



# 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.
- **Competent (C)** – mostly independent, occasionally seeks out support.
- **Proficient (P)** – autonomous practice, seeks out leadership opportunities.
- **Expert (E)** – highly proficient, is regularly sought out by others.



## 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