CHAPTER 13

EMPOWERING PROFESSIONAL COMPETENCY IN THE WIDER COMMUNITY SETTINGS

Candy H. C. Fong, Iris K. N. Chan, Eva Y. Wong, Phyllis P. H. Leung and Brenda W. S. Koo

Jockey Club End-of-Life Community Care Project, The University of Hong Kong

Cecilia L. W. Chan

Jockey Club End-of-Life Community Care Project, The University of Hong Kong
Department of Social Work & Social Administration, The University of Hong Kong

The ongoing expansion of community-based services in end-of-life care (EoLC) brings an increasing demand for professional training and competence enhancement. The Ottawa Charter explicitly states that everyone should be able to make decisions and have control over their own life circumstances, and that society should create conditions for a health-promoting palliative care (PC) system (World Health Organization [WHO], 2000). Professionals working in elderly care and EoLC have crucial roles in creating Ottawa Charter environments for their patients.

The "PC and EoLC for all" approach outlines three layers of care (PC approach, general PC and specialist PC) for patients living with life-limiting illnesses, within a vision of providing comprehensive care to patients and families affected by chronic and advance illnesses, through an integrative community and team-based approach.

It has been recognised that different groups of professionals require different training, levels of knowledge and skill competence in EoLC (Worldwide Palliative Care Alliance [WPCA], 2014) (see Chapter 10). Of note is that although the specialist PC is predominantly provided in hospice or specialist units in hospitals, the PC approach and general PC involve many different professionals in primary care or community settings.

Efforts have been made to estimate the human resources required to implement the three layers of EoLC. For home-based care, it has been estimated that three physicians, 12 nurses and six other clinical staff are required per 100,000 patients. For inpatient care, 1.5 medical doctors, 15.5 nurses and four other clinical staff are required for every 10 inpatient beds. An additional 25% administrative staff are required to provide leadership and to ensure compliance with regulatory and fiduciary responsibilities (Connor & Gómez-Batiste, 2017). Although no estimations have been made regarding human resources required for EoLC in other community settings, it is anticipated that the number of people engaged in community-based EoLC may be even greater, so that patients with life-limiting diseases can be provided with a real option of staying at home for as long as possible, with requisite home care supports.

In fact, the WHO has long put human resource development as one of the key items in its PC services development agenda. Education was one of the five pillars of a public health model proposed for EoLC, which motivated for the development of comprehensive curricula, expert and general training courses and trainee programmes as early as the 1990s (WPCA, 2014). The questions that remain unanswered include "who should provide what kind of training to whom, at what time and place?" and also "how should the training be delivered?".

To align its training with global developments and trends, the JCECC Project included professional education as one of its key components. The University of Hong Kong (HKU) project team (defined as "project team" hereafter) also piloted a target-specific and needs-based professional capacity building programme that is oriented to care professionals in the community.

BACKGROUND

MAPPING GLOBAL DEVELOPMENT AND TRENDS TO LOCAL NEEDS

In an initial effort to develop and pilot a large-scale, professional capacity building programme in EoLC for the Hong Kong community, the project team undertook four steps. These steps shared a similar rationale to the first four steps in designing a national education plan for EoLC, recommended by Gómez-Batiste, Lasmarías, Connor & Gwyther (2017). An adapted version of the first four steps recommended by Gómez-Batiste et al. (2017) were used to explain the development process of the JCECC Project professional capacity building programme (see **Figure 13.1**).

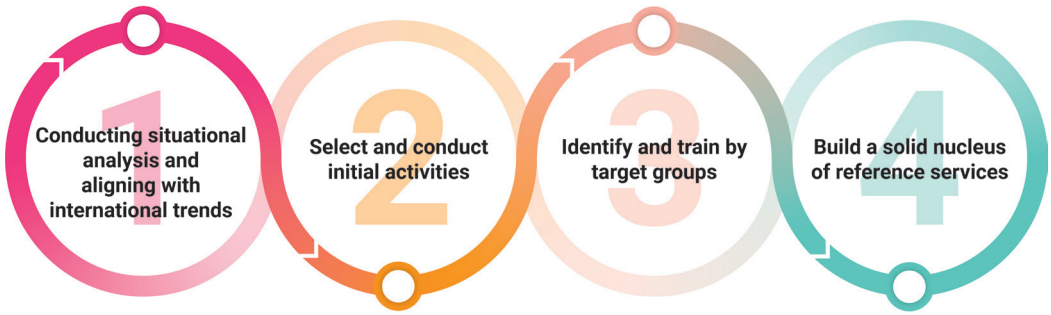

Figure 13.1 The Four Steps in Developing Education Programme for EoLC

Step 1: Conducting situational analysis and aligning with international trends. In order to inform programme design and training contents, the project team reviewed updated statistical and survey data on local ageing and death figures, and also EoLC services need (see Chapter 1). The team identified gaps in local training programmes for non-specialists and social care professionals in all levels (see Chapter 10), and conducted community-wide surveys of healthcare professionals regarding their competence in EoLC.

