eiCOMPASS

Developing emotionally intuitive
competency-based palliative care skills

A Guide to Implementing the Canadian Interdisciplinary Palliative Care Competency Framework

Outcomes and Lessons Learned
from the eiCOMPASS Project

April 2025

Canadian
Home Care
Association

Contents

Project Overview and Outcomes

The eiCOMPASS Project (2022–2025), led by the Canadian Home Care Association (CHCA), was a national initiative to strengthen the delivery of home-based palliative care by embedding emotionally intelligent, competency-based practices. Through national awareness campaigns, practical learning tools, and a structured implementation strategy, the project empowered home care providers - nurses and personal support workers (PSWs) - to deliver compassionate, person-centred palliative care aligned with the Canadian Interdisciplinary Palliative Care Competency Framework (Canadian Competency Framework).

KEY OUTCOMES

- 14 organizations providing home-based palliative care implemented the Canadian Competency Framework
- 23 Emotional Intelligence (EI) Microlearning Courses (EI Courses), tailored for nurses and PSWs
- 6 Be Prepared: Palliative Care Emergencies in the Home: Conversation Guides (Conversation Guides), developed by the CHCA in partnership with the Montreal Institute of Palliative Care

> "It wasn't just 'check-the-box' education. Staff used these tools with real clients, in real homes, during real emergencies."
> — **Michelle Russell, SPRINT Team Lead, Newfoundland Health Services**

LASTING IMPACT

Using the CHCA SPRINT Implementation Collaborative, a practical, team-based implementation approach, organizations have experienced compelling results:

- 30–40% increase in self-assessed competency levels in key palliative care domains (e.g. Domain 3: Communication, Domain 5: Care Planning and Collaborative Practice, Domain 8: Self-Care).
- Over 3,000 EI courses completed, and 100% of participants agreed the content was valuable, and 96% intended to use the skills.
    - 96% of nurses intend to apply Emotional Self-Awareness and Mindfulness concepts in practice.
    - 96% of PSWs reported that Empathy and Reframing techniques equipped them to support grieving families better.
- 83% of nurses changed their approach to patient and family conversations using the Conversation Guides.
- Plans for the Canadian Competency Framework to be used in provincial rollouts (e.g. PEI, MB, NF, NB) and the Be Prepared Conversation Guides internationally (e.g., Switzerland).

> "Staff started seeing emotional intelligence not as an 'extra,' but as core to their clinical care. The light bulbs went on."
> —**Katy Mol, SPRINT Team Lead, VON Canada**

The Canadian Interdisciplinary Palliative Care Competency Framework

The Canadian Competency Framework was developed through a partnership between the Canadian Partnership Against Cancer and Health Canada to support a consistent, high-quality approach to palliative care nationwide. Designed to guide and enhance palliative care delivery in all settings, the Canadian Competency Framework outlines a shared set of competencies that represent the foundational expectations—or minimum national standard—for both generalist and specialist providers across 12 core domains.

1. Principles of a Palliative Approach to Care

2. Cultural Safety and Humility

3. Communication

4. Optimizing Comfort and Quality of Life

5. Care Planning and Collaborative Practice

6 Last Days and Hours

7. Loss, Grief, and Bereavement

8. Self-Care

9. Professional and Ethical Practice

10. Education, Evaluation, Quality Improvement, and Research

11 Advocacy

12. Virtual Care

The Canadian Competency Framework builds on the important work done at the provincial level, benchmarking established frameworks in Ontario, British Columbia, Nova Scotia, and Alberta. Building upon these efforts is a flexible, interdisciplinary tool that can be adapted to reflect the needs, roles, and contexts of providers and organizations across Canada. The Canadian Competency Framework aligns with established provincial frameworks for organizations providing home-based palliative care in these jurisdictions. It presents an opportunity to evaluate potential adoption and scaling in provinces and territories without an existing framework.

