has occurred that require an advanced practice Spiritual Care Professional for appropriate reconciliation / counsel before referral is indicated. A religious referral list reflecting the religious diversity of the patients should be maintained for those wanting the rituals, symbols, or spiritual care of a specific faith group/tradition. Clergy and faith group leaders on the list must consent to collaborate in meeting the spiritual needs of patients and families. Access and availability are clear.

Requirements for the Maintenance of Certification

Standard Number	Common Standards Statement (SCC 3/2011)
MNT 1	***Participate in a peer review process every fifth year.***

CHPCA Norms	• A standardized process of professional monitoring is implied in Definition, pp. 17-18; Guiding Principles 2: High Quality, p. 19
Other Document Correspondences	• CASC: Core Practice Values (implied)
Related HPC Competencies	• Engage appropriately in the peer-review requirements of one's professional association
Suggested Evidence of Compliance	• Current certification from an accrediting body with a requirement for regular peer review

Application to Canadian HPC Context: The precise method and interval for peer review is dependent upon the accrediting body. Spiritual Care Collaborative organizations mandate every 5 years. As, or more important, is the maintenance of a peer-supervised practice on an ongoing basis. This is important as a means of monitoring quality and safety of service provision, and of ensuring good self-care. NHPCO recommends maintaining memberships in regional and national professional associations, each of which will have specific requirements of this kind, as well as in peer support groups. The practice of Spiritual Care in isolation exposes the practitioner, the client and the institution to unnecessary risks and may be deleterious to good practice.

Standard Number	Common Standards Statement (SCC 3/2011)
MNT 2	***Document fifty (50) hours of annual continuing education, content determined by one's respective professional association.***

CHPCA Norms **Other Document Correspondences**	• A standardized process of professional monitoring is implied in Definition, pp. 17-18; Guiding Principles 2: High Quality, p. 19
Related HPC Competencies	• Engage appropriately in the Continuing Professional Development requirements of one's professional association
Suggested Evidence of Compliance	• Current certification from an accrediting body with a requirement for continuing professional development and ongoing spiritual development.

Application to Canadian HPC Context: High quality Spiritual Care cannot be provided without ongoing professional development, awareness of clinical best-practice and regular attention to one's health and personal spirituality. One's accrediting body will specify the precise continuing education requirements for maintenance of status. See NHPCO in MNT 1 above.

Standard Number	Common Standards Statement (SCC 3/2011)
MNT 3	***Provide documentation every fifth year of current endorsement or of good standing in accordance with the requirements of his/her own faith tradition.***

CHPCA Norms	• A standardized process of professional monitoring is implied in Definition, pp. 17-18; Guiding Principles 2: High Quality, p. 19
Other Document Correspondences	• CASC: Core Practice Values (implied)
Related HPC Competencies	• Maintain healthy and nurturing relationships with one's religious endorsing body • Engage appropriately in the religious endorsement requirements of one's professional association
Suggested Evidence of Compliance	• Current certification from an accrediting body and compliance with its requirements (if any) for evidence of continuing religious endorsement and good standing

Application to Canadian HPC Context: The necessity for endorsement of Spiritual Care Professionals by a recognized religious authority (e.g. church, denomination, religious licensing body, etc.) is somewhat contentious in an increasingly pluralistic world. CASC provides a mechanism by which a candidate for certification from any religious persuasion can satisfy the endorsement requirement. Endorsement may provide the client and the employer with an additional layer of accountability for the Spiritual Care Professional's practice, although it is important for employers to note that not all religious bodies have published codes of ethics. See QUA 1 and NHPCO in MNT 1 above.

Standard Number	Common Standards Statement (SCC 3/2011)
MNT 4	***Be current in the payment of the annual dues as designated by one's professional association.***

CHPCA Norms	• A standardized process of professional monitoring is implied in Definition, pp. 17-18; Guiding Principles 2: High Quality, p. 19
Other Document Correspondences	• CASC: Core Practice Values (implied)
Related HPC Competencies	• Maintain current membership in good standing with one's professional association
Suggested Evidence of Compliance	• Provide employer and peer reviewers with evidence of current annual membership / certification from an accrediting body (e.g. certificates and receipts)

Application to Canadian HPC Context: See NHPCO in MNT 1 above.

Standard Number	Common Standards Statement (SCC 3/2011)
MNT 5	***Adhere to the Common Code of Ethics for Chaplains, Pastoral Counselors, Clinical Pastoral Educators, and Students.****

CHPCA Norms	• A standardized process of professional monitoring is implied in Definition, pp. 17-18; Guiding Principles 2: High Quality, p. 19; see: Operations: Principles P9.2, p. 48
Other Document Correspondences	• CASC: Core Practice Values (implied); 7 • APC et al.: 5
Related HPC Competencies	• Engage appropriately in meeting the ethical requirements of one's professional association • Disclose to one's employer any violations of the code of ethics of one's professional association
Suggested Evidence of Compliance	• Provide employer and peer reviewers with evidence of current annual membership / certification from an accrediting body, (and) • Advise employers of any findings or investigations of professional ethics bodies that may affect performance in the workplace or institutional liability

Application to Canadian HPC Context: Unfortunately, membership in a professional association with a published code of ethics does not mean that all members will adhere faithfully to that code. It is an obligation arising from our duty of care, and from our membership in a professional body, that we submit ourselves to appropriate member adjudication and discipline. Spiritual Care Professionals will disclose to their employers if they have been found in violation of their professional association's or religious endorsing body's code of ethics, or if they are under investigation (unless instructed to the contrary by their investigating authority). See NHPCO in MNT 1 above.