The key directions in the development of the JCECC Project professional capacity building programme were derived from several sources, including:

- WHO public health model for PC (Stjernswärd, Foley & Ferris, 2007);
- Common core competences and principles for health and social care workers working with adults at the end of life developed by the UK Department of Health (2009);
- A review of competency frameworks conducted in Ireland (Connolly, Charnley, Regan & AIIHPC, 2012);

- The resolution WHA67.19 published by the World Health Assembly (WHA) on Strengthening of palliative care as a component of comprehensive care throughout the life course (WHA, 2014);
- Guidelines for establishing PC training, recently published in a manual by the Technical Advisory Group of the WHO Initiative for Palliative Care (Gómez-Batiste et al., 2017); and
- The strategic framework for PC development by the Hospital Authority (HA) (Hospital Authority [HA], 2017).

These directions comprised:

- Identifying core competencies in PC and EoLC, and the development of a competency framework should be a prerequisite.
- Ensuring all care professionals have basic core competences in PC and EoLC. Thus, a standardised curriculum that delivers the minimum level of competences in PC and EoLC to all care professionals is essential.
- Tailoring training according to differentiated levels, ensuring that it is target-specific and needs-based, and is provided in accordance with the care settings, disciplines, positions, nature of work and level of involvement. Three levels of training are required (basic, intermediate and specialist), which should be compatible with the three levels of care specified in the shared-care model proposed in the Hospital Authority Strategic Service Framework for Palliative Care (2017) (see Chapter 4).
- Training clinical and organisational leaders at the initial stage, which is essential for helping grow and develop services.
- Using capacity building to make changes at organisation, social and policy levels.

Step 2: Select and conduct initial activities. At the beginning of the JCECC Project, the project team approached experts in various disciplines in the EoLC field, for advice on the best approach and content for EoLC training. Collaboration in training was also established. This was not only to serve the purpose of training, but also to build a platform of continuous exchange and learning of EoLC knowledge among professional groups. To meet the diversified training needs of healthcare professionals working in different settings, with various degrees of involvement in EoLC, the project team formulated the JCECC Project End-of-Life Care Core Competency Framework. This was undertaken with the aim of equipping community-based healthcare professionals from a range of disciplines with core competences in EoLC. The framework consists of seven competency domains that are considered essential for all professional groups involved in the care of patients facing end of life (EoL). A full description of each domain is provided in Chapter 10.

The project team developed and organised all the professional training courses, based on the JCECC Project End-of-Life Care Core Competency Framework, albeit with varying levels of proficiency required in specific domains. Although all competency domains are equally important, the JCECC Project training programme places a specific emphasis on communication and evidence-based psychosocial care. Moreover, there is an assumed sequential order of training in these competency domains. For instance, the domains of overarching values and knowledge, and self-reflection and self-care, should be taught first, followed by the remaining five domains. Building on a standardised competency framework, the JCECC Project EoLC training curricula enhances multidimensional competencies of healthcare professionals in community EoLC. It will also eventually improve quality of EoLC in the community.

Step 3: Identify and train by target groups. Consistent with the derived directions identified during programme development, the JCECC Project employed a target-specific approach to construct its training and competence building activities. It identified four target groups for training and appropriate capacity building strategies:

1. Policymakers, administrative leaders and relevant organisational leaders.
2. Clinical leaders across disciplines in social and healthcare systems.
3. Health and social care professionals who are non-specialists in PC and EoLC, but who work in service units for older adults, in the EoLC field, or who deal with a high caseload of patients who require chronic care specialists. They may work in long-term care facilities and/or take referrals from other care professionals.
4. All health and social care professionals.

