



# Self-assessment for Nurses

Name \_\_\_\_\_ Date \_\_\_\_\_

Title/Role \_\_\_\_\_ Organization/Location \_\_\_\_\_

- **Novice (N)** – may be experienced in psychosocial care but new to palliative care. Needs regular support.
- **Advanced beginner (B)** – can practice independently using some psychosocial skills specific to palliative care but still needs support.
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## Palliative care competencies and descriptions

## Knowledge/skill level

### 1 Principles of a palliative approach to care

#### 1.1 Understanding the core philosophy of palliative care and the palliative approach to care

##### 1.1.1 A. Generalist

Understand the philosophy of palliative care and the palliative approach to care, which starts early in the trajectory of a life-limiting condition.

N B C P E

##### B. Specialist

Provide leadership and contribute to the development of palliative care education, standards, and policies.

N B C P E

##### 1.1.2 Understand how the palliative approach can enhance the assessment and management of symptoms.

N B C P E

##### 1.1.3 Understand and contribute to the development of the relevant palliative care education, standards, guidelines, and policies.

N B C P E

##### 1.1.4 Seek to understand and incorporate community-specific practices and protocols of caring for members of underserved populations who are living with a life-limiting illness so that they can live fully throughout their care.

N B C P E

##### 1.1.5 Seek to understand community-specific protocols of caring for First Nations, Inuit, and Métis who are living with a life-limiting illness so they can live fully throughout their care.

N B C P E

#### 1.2 Identifying people who would benefit from a palliative approach

##### 1.2.1 A. Generalist

Able to describe the meaning of the term “life-limiting condition”. Understand and respond to complex and multidimensional care needs.

N B C P E

##### B. Specialist

Apply knowledge of life-limiting conditions to respond to complex and multidimensional care needs, and comprehensively identify current and prospective issues in palliative care at the system level.

N B C P E

## Palliative care competencies and descriptions

## Knowledge/skill level

##### 1.2.2 Identify and initiate, early in the illness trajectory, people who would benefit from a palliative approach.

N B C P E

1.3 Understanding the interdisciplinary team							
1.3.1	A. Generalist	Understand the role and function of the interdisciplinary care team to foster a caring environment in palliative care.					
		Understand the role of primary and acute care, and the function of specialist palliative care teams, designated family and caregivers, and volunteers.	N	B	C	P	E
		Know when to reach out and utilize specialist resources.					
	B. Specialist	Demonstrate leadership that encourages colleagues to foster a caring environment that supports all team members working in sensitive situations.	N	B	C	P	E
1.4 Addressing barriers to care							
1.4.1	A. Generalist	Identify and understand barriers, and how they affect access and care, with particular attention to members of underserved populations.	N	B	C	P	E
	B. Specialist	Identify and address perceptions, beliefs, and attitudes towards palliative care – that the person, their designated family or caregiver(s), and colleagues have – that undermine access to high-quality palliative care.	N	B	C	P	E
1.4.2		Recognize, identify, and understand specific barriers experienced by First Nations, Inuit, and Métis that may affect access and care.	N	B	C	P	E
1.5 Including designated family or caregiver(s) in the unit of care							
1.5.1		Ask the person who they consider family and include the designated family or caregiver(s) in the person's care.	N	B	C	P	E
1.5.2		Respond to the designated family or caregiver's unique needs and experiences.	N	B	C	P	E
1.5.3		Respect the importance of the role of designated family or caregiver(s), and community, for members of underserved populations throughout their palliative care.	N	B	C	P	E
1.5.4		Respect the importance of the role of designated family or caregiver(s), and community, for First Nations, Inuit, and Métis, throughout their palliative care.	N	B	C	P	E
1.6 Seeing people holistically							
1.6.1	A. Generalist	Provide a holistic interdisciplinary team approach that is person- and family- centered, and that aligns with the person's and designated family or caregiver's priorities, values, and choices in the provision of care.	N	B	C	P	E



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## 2 Cultural safety and humility

### 2.1 Engaging in self-reflection

- 2.1.1** Practice self-reflection to identify and address personal and systemic biases.
- |   |   |   |   |   |
|---|---|---|---|---|
| N | B | C | P | E |
|---|---|---|---|---|

### 2.2 Supporting cultural practices

#### 2.2.1 A. Generalist

Acknowledge the influence of culture and lived experiences on a person's attitudes towards health, wellness, serious illness, and death.

