Journal of Life Care Planning, Vol. 13, No. 3, (17-20)

An Attorney Perspective on Standards of Practice: A Weapon or A Shield?

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Abstract

This article was published in the *Journal of Life Care Planning* in 2006 as the 2nd edition of the Standards of Practice for Life Care Planners was published. At the time of first publication in 2006, life care planners wanted to know more about how standards of practice apply to the individual life care planning practitioner. Now, nine years later, the 3rd edition is published and reflects the practice is becoming more objective and research based, yet those earlier concerns still remain, making the content of this article still relevant. This article addresses those questions, with a focus on the meaning of standards of practice to the individual practitioner. This article has been updated and is being reprinted to remind life care planners that standards can serve to protect the practitioner who chooses to follow them, or be used against the practitioner who chooses to deviate from them. An attorney who works regularly with life care planners describes how standards can provide protection or be used to diminish the credibility of a life care planner.

Introduction

Standards of practice for life care planners continue to be a source of discussion in the field. Standards of practice for life care planners were first completed in 2000 through the International Academy of Life Care Planners (IALCP, 2000). After five (5) years of use within life care planning practice, the standards were reviewed with an eye toward revision for increased applicability to the field. During the field review of the 2nd edition in 2005 and 2006, the members of the IALCP standards committee and IALCP board of directors received comments and questions from the field that indicated some life care planners may not yet be committed to embracing standards (S. Reavis, K. Preston, and T. Wingate, personal communications 2005 and 2006). Discussion points included whether a professional association has the authority to create standards of practice for the entire field, whether individual practitioners could opt out, or choose to not adhere to standards, and what consequences could occur when a practitioner does not follow standards. In 2013 and 2014, during the revision and field review process for the 3rd edition, some of the same comments and questions were received. Turning to colleagues in the legal profession, life care planners can obtain another perspective on potential answers to these issues and determine whether standards of practice are a help or a hindrance in life care planning practice.

Where, Why, and How Standards of Practice are Created

A hallmark of professional practice is that a field undertakes activities of self-definition and self-governance. Life care planners first have training in a health-related field. Whether coming from a background in counseling, nursing, medicine, therapy, or other health-related professions, all life care planners must have extensive training to enter their chosen field, with licensure and/or certification to practice. Historically, these fields have created professional associations designed to promote and protect the practitioners and to provide safeguards for those who use the professional services. Standards of practice are a common tool that professions use for these purposes. Doing a quick search on the Internet will yield standards of practice for an array of health and non-health related fields, all created by members of the field. Following the principles of self-definition and self-governance, life care planners can reasonably be expected to create standards of practice for life care planning, and can expect that a professional organization for and of life care planners will take the lead in the developing those standards.

Professional fields consistently view standards of practice as a benefit for practitioners and for those who use the professional services. Table 1 illustrates terminology and reasons for standards that are common themes.

Table 1

Common Terminology and Rationale for Standards of Practice

Examples of Common Terminology and Rationale for Standards of Practice

- Determine level of performance
- Reflect normative behavior
- Represent a level of requirement, excellence, or attainment that is agreed upon by members of a profession
- Public declaration to society, consumers, and members of the profession about what constitutes quality
- Describe the structure, process, or outcomes of professional practice (Happ, 2001, p. 2)
- Describe how a practitioner is expected to perform
- A reference tool to understand job requirements, design curriculum, investigate complaints, determine fitness to practice
- A reference tool for quality assurance, patient relations, assessing quality of care (Ontario Assoc. of Medical Radiation Technology, undated).

- Values, priorities, and practice of the professional
- Minimal levels of performance against which actual performance can be compared
- Intended to guide practice
- Applicable to all practitioners regardless of area of practice or setting
- Performance below these standards is considered unacceptable (Dieticians of Canada, 1997)

How standards are created impacts the credibility of the standards. Creating authoritative documents requires care and following a process that will maximize the accuracy of the document. As an example, the American Academy of Neurology (AAN) Quality Standards Subcommittee (American Academy of Neurology, 2006) outlines the stages involved in developing standards and guidelines:

- Select topics
- Form expert author panel
- Develop questions (issues) to be addressed
- Review literature
- Write
- Extensive peer review
- Organization approval
- Update process

The standards of practice for life care planning were created with a similar process. While this AAN example used peer review within their membership (a common practice of professional associations), the International Academy of Life Care Planners published the draft document in various sources accessible to those in the field and invited feedback from all life care planners, not just Academy members.

Standards as a Weapon, Standards as a Shield: The Attorney's Perspective

The day to day practice of life care planners is interactive, abound with views and hopes, expectations and opinions. In this realm, sound footing becomes the goal. There is room for differences of opinion, and widely so, yet each step of the way others are depending upon the quality of the work of the life care planner.

Standards are formulated to establish and define a set of standards of practice which will guide and direct all practitioners as they pursue their professional role. Establishing a strong sense of trust and confidence between the life care planner and all with whom they work is a worthy goal. Professional competence, character, integrity, fairness, commitment, and trustfulness provide the foundation for establishing and maintaining professional relationships. Therefore all practitioners should dedicate themselves to a course of conduct which manifests respect, confidence, and trust by the general public and all users of life care planning services.