Step 4: Build a solid nucleus of reference services. Apart from developing a capacity building programme, the JCECC Project collaborated with five non-governmental organisations (NGOs) as partners in piloting different community-based EoLC service models (see Chapters 6–9 and 12 for details). The experiences and best practices generated from these pilot service projects serve as the foundation for future development of a comprehensive training curriculum for integrated community-based EoLC services.

THE JCECC PROJECT TARGET-SPECIFIC, DOMAIN-BASED CAPACITY BUILDING PROGRAMME

The training activities in this professional capacity building programme are summarised next.

POLICY ROUNDTABLE AND EXECUTIVE FORUM

The JCECC Project Policy Roundtable sessions and Executive Forum Series provided a platform for health and social care executives, policymakers and key stakeholders to be engaged in dialogue with world-class experts on EoLC. Eight renowned international and local speakers were invited to different forums to foster partnerships and collaborations in EoLC. A total of six policy roundtable sessions and executive forums have been held to date, with 130 participants.

LEADERSHIP TRAINING PROGRAMME

The JCECC Project Leadership Training Programme 2016 and 2017 aimed to nurture a group of clinical and service development leaders in community-based EoLC. In this programme, leaders in the community were guided to review international best practices and standards of clinical excellence in community-based EoLC. The leaders were exposed to state-of-the-art, evidence-based and innovative practices in quality community-based EoLC for patients and their family caregivers. The practice-based learning approach empowered leaders to develop EoLC services in their own work settings through exemplary clinical care, international best practice and evidence-based skills training.

The programmes were conducted in two consecutive years, with modifications to the format and content throughout the process to better meet the needs of leaders in the second year. With EoLC development in its infancy in Hong Kong, the leadership programme in 2016 targeted clinical leaders who were already providing EoLC to patients. Notably, as an impetus to support the development of reference services in community-based EoLC, clinical staff and service managers in the five NGO partners in the JCECC Project were also recruited as leaders in the 2016 programme, alongside leaders from other NGOs. Twenty-four leaders participated in three full-day lectures and nine study groups, in which they worked on specific topics in EoLC. Cases were brought in for discussion and mutual learning.

The leadership programme in 2017 targeted leaders who were involved in EoLC project management and service development. The 24 leaders who participated in the 2017 programme underwent a stringent screening process. They were nominated by their respective organisations and screened through their personal statements on their expectations of the programme and vision for developing EoLC service programmes in their

work setting. The programme curricula were advanced, based on learnings from the 2016 programme. The 2017 programme consisted of 36 learning hours, distributed over four learning components that were specifically designed to achieve learning outcomes of:

- Mastering the latest developments and best practices in local and global EoLC;
- Familiarising leaders with evidence-based practices in quality EoLC for patients and family members;
- Developing collective visions on scalable service models and programmes for patients at EoL, and their family members; and
- Establishing networks with local and global leaders in community EoLC.

The learning components are detailed next.

Knowledge enrichment sessions. The eight one-hour knowledge enrichment sessions covered important topics and state-of-the-art EoLC. Prior to each session, reading materials and session handouts were presented to the leaders for preparation. The session topics included global development in PC; engaging patients, family members and community in conversations in EoLC; conducting holistic assessment and its application in EoLC for the elderly living in residential care homes for the elderly (RCHEs); integrated East–West Body–Mind–Spirit (IBMS) interventions for patients with serious illnesses; dealing with family dynamics in EoLC; dealing with conflict management; capacity building in community EoLC; developing volunteers and support networks in the community; and the role of social care professionals in Advance Care Planning (ACP).

Intensive tutorials. Following each knowledge enrichment session, there was a two-hour tutorial to facilitate more in-depth discussion on each topic. The tutorials were designed to facilitate application of learnt knowledge into practice. Leaders were divided into groups of three to five, with an assigned advisor who was experienced in EoLC. They were requested to put forward issues, cases and challenges related to the session topic in order to encourage exchanges and mutual learning, and they received advice from their advisor.

Exchange sessions with international experts. These sessions were aimed at helping leaders understand state-of-the-art global development in EoLC so they could participate in a global vision in service and strategic planning. International experts included Professor David Kissane, Professor Carl Becker and Professor Edward Canda, who are world leaders in family intervention, ACP and spiritual care in EoLC. They were invited to share recent developments in research and practice in EoLC. Leaders were given opportunities to exchange ideas with these international experts, and reflect on how international guidelines and standards could be modified to inform development in local practices in Hong Kong.

