

*Spiritual & Religious Care  
Competencies for  
Specialist Palliative Care*



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.



## Contents

Introduction	2
Level 1	3
Level 2	4
Level 3	5
Level 4	6-7
Sample Audit Tool	8-9

These assessment tools have been designed to complement the *Spiritual & Religious Care Competencies* booklet, developed by David Mitchell, lecturer in Palliative Care and Tom Gordon, Chaplain, working at the Marie Curie Cancer Care hospices in Glasgow and Edinburgh.

### Working Party

Cath Bredbury  
Tom Gordon  
Ebbie Hulland  
Shaun Kinghorn  
Maria McGill  
David Mitchell  
Stephen Smith  
Barbara Tyas  
Graham Woolley

### Profession

Area Nurse Manager  
Chaplain  
Area Nurse Manager  
Senior Lecturer  
Centre Manager  
Chaplain  
Clinical Services Manager  
Chaplain  
Estates Officer

### Marie Curie Hospice

Marie Curie Nursing Service  
Edinburgh  
Marie Curie Nursing Service  
Newcastle  
Glasgow  
Glasgow  
Edinburgh  
Bradford  
Liverpool



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To download a copy of this document please visit [www.mariecurie.org.uk/healthcare](http://www.mariecurie.org.uk/healthcare)

### Spiritual & Religious Care

These competencies have been developed with an understanding of spiritual care in its broadest sense. It is acknowledged that Spirituality includes whatever gives a person meaning, value and worth in their life. Spirituality and Religion are clearly distinguished: religion can be an important part in a person's spirituality but how important, if at all, will depend on the individual. Although spiritual care is traditionally seen as the chaplain's area of expertise these competencies assume that all staff and volunteers can and do provide spiritual care.

### Language, Process and Terminology

Spirituality is a difficult area to define, discuss and audit. It does not lend itself to clear expression and often the descriptive language used is subjective and diverse. By accepting that spirituality is individual in nature it follows that its expression will also be individual. These competencies seek to use terminology that will be familiar to healthcare professions in general, but it is acknowledged that sometimes the competencies, by virtue of the way they are expressed, will appear loose. Such individuality we feel is a strength, rather than a weakness in this particular area of care.

### Levels & Headings

The competencies are set out in four levels. They specify levels of competency that should be achieved by staff and volunteers working in all areas of care, through those with increasing depth of contact with patients and their families/carers, to those whose primary responsibility is for spiritual care, normally chaplains. Each level is prefaced by a statement giving guidance on which

groups of staff and volunteers would normally be expected to achieve or be working towards achieving this level.

The column headings have been chosen to reflect a progression from Knowledge, through Skills, then to Actions. The Skills column in particular shows a clear progression in ability from level 1 to 4. However, the Skills column at level one includes examples of awareness that would normally be included under knowledge. It is felt that for this particular subject an awareness of an area that is difficult to put into words is a recognisable skill even though it is hard to measure.

### Developing & Evidencing Competence

The following are offered as a guide to developing and evidencing these competencies at all levels.

Tools for **Developing** competence could include: staff/volunteer induction, training courses, continuing education, case/critical incident reviews, personal and professional development reviews, etc.

Ways of **Evidencing** competence could include: demonstrating review of patient notes; case/critical incident reviews; discussion at multidisciplinary team meetings; planning and evaluation of staff induction and teaching sessions; personal and professional development reviews; contributions to professional journals/books/national documents; contributions to a journal club.

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

### Statement:

This level seeks to ensure that all staff and volunteers understand that all people have spiritual needs and distinguishes between spiritual and religious needs. It seeks to encourage basic skills of awareness, relationships and communication, and an ability to refer concerns to members of the multidisciplinary team (MDT).

COMPETENCIES		
KNOWLEDGE	SKILLS	ACTIONS
<p>Everyone working at level 1 should be able to:</p> <ul style="list-style-type: none"> <li>● Recognise that everyone has a spiritual dimension</li> <li>● Recognise that some people will have a religious element to their spirituality</li> <li>● Understand the importance of active listening skills</li> <li>● Recognise their personal boundaries in spiritual care</li> <li>● Know when to refer on for more experienced assistance</li> </ul>	<p>Everyone working at level 1 should have the following skills:</p> <ul style="list-style-type: none"> <li>● An awareness of the nature of spirituality within a palliative care context</li> <li>● An awareness of the nature of religious needs within a palliative care context</li> <li>● An ability to develop a rapport with patients and carers</li> <li>● A recognition of their own personal limitations</li> <li>● An ability to communicate with others and refer to members of the MDT</li> </ul>	<p>Everyone working at Level 1 should be able to demonstrate an ability to:</p> <ul style="list-style-type: none"> <li>● Build relationships with patients and families</li> <li>● Use active listening skills to discern between spiritual and religious needs</li> <li>● Refer on to members of the MDT</li> </ul>

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

### Statement:

This level seeks to enhance the competencies developed at level 1 with an increased awareness of spiritual and religious needs and how they may be identified and responded to. In addition to increased communication skills, identification and referral of difficult needs should be achievable along with an ability to identify personal training needs.

