

## *Spiritual & Religious Care Competencies for Specialist Palliative Care*



- *Assessment Tools  
Levels 1 & 2*
- *Self-Assessment Tools  
Levels 3 & 4*

Marie Curie Cancer Care provides high quality nursing, totally free, to give terminally ill people the choice of dying at home supported by their families.



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These assessment tools have been developed by David Mitchell, lecturer in Palliative Care, and Tom Gordon, chaplain, working at the Marie Curie Cancer Care hospices in Glasgow and Edinburgh. They extend the work of the original Marie Curie Cancer Care working party which produced the *Spiritual and Religious Care Competencies for Specialist Palliative Care*, which were published by the charity in 2003.

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These competencies are supported by the [Association of Hospice and Palliative Care Chaplains \(AHPCC\)](http://www.ahpcc.org.uk), the professional organisation for hospice and palliative care chaplains.

A copy of the 'competencies' booklet can be downloaded from [www.mariecurie.org.uk/healthcare](http://www.mariecurie.org.uk/healthcare)

## Introduction

These tools have been developed as a practical aid to assess the competence of individual healthcare professionals using Marie Curie Cancer Care's *Spiritual and Religious Care Competencies for Specialist Palliative Care*. It is envisaged that the tools will be used as part of the Personal Performance Review and Development Process (PPRD) to evidence competence in Spiritual and Religious Care and to identify training and development needs.

The tools are offered as a guide and you may choose to adapt them to your particular setting and needs. For example in the Met/Not Met column you may wish to include the terms *partially met* or *working towards* to encourage individuals in their development. You might also choose to adapt the tools to include other areas of competency with similar components, eg communication skills or emotional care.

To enable ease of use the following format is recommended:

### Level 1 and 2

The tool would be used as a guide for an oral assessment during the PPRD process. Many of the elements could be evidenced by observation, eg “develop a rapport and build relationships with patients and families”. Other elements could be evidenced in response to open questions. Sample questions are offered in the *Suggestions for Evidencing* section of this introduction. The level 2 tool includes the additional sections from level 1 that all staff and volunteers should meet.

It is recommended that the reviewer should be working at level 3 or above. For non-clinical staff and volunteers the reviewer should consult a level 3 or 4 practitioner for advice and guidance in advance of the assessment process.

### Level 3 and 4

The tool would be used as a self-assessment tool to be completed by the reviewee prior to the review. A variety of forms of evidence could be used, eg a single written account of a significant event may be used to evidence a number of elements in the assessment. (See the *Suggestions for Evidence* section for further examples.) The tools for levels 3 and 4 include the elements from previous levels which all staff and volunteers are required to meet. Some elements from level 1 and 2 may be evidenced by observation.

At level 4 the assessment tool is cross referenced to the Association of Hospice and Palliative Care Chaplains *Standards for Hospice and Palliative Care Chaplaincy* self assessment tool. This could be used to evidence part or all of a number of elements.

## Suggestions for Evidence

In addition to the suggestions for evidence offered in the Sample Audit Tool on pages 8 and 9 of the Marie Curie Cancer Care *Spiritual and Religious Care Competencies for Specialist Palliative Care*, the following suggestions are offered.

SUGGESTIONS	
LEVEL 1 AND 2	LEVEL 3 AND 4
<ul style="list-style-type: none"> <li>● Observation of practice</li> <li>● Sample questions for oral assessment:               <ul style="list-style-type: none"> <li>- What do you understand by spirituality?</li> <li>- What examples can you give where you felt that spiritual need was a part of the overall care of the patient?</li> <li>- How did you feel when you responded to an issue raised by a patient or carer which you felt was spiritual by nature?</li> <li>- What would suggest to you that a patient has religious needs?</li> <li>- When would you refer on to other members of the team?</li> <li>- What help do you feel you need to develop your competencies in this area of care?</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>● Observation</li> <li>● Written reflective account of a significant event or case review. (Identifying key elements of spiritual and religious care; and personal knowledge, skills and actions.)</li> <li>● Multidisciplinary team meetings (observation or minutes)</li> <li>● Review of patient documentation (notes, care plans)</li> <li>● Review of electronic information systems</li> <li>● AHPCC Self assessment tool (level 4)</li> </ul>

