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Insights into the International Association of Life Care Planning Fellow Program: Questions and Answers from Program Developers

Michael Shahnasarian, Ph.D.

Introduction

The International Association of Life Care Planning (IALCP) introduced the Fellow designation circa 2000 to recognize life care planners who both possess extraordinary life care planning skills and have made significant contributions to the profession. At the time of this article's publication, the organization had awarded 15 life care plan professionals Fellow status.

Through questions and answers posed to those who shaped the development of the Fellow designation, this article aims to provide insight into how Fellow status was conceived and how it morphed to its current state. Inherent in the questions are themes related to the designation's underlying intent, and initiatives made to preserve and refine the initial objectives.

Three life care plan professionals intimately involved in the Fellow Program's development – Gerri Pennachio (GP), Karen Preston (KP), and Roger O. Weed (ROW) – responded to nine questions. Gerri chaired a task force that, in 2014, revamped the original criteria to become a Fellow and maintain the status. Karen, a Fellow, served on the task force committee. Also a Fellow, Roger was involved in establishing the original Fellow designation.

The questions and answers follow.

Questions and Answers

Question 1

MS: Please give us some background on the IALCP Fellow designation program, including how and why it was created. I think readers would also be interested in learning how the program evolved from its conception to its current state.

ROW: In 1996, Patricia (Patti) McCollom*, a nurse, teacher, national leader, and visionary began the first nurses only life care planning organization, the American Academy of Nurse Life Care Planners (not to be confused with the American Association of Nurse Life Care Planners which came later). At the time, there was no organization specifically focused on life care planning. Discussions with Patti by other leaders revealed potential interest in expanding the scope of the organization to be inclusive to all life care planners, and I enjoyed the opportunity to host the (technically) first life care planning summit in Atlanta in December, 1997 (the agenda and minutes were termed "LCP Summit").

The meeting was attended by:

- Roger Weed, PhD (Georgia State University and host)
- Patricia McCollom, RN, MS, CRRN, CDMS, CCM (CEO of AANLCP)
- Linda Shaw, PhD (University of Florida)
- Robert May, RhD (CLCP Certification)
- Dan Devine, COO (Intelicus, a nationwide training organization)
- Debbie Berens, MS, CCM, CRC (Georgia State University)

There were several topics during the daylong meeting, but relevant to this subject was the agreement by Patti to change the name of the organization to the International Academy of Life Care Planners (now affiliated with the International Association of Rehabilitation Professionals – IARP) and open the membership to all who have an interest in life care planning. One of the subtopics was the creation of a "Fellow" designation which would recognize professionals with a certain level of skill, knowledge, experience and dedication to promoting life care planning concepts beyond billable time-related activity. A committee was formed and eventually the credential was announced about 2000.

The expressed purpose, quoted from the original application procedures, was: "The purpose of this program is to recognize expertise, experience and contribution to the field of life care planning. The program recognizes those life care planners who have achieved a high level of skill and who use their skills and knowledge to *promote the advancement of life care planning*." (Emphasis added.)

There were 10 criteria identified with a total of 120 possible points with 80% required to "pass." The criteria were listed in general priority order.

Criterion One (5 points but an automatic denial if not licensed or certified): Applicant maintains necessary license or certification to practice in his/her health care discipline. There are no pending or prior sanctions relating to licensure or certification.

Criterion Two (25 points representing high importance): Applicant contributes to the development of the field through *providing* education, conducting research, publishing in professional journals/texts, and/or providing mentoring for other life care planners. Education (teaching), research and publications are related to life care planning. Applicant participates in professional organizations (activity in an organization beyond holding membership, such as committee

work or holding office). Applicant will submit a minimum of five (5) examples within the past two years and verification of participation in at least one (1) professional organization other than IALCP.

Criterion Three (10 points): Applicant demonstrates satisfactory acceptance of the life care plan product by obtaining at least two letters of recommendation from referring sources.

Criterion Four (5 points): Applicant has completed a minimum of 50 life care plans.

Criterion Five (10 points): Applicant demonstrates systematic, comprehensive data collection (consistent method of collecting data from appropriate sources).

Criterion Six (25 points): Applicant demonstrates analysis of data that reflects whether client needs are being met, comparison to expected norms, and comparison to expected standards of care.

Criterion Seven (15 points): Applicant demonstrates a consistent planning process that includes methods for organizing data, consistent documentation tools, a process of validating inclusion/exclusion of content, and use of expert resources in formulating opinions.

Criterion Eight (15 points): Applicant demonstrates evaluation of the life care plan for completeness and internal consistency; all information is detailed completely or marked as not applicable; there is a method for the recipient of the life care plan to contact the life care planner.