Capstone project. The idea of a capstone project in the programme was to help leaders put what they had learnt into their real-world service planning and implementation. Leaders were encouraged to develop an innovative idea to advance services in their respective work settings, integrating the knowledge and skills from all components of the project. A capstone project poster presentation session was arranged at the end of the programme in May 2018, and the posters were exhibited in the JCECC Project International Conference 2018. The topics followed global and local trends in EoLC development, with pilot projects on innovative interventions to improve patients' sense of meaning and quality of life; proposals to support family members in bereavement adjustment; pilot services of cross-cutting interprofessional teams in facilitating home death; efforts to implement ACP to different target groups such as people with intellectual disability and dementia; and the development of tools for facilitating ACP communication with the use of various media, including journaling, and information technologies.

DOMAIN-SPECIFIC PROFESSIONAL TRAINING WORKSHOPS

Professional training workshops were held by collaborating local and international experts in EoLC in the format of short courses (conducted over one to three days). These courses comprised lectures on basic concepts and theories, skill demonstrations and practice workshops. They were aimed at helping health and social care professionals to further develop knowledge and skills in specific areas, based on their professional interests and career development. These workshops were based on the JCECC Project End-of-Life Care Core Competency Framework, with the level of proficiency of competences equivalent to the intermediate level. Since the overall capacity building programme had a strong emphasis on psychosocial care and communication, most domain-specific workshops targeted psychosocial care, communication and bereavement care. In total, 49 workshops were delivered between 2016 and 2018 to more than 2,300 participants.

FOUNDATION TRAINING COURSES

The JCECC Project Foundation Training Course in Community EoLC is a one-day training course designed for health and social care professionals who wish to cover basic principles, knowledge and concepts in community EoLC. Through lectures and interactive discussion sessions with clinical experts and researchers, the course covered basic competences involved in the seven competency domains in the JCECC Project End-of-Life Care Core Competency Framework, including overarching values and knowledge; self-reflective and self-care; psychosocial and spiritual care; communication; EoL decision-making; symptom management and bereavement care. The overall course aim was to prepare health and social care professionals to serve patients and family members in community settings. The courses were delivered in February and July 2017 to 175 participants.

THE JCECC PROFESSIONAL EVALUATION FRAMEWORK

Evaluation of the outcomes and impacts of the professional capacity building programme was conducted through pre-post evaluation regarding participants' competence in EoLC, as well as satisfaction surveys.

A 38-item multidimensional EoLC competence assessment tool was developed in order to assess competence in each domain in the JCECC Project End-of-Life Care Core Competency Framework. As discussed in Chapter 10, the framework was adapted from two international documents:

- Common core competences and principles for health and social care workers working with adults at the end life (UK Department of Health, 2009); and
- Core competencies in palliative care: An EAPC White Paper on palliative care education (Gamondi, Larkin & Payne, 2013).

The assessment toolkit developed by Whittaker, Broadhurst & Faull (2015) from the University of Nottingham, which was based on the UK competency framework, was used as a blueprint to build the JCECC Project multidimensional EoLC competence assessment tool. This tool covers assessment of domains, including "overarching values and knowledge" (eight items), "communication skills" (eight items), "symptom management, maintaining comfort and well-being of patients & families" (six items), "psychosocial and spiritual care" (six items), "EoL decision-making" (seven items) and "bereavement care" (three items). Self-perceived competence in each domain was rated on a 10-point Likert scale, from 1=totally incompetent to 10=very competent. Domain mean scores were calculated by summing the item scores in a domain and dividing by the number of items.

Three items were specifically designed to test knowledge of community-based EoLC, which was the primary focus of the JCECC Project. These items were integrated into the domain of "overarching values and knowledge". These items were examined in analysis of findings from domain-specific and foundation courses. In addition, the Self-Competence Scale in Death Work (SC-DW) was used to assess emotional and existential competences of participants in death work (Chan, Tin & Wong, 2015).

EFFECTIVENESS OF JCECC PROFESSIONAL COMPETENCE BUILDING PROGRAMME

This section presents key evaluation findings on the leadership training programme, the domain-specific training programme and foundation training courses.