## Level 1: Staff and volunteers who have casual contact with patients and their families

COMPETENCIES	MET/NOT	EVIDENCE/ REVIEWER COMMENT
<b>Knowledge</b>		
K.1.1 Recognise that everyone has a spiritual dimension		
K.1.2 Recognise that some people will have a religious element to their spirituality		
K.1.3 Understand the importance of active listening skills		
K.1.4 Recognise their personal boundaries in spiritual care		
K.1.5 Know when to refer on for more experienced assistance		
<b>Skills</b>		
S.1.1 An awareness of the nature of spirituality within a palliative care context		
S.1.2 An awareness of the nature of religious needs within a palliative care context		
S.1.3 An ability to develop a rapport with patients and carers		
S.1.4 A recognition of their own personal limitations		
S.1.5 An ability to communicate with others and refer on to members of the multidisciplinary team		
<b>Actions</b>		
A.1.1 Build relationships with patients and families		
A.1.2 Use active listening skills to discern spiritual and religious needs		
A.1.3 Refer on to members of the multidisciplinary team		
<b>Training and development needs identified:</b>		

## Level 2: Staff and volunteers whose duties require contact with patients and families/carers

COMPETENCIES	MET/NOT	EVIDENCE / REVIEWER COMMENT
<b>Knowledge</b>		
K.2.1 Understand the nature of spirituality within a palliative care context		
K.2.2 Have an awareness of their own spirituality		
K.2.3 Understand the importance and impact of non-verbal and verbal communication		
K.2.4 Understand the importance of confidentiality and when to disclose and document information		
<b>Skills</b>		
S.1.3 An ability to develop a rapport with patients and carers		
S.1.4 A recognition of their own personal limitations		
S.2.1 An awareness that spiritual needs require acknowledgement		
S.2.2 An ability to identify individuals who have religious or spiritual needs		
S.2.3 An ability to listen actively to the patient/carer and demonstrate empathy		
S.2.4 An ability to recognise and respond appropriately to an individual's emotions		
S.2.5 A recognition of their own limitations to manage difficult issues, referring on to appropriate members of the multidisciplinary team		
<b>Actions</b>		
A.1.1 Build relationships with patients and families		
A.2.1 Provide supportive listening to a patient and/or carer		
A.2.2 Document perceived spiritual need		
A.2.3 Refer difficult religious and spiritual needs of patients/carers to members of the multidisciplinary team		
A.2.4 Identify personal training and development needs		
<b>Training and development needs identified:</b>		

## Level 3: Staff or volunteers who are members of the multidisciplinary team

COMPETENCIES	EVIDENCE (give details)	REVIEWER COMMENT	MET/NOT
<b>Knowledge</b>			
K.2.2 Have an awareness of their own spirituality			
K.2.3 Understand the importance and impact of non-verbal and verbal communication			
K.3.1 Understand the nature of spiritual assessment including religious and ethical dimensions			
K.3.2 Understand the skills that other members of the MDT possess in relation to spiritual care			
K.3.3 Understand confidentiality with regard to the patients' / carers' personal information and what may be shared within the multidisciplinary team			
<b>Skills</b>			
S.1.3 An ability to develop a rapport with patients and carers			
S.1.4 A recognition of their own personal limitations			
S.2.3 An ability to listen actively to the patient/carer and demonstrate empathy			
S.2.4 An ability to recognise and respond appropriately to an individual's emotions			
S.2.5 A recognition of their own limitations to manage difficult issues, referring on to appropriate members of the multidisciplinary team			
S.3.1 An ability to describe and evidence a working definition of spiritual and religious needs			
S.3.2 An ability to elicit the patient's key concerns at a pace directed by the patient			
CONT			

## Level 3: Staff or volunteers who are members of the multidisciplinary team

COMPETENCIES	EVIDENCE (give details)	REVIEWER/ COMMENT	MET/NOT
S.3.4 An ability to recognise and respond appropriately to emotional issues and conflict in individuals and families.			
S.3.5 An ability to develop and administer a plan for spiritual care based on spiritual or religious need			
S.3.6 An ability to recognise complex spiritual, religious, and ethical issues			
S.3.7 An ability to refer effectively to other spiritual care resources including chaplaincy, and clearly articulate reasons for referral			
S.3.8 An ability to identify education, training and development needs			
S.3.9 An ability to respect confidentiality and the appropriate disclosure of the patient's/carer's personal information			
<b>Actions</b>			
A.1.1 Build relationships with patients and families			
A.2.1 Provide supportive listening to a patient and/or carer			
A.3.1 Document patient/carer information in a way that respects confidentiality of individuals and of the MDT			
A.3.2 Document the assessment, interventions(care) and outcomes for patients/carers			
A.3.3 Document appropriate referrals following spiritual assessment <i>(for example: referral to chaplaincy or the patient's own faith representative)</i>			
<b>Training and development needs identified:</b>			

