



# Self-assessment for Personal Support Workers

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.
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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	Understand the principles and practices of palliative care and a palliative approach.	N	B	C	P	E
1.1.2	Understand community-specific protocols, in particular when caring for members of underserved populations who are living with a life-limiting illness so they can live fully throughout their care.	N	B	C	P	E
1.1.3	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	Collaborate with the care team and use evidence-based tools to identify people who could benefit from a palliative approach.	N	B	C	P	E
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#### 1.3 Understanding the interdisciplinary team

1.3.1	Understand the role of the interdisciplinary team in providing palliative care, as well as the roles of each team member.	N	B	C	P	E
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#### 1.4 Including designated family or caregiver(s) in the unit of care

1.4.1	Acknowledge who the person considers to be family, and include the designated family or caregiver(s) in the person's care, if the person wishes	N	B	C	P	E
1.4.2	Respect the importance of the role of designated family or caregivers and community for members of underserved populations throughout their palliative care.	N	B	C	P	E

## Palliative care competencies and descriptions

## Knowledge/skill level

1.4.3	Respect the importance of the role of designated family and community for First Nations, Inuit, and Métis, throughout their palliative care.	N	B	C	P	E
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#### 1.5 Seeing people holistically

1.5.1	Acknowledge the physical, emotional, mental, social, and spiritual aspects to care.	N	B	C	P	E
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#### TOTAL 1 Principles of a palliative approach to care

N B C P E



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## 2 Cultural safety and humility

### 2.1 Supporting cultural practices

<b>2.1.1</b>	Understand the influence of culture and lived experiences on a person's attitudes towards health, wellness, serious illness, and death. Incorporate these attitudes into the care of members of underserved populations.	N	B	C	P	E
<b>2.1.2</b>	Understand that First Nations, Inuit, and Métis cultural practices and beliefs influence how palliative and end-of-life care is provided. Incorporate First Nations, Inuit, and Métis community-specific protocols and practices into provision of palliative care.	N	B	C	P	E
<b>2.1.3</b>	Provide culturally safe care.	N	B	C	P	E
<b>2.1.4</b>	Partner with people and their designated families and caregivers to provide opportunities for cultural, religious, or personal practices.	N	B	C	P	E

### 2.2 Engaging in self-reflection

<b>2.2.1</b>	Practice self-reflection to identify and address personal biases.	N	B	C	P	E
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### 2.3 Acting as an advocate

<b>2.3.1</b>	Advocate for the incorporation of people's and their designated family or caregivers' values and beliefs into the care plan.	N	B	C	P	E
<b>2.3.2</b>	Advocate for culturally safe practices that are free of racism and discrimination.	N	B	C	P	E

**TOTAL 2 Cultural safety and humility**

N B C P E



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## Palliative care competencies and descriptions

## Knowledge/skill level

### 3 Communication

#### 3.1 Recognizing and respecting that each person and their designated family or caregiver(s) has a unique perspective

- 3.1.1** Ask and seek to understand the unique perspective of each person and their designated family or caregiver(s).
- | N | B | C | P | E |
|---|---|---|---|---|
|   |   |   |   |   |

#### 3.2 Listening and providing emotional support

- 3.2.1** Listen and provide emotional support to the person and their designated family or caregiver(s).
- | N | B | C | P | E |
|---|---|---|---|---|
|   |   |   |   |   |

- 3.2.2** Develop and maintain supportive and therapeutic relationships, by connecting, communicating, and establishing professional boundaries.
- | N | B | C | P | E |
|---|---|---|---|---|
|   |   |   |   |   |

#### 3.3 Adapting communication for children

- 3.3.1** Adapt communication when children are involved.
- | N | B | C | P | E |
|---|---|---|---|---|
|   |   |   |   |   |

#### 3.4 Using appropriate supports to communicate effectively

- 3.4.1** Utilize supports as needed for effective communication (e.g. interpreters, assistive technology).
- | N | B | C | P | E |
|---|---|---|---|---|
|   |   |   |   |   |

- 3.4.2** Understand that for members of underserved populations, 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(s), and incorporate these wishes in the provision of care.
- | N | B | C | P | E |
|---|---|---|---|---|
|   |   |   |   |   |

- 3.4.3** 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(s), and incorporate these wishes in the provision of care.
- | N | B | C | P | E |
|---|---|---|---|---|
|   |   |   |   |   |