A *standard of practice* is analogous to a standard of care expression. Professionals are held to use that degree of care and skill that a *reasonably competent professional person acting in similar circumstances would use*. That concept is not difficult to understand. It is the standard to which any practitioner would be held accountable if there was allegation of a deviation from the standard of care (or standards of practice).

A life care plan is not created to sit on a shelf and gather dust. Instead, it is a living document and plan often drawing the life care planner into an arena of further review. Foundational to this is a certain methodology, and an expectation of participation in various roles. Life care planners are often called up to present their findings and opinions, as expressed in the life care plan, to others. Whether by publication, in administrative hearing, deposition or court testimony, the fundamentals are the same. Ultimately, it is comfortably standing by the opinions expressed, whether in a public or private forum. In any analysis of a life care plan and of the life care planner who has put that plan together, consideration is given to the life care planner's role and activity:

Qualifications – The qualifications of the life care planner to undertake the given task depends upon the personal education, licensing, and professional training of the life care planner. This may be qualitatively enhanced depending upon professional background, professional affiliations, and whether the life care planner has strengthened this by any special courses, committee work, presentations or publications in the field.

Assignment – Assuming the assignment is to put together the life care plan, one might expect some benefit from a personal interview with patient or patient's family members/caregivers, a review of medical records, some consultation with attending or consulting physicians, and careful development of future care needs.

Standards connote a minimal level of competence, not excellence. They do not commit the person to more than is reasonable. They do commit the person to an accepted baseline. Professionals want standards to provide reasonable expectations for consumers. They want to be able to say that the consumer can expect a certain level of skill and behavior from the practitioner. They want to keep incompetent people from practicing. They want to show that the field is indeed a professional practice through self-definition and self-governance. In this manner, standards can be a shield by offering professionals and consumers a measure of protection and a way to determine whether a competent life care planner is being selected.

All practitioners in the field are covered by standards. Practitioners who do not follow standards of their generic profession (e.g., medicine, nursing, etc.) can have their license or certification to practice revoked. As a role within other professions, life care planning does not have a

regulatory body to enforce compliance or prohibit practice in the field. IALCP cannot grant entrance or prohibit practice. But there are consequences for following or not following standards.

Marketplace forces will favor those who follow standards and will jeopardize the ability to practice of those who do not follow standards. Ultimately, practitioners do what they do for a reason; it is when they are called upon to articulate that reason, or defend that position, that standards can be used as a shield to demonstrate competent practice and support for the manner in which the life care plan was constructed.

Practice Tips

When called upon to testify, the life care planner must be prepared to be examined on qualifications by relevant training, education and experience. The factors upon which a court bases its decision are five – "knowledge, skill, experience, training, or education." The attorney requesting your involvement will always assess the admissibility of your testimony to support a life care plan upon these criteria. Ultimately, it is a decision for the trial court. It is left to the discretion of the trial court, and will not be reversed on appeal absent an abuse of that discretion.

Most often, many elements of the plan will require expert medical testimony on reasonableness and medical necessity. If the plan is not supported by appropriate qualified testimony, the entire plan and the planner's entire testimony may be precluded or stricken.

When preparing to present and defend a life care plan in deposition, administrative hearing, or trial, take time to review the standards. This review is merely another filtering system. If the standards were clearly not followed, standards have the potential of quickly becoming a weapon to hurt credibility. Below are the kinds of questions that a life care planner may have to answer. Notice how the questions lead the life care planner toward a path of safety or potential destruction, depending on whether the life care planner followed standards of practice.

- You are a life care planner?
- And you have practiced life care planning for how many years?
- Please tell us about what you were doing during the years prior to becoming a life care planner?
- In what year did you first receive certification as a life care planner?
- What was involved in obtaining that certification?
- Are you a member of any professional organizations of life care planners?
- Are you familiar with the International Academy of Life Care Planners?
- Are you a member?
- Are you familiar with the International Association of Rehabilitation Professionals?
- Are you a member?
- You know, don't you, that if you are/were a member of the International Association of Rehabilitation Professionals, you could also become a member of the IALCP, which is a special interest section of International Association of Rehabilitation Professionals?
- You know that the International Academy of Life Care Planners is the only professional organization open to all Life Care Planners?
- And you, as a life care planner, would qualify, based upon education, training and experience to become a member of that organization?
- You are familiar with the fact that the International Academy of Life Care Planners has promulgated "Standards of Practice?"
- Are you familiar with those Standards of Practice?
- Do you adhere to any standards of practice for life care planning, whether those promulgated by the International Academy of Life Care Planners, or others?
- You would agree that any such Standards of Practice are established to guide and direct members as each pursues their profession?
- You would agree that the life care plan you were engaged to create, and plan, was to be a working document that provides accurate and timely information which can be easily used by the client and interested parties?
- And, you would agree these Standards of Practice are there for life care planners to use so their manner of practice is then at the same degree of care and skill which a reasonably competent life care planner, engaged in a similar practice and acting in similar circumstances, would use?
- Well, let's talk about your decision, in crafting the life care plan in this case, to not consult with any of the patient's attending physicians or other health care professionals.