The Canadian Competency Framework sets a national benchmark for what all healthcare providers should know and be able to do to deliver high-quality, person-centred palliative care. It aims to reduce longstanding variability in how palliative care is understood and practiced across the country, helping to ensure more equitable, timely, and compassionate care for people with life-limiting illnesses.

Implementing the Canadian Competency Framework involves a structured, flexible process tailored to organizational capacity, team structure, and local priorities.

> "The Competency Framework is the next step for 'getting it right' in Canada. It serves as a reference and makes it easier to build a team where members understand and support each other's roles."
> —**Dr. Cathy Faulds, Palliative Care Physician, St. Joseph's Health Centre**

How to Use This Guide

This guide captures the lessons learned, best practices, and operational strategies from the teams and distills them into a clear step-by-step approach for other organizations to follow. It is designed to be practical, modular, and action-oriented. It outlines a 7-step implementation pathway based on the experiences of the eiCOMPASS SPRINT teams.

Each step includes:
 • Clear actions for implementation
 • Operational and tactical tips from CHCA's Operational Excellence Guide
 • Insights and examples from real teams that participated in the SPRINT Collaborative
 • Tools and resources to support planning, evaluation, and sustainability

WHO SHOULD USE THIS GUIDE?

 • Home care teams delivering palliative care
 • Organizational leaders and educators planning competency development programs
 • Quality improvement teams seeking to embed meaningful behaviour change

GETTING STARTED

Organizations should not try to implement all 12 domains at once. This guide is designed to facilitate the progress, implementation, and support teams in the following ways:

 • Assessing their current state
 • Selecting one or two priority domains aligned with organizational goals
 • Identifying knowledge gaps using the self-assessment tools
 • Recognizing that competencies are a combination of skills, knowledge, and attitude
 • Strengthening the "attitude" component through emotional intelligence training
 • Embedding learning and practical tools within existing systems and structures
 • Tracking progress and adapting implementation as needed

Each step is presented as a one-page module that can inform planning, support team discussions, or be integrated into broader implementation strategies.

Teams may follow the steps sequentially or begin with the section most relevant to their current context.

"Having staff feel seen, supported, and capable of using new tools — that's when it clicked. They wanted more."
—Susan Doucette, SPRINT Team Lead, Health PEI

STEP 1: BUILD ORGANIZATIONAL AWARENESS

The Canadian Competency Framework is a foundational tool for organizations seeking to improve the quality, consistency, and compassion of palliative care delivery. It outlines 12 core competency domains that are relevant to both generalist and specialist providers. These include Communication, Comfort and Quality of Life, Cultural Safety, and Self-Care, among others. Each domain is framed in terms of knowledge, skills, and attitude.

A core philosophy embedded in the Canadian Competency Framework is the recognition that competency requires more than technical skill or clinical knowledge. It demands a holistic integration of skills, knowledge, and attitude—a concept referred to as the "Competency Equation."
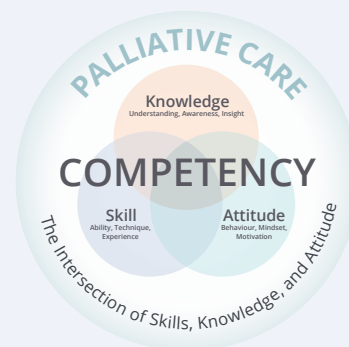
KEY CONSIDERATIONS
- Focus on competencies as more than tasks—they are behaviours that demonstrate integrated skills, knowledge and attitude insights in practice.
- The Canadian Competency Framework is evidence-informed and nationally endorsed.
- Competency development is ongoing—it should be embedded into daily practice, not a one-time training.

TACTICAL TIPS
- Integrate a discussion on the Canadian Competency Framework into staff orientation or onboarding.
- Introduce it through staff meetings, leadership briefings, and webinars.
- Show alignment of the Canadian Competency Framework with provincial Frameworks if necessary.
- Use the "Framework At-A-Glance" summary to give a quick overview to staff.
- Use palliative care thought leaders' testimonials to reinforce the value and use of the Framework.
- Include leadership in discussions to align strategic goals with care delivery.