Leadership training programme. The 46 leaders who participated came from a variety of service settings, including RCHEs (22.4%), long term care (LTC) community settings (44.7%), hospitals (6.4%), hospices (14.9%), and other social service settings run by NGOs which support the elderly and persons with intellectual disabilities suffering from chronic illnesses (25.5%). Leaders were predominantly social workers (74.5%), nurses (8.5%) and physicians (6.4%). The mean number of years working in the field of EoLC was 4.2 (SD = 5.3) years. The 2017 batch of leaders were, in general, more experienced than those in the 2016 batch. Pre-post follow-up assessments were conducted for course participants. Upon completion of the programme, 32 leaders who participated in post-training assessment showed significant improvements in all competence domains and leadership skills (see **Figures 13.2** and **13.3**). A post-training focus group was also conducted with participants in the 2017 programme. This indicated that their biggest gains from the leadership programme were learning to apply theories and research to support their service planning, connecting with global development of EoLC, forming networks with other practitioners in the field of EoLC and being able to bring insight and knowledge to influence other colleagues in their service agencies.

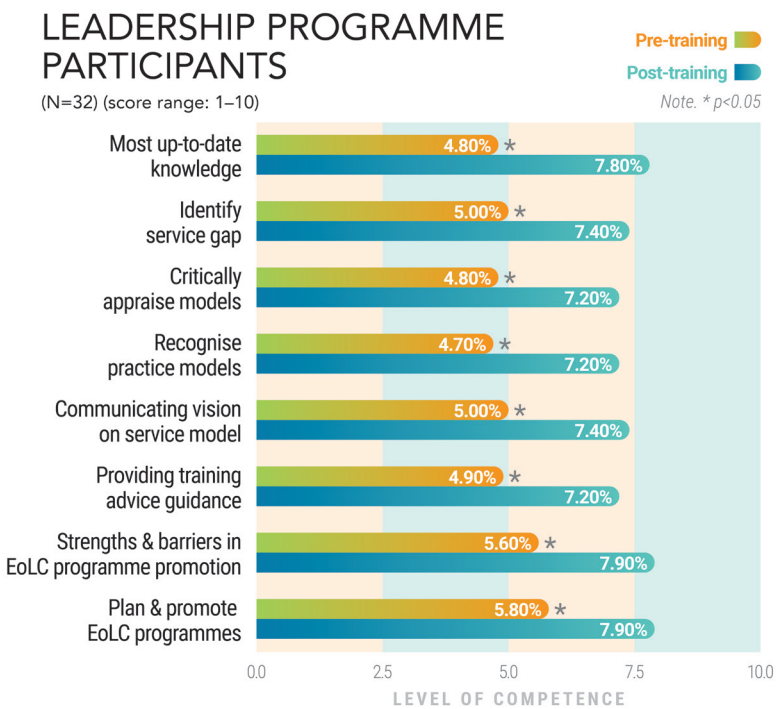

Figure 13.2 Pre-Post Changes in Competence Domains in EoLC among 2016 and 2017 Leadership Programme Participants (N=32) (score range: 1–10)

Figure 13.3 Pre-Post Changes in Leadership Skills among 2016 and 2017 Leadership Programme Participants (N=32) (score range: 1–10)

Domain-specific professional training workshops. The 2,887 professionals who registered for the workshops and provided information on their background came from variety of professions, and included social workers (33.2%), nurses (13.8%), religious practitioners (2.5%), counsellors (1.8%), doctors (1.4%) and other healthcare workers (7.6%).

A total of 874 healthcare professionals who participated in the professional workshops completed assessments of their EoLC competences before, and after, training. **Figure 13.4** outlines the changes in each EoLC competency domain. Significant improvements were reported on all measured EoLC domains. These findings supported the effectiveness of the workshops in enhancing participants' competences. There were 966 participants who responded to the post-programme satisfaction survey. On a 5-point Likert scale (from 'Strongly disagree' to 'Strongly agree'), 29% strongly agreed and 53% agreed that they were satisfied with the workshops (an overall high satisfaction rate).