N	B	C	P	E
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Demonstrate openness to incorporating these attitudes into the care of members of underserved populations.

#### B. Specialist

Engage with underserved populations to create and facilitate partnerships that influence and address the care needs of these populations. Identify and collaborate with system partners to advocate and implement changes to better serve underserved populations.

N	B	C	P	E
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- 2.2.2** Understand that First Nations, Inuit, and Métis cultural practices and beliefs influence how palliative care is provided.

Demonstrate openness to incorporating First Nations, Inuit, and Métis community-specific protocols and practices into provision of palliative care.

N	B	C	P	E
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- 2.2.3** Demonstrate openness and sensitivity to social, spiritual, and cultural values and practices that may influence the person's and their designated family or caregiver's preferences.

N	B	C	P	E
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### 2.3 Recognizing and respecting the diversity of people, designated families or caregivers, and communities

- 2.3.1** Assess the diverse needs and preferences of the person and their designated family or caregiver(s).

In doing so, consider the social determinants of health, as well as ethnicity, culture, gender, sexual orientation, language, religion, and economic circumstance.

N	B	C	P	E
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Incorporate these determinants into goal setting, decision-making, and care planning.

- 2.3.2** Demonstrate understanding and provide accommodation to the social, spiritual, and cultural values and practices that may influence care provided to the person and their designated family or caregiver(s).

N	B	C	P	E
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## Self-assessment for Nurses

Palliative care competencies and descriptions		Knowledge/skill level				
<b>2.3.3</b>	<p>Recognize that concepts such as wellness and illness may be defined differently by people, and in particular by members of underserved populations.</p> <p>Collaborate with people, designated family or caregiver(s), and communities to ensure a shared understanding of terminology, while also respecting and supporting cultural protocols and practices that promote comfort and quality of life.</p>	<b>N</b>	<b>B</b>	<b>C</b>	<b>P</b>	<b>E</b>
<b>2.3.4</b>	<p>Recognize that concepts such as wellness and illness may be defined differently by First Nations, Inuit, and Métis.</p> <p>Collaborate with people, designated family or caregiver(s), and communities to ensure a shared understanding of terminology, while also respecting and supporting cultural protocols and practices that promote comfort and quality of life.</p>	<b>N</b>	<b>B</b>	<b>C</b>	<b>P</b>	<b>E</b>
<b>TOTAL</b>	<b>2 Cultural safety and humility</b>	<b>N</b>	<b>B</b>	<b>C</b>	<b>P</b>	<b>E</b>



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## 3 Communication

### 3.1 Promoting ongoing collaborative communication

#### 3.1.1 A. Generalist

Understand that communication regarding palliative and end-of-life care is an ongoing collaborative process.

N B C P E

#### B. Specialist

Demonstrate leadership and facilitate communication in situations in which the generalist team requires support.

N B C P E

#### 3.1.2 Understand that for members of underserved populations, designated family or caregiver(s), and community members may have a role in the care team.

Acknowledge and respect that responsibility for communication with the health care provider may be designated to a family member or caregiver, and incorporate those wishes in the provision of care.

N B C P E

#### 3.1.3 Understand that First Nations, Inuit, and Métis designated family and community members may have a role in the care team.

Acknowledge and respect that responsibility for communication with the health care provider may be designated to a family member or caregiver, and incorporate those wishes in the provision of care.

N B C P E

#### Palliative care competencies and descriptions

#### Knowledge/skill level

### 3.2 Listening and providing emotional support

#### 3.2.1 A. Generalist

Provide emotional support to the person and designated family or caregiver(s) from diagnosis to bereavement.

Use a variety of strategies to engage in highly skilled, compassionate, individualized, and timely communication with people, designated families, caregivers, and members of their care teams.