Summary

In sum, as a life care planner, you will face the Standards

of Practice anyway. There will be those life care planners who have an opposing view, or have developed a life care plan which is an "alternative" projection of needs. In such a case, you should expect Standards of Practice to be blown up into an exhibit and used during questioning about the current and future needs and associated costs for the individual involved. Standards of Practice are there to be used by life care planners. Membership and active participation in professional organizations helps the practitioner develop a repertoire of approaches and tools to use in the prevention of unsound practice, and for assuring a competent, ethically conscientious, client-centered practice.

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About the Authors

Nathaniel Fick, JD, has 35 years of experience, successfully representing severely injured people in personal injury, wrongful death and other civil liability actions. His practice focuses only representing people who have suffered catastrophic personal injuries or loss of a loved one due to the fault of another. He has obtained significant recoveries in verdicts and settlements for individuals in many types of cases, including many motor vehicle collisions, including trucking accidents, motorcycle accidents, racing, and negligent entrustment of motor vehicles; products liability, involving rollovers; lack of airworthiness due to aircraft engine failure; defective safety equipment in motor vehicles; industrial machine injuries; toxic chemical spills; medical and hospital negligence; dental negligence; nursing home negligence and abuse; negligence at daycare centers; harm caused by individuals while intoxicated; and negligence by retail stores, apartment complexes, hotels, developers and construction contractors for jobsite, balcony collapse and premises injuries. He has experience in state and federal courts and is board certified in trial practice discovery strategy, negotiations, and trial by the National Board of Trial Advocacy.

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Journal of Life Care Planning, Vol. 13, No. 3, (21-30)

Revision Process for the Standards of Practice for Life Care Planners

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Abstract

The process used to revise the Standards of Practice for Life Care Planners is described. Sources of published information relevant to the revision, processes for recruiting and selecting revision committee members, and methods for selecting feedback from life care planners and other stakeholders are detailed. The approach for processing all of this information and turning it into specific Standards revision elements for consideration by standards review committee members is described. Processes and decision rules used by the committee members are summarized. These revised Standards are the result of an empirically-driven process focused on evidence-based practices.

Keywords: life care planner, standards of practice, disability, health care case management

Revision Process for the Standards of Practice for Life Care Planners

Published Standards of Practice are a culmination of many steps taken over a long period of time, and the revision of those Standards is a nearly continual process, potentially without end. The journey to Standards of Practice for Life Care Planners began in 1996 with the first step of a visionary dream when the first professional association for life care planners was founded (initially called the American Academy of Nurse Life Care Planners—changed to what it is now known as the International Academy of Life Care Planners). The goal was to create an association that would advance and promote the practice of life care planning through education and services to practitioners. Since that initial step, there have been many accomplishments on the road of this lengthy journey that should continue as long as life care planning is practiced. An important milestone on this journey is the 2015 publication of the 3rd edition of Standards of Practice for Life Care Planners. Although this edition revision took two years of work by many dedicated people, the 3rd edition reflects the incorporation of the work encompassing the broader span of time to the early 1980s when the term "Life Care Plan" was first introduced into the literature.

Introduction

The purpose of Standards of Practice (SOP) is to provide a guide to the knowledge, skills, and behaviors that are deemed necessary for competent practice in a field. Standards are tools that practitioners use to measure themselves and that others can use to assess the competence of practitioners. The following definitions of Standards were used by the IALCP SOP revision committee to provide further clarity about their purpose:

> **Standards**…are the rules or **definition** of what it means to provide competent care. (Missouri Department of Health and Senior Services, N.D.)
>
> **Standard of professional practice** is an alternative term for code of professional responsibility. (Business Dictionary.com)

Most Standards of Practice have been created by practitioners through their professional associations (e.g., American Nurses Association, N.D.; American Occupational Therapy Association, 2010b; Commission on Rehabilitation Counselor Certification, N.D.). Professional associations provide a forum for practitioners to collaborate and to advance the development of their field. Within life care planning practice, the association that represents all life care planning practitioners is the IALCP, a Section of the International Association of Rehabilitation Professionals. The IALCP published the first set of Standards of Practice for Life Care Planners (2000) and has taken the lead in periodically reviewing and updating those Standards as practices evolve. New science, new methods, new knowledge, and new environmental influences dictate that standards must keep pace to remain relevant.

Standards of practice are intended to be applicable to all members of the profession or field. It is not necessary to belong to the Association that developed the Standards, nor is it required that practitioners have personal knowledge of the published Standards before the Standards apply. Practitioners are routinely held to Standards in the course of hiring, employment, and defense in legal matters. It is the responsibility of practitioners to know which Standards apply to their practice and how to meet the Standards (Fick & Preston, 2006).

There are standards for the profession of the practitioner, and there are additional standards that may exist for specialty areas and for various roles. Practitioners who are licensed or regulated by another authority (e.g., licensure board or certification body) may lose the right to practice from failure to follow standards of the profession. Standards for a specialty area or role are in addition to the general standards of one's profession. A life care planner is considered a role that a professional chooses to perform and is not a profession itself. Thus, life care planners should know and follow the standards of practice for their general profession as well as

the standards of practice for the role of life care planner. In part because life care planning is a specialty practice, there is no single authoritative, regulatory body that controls entry into life care planning practice. Without the existence of a license for this role promulgated by a regulatory body, anyone, technically, can call himself or herself a life care planner. If failure to conform to Standards of Practice for Life Care Planners occurs and also results in a breach of the life care planner's professional Standards of Practice, then the matter could be referred to the general profession's authoritative body. In this regard, Standards of Practice for a role such as life care planner can be viewed as voluntary, because they address an optional role not required by all practitioners of any profession. However, failure to follow Standards of Practice for any role can result in the practitioner having difficulty creating and maintaining a viable practice.