➡ Insights from the SPRINT Teams

Teams that began with a collective review of the Canadian Competency Framework found higher levels of staff engagement and easier identification of priority areas. Staff understood the initiative's 'why' and connected it to their professional purpose.

Alberta Health Services—Edmonton Zone reinforced alignment between the Canadian and Alberta Competency Frameworks by mapping all existing palliative education to both frameworks and integrating this knowledge into communications and actions.

Saskatchewan Health Authority used awareness activities to secure leadership buy-in across multiple service areas, laying the foundation for a cross-regional implementation strategy.

> "We plan to collaborate with the Ontario Palliative Care Network and clinical coaches [to achieve] better transitions, create awareness, and spread the good work beyond pockets.
> —**Royanne Gale, SPRINT Team Lead, CarePartners**

STEP 2 : ASSEMBLE A MULTIDISCIPLINARY IMPLEMENTATION TEAM

Implementation requires dedicated leadership, clear roles, and coordinated effort across multiple parts of the organization. The implementation team should reflect the interprofessional nature of palliative care.

SUGGESTED COMPOSITION:
- Team Lead(s): Responsible for coordination and communication (suggest two leads to maintain consistency)
- Clinical Champions: Represent frontline nurses and PSWs
- Leadership Sponsor: Advocates at the organizational level
- Operational Support: Communications, IT, data collection and analysis

KEY CONSIDERATIONS
- Use planning tools like the SPRINT Project Charter (available on the CHCA website) to define your goals, audience and member roles and responsibilities early on.

TACTICAL TIPS
- Hold a team kickoff meeting to set shared goals.
- Set monthly check-ins to review progress.
- Provide time release or backfill to support team participation.

→ Insights from the SPRINT Teams

Organizations involved in the SPRINT Collaborative formed multidisciplinary implementation groups that typically included clinical leads, palliative care coordinators, operational managers, and frontline staff. Many teams also involved educators, quality improvement leads, and IT or HR representatives to support training delivery and data collection. Engagement strategies included kickoff meetings, scheduled group learning, use of internal communication platforms, and recognition or incentives to encourage participation.

Interior Health formed a cross-functional implementation team that included managers, palliative nurses, and home support team leads. The team focused on engaging Community Health Workers (CHWs) in Whole Community Palliative Rounds. This collaborative structure supported high CHW engagement, increased participation in interdisciplinary rounds, and improved alignment with Interior Health's team-based care strategy.

"It really has helped us create a cohesive team… We've learned to support each other, to listen to each other, and we've learned to communicate in a way that's effective."
—Daniela Widmer, SPRINT Team Lead, Interior Health (BC)

CarePartners established a comprehensive implementation team with leadership from clinical quality and communications. The team included nursing and personal support program managers and was supported operationally through weekly Knowledge Blasts, internal IT platforms (Microsoft Teams), and webinars. They engaged over 800 staff across 14 regions and conducted weekly educational activities coordinated by internal leads.

STEP 3: SELECT PRIORITY DOMAINS

To create sustainable practice change, organizations should select a few priority domains from the Canadian Competency Framework and align them with internal strategic priorities, such as clinical standards, workforce strategies, and quality improvement initiatives. This focused approach ensures the Canadian Competency Framework is embedded within existing infrastructure rather than viewed as a stand-alone initiative.

KEY CONSIDERATIONS
- Select one or two priority domains that align with current organizational goals (e.g., culturally safe care, interdisciplinary communication, staff wellness).
- Avoid attempting to implement all 12 domains at once—focus enables progress.
- Map selected domains to frameworks such as the RNAO Best Practice Spotlight Organization (BPSO), provincial standards, or internal performance measures.
- Document overlaps with existing competency frameworks to support integration and reduce duplication.
- Engage HR leaders, clinical educators, and managers to identify natural integration points within existing policies and workflows.