N B C P E

#### B. Specialist

Role model, coach, and mentor team to build capacity in abilities surrounding difficult/complex conversations with patient and designated family or caregiver(s).

N B C P E

3.3 Adapting communication for children						
3.3.1	Recognize that designated family or caregiver conversations may involve toddlers, children, and adolescents, and that may require different communication approaches.	N	B	C	P	E
	Have an understanding of developmental stages and appropriate communication skills to match their needs.					
3.4 Using appropriate supports to communicate effectively						
3.4.1	Assess the need and provide specialist support (e.g. interpreters, sign language interpreters, and assistive technology) to bridge communication barriers.	N	B	C	P	E
3.5 Delivering difficult news and managing essential conversations						
3.5.1	A. Generalist Introduce people and their designated family or caregiver(s) to the concept and benefits of palliative care. Share difficult news in a compassionate and supportive manner and provide a safe space for them to process their emotions.	N	B	C	P	E
	B. Specialist Provide support, mentorship, and role modelling for generalists in developing these skills.	N	B	C	P	E
3.5.2	A. Generalist Support people so they can make informed decisions about the types of information they wish to receive about their diagnosis, prognosis, and disease progression, and how best to share that news with their designated families.	N	B	C	P	E
	B. Specialist Identify the person's and designated family or caregiver's information needs and preferences before providing information and discussing diagnosis and prognosis. Regularly ask whether information is meeting the person's and designated family or caregiver's needs.	N	B	C	P	E
Palliative care competencies and descriptions		Knowledge/skill level				
3.5.3	Review and clarify the person's and designated family or caregiver's understanding of palliative care information that has been presented by other health care providers. Discuss care preferences, including the pros and cons of life-sustaining treatments (e.g. CPR, admissions to ICU, antibiotics).	N	B	C	P	E
3.5.4	Explore people's and designated family or caregiver's questions about the dying process and what to expect.	N	B	C	P	E
TOTAL	3 Communication	N	B	C	P	E



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## 4 Optimizing comfort and quality of life

### 4.1 Promoting self-management/care

- |              |                                                                                                                                                                                                                                    |          |          |          |          |          |
|--------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|
| <b>4.1.1</b> | Recognize and educate people and designated family or caregiver(s) about how they can engage in self-management of their condition, while acknowledging the barriers and limitations that may make self-management/care difficult. | <b>N</b> | <b>B</b> | <b>C</b> | <b>P</b> | <b>E</b> |
|--------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|

### 4.2 Maintaining dignity

- |              |                                                                                                                                            |          |          |          |          |          |
|--------------|--------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|
| <b>4.2.1</b> | Conserve and promote dignity of the person by facilitating expression of needs, hopes, feelings, and concerns in planning palliative care. | <b>N</b> | <b>B</b> | <b>C</b> | <b>P</b> | <b>E</b> |
|--------------|--------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|

### 4.3 Caring for people holistically

- |              |                                                                                                                                                                                              |          |          |          |          |          |
|--------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|
| <b>4.3.1</b> | <b>A. Generalist</b><br>Understand the concept of “total pain” and the multiple factors that may impact on the person and their designated family or caregiver(s).                           | <b>N</b> | <b>B</b> | <b>C</b> | <b>P</b> | <b>E</b> |
|              | <b>B. Specialist</b><br>Acknowledge the cumulative losses inherent in the experience of a life-limiting condition and its effects on the person and their designated family or caregiver(s). | <b>N</b> | <b>B</b> | <b>C</b> | <b>P</b> | <b>E</b> |

### 4.4 Involving the designated family or caregiver(s) in care

- |              |                                                                                                                                                                              |          |          |          |          |          |
|--------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|
| <b>4.4.1</b> | Recognize and anticipate the impact of the role changes designated families experience as a result of a person’s illness when formulating relevant and realistic care plans. | <b>N</b> | <b>B</b> | <b>C</b> | <b>P</b> | <b>E</b> |
| <b>4.4.2</b> | Respect the role of the designated family or caregiver(s), and community, especially when caring for members of underserved populations throughout their palliative care.    | <b>N</b> | <b>B</b> | <b>C</b> | <b>P</b> | <b>E</b> |
| <b>4.4.3</b> | Respect the role of the designated family or caregiver(s), and community, for First Nations, Inuit, and Métis, throughout their palliative care.                             | <b>N</b> | <b>B</b> | <b>C</b> | <b>P</b> | <b>E</b> |