Historical Review

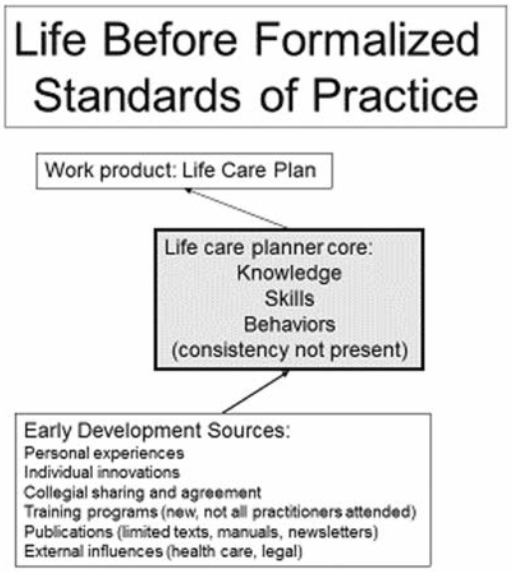
Originally founded in 1996 by the late Patricia McCollom, the IALCP began as a professional association for nurses who practiced life care planning. Quickly, the scope changed to include all life care planners from all relevant professional backgrounds. Among the early accomplishments was the effort to develop Standards of Practice. At that time, various training programs for life care planning were emerging and there was a desire among practitioners to standardize practice through the development of Standards of Practice and certification. IALCP led the development process for Standards of Practice, collaborating with other interested organizations. This led to agreement on a definition of a life care plan:

> "The Life Care Plan is a dynamic document based upon published standards of practice, comprehensive assessment, data analysis and research, which provides an organized, concise plan for current and future needs with associated costs, for individuals who have experienced catastrophic injury or have chronic health care needs."
>
> Source: Combined definition of the University of Florida and MediPro Seminars annual International Conference on Life Care Planning and the American Academy of Nurse Life Care Planners (now known as the International Academy of Life Care Planners) presented at the Forensic Section meeting, NARPPS (now known as the International Association of Rehabilitation Professionals) annual conference, Colorado Springs, CO, and agreed upon April 3, 1998 and cited in Weed, 1999 [with further citation in Weed & Berens (eds.), 2010].

Standards of Practice for Life Care Planners were first published in 2000. The 2nd edition was published in 2006. The evolution of the Standards is depicted in Figure 1, Figure 2, and Figure 3.

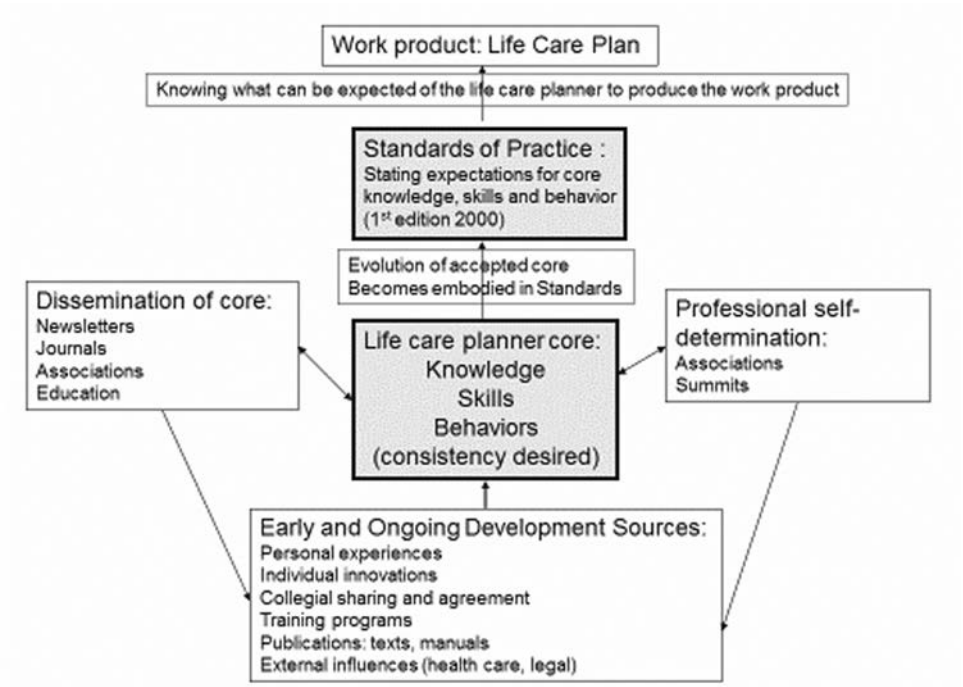
Figure 1. Development of the 1st edition was based on early development of life care planning.