TACTICAL TIPS
- Crosswalk priority domains with existing care standards and role expectations.
- Embed competencies into orientation checklists, onboarding modules, and continuing education.
- Use the domains in performance reviews, reflective practice, and team discussions.
- Include leadership early in the process to build urgency and relevance.

→ Insights from the SPRINT Teams

Teams selected priority domains that aligned with and reinforced their organizational strategic directions. Common areas of overlap included workforce retention and resilience, improving continuity of care, team-based care, communication and enhancing the quality of care. Integration of the Canadian Competency Framework into education pathways, onboarding processes, and clinical protocols and policies supported the advancement of organizational mandates and sustained practice change.

VON Canada embedded Domain 1: Principles of a Palliative Approach to Care and Domain 8: Self-Care into clinical leadership training and staff orientation in Nova Scotia and Ontario. This alignment with the Best Practice Spotlight Organization (BPSO) model supported sustainable practice change.

Spectrum Health Care prioritized Domain 8: Self-Care to align with their organizational focus on staff well-being, addressing challenges related to grief and burnout. This selection supported strategic goals to sustain workforce resilience and improve care quality through emotionally intelligent practice.

> "They just felt like they had more tools in their toolbox... and were able to use those in order to provide what they considered to be better care."
> —**Lindsay Novak, SPRINT Team Lead, ParaMed Home Health Care**

STEP 4: IDENTIFY KNOWLEDGE GAPS

Self-assessments are a foundational tool for identifying knowledge gaps, benchmarking competencies, and guiding targeted training efforts. The Canadian Competency Framework's Self-Assessment Tool supports individual reflection and enables organizations to aggregate data for broader analysis.

KEY CONSIDERATIONS
- The data from the self-assessment informs not only individual learning needs but also team strengths and organizational training strategies across priority domains.
- There may be discrepancies between leader expectations and staff-reported confidence, highlighting the value of direct input.
- The process will help identify champions—staff with high self-assessed confidence who could mentor others.
- Encourage reflective practice to help staff recognize their learning needs and build ownership.
- Use the assessments not only as a starting point but also to measure progress after training.

TACTICAL TIPS
- Leverage tools like Microsoft Forms and Excel to support easy data collection and analysis.
- Integrate self-assessments into existing workflows such as onboarding, education sessions, or performance development.
- Offer small incentives (e.g., gift cards) or facilitate group sessions to boost participation.
- Compile and analyze results to reveal trends, skill gaps, and training priorities.
- Observe when staff rate themselves as "novice" in areas like cultural safety, communication, and grief support.

→ Insights from the SPRINT Teams

Teams encouraged staff to complete self-assessments by integrating them into onboarding, offering paid education time, using QR codes, and facilitating group sessions or coaching. Results highlighted key knowledge gaps and differences in confidence levels between new and experienced staff, as well as between leadership and frontline perspectives, informing targeted training and helping identify potential champions for peer learning and support.

Medavie Health Services (NB) relied on one-on-one coaching, email reminders, and manager support to encourage assessment completion. The assessments revealed gaps in staff understanding of the palliative approach and limited self-care strategies. Staff reflections showed a shift in awareness, especially among senior nurses who began identifying signs of compassion fatigue and valuing self-care as a professional competency.

> " I did see some staff have some Aha moments… we were able to identify and address the gaps in education and to deliver what was needed."
> —**Jennifer Malley, Medavie NB Extra-Mural Program**

Alberta Health Services–Edmonton Zone distributed self-assessments using RedCap links and QR codes embedded in Whole Community Palliative Rounds (WCPR) and staff emails. Despite challenges with staff capacity and turnover, the team achieved a 30% completion rate. The assessments revealed a strong desire for cultural safety training and prompted a revitalization of WCPR, incorporating domain-based case studies and resources into rounds.