## Self-assessment for Nurses

Palliative care competencies and descriptions		Knowledge/skill level				
<b>4.5</b>	<b>Screening, assessing, and managing pain and other symptoms and psychosocial concerns</b>					
<b>4.5.1</b>	Regularly screen for symptoms and needs, using validated, standardized instruments, such as the Edmonton Symptom Assessment System (ESAS).	N	B	C	P	E
<b>4.5.2</b>	Demonstrate an understanding of the use of non-pharmacological interventions for pain and symptom management, support the person's decision to use complementary and alternative medicine (CAM), and address requests for information.  Be aware of the credible resources available within their community regarding CAM.  Understand professional responsibilities regarding CAM practices and interventions.	N	B	C	P	E
<b>4.5.3</b>	Implement evidence-informed pharmacological and non-pharmacological approaches for pain and symptom management at end-of-life.	N	B	C	P	E
<b>4.5.4</b>	Recognize that complementary and alternative medicine (CAM) can play an important role in palliative care, especially when caring for members of underserved populations. Collaborate with the person and their designated family or caregiver(s) to incorporate these into the care plan.	N	B	C	P	E
<b>4.5.5</b>	Recognize that traditional medicine can play an important role in palliative care for First Nations, Inuit, and Métis. Collaborate with the person and their designated family or caregiver(s) to incorporate traditional medicine into the care plan.	N	B	C	P	E
<b>4.5.6</b>	<b>A. Generalist</b> Collaborate with the care team to manage pain and symptoms effectively based on the person's identified goals of care.	N	B	C	P	E
	<b>B. Specialist</b> Manage more complex conditions and provide consultation, advice, and mentorship to generalist level nurses.	N	B	C	P	E
<b>4.5.7</b>	Administer medicine or other treatments appropriate for the types and severity of the person's pain, side effects, drug interactions, complications, and condition.	N	B	C	P	E
<b>4.5.8</b>	Demonstrate a comprehensive knowledge of common medications, and respond to potential side effects, interactions, or complications.	N	B	C	P	E
<b>4.5.9</b>	Describe the indications for opioid rotation.	N	B	C	P	E
<b>4.6</b>	<b>Understanding the severity of the person's pain, other symptoms, and condition</b>					
<b>4.6.1</b>	<b>A. Generalist</b> Incorporate knowledge of pain classification, the pathophysiology of pain and other symptoms in management of symptoms.	N	B	C	P	E
	<b>B. Specialist</b> Incorporate evidence-based off label use of medications, as appropriate, for management of symptoms.	N	B	C	P	E
<b>TOTAL</b>	<b>4 Optimizing comfort and quality of life</b>	N	B	C	P	E





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## 5 Care planning and collaborative practice

### 5.1 Understanding interdisciplinary collaboration, transitions, and roles

#### 5.1.1 A. Generalist

Collaborate with the interdisciplinary team, person, and designated family or caregiver(s) to ensure care plans are consistent with goals of care, preferences, and advance care plans, which may change throughout the life-limiting condition.

N B C P E

#### B. Specialist

Assist with coordinating care and making referrals to interdisciplinary team members and/or organizations – e.g., visiting volunteers.

N B C P E

#### 5.1.2 Identify and support navigation of the full range and continuum of palliative care services, resources, and settings in which such services are available.

Recognize and coordinate smooth transitions between institutions.

N B C P E

### 5.2 Modifying care plans as needed

#### 5.2.1 Evaluate communication with the person and their designated family or caregiver(s) to ensure that their care plan meets the person's identified needs.

N B C P E

#### 5.2.2 Engage with First Nations, Inuit, and Métis community leaders and/or Elders, when appropriate or if requested, to co-create a high-quality approach to palliative care for the person and their designated family or caregiver(s).