Criterion Nine (5 points): Applicant who acts as an expert witness or consultant in legal matters demonstrates accuracy of record keeping for participation in sworn testimony and can describe his/her activity.

(**Note**: Applicant who does not act as an expert or consultant should state this in writing. Points for this Criterion will be omitted from the possible total for calculating the score.)

Criterion Ten (5 points): Applicant maintains professional knowledge and skills through continuing education.

With regard to priorities, Criterion Two was listed second for a reason. Those of us who helped design this title intended to recognize expertise, experience, skills, knowledge with *emphasis* on contributions to the enhancement of life care planning as stated in the Purpose statement.

Criterion Two probably distinguishes the title Fellow most from a license or certification. In my recollection, to be a Fellow was an honor bestowed by peers. Renewal of such was not a factor. In fact, relevant to this article, with regard to expiration of the credential, the original application process included the following wording:

"Expiration: Once achieved, the Fellow designation *does not require renewal* (emphasis added) as long as the Fellow remains a member of IALCP. At the discretion of IALCP, the designation may be revoked for such reasons as failure to follow standards of practice, ethical violations, or malpractice."

Question 2

MS: As a pioneer in the life care planning profession, please share with us your retrospective and prospective views on what attaining Fellow designation as a life care planner connotes.

ROW: To build upon the response to the previous question, a Fellow connotes a true professional whose activities extend well above and beyond the call of billable work activity. Not only will the Fellow possess excellent life care planning knowledge, skills, expertise and experience, they will enhance the specialty practice in some observable way. The Fellow title was intended in part to be an inducement to contribute to the profession in a variety of ways and receive some non-monetary recognition for such – or recognize those who have already achieved the criteria.

Furthermore, volunteer organizations typically have a scarcity of members who are willing to serve (committees and leadership roles), or contribute to scholarship (teaching, training, writing, etc.). When I was President of IARP, it seemed as if most of the same people volunteered over and over. We discussed ways to attract "new blood" with limited (but important) success. Scholarly manuscripts for the journals were in short supply and required dedicated effort to solicit relevant contributions. Teaching/training talent seemed an easier goal to achieve, although many conference program committees may disagree. I envision the Fellow to be a person who steps forward to address one or more of these needs. In fact, as I write this, I can think of a few professionals who should be invited to apply.

Question 3

MS: Becoming a Fellow does not broaden the scope of practice a competent Certified Life Care Planner (CLCP) is able to assume. If a practitioner is already a CLCP, what incentives are there to become a Fellow?

KP: Any credential is optional for life care planners to possess. As we know, anyone can claim to be a life care planner and establish a practice. Practitioners choose to obtain a credential for a specific purpose, which can be very personal to the individual life care planner. Many see obtaining the CLCP as a way to "prove" qualifications and believe it enhances market appeal to potential customers. I would agree that the CLCP can help achieve this goal. Certification underscores that the life care planner has obtained a core knowledge base through coursework and has retained that knowledge to successfully pass an examination. The purpose of the Fellows Program is entirely different. Because of the requirement to have completed at least 50 life care plans and to have a blind peer review, there is an assurance that the life care planner actually can create life care plans in accordance with published standards of practice. This goes beyond having the knowledge base to demonstrating that the information can be appropriately

translated into real-life work product, thus showing expertise that goes beyond basic knowledge. Additionally, the Fellow credential demonstrates contribution to the field of life care planning through activity such as teaching, publishing, service, and research. These are not demonstrated in a basic certification and are important for showing advanced expertise.

In my path as a life care planner, I did not choose to obtain the CLCP. I already had other credentials that I believed contributed to my credibility and showed basic skills and knowledge. Therefore, I chose to obtain the Fellow as my life care planning credential because it spoke directly to advanced experience and skills. I have been very committed to making contributions to my profession and my roles as a registered nurse, and I believe that the Fellow is the only credential that recognizes going "above and beyond." Yes, this also can enhance market appeal to potential customers, just as the CLCP can, but I wanted a credential that could specifically confirm a broader level of skill, experience, and professional commitment.

Question 4

MS: I understand that you served as the chair of the task force that revamped the IALCP Fellows Program, and the committee of eight included only one Fellow (Karen Preston). Please tell us how the task force was selected, and describe the decision-making process involved in determining the program needed reformation.