*Or revisions/equivalents.

Recommended Additional Standards

Pastoral Skills: Research

Standard Number	Recommended Standard Statement
ADD 1	***Utilize research as integral to professional functioning and in keeping with one's area of expertise.***

CHPCA Norms	• GP9, p. 20; Figure 12: Principal Activities, p. 41
Other Document Correspondences	• CASC: 10.2, 10.3
Related HPC Competencies	• Read research articles pertinent to hospice palliative care to inform evidence-based spiritual care and best practice • Identify researchable questions as these arise from practice • Participate in and/or promote research in spiritual care and palliative end-of-life care
Suggested Evidence of Compliance	• Participation in a hospice palliative care journal club • Strategic plan and/or quality improvement program includes clinical research initiatives or participation in interdisciplinary research projects

Application to Canadian HPC Context: The effectiveness of spiritual care practices and/or programs is established through evidence-based study and narrative evaluation. As opportunities arise, spiritual care practitioners participate in research studies or program evaluation in their practice settings or professional organizations and integrate the findings into their spiritual care practices. Although research was not a fully supported competency in the 2011 Canadian modified Delphi process validation of practice competencies by CASC, the present authors consider this area to be fully requisite for Spiritual Care Professionals practicing in Canadian HPC programs.

Pastoral Skills: Advance Care Planning

Standard Number	Recommended Standard Statement
ADD 2	***Facilitate advance care planning***

CHPCA Norms	• Application of the Model, p. 53
Other Document Correspondences	• HPC-SCP: E 8; F 3 • CASC: 10
Related HPC Competencies	• Facilitate advance care planning within legislative requirements and institutional guidelines • Assist patients' and family decision making, and consult with members of the inter-professional/interdisciplinary team, with respect to obtaining, accepting or declining medical treatment
Suggested Evidence of Compliance	• Able to describe institutional policy and procedure • Case-based conceptual description

Application to Canadian HPC Context: Spiritual Care Professionals should have a defined role in an organization's advance care planning protocol. Spiritual Care Professionals are available for conversations with patients/families/staff about treatment/care options, helping to clarify the values, relationships, and context that affect the decision-making process. Spiritual, religious, cultural and ethical questions are often important to decision-making and make this an appropriate role for the Spiritual Care Professional.

Pastoral Skills: Addressing Oppression & Marginalization

Standard Number	Recommended Standard Statement
ADD 3	***Recognize and respond to the impact of oppression and marginalization on human functioning.***

CHPCA Norms	
Other Document Correspondences	• CASC: Brokering Diversity, 6.9
Related HPC Competencies	• Demonstrate awareness and advocacy in respect to clients experiencing the impact of oppression and marginalization • Support and empower clients
Suggested Evidence of Compliance	• Case-based conceptual description • Spiritual Care identified as a resource for interventions with patients/families marginalized within society

Application to Canadian HPC Context: Patients/families identified as marginalized in society may be referred to spiritual care for assessment, understanding, and advocacy. Spiritual assessment includes description of traumatic and/or oppressive experiences that have impacted patient's'/families' spirituality, attitudes, and behaviours. In such cases, the Spiritual Care Professional becomes a communication link between patient/family and care team in developing a spiritual care plan that is inter-professional/inter-disciplinary in nature and that addresses unique needs of patient/family with history of oppression.

Pastoral Skills: Staff Care

Standard Number	Recommended Standard Statement
ADD 4	***Provide Spiritual Care and support to staff as needed.***

CHPCA Norms	• P9.6, p. 48
Other Document Correspondences	• AHPCC 7:1, 2, 3.
Related HPC Competencies	• Demonstrate effective spiritual care for care team members
Suggested Evidence of Compliance	• Case-based conceptual description • Workplace evaluations citing work with staff

Application to Canadian HPC Context: AHPCC invites Chaplains to provide spiritual care for staff, for example for difficult deaths, events in a caregiver's life, national disasters, etc. Attending to the spiritual needs of healthcare professionals may have both personal and professional benefits, including improving the quality of patient care. One study reported that 39% of respondents felt that having a physician who was spiritually attuned to them was an important facet of end-of-life care [29]. A qualitative study of an interdisciplinary palliative care team reported that communicating with patients about spiritual issues was an inherently relational process involving reciprocity between the spirituality of clinicians and patients [30]. Clinician spirituality, while diverse in form, has been reported to have many personal benefits including lower incidences of professional burnout [31], significant and sustained changes in levels of compassion, attitude and work satisfaction[31], and increased meaning in life [32].

[29]George H. Gallup International Institute. (1977). Spiritual beliefs and the dying process: A report on a national study conducted for the Nathan Cummings Foundation and Fetzer Institute. Princeton: Princeton Religion and research Centre.

[30]Sinclair, S., Raffin, S., Pereira, J., and Guebert, N. (2006). Collective soul: The spirituality of an interdisciplinary team. *Palliative & Supportive Care,4*: 13-24.

[31]Wasner, M., Longaker, C., Fegg, M., and Borasio, G. (2005). Effects of spiritual care training for palliative care professionals. *Journal of Palliative Medicine, 19*: 99-104.

[32]Sinclair, S. (2011). Impact of death and dying on the personal lives and practices of palliative and hospice care professionals. *Canadian Medical Association Journal, 183*: 180-187.