N B C P E

#### 5.2.3 Evaluate interventions within the care plan, discuss with the interdisciplinary team and propose appropriate alternatives, if necessary.

N B C P E

#### 5.2.4 Recognize common symptoms of common trajectories of life-limiting conditions, and anticipate the needs of the person who has a particular disease.

N B C P E

#### 5.2.5 Routinely assess Palliative Performance Scale (PPS) to determine changing functional status.

N B C P E

Palliative care competencies and descriptions		Knowledge/skill level				
<b>5.3</b>	<b>Making informed decisions</b>					
<b>5.3.1</b>	Understand the importance of determining the person's capacity before having conversations with them regarding advance care planning (ACP), goals of care, and healthcare consent.  Understand how a substitute decision maker (SDM) is determined, and the role the SDM plays in making healthcare decisions if the person does not have capacity.  Know and apply laws applicable to specific jurisdiction.	<b>N</b>	<b>B</b>	<b>C</b>	<b>P</b>	<b>E</b>
<b>5.3.2</b>	Facilitate informed decision-making and consent by the person (or, if incapable, their SDM) regarding place of care, while identifying risks in a supportive manner.	<b>N</b>	<b>B</b>	<b>C</b>	<b>P</b>	<b>E</b>
<b>5.3.3</b>	Support the person, their designated family or caregiver(s), and SDM in decision-making, including withholding or withdrawing an intervention.	<b>N</b>	<b>B</b>	<b>C</b>	<b>P</b>	<b>E</b>
<b>5.3.4</b>	<b>A. Generalist</b> When able, provide care in the person's preferred place while recognizing the complexities and challenges involved for people, designated families, and caregivers.	<b>N</b>	<b>B</b>	<b>C</b>	<b>P</b>	<b>E</b>
	<b>B. Specialist</b> Provide palliative care and support capacity building in all settings where people reside. This includes the home, long-term care facilities, and acute care settings, such as community hospitals and emergency departments in rural and remote settings, hospices, group/supportive housing, shelters, jail/prison, etc.	<b>N</b>	<b>B</b>	<b>C</b>	<b>P</b>	<b>E</b>
<b>5.4</b>	<b>Understanding advance care planning</b>					
<b>5.4.1</b>	Understand advance care planning (ACP) and help people set their goals and preferences for care if they wish to prepare or revise an ACP.	<b>N</b>	<b>B</b>	<b>C</b>	<b>P</b>	<b>E</b>
<b>5.4.2</b>	Provide care and implement treatment plans in keeping with the person's expressed wishes and/or goals of care.	<b>N</b>	<b>B</b>	<b>C</b>	<b>P</b>	<b>E</b>
<b>TOTAL</b>	<b>5 Care planning and collaborative practice</b>	<b>N</b>	<b>B</b>	<b>C</b>	<b>P</b>	<b>E</b>



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## 6 Last days and hours

### 6.1 Anticipating changes as death nears

#### 6.1.1 A. Generalist

Assist the person and their designated family or caregiver(s) to prepare for the time of death, and provides information about expected changes and comfort measures during the last days and hours of life.

N B C P E

#### Palliative care competencies and descriptions

#### Knowledge/skill level

#### B. Specialist

Anticipate possible complications and advocate for appropriate medications/treatments or interventions to be available.

N B C P E

- 6.1.2** Identify people who are in the terminal phase, and recognize and respond to signs of imminent death.

N B C P E

### 6.2 Supporting death rituals

- 6.2.1** Provide care of the body immediately following death as per the person and designated family or caregiver's preferences and rituals, and the organization's policies and procedures.

N B C P E

- 6.2.2** Support designated family and community-specific protocols and practices surrounding death, loss, and grief, in particular when caring for members of underserved populations.

N B C P E

- 6.2.3** Support designated family and community-specific protocols and practices surrounding death, loss, and grief when caring for First Nations, Inuit, and Métis.

N B C P E

### 6.3 Involving and supporting the designated family or caregiver(s)

- 6.3.1** Facilitate discussions with appropriate professionals if an autopsy is requested or required.