COMPETENCIES		
KNOWLEDGE	SKILLS	ACTIONS
<p>In addition to the knowledge at level 1 everyone working at level 2 should be able to:</p> <ul style="list-style-type: none"> <li>● Understand the nature of spirituality within a palliative care context</li> <li>● Have an awareness of their own spirituality</li> <li>● Understand the importance and impact of non-verbal and verbal communication</li> <li>● Understand the importance of confidentiality and when to disclose and document information</li> </ul>	<p>In addition to the skills at level 1, everyone working at level 2 should have the following skills:</p> <ul style="list-style-type: none"> <li>● An awareness that spiritual needs require acknowledgement</li> <li>● An ability to identify individuals who have religious or spiritual needs</li> <li>● An ability to listen actively to the patient/carer and demonstrate empathy</li> <li>● An ability to recognise and respond appropriately to an individual's emotions</li> <li>● A recognition of their own limitations to manage difficult issues, referring on to appropriate members of the MDT</li> </ul>	<p>In addition to the performance at level 1 everyone working at level 2 should be able to demonstrate an ability to:</p> <ul style="list-style-type: none"> <li>● Provide supportive listening to a patient and/or carer</li> <li>● Document perceived spiritual need</li> <li>● Refer difficult religious and spiritual needs of patients /carers to members of the MDT</li> <li>● Identify personal training and development needs</li> </ul>

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

### Statement:

This level seeks to further enhance the skills of levels 1 & 2. It moves into the area of assessment of spiritual and religious need, developing a plan for care and recognising complex spiritual, religious and ethical issues.

This level also introduces confidentiality and the recording of sensitive and personal patient information.

COMPETENCIES		
KNOWLEDGE	SKILLS	ACTIONS
<p>In addition to the knowledge at levels 1 &amp; 2 everyone working at level 3 should be able to:</p> <ul style="list-style-type: none"> <li>● Understand the nature of spiritual assessment including the religious and ethical dimensions</li> <li>● Understand the skills that other members of the MDT possess in relation to spiritual care</li> <li>● Understand confidentiality with regard to patients' and carers' personal information and what may be shared within the MDT</li> </ul>	<p>In addition to the skills at levels 1&amp; 2, everyone working at level 3 should have the following skills:</p> <ul style="list-style-type: none"> <li>● An ability to describe and evidence a working definition of spiritual and religious needs</li> <li>● An ability to elicit patients' key concerns at a pace directed by patients</li> <li>● An ability to recognise unmet spiritual and religious need</li> <li>● An ability to recognise and respond appropriately to conflict in individuals and families and to emotional issues</li> <li>● An ability to develop and administer a plan for spiritual care based on spiritual or religious need</li> <li>● An ability to recognise complex spiritual, religious and ethical issues</li> <li>● An ability to refer effectively to other spiritual care resources, including chaplaincy, and to clearly articulate reasons for referral</li> <li>● An ability to identify education, training and development needs</li> <li>● An ability to respect confidentiality and the appropriate disclosure of patient/carers personal information</li> </ul>	<p>In addition to the performance at levels 1 &amp; 2 everyone working at level 3 should be able to demonstrate an ability to:</p> <ul style="list-style-type: none"> <li>● Document patient/carer information in a way that respects confidentiality of individuals and of the MDT</li> <li>● Document the assessment, interventions (care), and outcomes for patients and carers</li> <li>● Document appropriate referrals following spiritual assessment (for example: referral to chaplaincy or the patient's own faith representative)</li> </ul>

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

### Statement:

Staff working at level 4 are expected to be able to manage and facilitate complex spiritual and religious needs in patients, families/carers, staff and volunteers. In particular they will deal with the existential and practical needs arising from the impact on individuals and families from illness, life, dying and death. In addition they should have a clear understanding of their own

personal beliefs and be able to journey with others focused on other people's needs and agenda. They should liaise with external resources as required. They should also act as a resource for the support, training and education of healthcare professionals and volunteers, and seek to be involved in professional and national initiatives.