STEP 5: BUILD CAPACITY WITH EMOTIONAL INTELLIGENCE (EI) TOOLS

Embedding the Canadian Competency Framework into care delivery requires more than clinical skill—it calls for emotional awareness, empathy, and strong communication. CHCA's EI Microlearning Courses, EI Essentials Toolkit, and Be Prepared: Palliative Care Emergencies in the Home Conversation Guides provide practical, accessible resources to build this capacity.

- **The 23 EI Courses** are mapped to each of the twelve domains of the Canadian Competency Framework, addressing the often-overlooked "Attitude" component of competency development. Each course introduces one EI skill supported by one practical behaviour that nurses and PSWs can apply in real-life situations.
- **The Be Prepared Conversation Guides** reinforce EI development by using a "Head-Heart-Hands" lens, combining cognitive understanding, emotional awareness, and practical action.

KEY CONSIDERATIONS
- Select EI Courses that align with your priority domains and goals (e.g., Domain 8 Self-Care is supported by Stress Tolerance (Course 8) and Emotional Self-Awareness (Course 1)..
- Ensure accessibility to new training by providing protected time or incentives.
- Integrate EI training into existing structures, such as onboarding, team education days, or reflective practice.
- Introduce the Conversation Guides early, so staff can become comfortable using them during care delivery.

TACTICAL TIPS
- Reinforce EI skills and behaviours using the EI Essentials Toolkit (Practice Aids and Group Activities).
- Use the Head-Heart-Hands model (from the Conversation Guides) during team meetings to encourage holistic discussions.
- Embed the Be Prepared Conversation Guides into routine care planning and documentation.
- Use caregiver-friendly summary sheets from the Conversation Guides as patient education handouts.
- Reinforce EI skills during clinical rounds or huddles to strengthen the attitude component of competency development.

➡ Insights from the SPRINT Teams

The EI Courses and Conversation Guides are changing clinical practice and helping healthcare providers build the confidence to recognize and manage highly emotional situations. Over 3,000 EI courses were completed—1,778 by nurses and 1,322 by personal support workers (PSWs). Between 96% and 99% of participants found the content relevant, and 99% intended to apply what they learned.

Health PEI trained over 60% of its nursing staff on the Conversation Guides and integrated them into standard protocols, improving consistency during palliative emergencies.

Newfoundland Health Services incorporated the Conversation Guides into home visits and used simulation training to build confidence; 100% of participating nurses reported feeling more prepared for palliative emergencies.

> "We're hoping to spread the knowledge of the Be Prepared Conversation Guides to other patient populations, those with chronic diseases and other settings, cancer care programs, clinics, acute care… not just palliative care."
>
> **Brigitte Remillard, SPRINT Team Lead, Southern Health (MB)**

STEP 6: FACILITATE PEER LEARNING AND COLLABORATION

Shared learning accelerates adoption. Creating intentional space for teams to reflect, connect, and learn together fosters a stronger culture of continuous improvement and psychological safety. Peer learning enables staff to model emotionally intelligent behaviours, troubleshoot challenges in real time, and translate new knowledge into meaningful practice change.

KEY CONSIDERATIONS
- Identify and support EI Champions—trusted staff who can model emotionally intelligent behaviours and inspire peers.
- Promote a team-based learning culture where storytelling, reflection, and shared problem-solving are valued alongside clinical knowledge.
- Pair new learners with experienced staff to encourage peer mentorship and confidence-building.
- Focus on inclusive engagement, particularly among PSWs and rural teams, who may have less access to formal education but bring critical frontline perspectives.
- Celebrate small wins and normalize learning as an ongoing process, not a one-time event.

TACTICAL TIPS
- Host monthly or quarterly reflection sessions focused on practical case examples and emotional intelligence strategies.
- Encourage peer coaching on how to use the EI tools, the Head-Heart-Hands model or Conversation Guides.
- Create peer-led learning spaces—such as huddles, lunch-and-learns, or virtual drop-ins—facilitated by Champions.
- Share real stories of impact, not just metrics, to reinforce value and emotional resonance.
- Develop a shared "knowledge hub" with access to resources, meeting notes, and success stories.
- Use group activities from the EI Essentials Toolkit to facilitate interactive learning in rounds or team meetings.