N B C P E

- 6.3.2** Help the designated family or caregiver(s) do the following:
- cope with emotional responses,
  - maintain a desired level of control,
  - share preferences and needs,
  - discuss place of death,
  - access resources,
  - communicate meaningfully,
  - process emotions associated with anticipatory grief.

N B C P E

- 6.3.3** Facilitate discussions with appropriate professionals if the person or their designated family or caregiver(s) request organ or tissue donation.

N B C P E

**TOTAL 6 Last days and hours**

N B C P E



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## 7 Loss, grief, and bereavement

### 7.1 Supporting diverse responses to loss

<b>7.1.1</b>	Recognize the range of individual physical, psychological, spiritual, emotional, cultural, and social responses to loss and grief.	N	B	C	P	E
<b>7.1.2</b>	Demonstrate an understanding of the needs of children at various developmental stages in dealing with grief and loss.	N	B	C	P	E
<b>7.1.3</b>	Accurately assess and manage people's and their designated families' or caregivers' loss, grief, and bereavement needs.	N	B	C	P	E

### 7.2 Recognizing complicated grief

<b>7.2.1</b>	<b>A. Generalist</b> Acknowledge the impact of personal traumas and negative experiences, in particular for members of underserved populations, and how these can shape the expressions of grief, bereavement, and mourning. Practice trauma-informed principles and care.	N	B	C	P	E
	<b>B. Specialist</b> Engage with the designated family or caregiver(s), and community, to identify community-specific protocols and practices that support the experience and expressions of grief.	N	B	C	P	E
<b>7.2.2</b>	<b>A. Generalist</b> Acknowledge the impact that historical and ongoing systemic trauma and loss have on First Nations, Inuit, and Métis experiences and expressions of grief, bereavement, and mourning. Practice trauma-informed principles and care.	N	B	C	P	E
	<b>B. Specialist</b> Engage with the designated family or caregiver(s), and community, to identify First Nations, Inuit, and Métis community-specific protocols and practices that support the experience and expression of grief.	N	B	C	P	E

### 7.3 Using support services

<b>7.3.1</b>	Provide guidance, support, and information to families, caregivers, and others (based on awareness of cultures and needs), and make referrals to bereavement services as required.	N	B	C	P	E
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**TOTAL 7 Loss, grief and bereavement**

N B C P E



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## 8 Self-care

### 8.1 Promoting self-awareness

<b>8.1.1</b>	Explore own attitudes and beliefs regarding death, dying, and caring for people who require palliative care.	N	B	C	P	E
<b>8.1.2</b>	Demonstrate an awareness of the effects of past experiences of suffering, death, and dying when caring for people with life-limiting conditions.	N	B	C	P	E
<b>8.1.3</b>	Understand and attend to own emotional responses that result from caring for people with life-limiting conditions.	N	B	C	P	E

### 8.2 Promoting healthy behaviors for self and team

<b>8.2.1</b>	Demonstrate an awareness of ways to manage and cope with the impact of death and with people dying.	N	B	C	P	E
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#### Palliative care competencies and descriptions

#### Knowledge/skill level

<b>8.2.2</b>	Demonstrate an awareness of the emotional and spiritual supports available for self and team.	N	B	C	P	E
<b>8.2.3</b>	<b>A. Generalist</b> Identify colleagues who may be suffering and provide support.	N	B	C	P	E
	<b>B. Specialist</b> Support colleagues to identify factors contributing to stress in caring for people who require a palliative approach to care and their designated families or caregivers. Support colleagues to develop a plan to cope with stress.	N	B	C	P	E

### 8.3 Preventing compassion fatigue

<b>8.3.1</b>	<b>A. Generalist</b> Recognize compassion fatigue in self and colleagues; intervene and refer appropriately.	N	B	C	P	E
	<b>B. Specialist</b> Identify issues in the system that contribute to compassion fatigue and advocate for change.	N	B	C	P	E
<b>8.3.2</b>	Engage in healthy activities that help prevent compassion fatigue.	N	B	C	P	E