#### 3.5 Communicating collaboratively

- 3.5.1** Communicate health changes and concerns of the person and their designated family or caregiver(s) with the rest of the health care team.
- | N | B | C | P | E |
|---|---|---|---|---|
|   |   |   |   |   |

**TOTAL 3 Communication**

N B C P E



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## Palliative care competencies and descriptions

## Knowledge/skill level

### 4 Optimizing comfort and quality of life

#### 4.1 Maintaining dignity

- |       |  |   |   |   |   |   |
|-------|--|---|---|---|---|---|
| 4.1.1 | Provide care that maintains the dignity, well-being, and self-image of the person. | N | B | C | P | E |
|-------|--|---|---|---|---|---|

#### 4.2 Recognizing changes in health status

- |       |  |   |   |   |   |   |
|-------|--|---|---|---|---|---|
| 4.2.1 | Observe the person's functioning and indicators of distress, and promptly communicate changes to the health care team. | N | B | C | P | E |
|-------|--|---|---|---|---|---|

- |       |   |   |   |   |   |   |
|-------|---|---|---|---|---|---|
| 4.2.2 | Have a basic knowledge of the effects of the most common diseases and their treatments, and the care people receive at end-of-life. | N | B | C | P | E |
|-------|---|---|---|---|---|---|

#### 4.3 Promoting self-management/care

- |       |  |   |   |   |   |   |
|-------|--|---|---|---|---|---|
| 4.3.1 | Support the person to care for themselves as much as possible while acknowledging the barriers and limitations that may make self-management/care difficult. | N | B | C | P | E |
|-------|--|---|---|---|---|---|

#### 4.4 Caring for people holistically

- |       |   |   |   |   |   |   |
|-------|---|---|---|---|---|---|
| 4.4.1 | Provide a holistic approach to care that acknowledges the physical, emotional, mental, social, and spiritual aspects to care. | N | B | C | P | E |
|-------|---|---|---|---|---|---|

#### 4.5 Offering presence

- |       |  |   |   |   |   |   |
|-------|--|---|---|---|---|---|
| 4.5.1 | Offer a compassionate, empathic presence in response to the needs of the person and their designated family or caregiver(s). | N | B | C | P | E |
|-------|--|---|---|---|---|---|

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

- |       |   |   |   |   |   |   |
|-------|---|---|---|---|---|---|
| 4.6.1 | Respect the role of and involve the designated family or caregiver(s) in care as desired and appropriate. | N | B | C | P | E |
|-------|---|---|---|---|---|---|

- |       |  |   |   |   |   |   |
|-------|--|---|---|---|---|---|
| 4.6.2 | Respect the role of designated family and community for First Nations, Inuit, and Métis, throughout their palliative care. | N | B | C | P | E |
|-------|--|---|---|---|---|---|

#### 4.7 Screening, assessing, and managing pain and other symptoms and psychosocial concerns

- |       |  |   |   |   |   |   |
|-------|--|---|---|---|---|---|
| 4.7.1 | Provide comfort measures as appropriate and prescribed in the care plan (e.g. positioning, using a fan, timing of activities). | N | B | C | P | E |
|-------|--|---|---|---|---|---|

- |       |  |   |   |   |   |   |
|-------|--|---|---|---|---|---|
| 4.7.2 | Recognize that complementary or alternative medicine (CAM) can play an important role in palliative care, especially for members of underserved populations. | N | B | C | P | E |
|-------|--|---|---|---|---|---|

- |       |  |   |   |   |   |   |
|-------|--|---|---|---|---|---|
| 4.7.3 | Recognize that traditional medicine can play an important role in palliative care for First Nations, Inuit, and Métis. | N | B | C | P | E |
|-------|--|---|---|---|---|---|

**TOTAL 4 Optimizing comfort and quality of life**

N B C P E



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## Palliative care competencies and descriptions

## Knowledge/skill level

### 5 Care planning and collaborative practice

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

**5.1.1** Contribute to interdisciplinary care planning by offering observations to the health care team of challenges the person and their designated family or caregiver(s) may be experiencing, or any opportunities to provide support, using standardized tools, recording, and reporting.

N B C P E

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

N B C P E

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

N B C P E

#### 5.2 Acting as an advocate

**5.2.1** Advocate for incorporation of the person's and their designated family or caregiver's values and beliefs into care planning.