*Level 4: Staff or volunteers whose primary responsibility is for the spiritual and religious care of patients, visitors and staff*

COMPETENCIES	AHPCC Standard	EVIDENCE (give details)	REVIEWER COMMENT	MET/NOT
<b>Knowledge</b>				
K.2.3 Understand the importance and impact of non-verbal and verbal communication				
K.3.3 Understand confidentiality with regard to the patients'/ carers' personal information and what may be shared within the multidisciplinary team				
K.4.1 Knowledge, understanding of and insight into the complex spiritual needs of patients, carers and staff				
K.4.2 Knowledge, understanding of and insight into the complex religious needs of patients, carers and staff				
K.4.3 Knowledge and understanding of the main world faiths, humanism and atheism, with particular reference to their philosophies, beliefs and practices around illness, life, death and dying.				
<b>Skills</b>				
S.1.3 An ability to develop a rapport with patients and carers				
S.1.4 A recognition of their own personal limitations				
S.2.3 An ability to listen actively to the patient/carer and demonstrate empathy				
S.2.4 An ability to recognise and respond appropriately to an individual's emotions				
S.2.5 A recognition of their own limitations to manage difficult issues, referring on to appropriate members of the multidisciplinary team				

CONT

TEAM	AHPCC Standard	EVIDENCE (give details)	REVIEWER COMMENT	MET/NOT
S.3.2 An ability to elicit the patient's key concerns at a pace directed by the patient				
S.3.3 An ability to recognise unmet spiritual and religious need				
S.3.4 An ability to recognise and respond appropriately to emotional issues and conflict in individuals and families				
S.3.5 An ability to develop and administer a plan for spiritual care based on spiritual or religious need	3.3 3.4			
S.3.9 An ability to respect confidentiality and the appropriate disclosure of the patient's/carer's personal information				
S.4.1. Demonstrate and present an in-depth and broad understanding of spirituality and how spiritual and religious needs can be assessed and addressed	2.a.1 2.b.1			
S.4.2 Demonstrate a wide range of skills to discern, assess and address the complex spiritual and religious needs of patients/carers	2.a.1 2.b.1			
S.4.3 Demonstrate an awareness of the spiritual care skills of members of the multidisciplinary team and evaluate spiritual assessments	4.1 4.2 4.3			
S.4.4 Provide support/supervision to members of the multidisciplinary team engaged in spiritual assessment/intervention/referral	4.2			
S.4.5 Demonstrate an awareness of additional internal and external resources and how these may be accessed	2.a.2 2.b.4			
S.4.6 Demonstrate appropriate documentation of referrals, assessment, interventions and outcomes	3.2 3.3			
S.4.7 Reconcile personal spirituality with the varied needs and beliefs of others				

CONT

TEAM	AHPCC Standard	EVIDENCE (give details)	REVIEWER COMMENT	MET/NOT
S.4.8 Lead discussion on spiritual issues within the MDT and act as a leader to implement change and development	7.1			
S.4.9 Manage unplanned events utilising appropriate internal and external resources	7.2			
<b>Actions</b>				
A.1.1 Build relationships with patients and families				
A.2.1 Provide supportive listening to a patient and/or carer				
A.3.1 Document patient/carer information in a way that respects confidentiality of individuals and of the MDT	2.a.1			
A.4.1 Document and provide feedback to individual/team members following referral				
A.4.2 Help patients/carers/staff articulate their spiritual and religious needs and identify resources to address them	2.a.1, 2.b.1 4.1/2/3			
A.4.3 Delegate tasks effectively to other chaplaincy team members, including visiting clergy				
A.4.4 Act as a resource for knowledge, support, training and education for healthcare professionals, eg interpersonal and communication skills; spiritual and religious care	5.1 5.2			
A.4.5 Identify and develop resources to aid spiritual care within the unit/team	5.3			
A.4.6 Participate in and influence the development of national initiatives				

Training and development needs identified:

## Written reflective account

DATE OF EVENT	REFLECTIVE ACCOUNT	COMPETENCY EVIDENCED
<p>Signature _____ Date _____</p>		

## Written reflective account

DATE OF EVENT	REFLECTIVE ACCOUNT	COMPETENCY EVIDENCED

Signature \_\_\_\_\_ Date \_\_\_\_\_



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