**TOTAL 8 Self-care**

N B C P E



# Self-assessment for Nurses

Name \_\_\_\_\_ Date \_\_\_\_\_

Title/Role \_\_\_\_\_ Organization/Location \_\_\_\_\_

- **Novice (N)** – may be experienced in psychosocial care but new to palliative care. Needs regular support.
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## 9 Professional and ethical practice

### 9.1 Addressing ethical issues

<b>9.1.1</b>	Anticipate and address ethical and legal issues that may be encountered when caring for people with life-limiting conditions.	N	B	C	P	E
<b>9.1.2</b>	Facilitate discussion and management of ethical and legal issues in conjunction with the person, their designated family or caregiver(s), their care team, and institutional ethics review boards (or equivalent), where they exist.	N	B	C	P	E
<b>9.1.3</b>	Identify situations where beliefs, attitudes, and values limit one's ability to be present and provide care to people and their designated families or caregivers. Collaborate with others to ensure optimal care is provided.	N	B	C	P	E
<b>9.1.4</b>	Understand distinctions among ethical and legal concepts, such as: the principle of double effect, palliative sedation, and medical assistance in dying (MAiD).	N	B	C	P	E
<b>9.1.5</b>	Access resources to guide ethically complex situations and implement possible resolutions.	N	B	C	P	E

### 9.2 Advocating for inclusion of the person's and their designated family or caregiver's beliefs and values

<b>9.2.1</b>	Establish and respect peoples' wishes, options, and preferences regarding their care, and respect their decisions.	N	B	C	P	E
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#### Palliative care competencies and descriptions

#### Knowledge/skill level

### 9.3 Understanding legislation and policy

<b>9.3.1</b>	<b>A. Generalist</b> Demonstrate knowledge of relevant legislation/policies – e.g. medical assistance in dying (MAiD), <i>Children and Family Services Act</i> , <i>Adult Protection Act</i> , and <i>Personal Directives Act</i> , and any other legislation related to field of practice.	N	B	C	P	E
	<b>B. Specialist</b> Apply a comprehensive understanding of and contribute to the development and refinement of legal, ethical, and professional standards to the provision of quality palliative care.	N	B	C	P	E

### 9.4 Understanding MAiD

<b>9.4.1</b>	Respond to inquiries regarding MAiD in accordance with the appropriate regulatory body's guidelines and standards.	N	B	C	P	E
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**TOTAL 9 Professional and ethical practice**

N B C P E



# Self-assessment for Nurses

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## 10 Education, evaluation, quality improvement, and research

### 10.1 Accessing continuing education

<b>10.1.1</b>	Participate in palliative care continuing education opportunities.	N	B	C	P	E
<b>10.1.2</b>	Participate in cultural safety training opportunities, especially any that are specific to underserved populations. Where available, participate in regionally specific training.	N	B	C	P	E
<b>10.1.3</b>	Participate in First Nations, Inuit, and Métis cultural safety training opportunities. Where available, participate in regionally specific training.	N	B	C	P	E

### 10.2 Educating and supporting learners

<b>10.2.1</b>	<b>A. Generalist</b> Educate people, families, caregivers and interdisciplinary teams regarding palliative care and the palliative approach.	N	B	C	P	E
	<b>B. Specialist</b> Develop, facilitate, and provide palliative care-related education, leadership, and mentorship to generalists and students preparing to be specialists.	N	B	C	P	E
	<b>C. Specialist</b> Promote public awareness and education regarding end-of-life issues, beliefs, and attitudes about palliative care.	N	B	C	P	E

### 10.3 Contributing to quality improvement

<b>10.3.1</b>	<b>A. Generalist</b> Contribute to the monitoring and evaluation of the quality of palliative care, and critically evaluate outcomes against standards and guidelines.	N	B	C	P	E
<b>Palliative care competencies and descriptions</b>		<b>Knowledge/skill level</b>				
	<b>B. Specialist</b> Contribute to the evaluation of the quality of palliative care and the effectiveness of the specialist palliative care consult team.	N	B	C	P	E