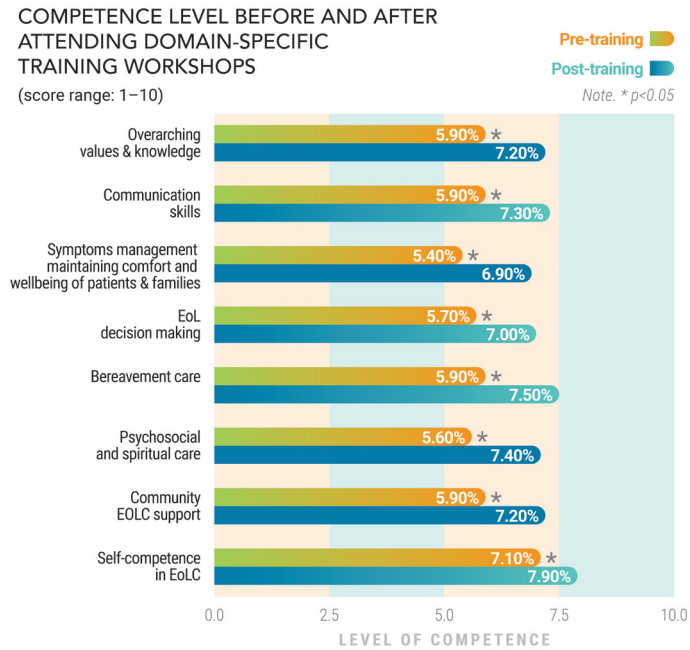

Figure 13.4 Competence Level before and after Attending Domain-Specific Training Workshops (score range: 1–10)

Foundation training course. A total of 88 healthcare professionals participated in the pre-post evaluation of the two foundation training courses. They were mostly social workers (67%) and nurses (22.7%), and they came from predominantly elderly care services (39.8%), other social service settings (29.5%) and public hospitals (12.5%). Despite only participating in one day of training, these participants showed significant improvements in all measured EoLC domains (see **Figure 13.5**)

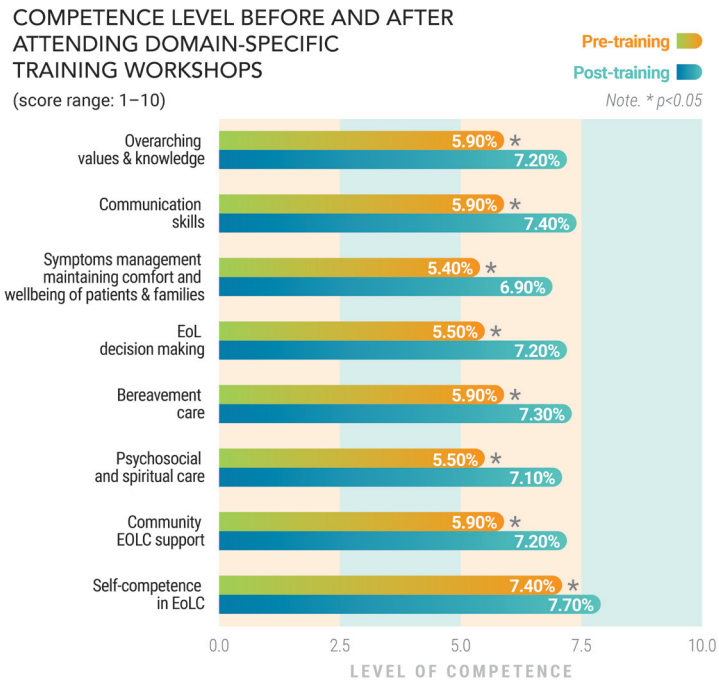

Figure 13.5 Competence Levels before and after Attending Foundation Training Course (N=88) (score range: 1–10)

LEARNINGS AND SUMMARY

The first three years of the JCECC Project has aimed at establishing professional competence programmes in EoLC relevant to the local Hong Kong context. After reviewing global trends and establishing a local strategic framework, the JCECC Project adopted a target-specific, domain-based approach, with four stakeholder targets (policymakers and organisation leaders; clinical leaders; health and social care professionals working in specialist settings; and those working in community settings). Training content has covered seven domains: overarching values and knowledge; self-reflection and self-care; psychosocial and spiritual care; communication skills; EoLC decision-making; symptom management to maintain quality of life and well-being of patients; and bereavement care.

Examination of early outcomes has provided evidence of effectiveness of the training workshops and competence building programmes. Based on these early findings, it is clear that there is room for improvement, particularly in terms of comprehensiveness of training and long-term strategic planning.

The JCECC Project only focused on Steps 1–4 of the 8-Step framework by Gómez-Batiste et al. (2017). Future directions for EoLC professional competence programmes should involve incorporating Steps 5–8 of this framework. Future programmes should also establish continuous training support and follow-up for trained professionals and leaders; design standardised short-term and long-term courses extending to intermediate and advanced levels; and plan setting-specific courses where there are high training needs. Education standards should be defined, and barriers and resultant strategies should be identified. Moreover, given the vision for PC to move towards a team-based, shared-care, integrated and coordinated approach, as outlined in the Hospital Authority Strategic Service Framework for Palliative Care (HA, 2017), interprofessional competences should also be incorporated in high-level training courses.