Figure 3 reflects the current level of maturity of life care



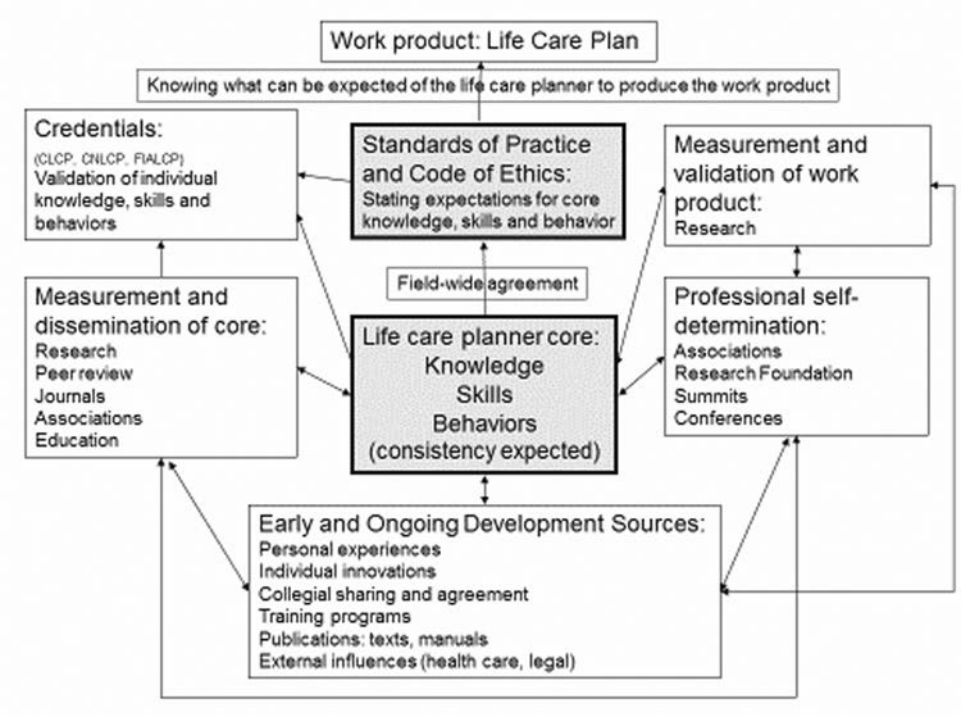
During the development of the 1st edition of the Standards, practitioners were attempting to define the field and life care planner skills. Many life care planners were self-taught. Efforts were undertaken to promote uniformity and consensus through the expansion and refinement of education programs and agreed-upon practices. This Figure reflects the limited resources and the inconsistent state of practice.

Figure 2. The changes in life care planning reflected growing resources.



As life care planners worked together, the early development sources grew in breadth and in consistency. The methods of interacting and disseminating information developed and became accepted by more practitioners.

Figure 3. A cyclical relationship between resources led to on-going growth and change.



planning. Life care planners have created tools and methods that promote consistency, leading to a more credible practice. Efforts are focused both inwardly on the practitioner and outwardly to the public to show life care planning as a valid process, and on ways to validate the skills of life care planners. Life care planners engage in activities such as conferences, research, and summits to analyze, understand, and interpret the effect of changes on knowledge and skills. Research, publications, and

credentials add to public knowledge of life care planning. The interrelationship of all activities continues to impact the knowledge, skills, and behaviors required of life care planners. Thus, published Standards of Practice must be routinely updated to remain current.

Standards Revision Methodology

In January 2013, a committee was convened to devise a plan to update and revise the Standards of Practice. Initially, six IALCP members were assigned to the project. The first task was to build a working committee comprised of people who represented the many professional backgrounds of life care planners and the diverse geographic areas of association members. Ideally, experience with standards of practice was desired. A call for volunteers was issued. From that group of volunteers, a Standards revision working committee of 13 people was selected. Committee members represented rehabilitation counseling, occupational therapy, physical therapy, speech/language pathology, and registered nursing. Two committee members were from Canada, and the remaining 11 were geographically dispersed from the East Coast to West Coast of the United States. All other volunteers were asked to participate in an advisory group to assist the committee as needed. There were 21 volunteers who accepted this invitation and formed the advisory group. Every person who volunteered had the opportunity to participate through one of these two groups. The working committee was staffed and began work in April 2013.

The committee members determined that the process used for the revision project must be based on sound principles that would guide objective decisions. These principles, based on the committee member's knowledge and experience in the development of Standards of Practice, included:

- Standards of practice provide a generalized direction but do not micromanage.
- Standards of practice allow room for the professional judgment of the practitioner.
- Standards of practice do not insert personal beliefs and opinions.
- Standards of practice objectively reflect the state of practice in the field and, whenever available, are based on authoritative sources.
- The committee does not create standards, rather the committee articulates standards as they exist.

Further, approaching the 3rd edition required awareness and identification of two distinct areas: changes within the practice of life care planning and changes in the life care planner's role within the environment. Changes within life care planning were documented in the proceedings of summits, research results focused on the roles and functions of life care planners, research results found in a survey focused on practice issues in life care planning, other literature focused on life care planning, and current topics discussed among the life care planning community in conference presentations and online forums. Changes regarding the life care planner's role in the environment was influenced by the expanding uses of life care plans, rules about how life care plans are used and presented (especially in litigation), and changes within the professions whose members might perform the role of life care planner. This required thoughtful research and review of relevant materials related to life care planning. It was also deemed essential to elicit the input of practicing life care planners and other stakeholders.