### 10.4 Evaluating person outcomes

<b>10.4.1</b>	<b>A. Generalist</b> Routinely incorporate standardized measures recognizing the importance of person-reported outcomes (PROs).	N	B	C	P	E
	<b>B. Specialist</b> Contribute to the development, implementation, and evaluation of PROs based on evidence-informed standards and guidelines, and advocate for the importance of PROs in all aspects of palliative care policy and practice.	N	B	C	P	E

10.5 Promoting Knowledge generation, translation, and synthesis							
10.5.1	A. Generalist	Apply knowledge gained from palliative care research to all activities in delivering a palliative approach to care.	N	B	C	P	E
	B. Specialist	Lead, facilitate, and engage in research in palliative care, and act as an expert resource contributing to palliative care development and delivery.	N	B	C	P	E
10.5.2	A. Generalist	Where possible and appropriate, encourage people and designated families or caregivers to participate in research opportunities.	N	B	C	P	E
	B. Specialist	Identify the opportunities for, and barriers to, discipline-specific and interdisciplinary research unique to palliative care.	N	B	C	P	E
TOTAL	10 Education, evaluation, quality improvement, & research		N	B	C	P	E





# Self-assessment for Nurses

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## 11 Advocacy

### 11.1 Advocating for the person, designated family or caregiver(s), and societal rights

**11.1.1** Advocate for the incorporation of people's and designated families' or caregivers' values and beliefs into the care plan. **N B C P E**

**11.1.2 A. Generalist**  
Advocate that the needs, decisions, and rights of underserved populations, including First Nations, Inuit, and Métis, be incorporated into care planning. **N B C P E**

**B. Specialist**  
Actively influence and promote palliative care strategic initiatives and policy development. **N B C P E**

#### Palliative care competencies and descriptions

#### Knowledge/skill level

**C. Specialist**  
Advocate for health professionals to be supported in participating in palliative care continuing education opportunities, and to have access to adequate resources to provide palliative care. **N B C P E**

**D. Specialist**  
Describe how changes in legislation and/or funding, and the structure of the healthcare system, could affect delivery of palliative care to people. Actively engage generalist and others in these processes. **N B C P E**

### 11.2 Acting as an advocate

**11.2.1 A. Generalist**  
Advocate for equitable, accessible, safe, high-quality palliative care, and timely access to resources for palliative care. **N B C P E**

**B. Specialist**  
Participate in and lead as a member of organizations that advocate for equitable, accessible, safe, and high-quality palliative care. **N B C P E**

**11.2.2 A. Generalist**  
Advocate for culturally safe practices that are free of racism and discrimination. **N B C P E**

**B. Specialist**  
Provide advocacy and leadership, and contribute to policy and program development at a systems level to ensure culturally safe care. **N B C P E**

**TOTAL 11 Advocacy**

**N B C P E**



# Self-assessment for Nurses

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## 12 Virtual care

12.1.1	Identify people who would be suitable to be assessed by virtual care modalities and where it would optimize symptom and psychosocial supports.	N	B	C	P	E
12.1.2	Recognize equity challenges to virtual care including geography, finances, disabilities, language, and familiarity with technology.	N	B	C	P	E
12.2	Adapting care to a virtual modality					
12.2.1	Deliver virtual care as per standards of Accreditation Canada, provincial standards of practice, and workplace regulations and guidelines.	N	B	C	P	E
12.2.2	Adapt a variety of information and communication techniques to deliver person-centred care.	N	B	C	P	E
	Palliative care competencies and descriptions	Knowledge/skill level				
12.2.3	Utilize various tools to deliver care virtually.	N	B	C	P	E
12.2.4	Develop clear processes for patient follow-up and hand-over to other professionals.	N	B	C	P	E
12.2.5	Develop clear processes for involvement of the interdisciplinary team	N	B	C	P	E
12.3	Delivering care virtually					
12.3.1	Communicate effectively and clearly with people and their designated families or caregivers, and elicit signs and symptoms remotely.	N	B	C	P	E
TOTAL	12 Virtual care	N	B	C	P	E