GP: I was asked by our Executive Director, Carl Wangman, to head up a task force for the revamping of the IALCP Fellows Program. A notice was sent out on all organizations' ListServs in order to obtain volunteers to sit on the task force. Unfortunately, there was only one Fellow that agreed to be a part of the task force; this was Karen Preston. Members of our task force included Cheryl Kauffman, Karen Preston, Maryann Bowling, Sherry Latham, Paula Zinmeister, Kathleen Kuntz, Steve Cooley and me. Originally, the task force was requested by IARP due to many complaints and disinterest by life care planners on how the designation was being utilized and standards that did not appear to be followed by Fellows. Many life care planners did not want to associate themselves with the Fellows Program because of inadequacies they saw in the Program for the designation and subsequently how people were portraying themselves with this designation. With that, we initially got together for the first meeting in early 2012, whereby all task force members were to thoroughly review the current Program and to be prepared to discuss areas where it was felt changes were needed in order to emphasize expertise. It was the opinion of the task force members that it was vitally important to have a peer review process that a life care planner addresses to Standards of Practice. The standards are derived from the field and are objective peer-reviewed statements about what constitutes competent practice. It was felt this designation was not meant to just be another letter we could attach to our names, but a solid reflection of proven performance at the level required by the Standards of Practice.

Question 5

MS: You were the only Fellow on the task force that revamped the Fellow designation Program in March 2014. One of the major changes the task force approved included a re-qualifying stipulation for existing Fellows, and the revamped program provided no grandfathering contingencies. Many existing Fellows were upset about this decision – especially since their entry into the Fellows Program was not preconditioned on bases related to recurring reviews, documentation of maintenance requirements, and ongoing renewal fees. Please give us your analysis of the rationale for the decision, along with your views on it.

KP: I was invited by the IALCP board of directors to serve on the task force. As it turned out, I am the only task force member who is a Fellow. I understand that IALCP was responding to concerns that some members had apparently expressed that Fellows did not always continue to follow standards of practice or contribute to the field. In the course of discussing a process whereby complaints could be filed to address this, the majority of task force members also wanted to consider a renewal process that could ensure continued adherence to criteria. The task force members were very concerned that the credential remains something that is highly regarded, credible, and sought after. I appreciate the concern that existing Fellows have with the addition of a renewal process. While I think it would have been helpful to have more Fellow participation on the task force, the results could still have been the same. My view on the decision is that it was made by the majority and was supported by the Academy board, and that I must recognize that changes occur in our professional lives that may not be how I would want. I hope that further change will be made to accommodate retired life care planners. I know that other Fellow programs with other associations do not have a renewal requirement, but I do not see this as something that should affect the intent or prestige of the life care planning Fellows Program. I want to see the Fellow credential obtained by many more life care planners who are certainly qualified. To me, it has been very valuable to have a credential that verifies I have established a credible professional practice and that I contribute to the field of life care planning.

Question 6

MS: The task force ultimately introduced a number of changes to the Fellows Program. Please summarize these changes, including changes made to maintain Fellow designation for those who already attained Fellow designation.

GP: It took a great deal of time and effort going through all of the guidelines and procedures for obtaining the Fellow designation. Many meetings were held and many rewrites

were undertaken, in addition to a significant amount of research by all task members to enhance the overall designation.

Obviously, many of the changes had to do with just verbiage. In Criterion Two, we did change the minimum submission of five examples of life care plans within two years up to five years. In Criterion Three, we felt it was important to have at least two letters of recommendation from referring sources within the past five years. Under Criterion Four, in addition to completing the minimum of 50 life care plans, we added a requirement of a minimum working five years as a life care planner. We wanted the designation to reflect those who have had extensive enough experience in the field of life care planning. The completed plans or the statements of a number of plans were going to stay in the IARP office.

Once we were able to tackle what we felt was the criteria for acceptable documentation, we then had to address the issue of ethics and how any ethical complaints would be handled as well as the process and procedures for processing these complaints for Fellow designees only. This, once again, took a great deal of research, looking at other areas of our organizations and how ethical complaints are addressed.

This whole process took approximately two years to complete. We then had our IARP attorney review all of our documentation and the Program to make sure we have done everything properly. In addition, it was felt a renewal process was appropriate, since we found many Fellows were not participating at all in the life care planning community, attending symposiums or summits to up with the changing life care planning industry. All that was necessary to continue to be a Fellow previously was to pay your membership to IARP. We felt there needed to be more participation by the Fellows to maintain and update their skills.

Question 7

MS: The task force that revamped IALCP Fellow designation criteria in March 2014 introduced changes to the Fellows Program that included requirements that all existing Fellows henceforth: (a) need to document newly specified, requisite criteria to maintain their Fellow status, (b) pay a renewal fee, and (c) submit a renewal application and possibly undergo peer review to maintain their Fellow designation. Please share with us your thoughts on these changes, and the potential implications for the life care planning profession.

ROW: It is admirable that the organization is attempting to enhance the credential to make it more attractive for excellent professionals to seek the recognition. I do have some concerns that may be put to rest with additional comment by the committee.