➡ Insights from the SPRINT Teams

Teams used simple, repeatable actions—like huddles, WhatsApp chats, and story-sharing—to reinforce learning and build connection. One team used messaging apps to keep motivation high by sharing quick wins and reminders. Reflection sessions, peer coaching, and informal mentorship helped staff move beyond surface learning and embrace EI tools in daily care.

SE Health facilitated peer learning by engaging geographically co-located staff in group-based modules, encouraging shared reflection and skill development. Managers participated as co-learners, creating a safe space for discussion and helping embed emotional intelligence into everyday team practice.

VHA Home HealthCare created PSW-focused learning circles led by EI Champions. These forums fostered peer support and encouraged the use of EI strategies in daily care.

"We will continue to work through them in hopes that we build comprehensive, holistic education… for all of our local teams, home care, acute care and long-term care."

—Jennifer Radloff, SPRINT Team Lead, Saskatchewan Health Authority

---

STEP 7: TRACK, SHARE, AND SUSTAIN

Evaluation isn't just about numbers—it's about learning and adapting. Six months after implementation, the Canadian Competency Framework Self-Assessment Tool can be used to measure progress and guide the next steps. Sustainability means embedding new practices into the everyday culture of care and continually assessing readiness to identify opportunities for long-term success.

KEY CONSIDERATIONS
- Use follow-up self-assessments, staff surveys, and focus groups to gather both quantitative and qualitative data.
- Monitor changes in staff confidence, behaviour, and comfort with new skills and tools.
- Re-administer the self-assessment and compare baseline to follow-up results—look for competency progression (e.g., from "novice" to "competent")
- Evaluate your implementation through the COM-B lens:
    - Capability: Are staff trained and confident?
    - Opportunity: Are leadership and policies enabling sustained change?
    - Motivation: Do staff see the value of these tools in practice?

- Share your results widely—internally and with external partners—to build momentum and promote cross-organizational learning.
- Identify opportunities to expand the focus to new domains in the Canadian Competency Framework.

TACTICAL TIPS
- Use a simple spreadsheet or dashboard to visualize progress and share updates with team members and leadership.
- Embed assessments and tools into onboarding processes, supervision protocols, and performance appraisals.
- Highlight outcome stories during staff meetings, learning sessions, or leadership briefings to illustrate impact.
- Start planning early for scale-up—identify future teams, regions, or domains to engage in the next phase of implementation.

→ Insights from the SPRINT Teams

To sustain progress and track impact, teams used a range of strategies, including pre- and post-self-assessments, staff surveys, and reflection sessions, to measure changes in confidence and competency. Learning resources were integrated into onboarding and clinical protocols. New clinical toolkits and policy updates reinforced learning.

Southern Health supported sustainability by spreading the guides and competencies across multiple programs beyond palliative care, including chronic disease and acute care. They shared results provincially through Shared Health and nationally via peer networks, using practical implementation experience to guide scale-up across Manitoba's service delivery organizations.

Yukon Health monitored participation through facilitated team sessions and adapted training based on the rural and cultural context. Tools like the Conversation Guides were introduced through community-based learning. Future plans include reassessment to measure long-term impact and continued use of EI content in staff meetings and remote-first educational delivery.

ParaMed Home Health Care monitored staff reactions through in-person and virtual follow-ups. Reframing techniques were highlighted as impactful. Leaders saw improved confidence and communication.

The Value of Implementing the Canadian Competency Framework

The eiCOMPASS Project demonstrated how practical, emotionally intelligent, and competency-based approaches can transform home-based palliative care at scale. Its legacy includes tools, capacity, and a national momentum to sustain and grow this work across the continuum of care.