

Why Specialty Certification? Generalist vs. Hospice & Palliative Care Certified

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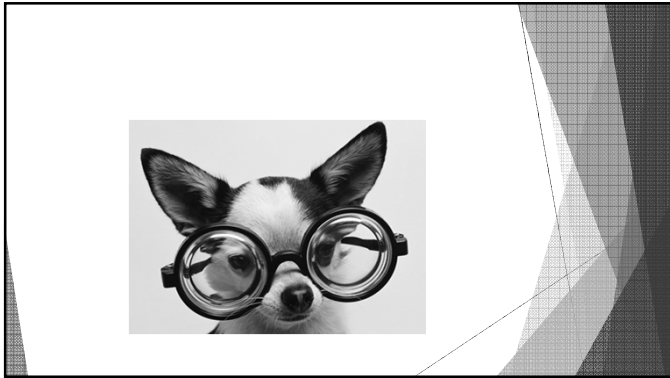


OBJECTIVES

- ▶ Distinguish aspects of a generalist chaplain compared to the competencies of specialist chaplain in palliative care
- ▶ Identify benefits of challenging one's own practice to strive for specialty chaplaincy certification
- ▶ Demonstrate the outcomes associated with palliative care specialty chaplaincy and the institutional benefits

BACKGROUND ORIGIN HOSPICE & PALLIATIVE CARE CERTIFICATION

- Hospice- Medicare Benefit
 - Regulatory Standards
- Continuum of Care-Palliative Care-Life Limiting Illness
 - Alleviate Suffering
 - Increase Quality of Life
- National Consensus Project
 - Developed Interdisciplinary Guidelines
- Research Demonstrates Positive Outcomes
 - Specialized Training



CHAPLAINCY CARE CONTINUUM	
BCCI/Generalist	BCCI-HPCC/Specialist
Supportive Chaplaincy Care	Advanced Integration of Practice and Theory of Chaplaincy Care
Spiritual/Religious Focus	Whole Patient-Centered Care-Total Pain
Spiritual/Religious Support	Align Values EOL POC Directed Crucial Conversations- spiritual/rel. wholeness/medical Burden vs. Benefit of Care
Advance Directives (POA)	Advance Care Planning (POLST)
Identify Ethical Challenge	Integrate Ethical Decision Making
Overview Hospice Care	Integrate Hospice Guidelines-POC

RESEARCH

- ▶ Institution of Medicare
 - ▶ Patients with advanced illness should receive palliative care services by transprofessionally trained clinicians (Spetz, pg 5)
- ▶ Joint commission standards for palliative care certified programs
 - ▶ Include physician, advanced practice nurse or registered nurse, chaplain, social worker-all specialty trained
 - ▶ National statistics report 25% programs met joint commission standards for team composition for best patient care for advanced illness patients, unfunded positions a little higher 39% (Spetz pg 4)

BARRIERS TO SPEICALITY CERTIFICATION

- ▶ Employers offer no incentive or financial reward
 - ▶ Chaplain most commonly unfunded PCT member
 - ▶ Unfunded Chaplains - averaged 43% (Spetz, pg4)
- ▶ HPCC certification-too difficult
- ▶ Hospital does not have PCT
 - ▶ 67% of 50+ bed hospitals report PCT (Dumanovsky, pg1)

BARRIERS CONTINUED

Fitchett Chaplain Research-Jane Jeuland survey

- ▶ Not required by employer
- ▶ Don't have time
- ▶ Can't afford
- ▶ Didn't know existed
- ▶ Not APC affiliated



OPPORTUNITIES FOR IMPROVEMENT

- ▶ Making palliative care available to seriously ill who are neither hospitalized nor hospice-eligible-largest opportunity for improvement in US health care
 - ▶ Broad workforce training in the core principles and practices of palliative care
 - ▶ Regulatory and accreditation requirements for high-quality palliative care services in health care settings
 - ▶ Investment in research to strengthen quality of care
 - ▶ Development of valid, actionable, and feasible measures of quality of care for this complex and vulnerable patient population

(Dumanovsky, pg 6)

HOSPICE & PALLIATIVE CARE APPLICATION

- ▶ Progressive Essay
 - ▶ Professional, personal reflective progression from BCC-HPCC
- ▶ Major Essay-37 competencies
 - ▶ Integration of Theory and Practice
 - ▶ Case Study
 - ▶ Quality Improvement Project
- ▶ Power Point
 - ▶ Created & presented with medical PCT member