I was involved in the creation of the original IALCP Fellows Program and, as mentioned above, the title would not expire except for the reasons previously stated. (Incidentally, I was also honored with a Fellow selection, FNRCA, from the National Rehabilitation Counseling Association which does not expire.) Therefore, in the future, renewals and additional cost should not be required – at least for Fellows who received the recognition before the rules changes. As a result of the modifications, some current Fellows presumably will decide not to pursue renewal due to the time and cost commitment. So, it is conceivable that some Fellows who received the designation prior to the application modifications will believe that the "no expiration" change is an unfair unilateral contract breach. That predicament could be remedied by grandfathering the Fellows selected prior to the changes.

To summarize recommendations:

A. Continue with the no expiration process. This is typical for honorary designations.

B. If the organizational leadership insists on a renewal requirement, then grandfather the Fellows who applied with the no expiration expectation based on IALCP's written process in place at the time.

Question 8

MS: Looking ahead, tell us what you hope the Fellows Program will become, and how it will advance our life care planning profession.

ROW: In my view, to be selected as a Fellow is an important and valued honor. I continue to believe that the title should be attractive to talented professionals who are willing to contribute to the specialty practice in ways which enhance life care planning practices. Recently, I was reading some litigation-related cases and articles and, with satisfaction, noted that there were common references to "life care planning" in appealed cases, as well as articles by attorneys and others who were not life care planners. This rather massive shift in the litigation, healthcare, case management and rehabilitation literature during my career came about due to the efforts of many professionals, but I will specifically tip my hat to IALCP Fellow, Dr. Paul Deutsch, who is the true pioneer.

I applaud the organization's intent to re-invigorate the process to attract new Fellows and suggest including specific invitations to apply to talented life care planning professionals. Another idea: Perhaps on regular occasions, journal and ListServ announcements could highlight life care planning enhancements by Fellows (such as Fellows who are elected to leadership positions, have accepted publications, engage in service-related activities, are selected speakers, etc.).

Thank you for inviting my views on this important topic.

MS: I would like to extend a multitude of thanks to Gerri, Karen and Roger for their historical insights and participation in this work.

*Sadly, Patti McCollom succumbed to her battle with cancer on October 6, 2007.

About the Author

Michael Shahnasarian, a Fellow of the International Association of Life Care Planning, is in private practice in Tampa, Florida.

A Note from Tracy Albee

The above dialogue is a fantastic historical perspective of the Fellows Program. As the IALCP Board Chair Elect in 2015, I have been tasked with oversight of the Fellows Program this year. I wanted to update the readers on the current status of our renewal process and our goal to increase the number of Fellow applicants going forward. We currently have 16 Fellows, who were all recognized more than five years ago. In April of 2014, they were notified about the change in the program and that renewal would be required by the end of 2015. In 2015, after I became involved, reminders were sent. As of the time of this is being authored, we have had 12 renewals completed, or 75% compliance. Two of the remaining four Fellows have provided verbal confirmation they are renewing, one as an active Fellow and one was a retired Fellow. All Fellows who have renewed have or will be provided a plaque acknowledging their ongoing status as a Fellow. This clearly demonstrates the current Fellows seeing value in the designation.

Regarding the concern that my esteemed colleague, Roger Weed, raises about the potential risk to IARP for now providing a provision for grandfathering the current Fellows, the IALCP Board of Directors sought counsel from IARP's Attorney, John Peterson. After his review, he stated, "We understand the renewal requirement was instituted to ensure that those who have obtained the designation are keeping up with the Standards of Practice and continue to contribute to the field of Life Care Planning....As it appears all of the current Fellows received adequate notice and time to renew, it is our opinion that the new mandatory renewal requirement will not impose any significant legal risk on IARP."

Moving forward, there will be action to better promote potential applicants. This campaign started at the IALCP Summit and Symposium in Phoenix, Arizona, in September and was continued at the IARP Conference in New Orleans, Louisiana, in October. The goal is to increase exposure of the Fellows Program through the *Journal for Life Care Planning* and through the various ListServs and discussion groups. At this time, we do have one new applicant that followed the Phoenix meetings. I have just completed forming a new Fellow Peer Review committee, who will be charged with providing the peer review of the new applicants, as required by the published process.

Lastly, the application and renewal application are currently being reformatted by one of our Board Members, Laura Woodard, so that the process of completing the documentation for either purpose will be more clear and easy to follow. The new applications will be available on the IARP Website soon.

I encourage anyone with questions or interest in the Fellows Program to reach out to myself, or to Carl Wangman, at IARP Headquarters. The Fellows Program is an important designation of excellence in the field of Life Care Planning and there are many professionals out there who meet the criteria and would benefit from applying.

Tracy Albee, RN, LNCC, CLCP, FIALCP, is the Chair Elect of the 2015-2016 Life Care Planning (IALCP) Board of Directors, and is an owner of MediLegal, A Professional Nursing Corporation located in Tracy, California.