Initially, the committee members were tasked with reviewing the Standards of Practice and Code of Ethics for the various professionals who develop life care plans and for related roles. All of these standards and codes were published by professional associations and certifying organizations. The purpose of the review was twofold: to consider elements that should be considered for inclusion in the revised life care planning Standards, and to ascertain whether revised Standards of Practice for life care planners might create any conflicts with other standards and codes that also had to be followed by a life care planning practitioner. Although participants in the 2012 Summit identified some areas of conflict between various codes of ethics relevant to life care planning, no significant conflicts were identified between the 2006 life care planning Standards and the standards or ethical codes published by the other organizations. Table 1 lists the associations and organizations who published standards and codes that were reviewed by committee members.

Table 1

Organizations

Associations and Organizations Publishing of Practice and/or Codes of Ethics That May Apply To A Life Care Planner (citations provided in the reference list)

- American Association of Legal Nurse Consultants
- American Association of Nurse Life Care Planners
- American Association of Occupational Health Nurses
- American Board of Vocational Experts
- American Counseling Association
- American Medical Association
- American Nurses Association
- American Occupational Therapy Association
- American Osteopathic Association
- American Physical Therapy Association
- American Psychological Association
- American Speech-Language-Hearing Association
- Association of Rehabilitation Nurses
- Commission for Case Manager Certification
- Certification of Disability Management Specialists Commission
- Commission on Rehabilitation Counselor Certifications
- International Academy of Life Care Planners

- International Association of Rehabilitation Professionals
- Commission on Health Care Certification
- National Association of Social Workers
- National Board for Certified Counselors

The committee members reviewed Summit statements from 2000 to 2012 (Preston and Johnson, 2012), Role and Function Study of Life Care Planners (Pomeranz, Yu, & Reid, 2010), (see *Journal of Life Care Planning, 9*(3), 57-106), and a published survey focused on life care planning processes, methods, and protocols (Neulicht, Riddick-Grisham, & Goodrich, 2010). Consensus statements and research findings that were relevant to the Standards of Practice, but were previously either absent from or different in the 2nd edition of the Standards of Practice (IALCP 2006), were integrated into the 3rd edition as additions or revisions. Other journal articles, conference proceedings, and listserv topics were reviewed to gain awareness of topics that might be considered for the revised Standards of Practice; although no specific topics or issues were immediately identified that required change based on review of those materials, the committee members gained sensitivity to understanding comments and suggestions that were later obtained during a survey process.

Next, a survey was designed to elicit ideas and suggestions from practitioners and other stakeholders (e.g., attorneys, others who hire life care planners, people with disabilities and their family members, and anyone else with an interest in life care plans). Surveys were conducted in multiple phases. First, an online survey seeking feedback about the then-current Standards of Practice version (IALCP, 2006) was developed with open-ended questions constructed to invite respondents to submit ideas without restricting them to pre-selected responses. Demographic information was collected to help put the responses into context. A branching strategy was used to efficiently gather information relevant to the responding stakeholder. For example, life care planners were asked how many years of experience they had in life care planning; employers of life care planners were asked what kinds of work they hire life care planners to do; people with disabilities and their family members were asked if they have ever seen a life care plan. All survey respondents were then presented with the same request to review the then-current Standards in sections, and then provide feedback and suggestions for improving that section. Each section of the 2nd edition of the Standards of Practice for Life Care Planners was presented, followed by the opportunity to write in any comments and suggestions. This survey was first presented to the Standards of Practice advisory group, 17 of whom responded, to pilot test and assess whether this survey format could effectively elicit meaningful information. After it was determined that the survey format and process were effective, invitations to participate were then sent electronically to life care planners and stakeholders using professional association member lists, professional association social networking sites, general life care planner listservs, and certification listservs. People receiving these invitations were also encouraged to forward the invitation to other relevant stakeholders who might be willing to provide feedback. These sources provided access to life care planners and other stakeholders in a variety of settings, as well as in other countries, giving an opportunity to make the Standards of Practice relevant to life care planners in varied practice situations internationally. To engage the involvement of a variety of stakeholders, life care planners were encouraged to share the survey link with other interested parties, such as people who request life care plans or who use life care plans. The survey period was open for six weeks and multiple reminders were emailed and posted to encourage participation.

At the end of the survey, participants were directed to a link where they could submit specific recommended wording changes to the Standards revision committee, referencing specific line numbers of the 2nd edition of the Standards, if they wished to do so. Any suggestions submitted in that manner were considered directly by members of the committee, in the format submitted.

Each comment and suggestion was individually reviewed by members of the committee. A template for objectively, consistently, and systematically processing the open-ended responses was created to identify the specific line number in the 2nd edition, the exact wording of the comment or suggestion, the current wording of the Standards of Practice, and the rationale (if one was given) for suggesting a change. General comments, such as support for a 3rd edition, compliments on the Standards of Practice, and personal opinions unrelated to the Standards of Practice, were read, but were not individually discussed. There were many duplicative comments, which were noted so that committee members could consider the weight and importance of repeated opinions. Committee members received each one via email and were asked to review and provide feedback. Conference calls were held every two to four weeks to discuss each proposed change and determine which changes should be made, using the guiding principles to consistently (reliably) make appropriate (valid) decisions. An affirmative vote of the majority of the committee was used as a guide for accepting or rejecting changes.