N B C P E

#### 5.3 Promoting advance care planning

**5.3.1** Respect the person's and their designated family or caregiver's preferences for care.

N B C P E

**TOTAL 5 Care planning and collaborative practice**

N B C P E



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## 6 Last days and hours

### 6.1 Anticipating changes as death nears

<b>6.1.1</b>	Understand and recognize expected changes as a person nears death.	N	B	C	P	E
<b>6.1.2</b>	Provide care and comfort measures to support the person and their designated family or caregiver(s) through physical changes in the last days and hours.	N	B	C	P	E

### 6.2 Facilitating death rituals

<b>6.2.1</b>	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/procedures.	N	B	C	P	E
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### 6.3 Involving and supporting designated family or caregiver(s)

<b>6.3.1</b>	Respect the designated family or caregiver's needs and preferences for supports and bring them to the attention of the health care team if they are beyond the scope of the PSW. Involve the interdisciplinary care team as needed.	N	B	C	P	E
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#### Palliative care competencies and descriptions

#### Knowledge/skill level

<b>6.3.2</b>	Support the designated family or caregiver(s) and community-specific protocols and practices surrounding death, loss, and grief when caring for members of underserved communities.	N	B	C	P	E
<b>6.3.3</b>	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

#### TOTAL 6 Last days and hours

N B C P E



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## 7 Loss, grief, and bereavement

### 7.1 Supporting individual responses to loss

<b>7.1.1</b>	Recognize grief reactions in people and their designated families or caregivers, which may occur from the time of diagnosis until bereavement.	N	B	C	P	E
<b>7.1.2</b>	Understand grief as a natural, adaptive, expected response to loss that is experienced uniquely by each person.	N	B	C	P	E
<b>7.1.3</b>	Acknowledge the impact that trauma and loss have on the experiences and expressions of grief, bereavement, and mourning for members of underserved communities.	N	B	C	P	E
<b>7.1.4</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.	N	B	C	P	E

### 7.2 Facilitating the use of support services

<b>7.2.1</b>	Provide information on support services within the organization and community.	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 Supporting healthy behaviours for self and team

- 8.1.1** Develop a self-care plan and regularly engage in healthy behaviours to help prevent compassion fatigue.
- N B C P E

### 8.2 Addressing compassion fatigue

- 8.2.1** Recognize and address compassion fatigue in self.
- N B C P E

#### Palliative care competencies and descriptions

#### Knowledge/skill level

### 8.3 Demonstrating self-awareness

- 8.3.1** Demonstrate self-awareness of own response to illness, death, and dying.
- N B C P E

**TOTAL 8 Self-care**

N B C P E





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## 9 Professional and ethical practice

### 9.1 Understanding MAiD

- 9.1.1** Share a request for hastened death with the care team and respond as per organization policy. N B C P E

### 9.2 Addressing ethical issues

- 9.2.1** Understand ethical issues that may arise (e.g. issues associated with the progression of the illness, treatment choices, or differing designated family or caregiver(s) opinions), and bring them to the attention of the health care team if they are beyond the scope of the PSW. N B C P E

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

- 9.3.1** Promote incorporation of the person's and their designated family or caregiver's wishes, values, and beliefs into the provision of all care. N B C P E

### 9.4 Maintaining boundaries

- 9.4.1** Maintain professional boundaries with people and designated families. N B C P E

**TOTAL 9 Professional and ethical practice**

N B C P E



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

### 10.1 Accessing continuing education

**10.1.1** Participate in continuing education related to palliative care.

N B C P E

**10.1.2** Participate in cultural safety training opportunities, especially any that are specific to underserved populations.

N B C P E

Where available, participate in regionally specific training.

**10.1.3** Participate in First Nations, Inuit, and Métis cultural safety training opportunities.

N B C P E

Where available, participate in regionally specific training.

#### Palliative care competencies and descriptions

#### Knowledge/skill level

### 10.2 Educating and supporting learners

**10.2.1** Act as a mentor for others new to palliative care.

N B C P E

### 10.3 Contributing to quality improvement

**10.3.1** Participate in quality-improvement initiatives.

N B C P E

### 10.4 Collecting data

**10.4.1** Participate in research activities such as data collection.

N B C P E

**TOTAL 10 Education, evaluation, quality improvement, & research**

N B C P E



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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 incorporation of the person's and their designated family or caregiver's values and beliefs into care planning.

N B C P E

**TOTAL** 11 Advocacy

N B C P E