An issue worth further consideration is the definition of "professionals" in EoLC. The approach of "PC for all" values everyone in the circle of care, including patients, families, neighbours and community members (Abel, 2018). They are the true "experts". Patients are experts in their own health condition and their preferences. Caregivers are experts regarding a patient's everyday life and care; and neighbours, community members and volunteers are experts with respect to local social support and community resources. A de-professionalised approach to EoLC has been proposed that involves all members in the community. In fact, in the UK National Health Service framework of EoLC core skills education and training, the patient, caregivers and the public were included in Tier One. They were trained alongside healthcare professionals who were working in adult health and social care sectors, but who had limited contact with anyone approaching EoL (Health Education England, Skills for Health & Skill for Care, 2017). Thus, a future direction for training programmes is to develop a truly community-based approach that reconsiders who the "professionals" in EoLC are and what training they require.

REFERENCES

Abel, J. (2018). Compassionate communities and end-of-life care. *Clinical Medicine,* 18(1), 6–8.

Chan, W. C. H., Tin, A. F., & Wong, K. L. Y. (2015). Coping with existential and emotional challenges: Development and validation of the self-competence in death work scale. *Journal of Pain and Symptom Management*, 50(1), 99–107.

Connolly, M., Charnley, K., Regan, J., & All Ireland Institute of Hospice and Palliative Care (AIIHPC) (2012). *A review of palliative care competence frameworks: Prepared for the Palliative Care Competency Framework Development Project Steering Group.* Retrieved from http://aiihpc.org/wp-content/uploads/2014/12/Palliative-Care-Competence-Framework-Report-Project-Group.pdf

Connor, S., & Gómez-Batiste, X. (2017). Assessing the need for palliative care in populations and contexts. In X. Gómez-Batiste & S. Connor (Eds.), *Building integrated palliative care programs and services* (pp. 79–91). Retrieved from www.thewhpca.org/resources/category/building-integrated-palliative-care-programs-and-services

Gamondi, C., Larkin, P., & Payne, S. (2013). Core competencies in palliative care: An EAPC White Paper on palliative care education – part 1. *European Journal of Palliative Care*, 20(2), 86–91.

Gómez-Batiste, X., Lasmarías, C., Connor, S., & Gwyther, E. (2017). How to establish palliative care education and training. In X. Gómez-Batiste & S. Connor (Eds.), *Building integrated palliative care programs and services* (pp. 149–161). Retrieved from www.thewhpca.org/resources/category/building-integrated-palliative-care-programs-and-services

Hospital Authority (HA) (2017). *Hospital Authority strategic service framework for palliative care.* Retrieved from www.ha.org.hk/haho/ho/ap/PCSSF_1.pdf

Health Education England, Skills for Health & Skill for Care (2017). *End-of-life care core skills education and training framework.* Retrieved from https://www.housinglin.org.uk/_assets/Resources/Housing/OtherOrganisation/EoLC%20-%20Core%20Skills%20Training%20Framework.pdf

Stjernswärd, J., Foley, K. M., & Ferris, F. D. (2007). The public health strategy for palliative care. *Journal of Pain and Symptom Management*, 33(5), 486–493.

UK Department of Health (2009). *Common core competences and principles for health and social care workers working with adults at the end life.* Retrieved from www.reading.gov.uk/media/1822/End-of-Life-Core-Competencies-Guide/pdf/End-of-Life-Core-Competencies-Guide.pdf

Whittaker, B., Broadhurst, D., & Faull, C. (2015). *Evaluation toolkit: Assessing outcomes of end of life learning events, version 6.1.* East Midlands Strategic Health Authority, University of Nottingham. Retrieved from https://www.nottingham.ac.uk/research/groups/ncare/documents/evaluation-toolkit-v6.1-july-2015.pdf

World Health Assembly (2014). *Strengthening of palliative care as a component of comprehensive care throughout the life course.* Retrieved from http://apps.who.int/gb/ebwha/pdf_files/wha67/a67_r19-en.pdf

World Health Organization (2000). *The Ottawa Charter for health promotion.* Retrieved from www.who.int/healthpromotion/conferences/previous/ottawa/en/

Worldwide Palliative Care Alliance (WPCA) (January, 2014). *Global atlas of palliative care at the end of life.* London: WPCA.