Following the review of all survey responses, the draft of the 3rd edition was created, then reviewed for consistency (so that changes would appropriately carry through the entire document, and not contradict each other). The draft was sent to all advisory group members for initial review and comment.

The next phase was field review, which was scheduled to run for six months, beginning in June 2014. A new survey, with simplified demographic information but otherwise created in a similar format to the first survey, was sent to the same audience with an invitation to provide comments and

suggestions on the draft. Reminders to participate in the field review were sent approximately every four weeks. In addition to the survey, information about the 3rd edition and revision process was presented at two conferences (2014 International Symposium on Life Care Planning and 2014 International Association of Rehabilitation Professionals conference), providing further opportunity for comments and suggestions. Comments and suggestions for revision gathered through the field review were processed and considered by members of the Standards review committee in the same manner as were previously received comments or suggestions. A final comprehensive review of the document (with a focus on consistency and identifying any potential errors) was then conducted by members of the Standards review committee and then members of the advisory committee.

Results

Eighty-nine respondents participated in the main survey. Two of the respondents did not answer any questions after opening the survey, leaving 87 sets of respondents providing several hundred specific comments and suggestions for changes. Ninety-eight percent (98%) of the respondents responded that they are life care planners. Ten percent (10%) of the respondents said that they hire life care planners; twenty-three percent (23%) said that they are case managers who implement life care plans. Seven percent (7%) said that they have a disability, and seven percent (7%) said that a member of their family lives with disability. [Note: Percentages total more than 100% because respondents could select all designations that apply to them.]

Seventy-eight percent (78%) of the respondents said that they were Certified Life Care Planners. Twenty percent (20%) said that they were Certified Nurse Life Care Planners; five percent (5%) said that they held a "different" life are planning certification, and twelve percent (12%) said that they do not hold any life care planning certification.

Eighty-four percent (84%) of the respondents were members of the International Academy of Life Care Planners; eight percent (8%) were fellows of the IALCP.

Among the eighty-three (83) life care planners who reported how many years of experience they had creating life care plans, one had no (0) years of experience, and one had forty (40) years of experience. Only five percent (5%) of the respondents had three (3) years or fewer of life care planning experience. The median number of years of experience was fifteen (15); the mean was 16.05 (with a standard deviation of 8.70). Generally, respondents to this survey were life care planners with a significant amount of experience. The majority (73%) self-rated their level of experience and expertise at the "Expert" level, while twenty percent (20%) rated themselves at the "Intermediate" level and seven percent (7%) reported that they were at the "novice" level.

Twenty-nine percent (29%) of the life care planner respondents said that they develop life care plans for litigation only; one percent (1%) develop them for non-litigated cases only; the majority (70%) develop life care plans for both litigated and non-litigated cases. The primary source of referrals for life care planning among this group of respondents was attorneys at ninety-three percent (93%), followed by insurance companies at seven percent (7%).

Forty-five percent (45%) of the respondents reported that they had experience with creating or revising other Standards of Practice documents.

Among the nine (9) respondents who said that they hired life care planners, seventy-eight percent (78%) hired life care planners as employees, and twenty two (22%) hire life care planners "as needed." The number of years that these employers have been working with life care planners ranged from five (5) years to thirty-one (31) years, with a median of twenty-three (23) years, mean of 19.56 years, and standard deviation of 10.06 years.

Among the twenty (20) case managers who reported that they have been hired to implement life care plans, seventy-five percent (75%) have been hired by trust administrators, seventy percent (70%) have been hired by insurance companies, sixty-five percent (65%) have been hired by individuals with disabilities or their families, and twenty-five percent (25%) have been hired by "others." The number of years that these case managers have been implementing life care plans ranged from three (3) years to thirty-one (31) years, with a median of twenty (20) years, mean of 17.68 years, and standard deviation of 9.15 years.

Survey respondents included practitioners in the professional fields or roles of rehabilitation counseling, rehabilitation psychology, nursing, education, guidance counseling, occupational therapy, acupuncture, vocational expert, and case manager. Their academic degrees included AD, BA, BHSc, BSN, BSc, MA, Med, MHS, MS, MSc, MSN, and Ph.D.

In addition to certifications in life care planning, respondents reported certifications and other credentials including CRC, CCM, LPC, DABVE, CRRN, and CCDP.

In the open-ended response sections of the survey, respondents provided several hundred suggestions. Although many comments were duplicative and some others were general positive feedback with no suggestions for improvement, approximately 150 unique comments and suggestions were processed and reviewed by members of the Standards review committee. Eighty-one suggestions were approved for changes in the revised Standards of Practice.

After the document was revised and reviewed by Standards revision committee members for consistency, it was sent on for review by members of the advisory committee. No comments that required further changes were received from those committee members at that time, so the document was released for field review and feedback.

Between June 2014 and September 2014 (inclusive, although scheduled to run for six months), a total of twenty-six (26) respondents provided feedback about the revised

Standards draft, through a survey similar in format to the larger survey (but with an abbreviated demographics section). Among these respondents, twenty two (22) were members of IARP (one was not, and two did not respond to that question). Similarly, twenty two (22) were practicing life care planners (one was recently retired, and two did not respond to that question). Twelve (12) respondents provided specific suggestions for further revision of the Standards. These suggestions, in addition to feedback provided in conjunction with the two conferences, resulted in an additional 28 comments and suggestions that were processed and considered by the Standards revision committee. The resulting Standards document was then reviewed one more time by the revision committee members and the advisory committee members, and field review was completed in December 2014.

