



Self-assessment for Nurses

- **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.



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. Know when to reach out and utilize specialist resources.	N	B	C	P	E
	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

Palliative care competencies and descriptions		Knowledge/skill level				
B. Specialist Lead conversations and planning when there is a greater complexity in the care needs and/or family dynamics.		N	B	C	P	E
TOTAL	1 Principles of a palliative approach to care					
		N	B	C	P	E



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. Demonstrate openness to incorporating these attitudes into the care of members of underserved populations.	N	B	C	P	E
2.2.1 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
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
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
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. Incorporate these determinants into goal setting, decision-making, and care planning.	N	B	C	P	E
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