APC webinar

PROGRESSION ESSAY

- ▶ Describes professional progression
- ▶ Highlights major events and themes-impacted ministry
- ▶ Process of reflective thinking
- ▶ Advanced practice integration

MAJOR ESSAY

Three Components of Essay

1. Integrated portrayal theory and practice addressing competencies

- ▶ Research shows patient-centered approach to care is foundation for good quality palliative care (Puchalski)

MAJOR ESSAY CONTINUED

2. Case presentation-comprehensive scope

- ▶ Evolving comprehensive spiritual plan of care-addressing spiritual needs and outcomes (Sheilds)
- ▶ Progression of spiritual practice over case-improving spiritual care in palliative care (Puchalski)
- ▶ Integration of chaplaincy care on continuum of care-lack of recognizing spiritual concerns, lead to depression and lack of meaning at end of life
- ▶ Integrative team approach-Total pain includes plan for emotional, spiritual, physical, social (Immanuel)

MAJOR ESSAY CONTINUED

3. Quality Improvement Process- enhance delivery of chaplaincy care palliative care-association of medical care and spiritual care research at end of life (Balboni)

POWER POINT PRESENTATION

- ▶ Educational presentation created collaborative with hospice/palliative care medical colleague
- ▶ Demonstrates advanced theory and practice integrating the medical total pain/whole-patient-centered care

CASE STUDY

Identify competencies that have been addressed
Discuss exemplification of integrated theory and practice.
Demonstrate advanced practice whether dedicated palliative care chaplain or interdisciplinary team approach

CASE STUDY 1

CASE STUDY 2

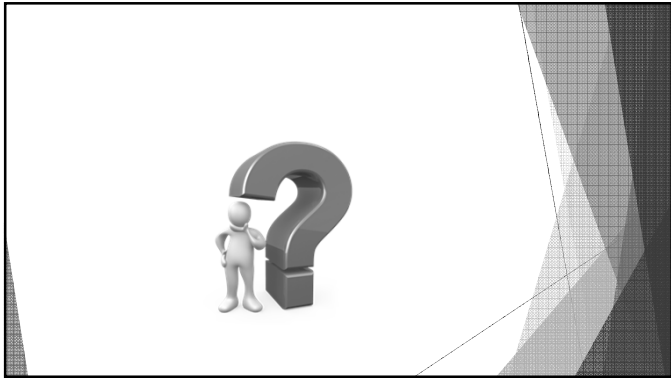
COMPLETE APPLICATION

- ▶ All components demonstrate advanced integration of theory and practice
 - ▶ Progression Essay
 - ▶ Major Essay
 - ▶ Power Point
 - ▶ Letters of Reference
 - ▶ Continuing Education

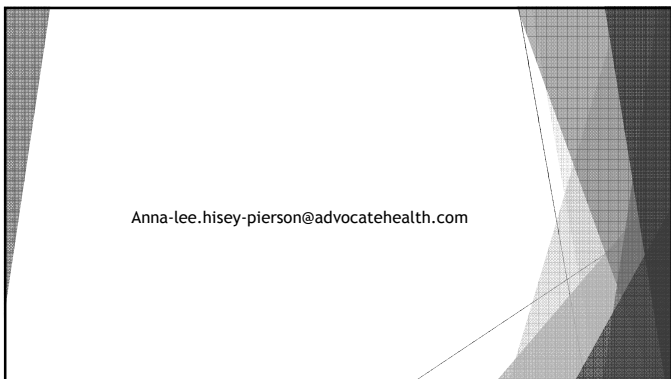
WHY CHALLENGE ONE'S SELF TO HOSPICE & PALLIATIVE CARE CERTIFICATION?

- ▶ Specialized training/advanced education
 - ▶ To provide competent evidence-based care
- ▶ Congruent Training/certification as PCT
- ▶ Recognized Mastery of advanced praxis
- ▶ Demonstrate Commitment to Professional Development
- ▶ Improve Patient Outcomes
- ▶ Future Employment Opportunities
- ▶ Self-Intrinsic Rewards

Fitchett







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Why certification? Claiming and validating our expertise, HPCC <http://hpcc.advancingexpertcare.org/competence/why-certification/>