COMPETENCIES		
KNOWLEDGE	SKILLS	ACTIONS
<p>In addition to the knowledge at levels 1, 2 &amp; 3 everyone working at level 4 should have:</p> <ul style="list-style-type: none"> <li>● Knowledge, understanding and insight into the complex spiritual needs of patients/carers and staff</li> <li>● Knowledge, understanding and insight into the complex religious needs of patients/carers and staff</li> <li>● 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</li> </ul>	<p>In addition to the skills at levels 1, 2 &amp; 3, everyone working at level 4 should have an ability to:</p> <ul style="list-style-type: none"> <li>● Demonstrate and present an in-depth and broad understanding of spirituality and how spiritual and religious needs can be assessed and addressed</li> <li>● Demonstrate a wide range of skills to discern, assess and address the complex spiritual and religious needs of patients/carers</li> <li>● Demonstrate an awareness of the spiritual care skills of members of the multidisciplinary team and evaluate spiritual assessments</li> <li>● Provide support/supervision to members of the multidisciplinary team engaged in spiritual assessment/intervention/referral</li> <li>● Demonstrate an awareness of additional internal and external resources and how these may be accessed</li> </ul>	<p>In addition to the performance at levels 1, 2 &amp; 3 everyone working at level 4 should be able to demonstrate an ability to:</p> <ul style="list-style-type: none"> <li>● Document and provide feedback to individual/team members following referral</li> <li>● Help patients/carers/staff articulate their spiritual and religious needs and identify resources to address them</li> <li>● Delegate tasks effectively to other chaplaincy team members including visiting clergy</li> <li>● Act as a resource for knowledge, support, training and education for healthcare</li> </ul>
	CONT	CONT

COMPETENCIES	
SKILLS	ACTIONS
<ul style="list-style-type: none"><li>● Demonstrate appropriate documentation of referrals, assessment, interventions and outcomes</li><li>● Reconcile personal spirituality with the varied needs and beliefs of others</li><li>● Lead discussion on spiritual issues within the MDT and act as a leader to implement change and development</li><li>● Manage unplanned events utilising appropriate internal and external resources</li></ul>	<p>interpersonal and communication skills; spiritual and religious care</p> <ul style="list-style-type: none"><li>● Identify and develop resources to aid spiritual care within the unit/team</li><li>● Participate in and influence the development of national initiatives</li></ul>



## Sample Audit Tool

This section is offered as an example of how competence at the different levels might be audited for individual members of staff using *Patient Notes* and a *Personal and Performance Review and Development* process. However, please refer to the section *Developing and Evidencing Competence* on page 2 for examples of other methods and tools that might be used.

Given that staff working at level 4 are likely to be chaplains or directors of spiritual care these competencies might be combined with the Association of Hospice and Palliative Care Chaplains Standards for Hospice and Palliative Care Chaplaincy, which contain a more comprehensive self assessment audit tool.

### Level 1

Review documentation:

- are referrals being made to the MDT for spiritual care?
- are the reasons for referral documented?

Personal Performance Review and Development (PPRD):

- are competencies discussed at review?
- are training needs identified and actioned?

### Level 2

Review documentation:

- are referrals being made to the MDT for spiritual care?
- are the reasons for referral documented?

Personal Performance Review and Development (PPRD):

- are competencies discussed at review?
- are training needs identified and actioned?

### Level 3

Review documentation:

Does the documentation:

- demonstrate spiritual assessment?
- demonstrate an understanding and respect of patient/ carer confidentiality?
- detail interventions?
- demonstrate care planning and outcomes for spiritual care?
- demonstrate referral to a higher competence level ?

Personal Performance Review and Development (PPRD):

- are competencies discussed at review?
- are training needs identified and actioned?

### Level 4

Review documentation

Does the documentation:

- demonstrate feedback to team members following referral?
- detail delegation/referral to other team members, visiting clergy etc., including the reason for referrals?

Review training and education sessions delivered to other professionals

- are they evaluated?
- is there evidence that the evaluation is used to improve future sessions?

Personal Performance Review and Development (PPRD):

- are competencies discussed at review?
- are targets set to develop resources within the unit/team?
- is participation and influence in national initiatives explored?
- are training needs identified and actioned?

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Marie Curie Cancer Care  
89 Albert Embankment  
London  
SE1 7TP  
Tel: 020 7599 7777