The final version of the 3rd edition was published in January 2015. Numerous changes were made in the 3rd edition. The most visible changes are in the format and in the ethics content.

The format was modified to more clearly identify specific standards and delineate measurement criteria. Introductory information was retained to provide background and context for the definition of life care plans, an historical perspective, an explanation of transdisciplinary practice, and the goals of life care planning. This is now followed by fourteen (14) specific standards and identified measurement criteria. The purpose of the format change is to make it very clear what the expected knowledge areas and skills are for the life care planner and to provide a way to measure compliance with the Standards. The Standards cover knowledge, skills, and behaviors related to:

- Educational background and professional preparation
- Ethics
- Scientific principles
- Cultural and linguistic factors
- Professional scope of practice
- Understanding health care needs
- Assessment
- Using a consistent, valid, and reliable approach
- Data analysis
- Use of planning process
- Collaboration
- Facilitation
- Evaluation
- Forensic applications

It is interesting to note that the fundamental standards that have provided a basis for practice have not changed significantly from the 1st and 2nd editions of the Standards of Practice. The format change has reorganized the content of the document, but the expectations are still essentially the same. The descriptions and ways to measure performance have become clearer and reflect the growth in life care planners' ability to measure our work and our practice.

Previous editions of the Standards of Practice had included the entire Code of Ethics for life care planners. Now, in the 3rd edition, the ethics standard is short and concise, simply stating that life care planners follow applicable Codes of Ethics. The rationale for this was two-fold. First, Standards of Practice and Codes of Ethics are two distinct documents and are often separated. This makes it easier to modify them independently. Secondly, at the 2012 Summit, life care planners reached consensus on directing professional organizations related to life care planning to develop a unified code of ethics for life care planners, one that all entities involved with life care planning would support, to address concerns about conflicting elements in potentially applicable codes. Therefore, the entire Code of Ethics was removed from the new Standards of Practice, in anticipation of further action specific to the Code of Ethics to occur independent of the Standards. Until such time that a separate Code is created, the Code from the 2nd edition of the Standards of Practice (IALCP, 2006) has been included as an Appendix for reference.

In terms of content, the major changes were:

- Grammatical wording and awkward wording were corrected; wording deemed redundant or ambiguous was rewritten.
- Appropriate Summit consensus statements were incorporated.
- Findings from relevant recent literature such as the role and function study and a practice survey were incorporated.
- The requirement for life care planners to develop measurement tools as a Standard was eliminated as this was not considered integral to the role of many life care planners and is therefore not a realistic expectation for practice.
- International applicability was improved by using terminology that fits practices in other countries, and considers differences in laws (these did not change the meaning or intent).
- A standard addressing cultural competency was added.
- The person who is the subject of the life care plan is now called the evaluee instead of the client; this reflects consistency with other association documents and with the need to clarify the objective role of a life care planner.
- Wording was altered to clarify that life care planning is a professional practice and is not appropriate as a paraprofessional role. Related to this, wording was added to clarify the recommendations that life care planners can make based on their professional scope of practice.

Many suggestions for change were not accepted for a variety of reasons. The suggestions not accepted included:

- Definitions: Many requests were made to include definitions of a variety of words; these need to be discussed and agreed upon before being included in a published document such as the Standards of Practice; it would not have been appropriate for the committee to

determine a definition.

- Ethical issues: All suggestions related to ethics have been saved and provided to another committee that is working on a separate Code of Ethics.
- Methodology: Suggestions related to the written work product (such as format or precise content) rather than to the knowledge and skills of the life care planner are outside the intent and scope of Standards of Practice.
- Business practices: Suggestions about how life care planners conduct their businesses (such as use of technologies or billing practices) are outside the intent and scope of Standards of Practice.
- Personal opinions: A variety of opinions were expressed on issues that have not been agreed upon by life care planners, such as requiring years of experience before "really" being a life care planner, considering certain professions as not qualified health care professionals, or requiring all life care planners to have an advanced academic degree; these are outside the intent and scope of Standards of Practice and were often outside the authority of anyone to enforce.

The committee members believed that all submissions were important and those suggestions that were not accepted may be indicative of other needs. The committee members noticed that the process used to gather ideas for the Standards of Practice resulted simultaneously in a needs survey of the life care planning community. The suggestions that were not used often reflected a variety of needs including education, field-wide discussion, and offering other documents or forums for life care planners to use as authoritative sources. The suggestions were forwarded to the IALCP/IARP association board of directors to consider.

Conclusion

The 3rd edition of the Standards of Practice for Life Care Planners (IALCP, 2015) reflects the contributions of life care planners over many years and the refinement and development of the manner in which life care planners conduct their practice. The process used in creating the 3rd edition was methodical and objective, using clear criteria for identifying and updating the Standards. The ability to reach more life care planners and elicit participation in the revision process strengthens the value of the new edition.

The Standards identified in earlier editions have proven to be a strong and appropriate basis for life care planning practice. The core knowledge, skills, and behaviors that mark professional practice have remained stable, while the criteria for measuring the life care planner's performance have grown and become clearer. The role of life care planner and the field of life care planning will continue to evolve as internal and external influences forces develop.

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