

Palliative Care Competencies for Personal Support Workers in Long Term Care

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Background

This is a sub-project of a five year Community-University Research Alliance funded by the Social Sciences and Humanities Research Council (SSHRC) entitled *Improving the Quality of Life for People Dying in Long Term Care Homes*, the goal of which is to develop, through Participatory Action methods, a **palliative care philosophy** in long-term care (LTC).

LTC is a unique palliative care context: It is **the home** of very frail older people living with multiple, serious, chronic illness, and it is the place where they will die.

There is an urgent need for LTC homes to become palliative care centers of excellence where older people live the highest possible quality of life, and die with dignity, and free of suffering. However, the majority of LTC homes in Canada lack formalized palliative care programs.

Given that PSWs provide most of the bedside care in LTC, **the empowerment and education of PSWs is key to the development of a palliative care philosophy of care. The development of palliative care competencies** for PSWs is a key step in the development of the palliative care team in LTC.

Why have competencies?

To describe the scope of practice: What should a PSW know and be able to do to work in a palliative care LTC setting? What are the minimum competencies?

- To facilitate interprofessional communication and mutual understanding of roles on the palliative care team in LTC
- To promote palliative care as a specialization for PSWs
- To provide a framework for evaluating practice; understanding supervision and education needs of PSWs; developing curriculum; writing job descriptions; guiding hiring practices.

The Process

INTERVIEWS

7 PSWs identified by their peers as the "best of the best" were recruited to participate in in-depth interviews to talk about their practice. Interviews were recorded, transcribed, and analyzed by the researcher using standard qualitative methods, to produce a detailed description of the tasks they perform.

PSW COMPETENCY WORKING GROUP

A volunteer working group of PSWs then met regularly to transform the 'tasks' into a standard competency framework by grouping the tasks according to similar knowledge and skills under headings representing distinct and non-overlapping areas of competence.

The current competency document is the product of a collaborative and participant-driven process between the researcher and the PSWs. It is an evolving document that reflects the working group's understanding of their own practice and is intended to be a foundation for consultation and discussion with other PSWs.

VALIDATION

A process of validation is underway to see if the competencies accurately reflect the palliative care experience of a wider group of PSWs

The Palliative Care Competencies

1. Care of the resident

- a. resident-centered assistance with personal care
- b. building relationship
- c. ongoing observation
- d. specialized care
- e. creation of a home-care setting

2. Care of the family

3. Care at the end of life

- a. preparing the resident for dying
- b. comfort, safety, connection
- c. total care at the end of life
- d. care for the resident after death

4. Communication

- a. with other members of the team
- b. with resident and family

5. Time management skills

6. Teamwork skills

7. Self-care

8. Professional development/mentorship

9. Ethical and legal issues

10. Advocacy



The mission of the PSW working in palliative care in LTC:

To provide individualized assistance tailored to the needs of each resident: assistance that affirms the value and worth of the resident; that maximizes choice, independence, and autonomy; that preserves dignity; that is culturally sensitive; that allows each resident to feel like a person who is worthy of care and assistance; that helps each resident live as actively and with as much meaning as possible until death.

To create a secure and respectful home-like care environment where residents and their loved ones have a sense of personal control, belonging and safety; where daily living has meaning and purpose; where every resident is seen as a person rather than a diagnosis.

To provide the highest quality of holistic personal care throughout the dying process so residents can die with the highest possible dignity and comfort, with their questions answered and their personal choices followed, free from fear, pain, and suffering, surrounded by the people they choose.

Next Steps

- Consultation with a wider group of PSWs to validate and refine the competencies.
- Translate the competencies into learning objectives.
- Consultation with provincial colleges to determine which components of the current competency framework translate well into entry-level curricula, and which are better suited for continuing education.
- Develop on-the-job training tools for PSWs currently working in LTC.



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